



Justice Committee

Oral evidence: [Tackling Drugs in Prisons](#), HC 557

Tuesday 25 February 2025

Ordered by the House of Commons to be published on 25 February 2025.

[Watch the meeting](#)

Members present: Andy Slaughter (Chair); Josh Babarinde; Pam Cox; Linsey Farnsworth; Warinder Juss; Tessa Munt; Mrs Sarah Russell.

Questions 1 - 44

Witnesses

I: Dame Carol Black, Independent Adviser to the Government on Drugs; Elisabeth Davies, National Chair, Independent Monitoring Boards; Charlie Taylor, Chief Inspector, His Majesty's Inspectorate of Prisons.

II: Babafemi Dada, Governor, HMP Long Lartin; Rob Luxford, Governor, HMP Liverpool; Natalie McKee, Governor, HMP Hindley.

Written evidence from witnesses:

[Dame Carol Black \(TDP0028\)](#)

[Independent Monitoring Boards \(TDP0018\)](#)

[HM Chief Inspector of Prisons \(TDP0025\)](#)



Examination of witnesses

Witnesses: Dame Carol Black, Elisabeth Davies and Charlie Taylor.

Chair: Welcome to today's session of the Justice Committee, which is taking evidence from the inspectorate, from experts and from prison governors in relation to the issue of drugs in prison, which is one of our current inquiries.

I am going to ask the first panel of witnesses to introduce themselves in a moment, but first we need to do our declarations of interest. Can we start with Warinder Juss?

Warinder Juss: I am Warinder Juss, MP for Wolverhampton West. I am a solicitor, a member of the GMB trade union—I am on the executive council of that union—and a member of various APPGs.

Mrs Russell: I am Sarah Russell. I am also a solicitor. I am a member of USDAW and Community trade unions, and a member of various APPGs.

Tessa Munt: I am Tessa Munt. I am the member for Wells and Mendip Hills. I am not a solicitor.

Josh Babarinde: Ditto, I am not a solicitor. I am Josh, Member of Parliament for Eastbourne.

Chair: I am Andy Slaughter. As well as the Chair of the Committee, I am a non-practising barrister; I am a patron of two justice-related charities, the Upper Room and the Hammersmith and Fulham Law Centre; and I am a member of GMB and Unite.

Linsey Farnsworth: Hello, I am Linsey Farnsworth, Member of Parliament for Amber Valley. I am a non-practising solicitor formerly of the Crown Prosecution Service. I am a member of various trade unions and I am the mission delivery champion nationally for the safer streets mission.

Pam Cox: Good afternoon. I am Pam Cox. I am the Member of Parliament for Colchester and my interests are as declared on the register.

Q1 **Chair:** Thank you very much. We are delighted to have here Charlie Taylor, the chief inspector of prisons; Elisabeth Davies, the national chair of independent monitoring boards; and Professor Dame Carol Black, who is an independent expert adviser.

First of all, we have set you an impossible task, which is for the three of you to give us your thoughts in about an hour. We are then going to say the same thing to the prison governors, who are sitting in on this session and who will join us at 3.30 pm. We have had quite a lot of written evidence from you already. What we are trying to get out of this oral session is for you to paint a picture of what effect drugs have on prisons



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both in relation to the way that prisons are run, their safety and security and the ability to run a regime, and then in relation to the inmates and indeed the staff themselves. Particularly as regards the inmates, what is the effect and to what degree do drugs act as a barrier to progress and rehabilitation?

I will ask you to give a general statement, first of all, perhaps explaining your particular involvement in this and what you see as the key issue with drugs in prisons and tackling that at the moment. Shall we start with Dame Carol?

Dame Carol Black: Thank you very much. My job at the moment is independent adviser to the Government on combating drug misuse. My interest in drugs in prison really was sparked when I did the review for the Government on drugs, which published in 2021. That review looked at the community situation; I was not allowed to look at prisons.

A few months after the review was published, three Ministers asked me to do an internal review, which I believe you now have. It has been made available to you. I looked at the care of drug-dependent people in the secure estate. My brief was not to look at the use of drugs that came into prison, although of course I was very aware that there were drugs coming into prison, but to look at how we look after and rehabilitate those who are sent to prison because of a drug offence. That is where my main interest lies and that is where I believe I can be of most help to the community.

I did just note in my original review that drug-dependent people make up about one third of the people going into prison. When I wrote my review, about 13% of other prisoners who had no drug problems when they went to prison developed them in prison. I believe that figure has now jumped from 13% to about 24%. Those are people who go into prison with no drug problem but acquire one.

Charlie Taylor: I am Charlie Taylor, His Majesty's chief inspector of prisons. My biggest concern with drugs at the moment is the ingress of drones, which is a paradigm shift. In the past, you could only get into a prison what you could chuck over the wall or what you could get through the gate in some shape or form, which limited the amount of drugs that could get in. We are now seeing drones able to deliver bespoke packages of drugs, mobile phones and other contraband directly to individual cells. The technology has got more sophisticated. The amount of money that organised crime is making from drugs has increased. This has become a real target. Of course, it is not just drugs that we are worried about. We are worried about other things such as weapons getting into prisons as well. Drones have a big effect.

Rather than just spice, which used to be the drug of choice because it was relatively easy to get it into prison soaked into paper, we are now seeing a whole range of drugs. Prisoners have described there being a



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menu of drugs available. Certainly, there are lots of prisons where we regularly smell cannabis as we walk around the place.

In terms of the effect that this has on the environment, the first thing is that, where prisoners are taking drugs, they need to pay for it somehow. That means they acquire debts while they are in prison. Their debts get settled by people paying, by family members being bullied into paying or by violence. Prisoners will get beaten up if they do not pay their debts. Where there is a high ingress of drugs into prison, levels of violence almost inevitably go up, but we also see higher levels of self-harm in prisons that have high levels of violence.

Let me very briefly talk about the random drug tests that happen within prisons. The percentage of prisoners testing positive in random drug tests has gone up. In some jails we are seeing it as high as 50%. In random testing, up to 50% of prisoners are testing positive for drugs. Therefore, any attempt to make prison a rehabilitative environment is being seriously disabled by the amount of drugs getting in.

My final point, Chair, is simply to say that the solution to this is not just about improving security and reducing the supply. It is also about making sure that those prisoners who need treatment get treatment for drugs and that the demand for drugs is reduced by prisoners being involved in purposeful activity that makes them feel like they are making progress. Too often, we go into prisons where prisoners are locked in their cells for up to 22 hours a day, and drugs simply become a way of dealing with the boredom.

Elisabeth Davies: Thank you very much, Chair. You may well be sitting there thinking, "Who are the independent monitoring boards?" I just want to say that you are probably not alone if you are thinking that. We have about 1,200 independent monitoring board members across the UK. They are unpaid public appointees. They go into prisons on a weekly or a monthly basis. They are going into these places. That very much influences what I feel able to talk about this afternoon, which is the prevalence of drug taking as observed by people who are going into prisons. It is about the recognition that there is no single magical switch.

My job this afternoon is, as much as anything, almost to be that glue in between what you will hear from Charlie and what you will hear from Dame Carol. This is about recognising that we need a multi-pronged process and a strategic approach to drug reduction in prisons. We know what we need to do, pretty much, because independent monitoring boards have been observing this year in, year out in their annual reports.

We know this is about prioritising investment in windows. We know this is about the regularity of staff searches. We know this comes down to staff experience. We know this comes down to the regime and, as Charlie was saying, how long people are being given for purposeful activities. We know this comes down to the relationship that is engendered between staff and prisoners. We know this is a data and evidence-led approach.



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Above all, we know this needs to be a planned approach. It needs to be a plan that is put into action with the resources that are required around that. I know we will tackle that a little bit this afternoon.

That is just what my role is this afternoon, Chair. It is to talk about the evidence and the data that independent monitoring boards are observing as members of the public. They are not drug specialists. They are not members of the prisons inspectorate. They are going in and out of these places and they are making these observations.

Q2 Chair: Thank you very much. We are going to ask some specific questions about both supply and demand and treatment in a moment, but I noted that the evidence of the Ministry of Justice says that nearly half, i.e. 49%, of prisoners have an identified drug need. I do not know whether you would agree with that. How does that differ between different types of establishment? Does it differ according to the type of prison category, between the male and the female estates or matters of that kind? Can you give us a bit more colour in terms of how the problem manifests itself and how it differs for different prisons?

Charlie Taylor: When we inspect a prison, one of the things that we do is survey prisoners to find out what they think is going on within the jail. That gives us useful comparative data between that prison and similar prisons, as well as with that prison when we inspected it last time.

In our survey, about 32% of male prisoners across the whole estate—that includes prisons with very low rates of drugs, such as open prisons or sex offender prisons—currently tell us that it is easy to get drugs. That goes down to 21% in women's prisons. We see that in women's prisons there are not the same challenges. The same organised crime is not getting into women's prisons so there is not that same level of pressure.

Similarly, in youth prisons, very few children under 18 have drug addiction issues, and therefore there is not a market, in the way that there is with adult prisons, to get drugs in.

Q3 Chair: Is the market so endemic that it is almost impossible to cure now? Talking to staff as well as observers of prisons, I sometimes get the impression that it has now got to the stage where it is a fact of life in prison and it is something to be managed rather than dealt with, let alone eradicated.

Elisabeth Davies: I would certainly endorse what we have heard from Charlie Taylor. Drug use is endemic across all aspects of the prison estate. While you can identify specific trends in terms of the male estate and closed prisons, as compared with the women's estate, for example, what comes across clearly in independent monitoring boards' quarterly reports is that even within functions or regions all methods of entry of drugs are attempted.

You have certain patterns emerging, but it is important to recognise that drug use is endemic across all those different elements of the estate.



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Indeed, it will be interesting to hear later from prison governors because my understanding from IMBs is that the use of drugs tends to be the most prolific reason why somebody is returned to the closed estate, for example. That might be something to explore further later.

Q4 Tessa Munt: Charlie, I was just going to say that you called for urgent action to tackle the drones problem in relation to both drugs and weapons in prisons. What should the Government do to address this? Maybe it is not even the Government. Forgive me. Who needs to do something and what?

Charlie Taylor: It is a combination of the police, the prison service, prison governors and the security services. This is across the entire spectrum. It varies between, at one end, whizzy technological solutions, which help to identify and deal with drones, and at the other end of the spectrum it is just about getting the basics right. For example, it is about making sure that, when staff do checks around the prisons, they check properly. If the prisoners are about to go out in the exercise yard, are staff checking that the exercise yard is clear of any packages beforehand?

Similarly, with things such as astroturf pitches, we have seen drones that fly in and drop packages wrapped in astroturf. We have seen them wrapped in grass clippings. It is also about making sure the grass is cut so there are not places where things can be dropped.

Between the technological stuff and the very basics, you also have security measures. It is about making sure the gate security is as good as it can be to prevent staff corruption, but also making sure physical security is as good as possible, so the windows cannot be breached. At Manchester Prison, they found that many of their windows were broken and replaced them with new Perspex windows. Very quickly, the prisoners realised they could burn holes through them with the element from their kettle. They now have new-new windows at Manchester Prison, which, fingers crossed, will be unbreachable.

It is about having netting in place. Again, in lots of prisons that we have come across, the netting has collapsed for whatever reason. It is about making sure CCTV is working well.

Finally, it is about having good liaison between the prison and the police. We see that in lots of jails now, where things have got much better. They have automatic number plate recognition cameras around the place so that they can deal with organised crime. The problem is that often these drones are flying from much further afield than they would have done in the past. It is a broad spectrum of things, as ever with security, that helps to bear down on the problem.

Elisabeth Davies: With drones, one of the key preventive measures is around windows, as Charlie Taylor has alluded to there, but that requires resources and investment. That requires a prioritisation around it. It is absolutely right that HMP Manchester has recently prioritised windows.



What about before then? What about all the other prisons that have problems with their windows? That is an issue.

- Q5 **Tessa Munt:** Can I just ask you to talk a little bit about netting? Certainly, we have done a prison visit where there has been stuff like tennis net. If you throw something burning into it, you get a whopping hole and in you go. On the boundary there is almost always metal-grid stuff. Why don't we use something like that?

Charlie Taylor: The issue with netting is that it can be effective. It is particularly effective when you have staff supervising it very carefully so that, if it does catch fire, staff can deal with it quickly. It is incredibly expensive to put up netting that has a wire component to it. The other thing is that it is also very heavy. When you are trying to screw it into very old and crumbling Victorian prisons, the danger is that the whole wall comes down on top of it. Netting does have its place, but it has its place among all the other security measures as well.

- Q6 **Pam Cox:** Would you mind if I came in on that point? We are talking about prison facilities and maintenance. I understand the MoJ has returned a certain number of millions of pounds unspent from the capital budget because of supplier failure in prison expansion and maintenance programmes. Is that having a bearing on the ability to secure prisons?

Charlie Taylor: I am not an expert on this, but I do not think the contracts were specifically to do with security matters. They were to do with things that can help with security. For example, in one prison in Surrey, they were replacing what is known as night sanitation with proper in-cell sanitation so that prisoners can have lavatories in their cells. That can be a source of prisoners being able to get access to drugs because they can potentially move up and down inside the wing at night.

Yes, anything that affects the capital spend inevitably has a knock-on effect on security, but it is probably less direct from that budget.

- Q7 **Josh Babarinde:** We have spoken about drones. Drones are in the here and now as a form of technology that we have not been able to bust. At some point, based on some of the investment that has been discussed, we might be able to get on top of that. In the meantime, those who seek to smuggle drugs in prisons will have identified something else. Do we know what that something else of the future might be? What needs to be done to tackle it now?

Charlie Taylor: There is a big playbook of ways to get stuff into prisons. It is a well-established playbook.

The other day I heard—it may not sound like it, but it is—encouraging news from one particular prison. They were stopping drones from getting in and, where drones were getting in, they were searching cells very quickly and therefore being able to deal with the problem before it got dispersed around the prison. They were then seeing an increase in throwovers. That means stuff being chucked over the fence.



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You can get far less over the fence and it is far less accurate than drones. In terms of the level of problems, governors would far rather be dealing with throwovers than with drones coming in.

Elisabeth Davies: The key point there is about the adaptability of the methods. This is not necessarily about being future looking. This is about recognising that in some instances people are going back to what used to work in place of drones.

Independent monitoring boards will talk about the fact that those involved will consistently adapt their methods. As Charlie has talked about there, one of the boards talked about a prison recently that had a widespread cell search. That was effective and, as Charlie has alluded to, as a result throwovers were greater. Different routes are being identified.

Other boards are reporting creativity in smuggling methods. I would just share that felt-tip pens and water bottles with false bottoms have been talked about. That sense of creativity is there. If you stop one route of supply, a different route of supply will be found. That is what is coming through in IMB annual reports.

Q8 **Tessa Munt:** Can I just come back in on the drones thing? The no-fly zone was introduced in January 2024, yet the number of sightings has gone up like that. Did it just not work?

Charlie Taylor: They are criminals so they do not follow the law.

Tessa Munt: No, you are right. You are absolutely right.

Charlie Taylor: It is useful because, if people get nicked, they then face a much stiffer sentence as a result of it. We have seen lots of examples of that happening. Where they are able to catch people who are involved, it has been useful from that point of view, but, as one would expect, it has not stopped people trying to get stuff in.

Q9 **Josh Babarinde:** To what extent could we be better harnessing that innovation? In my career before this, I used to support kids out of crime and into employment. One of the things that we tried to do was to harness their innovation but flip it for something more positive. Could work be done with folks who have been in prison and who maybe have helped to facilitate drugs in prison, et cetera? If they are turning over a new leaf now, they might be interested in using their innovation and their knowledge of how it all works to support us to bust this, in the first instance. Is that work being done? How could it be turbocharged, if not?

Elisabeth Davies: That work is being done. I am not the best person to talk about where it is being done or the preponderance of it being done. IMBs have a growing amount of evidence around what I would call the importance of the staff and prisoner relationship. It also comes down to making sure there is time to develop that relationship.



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You are alluding to work with prisoners once they have gone through the gate. When prisoners are still inside, there is something that can and is being done. That is an important part of the best practice piece.

Charlie Taylor: You have some extremely entrepreneurial people in prison. They are making lots of money. They have a lot of time on their hands. They are constantly thinking about ways to breach security. They have good connections with organised crime on the outside. It is really difficult. It is really frustrating that their talent is not being used in a more productive way.

That takes me back to my point about reducing demand for drugs. If prisoners are involved in purposeful activity that they feel is really going to affect them, not just while they are in prison but when they come out, that is where you begin to reduce people's reliance on both criminality and drug taking.

Q10 **Josh Babarinde:** Charlie, you mentioned staff corruption as a means by which this smuggling can be facilitated. How do levels of staff corruption on or around the prison estate compare with levels in airport security, et cetera? Is there a particular problem securing our prison estate or is this consistent across similar sectors?

Charlie Taylor: I would not have expertise about airport security, but, when it comes to prisons, most staff are not corrupt. It is worth saying that. Most staff do an amazing job in what are incredibly difficult circumstances. It only takes very small numbers of staff to be involved in corruption to cause enormous amounts of problem within a prison. You will hear from the governors later on about some of the challenges that they face.

The age profile of staff has reduced. You often have very young and very inexperienced people coming into prison. Sometimes they have been alive for less time than the individuals they are caring for have been in prison. Often the prisoners know much more than the staff do. In some jails that we go to, even the supervisors are pretty inexperienced as well.

Of course, that is where staff can easily be corrupted. You get a sort of "good cop, bad corporate" intervention, where a couple of prisoners will start really trying to bully a staff member and then a very charming, very nice person will come along and call them off, and tell the staff member that they are okay with them, they will look after them and that sort of thing. That is the first stage in one way in which corruption can happen. Thankfully, it is very rare in prisons, but it is common enough to be a major problem.

Josh Babarinde: I want to put on record—I am sure the members of the Committee would agree with me—that folks who work in our prisons and across our criminal justice system are good eggs in the main.

Charlie Taylor: Yes, absolutely.



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Q11 **Josh Babarinde:** I am interested, though, in one of the points that you made. I appreciate you are not an expert in airport security. It seems to me, though, to be something missing if we are not looking for weaknesses and strengths in other parallel systems that we could learn from. Has that piece of work been done, to your knowledge?

Charlie Taylor: Not to my knowledge, no. The difference is that in some jails you have very high turnover of staff. The potential for instant reward is very much there within prisons as well. So much money can be made. The markup is incredibly high on any contraband that gets into the prison, which means it is such a lucrative market for people.

Elisabeth Davies: There is also the issue of budgetary constraints. It will be interesting when you talk to the prison governors and prison services. Airport-style scanners are incredibly expensive. That is something that would have to be prioritised over something else. One of the things I hear from other boards is that security measures that would be helpful, such as airport-style scanners, are not being implemented. Why? Because of budgetary constraints.

Josh Babarinde: Understood. There are a bunch of hypotheses there, which we have discussed and which sound very credible, but it sounds like we have not tested those. That might be some work that needs to be done.

Q12 **Warinder Juss:** We have established that the demand for drugs in prisons has increased. That is why various methods, such as the increase in drones, are being used. Are there any particular reasons why the demand has increased for drugs in prison?

Elisabeth Davies: There is something around increased drug use because of boredom. Charlie Taylor was alluding to this earlier when he talked about a lack of purposeful activity. The amount of time that people are locked away in their cells has to have an impact on drug use. There is something about that drug use for boredom.

Q13 **Warinder Juss:** Has that boredom increased?

Elisabeth Davies: Yes, it has. If you speak to independent monitoring boards or you look at what they are saying and have been saying over recent years, we know that there is a lack of purposeful activity and that the time spent in cells is increasing. There is a direct corollary between that and an increased use of drugs.

Q14 **Warinder Juss:** This is a question that I was going to ask a bit later on, but you have raised the issue of boredom. What kinds of incentives should be used? There has been a discussion over incentivised substance-free living wings. Dame Carol has said that those should be available in all prisons. What types of incentives should we be encouraging prisoners with that would take them away from drugs and get them to participate more in activities?



Dame Carol Black: First of all, incentivised drug-free wings, in principle, are a very good idea. In practice—you may have seen them when you visited prison—they do not often work in the way they should work. They often have on them people who are not drug free. Prisons are crowded and these are valuable spaces. They are often used for people who have no drug problem and maybe never will have one. As far as I can see, they are not really doing what one would like them to do or what they say on the tin.

There are no national standards, as far as I know. There are no commissioning standards for what you would commission in an incentivised wing. I have seen different models of delivery. In principle, they are a good idea. Do they work in practice? I have not yet seen any evaluation, but I would worry that, due to lack of resources, lack of trained staff and lack of things to do on those wings, they do not really incentivise in the way we would like them to.

As for those people who are drug dependent when they go into prison, I would incentivise them to join in treatment and recovery. If you decide to work, that is an incentivisation. Lots of things are incentivised in prison. We do not see taking part in something that might lead on to your recovery and becoming a full member of society when you are released from prison as worthy of incentivisation.

Drug-dependent people want to earn money. They very often do not go into the treatment route if there is another means of earning some money. In my report, I recommended that being willing to fully participate in treatment and recovery should have an incentivisation attached to it. I would certainly do that.

Charlie Taylor: Just to add one thing briefly to that, I have come across two examples of what the team have thought are really effective drug-free wings, one at HMP The Mount, near Hemel Hempstead, and one at HMP Cardiff. They are drug free. It is essential that they are selecting the right prisoners, i.e. prisoners with addiction issues, for the wings; that they are properly focused on recovery; and that staff are trained and have the right expertise.

We have some examples where things are working well, but in a lot of prisons we find that those drug-free wings are not drug free, staff have not been properly trained and quite often they are being used as glorified enhanced wings for well-behaved prisoners rather than those who have addiction issues.

Q15 **Warinder Juss:** You have highlighted boredom as a reason for increased demand. I was at an event earlier today on knife crime. One of the mothers of a victim of knife crime mentioned that she goes to prisons regularly. The condition of some of the prisoners and the conditions in which they live have such a strain on them mentally. The whole experience of being a prisoner in an environment that is very bad and that does not treat them well also leads them towards drug addiction. Is



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that something you would have some sympathy for?

Charlie Taylor: You might be at rock bottom; you might be depressed; you might potentially already have issues with drugs or be on the periphery of having issues with drugs; you might have mental health difficulties. When people get to prison, we often see that they descend quite quickly into much more serious drug-related issues.

A question that we ask when we survey prisoners is, "Have you developed a drug problem since you came to prison?" The highest that I have had recently was a jail in which 24% of prisoners said they had developed a problem since they had come into the prison. It was as high as 38% on some wings. It is not that prisoners are just coming in with a problem. Actually, they are developing a problem when they are in there. There is something about the environment that makes people more likely to take drugs.

If people are busy, out and about doing stuff and feel their time is being spent productively, we know that is good for mental health but also for protecting the public when people get out at the end of their sentence because they are more likely to be able to get a job.

Elisabeth Davies: There is something, though, about the overlap between substance misuse and mental health issues. Dame Carol, I do not know whether this is an area that you can speak to. We often reflect on the implications from the provision of mental health as being distinct to the causal side of things. I do not know whether you have any thoughts on that.

Dame Carol Black: As you will see in my review, I said that treatment and recovery in our prisons is inadequate. I could use rather stronger words, but I will not today. If you read what should be provided, it is an excellent description of everything you would wish to see a prisoner receive. I could not improve on the statement that is written about what should be available in a prison. Of course, that includes mental health. Sadly, it does not include treatment of trauma. They say they will do trauma-informed care, which is something far less. It is different and it is certainly not what a traumatised person needs as ongoing treatment.

In doing the review, I discovered that the forms are filled in wonderfully. There is very good form filling in our prisons. All the boxes are ticked. You will see that very regularly. When I asked to see whether people were referred to mental health support and whether they needed counselling, the boxes were always ticked, but when I asked how many people got the service and what the outcome was, in the prisons I visited, I was never able to get any stats that were even remotely satisfactory.

It is on paper. Everybody knows what should be done. There are lots of very well-intentioned people, but the way we look after drug-dependent people in prison means they just do not get what they need. Never again will you have these complex, chaotic people in one place, not able to



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move anywhere, with a roof over their heads and three meals a day, and the potential to improve their lives and really stop their addiction. We completely misuse that. On the whole, they go out and within three or four weeks they have committed the next crime, which takes them back on this dreadful hamster wheel. Sadly, some of them, when they leave, die. It is a completely inadequate system.

Many drug-dependent people will also acquire a new drug habit when they are there because it is all so available. Mental health on paper is available occasionally. In some prisons, it is there. If you are privileged enough to go to Grendon prison, you see proper trauma-informed care in operation. The prison officers are fully trained. Everyone who works there knows they are about rehabilitation. We do not have rehabilitation in our normal prisons.

Q16 Warinder Juss: So if there were one priority action that the Prison and Probation Service and the Ministry of Justice should take to reduce the demand for drugs in prison, it should be to put more focus on rehabilitation, treatment and recovery.

Dame Carol Black: I would agree entirely with Elisabeth and Charlie. You need to keep people active in prison. You need to make them think that life is worth living and there is something that could be better. That comes from meaningful activity.

On all my prison visits, I was told there was no room for psychosocial counselling or group meetings because the prisons were all overcrowded. I would put it to you that every prison has a chapel and every prison has a library. Quite frankly, the chapel is not used every day for praying and the library is not used every hour of the day. I was very sad not to see what I would call lateral thinking or innovation even within the huge constraints that I know are present in prisons. Quite frankly, these people were deprioritised, stigmatised and did not matter.

Q17 Pam Cox: Continuing this line of inquiry, if I may, Dame Carol, you mentioned there was no single commissioning standard for drug-free living wings. What is your view of the performance of commissioned healthcare services in prison, aside from that?

Dame Carol Black: It needs changing. That is the first section of the report. As you know, the services are commissioned by NHS England. Through its regional commissioners, it commissions a large organisation that can provide all kinds of healthcare. You have one major provider that will provide eyecare, GP care, every bit of care you need. It also commissions a provider to provide drug treatment in prison. That commissioning is very far away from the ultimate responsibility, which lies with NHS England. It is far too far away.

When you commission for drugs, you need a very specialised service. If you get it wrong, I am afraid you have an unstable society. You have crime of varying proportions. It is because you do not provide a high-



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quality service. The best evidence we have about the importance of providing high-quality services in recovery is that people who are held and held well in our treatment and recovery service do not commit crime.

At the moment, the way we commission is absolutely separated from anything the governor might wish. It does not involve the prison officers. I did not find anyone who was really very interested. Why would they be? They have no say in who gives them the service. Most governors told me they would like more involvement in how their drug services are commissioned.

As you will see in the report, I said I thought the prison service, along with governors, the local authority and indeed NHS England should now do a serious piece of work to decide how you make commissioning of drug dependency services in prison meaningful so you can have a decent outcome. It is not fit for purpose.

Q18 Pam Cox: Would you conclude that we are not getting value for public money from the current commissioning arrangements?

Dame Carol Black: I tried very hard to find some financial details as I did my review because that was one of the things I was asked to look at. It was very difficult to get the right financial information because I was told it was commercially sensitive. I did manage to find out how much money in each region was spent on mental health and drug dependency in our prisons. I was able to compare that with the 2010 Patel report. There has been disinvestment.

Q19 Pam Cox: That is interesting. Charlie, you were nodding there. As chief inspector, do you have access to data on the commissioning process?

Charlie Taylor: No. What we get told is, as Dame Carol said, that it is a commercial thing. Certainly, we see the results of commissioning where it has not worked out, i.e. we report on health services that are not as effective as they could be.

Drug treatment can often be very piecemeal. We go to some jails where health services are working well. If you talk to my colleagues who have been at the inspectorate for longer than I have, back in 2010 healthcare was far worse in prisons than it is now, but there is still a long way to go until it is anything like the standard that we want it to be. Particularly, some jails are really struggling.

Q20 Pam Cox: I have one more question on this area. I recently met Dr Caroline Watson, who is the Royal College of GPs champion for healthcare and secure environments. Could regular GPs play more of a role in the public health setting in our jails?

Dame Carol Black: You may be aware that 15 years ago our GPs played a much bigger role, both in the local community and in the secure estate, in the care of drug-dependent people. The number of them who have been engaged in that activity has been dwindling for the past 10 years.



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They very much want that to change and I would be fully supportive of that changing. It is yet another avenue. We are so short of workforce, particularly medically qualified workforce, such as psychologists and trauma care. It would be extremely helpful.

The Department of Health and OHID are now beginning to work on this. There is a group of GPs, chaired by Kate Halliday. I am hopeful that we will see some progress from that work because they could make a contribution and I believe many of them would like to.

Q21 Chair: Could I just go back to when you were talking about incentivised substance-free living wings? We have come across these. Generally speaking, both the staff and the prisoners spoke well of them. They said they were more stable environments and there might have been some rewards that they would not have got in other wings. From what you, Dame Carol and Charlie Taylor, have said today, either they do not work particularly well or we do not know whether they work. You mentioned two that you could recommend as functioning. Dame Carol, you said you did not think there had been any inquiries into them. Is that about whether they operate effectively or whether they produce results?

Dame Carol Black: I presume there must be a plan of evaluation. I cannot imagine you would set up something like this without having an evaluation programme because it is a new intervention. I have not seen anything that is published.

There are now—Charlie will correct me if I am wrong—probably 80 of them out there. Like Charlie, I have been to one very good one, which had all the features that Charlie recommended. At the last prison I visited in January, they know what they want to do. They have a wing, but they do not have the right equipment for it; they do not have the right staff. They cannot really run it, but there is nothing wrong with their intention, their desire and their hope. That was so poignant.

The staff who run the treatment and recovery services in prisons are good people. They want to do the best thing, but their lives are spent filling in forms. They are very good at filling in forms, which takes up a lot of time. They fill in three forms on every drug-dependent person, collecting pretty similar data on paper. They take it to their office and fill it in on the computer.

The rest of their time is spent giving out daily methadone because there are a lot of prisoners who require it. It is a stigmatising thing to be queuing for methadone. You are also visible to the drug dealers in the prison because they can see who you are. One of the things I recommended in my review, which I would recommend to you, is that all prisons should have an adequate supply of long-acting buprenorphine, Buvidal, which could be started in prison. That is taken once a month. They could go to work because they are not queuing for their methadone. It gives you back some of your life. On the whole, it gives you smoother control, but it needs to be continued when you leave the prison.



Charlie Taylor: Can I add to that? Buvidal has a long-term effect. You can have a monthly injection. Therefore, as Dame Carol says, you are not standing in a queue every day. It also does not have the same psychoactive effect as methadone. You are not high, which means you are more able to join in purposeful activity.

Quite often, we find that prisons are giving out Buvidal and it is working really well, but when prisoners leave the jail they are moving back into local authority areas that do not offer Buvidal. It is back to methadone, and then it is back to all the problems that we see with people on methadone. That is incredibly frustrating.

Q22 **Chair:** I want to go back to drug-free wings, but, just on that point you have raised, whose responsibility is that? We hear this in a number of respects. What happens in the prison is not continued by the probation service or whoever outside.

Dame Carol Black: I presume it would be NHS England within the secure estate, and it would be the local authority that is responsible for the supply of Buvidal in each local authority. We are getting to the point where you could almost make a case that it ought to be nationally available. It should not be a postcode lottery. With most other drugs that appear to have a really very positive effect, we try not to have a postcode lottery.

I understand that NICE as yet does not think the available evidence is strong enough to give it approval because there is only one company that makes it so far. Two other companies are developing a long-acting buprenorphine. We have not had it available for long enough to have five years of results. There are some challenges, but we are all pretty well agreed it is something that can make a considerable difference. The Welsh probably have the best evidence.

Q23 **Tessa Munt:** My experience has been that prisoners' medical records, education records, training records or whatever take a very long time to catch up with prisoners when they move from place to place. How efficient is the transfer of medical information? Does it go with the prisoner? Do they hold their medical records when they leave prison? Is it dependent on the prison sending it somewhere? How effective and efficient is that system?

Dame Carol Black: Charlie might be able to answer this perhaps slightly better than I, but I believe that when you move prison you start all over again and you fill in all the same forms. In my review, I recommended that a drug-dependent prisoner, should have—I do not know whether I want to call it a passport—something they own that says, as they go into prison, what their aspiration is about their drug dependency.

You can start to build up some assets for that person that they take with them. I do not see why they cannot take it with them because it would make such good sense.



Q24 **Tessa Munt:** Wouldn't it? If I may ask a supplementary, I am intrigued as to how the local authority knows that somebody has popped up in its area with a need for care of the nature that you describe.

Dame Carol Black: For a drug-dependent person leaving prison there are at least six individuals or bodies that participate in trying to get them safely from the secure estate into treatment in the community. How well it is done varies from prison to prison. It is done much better in the north of England than in the midlands and the south.

The information travels in a rather strange way, as far as I can see. It goes from the prison through what is called PNAP—you know that, Charlie, better than I—to the community probation officer, who then is supposed to make sure it gets to the treatment provider. In the review, I recommended that this should be simplified.

The treatment inside the prison, the treatment in the community and the community probation service are the three crucial things, but there are six groups involved. On the whole, their computer systems do not talk to each other. They are all very well-intentioned people and they all want the prisoner to leave and to go to their treatment appointments.

I am sure you are aware that the number of deaths of drug-dependent people in the three-week period after leaving prison has been on the increase.

Charlie Taylor: Just on that point, it depends on who picks you up at the gate. Is the person who meets you at the gate a good influence or are they going to take you back to the nearest drug dealer? Do you go out homeless, in which case you are then reliant on trying to survive on the streets? That may involve you selling drugs or being a victim of whatever drug you can get your hands on.

Q25 **Chair:** Finally, are drug-free wings successful? They are obviously popular if 80 of them are now in existence. I take the point, and I do not think we knew this, that prisons put prisoners who are not drug free on to those wings just to make use of the space. Is that what you are saying? That implies there are not enough people who go willingly on to them. Do we know whether they work? Do we know whether they make people live more productive lives in prison or make them less likely to re-offend or go back on to drugs when they leave? Has any work been done on that?

Dame Carol Black: I would hope the Ministry of Justice has an evaluation programme. I do not know. I would imagine it must have put in train an evaluation.

Charlie Taylor: I have asked, "How will you know that you have been successful?" and I have not had a clear answer on that yet. There is no data at this stage.



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Anecdotally, I have talked to prisoners. In particular, I remember one guy who I spoke to at The Mount who talked about it being a transformative process for him. Not only was he now substance free, but he was also running meetings within prisons for his peers.

Very often, drug-free wings are, in effect, glorified enhanced wings where well-behaved prisoners go as a reward or they are wings where prisoners can apply to go because they want to get away from the drug-fuelled chaos you get on some wings within jails.

The level of staff expertise varies from what we saw at The Mount and at Cardiff through to people who have had no training at all and are just doing their best.

Q26 **Chair:** They would presumably have to stay drug free while they are on the wing because there would be regular testing.

Charlie Taylor: Yes. It is weekly or monthly. They are regularly tested. Most of the time those wings remain drug free, but sometimes something gets into the wing and the whole wing gets into difficulties.

Elisabeth Davies: I would just share, Chair, that the key problem with regard to these units is the absence of a framework. It is really difficult for any of us to comment on whether they are effective or not because we just do not see a consistent framework being applied. In the absence of that consistency, they are too vulnerable to being disrupted by population pressures. In the likes of Coldingley, for example, unsuitable prisoners are placed there; cells are doubled up. In other cases, such as Long Lartin, they are simply derailed because drugs become readily available.

Chair: Thank you very much. We could continue, but we have to move on. I am going to suspend the meeting for two minutes while we change panels, and then we will go on. Please feel free to stay, if you wish, but, equally, if you have elsewhere to go, thank you very much for your time.

Examination of witnesses

Witnesses: Babafemi Dada, Rob Luxford and Natalie McKee.

Q27 **Chair:** We will resume this afternoon's session of the Justice Committee, part of the tackling drugs in prison inquiry, and we are very pleased to be joined by three serving prison governors. I am going to ask them to introduce themselves and then there will be a series of questions from members of the Committee.

Natalie McKee: I am Natalie McKee. I am the governor of Hindley prison and I have been governor there for just under five years now.

Q28 **Chair:** Would you say what sort of prison that is?



Natalie McKee: Hindley is a category C male prison, but we also hold young adults. We hold up to 600 prisoners and 225 of them are classed as young adults between 18 and 25 years of age.

Babafemi Dada: I am Babafemi Dada. I am governor of HMP Long Lartin, which is a high-security prison, and I have been governing since 2011.

Rob Luxford: Good afternoon. My name is Rob Luxford. I am the governor of HMP Liverpool. I have been governing since 2021. I was at Portland prison before that. Liverpool prison is a reception prison, serving the courts of Merseyside, and we currently hold 840 prisoners.

Q29 **Chair:** We could ask you a lot of questions, but we will try to avoid that temptation and narrowly focus on the issue at hand, which is the problem of drugs in prison and how that is currently being tackled. Would you mind painting a picture for us, each in turn, of what you think the situation is in your prison at the moment? How prevalent is the influence of drugs and what effect does that have, both on the regime, so how you run the prison, and on prisoners and staff?

Natalie McKee: At Hindley prison, we unfortunately are the prison that has the worst drug rate in the country. In terms of the random mandatory drug testing that you heard about earlier, our rate tends to be over 50%. At one point, it was 70%. If I could just explain, random mandatory drug testing is a test of 5% of the population, so that rate is 5% of the population that has been tested, in terms of it being positive.

In terms of the drugs of choice in my prison, there is an awful lot of cannabis and psychoactive substances, and use of ketamine has been on the increase as well over the last few years. Holding young adults has contributed to that. We have a lot of drones in our prison. Last year, we had sightings of approximately 150. Those are the drones that we know of coming into our prison on a regular basis. They are often being delivered directly to prisoners' cells as well. It is an ongoing challenge in terms of that situation in our prison.

In terms of impact on a regime, obviously it has a huge impact. My team have been through an awful weekend this weekend, where something has got into the prison and an awful lot of men were, as we call it, "going under". They were experiencing a really negative impact of the drugs that they had chosen to take, which obviously is really frightening for our staff to have to watch and to deal with, because they worry about the impact that is going to have on the men in their care.

It impacts on safety. We have had a number of violent incidents. Quite a lot of that violence is related to debt. It impacts on prisoners and their families. We have had family members reporting to us that they are in debt up to £10,000 because they have paid the debt of their particular loved one. It impacts on self-harm and our ability to run a regime.



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One of the contributory factors, certainly in my prison, is that I do not have enough of a regime for everybody to be able to be busy and doing something every day. That is because I do not have enough funded education and purposeful activity places for people to be able to go out to and to be occupied on a full-time basis. I think that covers the question you asked, Chair.

Babafemi Dada: I went to Long Lartin, which is a high-security prison. We have some of the most challenging and dangerous men in prison. Having been a governor in a category C prison, Featherstone, we had drugs as far back as 2005. I suppose one of the first things that struck me was the number of drones that were coming into Long Lartin prison.

The feeling I had from looking at the situation was a sense of helplessness and hopelessness, in fairness, because not only do we have something that is creating havoc within the prisoner population, but then, of course, we have on average younger staff members who have just joined the prison service and their first experience of the prison service is violence and drugs from the drones. It is about trying to manage that relationship.

Of course, in a high-security prison, most of our prisoners are there for life. A third of our prisoners are serving a life sentence and most of our prisoners are definitely serving long sentences. Dealing with drug issues becomes a normalised situation for a number of our prisoners.

In terms of the regime, I suppose one of the problems we have is trying to balance where prisoners are going to locate, because there is the issue of violence and death. We have one of the highest records of violence among our prison population. At one point, we had one of the highest rates of violence against staff.

One thing we have done is to make sure prisoners are unlocked for purposeful activity. It is a risk, because we are just coming out of a very restrictive regime. There was an increase in violence, but we are now seeing reduced violence against staff, which is a positive thing recently. Self-harm and prisoner-on-prisoner violence is still high, so we still have to work on that. The violence means that sometimes we have to take prisoners out to hospital for treatment, which then affects the regime that we have to deliver.

There are some positive things, because we have the drug-free wing. One of the decisions I had to make pretty quickly when I got there was that, rather than having prisoners who wanted to stay off drugs, most of whom hardly took drugs, I wanted it to be a recovery wing.

From around January last year, we started building a recovery wing, where we now have prisoners with drug problems. I have had the opportunity now to increase the space. It is a 30-bed and we are trying to increase it by six cells. The reality is that we have a drug problem, but



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we are now seeing some reduction, from around 27% random test to 23%, as of last quarter. We are also increasing some of the work.

I have some facilities Natalie does not have. I have extra security at the gate. It has always been there, because of the high security. We have been able to do some work in trying to make the drugs stop coming through the gate. In a way, that also pushed it towards the drones. It is difficult to manage, but some of the work we are doing will try to deal with the issue of drones. Hopefully in the closed session we will talk more about that, but I need to be very clear: dealing with the drones does not stop it. We have to continue to work hard to try to deal with the issue of drugs in prison.

Rob Luxford: What I have to say is very reflective of what you have heard from my colleagues. Being part of a reception prison, we have a high churn of prisoners through the system from the courts, which adds extra pressures. Unfortunately, drugs have an impact on a daily basis, whether that is people under the influence who are having to be cared for or drone incursions and throwovers. They are regular parts of our business. That can have an impact on regime, as has been really well explained already.

We have taken some learning. As Babs has spoken about, we have learned things around ISFL units. We tried to go very big and we tried to make one of our big wings into an ISFL unit. We have learned from that, in terms of doing things smaller and better, with better outcomes. That is some of the learning we have taken from that, especially when you are seeing the high churn of prisoners coming through the prison. It is our daily business and it is a challenge.

Q30 **Chair:** If it is not too general a question, what do you see as the biggest barriers to reducing drug use at the moment? How would you like to see them overcome? If I was the Minister, rather than the Chair of the Committee, what would you be asking?

Rob Luxford: After 32 years in the prison service, I am really pleased that we are looking at a recovery, health-led model. It feels like a different approach from the top down. As governor, that is absolutely the right way to go forward. We have tried to use MDT and punish our way through this problem, and that has not been effective. A much stronger point on recovery and better health resource, listening to Dame Carol Black's feedback, are exactly areas where I feel, as governor, we can move forward.

Q31 **Pam Cox:** On that question of barriers, Natalie, I was quite struck by what you said in your opening remarks: that you felt that you did not have enough education and workplace or purposeful activity places in the prison. Which providers are contracted to deliver those in your prison? Do you feel, as governor, you have enough influence over the day-to-day delivery of services offered by those providers?



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Natalie McKee: Only part of it is contracted out and that is the education service. That is contracted out to Novus in our case, at the moment, and I sit in the contract meetings for that. Ultimately, it is the governor's curriculum in terms of what we design and what we offer. My point was that I do not have enough of it. It is not the provider's fault. It is that there is not enough money to have more education.

I need more workshop instructors, to be able to actively put men into those places, because if they are not at activity, then they are locked up. That is the position that Mr Taylor was talking about earlier, seeing a number of men locked up for 22 hours a day. Ultimately, in a prison such as mine, a resettlement prison, I would expect to see men out on a full-time basis. I have around 250 full-time spaces and about another 250 half-time spaces, which leaves 100 men with nothing. For half-time men, what they are doing is they are behind their door. That is the boredom element.

Pam Cox: Could I ask the same question to the other two governors present?

Babafemi Dada: Some of mine is a personal opinion. It is very complex. I cannot pinpoint one particular area of running a prison that would stop drugs. I remember, when I joined in 1991, we did not have that much focus on purposeful activity in the prison service and there were not that many drugs—or, at least, we were not aware of the drug issues as we have today.

The reality is that, as we are providing more purposeful activity in prisons, we still have a drug problem. What has significantly changed in the last 33 years, especially in the last 15 years, has been the ingress of drugs, which has increased. We have to deal with the fact that there are just too many drugs coming into prisons. Purposeful activity may not be the only solution.

There was mention of Grendon, which is a very therapeutic environment. We can see from that that there is less drug use, not just because there is purposeful activity but because there was an ethos of recovery, treatment and support, and a community within those areas. That comes at a cost. I would like to say that, for me, in Long Lartin, a lot of my problem can be solved, first of all, by trying to reduce the drugs coming in. That allows us to have other innovative ideas in dealing with other things. The problem is that we are dealing with a lot of drug issues, which means there is some distraction from doing anything else.

Rob Luxford: We have had to go to part-time employment for most. We try to give everyone something, half-day work. There is no getting away from some of the impact of the population pressures, that consistent churn of prisoners through the estate and being on our top numbers at all times. That just adds pressure to every department. Getting people into work, into the correct education courses and assessed correctly feels difficult on a daily basis. It isn't just not having enough work. It is the



number of prisoners coming through the system that really places us under pressure.

Q32 **Pam Cox:** Which providers are helping you to provide those work placements?

Rob Luxford: Again, as Natalie said, we have our own workshops. We have our own staff and our own workshop instructors. We have an education provider. There are no concerns over its delivery. It is the effectiveness of having enough spaces. We do not have enough spaces for full time for everyone, so we have to cut our cloth accordingly and try to give everyone as much as we can. There is a balance of regime, gym and other activities, including domestic periods out of cell, to try to get as good a regime as possible.

Q33 **Pam Cox:** To turn to the passage of drugs into prison, we touched in our earlier session on the question of staff involvement in that at some level. Noting that most staff are not corrupt, how do you address the issue of staff corruption in your establishments?

Babafemi Dada: We have had some support through the counter-corruption investment, in terms of dealing with staff who are involved in corruption or on the cusp of corruption. There is also training. I used to be governor of Gartree, before we had the enhanced gate security process in place, and we used to have lots of intel about staff corruption. Once we had EGS in, that was significantly reduced and we then had an increase in drones.

It is important that we have more investment in that area. That can reduce staff corruption, but it is also about the training we do in our college. I know there are some revisions going on, in terms of how we train our staff. That has to improve in that way, giving staff the resilience to deal with the issue of corruption. Just to be very clear, there are very few of our staff who are involved in corruption. Where we do know about that, we deal with it very quickly.

Lastly, it is very important for us to run a regime, because a regime is also about the dynamic of security, where prisoners are able to have a relationship with staff and can give us enough information to help us deal with some of those issues.

Q34 **Linsey Farnsworth:** I was really interested in what you were saying about the demand for drugs and the ingress of drugs having increased, as well as the availability. We have heard loud and clear from a number of witnesses, both today and previously, that a lack of purposeful work or being stuck in the cells for too long, for various reasons, is a large part of why there is such a demand for drugs.

I was interested, Babafemi, in what you were saying. When there was less purposeful work, back in the day, if you want to put it that way, there were fewer drugs. Is there something else as well that is driving the demand for drugs in prison? Am I missing something?



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Babafemi Dada: The issue of drugs in prison should not be looked at in isolation from the community. There is something about the availability of drugs in our society. More people have more access to drugs out there. There is a drug culture. There needs to be education about drugs in the community, as much as in the prison. Drugs do not come from anywhere else, apart from outside prisons. There is so much prisons can do, but there has to be more work around education on drugs in the community.

We have seen that there has not been that. There has been too much focus on drugs in prisons than out there. That is probably more of a personal opinion. For instance, I remember when we were talking about spice as "legal spice", and nobody actually thought about how that was going to be a problem in prisons. If we dealt with the issue of legal spice, it probably would never have crept into prison and become a problem much later.

Q35 **Linsey Farnsworth:** That is really interesting. Thank you. The availability on the outside and the higher drug use on the outside is impacting prison use. Do you think that that is happening generally across the country or is there a specific problem locally, close to prisons? Are the organised crime groups, for example, targeting specific communities that live locally, around prisons, or is this a national thing?

Natalie McKee: My prison sits bang in the middle of Manchester and Liverpool, both areas that have high levels of organised crime gangs. We have a much higher proportion than the average rate within my prison. I think it has the second highest number across the country. Organised crime has a significant impact on what is happening within our prisons and we know, from talking to some of our prisoners, the pressure that they are put under to take drugs from these gangs, because the gangs are making an awful lot of money out of it. If they have customers who want to use it and keep using it, then they are continuing to make a lot of money.

Just to put it into context, it is about £100 to buy one gram of cannabis. They are making an awful lot of money. An iPhone 8 is going for around £1,400 at the minute. They are making a considerable amount of money out of people who are continuing to use drugs.

In reference to the question you just asked Babs, it has not really been mentioned too much but there is an impact from trauma. The reason that people take drugs in the first place should not be underestimated. I am very lucky in my prison that we work with a wonderful organisation called Manchester Survivors, but its waiting list is really long. If men are ready to access the service that it provides, they may not get to access it while they are in custody, because of the short time that they are with me. They would then wait out in the community to be able to access that.

Q36 **Linsey Farnsworth:** In terms of use of drugs in prisons, Babafemi, you have prisoners serving long sentences, and, Rob, you have people coming and going. I would be interested to hear whether you think there



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are any trends with longer-serving prisoners and the use of drugs or the desire and demand for drugs. Likewise, how does it model in terms of those who are coming and going?

Rob Luxford: With Liverpool being the first prison people come into straight from the street, straight from the police station, we see lots of people with addiction problems and dual diagnosis of alcohol and drugs. It makes it really complex. The first night is just about keeping people well and that continues. Shorter sentences do not help. There is a continuation of use during short sentences, going back out into the community, and that is clearly prevalent within Liverpool. It changes. People leave Liverpool and usually end up with Natalie at Hindley, and that organised criminal element absolutely has an impact.

In terms of how you would traditionally pay for drugs, it used to be quite difficult, and a system we could see, either on phone calls, making payments, or through letters. There is a complexity now, with the use of mobile phones and technology. It just makes everything so much more difficult in terms of following that payment process through. It is definitely something we see around drug use straight from communities into prison.

Babafemi Dada: I have been very lucky to have governed in different prisons, including female prisons and young offender prisons. When I was governor of Werrington, there was not a ready market for organised crime, or any individuals to sell to because children normally do not have the money or the funds. They certainly would not be able to convince their parents to pay for their drugs.

When you come into an adult prison, especially an adult closed prison, the sentence length could have an impact on individuals, because they are looking at a long time in custody. There is a demand; prisons provide that demand, so there is a pressure for supply. Where there is an opportunity to supply, there will be individuals who will be involved in taking drugs. I am not too sure how much the longer sentence will have an impact, because you would expect in a high-security prison that people should not be taking drugs and they are anyway. That is what people will think.

Some of my prisoners will end up with Natalie at a cat C prison. Some of our prisoners do move around. Rob mentioned this earlier. The biggest change for us, especially for the long-term prisoners and the kind of crimes some of our prisoners are involved in, is the technology and the easy way of getting drugs paid for. The easy way of making money in custody through the illicit economy has made it easier for there to be a ready-made and captive audience for drugs.

We just have to continue doing the job we do to try to reduce the demand for it, but also to try to prevent access to drugs in our prisons and not think about whether the sentence length is really the reason for it.



Q37 **Linsey Farnsworth:** I will switch now to drugs strategy, because you started to touch on that. I would be interested to hear what your drugs strategy is. It is probably detailed, but maybe you could provide a summary of your drugs strategy in each of the three settings that you are in. Is there anything that you are really proud of, in terms of what you have done to reduce the rate of positive drug tests in prison, if that is part of your strategy?

Natalie McKee: All of our strategies will have three strands to them: reducing demand, building recovery and restricting supply. You have to get the restricting supply bit done well for the other bits to be able to work well as well, particularly the building recovery aspect. We have a recovery unit but, as has been referenced already, population pressures mean that we have ended up putting people on there who are not suitable for a recovery environment, which undermines it.

Also, we have to work with the environment that we have. We only have 60-bed units to be able to put this on. That is a lot of people and we do not have that many who want to be in active recovery. There is a lot that we do around restricting supply, but that is probably something we should talk about afterwards.

Currently we are working with a leading professor, as I know Liverpool is as well, Dr David Best, who is a specialist in addiction. He is helping us to build a strengths-based recovery approach across our prison. Like I say, my worry is that that is going to be undermined by not being able to reduce the supply of drugs coming into our prison.

In terms of the building recovery aspect and that strengths-based approach, it is about looking at creating a community and other things that people might want to get hooked into and involved with to support their overall recovery. For example, that might be parkrun or peer mentoring, based on that concept of getting involved, giving back and supporting other people through their recovery journey.

In terms of things that we are proud of, we have examples of men who have been through that journey. There is one man in particular who sticks out in my mind, who was absolutely addicted to ketamine. We thought we were going to lose him. People were really worried for him. He was in and out of hospital. He really worked well with the staff and the services that we have and turned himself around, and was standing up, in our recovery celebrations, talking about his journey. I get updates from the community. He now works in the community, supporting other people going through what he has gone through. There are some fantastic examples of where it has worked well that of course we are proud of.

Babafemi Dada: Like I said before, when I went to Long Lartin, I changed our strategy to recovery, because we have a drug problem. I have been able now to get another six beds. Some cells are being converted. Another thing that is very important is that the governor drives the strategy. It is very important to note that. In my case, I make



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it very clear that we will never compromise that unit. Even if we have problems with accommodation and population, we have to fill that up with people who have problems with drugs.

We have done that. We also work very closely with a substance abuse provider, Inclusion. It works very closely with our ISFL and, of course, the prison service has given funding for a drug strategy manager, who is on my senior management team. It has been led from there. On a monthly basis, we do have training shutdowns, where members of staff in the prison have to go through some drug strategy awareness programmes, so that we are trying to provide support for prisoners, not just those on the recovery wing.

We introduced drug support intervention plans for prisoners to try to encourage them, as a pathway to our recovery wing, but we also work with Alcoholics Anonymous and Cocaine Anonymous to come in. I have been receiving letters from a family about a particular prisoner. For the first time, that prisoner has now agreed to go on the recovery wing.

The reality is that the funding requirement and the support is not within my gift. We will do what we have control of to try to reduce the drug issue within our prisons. Whatever opportunity we are given to deal with it, I am pretty sure we will, and I am proud of the work we are trying to do within Long Lartin. We have seen a slight drop in the random drug tests and, of course, we also do suspicion testing for our prisoners. We are now doing rehabilitative-based punishments for our adjudications, where prisoners who have taken drugs are offered work in the prison, to be able to clean up or do things, rather than just punishing people because they have been found guilty of taking drugs.

We are trying to do everything we can and, of course, purposeful activity is a priority in my prison, where prisoners must go to work.

Rob Luxford: It is important to reflect on what we do get right. The fact is that we have become desensitised to drugs and the issue of drugs in prison. Staff deal with it daily. They see people suffering from the effects and it has desensitised us all. Natalie has mentioned the work we are doing with academic leads. David Best can reset your mindset. I have the luck of having a small unit, which is going to be a lead for incentivised substance-free living.

We celebrated last week with the families of the men living on that unit. They got to celebrate. We issued certificates for staying clean. Those achievements have to be noted and celebrated. It makes a massive difference, not just to prisoners, but to families as well, to see that progression. That is what we are holding on to.

Q38 **Mrs Russell:** You mentioned briefly the role of families in this, in various different contexts. Clearly, family members are incurring significant debt, associated with paying the drug debts of their family members. I just wondered what work you do with families or prisoners in relation to them



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taking responsibility for the impact that they have on their family members. How does that dynamic work? Without wanting to suggest in some way that the families are responsible for those men's behaviour, which I am not, are there some opportunities there?

Rob Luxford: It is really difficult. We know what we know. A lot of this is hidden. The payments are made without our knowledge. When it does come to light, if the issues are raised, we work very closely with police colleagues in that support. We can do it through our safer custody department, offering advice and support. We have support in place at visit times. We have our POPS leads, who can offer confidential advice and support to families, but there is no getting away from it. It is a huge challenge.

Babafemi Dada: One thing that is developing in the prison service is the policy on families and significant others. We are trying to build this into everything we do, to recognise that families can have a positive impact on prisoners and behaviour. We do understand that with drugs, for instance, there is a big impact on self-harm, so we try to get families involved with prisoners involved in self-harm.

In our visits room, our visits centre, we worked with our provider, Pact, which also provides services to families, offering opportunities and encouraging them to provide information to the prison and to help the prison in a very confidential way. It is very important to recognise that families play a part. There is a pressure on families when it comes to drugs. Even within the prison, we try to talk to prisoners about the fact that this has an impact on their family as well.

We do not underestimate the importance of families, who can be involved in trying to deal with the drug issues. We also recognise that there are some families who are part of the problem. We try to make sure the prisoner is involved, in some cases, in that process.

Q39 **Warinder Juss:** I have just a quick question, because I appreciate time is pressing. I take your point, Babafemi, that if drug usage has increased in the local communities it is likely to spill into what happens in prisons, but we heard earlier today that 24% of prisoners who were not on drugs before they went into prison ended up being on drugs. That is nearly one in four. As governors, does that surprise you? If it does not, why not?

Babafemi Dada: Does it surprise me? I suppose not, because we have been in prisons long enough to know that prison is a community in itself and there are issues of peer pressure, when it comes to things like drugs. It is not unknown that a number of prisoners who have never had a drug issue, tried drugs or got involved in drugs come into prison and then take drugs.

There are many reasons for that. We have heard some of them. It could be boredom. It is a very difficult thing. When people come into prison, people react differently to being in prison. For some people, it is a sense



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of hopelessness and that then means that they are easily preyed upon by people who get involved in selling drugs. A large number of those who are dealing those drugs actually do not take those drugs. All we need to do is try to improve the education for prisoners coming through.

Rob Luxford: It was really refreshing to listen to Dame Carol Black talking before. She asked the question: as a criminal justice system, are we diverting people away from prisons? That answers the problem. If you put people who are vulnerable with highly sophisticated organised criminals, there is an inevitable outcome. What could we do differently to divert those at risk? That is something that I would love to see happen, as someone governing prisons: less people coming into custody and more people going into treatment and support. That would be the ultimate outcome for me.

Natalie McKee: There is also the concept of contagious addiction. We know that, if you are surrounded by a number of people who are actively using drugs, you are more likely to get involved in that and use drugs as well. It is a snowball effect, isn't it? We are in prisons that are full and overcrowded. It is very difficult to keep people apart and say, "These are the people who use and these are the people who don't", because we do not have the ability to do that.

Q40 **Josh Babarinde:** Thank you so much for your answers so far. In fact, you have covered a number of the things that I had some questions about. I would like to ask a little bit about training for prison staff, particularly prison officers, with a view to rooting out drugs within prisons.

I know that the Unlocked graduate scheme has a footprint across many prisons and it would be good to understand from you, based on your interaction with the scheme, to the extent you have had that, how successful that scheme is in creating the culture and on the practical elements when it comes to tackling drugs within prisons.

Rob Luxford: I have Unlocked grads at Liverpool. They are refreshing to have, because they bring a different dynamic. They have been great at creating a different culture and a different mind process within the prison, and you can also give them a good project to lead on, usually around specific areas. I could not say they have directly correlated with and impacted on the drug issue within the prison. I do not think that has happened. It would be wrong of me to expect that to be within their remit but, overall, I have found the experience that they bring into prisons very positive.

Natalie McKee: In more general terms around training for staff, there is not enough. We have many competing priorities around training for our prison staff and, to be able to deliver that, we have to impact our regimes, which are already—certainly in my case—fairly impoverished regimes. It is a constant juggling act of what I am going to shut down to be able to deliver, because I have mandatory training, such as use of



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force, for example, that I need to deliver to a set number of people on an annual basis.

I would like to do a lot more around training. Our prison officers require more initial training at the outset as well. It should be a lot more in-depth and we should be covering this kind of thing a lot more, but with ongoing refreshers and supervision as they go through their career as prison officers as well.

Babafemi Dada: I have not had experience of Unlocked Graduates as a governor, but I have had experience of dealing with Natasha, so I do appreciate what Unlocked Graduates has done. Also, it is always good to have other people who have different aspects coming to the prison service. Anything diverse helps.

Training is probably a very important thing for us in the prison service and will continue to evolve. It is important to identify that, in the last few years, we have had to recruit a lot of staff and, as such, we have to go through a process of building that experience over time. Every opportunity we have to train our staff, in conjunction with the difficulties around trying to manage a regime, we have to take. There are many competing demands on our time, including training, which is part of having more effective staff.

It is important that we continue to build our workforce, because we are rebuilding our workforce, having lost quite a number of staff, and we will continue to do that. There is an ongoing review of training for officers. We hopefully should see more training for staff, raising awareness not just of drugs, but also in dealing with other aspects of the prison. If we can manage the prisoner population properly, give them alternatives and improve the staff-prisoner relationship, some prisoners will begin to see an alternative to drugs.

Q41 **Chair:** Can I just follow that up with one final question in relation to staff? We started off with Ms McKee talking about risk to staff with drugs coming into prisons and the effect on prisoner behaviour. You also said—not wanting to put you on the spot, Mr Luxford—that there have been disputes between you and staff at Liverpool prison recently. You are not the only one, but that clearly is a cause for concern. Can you tell us about that and whether it is now resolved?

Rob Luxford: Yes. Again, it is a challenging position. As a prison, our key objective is to improve our regime, time out of cell for prisoners and getting prisoners into activity and education. That has been a prime drive. Part of that has been impacted by consistently high sickness levels, which has stopped us being able to deliver what we need to do. All in all, that is something we keep pushing forward with.

The impact over the last couple of months has been an increase in some violence. The increase in prisoner-on-prisoner assaults during January was also matched with an increase in prisoner-on-staff assaults. We have



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re-rolled the prison. Part of that was an expectation that a change in the prison would see a potential increase in violence, but the staff believe that that had become too high risk and we went through a position where staff withdrew to a place of safety.

It was an incorrect use of the staff's ability to raise concerns. They had not followed a process of raising that through health and safety, with me and management, and through the unions. It ended in a position where, for a few days, we had an impact on the regime and a position where it became a lot of communication with the staff and with the unions to get people back into full work. We have returned almost immediately to a full regime and, I am hoping, have moved past that point. For the last two weeks, we have been running a normal regime, prioritising getting prisoners into work and activity.

Q42 **Chair:** This arises out of staff's concerns about their safety and their response to that.

Rob Luxford: It does, yes.

Q43 **Chair:** Do you feel that that has now been brought under control?

Rob Luxford: Yes. We continue to work with staff. We continue to work with the unions. I have a visit with four MPs in two weeks' time, who are going to come in and independently see the prison, which I encourage. No assault on a member of staff is ever tolerable, but the incidents as they happened were managed well and we have managed to get through that. These were very individual incidents, nothing linked, and, as such, allowed us to return to normality at the soonest possible point.

Q44 **Chair:** Do you feel that you have the confidence of the staff now?

Rob Luxford: I have full confidence that we prioritise the correct level of regime, with safety being the priority of everything we do. We have that balance right. Against all of our comparators, we are working well and we are performing well.

Chair: Thank you very much. I am going to end the public session of the Committee now. If you do not mind waiting a little longer, we will go into private session. While we are on the record, let me just say thank you very much to all of you for giving up your time today and coming and answering our questions very honestly. Thank you very much.