House of Commons

Justice Committee

Tackling the drugs crisis in our prisons

Sixth Report of Session 2024–26

HC 557

Justice Committee

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Publication

This Report, together with formal minutes relating to the Report, was Ordered by the House of Commons, on 22 October 2025, to be printed. It was published on 31 October 2025 by authority of the House of Commons.

Committee reports are published on the Committee's website at www.parliament.uk/justicecttee and in print by Order of the House.

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Summary

The trade and use of illicit drugs in our prisons has reached endemic levels. There is a prevailing culture of acceptance which tolerates drug use and makes it almost impossible for prisoners to escape the problem or for prisons to deal with it. This is reflected in the fact that 39 per cent of prisoners find it easy to acquire drugs. Our report finds that the endemic level of drugs in our prisons endangers lives and cripples the ability of His Majesty's Prisons and Probation Service (HMPPS) to maintain control and safety and to rehabilitate effectively. The Prisons and Probation Ombudsman investigated 833 deaths between December 2022 and December 2024, with 136 (16 per cent) classified as drug-related. The system is failing, and the human cost is unacceptable.

We heard that, once a prisoner is exposed to the "menu of drugs" available to them, the pressure from the established drug-using subculture makes it exceptionally difficult to resist drug use. Eleven per cent of men and 19 per cent of women said they had developed a problem with drugs, alcohol or medication not prescribed to them since arriving in prison.

The prison drugs market is driven by the volatile threat of New Psychoactive Substances, especially highly potent synthetic opioids such as Nitazenes. Nitazenes are significantly more potent than heroin and present an acute threat of overdose, having already been linked to deaths at HMP Parc in 2024. Prisoners are coerced into using new, unregulated substances as 'guinea pigs'.

Drugs in prisons fuel violence and debt whilst also exacerbating existing mental health conditions and trauma. With prisoners routinely locked in their cells for up to 22 hours a day, the persistent lack of purposeful activity and boredom drives them to use drugs for escapism.

The illicit drug economy is dominated by Organised Criminal Gangs who monopolise the highly lucrative prison drugs market. Concerningly, the Chief Inspector of Prisons said the police and prison service have "ceded the airspace" above two high-security prisons, with HMPPS records indicating a 770 per cent increase in drone sightings around prisons between 2019 and 2023. Prices are enormously inflated, with drugs selling for up to 100 times their street value. Our findings confirm that this sophisticated criminal supply chain is not limited to drugs, but also mobile

phones and, less commonly but still of concern, weapons. We are deeply concerned that this constant flow of prohibited items places both prisoners and staff at risk.

The emergence of sophisticated drones to convey drugs represents a "paradigm shift", offering the unique advantage of bypassing traditional perimeter security to deliver packages often including higher value items. Alarmingly, we heard about drones that could lift "a moderate-sized person". Despite the escalating threat posed by drones, our report finds that traditional ingress routes such as throwovers and visits remain persistent and are more common. Our report finds that when physical security measures are strengthened, criminals adapt and change ingress routes which can include corrupting staff. This everchanging game of 'cat and mouse' makes it difficult to disrupt supply chains without an increase in security resources We also note that supply reduction alone is insufficient while the demand for drugs remains overwhelming.

Improvements made in treatment are stagnated by a fragmented and inconsistent commissioning structure. The division of responsibility between NHS England (in-prison care) and local authorities (community care) creates a gap where therapeutic progress is interrupted and incoherent upon release. This jeopardises recovery, guarantees high rates of relapse and contributes directly to the risk of fatal overdose experienced by individuals recently released from custody. The priority must shift from simply managing the crisis to delivering a single, continuous and effective public health pathway designed to save lives. Worryingly, the Prisons and Probation Ombudsman investigated 137 post-release deaths (within 14 days of release) between September 2021 and December 2023, finding that 83 (61 per cent) were drug-related. Of which, 20 deaths occurred within a single day of release.

Our report considers the operational constraints placed upon prison governors, who are tasked with leading the response to the drug epidemic. This is particularly challenging with the additional strain of a prison population crisis and in some cases, severe overcrowding. We highlight how governors lack resources, robust data systems and face overly bureaucratic procurement processes. Our report raises concerns that the ability to deliver a stable, rehabilitative environment is often constrained by failures to disrupt the supply of drugs into prisons and the need to reduce the demand for drugs.

Without urgent reform addressing the underlying crisis of demand for drugs, the lucrative profits fuelling supply and the poor physical state of our prisons, the prison estate will remain unstable, unsafe and incapable of delivering its rehabilitative purpose.

1 Introduction

The scale of the problem

1. The Chief Inspector of Prisons, Charlie Taylor, has repeatedly expressed his concern at the growing availability of drugs in prisons in England and Wales. According to His Majesty's Inspectorate of Prisons' (HMIP) prisoner surveys, 39 per cent of prisoners stated that illicit drugs were easy to acquire, while prisons inspected regularly had reached positive random drug tests of more than 30 per cent.[1] Drugs in prison are not a new issue but their prevalence is a concern, particularly as drug misuse among the prison population is much higher than in the general population.[2] In its recently published annual report, the Independent Monitoring Boards (IMBs) described drug use in prisons as "endemic".[3] In some cases, drugs have been described as inescapable, even for prisoners trying to abstain, according to a member of staff working within a prison:

> It is almost impossible to get away from drugs in prison even when you want to. Dealers will pick on the vulnerable. Spice comes on sheets of paper and we have had many situations that men isolating when trying to abstain have had sheets of Spice soaked paper pushed under their door. When you are in an environment day in and out where you are surrounded by drugs and violence and this is the norm, it becomes extremely difficult to say no.[4]

2. During an inspection of HMP Hindley in March 2024, the Chief Inspector of Prisons observed an alarmingly high level of drug use and more prisoners there under the influence of drugs than sober.[5] In 2023–24, 30 per cent of women and 23 per cent of men in the prison estate reported having a drug issue. Reports from HMIP and IMBs consistently highlight the widespread availability of drugs in prison as an issue. In HMIP's prisoner survey, 39 per cent of adult male prisoners said it was "easy to get drugs".[6] A key theme in

1 His Majesty's Inspectorate of Prisons, HM Chief Inspector of Prisons for England and Wales Annual Report 2024–25, September 2024, p 3
2 Anonymous (TDP0031)
3 Independent Monitoring Boards (TDP0018)
4 Anonymous (TDP0031)
5 His Majesty's Inspectorate of Prisons, Drugs and disorder: worrying times for prisons , 25 March 2024 (accessed 15 September 2025)
6 His Majesty's Inspectorate of Prisons, HM Chief Inspector of Prisons for England and Wales Annual Report 2024–25, September 2024 (accessed 31 July 2025)

HMIP's 2024–25 Annual Report is the impact of drugs in the prison estate, with the Chief Inspector attributing the destabilisation of prisons and the issuing of four Urgent Notifications in 2024 to the effects of drugs.[7]

3. The prison drugs landscape has undergone a major shift over the last ten years, evolving from traditional substances and ingress routes to more complex new psychoactive substances (NPS) and sophisticated smuggling techniques such as drones. The widespread presence of drugs fuels a volatile environment characterised by debt, bullying, blackmail, violence and overdoses among prisoners, while also exposing staff to unpredictable behaviour and secondary drug exposure.

4. Organised criminal gangs (OCGs) dominate and profit from the prison drugs trade by establishing sophisticated supply routes, often involving methods like drones, corrupted staff, and vulnerable individuals. This lucrative market fuels debt, violence, intimidation, and disorder within prisons, which undermines safety and security. The operations of OCGs in prisons extends their influence, connecting criminal activity both inside and outside the prison walls. Mike Trace, CEO of the Forward Trust, said:

> The dealing and supply mechanisms in prison are more damaging than they have ever been. In the '90s and '00s, a lot of people used to talk about a cottage industry where somebody would get a little through visits or different ways. It is an organised, gang-led structure now, which means a lot more drugs are coming in and there is a lot more violence and intimidation than ever before.[8]

5. While OCGs establish the motive and logistics for the trade, the quality of the physical prison estate facilitates the prison drugs trade due to its design and structural vulnerabilities. Features like outdated architecture, poorly maintained buildings and broken windows make it easier for contraband to be thrown over walls or delivered via drones, often targeting specific wings or yards.[9]

6. The challenges of controlling supply, exacerbated by poor physical security, are mirrored by problems in addressing drug demand. The support and treatment services intended to help prisoners escape from drug dependency are often undermined by a fragmented and distant commissioning structure.[10] Despite a commitment to providing an 'equivalence of care', the

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7 HMP Wandsworth Urgent Notification, 9 May 2024 (accessed 15 September 2025), HMP Rochester Urgent Notification, 2 September 2024 (accessed 15 September 2025), HMP Manchester Urgent Notification, 10 October 2024 (accessed 15 September 2025), HMP Winchester Urgent Notification, 24 October 2024 (accessed 15 September 2025)

8 Q271

9 Independent Monitoring Boards (TDP0018)

10 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)

current model is said to be ineffective. This process places commissioners "too far removed from the delivery" of these specialist services, a core criticism raised by Dame Carol Black's internal review of drug treatment in prisons.[11]

The Government's work on tackling drugs in prisons

7. The Prison Drugs Strategy, published under the previous government in 2019, has been adopted by the current Government and has become the cornerstone of its approach to tackling drugs in prisons. The strategy outlines a coordinated effort led by the Ministry of Justice (MoJ) and His Majesty's Prison and Probation Service (HMPPS), which focuses on improving security with technology such as body scanners and drug-detection dogs, while also addressing the underlying demand for drugs. To build recovery, it promotes programmes and facilities such as Incentivised Substance-Free Living (ISFL) units, which provide drug-free environments for prisoners committed to abstinence.[12]

8. In 2019, Dame Carol Black was commissioned by the previous government to lead a two-part Independent Review of Drugs (published in 2020 and 2021).[13] Concerningly, the review estimated that people with a serious drug addiction occupy a third of prison places. While Dame Carol Black's initial recommendations focused on treatment in the community, the previous government's subsequent 10-year drug strategy, "From Harm to Hope," directly addressed the link between drug use and offending. This strategy committed to rebuilding the professional workforce in prisons and improving treatment access, with a specific focus on ensuring continuity of care for people moving from prison to the community. In 2024, Dame Carol Black concluded an internal review of drug treatment in prisons which was published as part of the evidence to our inquiry.[14] We thank Dame Carol for allowing us to publish this important work. In her review, she found that treatment and recovery services in the secure estate are inadequate and the current commissioning structure is failing to drive necessary improvement.

11 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)

12 HMPPS, Prison Drugs Strategy, gov.uk, April 2019

13 Department for Health and Social Care, Review of Drugs: Executive summary, gov.uk, 3 September 2025, Department for Health and Social Care, Review of drugs part two: prevention, treatment, and recovery, gov.uk, (accessed 3 September 2025)

14 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)

Our inquiry

9. We conducted this inquiry because we were shocked by the unacceptable levels of drugs ingress into prisons and the damage that this is doing to our prison system. As part of our call for evidence we received 29 written evidence submissions, as well as fourteen letters from prisoners prompted by an article in the prison newspaper, Inside Time, asking for their input into our inquiry. We held three oral evidence sessions and heard from a range of witnesses, including the Chief Inspector of Prisons, Dame Carol Black, Independent Monitoring Boards (IMBs), prison governors, and healthcare professionals. We concluded our oral evidence with the Minister for Prisons, Probation and Reducing Reoffending, Lord Timpson. The Committee also held a private roundtable to learn about the tactics and techniques used to detect and disrupt supply chains, hearing from Richard Vince, Executive Director for Security, HMPPS; Caroline Mersey, National Security Group, HMPPS; James Babbage, Director General (Threats), National Crime Agency and Michaela Kerr, Prison and the Probation Lead, National Police Chiefs' Council.

10. As part of our inquiry the Committee also visited HMP Wandsworth where we heard about the prison's efforts to stop the flow of drugs, including via drone incursions. We spoke to Change Grow Live and board members at Wandsworth Independent Monitoring Board. We also visited HMP Brixton where we visited an ISFL and spoke to staff about the challenges of drug ingress and misuse. As part of our Rehabilitation and Resettlement inquiry, we visited HMP Buckley Hall where we heard about the prison's challenges with drug ingress. We would like to thank everyone who gave up their time to share their expertise and experience with us.

11. In our report, we first set out the prevalence and nature of the drug epidemic, focusing on the rise of new psychoactive substances (NPS) and the inadequacy of current testing regimes. We then go on to examine the fundamental drivers of demand and the severe impact of drug use. We consider the complex ingress routes and the countermeasures deployed to reduce supply. Finally, we assess the necessary support for prisoners with substance misuse needs before coming to an overall conclusion on the drugs crisis in our prisons.

2 Prevalence and nature of drugs in prisons

12. A central finding of this inquiry has been the widespread and recent increase in the availability of drugs across the adult prison estate. According to prisoners there is a "menu of drugs" available and drug use is embedded within some prison subcultures, making it difficult for individuals to avoid.[15] The Chief Inspector of Prisons told us that approximately one third of men and one fifth of women in prison had reported to the Inspectorate that illicit drugs were easy to acquire, including in prisons with low drug rates.[16] IMBs reported that, throughout 2024, drugs became increasingly available and were used more frequently.[17] This is often perceived as "part of prison life".[18] To inform their response to our call for evidence, Revolving Doors, a national charity that aims to break the cycle of crisis and crime, consulted members of its lived experience forum who have personal experience of drug use in prison. One participant said:

> If I was to get sent back to prison tomorrow morning and was back on the wing, I'd be able to get heroin and spice within seconds. I'd get myself into debt doing it, but I'd be able to get it within seconds of landing.[19]

13. Although almost half (49 per cent) of prisoners in England and Wales enter prison with an identified drug need,[20] a significant number develop a drug habit whilst in prison. Surveys of prisoners by HMIP reveal that eleven per cent of men and 19 per cent of women had developed a problem with drugs, alcohol or medication not prescribed to them since entering prison.[21] The experience of prisoners at HMP Ranby confirms this: 24 per cent of prisoners said they had developed a drug problem since entering the prison and, on some wings, this figure was as high as 38 per cent.[22]

15 Q1, Lived Expert (TDP0029)
16 Q2
17 Independent Monitoring Boards (TDP0018)
18 Change Grow Live (TDP0011)
19 Revolving Doors (TDP0003)
20 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)
21 His Majesty's Inspectorate of Prisons, HM Chief Inspector of Prisons for England and Wales Annual Report 2024–25, September 2024, p 21
22 His Majesty's Inspectorate of Prisons, Report on an unannounced inspection of HMP Ranby, May 2025, (accessed 9 September 2025)

14. The number of drug finds within the prison estate is also an indicator of the prevalence of drugs. HMPPS' Annual Digest 2024–25 reports that, in the 12 months to March 2025, there were 26,348 incidents of drug finds, a 25 per cent increase over the same period the previous year (see Table 1).[23] The publication also states that incidents of drug finds have increased in each of the previous two years and are now at their highest level since the series began. The drug type which accounted for the largest number of drug find incidents was Class B drugs, including cannabis and ketamine. There has also been a significant influx of psychoactive substances into prisons. In the 12 months to March 2025, the number of finds of psychoactive substances increased by 45 per cent (6,966 incidents) compared with the 12 months to March 2024, the largest increase of all drug types. In the year ending March 2024, psychoactive substance finds increased by 86 per cent compared with the 12 months to March 2023.[24]

Table 1: Number of incidents where drugs were found in prisons in England and Wales from 2016/17 to 2024/25, year ending in March

Number of incidents where drugs were found in prisons
Prisons in England and Wales, year ending in March

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Total Incidents	**10,666**	**13,118**	**18,325**	**21,575**	**20,295**	**17,700**	**14,724**	**21,145**	**26,348**
Class A drug types:									
Cocaine	128	167	1,216	1,966	2,083	2,042	527	521	530
Crack	26	42	48	49	59	39	32	26	30
Heroin	163	173	400	639	591	481	194	191	170
LSD	0	3	60	154	81	105	30	19	14
Methadone	20	23	24	32	26	46	41	38	39
Class A Total	**337**	**408**	**1,748**	**2,840**	**2,840**	**2,713**	**824**	**795**	**783**
Class B drug types:									
Amphetamines	55	66	199	273	435	363	172	164	249
Barbiturates	10	9	13	20	12	11	8	10	3
Cannabis	1,582	2,258	3,144	3,723	3,292	3,433	3,654	4,986	6,678
Cannabis Plant	181	258	328	408	287	250	249	322	410
Ketamine	0	0	0	0	0	6	119	257	365
Class B Total	**1,828**	**2,591**	**3,684**	**4,424**	**4,026**	**4,063**	**4,202**	**5,739**	**7,705**
Class C drug types:									
Benzodiazepines	22	34	92	95	115	81	60	46	57
Buprenorphine/Subutex	264	296	329	335	331	206	208	224	218
Steroids	659	593	581	475	372	329	352	389	476
Tramadol	23	33	33	86	89	72	60	63	61
Tranquilisers	19	29	29	30	31	23	8	24	16
Class C Total	**987**	**985**	**1,064**	**1,021**	**938**	**711**	**688**	**746**	**828**
Prescriptive drug types:									
Gabapentin	45	64	110	144	89	62	49	36	30
Pregabalin	80	159	219	273	203	181	166	173	244
Prescriptive drugs Total	**125**	**223**	**329**	**417**	**292**	**243**	**215**	**209**	**274**
Other drug types:									
Psychoactive substances	4,560	4,667	6,658	8,192	9,114	5,681	2,587	4,819	6,966
Other	1,182	1,605	2,302	2,922	2,532	2,960	2,611	3,082	3,532
Unknown	3,087	3,930	4,380	4,382	2,607	3,248	4,691	7,294	8,445

Note: More than one type of drug can be found in a single incident, therefore the sum of the drug types found will be higher than the total incidents. Drug class totals are not a sum of incidents, rather a sum of times a drug within the class were found in an incident. This means that if more than one drug of the same class were found in a single incident, that incident would be counted within the class total multiple times.

Source: Ministry of Justice, HMPPS Annual Digest 2024/25, 31 July 2025 (Chapter 6, Table 6.2)

23 HMPPS, HMPPS Annual Digest 2024 to 2025, gov.uk, (accessed 10 September 2025)
24 HMPPS, HMPPS Annual Digest 2023 to 2024, gov.uk, (accessed 10 September 2025)

15. **CONCLUSION**
The widespread and increasing availability of illicit substances has fostered a culture of acceptance that normalises drug use in prisons. This makes the presence of drugs inescapable for many prisoners. The situation is made worse by two key factors: the high number of people entering prison with an existing addiction, and the worrying trend of prisoners who had no prior issues developing a drug habit while in prison.

Drug testing and data reliability

16. Drug testing results are a performance metric for prisons which track the volume and rate of positive results. Three different types of drug testing exist in prisons: Mandatory, Voluntary and Suspicion.[25] During random mandatory drug testing (rMDTs), five per cent, or ten per cent in prisons with under 400 prisoners, of the prison's population are selected randomly each month for testing.

17. Conducting drug tests, particularly rMDTs, is heavily reliant on staff availability. According to IMBs, rMDTs have ceased in some prisons, such as HMP Winchester and HMP Coldingley, due to a lack of staff resources.[26] In the 12 months leading to March 2024, a total of 51,452 rMDTs were conducted. While this was an increase from the 41,308 tests conducted the previous year, the number remains lower than the more than 54,000 tests performed in 2019–20.[27] During this period, the Covid-19 pandemic caused disruption to drug testing regimes primarily due to staff shortages and a lack of resources.[28]

18. Official statistics on drug use in prisons are likely an underestimate, primarily because the testing technology has not kept pace with the constant evolution of psychoactive substances.[29] MoJ statistics highlight a period between 2018 and 2020 where the testing panel was unable to detect new psychoactive substance compounds.[30] Combined with the testing disruptions caused by the Covid-19 pandemic, this means that more recent data is not reliable. For a more accurate understanding of the issue, the MoJ refers to older data from 2017–18, when the recorded positive drug test rate was 21 per cent (including psychoactive substances).[31]

25 Prison Reform Trust (TDP0014)
26 Independent Monitoring Boards (TDP0018)
27 HMPPS, HMPPS Annual Digest 2024 to 2025, gov.uk, (accessed 10 September 2025)
28 Clinks (TDP0027)
29 Prison Reform Trust (TDP0014)
30 A testing panel is the list of specific substances that a drug test is designed to detect, His Majesty's Prisons and Probation Service, HMPPS Annual Digest 2024 to 2025, February 2025 (accessed 10 September 2025)
31 HMPPS, HMPPS Annual Digest 2024 to 2025, gov.uk, (accessed 10 September 2025)

19. HMIP reports suggest that positive tests remain high across the adult estate. At HMP Hindley, the rMDT positive testing rate was 53 per cent in late 2023. This rose to 59 per cent in the subsequent six months, and reached 77 per cent in April of the current year for random tests.[32] HMIP inspection reports indicate that other prisons have also shown high rMDT positive rates, including HMP Wandsworth (44 per cent), HMP Rochester (48 per cent) and HMP Winchester (41 per cent).[33] Despite these high positive drug testing rates, we also heard that some prisons including HMP Rye Hill and HMP/YOI Hatfield recorded significantly lower mandatory drug testing (MDT) positive rates, at less than one per cent and four per cent respectively.[34] HMIP reported that only 16 per cent of women surveyed at HMP/YOI Drake Hall found it easy to get illicit drugs, a significant decrease from 49 per cent at a previous inspection. Inspectors attributed this to robust security measures, proactive leadership and a culture that incentivises abstinence.[35]

20. The MoJ acknowledges that resource constraints limit the capacity for rMDT testing across the prison estate.[36] This means drug testing volumes "are not consistently high enough for robust, publishable data". In its written evidence, the MoJ said it is piloting wastewater-based surveillance to better understand drug prevalence.[37]

21. **CONCLUSION**

Mandatory Drug Testing rates do not reliably measure drug prevalence. The MoJ's own admission that resource constraints limit its capacity for MDT testing and therefore its ability to produce robust, publishable data demonstrates the failure of the current approach. The suspension of regular testing makes it extremely difficult to accurately assess the current scale of drug use or measure any improvement. A return to consistent, high-volume testing across the prison estate is essential to restore accountability and gather the data needed to understand the true extent of drug use.

32 Charlie Taylor (HM Chief Inspector of Prisons at His Majesty's Inspectorate of Prisons) (TDP0025)

33 His Majesty's Inspectorate of Prisons, Report on an independent review of progress at HMP Wandsworth by HM Chief Inspector of Prisons (31 March-2 April 2025), May 2025, (accessed 10 September 2025) and His Majesty's Inspectorate of Prisons, Inspection of HMP Rochester (2-4 June 2025), July 2025, (accessed 10 September 2025), His Majesty's Inspectorate of Prisons, Report on an unannounced inspection of HMP Winchester by HM Chief Inspector of Prisons (7-18 October 2024), January 2025, (accessed 10 September 2025)

34 Charlie Taylor (HM Chief Inspector of Prisons at His Majesty's Inspectorate of Prisons) (TDP0025)

35 Charlie Taylor (HM Chief Inspector of Prisons at His Majesty's Inspectorate of Prisons) (TDP0025)

36 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)

37 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)

22. **RECOMMENDATION**
The MoJ and HMPPS must increase MDT rates to at least pre-pandemic levels. An immediate and mandatory intervention from regional or national HMPPS command, including the deployment of specialist teams to ensure testing is reinstated immediately, should be triggered.

23. **RECOMMENDATION**
The MoJ and HMPPS must speed up plans to introduce wastewater-based surveillance to identify new substances across the entire prison estate. If successful, this wastewater surveillance should be deployed in all prisons to monitor drug usage trends within two years of the pilot.

24. **RECOMMENDATION**
The MoJ and HMPPS must revise the drug testing policy to ensure that positive test results consistently trigger a dual response: swift and certain disciplinary action (with a rehabilitative element) and an immediate, mandatory referral for a clinical needs assessment and engagement with tailored substance misuse treatment and psychosocial support.

Traditional drugs

25. Despite the increase in the use of psychoactive substances, traditional drugs such as cannabis, opiates (e.g. heroin), cocaine, crack, and ketamine continue to be a significant problem in the prison system. These substances have historically been, and continue to be, prevalent, contributing to a complex drug economy.

26. Cannabis remains a commonly used substance in prisons and is often readily accessible. Even with the rise of new substances, the use of cannabis remains widespread with HMIP inspectors noting its smell on prison wings.[38] Charlie Taylor added to this stating that "there are lots of prisons where we regularly smell cannabis as we walk around the place."[39] Traditionally, cannabis, alongside opiates, is favoured by prisoners for its sedative qualities, helping to "relieve stress, relax and pass the time".[40] When MDT testing was introduced, prisoners reportedly switched from cannabis to

38 Q1
39 Q1
40 Professor Karen Duke (Professor of Criminology at Drug and Alcohol Research Centre, Middlesex University); Professor Susanne MacGregor (Honorary Professor at London School of Hygiene and Tropical Medicine) (TDP0005)

substances like heroin or synthetic cannabinoids (Spice), allowing them to "cheat the system" and avoid a positive test result, as cannabis is detectable for up to 30 days.[41]

27. Ketamine is increasingly becoming a drug of choice and a growing challenge in prisons. The Governor of HMP Hindley, Natalie McKee, told us that she had observed an increase in the use of ketamine "over the past years" which she believed had resulted from the prison holding more young adults.[42] This is reflective of the increase in the recreational use of ketamine amongst young people in the general population.[43]

The rise of new psychoactive substances

28. The Psychoactive Substances Act 2016 defines a psychoactive substance as "any substance which is capable of producing a psychoactive effect in a person who consumes it".[44] New Psychoactive Substances (NPS) are created by altering the chemical structure of existing drugs to create new substances. The substance stimulates or depresses the central nervous system, affecting an individual's mental functioning or emotional state.

29. NPS, such as 'Spice', began to emerge as a significant problem in prisons in the 2010s. In its 2013–14 Annual Report, the then Chief Inspector highlighted NPS as a concern at 14 (37 per cent) of the prisons it inspected.[45] Initially, NPS posed a unique challenge because they were considered "legal highs" as they were not classified as controlled substances under the Misuse of Drugs Act 1971. These drugs were undetectable by early MDTs and lacked a distinctive smell that traditional drug detection dogs could identify, this makes them an attractive choice for prisoners.[46] In 2015, the government announced a 'crackdown' on legal highs.[47] Data records show that in 2014 there were 430 Spice seizures compared to 15 in 2010.[48] The Psychoactive Substances Act 2016 was introduced with the effect that possession and conveyance of NPS into prison became a criminal offence. Prisons were authorised to test for NPS as part of mandatory drug tests.[49] Despite the

41 Margaret Adams (Director at Magistra) (TDP0007) and Revolving Doors (TDP0003)
42 Q29
43 Forward Trust, Wastewater analysis shows shocking spike in Ketamine consumption, March 2025, (accessed 10 September 2025)
44 Psychoactive Substances Act 2016
45 His Majesty's Inspectorate of Prisons, HM Chief Inspector of Prisons for England and Wales Annual Report 2013–14, (accessed 10 September 2025)
46 Q279
47 Ministry of Justice, New crackdown on dangerous legal highs in prison, gov.uk, January 2015
48 Ministry of Justice, New crackdown on dangerous legal highs in prison, gov.uk, January 2015
49 Psychoactive Substances Act 2016,

introduction of legislation to address the issue, some estimates suggest that 60 to 90 per cent of prisoners use, or have used, NPS, with many trying them for the first time in prison.[50] In the next section we consider the effects of synthetic cannabinoids and synthetic opioids.

Synthetic cannabinoids and synthetic opioids

30. Synthetic cannabinoids and synthetic opioids are a particularly concerning type of NPS. Synthetic cannabinoids, including 'Spice' and 'Black Mamba', are designed to mimic the effects of cannabis yet they are more potent and dangerous. Their popularity stems from their affordability, accessibility and the challenge they present to detection methods. Kate Gooch, Senior Lecturer in Criminology, University of Bath said:

> The effects of Spice are highly unpredictable and can be extreme, leading to a range of severe consequences including violent, aggressive, and erratic behaviour, psychosis, paranoia, self-harm, and even death.[51]

31. Alongside synthetic cannabinoids, synthetic opioids, such as Nitazenes and fentanyl, are a highly dangerous new threat. Synthetic opioids are more potent than traditional opioids like heroin or morphine.[52] This extreme potency means even a small amount can be fatal. Concerningly, the Prisons and Probation Ombudsman (PPO) has described them as "one of the fastest growing groups of psychoactive substances".[53] In 2024, four drug-related deaths at HMP Parc were linked to Nitazene use, prompting a warning from the PPO for prisoners to dispose of such drugs immediately.[54]

32. **CONCLUSION**

We are deeply concerned by the significant shift towards the use of New Psychoactive Substances (NPS), most notably synthetic cannabinoids and synthetic opioids. Their popularity is due to their affordability, accessibility and their potency. In turning to these drugs, prisoners are able to "cheat the system" as current drug testing systems fail to detect them. Therefore, it is also difficult to determine precisely the number of prisoners using these dangerous substances.

50 Professor Gail Kinman (Professor of Occupational Health Psychology at Birkbeck, University of London); Dr. Andrew Clements (Senior Lecturer at Aston University) (TDP0004)

51 Dr Kate Gooch (Senior Lecturer in Criminology at University of Bath) (TDP0022)

52 INQUEST, Release, DPSC (TDP0026)

53 Prisons and Probation Ombudsman, Independent investigation into the death of Mr Andrew Evans, a prisoner at HMP/YOI Lewes, on 28 June 2022, July 2024, p 5

54 BBC News, Parc prison inmates told to throw away drugs after jail deaths, March 2024, (accessed 10 September 2025)

33. **CONCLUSION**

Given the extreme potency and low lethal dose of substances such as Nitazenes and Fentanyl, the circulation of these drugs in prisons leads to a high risk of drug-related deaths and overdoses, as tragically seen at HMP Parc. The MoJ and HMPPS must take urgent steps to address the evolving threat of NPS.

34. **RECOMMENDATION**

The MoJ and HMPPS must consistently update prison drug testing methods to enable the detection of the constantly changing chemical makeup of these NPS, including synthetic cannabinoids and synthetic opioids. Robust data collection should be expanded to include drug purity/potency where feasible.

Other illicit items

35. While the focus of our inquiry is on the routes and methods of drug ingress, we quickly became aware of the unacceptable levels of other illicit items being smuggled into prisons as these contraband items actively contribute to facilitating the drug economy.[55] Table 2 below illustrates the different types of illicit items found in prisons.

Table 2: Illicit item finds in prisons, 2022/23 to 2024/25 (year ending March)

Number of incidents where illicit items were found
Prisons in England and Wales

	2022/23	2023/24	2024/25
Total Incidents	**52, 192**	**66,189**	**74,746**
Alcohol	9,480	9,136	8,450
Chargers	5,831	7, 925	9,064
Distilling equipment	583	661	671
Drug equipment	2,942	6,094	8,325
Drugs	14,724	21,145	26,348
Memory cards	1,134	1,276	1,114
Mobile phones	7,837	10,669	12,166
Other mobile phone related	466	438	424
Other digital	4,616	7,010	9,026
SIM cards	4,279	5,080	5,534
Tobacco	3,694	4,673	5,331
Weapons	9,400	11,641	13,014
Other	6,950	10,151	11,821

Note: Year ending March of each year.

Source: Ministry of Justice, HMPPS Annual Digest, April 2024 to March 2025 (Table 6.1)

Diverted prescribed medication and other substances

36. The misuse of prescribed medication is a significant problem, with prisoners commonly using them as substitutes for street drugs. In 2024, HMIP found that seven per cent of men and five per cent of women surveyed reported developing a problem with medication not prescribed to them after arriving in prison.[56] Some prescribed medication such as Buscopan, can cause severe health damage. The diversion of prescribed medication[57] results in a

55 Serco Group Ltd (TDP0023)
56 His Majesty's Inspectorate of Prisons, Annual Report 2023–24, September 2024
57 The diversion of prescription medication involves the unauthorised distribution and sale of prescribed pharmaceutical drugs to persons who it is not intended for.

decline in the mental or physical health conditions the drugs were intended to address.[58] Simultaneously, the illicit use of non-prescribed medication compounds the crisis, posing significant additional risks to a prisoner's mental and physical health.[59] Diversion of prescription medication is a particular concern, with the PPO investigating several cases where prisoners died with unprescribed medication in their system.[60] We heard that failures in managing medication queues and inadequate staff training on diversion contribute to this problem, with potentially fatal consequences when combined with other drugs.[61]

37. The Independent Monitoring Board at HMP Bronzefield noted a rise in the trade of prescription medication, which was usually the most common form of illicit drug use within women's establishments.[62] Women in prison are especially vulnerable to problematic drug use, with the Chief Inspector identifying a "significantly higher" percentage of women than men reporting having a drug or alcohol problem.[63] They experience drug dependence and treatment differently than men, and they have disproportionately higher health and social care needs.[64]

38. We also heard that steroid consumption, specifically anabolic steroids, are an issue. Lord Timpson, the Minister for Prisons, Probation and Reducing Reoffending, acknowledged that steroids were "another part of the problem". While he noted they are "not at the level of synthetic opioids," he expressed particular concern that prisoners might use them to "bulk up so their body becomes a weapon and a threat to others".[65] We heard about specific interventions designed to address steroid use; for example, at HMP/YOI Hatfield, prison staff received training in substance misuse, and a steroid awareness group was delivered jointly with gym staff.[66]

39. **RECOMMENDATION**

HMPPS should conduct an urgent review of all prescription medication dispensing procedures within prisons to identify and close loopholes exploited for diversion and introduce enhanced supervision of medication queries. New secure systems for distributing and administering medication must be implemented immediately to prevent diversion and protect vulnerable prisoners.

58 Phoenix Futures (TDP0024)
59 Phoenix Futures (TDP0024)
60 Prisons and Probation Ombudsman (TDP0016)
61 Prisons and Probation Ombudsman (TDP0016)
62 Independent Monitoring Boards (TDP0018)
63 His Majesty's Inspectorate of Prisons, Annual Report 2024–25, July 2025, p 21
64 Independent Advisory Panel on Deaths in Custody (TDP0013)
65 Q55, Q60
66 Charlie Taylor (HM Chief Inspector of Prisons at His Majesty's Inspectorate of Prisons) (TDP0025)

3 Drivers of the demand and impact of drugs in prison

Drivers of the demand for drugs

40. The drivers behind the escalating demand for drugs in prisons are multifaceted. We heard that they stem from boredom due to prolonged confinement and a lack of purposeful activity, coupled with pre-existing addiction and poor mental health. This situation pushes prisoners to explore drugs to cope with stress, anxiety, trauma and everyday prison life.[67]

Pre-existing addictions

41. With nearly half of all prisoners (49 per cent) in England and Wales having an identified drug misuse need upon entry, the demand for illicit substances is driven by individuals entering prison with pre-existing addictions.[68] These prisoners seek to avoid withdrawal symptoms, manage cravings and continue the habit they had on the outside.[69] Criminals have therefore identified and targeted the prison estate as a particularly valuable market, where demand is high and users are prepared to pay an inflated price.[70]

Boredom and a lack of purposeful activity

42. The severity of the prison population crisis, coupled with chronic overcrowding, directly exacerbates the failure of the prison regime to provide meaningful activity or rehabilitation.[71] Prisoners are often confined to their cells for prolonged periods, with many spending up to 22 hours a day locked in their cells with little access to work, education, or therapeutic programmes.[72] The lack of purposeful activity creates an environment of idleness which results in drugs not only being used recreationally, but as a coping mechanism and to escape monotony. Lord Timpson noted that "the more purposeful activity prisoners have, the more education that is

67 Dr Kate Gooch (Senior Lecturer in Criminology at University of Bath) (TDP0022)
68 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)
69 Lived Expert (TDP0029)
70 Prison Reform Trust (TDP0014)
71 Q51
72 Q1, Prison Reform Trust (TDP0014)

available and the more time out of cell they have, the less likely they are to want to take drugs or be violent".[73] The Chief Inspector's report 'Just passing time': A review of work and training provision in adult prisons' finds that in better performing prisons, meaningful work and training programmes act as a countermeasure against boredom and frustration that otherwise lead to poor conduct, including illicit drug-taking.[74] Regarding the impact of the lack of purposeful activity on drug taking, a member of Revolving Doors' lived experience forum said:

> There's no good locking people behind the door because boredom sets in then. If you're sat behind the door with nothing to do apart from watching telly, if you're lucky, if you've got the telly. If you've pad mate kicked off your telly's gone. Anything could happen. But you just sat down the door doing ****** all, aren't you? So even if you're not on drugs, when you first go in, you probably want some. You know what I mean? Just to get through that sentence.'[75]

43. Another member of the same lived experience forum said:

> It's a part of self-medicating. It's a part of escapism. You're behind your door for 23 hours a day. Your head's going. You are not communicating with anyone because the prison has no staff. This is the impact that it's having on the jail because they're understaffed. They're just putting you behind your door. So that hour that you're coming out [of your cell] you've got to find a way to look after yourself the rest of the day, and drugs are the only option in reality.[76]

Mental health and trauma

44. Many individuals, particularly women, enter prison with a history of pre-existing mental health issues, adverse childhood experiences and complex trauma.[77] According to Camurus, a pharmaceutical company focused on improving opioid dependence treatment, poor mental health and trauma lies "at the heart of drug dependence."[78] According to Inquest, the combined impact of the prison environment on mental health, the link between poor mental health and drug misuse, and the widespread availability of drugs in prison creates a "dangerous recipe for prisoner well-

73 Q53
74 His Majesty's Inspectorate of Prisons, 'Just passing time': A review of work and training provision in adult prisons, October 2025, p 18
75 Revolving Doors (TDP0003)
76 Revolving Doors (TDP0003)
77 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)
78 Camurus Ltd. (TDP0015)

being, the safety of prisoners and prison staff, and the prison regime".[79] NPS use is also strongly linked to acute symptoms such as anxiety, psychosis and extreme paranoia.[80]

45. Despite the need for mental health support, Dame Carol Black, Independent Government Advisor, told us that mental health services and trauma-informed care within prisons are often "inadequate" and that "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".[81] Long waiting lists for mental health support and inadequate provision can lead to prisoners self-medicating.[82] Furthermore, delays in accessing prescribed medication upon arrival can lead to prisoners seeking illicit substances for self-medication, exacerbating existing problems or creating new ones.[83]

46. Prison officers and general HMPPS staff working in prisons can lack knowledge or experience of drug dependency and trauma.[84] In response to this, Dame Carol Black recommended that HMPPS should improve its staff training on substance misuse and trauma and that all substance misuse staff should be trained and supported to identify and respond to trauma.[85] The Government's Enable Programme is a medium-term HMPPS initiative designed to reform prisons by transforming staff training, development, leadership and support. Key elements of the programme include new foundation training and upskilling for officers and strengthening the talent pipeline for governors. In its written evidence, the MoJ told us that that the rollout is underway, starting with the least experienced staff.[86]

47. **CONCLUSION**

The high prison population and overcrowding lead to a lack of purposeful activity and poor mental health support which exacerbate the existing drivers of drug demand. Efforts to reduce demand are therefore made more challenging and complex. This undermines any chance that prisoners might have of rehabilitation as it makes avoidance almost impossible for those attempting to change.

79 INQUEST, Release, DPSC (TDP0026)

80 Serco Group Ltd (TDP0023), Professor Gail Kinman (Professor of Occupational Health Psychology at Birkbeck, University of London); Dr. Andrew Clements (Senior Lecturer at Aston University) (TDP0004)

81 Q15

82 Clinks (TDP0027)

83 INQUEST, Release, DPSC (TDP0026)

84 University of Derby (TDP0006), Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)

85 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)

86 Prison Officers: Length of Service UIN 36385, 12 March 2025

48. **RECOMMENDATION**
The MoJ must expand access to purposeful activities, including education, vocational training, accredited work programmes and constructive recreational opportunities to prevent prisoners turning to drugs as a result of boredom. We ask that the MoJ provides the Committee with an update on its progress to increasing purposeful activity within prisons by April 2026.

49. **RECOMMENDATION**
The Government must urgently accelerate and broaden the scope of training under the 'Enable Programme' to ensure all HMPPS staff, particularly prison officers, receive mandatory, specialised training in substance misuse, trauma-informed care and drug dependency. This training should be a core, non-negotiable component of both foundation training and continuous professional development for all staff who interact with prisoners, directly addressing the deficiency in knowledge and experience.

Impact of the demand for drugs

Debt, violence and peer pressure

50. High levels of drug use are intrinsically linked to violence within the closed prison estate, driven both by debt-related conflict and the increase in "drug-fuelled erratic" and unpredictable behaviour[87]. Prisoners acquire debts, which are then collected through intimidation or violence. Worryingly, we learned that prisoners' debts, which we were told by the Governor of HMP Hindley, Natalie McKee, could be up to £10,000,[88] can be passed on to family members who are forced to pay instead. This can include "the coercion of sexual favours, smuggling and cuckooing".[89] The Chief Inspector of Prisons said that prisoners "get beaten up if they do not pay their debts" and the higher the ingress of drugs to a prison the higher the level of violence.[90] The consequences of unpaid debts can be severe with prisoners facing threats and assaults and what is sometimes referred to as 'Black Eye Friday':

> If you're in trouble in prison, there's nowhere to go. 'Black Eye Friday' they called it. That's when payday is. So, everybody got into debt. They got a black eye. If they couldn't pay it off on a Friday.[91]

87 Independent Monitoring Boards (TDP0018)
88 Q29
89 Change Grow Live (TDP0011)
90 Q1
91 Revolving Doors (TDP0003)

51. We heard that individuals in debt are coerced into testing new drugs, sometimes for the entertainment of other prisoners.[92] The tragic death of Kyle Batsford at HMP Lindholme in 2019 where the subsequent investigation found that his debt led to prisoners bullying him into being used as a 'guinea pig' to test the potency of Spice.[93] Furthermore, these prisoners in debt are used by criminal networks to gather further debts, hold weapons, assault staff, and damage security equipment like CCTV cameras.[94]

52. We heard that drug use is embedded in some prison subcultures, making it difficult to avoid and forcing some prisoners to start using due to social dynamics or to fit in.[95] Some prisoners report that their efforts to avoid drug use are hindered by the pervasive drug culture, with cleaner roles, for example, involving passing drugs:

> Social impact if you don't want to use [drugs] is enormous … As a wing cleaner I was often asked to participate in passing various drugs and paraphernalia to others in other cells and places in the prison which was impossible to avoid when trying to rehabilitate personally.[96]

53. The chemical effects of these synthetic drugs induce violent and highly "erratic" behaviour that is a constant source of danger. Prisoners under the influence can lapse into a "zombie-like state," where their actions and moods are no longer governed by their personality or rationale.[97] This unpredictable behaviour is a major cause of conflict within the wings, as NPS use is strongly linked to violent and hostile behaviour.[98] Consequently, the widespread use of these substances fundamentally compromises the safety of the prison environment, making the management of conflict and the maintenance of basic order a continuous and frightening challenge for staff.

92 Change Grow Live (TDP0011)
93 BBC News, Kyle Batsford: Doncaster prisoner died after testing spice (accessed 14 August 2025)
94 Phoenix Futures (TDP0024), Change Grow Live (TDP0011)
95 Lived Expert (TDP0029)
96 Revolving Doors (TDP0003)
97 Ms Elizabeth Bridge (Chair of Trustees at Wandsworth Prison Welfare Trust) (TDP0009)
98 Professor Gail Kinman (Professor of Occupational Health Psychology at Birkbeck, University of London); Dr. Andrew Clements (Senior Lecturer at Aston University) (TDP0004)

54. **CONCLUSION**
Drug-related debt and exploitation are fundamental drivers of violence, coercion and systemic instability within the prison estate. The prevalence of drugs creates a shadow economy where debts, which can accrue up to £10,000, are collected through intimidation and violence. The consequences extend beyond the prison walls, with criminal networks coercing family members to pay a prisoner's debt, sometimes through sexual favours, smuggling or cuckooing. Furthermore, those in debt are routinely exploited, being forced to test new drugs, hold weapons, assault staff, and undermine security.

Drug-related deaths, overdoses and 'code-blues'

55. Drug-related incidents, such as overdoses and 'code blues', the emergency code used when a prisoner has collapsed or is having difficulty breathing, have increased, diverting essential healthcare resources and staff from routine care.[99] IMBs have identified that code blues are particularly linked to the use of new psychoactive substances like 'Spice'.[100] Staff, who are not always medically trained, are tasked with responding to these emergencies. We heard that in some prisons, the number of drug-related medical emergencies is so high that it can cause regime restrictions, including less time for work or education, as staff are redirected to assist unwell prisoners and provide escorts to hospital.[101]

56. Between December 2022 and December 2024, the PPO investigated 833 deaths, with 136 (16 per cent) classified as drug-related.[102] These deaths are a direct consequence of a prison drug supply that is both widespread and unregulated. Since January 2023, six deaths at HMP Parc, classified as 'other non-natural,' are suspected or have been confirmed to be linked to Nitazenes.[103] A study of drug-related deaths from 2015–2021 found that NPS were involved in 57 per cent of cases, primarily synthetic cannabinoids (48 per cent) and synthetic cathinones (nine per cent).[104] In one instance in 2015, a death was caused by "a cocktail of methadone, diazepam, quetiapine, gabapentin, Buscopan and synthetic cannabinoids".[105]

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99 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
100 Independent Monitoring Boards (TDP0018)
101 Independent Monitoring Boards (TDP0018)
102 Prisons and Probation Ombudsman (TDP0016)
103 Prisons and Probation Ombudsman (TDP0016)
104 Professor Karen Duke (Professor of Criminology at Drug and Alcohol Research Centre, Middlesex University); Professor Susanne MacGregor (Honorary Professor at London School of Hygiene and Tropical Medicine) (TDP0005)
105 Professor Karen Duke (Professor of Criminology at Drug and Alcohol Research Centre, Middlesex University); Professor Susanne MacGregor (Honorary Professor at London School of Hygiene and Tropical Medicine) (TDP0005)

57. We received evidence which suggests there is a lack of training among prison and healthcare staff in effectively responding to drug overdoses, seizures, and acute intoxication. This has been directly linked to serious harm and avoidable deaths, particularly regarding cases involving NPS.[106] In one fatality, the inquest concluded that a factor contributing to the death was the "absence of guidelines for prison staff on treating someone potentially under the influence of these substances".[107] In another fatal incident of a prisoner, officers were specifically "not trained to recognise the symptoms of a Spice attack".[108]

58. With the increase in the use of NPS and other drugs, the use of naloxone, an emergency medication designed to temporarily reverse the effects of an opioid overdose, has become an important intervention. IMBs reported that naloxone became increasingly available in prisons over the course of 2024.[109] The medication works by blocking the opioid receptors in the brain, allowing the individual to start breathing again and giving emergency services time to arrive. However, the availability and use of naloxone is not yet universal across the prison estate. When Lord Timpson appeared before us, he said that most UK prisons (90 per cent) now use nasal naloxone, with 8,000 staff trained to administer it to people using opioids or synthetic opioids.[110] When asked how regularly staff receive this training, Richard Vince, Executive Director for Security, HMPPS stated that staff naloxone training is brief but is refreshed annually.[111] He added that HMPPS is considering making it mandatory for all staff to carry naloxone, a policy already in place in the Probation Service and other organisations. Currently, carrying naloxone is voluntary, with staff opting to be trained and equipped.[112]

59. Despite these efforts, significant challenges remain, particularly concerning the provision of naloxone upon release from prison, a period which presents a high risk for drug-related deaths. The PPO investigated 137 post-release deaths (within 14 days of release) between September 2021 and December 2023, finding that 83 (61 per cent) were drug-related.[113] Alarmingly, 20 of these occurred within a single day of release. The PPO highlighted that nearly half (49 per cent) of prisoners were not offered a naloxone kit upon release, even if they had received training on its use.[114] This was often due to short notice or early release. The PPO has strongly recommended that prison healthcare teams ensure that prisoners assessed as being at

106 INQUEST, Release, DPSC (TDP0026)
107 INQUEST, Release, DPSC (TDP0026)
108 INQUEST, Release, DPSC (TDP0026)
109 Independent Monitoring Boards (TDP0018)
110 Q61
111 Qq62–63
112 Qq62–63
113 Prisons and Probation Ombudsman (TDP0016)
114 Prisons and Probation Ombudsman (TDP0016)

risk of opioid overdose are offered a naloxone kit when they leave prison.[115] Furthermore, the PPO has suggested that HMPPS and NHS England[116] develop a national policy for naloxone provision for prison leavers, ideally on an opt-out basis, to address current inconsistent practices, and that eligibility for naloxone should not be tied to engagement with substance misuse services in prison.[117] INQUEST, Drugs, Policy and Social Change (DPSC), and Release have called for mandatory naloxone provision on release in all prisons as a vital part of harm reduction support.[118]

60. **CONCLUSION**

Every drug-related medical emergency in prison, especially when fatal, is a needless tragedy. The significant number of 'code blues' in some prisons adds to the significant strain already being experienced by staff. This leads to regime restrictions and increased time spent in cells. This, in turn, reduces access to purposeful activity and rehabilitation programmes, creating a self-perpetuating cycle where boredom and lack of purpose contribute to the demand for drugs.

61. **RECOMMENDATION**

The MoJ and NHS England, or its successor, must mandate the immediate, universal rollout of take-home naloxone kits for all individuals leaving custody. This must be coupled with comprehensive, compulsory training for all prisoners and staff. This public health measure will help to mitigate the high risk of fatal opioid overdose immediately following release.

62. **RECOMMENDATION**

HMPPS must mandate that all frontline staff receive consistent, up-to-date and comprehensive training in responding to medical emergencies. The current inconsistency in staff preparedness is unacceptable. All staff should be required to complete training on how to identify and respond to drug overdoses and manage seizures. This training should be a compulsory part of induction and be refreshed annually. Given the urgency of the issue, we recommend this training be set up within the next six months.

115 Prisons and Probation Ombudsman (TDP0016)

116 In March 2025, the Government announced that NHS England (NHSE) will be abolished with its functions transferred to the Department for Health and Social Care.

117 Prisons and Probation Ombudsman (TDP0016)

118 INQUEST, Release, DPSC (TDP0026)

Reoffending

63. A complex and established link exists between substance misuse and criminal activity, with an estimated 44 per cent of acquisitive crime directly attributed to individuals regularly using heroin and/or crack cocaine.[119] The MoJ acknowledges reducing drug use in prisons is considered critical to breaking cycles of reoffending.[120] A joint experimental statistical report from the MoJ and Public Health England shows a 19-percentage point difference in the two-year reoffending rates between offenders who successfully complete substance misuse treatment, relative to those who drop out.[121]

Impact on staff

64. Prison officers are on the frontline of the drug crisis, facing daily exposure to violence, verbal abuse which according to Rob Luxford, Governor at HMP Liverpool has led to them becoming "desensitised to the daily suffering".[122] In 2019, a survey by the Joint Unions in Prisons Alliance (JUPA) revealed that over half (52.7 per cent) of prison staff in the study had been exposed to NPS taken by prisoners, with more than a third (39 per cent) reporting becoming unwell from effects such as dizziness, confusion, nausea, and paranoia.[123] These exposures can lead to serious medical incidents for staff. The IMBs cited one incident in 2024 where four members of staff were taken ill due to prisoners vaping with NPS, including one staff member becoming critically ill.[124] Staff also face risks of injuries from needlesticks and contamination from drug equipment.[125] In addition, dealing with unpredictable and violent behaviour from prisoners under the influence of drugs, particularly NPS, is a constant and dangerous challenge.[126]

65. The number of recorded assaults on prison staff in England and Wales remains alarmingly high. In the 12 months to March 2025, the rate of assaults on staff was 122 assaults per 1,000 prisoners (10,568 assaults on staff), up seven per cent from the 12 months to March 2024 to a new peak.[127] Rob Luxford, Governor at HMP Liverpool told us in February, "no

119 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)
120 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)
121 Ministry of Justice and Public Health England, The impact of community-based drug and alcohol treatment on re-offending, gov.uk, (Accessed 1 October 2025)
122 Q37
123 Joint Unions in Prisons Alliance (JUPA), Health and safety in prisons, June 2019, p 5
124 Independent Monitoring Boards (TDP0018)
125 Serco Group Ltd (TDP0023)
126 Lived Expert (TDP0029), Ms Elizabeth Bridge (Chair of Trustees at Wandsworth Prison Welfare Trust) (TDP0009)
127 His Majesty's Prison and Probation Service, Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to June 2025 Assaults and Self-harm to March 2025, gov.uk, 31 July 2025

assault on a member of staff is ever tolerable".[128] In September this year, the Government announced a new £15 million investment in protective body armour and Tasers to protect frontline staff.[129] This includes up to 500 prison officers trained to use Tasers and an increase from 750 available vests to up to 10,000. During an oral evidence session, the Prisons Minister highlighted the severity of the issue:

> There are a number of things on my red-alert list. One is the security and safety of staff. Our staff turn up to work really hard, not to get assaulted. Assaults on staff are still too high.[130]

66. **CONCLUSION**
The high prevalence of drugs in prisons, particularly NPS, poses an unacceptable and direct threat to the safety and well-being of prison staff. The current reality of staff becoming "desensitised" to daily suffering is a sign of a failed system and a dangerous culture of acceptance that must be broken. Staff are not only exposed to violence and abuse, but are directly at risk of serious medical harm from inhaling second-hand drugs. The fact that four staff members at a single prison were taken ill from a prisoner vaping with NPS underscores the wider danger presented by these substances. The MoJ and HMPPS have a duty of care to protect their employees, but the prevalence of drugs in prison is risking their ability to uphold it.

67. **RECOMMENDATION**
HMPPS must regard staff exposures to drugs as serious workplace safety violations, not as a normal part of the job and must take immediate action to investigate and resolve the causes of such incidents.

Disciplinary action for prisoners

68. The adjudications process in prisons refers to formal disciplinary hearings held within the prison to address rule violations or misconduct by prisoners. Beyond adding days to their sentence, common punishments include loss of privileges, such as their job, and limits on money for phone calls and access to the gym.[131] Lord Timpson told us that the adjudications process, which applies penalties for positive tests, has deteriorated significantly since Covid-19 and now has backlogs and delays.[132]

128 Q43
129 Ministry of Justice, Major safety boost for frontline prison staff, gov.uk, 21 September 2025
130 Q89
131 Dr Kate Gooch (Senior Lecturer in Criminology at University of Bath) (TDP0022)
132 Q78

69. During an evidence session, Matt Grey, Executive Director for Rehabilitation, HMPPS, told us that while a strict disciplinary process is in place for prisoners found in possession of or under the influence of drugs, the adjudications policy also gives governors the flexibility to offer support.[133] This includes directing individuals who have had a "slip" in their recovery toward rehabilitative interventions, such as NHS treatment.[134] This approach is designed to both address the security risk posed by the individual and get them back on track with their recovery. Babafemi Dada, Governor at HMP Long Lartin, explained that his prison is now using a rehabilitative-based approach for punishments. Instead of penalising prisoners for drug use, they are offered work, such as cleaning, as a form of consequence. This method encourages rehabilitation rather than just focusing on punishment.[135]

70. We heard, however, that the disciplinary approach across prisons is inconsistent. Drawing on their lived experience, a member of Revolving Door's expert panel said that some prisoners faced "no repercussions–not even the loss of their prison jobs".[136] Meanwhile, another lived experience account by Lived Expert detailed instances where prisoners who tested positive for drugs were removed from support groups rather than being offered one-to-one support.[137] Furthermore, it was argued that taking away privileges and isolating prisoners who misuse drugs can be counterproductive as it compounds boredom, thereby encouraging further drug use.[138]

71. The government's new Sentencing Bill and the 'Earned Progression model' set out within it directly links a prisoner's behaviour to their potential release date.[139] The proposed model intends to encourage good behaviour by adding days to a prisoner's sentence for misconduct: the Prisons Minister told us that if prisoners are "badly behaved, are caught with drugs or phones, or assault staff or other prisoners, then they could have days added on as part of their adjudication". For most prisoners, release will occur after completing a third of their sentence, with early release being dependent on their behaviour. The Minister stated that a "robust adjudication process" is necessary for the new Earned Progression model.[140]

133 Q78
134 Q78
135 Q37
136 Revolving Doors (TDP0003)
137 Lived Expert (TDP0029)
138 Q53
139 Sentencing Bill, Bill 299 2024–25 [as brought from the Commons]
140 Q78

72. **CONCLUSION**

The significant backlog in the adjudication process, acknowledged by the Prisons Minister, undermines discipline in prisons. While current policy allows governors to balance punishment with support, we received evidence which shows this is not happening consistently. Some prisoners face no repercussions, while others are removed from rehabilitative programmes. The latter approach is completely counterproductive. The Earned Progression model set out in the Sentencing Bill should incentivise 'good' behaviour, such as abstaining from drug use and drug-related activities. However, the model will only be effective if it is underpinned by a reliable and timely adjudication process.

73. **RECOMMENDATION**

We recommend that punishments, such as the loss of privileges, are balanced with a mandatory referral to drug treatment services. This ensures that individuals are held accountable while also directed towards the support they need to break the cycle of addiction. We also recommend that the Earned Progression model is accompanied by a clear, measurable plan to ensure every prison has the necessary resources and staff to apply drug-related adjudications fairly and consistently, thereby making the threat of added time to their sentence a genuine deterrent.

4 Ingress routes and countermeasures to reduce the supply

Traditional drug ingress routes

74. Drugs enter prisons through a variety of methods including 'throwovers', post, visits, corrupt staff and drones. While traditional methods, such as visits and via staff, still persist, technological advances have introduced new and increasingly sophisticated routes for drug ingress. We heard that the illicit drugs supply chain is a "game of cat and mouse", meaning that if one route is closed, criminals will quickly adapt to exploit others.[141] This means that when more sophisticated routes, such as drones, are made more difficult, criminals may revert to traditional methods like throwovers. We heard that a clear lack of a consistent national system to collect and collate drug smuggling data limits HMPPS' ability to analyse smuggling patterns and inform preventative strategies.[142]

Social prison visits and post

75. Social prison visits and post remain common avenues for drug ingress. While visits are essential for rehabilitation and maintaining family ties, they can be exploited by organised crime groups and individual users and used as a means of drug ingress. Methods used to bypass security during visits include internally concealing items on the visitor, hiding them in clothing and even placing contraband in babies' nappies to deter staff searches.[143]

76. Post is a regularly used conveyance route, especially for NPS.[144] NPS are uniquely challenging to detect due to their ease of concealment and the creative methods used for their conveyance, including being sprayed onto papers, such as fake legal correspondence and children's

141 Serco Group Ltd (TDP0023)
142 Prison Reform Trust (TDP0014)
143 Market Bosworth Consultants Ltd (TDP0002), Serco Group Ltd (TDP0023)
144 Dr Mia Jane Abbott (Lecturer at University of Staffordshire); Dr Alison Davidson (Technical Specialist in Analytical Chemistry at University of Staffordshire); Dr Jodie Dunnett (Senior Lecturer at University of Staffordshire) (TDP0017)

drawings, or clothes.[145] To address this, trace detection equipment is used to combat drug smuggling by detecting invisible, microscopic traces of prohibited substances on surfaces. Academics at the University of Staffordshire identified that, to ensure its ongoing effectiveness, drug detection equipment needs regular library updates to continue to effectively detect emerging substances.[146] HMPPS introduced a process of photocopying all incoming mail to prevent NPS being conveyed into prisons on correspondence.[147] However, this measure has not been consistently implemented across all prisons due to lack of funding and staff shortages.[148] When we visited HMP Wandsworth, we were told that the prison had adopted a 'barcode policy', called Send Legal Mail[149], for legal correspondence.[150] Prison staff scan the barcode to verify the authenticity of the letter so as to address the issue of fake legal documents being used to smuggle substances.

77. One of the primary methods used by prisons for identifying drugs carried by visitors are drug detection dogs. However, their effectiveness is hindered by the fact that synthetic cannabinoids do not share a common chemical structure or compound, which makes them difficult to detect.[151] When we visited HMP Brixton in November 2024, we observed a demonstration by the prison's dog handlers. We were told that the prison does not have a residential dog due to the prison's categorisation (Category C) and we observed that the process for using the dogs was not consistent and they were used for only a few instances in a day. In their written evidence, the MoJ said it was training dogs to improve their ability to detect synthetic cannabinoids.[152]

145 Dr Mia Jane Abbott (Lecturer at University of Staffordshire); Dr Alison Davidson (Technical Specialist in Analytical Chemistry at University of Staffordshire); Dr Jodie Dunnett (Senior Lecturer at University of Staffordshire) (TDP0017)

146 Dr Mia Jane Abbott (Lecturer at University of Staffordshire); Dr Alison Davidson (Technical Specialist in Analytical Chemistry at University of Staffordshire); Dr Jodie Dunnett (Senior Lecturer at University of Staffordshire) (TDP0017)

147 Market Bosworth Consultants Ltd (TDP0002), Independent monitoring boards (TDP0018)

148 Market Bosworth Consultants Ltd (TDP0002)

149 The Send Legal Mail service is a secure system that uses unique, scannable barcodes generated by legal professionals. This allows mailroom staff to instantly verify and deliver confidential correspondence unopened to the prisoner, guaranteeing legal privilege while streamlining the process.

150 HMPPS, Prisoner Communications Services, gov.uk, November 2024

151 Dr Mia Jane Abbott (Lecturer at University of Staffordshire); Dr Alison Davidson (Technical Specialist in Analytical Chemistry at University of Staffordshire); Dr Jodie Dunnett (Senior Lecturer at University of Staffordshire) (TDP0017)

152 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)

78. **CONCLUSION**
Our observations confirmed that existing security measures, such as sniffer dogs, are often deployed in an inconsistent manner. For example, drug detection dogs being used for only a few instances in a day in some prisons, rather than as part of a comprehensive, high-volume strategy across all entry points. This intermittent deployment allows organised criminal networks to easily exploit predictable security lapses and undermines the deterrent effect of detection technology.

79. **RECOMMENDATION**
The Government must allocate dedicated capital funding for the accelerated acquisition and maintenance of advanced trace detection technology and full-body scanners in all prisons. This investment must include a mandated requirement for rapid, regular software library updates for all drug detection equipment to ensure they remain effective against emerging and new psychoactive substances (NPS).

80. **RECOMMENDATION**
HMPPS must rapidly develop and enforce a national, secure protocol for verifying legal correspondence (e.g., mandatory secure digital portals or standardised, verifiable bar-code systems) across all prisons to eliminate the exploitation of privileged mail.

Throwovers

81. 'Throwovers' involve throwing packages containing illicit items over prison walls or fences. While individually smaller in volume than bulk deliveries, these packages pose a severe threat, often containing dangerous items, such as needles, intended to injure detection dogs and staff, as well as drugs.[153] To counter this, prisons rely primarily on two first line of defence physical security measures: perimeter netting to intercept packages and CCTV for monitoring. However, these physical measures are not without their limitations. The Chief Inspector said that his inspectors had observed instances in many prisons where netting had collapsed and that additional netting had helped to improve protection against throwovers.[154]

82. IMBs have reported that ineffective CCTV systems, which failed to cover whole areas of some prisons and their perimeters, contributed to the use of 'throwovers' and contraband entering the estate.[155] Funding for CCTV coverage is also inconsistent between prisons. At HMP/YOI Erlestoke, a lack of funding for perimeter closed-circuit TV was noted as hindering efforts to

153 Serco Group Ltd (TDP0023)
154 Q4
155 Independent Monitoring Boards (TDP0018)

prevent drugs from entering the prison.[156] While at HMP Oakwood, the Chief Inspector found that the installation of 25 new cameras had considerably increased live coverage of risk areas.[157]

83. Whilst we are aware of recent and previous efforts to reduce drug ingress into prisons, we wish to highlight the concerns we heard in our evidence regarding procurement and the impact this is having on security. When we visited HMP Brixton in November 2024, we heard about the challenges faced by prison governors regarding maintenance issues and their implications for security. We heard that snowfall had caused the netting to collapse in around half of HMP Brixton's estate and that it had taken one year to repair the netting at a cost of around £60,000 and only in parts of the estate. Mia Wheeler, Governor at HMP Brixton, said that lack of funding was the main reason for not replacing the netting quickly. The process of replacing the netting involving HMPPS and contractors was also said to be overly complicated. Written evidence from Wandsworth Welfare Prison Trust, a grassroots campaign whose aim is to improve the living and working conditions at Wandsworth Prison, said:

> In Wandsworth I have seen netting damaged by prisoners and workmen and not replaced or mended for months. Good netting should be a priority, replaced daily if necessary but certainly promptly.[158]

84. **CONCLUSION**

Our evidence overwhelmingly points to a systemic failure to maintain physical measures which act as prisons' first line of defence. The operational effectiveness of physical security is being defeated by avoidable delays in maintenance, inadequate resourcing and overly bureaucratic procurement processes, rather than sophisticated criminal innovation. The structural integrity of the prison estate and the speed of repairs for critical security infrastructure, such as netting and windows, are currently insufficient to meet the threat posed by throwovers and drone deliveries.

156 Charlie Taylor (HM Chief Inspector of Prisons at His Majesty's Inspectorate of Prisons) (TDP0025)

157 Charlie Taylor (HM Chief Inspector of Prisons at His Majesty's Inspectorate of Prisons) (TDP0025)

158 Wandsworth Prison Welfare Trust (TDP0009)

85. **RECOMMENDATION**
Governors must be empowered with delegated authority and a streamlined process to rapidly procure and repair essential security infrastructure, particularly perimeter netting and functional CCTV systems, within a mandatory timeframe; for example, 72 hours for critical repairs.

86. **RECOMMENDATION**
An independent security audit team, or existing reporting body, must conduct proactive, unannounced inspections of physical security measures, such as netting, window security and CCTV functionality, at every prison annually, regardless of the prison's category. A response and action plan setting out how any failures will be rectified must be provided to HMPPS within 30 days.

Prisoners

87. Drug ingress can occur when a new or former prisoner arrives, when prisoners transfer from other establishments or when returning from Release on Temporary License (ROTL). Some prisoners bring drugs in voluntarily, some are under duress from organised criminal gangs.[159] We heard that individuals conceal drugs internally by "plugging" or "swallowing" them, techniques that cannot be detected by strip searches.[160] The Prisons Minister told us that some prisoners will deliberately contrive their recall or want to be recalled for 14 days so that they can bring contraband into prison, often "secreted in their bodies".[161] A member of Revolving Door's lived experience forum also recalled an account of people on short sentences being bullied to bring in contraband when they are recalled to prison.[162]

Staff corruption and vetting

88. We acknowledge the dedication and strenuous efforts of prison staff in maintaining the safety and operation of prisons. However, although the scale is difficult to ascertain, we are aware that the actions of a small minority compromise these standards.[163] While the Prisons Minister stated his belief that no one joins the Prison Service with the intention of being corrupted, he acknowledged that some staff are "manipulated

159 Dr Kate Gooch (Senior Lecturer in Criminology at University of Bath) (TDP0022), Market Bosworth Consultants Ltd (TDP0002)
160 Serco Group Ltd (TDP0023)
161 Q68
162 Revolving Doors (TDP0003)
163 Charlie Taylor (HM Chief Inspector of Prisons at His Majesty's Inspectorate of Prisons) (TDP0025)

by people for their own benefit".[164] In 2013, Amy Hatfield, a prison health care worker at HMP Lindholme, was found to be in possession of drugs and other contraband.[165] An extensive investigation into the smuggling of contraband at the prison revealed a highly organised criminal enterprise. The operation was facilitated by Ms Hatfield who leveraged her position to bring significant quantities of illicit substances, weapons and mobile phones into the prison. Ms Hatfield was found to be in a relationship with a prisoner and used her access to the prison to supply him and other prisoners with contraband. The investigation uncovered a wide network of 17 individuals, including prisoners, their family members and associates, who were actively involved.[166]

89. Effective personnel vetting is the primary defence against internal corruption and contraband ingress. Operationally, the initial phase of vetting is conducted by Shared Services Connected Ltd (SSCL), a contracted shared service provider. In the event that the initial checks raise any concerns or triggers, the case is then referred to the specialised personnel vetting service within the directorate of security at HMPPS.[167] Despite these comprehensive efforts, concerns were raised regarding other aspects of the recruitment process that might inadvertently increase vulnerability to corruption. We heard that some staff are recruited without being interviewed by a local governor, which limits the opportunity to screen candidates effectively.[168] We heard privately from governors about the value of being able to interview prospective prison officers in order to ensure the right candidates are hired. Civilian staff entering the prison via building, maintenance and delivery teams also present potential security vulnerabilities. Civilian staff vetting is currently handled by local subcontractors, suggesting that direct prison oversight and control over these individuals may be significantly reduced once a contract is executed.[169]

90. Richard Vince, Executive Director for Security, HMPPS, outlined HMPPS' vetting reform programme designed to implement greater controls and more detailed assessments of applicants. He told us that the internal inquiries for initial vetting have been significantly strengthened without negatively affecting the time-to-hire, allowing HMPPS to continue recruiting staff, including those bringing valuable lived experience.[170] A key element

164 Q73
165 BBC News, HMP Lindholme: Final member of biggest prison smuggling gang jailed, (accessed 11 September 2025)
166 BBC News, HMP Lindholme: Final member of biggest prison smuggling gang jailed, (accessed 11 September 2025)
167 Q74
168 Margaret Adams (Director at Magistra) (TDP0007)
169 Ms Elizabeth Bridge (Chair of Trustees at Wandsworth Prison Welfare Trust) (TDP0009)
170 Q73

of this reform is the move towards lifelong vetting, ensuring that security assessments continue throughout an employee's career and are enhanced when staff transition into higher-risk roles, such as security. Mr Vince confirmed that the organisational position is to align the standard of HMPPS vetting with other agencies, such as the police.[171] He also told us that in 2024, the MoJ's counter-corruption work yielded 183 positive outcomes, resulting in 54 criminal justice outcomes, 76 dismissals and 53 exclusions for non-directly employed staff, demonstrating the effectiveness of the strategy in deterring and prosecuting internal corruption.[172]

91. **RECOMMENDATION**
HMPPS must immediately commit to aligning its personnel vetting requirements with those of other tier-one security and law enforcement agencies, such as the police. While the nature of the work differs, the threat profile is comparable. This alignment must establish the lifelong vetting model as the minimum operational standard for all staff and require automatic enhanced vetting checks upon any staff transfer to a higher-risk role, particularly those within security or intelligence.

92. **RECOMMENDATION**
HMPPS must amend its recruitment process to ensure that all frontline staff, including prison officers, undergo a mandatory face-to-face interview process led by local governors. This critical step addresses the identified deficiency in governors not having direct involvement in the recruitment process. This lack of involvement limits the scrutiny necessary to prevent individuals recruited solely to facilitate criminal activity from entering the service.

The emergence of drone incursions

93. While drones are not the most common ingress route, they have emerged as a growing and significant threat to prison security.[173] In January 2025, the Chief Inspector of Prisons called for urgent action to tackle drones. He said the police and prison service have "ceded the airspace" above two high-security prisons.[174] When the Chief Inspector spoke to us in February, he said:

171 Q75
172 Q73
173 Q1
174 HMPPS, Drones dropping drugs and weapons into high security prisons are a threat to national security, (Accessed 11 September 2025)

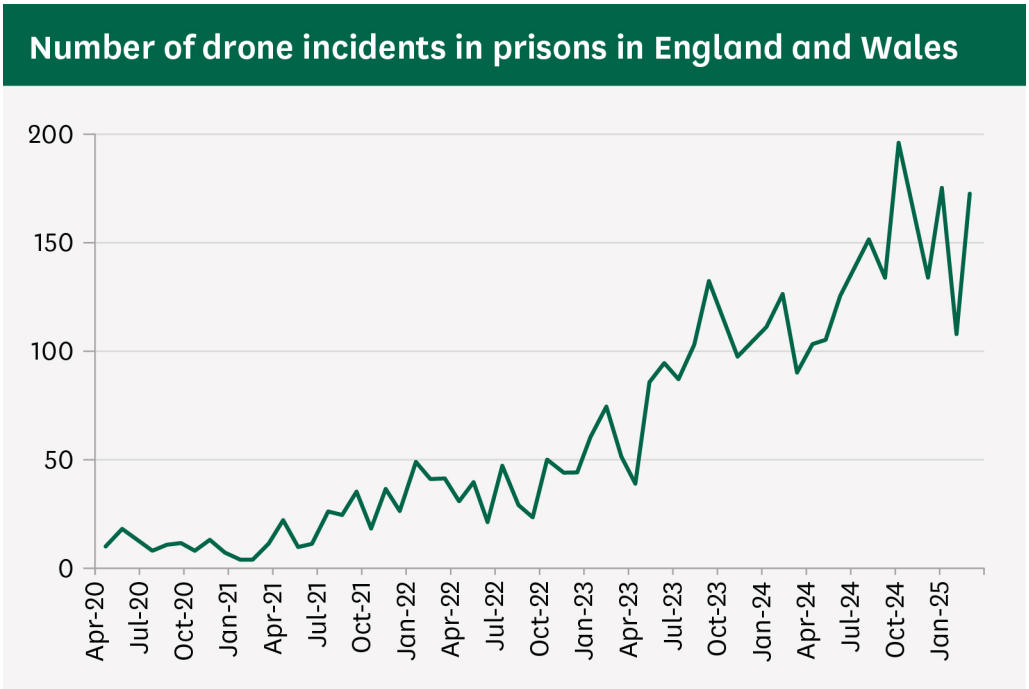
> My biggest concern with drugs at the moment is the ingress of drones, which is a paradigm shift. In the past, you could only get into a prison what you could chuck over the wall or what you could get through the gate in some shape or form, which limited the amount of drugs that could get in. We are 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.[175]

94. Data on drone incidents was published by HMPPS for the first time in its July 2025 Annual Digest. In the 12 months to March 2025, the number of drone incidents in prisons increased to 1,712 from 1,196, an increase of 43 per cent (see Figure 1).[176] HMPPS records indicate a 770 per cent increase in drone sightings around prisons between 2019 and 2023, rising from 122 incidents to over 1,050.[177] The Annual Digest suggests that an increase in the number of drone incidents at prisons does not necessarily mean more incursions are taking place, rather that it may "simply reflect more focused and accurate reporting".[178] It is noted that drone sightings are based on staff observations rather than being heard or observed by a third party.[179] The Annual Digest states that the data is not an accurate reflection and the figure may be higher. Natalie McKee, Governor at HMP Hindley, told us:

> Last year, we had sightings of approximately 150 [drones]. 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.[180]

175 Q1
176 HMPPS, HMPPS Annual Digest 2024 to 2025, gov.uk, February 2025
177 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)
178 HMPPS, HMPPS Annual Digest 2024 to 2025, gov.uk, February 2025
179 HMPPS, HMPPS Annual Digest 2024 to 2025, gov.uk, February 2025
180 Q29

Figure 1: Number of drones incidents in prisons in England and Wales



Note: Drone incidents include all drone sightings, including UAV landings, crashes, recovery, conveying unauthorised articles into the establishment restricted fly zone or where the drone is believed to be photographing prisoners, staff or parts of the buildings fabric. To be reportable as a drone sighting incident, the drone must have been seen by staff (rather than heard or observed by a third party). Where multiple drones are seen at the same time this should be recorded as one drone incident. Drone incidents are recorded separately from find incidents and are not included in the finds total.33 It is important to consider with drone incidents in prisons that an increase in numbers does not necessarily indicate more drone incursions. It may simply indicate more focused reporting. Trends should not be directly attributed to any one particular security counter-measure.

Source: Ministry of Justice, HMPPS Annual Digest, April 2024 to March 2025 (Table 6.5)

95. Drones are becoming increasingly sophisticated, capable of carrying larger packages of illicit items. Some can convey parcels up to 60kg.[181] The MoJ reported that one of the more sophisticated drones recovered in an HMP Wandsworth operation had a value of £6,000, an extended flight time of 40 minutes and the ability to hold four loads at one time.[182] The Chief Inspector of Prisons has raised concerns about the potential risk of drones being used to facilitate prison escapes due to the potential weight they can carry.[183] During an evidence session, Richard Vince, Executive Director for Security, HMPPS, told us that he had seen drones "that could lift what you might call a moderate-sized person".[184]

181 Prison Reform Trust (TDP0014)

182 Ministry of Justice, Counter-drone efforts rise as prison sightings revealed - GOV.UK, 31 July (accessed 6 August 2025)

183 His Majesty's Inspectorate of Prisons, Drones dropping drugs and weapons into high security prisons are a threat to national security, January 2025 (accessed 16 September 2025)

184 Q71

96. The IMBs' national thematic report, 'Breaking point: the impact of a crumbling prison estate on prisoners', highlighted prisons, such as Long Lartin and The Mount, as having broken or outdated windows that made it easier for illicit items, including drugs and weapons, to be delivered via sophisticated methods like drones.[185] It also highlighted that delays in installing replacement windows were excessive, even in urgent safety cases. For example, in 2016 a fatal stabbing at HMP Pentonville caused by a weapon believed to have been smuggled through a window led to an urgent recommendation to replace 800 insecure windows and grilles.[186] The IMBs' report that this essential priority work remains uncomplete.[187] The Chief Inspector of Prisons told us that, to tackle the problem, Manchester Prison initially replaced broken windows with Perspex, but prisoners quickly found a way to melt holes in them. The prison has now installed a third set of windows which are hoped to be unbreachable.[188]

97. Richard Vince of HMPPS told us that his organisation was taking steps to enhance prison security, for example, by testing a new window design that is intended to prevent prisoners from tampering with windows. Additionally, HMPPS are installing grilles over windows and placing netting across exercise yards to stop drones from delivering packages.[189]

98. The Chief Inspector of Prisons and the Prisons and Probation Ombudsman have both raised concerns about drones being used to deliver weapons into prisons. In his written evidence, the PPO stated his particular concern that the situation could escalate to the delivery of firearms.[190] Richard Vince, Executive Director for Security at HMPPS, explicitly told us that HMPPS is "particularly alert to and concerned about the prospect of firearms or explosives being delivered via a drone".[191]

99. Restricted Fly Zones, introduced in January 2024, were introduced to criminalise unauthorised drone incursions around prisons, facilitating police and prison collaboration in response.[192] However, the Chief Inspector of Prisons told us that these 'no-fly zones' have not, in themselves, reduced the

185 Independent Monitoring Boards, The impact of a crumbling prison estate on prisoners, November 2024, p 9
186 Independent Monitoring Boards, The impact of a crumbling prison estate on prisoners, November 2024, p 9
187 Independent Monitoring Boards, The impact of a crumbling prison estate on prisoners, November 2024, p 9
188 Q4
189 Q65
190 Q1, Prisons and Probation Ombudsman (TDP0016)
191 Q71
192 Ministry of Justice, Anti-drone no fly zones to combat prison smuggling, January 2024 (accessed 16 September 2025)

number of drones, as criminals are not deterred by the prospect of breaking the law. Rather, they are useful for enabling stiffer sentences if offenders are caught.[193]

100. In 2017, Guernsey Prison implemented a 'Sky Fence' system. The system detects incoming remote-controlled drones and uses a series of "disruptors" to jam a drone's frequency and control protocols and the signal blockage forces its 'return to home' mode, thereby safely diverting the contraband device back toward its point of origin.[194]

101. When he gave evidence to us in July, the Prisons Minister acknowledged the importance of technology in the fight against drugs. He told us that HMPPS is investing an additional £40 million in prison security measures, including new windows, netting and drone security.[195] The Minister noted the need to spend this money quickly to prevent illicit substances from entering prisons and highlighted ongoing efforts to develop new window designs that are "unbreachable".[196]

102. **CONCLUSION**
We are alarmed by the rapid increase in drone incidents over the last three years, as confirmed by HMPPS's own data. The current reliance on staff sightings to detect drones, as noted in the HMPPS Annual Digest, is insufficient and likely underestimates the true scale of the problem. The capability of drones to deliver not only large quantities of drugs and mobile phones, but also to deliver weapons, with the potential for the future delivery of firearms and explosives, is an extremely serious threat to the safety and security of prisons.

103. **CONCLUSION**
While the recent £40 million investment in prison security is a welcome step, current drug detection technologies are being outpaced by the sophistication of drones and the criminal networks behind them. The ability of criminals to leverage illicitly acquired mobile phones for remote coordination and financial transactions undermines traditional security measures and facilitates the delivery of drugs by drone. This represents a significant risk to both staff and prisoners and requires a more robust and urgent response than has been provided to date. The constant advances in drone technology mean that keeping pace with countermeasures is a significant challenge.

193 Q8
194 FSEC Insider, Pioneering anti-drone system installed at Guernsey prison (accessed 15 September 2025)
195 Q65
196 Q81

104. **RECOMMENDATION**
While current partnerships with police and the National Crime Agency aimed at tackling drone incursions are positive, they are not sufficient. The MoJ and HMPPS must employ dedicated intelligence-sharing protocols and joint task forces to specifically target the organised criminal gangs behind drone-related activity and the flow of illicit mobile phones. This includes tracking electronic financial transactions and supply chains.

105. **RECOMMENDATION**
A clear and sufficiently resourced strategy is needed to address the evolving nature of drone technology. This strategy should look beyond current capabilities and anticipate future threats, such as the potential for drone-facilitated escapes and the delivery of firearms, ensuring that security measures remain ahead of criminal innovation. All high-risk prisons should be put in a position to deploy comprehensive anti-drone technology and implement upgraded physical security measures, such as windows, within 24 months. The MoJ must adopt the 'Sky Fence' system, or equivalent signal disruption technology, across the prison estate, as a matter of urgency.

The role of organised criminal gangs

106. Throughout our inquiry, we have heard evidence about the involvement of organised criminal gangs (OCGs) in the conveyance and distribution of drugs in prisons. The prison drug market is "very lucrative", often run by OCGs who exploit systemic weaknesses, new technology and the consistent demand for illicit items.[197] HMPPS assesses that approximately ten per cent of the total prison population has links to serious and organised crime (SOC).[198] These individuals often serve longer sentences and use other prisoners to move drugs to maintain a clean profile.[199] During our oral evidence session, Richard Vince, Executive Director for Security, HMPPS, told us that standards at HMP Manchester had rapidly deteriorated due to SOC and a "very strong market for drugs going into Manchester, primarily through drones".[200] Governor Natalie McKee told us about the relationship between HMP Hindley's location and OCGs and drugs:

> 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

197 Q82, Dr Kate Gooch (Senior Lecturer in Criminology at University of Bath) (TDP0022), Q58
198 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)
199 Change Grow Live (TDP0011)
200 Q65

> 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.[201]

107. Of concern to us was how criminals are able to continue the drugs trade within prison, with some prisoners being able to access sophisticated wi-fi enabled devices to continue operations.[202] The access to external communication using a mobile phone allows prisoners and external networks to coordinate drug deliveries, manage supply chains and conduct financial transactions often using the dark web or encrypted services.[203] A smart phone in prison is easily purchased at inflationary prices: Natalie McKee, Governor at HMP Hindley, told us that an iPhone 8 currently has a value of around £1,400.[204] The shift towards electronic transactions for drugs makes it more difficult for prisons to detect illicit activity.[205] The presence of OCGs also makes it difficult to thwart operations as these networks operate internationally.

108. In its written evidence, the MoJ confirmed that security measures are actively utilised to prevent the introduction of illicit mobile phones into the prison estate. Furthermore, the Department noted that a range of equipment is currently deployed in prisons to mitigate the use of these devices in custody and minimise the resulting harm.[206] While technologies that detect and block unauthorised mobile phones and thorough searches of all individuals are available, their potential is severely limited without substantial investment and a skilled workforce.[207]

109. The presence of OCGs and the drug trade directly fuels violence and debt within prisons which we highlighted in Chapter 3. For instance, as reported by IMBs, the transfer of more prisoners with SOC backgrounds to HMP Rochester in early 2024 correlated with a significant increase in drugs and violence.[208] The IMBs also found a similar pattern was observed in other prisons, including HMP Leyhill.

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201 Q35
202 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)
203 Serco Group Ltd (TDP0023), Dr Kate Gooch (Senior Lecturer in Criminology at University of Bath) (TDP0022)
204 Q35
205 Prison Reform Trust (TDP0014)
206 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)
207 Serco Group Ltd (TDP0023)
208 Independent Monitoring Boards (TDP0018)

110. Regional Organised Crime Units (ROCUs) liaise with the National Crime Agency and the police to share intelligence and knowledge. In July 2025, the National Crime Agency, in conjunction with HMPPS, the National Police Chiefs' Council and ROCUs launched a new initiative increasing efforts to prevent criminals attempting to smuggle contraband into prisons via drones.[209] In the press release announcing the launch, the MoJ said that two senior police leads will also be embedded in the Corruption and Crime Unit within HMPPS to enhance cooperation in tackling key areas like corruption and organised crime in prisons.[210] Beyond national borders, we received evidence of the importance of international collaboration to access knowledge, intelligence and cooperation, as serious and organised crime networks operate globally. In its written evidence, the MoJ said that, despite good partnership working with the police and other criminal justice services, such as the National Crime Agency, the current response was insufficient to address the problem.[211]

111. **CONCLUSION**
Given that the Organised Crime Group market is based on reliable means of communication and that sophisticated smartphones are readily available within prisons, eliminating external communication is the single most critical intervention to disrupt drug supply chain management, debt coordination and criminal operations.

112. **RECOMMENDATION**
The MoJ must ring-fence funds to accelerate the deployment of advanced contraband detection and signal disruption technology across the prison estate. Crucially, this must be paired with specialised recruitment and ongoing training to ensure personnel are proficient in operating the sophisticated equipment and effectively utilising the resulting intelligence.

113. **RECOMMENDATION**
HMPPS must urgently collaborate with law enforcement and financial institutions to develop and deploy systems capable of tracking electronic transactions linked to known or suspected OCG activity in the prison context.

209 Ministry of Justice, Overcrowded jails fuel prisoner violence, gov.uk, (accessed 15 September 2025)
210 Ministry of Justice, Overcrowded jails fuel prisoner violence, gov.uk, (accessed 15 September 2025)
211 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)

114. **RECOMMENDATION**
Individuals identified as key OCG operators must be managed under enhanced security protocols and, where possible, segregated from the general prison population to prevent them from exploiting vulnerable prisoners and staff to maintain their "clean profile". The practice of merely transferring these individuals between prisons, which leads to spikes in violence and drug use in the prison to which they are transferred, is ineffective.

115. **CONCLUSION**
Collaboration between HMPPS and law enforcement agencies, such as the National Crime Agency and local police, is critical in identifying and disrupting the OCGs behind drone operations. We are pleased to hear that HMPPS have developed good working relationships with law enforcement which has led to more arrests. However, success hinges on the consistent, continuous and proactive sharing of analytical work, timely intelligence and the elimination of information silos.

The MoJ's countermeasures to reduce supply

116. In 2019, HMPPS' Security Investment Programme (SIP) invested £100 million in prison security which included the roll out of an additional 75 X-ray body scanners, providing coverage across the entire closed adult male estate.[212] The SIP also funded Enhanced Gate Security (EGS) deployed to 42 high-risk prison sites to enhance routine searching of staff and visitors. This included 659 staff, 154 drugs dogs and over 200 pieces of equipment, including archway and metal detectors.[213] In June 2025, Nic Dakin MP, then Parliamentary Under Secretary of State for Justice, confirmed that EGS was used in 52 high-risk prisons including "all of the High Security prisons in the Long-Term Security Estate".[214] The objectives of the SIP are:

a. First Line of Defence: Reduce conveyance of illicit items into establishments via the Gate, Reception and through the Post;

b. Second Line of Defence: Stop mobile phones working and detect and retrieve devices; and

212 Ministry of Justice, Security Investment Programme (SIP) - Overview and Outcome Study, 2024, p 15

213 Letter from Amy Rees, Chief Executive HMPPS - Work of the Ministry of Justice – oral evidence 5 March 2024

214 Prisons: Security, UIN 58221, 16 June 2025

c. Third Line of Defence: Strengthen staff resilience to corruption and equip staff to defend against efforts to subvert the security regime.

d. Fourth aim: Increase targeted disruptions against high harm Serious Organised Crime (SOC) and corrupt staff to frustrate criminal enterprise.

117. In its written evidence, the MoJ said that the implementation of X-ray body scanners, now present in all adult male, closed prisons, had dramatically reduced the amount of drugs smuggled into male prisons via internal concealment by arriving prisoners.[215] Furthermore, prisons are deploying X-ray bag scanners to check incoming deliveries and 165 trace detection machines are in use across all publicly owned prisons to prevent drug smuggling via prison mail.[216]

118. During our visits to prisons we quickly became aware of the lack of consistency regarding the available equipment, with some prisons having acquired more enhanced security equipment than others. Many IMBs have reported that efforts to tackle the supply of drugs in prisons are hindered by a lack of resources and equipment, noting that the absence of sufficient scanning equipment undermines security and that prisons that have been able to utilise these machines have seen a real difference in detecting and preventing drugs from entering.[217]

119. **CONCLUSION**
A major obstacle to tackling drug supply is the disparity in security equipment provision between prisons. The prisons that utilise drug detection technology demonstrate its profound and immediate impact on security. This confirms that investments in advanced detection machinery are not optional, but rather an essential prerequisite for consistently detecting and preventing the ingress of drugs.

120. **CONCLUSION**
Security measures must acknowledge the principle of displacement; as one route is closed, efforts must then be made to proactively mitigate risks across the full range of other potential ingress methods by ensuring uniform security standards throughout the prison estate.

215 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)
216 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)
217 Independent Monitoring Boards (TDP0018)

5 Support for prisoners

Commissioning and delivery of drug healthcare services in prison

121. Since 2013, NHS England (NHSE) has been responsible for commissioning healthcare within the prison estate, including the commissioning and funding of both the clinical and psychosocial components of drug treatment.[218] This policy change was rooted in the principle of providing parity of service for prisoners. According to Dame Carol Black, the key principle regarding drug treatment and healthcare is 'equivalence of care', meaning healthcare in prison should mirror what is available in the community.[219] Prior to the current arrangement, the funding and oversight of healthcare within prisons was decentralised. Healthcare provision, including primary care services, was the direct responsibility of the Prison Service, with individual governors locally contracting medical staff and services.[220]

122. The transfer of commissioning responsibility meant that NHSE inherited a "complicated" and "fragmented" landscape of existing contracts, which it immediately sought to simplify through a rationalisation process resulting in fewer contracts.[221] NHSE commissions health services using a "prime healthcare providers" model, where a single contract often covers all health services within a region. Substance misuse treatment is frequently delivered as a subcontract under this main contract.[222]

123. In 2024, Dame Carol Black conducted an internal review of drug treatment in prison, the findings of which she included in her evidence to our inquiry. The review sought to evaluate the current state of drug treatment and rehabilitation in prisons. It focused on identifying funding sources and accountability, while assessing the quality of care from the prisoner's

218 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
219 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
220 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
221 Q274, Camurus Ltd. (TDP0015), Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
222 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)

perspective. The report also determined whether continuity of care, as individuals move between prison and the community, is effectively being achieved. A primary criticism of her review was that the current method of commissioning "has not been able to drive necessary improvement" because commissioners are "too far removed from the delivery of substance-misuse services".[223] When Dame Carol Black appeared before us in February, she said that the current commissioning process "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.[224]

124. We heard that prison governors often feel insufficiently involved in the design or provision of substance misuse services which leads to a deprioritisation of drug dependence treatment.[225] Dame Carol Black, in her evidence to the Committee, stated that:

> 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.[226]

125. Treatment effectiveness is hindered because key outcomes crucial for the prison environment are not included as key performance indicators (KPIs) for NHSE-commissioned treatment services. Mike Trace, CEO of the Forward Trust, supports the direct commissioning of substance misuse services. He told us that they should be separate from general healthcare contracts to allow for better quality control, clearer specifications and closer alignment with prison outcomes like reducing reoffending.[227] In its written evidence, the Department of Health and Social Care stated:

223 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
224 Q17
225 Phoenix Futures (TDP0024)
226 Q17
227 Qq274-275

NHS England is reviewing the Substance Misuse Service specification within prisons which drives the local commissioning arrangements. We will use the findings from this call for evidence to help inform the refresh alongside the recommendations from the Dame Carol Black review and the Chief Medical Officer Review.[228]

126. **CONCLUSION**
The commissioning structure for substance misuse and healthcare services is complex and fragmented. This compromises the efficacy of treatment outcomes and continuity of care for prisoners. The current healthcare model, where a single contractor covers all health services and then subcontracts drug treatment, means that commissioners are distant from substance misuse services.

127. **RECOMMENDATION**
The MoJ and Department of Health and Social Care (DHSC) must mandate an overhaul of the current commissioning model for prison-based substance misuse treatment services. We agree with Dame Carol Black that these services must be commissioned directly and separately from general healthcare contracts to ensure specialist focus and dedicated resources. The new model must require direct and active involvement from prison governors and relevant local authorities in the design, delivery and oversight of substance misuse services, ensuring they are user-centred, recovery-focused and align with community provision to ensure equivalence of care.

Prisoner healthcare screening and healthcare records

128. Upon entering prison, the healthcare service performs a full healthcare screening on prisoners.[229] Kate Davies, Director of Health and Justice, NHSE, told us that prisoners are assessed on the first day and NHSE's KPIs require them to be assessed again on the seventh day.[230] We heard that this window is critical for identifying potential issues related to risk, health, overdose and long-term conditions.[231] Prison drug and alcohol services also

228 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)
229 Change Grow Live (TDP0011), A full healthcare screening in prison consists of an initial assessment within 24 hours upon entry to prison (at reception) to identify any physical, mental or substance misuse needs. This is followed by a more thorough evaluation within the first week. On arrival at prison, the individual's medical records should be transferred from the community to the prison to ensure continuity of care.
230 Q250
231 Q250

run induction sessions to encourage self-referral. However, many people entering custody, particularly in remand prisons, do not disclose their drug use at reception, fearing it may negatively impact them at court hearings.[232]

129. Prisons in England and Wales use 'SystmOne', a clinical computer system which enables healthcare staff to record patient information securely in an electronic format. The system, widely used by GP practices and community services, enables secure sharing of a patient's medical history, current status, medication and allergies among all caring professionals.[233] SystmOne is distinct from the Prison National Offender Management and Information System (p-NOMIS), which handles general prisoner and risk information, and the systems are currently not interoperable.[234] Mike Trace, CEO, The Forward Trust, a social justice charity that supports people to recover from addiction, told us:

> In a lot of cases, as a substance misuse provider, we are not allowed access to SystmOne because we are not an NHS body, and that is a big barrier to us sharing data. As you have alluded to, there is a big problem with the read across between the health system data and the offender management data, which is probation.[235]

130. In Dame Carol Black's review of drug treatment in prisons, she said:

> Much SM [substance misuse] staff time is used on recording data, often three times over (SystmOne healthcare, psychosocial provider's database, and the National Drug Treatment Monitoring System (NDTMS) entry tool) usually on paper first with entry later. This is done every time a provider engages with a prisoner and is repeated every time a prisoner moves between prisons, as currently data can often not be shared. This is very wasteful of staff (and prisoner) time, potentially diverting staff from more useful psychosocial and therapeutic activities. This duplication should be eliminated forthwith. There should be a single data system (sensibly SystmOne) from which data can be extracted for various purpose including NDTMS, as currently happens in the community SM services.[236]

232 Change Grow Live (TDP0011)
233 Health Services Safety Investigations Body, Healthcare provision in prisons: Data sharing and IT, (accessed 22 October 2025)
234 Health Services Safety Investigations Body, Healthcare provision in prisons: Data sharing and IT, (accessed 22 October 2025)
235 Q294
236 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)

131. Furthermore, while healthcare information should transfer with the prisoner, the evidence suggests that this process is not always successful.[237] Currently there is no agreed plan for care which follows a prisoner when they are transferred to another establishment or are released into the community.[238] In her review of drug treatment in prisons, Dame Carol Black suggested that "an individual treatment plan should be developed with each SM prisoner, to be 'owned' by the prisoner and go with them when moving prisons or into the community."[239]

132. **RECOMMENDATION**
NHS England, and its successor, must take steps to enable the interoperability of p-NOMIS with existing healthcare IT systems, such as SystmOne. This would ensure IT systems can share information with one another, facilitating information exchange within and between organisations, such as GPs, prisons and HMPPS. This would also ensure better use of staff time and resources and avoid duplication of data.

133. **RECOMMENDATION**
We recommend that an individual treatment plan is created for each prisoner receiving substance misuse treatment. This plan must be designed to accompany prisoners transferring between prisons or released into the community and be transferable via p-NOMIS and SystemOne. This tailored, integrated care plan should outline clear goals and milestones for their recovery and should be accessible to substance misuse providers.

Substance misuse treatment in prisons

134. Statistics on alcohol and drug treatment in secure settings are regularly published by the Office for Health Improvement and Disparities (OHID). Between 1 April 2023 and 31 March 2024, there were 49,881 adults aged 18 and over in alcohol and drug treatment in prisons and secure settings (48,848 in prison), a seven per cent increase compared to the previous year.[240] The proportion of adults starting treatment for opiates, crack, or both, slightly increased, with 58 per cent reporting problems with these substances compared to 56 per cent in 2022 to 2023. Most adults received

237 Health Services Safety Investigations Body, Healthcare provision in prisons: Data sharing and IT, (accessed 22 October 2025)
238 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
239 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
240 Office for Health Improvement and Disparities, Alcohol and drug treatment in secure settings 2023 to 2024: report, 30 January 2025 (accessed 1 October 2025)

structured treatment in prison (98 per cent), including in local, training, high security and open prisons. The remainder received treatment in young offender institutions (over one per cent) and immigration removal centres (less than one per cent).[241]

135. Opiates were the most reported drug by adults in treatment (47 per cent) with 33 per cent reporting both opiate and crack problems and 15 per cent reporting problems with opiates but not crack.[242] A smaller group, eight per cent, report issues with crack cocaine but not opiates. Psychoactive substances (mainly synthetic cannabinoids) were identified as a problem for six per cent of people in treatment in secure settings. However, OHID notes that this figure may not accurately reflect the overall prevalence of psychoactive substance use within the prison estate.[243]

136. There are two types of drug treatment available in prisons: pharmacological and psychosocial. In line with UK clinical guidance, effective drug treatment requires a combination of both pharmacological and psychosocial interventions to support a person's recovery.[244] However, only 41 per cent of people in prison treatment are reported to be receiving this recommended combined approach (See Table 3).[245] Alcohol and drug treatment in secure settings statistics show that most adults (97 per cent) in treatment are receiving only psychosocial interventions while three per cent receive only pharmacological interventions, with less than one per cent not starting treatment or having their intervention unrecorded.[246] When Matt Grey, Executive Director for Rehabilitation, HMPPS, gave evidence to us in July, he told us there has been a seven per cent increase in the number of prisoners undertaking treatment in custody and a fourteen per cent increase in prisoners accessing NHS substance misuse services whilst in custody in the last year.[247]

241 Office for Health Improvement and Disparities, Alcohol and drug treatment in secure settings 2023 to 2024: report, 30 January 2025 (accessed 1 October 2025)

242 Office for Health Improvement and Disparities, Alcohol and drug treatment in secure settings 2023 to 2024: report, 30 January 2025 (accessed 1 October 2025)

243 Office for Health Improvement and Disparities, Alcohol and drug treatment in secure settings 2023 to 2024: report, 30 January 2025 (accessed 1 October 2025)

244 Clinical Guidelines on Drug Misuse and Dependence Independent Expert Working Group, Drug Misuse and dependence: UK guidelines on clinical management, July 2017, (accessed 1 October 2025), Office for Health Improvement and Disparities, Alcohol and drug treatment in secure settings 2023 to 2024: report, 30 January 2025 (accessed 1 October 2025)

245 Office for Health Improvement and Disparities, Alcohol and drug treatment in secure settings 2023 to 2024: report, 30 January 2025 (accessed 1 October 2025)

246 Office for Health Improvement and Disparities, Alcohol and drug treatment in secure settings 2023 to 2024: report, 30 January 2025 (accessed 1 October 2025)

247 Q86

Table 3: Treatment types by substance group

Treatment types by substance group
Adults in treatment in secure settings in England, 2023/24

Substance group	No structured intervention started or recorded	Pharmacological and psychosocial	Pharmacological only	Psychosocial only
Opiate	0.3%	73.5%	4.8%	21.5%
Non -opiate onlu	0.4%	5.3%	0.4%	94.0%
Non-opiate and alcohol	0.3%	11.4%	0.7%	87.5%
Alcohol only	0.7%	24.3%	4.1%	70.9%
Total	**0.4%**	**40.9%**	**2.9%**	**55.8%**

Source: Office for Health Improvement and Disparities, Alcohol and drug treatment in secure settings 2023 to 2024, 30 January 2025

Pharmacological interventions

137. Prison healthcare services provide pharmacological, also referred to as clinical, support to prisoners for both opioid and alcohol dependence to stabilise withdrawal and manage dependency upon reception into prison. For opioid use, methadone remains the clinical default and most widely prescribed Opioid Substitution Therapy (OST).[248]

138. A peer-led consultation undertaken by Lived Expert, a social enterprise led and delivered by people with experience of addiction, mental health, homelessness and offending, reported prisoners being given methadone, often regardless of their prior treatment history or personal preferences with regards to medication.[249] Participants viewed this as substituting one form of dependency for another, not as a genuine path to recovery. This perspective is reinforced by the difficulty associated with stopping the treatment, as articulated by one individual with lived experience: "it's easier to come off heroin than it is to get off methadone."[250]

139. Buvidal, or long-acting buprenorphine, is an OST used to treat opioid use disorders and is administered once a month via an injection. However, it does not have the same psychoactive effect as methadone.[251] According to the Chief Inspector of Prisons and Dame Carol Black, it is beneficial due to prisoners not having to queue each day for treatment which allows them to attend daily activities that clash with medication times.[252] Other benefits of buprenorphine are that it reduces the need for daily supervised

248 Lived Expert (TDP0029)
249 Lived Expert (TDP0029)
250 Lived Expert (TDP0029)
251 Q21
252 Q21

consumption, frees up clinical time and eliminates the risk of the medication being diverted or smuggled for illicit use within the prison environment. In her review of drug treatment in prisons, Dame Carol Black recommended that prisoners should have an adequate supply of long-acting buprenorphine which could be started in prison.[253] However, some prisoners are unable to access Buvidal in the community due to commissioning disparity across local authorities, where not all jurisdictions fund post-release Buvidal provision.[254]

140. Kate Davies, Director of Health and Justice, Armed Forces and Sexual Assault Services Commissioning, NHSE, informed us that NHSE has reconfigured an additional £7 million from existing funds as part of Dame Carol Black's review.[255] The allocated funding is specifically targeted at ensuring interventions such as the rollout of long-acting buprenorphine across the entire prison estate.

141. **RECOMMENDATION**
The MoJ, DHSC and local authorities must work together to address commissioning disparities to ensure that prisoners upon release into the community across all local authorities are able to access Buvidal for the length of their treatment period.

Psychosocial interventions

142. Psychosocial interventions involve non-clinical treatment, focusing on the behavioural, psychological and social factors underpinning addiction. These interventions are delivered through a structured programme that typically includes one-to-one key worker sessions for personalised support; structured, self-guided in-cell workbooks for reflective learning and mandatory group work to foster peer support and challenge addictive behaviours.[256]

143. A benefit of psychosocial interventions is their ability to address the foundational issues that drive drug dependency, particularly for a population characterised by high levels of trauma (including childhood abuse, violence, and neglect).[257] Psychosocial support provides prisoners with crucial tools to combat cravings and urges and look at ways to

253 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
254 Durham Police and Crime Commissioners office on behalf of PCC Joy Allen (TDP0019), Q21
255 Q251
256 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
257 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)

challenge negative thinking patterns. Other benefits also include reducing boredom and enabling engagement in constructive activities.[258] Despite this, we received evidence that there are currently several barriers to the provision of effective psychosocial support. Psychosocial sessions are often cancelled or shortened due to staff shortages, regime curtailment and incidents.[259] Dame Carol Black observed during prison visits that the prison physical environment was a persistent obstacle to therapy, telling us that there was "no room for psychosocial counselling or group meetings" due to overcrowding.[260]

144. Peer support is considered an important part of recovery, with prisoners saying that seeing someone with lived experience "walk the walk" is very powerful.[261] We also heard that peer support from ex-prisoners is hindered by delays in vetting and inconsistency in criteria, resulting in a "post-code lottery" for employing workers with lived experience.[262] The MoJ is making efforts to implement measures to streamline the vetting process for individuals with lived experience who can provide support, as recommended by Dame Carol Black. The MoJ says it aims to make the process less burdensome by improving its consistency and transparency. It is also ensuring that security checks are only increased when proportionate to the risk of a role and has already delivered a new decision-making framework for vetting officers.[263]

145. The IMBs reported that efforts to support prisoners with substance misuse issues are consistently hindered by a lack of sufficient services across the estate, particularly psychosocial intervention services.[264] Insufficient provision of drug treatment and mental health services means prisoners cannot adequately address their psychosocial or physical dependencies, therefore driving up unmet demand for drugs.[265] We also heard from Mike Trace, CEO, The Forward Trust, that there were discrepancies between the severity of addiction and complex issues like trauma, and the support offered:

258 Collective Voice (TDP0012)
259 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
260 Q16
261 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
262 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
263 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030), Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
264 Independent Monitoring Boards (TDP0018)
265 Prison Reform Trust (TDP0014)

> But there is a mismatch between the level of their addiction and need and what they are receiving from the psychosocial service […] Most prisoners who need it are receiving some form of treatment, but most are getting a couple of appointments with their caseworker, an assessment, a meeting with a nurse, maybe a couple of workshops. If your life has been one of trauma, neglect, abuse, fighting authority, and not trusting anybody, a couple of meetings with your caseworker are not going to change the direction of your life.[266]

146. **CONCLUSION**

When individuals leave prison with a drug habit, the subsequent cycle of re-offending is made more likely. The societal damage far exceeds any perceived savings. Our report highlights that the cost of failing to intervene is higher than the cost of advanced security technology or providing a continuous, coherent public health pathway designed for recovery. The human cost of lives damaged and lost to re-offending as a result of unaddressed drug issues is incalculable.

147. **RECOMMENDATION**

As per UK guidelines, effective drug treatment requires a combination of both pharmacological and psychosocial interventions to support prisoners. NHS England, or its successor, must audit, and address, the insufficiency of psychosocial provision across the prison estate, ensuring that treatment capacity, including key worker and group sessions, is proportionate to the high clinical need and prevalence of complex trauma among the prison population. The current provision is wholly inadequate for driving sustainable recovery.

148. **CONCLUSION**

We welcome the MoJ's plans to make the vetting process for employing lived experience workers less arduous and more transparent across all prisons. This is critical to removing the postcode lottery which hinders the employment of peer support staff, support from whom is an important component in a prisoner's recovery journey.

266 Q285

Challenges to effective healthcare delivery in prisons

149. The effectiveness of support and treatment for prisoners dealing with substance misuse is severely undermined by under-resourcing, high staff turnover and insufficient specialised training.[267] IMBs highlighted the effect of workforce challenges on prisoner support and recovery efforts, saying that, with some drug and alcohol services reporting deficits of up to 50 per cent, prisons were struggling to succeed in their rehabilitative mission.[268] IMBs also observed that the lack of essential staff meant support services could not deliver long-term or more beneficial programmes. We heard that there were insufficient custodial staff to unlock cells and escort people to appointments as a consequence of staffing deficits.[269] The Prisons Minister told us that the ability to deliver effective drug prevention is contingent on both staffing levels and capacity and that he was aiming for a 95 per cent staffing level in prisons and for those staff to be skilled and experienced.[270]

150. We also received evidence that there is no effective clinical treatment or detoxification approach for persistent synthetic cannabinoid use, and that interventions are largely psychosocial and limited in efficacy and uptake. The Independent Advisory Panel on Deaths in Custody recommended that dedicated research is needed to inform effective interventions for these substances.[271]

151. **RECOMMENDATION**

The MoJ and NHS England, or its successor, should jointly fund and commission dedicated research into effective clinical treatments and psychosocial interventions for new psychoactive substances and synthetic opioids. Currently there is a lack of evidence-based approaches to determine the prevalence of these drugs and the harm posed by them.

267 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
268 Independent Monitoring Boards (TDP0018)
269 Professor Karen Duke (Professor of Criminology at Drug and Alcohol Research Centre, Middlesex University); Professor Susanne MacGregor (Honorary Professor at London School of Hygiene and Tropical Medicine) (TDP0005)
270 Q57
271 Independent Advisory Panel on Deaths in Custody (TDP0013)

Incentivised Substance-Free Living units and drug free wings

152. Incentivised Substance-Free Living units (ISFLs) are dedicated areas designed to foster environments conducive to recovery and abstinence, aiming to shield prisoners from the pervasive illicit drug culture found on other wings.[272] These units provide prisoners committed to a drug-free life with regular testing and incentives such as extra gym time.[273] These units originated from earlier models, sometimes referred to as Drug Recovery Wings, which were intended as locations where people could move to within the prison to stay away from the drug market and address their drug problem.[274]

153. The role of voluntary and regular drug testing on ISFLs is integral to the model's design, serving both as a compliance mechanism and a tool for positive behavioural reinforcement. If prisoners on the ISFL wing fail to test for drugs or do not comply with the conditions, they will be removed from it. This strict compliance requirement aims to maintain the "substance-free" environment.

154. The Government has prioritised the expansion of these units and there are now over 80 ISFLs across England. Matt Grey, Executive Director for Rehabilitation, HMPPS, told us that there were currently no plans to roll out more ISFLs as the focus is to improve the consistency and quality of the existing units, however, governors would be supported if they would like to do so.[275] The Prisons Minister acknowledged in his evidence to us that having drug-free living areas is part of the incentive structure needed to support a drug-free lifestyle.[276] Dame Carol Black's review specifically recommended that ISFLs should be "available at every prison".[277]

155. We heard that when adequately resourced and supported by a positive culture, ISFLs can reduce drug demand, violence and self-harm.[278] Some ISFLs, such as those at HMP The Mount and HMP Cardiff, were highlighted as particularly effective examples.[279] The success of ISFLs is dependent on adequate resourcing and appropriately trained staff, which are

272 Lived Expert (TDP0029)
273 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
274 Q281
275 Q86
276 Q51
277 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)
278 Independent Monitoring Boards (TDP0018)
279 Q25

often lacking.[280] Despite being supposedly substance-free, some units still have a high prevalence of drugs, making them "easy target[s]" for drug dealers.[281] Some prisoners have reportedly initiated moves to ISFLs under false pretences to sell drugs, disrupting the unit's culture.[282] Population pressures often lead to ISFL units being used for ineligible prisoners or well-behaved individuals without substance misuse needs, rather than specialised recovery environments.[283] The Chief Inspector of Prisons told us:

> 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.[284]

156. He went on to say that the level of staff expertise varies from highly skilled, as seen at HMP The Mount and HMP Cardiff, "through to people who have had no training at all and are just doing their best".[285]

157. Dame Carol Black said that, in principle, ISFLs are a very good idea, but they "do not often work in the way they should work".[286] A major contributing factor is the absence of a consistent framework, with no national standards or consistent criteria for admission and operation. In its written evidence, the MoJ acknowledged the need to build on the existing ISFL offer with a stronger focus on quality and consistency,[287] When asked about how the success of ISFLs was measured, Charlie Taylor said he had not received a clear answer and that he had been told there was no data on them at this stage.[288] Dame Carol Black concluded that ISFLs should be implemented within a national framework based on evidence, including success measures and evaluation and provided they are restricted to drug dependent people only.[289]

280 Independent Monitoring Boards (TDP0018)
281 Ms Elizabeth Bridge (Chair of Trustees at Wandsworth Prison Welfare Trust) (TDP0009)
282 Change Grow Live (TDP0011)
283 Charlie Taylor (HM Chief Inspector of Prisons at His Majesty's Inspectorate of Prisons) (TDP0025)
284 Q25
285 Q25
286 Q14
287 Ministry of Justice, Department of Health and Social Care (DHSC) (TDP0030)
288 Q25
289 Dame Carol Black (Dame Carol Black at Independent Advisor to the Government on Drugs) (TDP0028)

158. **RECOMMENDATION**

HMPPS and NHS England, or its successor, must urgently establish a national framework based on evidence which must be applied consistently to every Incentivised Substance-Free Living (ISFL) unit across the prison estate. HMPPS must also urgently develop and implement clear, measurable criteria for ISFL success, ensuring comprehensive data is collected and publicly reported. Metrics must move beyond simple compliance to include outcomes like reduced post-release relapse, engagement in long-term treatment and reductions in violence and self-harm within the unit. Given the scale of drug use in prisons, we support Dame Carol Black's recommendation that ISFLs should be rolled out in all prisons.

6 Conclusion

159. **CONCLUSION**

The ability of HMPPS to maintain safety and control, and offer effective rehabilitation, is being critically undermined because the trade and use of illicit drugs in our prisons has reached endemic levels. Fuelled by inflated profits, the supply of drugs by Organised Criminal Gangs into prisons is a constant pressure; this is compounded by failures to address and reduce the underlying demand. The introduction of highly potent New Psychoactive Substances is driving alarming increases in violence, debt, and fatal overdoses, with the current testing regime failing to keep pace. Without urgent reform that addresses both the profitable supply networks and the discrepancies in treatment provision, the prison estate will remain unstable, unsafe and incapable of gaining control over the drugs crisis.

Conclusions and Recommendations

Prevalence and nature of drugs in prisons

160. The widespread and increasing availability of illicit substances has fostered a culture of acceptance that normalises drug use in prisons. This makes the presence of drugs inescapable for many prisoners. The situation is made worse by two key factors: the high number of people entering prison with an existing addiction, and the worrying trend of prisoners who had no prior issues developing a drug habit while in prison. (Conclusion, Paragraph 15)

161. Mandatory Drug Testing rates do not reliably measure drug prevalence. The MoJ's own admission that resource constraints limit its capacity for MDT testing and therefore its ability to produce robust, publishable data demonstrates the failure of the current approach. The suspension of regular testing makes it extremely difficult to accurately assess the current scale of drug use or measure any improvement. A return to consistent, high-volume testing across the prison estate is essential to restore accountability and gather the data needed to understand the true extent of drug use. (Conclusion, Paragraph 21)

162. The MoJ and HMPPS must increase MDT rates to at least pre-pandemic levels. An immediate and mandatory intervention from regional or national HMPPS command, including the deployment of specialist teams to ensure testing is reinstated immediately, should be triggered. (Recommendation, Paragraph 22)

163. The MoJ and HMPPS must speed up plans to introduce wastewater-based surveillance to identify new substances across the entire prison estate. If successful, this wastewater surveillance should be deployed in all prisons to monitor drug usage trends within two years of the pilot. (Recommendation, Paragraph 23)

164. The MoJ and HMPPS must revise the drug testing policy to ensure that positive test results consistently trigger a dual response: swift and certain disciplinary action (with a rehabilitative element) and an immediate,

mandatory referral for a clinical needs assessment and engagement with tailored substance misuse treatment and psychosocial support. (Recommendation, Paragraph 24)

165. We are deeply concerned by the significant shift towards the use of New Psychoactive Substances (NPS), most notably synthetic cannabinoids and synthetic opioids. Their popularity is due to their affordability, accessibility and their potency. In turning to these drugs, prisoners are able to "cheat the system" as current drug testing systems fail to detect them. Therefore, it is also difficult to determine precisely the number of prisoners using these dangerous substances. (Conclusion, Paragraph 32)

166. Given the extreme potency and low lethal dose of substances such as Nitazenes and Fentanyl, the circulation of these drugs in prisons leads to a high risk of drug-related deaths and overdoses, as tragically seen at HMP Parc. The MoJ and HMPPS must take urgent steps to address the evolving threat of NPS. (Conclusion, Paragraph 33)

167. The MoJ and HMPPS must consistently update prison drug testing methods to enable the detection of the constantly changing chemical makeup of these NPS, including synthetic cannabinoids and synthetic opioids. Robust data collection should be expanded to include drug purity/potency where feasible. (Recommendation, Paragraph 34)

168. HMPPS should conduct an urgent review of all prescription medication dispensing procedures within prisons to identify and close loopholes exploited for diversion and introduce enhanced supervision of medication queries. New secure systems for distributing and administering medication must be implemented immediately to prevent diversion and protect vulnerable prisoners. (Recommendation, Paragraph 39)

Drivers of the demand and impact of drugs in prison

169. The high prison population and overcrowding lead to a lack of purposeful activity and poor mental health support which exacerbate the existing drivers of drug demand. Efforts to reduce demand are therefore made more challenging and complex. This undermines any chance that prisoners might have of rehabilitation as it makes avoidance almost impossible for those attempting to change. (Conclusion, Paragraph 47)

170. The MoJ must expand access to purposeful activities, including education, vocational training, accredited work programmes and constructive recreational opportunities to prevent prisoners turning to drugs as a result

of boredom. We ask that the MoJ provides the Committee with an update on its progress to increasing purposeful activity within prisons by April 2026. (Recommendation, Paragraph 48)

171. The Government must urgently accelerate and broaden the scope of training under the 'Enable Programme' to ensure all HMPPS staff, particularly prison officers, receive mandatory, specialised training in substance misuse, trauma-informed care and drug dependency. This training should be a core, non-negotiable component of both foundation training and continuous professional development for all staff who interact with prisoners, directly addressing the deficiency in knowledge and experience. (Recommendation, Paragraph 49)

172. Drug-related debt and exploitation are fundamental drivers of violence, coercion and systemic instability within the prison estate. The prevalence of drugs creates a shadow economy where debts, which can accrue up to £10,000, are collected through intimidation and violence. The consequences extend beyond the prison walls, with criminal networks coercing family members to pay a prisoner's debt, sometimes through sexual favours, smuggling or cuckooing. Furthermore, those in debt are routinely exploited, being forced to test new drugs, hold weapons, assault staff, and undermine security. (Conclusion, Paragraph 54)

173. Every drug-related medical emergency in prison, especially when fatal, is a needless tragedy. The significant number of 'code blues' in some prisons adds to the significant strain already being experienced by staff. This leads to regime restrictions and increased time spent in cells. This, in turn, reduces access to purposeful activity and rehabilitation programmes, creating a self-perpetuating cycle where boredom and lack of purpose contribute to the demand for drugs. (Conclusion, Paragraph 60)

174. The MoJ and NHS England, or its successor, must mandate the immediate, universal rollout of take-home naloxone kits for all individuals leaving custody. This must be coupled with comprehensive, compulsory training for all prisoners and staff. This public health measure will help to mitigate the high risk of fatal opioid overdose immediately following release. (Recommendation, Paragraph 61)

175. HMPPS must mandate that all frontline staff receive consistent, up-to-date and comprehensive training in responding to medical emergencies. The current inconsistency in staff preparedness is unacceptable. All staff should be required to complete training on how to identify and respond to drug overdoses and manage seizures. This training should be a compulsory part of induction and be refreshed annually. Given the urgency of the issue, we recommend this training be set up within the next six months. (Recommendation, Paragraph 62)

176. The high prevalence of drugs in prisons, particularly NPS, poses an unacceptable and direct threat to the safety and well-being of prison staff. The current reality of staff becoming "desensitised" to daily suffering is a sign of a failed system and a dangerous culture of acceptance that must be broken. Staff are not only exposed to violence and abuse, but are directly at risk of serious medical harm from inhaling second-hand drugs. The fact that four staff members at a single prison were taken ill from a prisoner vaping with NPS underscores the wider danger presented by these substances. The MoJ and HMPPS have a duty of care to protect their employees, but the prevalence of drugs in prison is risking their ability to uphold it. (Conclusion, Paragraph 66)

177. HMPPS must regard staff exposures to drugs as serious workplace safety violations, not as a normal part of the job and must take immediate action to investigate and resolve the causes of such incidents. (Recommendation, Paragraph 67)

178. The significant backlog in the adjudication process, acknowledged by the Prisons Minister, undermines discipline in prisons. While current policy allows governors to balance punishment with support, we received evidence which shows this is not happening consistently. Some prisoners face no repercussions, while others are removed from rehabilitative programmes. The latter approach is completely counterproductive. The Earned Progression model set out in the Sentencing Bill should incentivise 'good' behaviour, such as abstaining from drug use and drug-related activities. However, the model will only be effective if it is underpinned by a reliable and timely adjudication process. (Conclusion, Paragraph 72)

179. We recommend that punishments, such as the loss of privileges, are balanced with a mandatory referral to drug treatment services. This ensures that individuals are held accountable while also directed towards the support they need to break the cycle of addiction. We also recommend that the Earned Progression model is accompanied by a clear, measurable plan to ensure every prison has the necessary resources and staff to apply drug-related adjudications fairly and consistently, thereby making the threat of added time to their sentence a genuine deterrent. (Recommendation, Paragraph 73)

Ingress routes and countermeasures to reduce the supply

180. Our observations confirmed that existing security measures, such as sniffer dogs, are often deployed in an inconsistent manner. For example, drug detection dogs being used for only a few instances in a day in some prisons, rather than as part of a comprehensive, high-volume strategy across

all entry points. This intermittent deployment allows organised criminal networks to easily exploit predictable security lapses and undermines the deterrent effect of detection technology. (Conclusion, Paragraph 78)

181. The Government must allocate dedicated capital funding for the accelerated acquisition and maintenance of advanced trace detection technology and full-body scanners in all prisons. This investment must include a mandated requirement for rapid, regular software library updates for all drug detection equipment to ensure they remain effective against emerging and new psychoactive substances (NPS). (Recommendation, Paragraph 79)

182. HMPPS must rapidly develop and enforce a national, secure protocol for verifying legal correspondence (e.g., mandatory secure digital portals or standardised, verifiable bar-code systems) across all prisons to eliminate the exploitation of privileged mail. (Recommendation, Paragraph 80)

183. Our evidence overwhelmingly points to a systemic failure to maintain physical measures which act as prisons' first line of defence. The operational effectiveness of physical security is being defeated by avoidable delays in maintenance, inadequate resourcing and overly bureaucratic procurement processes, rather than sophisticated criminal innovation. The structural integrity of the prison estate and the speed of repairs for critical security infrastructure, such as netting and windows, are currently insufficient to meet the threat posed by throwovers and drone deliveries. (Conclusion, Paragraph 84)

184. Governors must be empowered with delegated authority and a streamlined process to rapidly procure and repair essential security infrastructure, particularly perimeter netting and functional CCTV systems, within a mandatory timeframe; for example, 72 hours for critical repairs. (Recommendation, Paragraph 85)

185. An independent security audit team, or existing reporting body, must conduct proactive, unannounced inspections of physical security measures, such as netting, window security and CCTV functionality, at every prison annually, regardless of the prison's category. A response and action plan setting out how any failures will be rectified must be provided to HMPPS within 30 days. (Recommendation, Paragraph 86)

186. HMPPS must immediately commit to aligning its personnel vetting requirements with those of other tier-one security and law enforcement agencies, such as the police. While the nature of the work differs, the threat profile is comparable. This alignment must establish the lifelong vetting model as the minimum operational standard for all staff and require automatic enhanced vetting checks upon any staff transfer to a higher-risk role, particularly those within security or intelligence. (Recommendation, Paragraph 91)

187. HMPPS must amend its recruitment process to ensure that all frontline staff, including prison officers, undergo a mandatory face-to-face interview process led by local governors. This critical step addresses the identified deficiency in governors not having direct involvement in the recruitment process. This lack of involvement limits the scrutiny necessary to prevent individuals recruited solely to facilitate criminal activity from entering the service. (Recommendation, Paragraph 92)

188. We are alarmed by the rapid increase in drone incidents over the last three years, as confirmed by HMPPS's own data. The current reliance on staff sightings to detect drones, as noted in the HMPPS Annual Digest, is insufficient and likely underestimates the true scale of the problem. The capability of drones to deliver not only large quantities of drugs and mobile phones, but also to deliver weapons, with the potential for the future delivery of firearms and explosives, is an extremely serious threat to the safety and security of prisons. (Conclusion, Paragraph 102)

189. While the recent £40 million investment in prison security is a welcome step, current drug detection technologies are being outpaced by the sophistication of drones and the criminal networks behind them. The ability of criminals to leverage illicitly acquired mobile phones for remote coordination and financial transactions undermines traditional security measures and facilitates the delivery of drugs by drone. This represents a significant risk to both staff and prisoners and requires a more robust and urgent response than has been provided to date. The constant advances in drone technology mean that keeping pace with countermeasures is a significant challenge. (Conclusion, Paragraph 102)

190. While current partnerships with police and the National Crime Agency aimed at tackling drone incursions are positive, they are not sufficient. The MoJ and HMPPS must employ dedicated intelligence-sharing protocols and joint task forces to specifically target the organised criminal gangs behind drone-related activity and the flow of illicit mobile phones. This includes tracking electronic financial transactions and supply chains. (Recommendation, Paragraph 104)

191. A clear and sufficiently resourced strategy is needed to address the evolving nature of drone technology. This strategy should look beyond current capabilities and anticipate future threats, such as the potential for drone-facilitated escapes and the delivery of firearms, ensuring that security measures remain ahead of criminal innovation. All high-risk prisons should be put in a position to deploy comprehensive anti-drone technology and implement upgraded physical security measures, such as windows, within 24 months. The MoJ must adopt the 'Sky Fence' system, or equivalent signal disruption technology, across the prison estate, as a matter of urgency. (Recommendation, Paragraph 105)

192. Given that the Organised Crime Group market is based on reliable means of communication and that sophisticated smartphones are readily available within prisons, eliminating external communication is the single most critical intervention to disrupt drug supply chain management, debt coordination and criminal operations. (Conclusion, Paragraph 111)

193. The MoJ must ring-fence funds to accelerate the deployment of advanced contraband detection and signal disruption technology across the prison estate. Crucially, this must be paired with specialised recruitment and ongoing training to ensure personnel are proficient in operating the sophisticated equipment and effectively utilising the resulting intelligence. (Recommendation, Paragraph 112)

194. HMPPS must urgently collaborate with law enforcement and financial institutions to develop and deploy systems capable of tracking electronic transactions linked to known or suspected OCG activity in the prison context. (Recommendation, Paragraph 113)

195. Individuals identified as key OCG operators must be managed under enhanced security protocols and, where possible, segregated from the general prison population to prevent them from exploiting vulnerable prisoners and staff to maintain their "clean profile". The practice of merely transferring these individuals between prisons, which leads to spikes in violence and drug use in the prison to which they are transferred, is ineffective. (Recommendation, Paragraph 114)

196. Collaboration between HMPPS and law enforcement agencies, such as the National Crime Agency and local police, is critical in identifying and disrupting the OCGs behind drone operations. We are pleased to hear that HMPPS have developed good working relationships with law enforcement which has led to more arrests. However, success hinges on the consistent, continuous and proactive sharing of analytical work, timely intelligence and the elimination of information silos. (Conclusion, Paragraph 115)

197. A major obstacle to tackling drug supply is the disparity in security equipment provision between prisons. The prisons that utilise drug detection technology demonstrate its profound and immediate impact on security. This confirms that investments in advanced detection machinery are not optional, but rather an essential prerequisite for consistently detecting and preventing the ingress of drugs. (Conclusion, Paragraph 119)

198. Security measures must acknowledge the principle of displacement; as one route is closed, efforts must then be made to proactively mitigate risks across the full range of other potential ingress methods by ensuring uniform security standards throughout the prison estate. (Conclusion, Paragraph 120)

Support for prisoners

199. The commissioning structure for substance misuse and healthcare services is complex and fragmented. This compromises the efficacy of treatment outcomes and continuity of care for prisoners. The current healthcare model, where a single contractor covers all health services and then subcontracts drug treatment, means that commissioners are distant from substance misuse services. (Conclusion, Paragraph 126)

200. The MoJ and Department of Health and Social Care (DHSC) must mandate an overhaul of the current commissioning model for prison-based substance misuse treatment services. We agree with Dame Carol Black that these services must be commissioned directly and separately from general healthcare contracts to ensure specialist focus and dedicated resources. The new model must require direct and active involvement from prison governors and relevant local authorities in the design, delivery and oversight of substance misuse services, ensuring they are user-centred, recovery-focused and align with community provision to ensure equivalence of care. (Recommendation, Paragraph 127)

201. NHS England, and its successor, must take steps to enable the interoperability of p-NOMIS with existing healthcare IT systems, such as SystmOne. This would ensure IT systems can share information with one another, facilitating information exchange within and between organisations, such as GPs, prisons and HMPPS. This would also ensure better use of staff time and resources and avoid duplication of data. (Recommendation, Paragraph 132)

202. We recommend that an individual treatment plan is created for each prisoner receiving substance misuse treatment. This plan must be designed to accompany prisoners transferring between prisons or released into the community and be transferable via p-NOMIS and SystemOne. This tailored, integrated care plan should outline clear goals and milestones for their recovery and should be accessible to substance misuse providers. (Recommendation, Paragraph 133)

203. The MoJ, DHSC and local authorities must work together to address commissioning disparities to ensure that prisoners upon release into the community across all local authorities are able to access Buvidal for the length of their treatment period. (Recommendation, Paragraph 141)

204. When individuals leave prison with a drug habit, the subsequent cycle of re-offending is made more likely. The societal damage far exceeds any perceived savings. Our report highlights that the cost of failing to intervene is higher than the cost of advanced security technology or providing

a continuous, coherent public health pathway designed for recovery. The human cost of lives damaged and lost to re-offending as a result of unaddressed drug issues is incalculable. (Conclusion, Paragraph 146)

205. As per UK guidelines, effective drug treatment requires a combination of both pharmacological and psychosocial interventions to support prisoners. NHS England, or its successor, must audit, and address, the insufficiency of psychosocial provision across the prison estate, ensuring that treatment capacity, including key worker and group sessions, is proportionate to the high clinical need and prevalence of complex trauma among the prison population. The current provision is wholly inadequate for driving sustainable recovery. (Recommendation, Paragraph 147)

206. We welcome the MoJ's plans to make the vetting process for employing lived experience workers less arduous and more transparent across all prisons. This is critical to removing the postcode lottery which hinders the employment of peer support staff, support from whom is an important component in a prisoner's recovery journey. (Conclusion, Paragraph 148)

207. The MoJ and NHS England, or its successor, should jointly fund and commission dedicated research into effective clinical treatments and psychosocial interventions for new psychoactive substances and synthetic opioids. Currently there is a lack of evidence-based approaches to determine the prevalence of these drugs and the harm posed by them. (Recommendation, Paragraph 151)

208. HMPPS and NHS England, or its successor, must urgently establish a national framework based on evidence which must be applied consistently to every Incentivised Substance-Free Living (ISFL) unit across the prison estate. HMPPS must also urgently develop and implement clear, measurable criteria for ISFL success, ensuring comprehensive data is collected and publicly reported. Metrics must move beyond simple compliance to include outcomes like reduced post-release relapse, engagement in long-term treatment and reductions in violence and self-harm within the unit. Given the scale of drug use in prisons, we support Dame Carol Black's recommendation that ISFLs should be rolled out in all prisons. (Recommendation, Paragraph 158)

Conclusion

209. The ability of HMPPS to maintain safety and control, and offer effective rehabilitation, is being critically undermined because the trade and use of illicit drugs in our prisons has reached endemic levels. Fuelled by inflated profits, the supply of drugs by Organised Criminal Gangs into prisons is a constant pressure; this is compounded by failures to address and reduce the underlying demand. The introduction of highly potent New Psychoactive

Substances is driving alarming increases in violence, debt, and fatal overdoses, with the current testing regime failing to keep pace. Without urgent reform that addresses both the profitable supply networks and the discrepancies in treatment provision, the prison estate will remain unstable, unsafe and incapable of gaining control over the drugs crisis. (Conclusion, Paragraph 159)

Annex: Table and map of prisons in England and Wales, including prison population and Incentivised Substance-Free Living units

Prison population: September 2025

Prison Name	Prison category / function	Baseline CNA	In Use CNA	Operational Capacity	Population	ISFLs
Altcourse	Reception	790	790	1194	1108	Yes
Ashfield	Cat C	416	416	416	415	Yes
Askham Grange	Female	128	128	128	82	No
Aylesbury	Cat C	402	402	402	381	Yes
Bedford	Reception	260	260	421	383	No
Belmarsh	High Security	809	810	773	676	Yes
Berwyn	Cat C	2050	2049	2000	1912	Yes
Birmingham	Reception	1099	772	997	995	Yes
Brinsford	Cat C	532	532	577	544	Yes
Bristol	Reception	426	411	580	541	Yes
Brixton	Cat C	530	530	723	656	Yes
Bronzefield	Female	527	527	527	499	Yes
Buckley Hall	Cat C	409	409	469	463	Yes
Bullingdon	Reception	867	867	1112	1057	Yes
Bure	Cat C	604	604	643	639	No
Cardiff	Reception	538	527	779	677	Yes
Channings Wood	Cat C	688	685	746	721	Yes
Chelmsford	Reception	533	490	660	654	Yes
Coldingley	Cat C	559	469	513	507	Yes
Cookham Wood	Cat C	180	166	84	82	No
Dartmoor	Cat C	640	0	0	0	No
Deerbolt	Cat C	529	474	490	476	Yes

Doncaster	Reception	738	738	1145	1076	Yes
Dovegate	Cat B	1060	1060	1160	1149	Yes
Downview	Female	356	356	352	312	Yes
Drake Hall	Female	339	339	340	321	Yes
Durham	Reception	602	561	985	980	Yes
East Sutton Park	Female	137	106	100	86	No
Eastwood Park	Female	403	383	415	335	Yes
Elmley (Sheppey)	Reception	1007	1007	1043	1013	Yes
Erlestoke	Cat C	480	480	512	501	Yes
Exeter	Reception	307	193	310	276	No
Featherstone	Cat C	671	671	674	647	Yes
Feltham	Feltham B – Cat C Feltham A – YCS YOI	732	646	604	557	Yes
Five Wells	Cat C	1715	1715	1715	1670	No
Ford	Open	389	389	389	384	Yes
Forest Bank	Reception	1061	1052	1470	1464	Yes
Fosse Way	Cat C	1715	1715	1715	1698	No
Foston Hall	Female	290	290	324	291	Yes
Frankland	High Security	889	885	846	816	No
Full Sutton	High Security	660	631	594	577	No
Garth	Cat B	811	808	807	741	Yes
Gartree	Cat B	699	596	697	677	Yes
Grendon / Springhill	Cat B / Open	623	530	523	500	No
Guys Marsh	Cat C	476	432	511	492	Yes
Hatfield	Open	358	358	358	353	Yes
Haverigg	Open	550	499	499	489	No
Hewell	Reception	827	812	1094	1014	Yes
High Down	Cat C	1003	950	1133	1099	Yes
Highpoint (North and South)	Cat C	1303	1291	1310	1293	Yes
Hindley	Cat C	524	523	600	577	Yes
Hollesley Bay	Open	658	655	655	608	Yes
Holme House	Reception	1057	1006	1173	1117	Yes
Hull	Reception	722	681	981	908	Yes
Humber	Cat C	965	954	1079	971	Yes
Huntercombe	Cat C	409	409	520	487	No
Isis	Cat C	478	478	628	606	No
Isle of Wight	Cat B	1064	879	968	956	No
Kirkham	Open	661	661	579	567	No

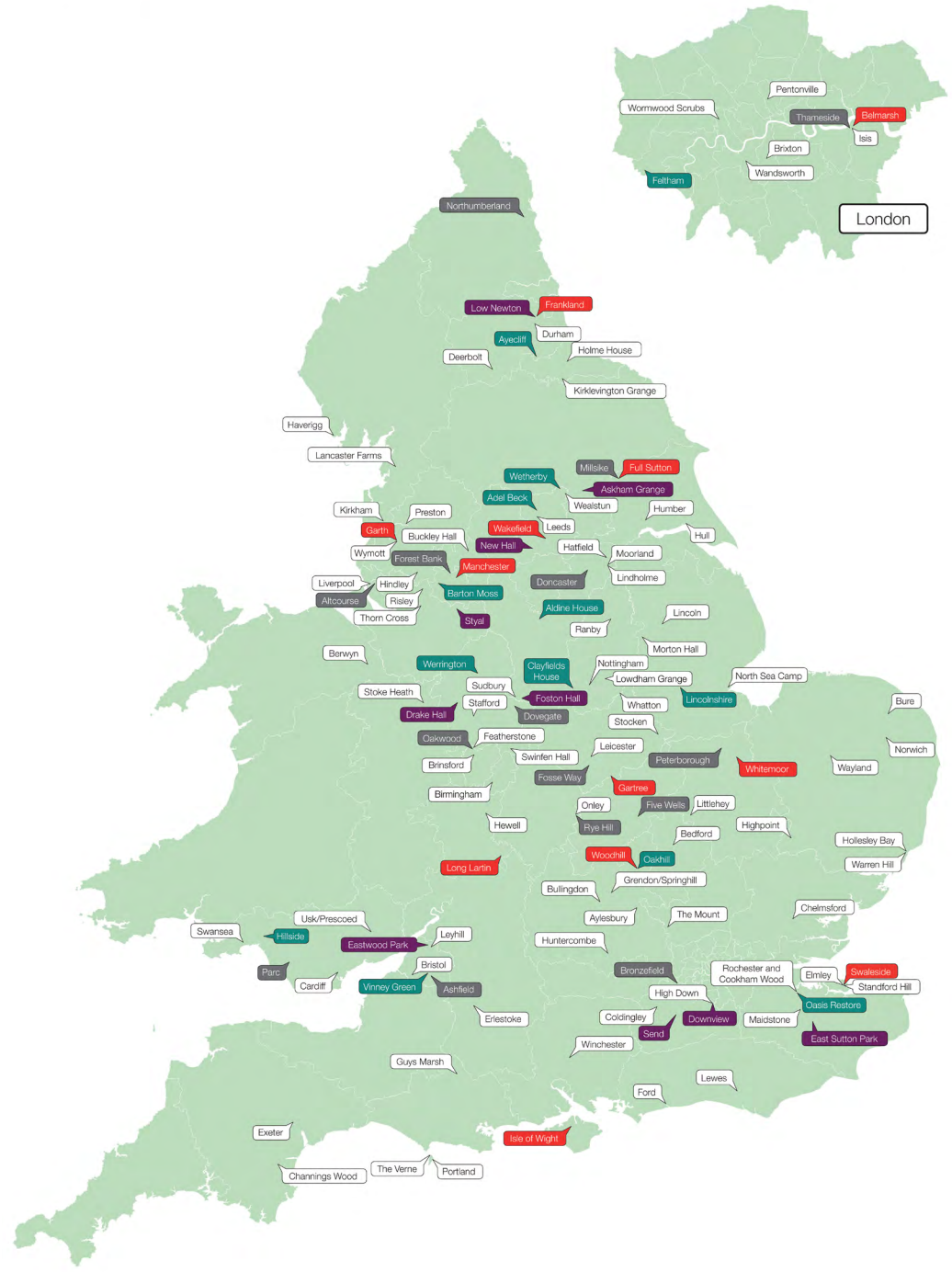
Kirklevington Grange	Open	327	187	207	201	No
Lancaster Farms	Cat C	495	495	560	542	Yes
Leeds	Reception	655	641	1110	1092	Yes
Leicester	Reception	217	211	332	326	No
Lewes	Reception	617	614	620	530	Yes
Leyhill	Open	488	476	474	465	Yes
Lincoln	Reception	408	376	583	509	No
Lindholme	Cat C	812	812	1010	1002	Yes
Littlehey	Cat C	1125	1125	1239	1234	No
Liverpool	Reception	1128	881	840	787	Yes
Long Lartin	High Security	658	653	537	512	Yes
Low Newton	Female	322	322	298	275	Yes
Lowdham Grange	Cat B	888	888	758	724	No
Maidstone	Cat C	567	559	552	535	No
Manchester	Cat B	696	696	651	605	Yes
Millsike	Cat C	1468	1468	744	718	No
Moorland	Cat C	1001	920	1013	1004	No
Morton Hall	Cat C	353	353	353	350	No
New Hall	Female	341	341	376	340	Yes
North Sea Camp	Open	300	300	300	297	No
Northumberland	Cat C	1388	1204	1236	1213	Yes
Norwich	Reception	631	631	792	727	No
Nottingham	Reception	724	719	950	928	No
Oakwood	STC	1628	1628	2134	2103	No
Onley	Cat C	714	714	742	723	Yes
Parc	Cat C Parc YPU – YCS YOI	1559	1559	1849	1800	Yes
Pentonville	Reception	928	905	1205	1197	Yes
Peterborough (Male & Female)	Reception / Female	1106	1097	1304	1256	Yes
Portland	Cat C	463	458	537	533	Yes
Preston	Reception	426	426	680	664	Yes
Ranby	Cat C	919	917	1092	1045	Yes
Risley	Cat C	1061	952	1034	1030	Yes
Rochester	Cat C	862	759	766	732	Yes
Rye Hill	Cat C	1058	1058	1122	1110	No
Send	Female	266	232	255	241	Yes
Stafford	Cat C	753	761	761	758	Yes
Standford Hill (Sheppey)	Open	464	464	464	422	No

Stocken	Cat C	1188	1188	1285	1241	Yes
Stoke Heath	Cat C	662	662	762	732	Yes
Styal	Female	469	453	454	408	Yes
Sudbury	Open	755	661	661	547	Yes
Swaleside (Sheppey)	Cat B	1112	985	940	922	Yes
Swansea	Reception	260	255	447	365	Yes
Swinfen Hall	Cat C	604	604	624	618	Yes
Thameside	Reception	926	926	1232	1213	Yes
The Mount	Cat C	1009	1006	1048	1016	Yes
The Verne	Cat C	600	600	647	646	Yes
Thorn Cross	Open	429	429	429	428	Yes
Usk / Prescoed	Cat C / Open	419	373	536	522	Yes
Wakefield	High Security	750	750	648	620	No
Wandsworth	Reception	979	883	1478	1466	Yes
Warren Hill	Cat C	269	267	250	245	Yes
Wayland	Cat C	908	847	863	844	Yes
Wealstun	Cat C	850	849	920	892	Yes
Werrington	YCS YOI	118	118	118	86	No
Wetherby	YCS YOI	318	276	276	97	No
Whatton	Cat C	770	746	835	834	No
Whitemoor	High Security	473	458	458	450	No
Winchester	Reception	455	455	658	647	Yes
Woodhill	Cat B	647	633	586	553	
Wormwood Scrubs	Reception	1183	1106	1208	1157	Yes
Wymott	Cat C	1179	1179	1192	1181	No
Total		**85403**	**81568**	**89437**	**87336**	

CNA – Certified Normal Accommodation: The number of prisoners a prison can hold in in-use cells without being crowded

ISFLs – Incentivised Substance-Free Living Units

Prisons map



Last updated: May 2025

Source: Ministry of Justice

Youth Custody Service

Executive Director:

Deputy Director of Operations:

Public Youth Custody Estate

HMP & YOI Feltham
HMYOI Werrington
HMYOI Wetherby

Contracted Youth Custody Estate

Oakhill STC
HMP & YOI Parc

Secure Children's Home

Adel Beck
Aldine House
Ayecliff
Barton Moss
Clayfields House
Hillside
Lincolnshire
Vinney Green

Secure School

Oasis Restore

Women

Prison Group Director: Carlene Dixon

HMP/YOI Askham Grange
HMP/YOI Drake Hall
HMP/YOI Downview
HMP/YOI East Sutton Park
HMP/YOI Eastwood Park
HMP/YOI Foston Hall
HMP/YOI Low Newton
HMP/YOI Send
HMP/YOI Styal
HMP/YOI New Hall

Contracted

Deputy Director: Jamie Bennett

HMP/YOI Altcourse
HMP Ashfield
HMP/YOI Bronzefield (F)
HMP/YOI Doncaster
HMP Dovegate
HMP Five Wells
HMP Fosse Way
HMP/YOI Forest Bank
HMP Millsike
HMP Northumberland
HMP Oakwood
HMP/YOI Peterborough (M/F)
HMP Rye Hill
HMP Thameside

Long Term / High Security

Executive Director:

Ed Cornmell

North PGD Gavin O'Malley

HMP Frankland
HMP Full Sutton
HMP Garth
HMP Gartree
HMP Lowdham Grange
HMP/YOI Manchester
HMP Wakefield

South PGD: Hannah Lane

HMP/YOI Belmarsh
HMP Isle of Wight
HMP Long Lartin
HMP Swaleside
HMP Whitemoor
HMP/YOI Woodhill

Hertfordshire, Essex & Suffolk Group

Prison Group Director: Simon Cartwright

HMP Chelmsford
HMP Highpoint
HMP & YOI Hollesley Bay
HMP The Mount
HMP & YOI Warren Hill

Kent, Surrey & Sussex

Prison Group Director: James Lucas

HMP Coldingley
HMP/YOI Elmley
HMP Ford
HMP Lewes
HMP Maidstone
HMP/YOI Rochester and Cookkham Wood
HMP Standford Hill

London

Prison Group Director: Ian Blakeman

HMP Brixton
HMP & YOI High Down
HMP/YOI Isis
HMP/YOI Pentonville
HMP Wandsworth
HMP/YOI Wormwood Scrubs

Devon & North Dorset

Prison Group Director: Paul Woods

HMP Channings Wood
HMP/YOI Exeter
HMP Guys Marsh

Cumbria & Lancashire

Prison Group Director: Adam Dobson

HMP Haverigg
HMP Kirkham
HMP Lancaster Farms
HMP & YOI Preston
HMP Wymott

Yorkshire

Prison Group Director: Dan Cooper

HMP/YOI Hatfield
HMP/YOI Hull
HMP Humber
HMP Leeds
HMP Lindholme
HMP/YOI Moorland
HMP Wealstun

East Midlands

Prison Group Director: Paul Cawkwell

HMP Leicester
HMP/YOI Lincoln
HMP Morton Hall
HMP North Sea Camp
HMP/YOI Nottingham
HMP Onley
HMP Ranby
HMP Stocken
HMP Whatton

Avon, South Dorset and Wiltshire

Prison Group Director: Paul Woods

HMP Bristol
HMP Erlestoke
HMP Leyhill
HMP/YOI Portland
HMP The Verne

Wales

Executive Director: Ian Barrow

Prison Group Director: Giles Mason

HMP Berwyn
HMP/YOI Cardiff
HMP/YOI Swansea
HMP Usk &
HMP/YOI Prescoed

Contracted:

HMP/YOI Parc

Greater Manchester, Merseyside & Cheshire

Prison Group Director: Mark Livingston

HMP Buckley Hall
HMP/YOI Hindley
HMP Liverpool
HMP Risley
HMP/YOI Thorn Cross

West Midlands

Prison Group Director: Mark Greenhaf

HMP Birmingham
HMP/YOI Brinsford
HMP Featherstone
HMP Hewell
HMP Stafford
HMP/YOI Stoke Heath
HMP & YOI Sudbury
HMP/YOI Swinfen Hall

North East

PGD: Simon Walters + Matt Spencer

HMYOI Deerbolt
HMP Durham
HMP Holme House
HMP Kirklevington Grange

Bedfordshire, Cambridgeshire & Norfolk

Prison Group Director: Gary Monaghan

HMP & YOI Bedford
HMP Bure
HMP Littlehey
HMP & YOI Norwich
HMP Wayland

South Central

Prison Group Director: Laura Sapwell

HMP Aylesbury
HMP/YOI Bullingdon
HMP Grendon/Springhill
HMP Huntercombe
HMP Winchester

His Majesty's Prison (HMP)
Young Offenders Institution (YOI)
Male (M)
Female (F)
Secure Training Centre (STC)

Source: Ministry of Justice

Formal minutes

Wednesday 22 October 2025

Members present

Andy Slaughter, in the Chair

Matt Bishop

Linsey Farnsworth

Sir Ashley Fox

Warinder Juss

Tessa Munt

Mrs Sarah Russell

Tackling the drugs crisis in our prisons

Draft Report (*Tackling the drugs crisis in our prisons*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 159 read and agreed to.

Summary agreed to.

Annex agreed to.

Resolved, That the Report be the Sixth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available (Standing Order no.134).

Adjournment

Adjourned till Tuesday 28 October 2025 at 2pm.

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the inquiry publications page of the Committee's website.

Tuesday 25 February 2025

Dame Carol Black, Independent Government Advisor;
Elisabeth Davies, National Chair, Independent Monitoring Boards (IMB);
Charlie Taylor, Chief Inspector, HM Inspectorate of Prisons Q1-26

Babafemi Dada, Governor, HMP Long Lartin;
Rob Luxford, Governor, HMP Liverpool;
Natalie McKee, Governor, HMP Hindley Q27-44

Tuesday 10 June 2025

Kate Davies, Director of Health and Justice, Armed Forces and Sexual Assault Services Commissioning, NHS England; **Dr Russell Green,** Medical Director for Health in Justice, Practice Plus Group Q241-272

Dr Will Haydock, Executive Director of Policy and External Affairs, Collective Voice; **Mike Trace,** CEO, The Forward Trust Q273-297

Tuesday 8 July 2025

The Lord Timpson OBE DL, Minister for Prisons, Probation and Reducing Reoffending, Ministry of Justice; **Matt Grey**, Executive Director for Rehabilitation, HM Prison and Probation Service; **Richard Vince CBE**, Executive Director for Security, HM Prison and Probation Service Q45-89

Published written evidence

The following written evidence was received and can be viewed on the inquiry publications page of the Committee's website.

TDP numbers are generated by the evidence processing system and so may not be complete.

1	Abbott, Dr Mia Jane (Lecturer, University of Staffordshire); Davidson, Dr Alison (Technical Specialist in Analytical Chemistry, University of Staffordshire); and Dunnett, Dr Jodie (Senior Lecturer, University of Staffordshire)	TDP0017
2	Adams, Margaret (Director, Magistra)	TDP0007
3	Anonymised	TDP0031
4	Anonymised	TDP0010
5	Association of Police & Crime Commissioners	TDP0020
6	Black, Dame Carol (Dame Carol Black, Independent Advisor to the Government on Drugs)	TDP0028
7	Camurus Ltd.	TDP0015
8	Change Grow Live	TDP0011
9	Clements, Dr. Andrew (Senior Lecturer, Aston University); and Kinman, Professor Gail (Professor of Occupational Health Psychology, Birkbeck, University of London)	TDP0004
10	Clinks	TDP0027
11	Collective Voice	TDP0012
12	Duke, Professor Karen (Professor of Criminology, Drug and Alcohol Research Centre, Middlesex University); and MacGregor, Professor Susanne (Honorary Professor, London School of Hygiene and Tropical Medicine)	TDP0005
13	Durham Police and Crime Commissioners office on behalf of PCC Joy Allen	TDP0019
14	Gooch, Dr Kate (Senior Lecturer in Criminology, University of Bath)	TDP0022
15	INQUEST; Release; and DPSC	TDP0026
16	Independent Advisory Panel on Deaths in Custody	TDP0013

17	Independent monitoring boards	TDP0018
18	Lived Expert	TDP0029
19	Market Bosworth Consultants Ltd	TDP0002
20	Ministry of Justice; and Department of Health and Social Care (DHSC)	TDP0030
21	Phoenix Futures	TDP0024
22	Prison Reform Trust	TDP0014
23	Prisons and Probation Ombudsman	TDP0016
24	Revolving Doors	TDP0003
25	Serco Group Ltd	TDP0023
26	Taylor, Charlie (HM Chief Inspector of Prisons, His Majesty's Inspectorate of Prisons)	TDP0025
27	University College Union (UCU)	TDP0008
28	University of Derby	TDP0006
29	bridge, Ms Elizabeth (Chair of Trustees, Wandsworth Prison Welfare Trust)	TDP0009

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee's website.

Session 2024–26

Number	Title	Reference
2nd Special	Work of the County Court: Government Response	HC 1387
5th	Appointment of the Standing Advocate	HC 1196
4th	Work of the County Court	HC 677
3rd	Leadership of the Criminal Cases Review Commission	HC 749
2nd	Appointment of the Chief Inspector of HM Crown Prosecution Service Inspectorate	HC 578
1st	Appointment of the Chair of the Independent Monitoring Authority for the Citizens' Rights Agreements	HC 485
1st Special	The constitutional relationship with the Crown Dependencies: Government Response	HC 582