

Call for Views

INQUIRY INTO TACKLING HARM CAUSED BY SUBSTANCE MISUSE IN SCOTTISH PRISONS

How drugs and other substances get into prisons

Q1: How do drugs and other substances get into Scottish prisons? (For example: through the mail, using drones, being smuggled in by visitors or staff.) Who is mainly responsible for bringing them in (for example: organised crime groups)?

Q2: Are the current steps taken to find and stop drugs getting into prisons working well? What's working, and what isn't?

Q3: What else could be done to make it harder for drugs and other illegal substances to get into prisons?

Q4: What are the best ways to reduce the use of drugs and other substances by people in prison?

Impact of drugs and other substances in prisons

Q5: What are the main health risks linked to drug use in prison – especially newer synthetic drugs?

Q6: Aside from health problems, what other effects does drug use have on people in prison?

Q7: How does drug use affect safety inside prisons – for both prisoners and staff?

Q8: What extra support or action could help make prisons safer and reduce the harm caused by drugs and other substances?

Support for people affected

Q9: How does someone using drugs in prison affect their own life, their family, and what happens when they're released?

Q10: If you have a family member in prison, what support (if any) have you had to stay in touch with them?

Q11: Have you or your family experienced stigma, discrimination or been treated unfairly because of drug use in prison?

Q12: If you've used drugs while in prison, what help have you had for your recovery, mental health, or to get ready for life after prison?

Rehabilitation and support for people using drugs in prison

Q13: How easy is it to access help for drug or substance problems in prison? Is that support working well?

Q14: What part should treatment with medication (such as methadone) and harm reduction approaches (like needle exchange) play in helping people in prison?

Q15: From your experience, are the Medication-Assisted Treatment (MAT) Standards being fully followed in prisons?

Q16: How can mental health and addiction support services work better together in the prison system?

Support after release from prison (throughcare and aftercare)

Q17: What are the biggest challenges people face after leaving prison – especially when trying to recover from drug use or stay safe?

- Returning to previous environment - in cases where an individual's community environment contributed to their incarceration, returning to that same community is likely to present challenges relating to peer pressure/peer behaviour from those with drug dependencies.
- Continuity of treatment for drug use - ensuring that treatment started in prison is continued in the community without interruption so that individuals are not put in a vulnerable position where they may access street drugs and be at increased risk of overdose.
- Not having adequate supports - some individuals may not engage with supports offered when they transition from prison to community.
- Appointments pressures - people often have many issues they need to attend to on their day of release for example, securing housing and welfare benefits in addition to managing their healthcare needs. Attending numerous appointments in a short space of time can be overwhelming, particularly where an individual is navigating their rehabilitation without community support. Many services operate on an appointment only basis where motivation and willingness to engage are measured by appointment attendance; those arrangements place pressure on individuals who may struggle to cope, increasing their risk.
- Unidentified drug dependency - individuals may have used illicit drugs in prison and developed a dependency while serving their sentence. If the dependency is not identified in custody, the individual will be at a greater risk on release.
- Reduced tolerance for drugs/increased risk of overdose – individuals may develop a reduced tolerance for certain drugs while in prison and are therefore at greater risk of accidental overdose/drug related death on release.
- Accessing GP services – due to challenges accessing local community GP services particularly for those who are homeless, individuals looking to access immediate healthcare/GP services on release in Edinburgh are likely to attend at The Access Place. Due to the many people with complex needs accessing this facility simultaneously, individuals attending may be at greater risk to themselves and/or others.
- Accessing healthcare - people in recovery or with a drug dependency may have poor physical and mental health and face challenges accessing the treatments they need e.g. waiting lists for mental health supports.
- Accessing benefits – people cannot submit a benefits claim in advance in preparation for their release. Rather they must wait until they have been liberated

to the community before making a claim which places additional pressure on individuals with limited/no resources.

- Housing challenges – people in prison who intend to present as homeless on release to Edinburgh are encouraged to engage with housing supports prior to their liberation. However, despite proactively engaging with supports, individuals are not guaranteed a bed space and may have to access emergency out of hours services such as Streetwork. The uncertainty around accommodation may cause individuals to gravitate towards situations where they and/or their recovery are put at greater risk. Additionally, individuals who are homeless and living on the streets are also vulnerable to exploitation. Individuals without an address may also face additional challenges claiming certain benefits.
- Risk of reoffending – individuals may be tempted to reoffend/become involved in serious and organised crime particularly if they have outstanding drug debt.

Q18: Are the services that help people after prison release working well, and if not, how could they be improved?

- Please also see answers under Q17
- Certainty and confidence for the future - people should be provided with a degree of certainty in relation to their housing and benefits on liberation. The shortage of affordable housing and benefits system processes do not currently facilitate this.
- Access to mental health/other supports – swifter/wider access to mental health supports is needed to assist people who lack positive support networks that help provide structure and purpose to their day/life. Without those everyday life supports people with a drug dependency or in recovery are at greater risk.
- Drug testing in the community – some people on statutory orders are required to undergo drug tests as a condition of their parole. Edinburgh faces challenges in getting people tested as there is no national arrangement in place to facilitate this. The Council's justice services rely on its Drug Treatment and Testing Order (DTTO) service which is not set up for this purpose.

Q19: What more could be done to make sure people still get the support they need with substance use after leaving prison?

- Please see answers under Q17 and 18

Learning from other countries

Q20: Are there examples from other countries that show a better way to deal with drug use in prisons? What can Scotland learn from them?

Other views

Q21: Is there anything else you'd like to say about drug and substance use in prisons, or how it affects people?

- SPS resources need to be improved – SPS do not have resources to deliver the supports and prison programmes required. People in prison would benefit from and should have access to supports that help them cope with trauma, fear, and other issues. They should also have access to activities, educational supports and coping strategies given that some people become conditioned to prison routine

and struggle with boredom and purpose in life when released which places them at greater risk. Some establishments may have a range of initiatives to support people however those are not routinely funded with availability dependent on the individual prison governor's preferences.

- Make prisons a trauma informed environment – people living in a trauma informed, more supportive environment would be less likely to use substances as a coping mechanism.
- Reduce the use of short-term sentences – many people in prison are serving a short-term sentence or are on remand when community-based alternatives to support them exist. This pattern is placing immense resource pressure on the prison estate and having a negative impact on everyone in custody as people are unable to access the supports they need to prepare them for a life outside.