RCGP SCOTLAND

Scottish Parliament Criminal Justice Committee

Inquiry into the harm caused by substance misuse in Scottish Prisons

1. 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)?

Please provide your response in the box provided.

The Royal College of General Practitioners (RCGP) Scotland welcomes the opportunity to contribute to this consultation. As the main membership body for general practitioners in Scotland we exist to promote and maintain the highest standards of patient care.

Since the transfer of responsibility for healthcare in prisons from the Scottish Prison Service (SPS) to the National Health Service (NHS) in 2011, healthcare services - including general practice - have been delivered by the local health boards in which each prison is situated.

People in custody are entitled to the same standard of healthcare as those in the wider community. This includes access to general practice services, as well as specialist support for mental health, wellbeing, and substance misuse. In July 2018, RCGP published a position statement on Equivalence of care in Secure Environments in the UK which committed the College to supporting the delivery of health care to prisoners and detainees that is of the highest possible standards and 'equivalent' to that provided in the wider community. [1]

As a membership organisation, RCGP Scotland is responding to this consultation to support the Criminal Justice Committee's consideration of substance misuse within the prison system. Our response reflects the perspectives and concerns of general practitioners working in prison settings and will focus specifically on matters relevant to general practice and the role of GPs in delivering care to this population.

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

Please provide your response in the box provided.

NA.

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

Please provide your response in the box provided.

NA.

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

Please use this textbox to provide your answer.

In 2019, the SPS recognised the need to revise its approach to drug testing at the point of prisoner reception, in response to evolving patterns of drug use. As a result, Drug Trend Testing was introduced in 2021/22 across 12 prisons in Scotland that receive direct admissions from court, including private facilities. [2]

During 2021/22, a total of 769 drug tests were conducted at the point of prisoner reception. Of these, 77% returned positive results for drugs, including those prescribed as part of a treatment programme. Notably, 73% tested positive for illicit substances, including the non-prescribed use of prescription medications.

The most commonly detected substances at reception were:

- Cannabis – 46%
- Cocaine – 37%
- Opiates – 28%
- Benzodiazepines – 28%

At the point of liberation, 259 tests were conducted in the same year. Of these, 53% were positive for drugs (including prescribed treatments), and 29% were positive for illicit substances. The most frequently detected illicit drugs at liberation were:

- Buprenorphine – 10%
- Benzodiazepines – 10%
- Opiates – 7%
- Methadone – 6%

The rising number of drug-related deaths in Scottish prisons underscores the scale of substance misuse within the prison system and highlights the urgent need for evidence-based treatment and intervention strategies. [3] We note that from 2017 onwards, infusion of drugs onto papers or clothing has been increasingly used as a mode to smuggle drugs into prisons, particularly new psychoactive substances. The absorption of substances onto these surfaces can be variable and poses a risk of unintentional overdose to prisoners. [4]

It is essential that individuals with substance misuse issues are promptly identified upon entry into custody and provided with appropriate medical treatment, psychosocial support, and harm reduction measures. Much of this work would benefit from GP involvement at some stage.

We note that the Scottish Deep End's report on prison health, May 2022, identified that GPs working in prison settings reported that clinics were often squeezed into short time frames amongst other competing scheduled and unscheduled tasks such as parole reports and medical emergencies. Longer consultations would allow GPs to better evaluate and support prisoners with substance misuse problems. [5]

In May 2021, the Medication Assisted Treatment (MAT) Standards were published in response to Scotland's record-high number of drug-related deaths. Developed by the Drug Deaths Taskforce, the MAT Standards aim to reduce harm, prevent deaths, and support recovery from substance misuse. [6]

These standards are grounded in robust clinical evidence demonstrating that opioid substitution therapies, such as methadone, significantly improve health outcomes for individuals with opioid dependence.

Key standards include:

- Standard 1: Same Day Access
  "All people accessing services have the option to start MAT from the same day of presentation." NHS Boards are expected to ensure the availability of competent practitioners who can confirm dependence and initiate same-day prescribing. These practitioners should be accessible in community settings, prisons, and custody suites at least five days per week.

- Standard 5: Retention
  "All people will receive support to remain in treatment for as long as requested." This standard recognises the importance of continuity of care, particularly during critical transitions such as release from prison or discharge from hospital.

RCGP Scotland is concerned that high turnover of GPs and other healthcare professionals and persistent workforce shortages within the prison estate are undermining the consistent implementation of the MAT Standards. Addressing these workforce challenges is essential to improving outcomes for individuals with opioid dependence in custody.

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

Please provide your response in the box provided.

Drug use within the prison environment presents a range of serious health risks. These include the potential for overdose and death, transmission of blood-borne viruses (BBV) such as hepatitis C and B and HIV, as well as physical complications including skin infections, deep vein thrombosis, respiratory issues, and significant mental health challenges.

In 2014–15, the use of new psychoactive substances (NPS) was identified as an emerging trend in prisons across Europe. These substances are associated with a wide spectrum of mental health risks, including psychosis, suicidal ideation, aggressive behaviour, and acute intoxication. [7]

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

Please provide your response in the box provided.

NA.

7. How does drug use affect safety inside prisons – for both prisoners and staff?

Please provide your response in the box provided.

NA.

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

Please use this textbox to provide your answer.

Drug use continues to be heavily stigmatised and is often approached as a disciplinary matter rather than a health concern. This perspective can discourage individuals in prison from seeking support for substance misuse.

RCGP Scotland believes that addressing the stigma associated with substance misuse is essential and this includes challenging the attitudes of some prison staff. Creating a more supportive and non-judgemental environment is key to encouraging individuals in custody to come forward and access the help they need.

As previously highlighted, persistent GP workforce shortages and high turnover rates within the prison healthcare system significantly undermine both the continuity of care and the overall wellbeing of individuals in custody, particularly those with substance misuse issues.

We believe that fully resourcing substance misuse healthcare teams, alongside efforts to retain experienced staff, would substantially improve service delivery. Strengthening collaboration with local substance misuse services would also help ensure the involvement of senior clinicians in the care of prisoners.

RCGP Scotland supports the full implementation of the MAT standards within the prison estate. This should be complemented by enhanced psychological interventions to provide holistic support for individuals affected by substance misuse. In addition, the involvement of peers with lived experience and third sector organisations may offer valuable support and contribute to more effective rehabilitation outcomes.

Reducing the harms associated with drug misuse also requires addressing the disproportionately high prevalence of blood-borne viruses (BBVs) among the prison population. A 2011 study reported a hepatitis C prevalence of 19% in prisons, substantially higher than the estimated 0.17% prevalence in the general UK population. We note that Public Health Scotland recommends opt-out BBV testing for all individuals entering custody, with annual testing for those serving sentences longer than 12 months. Immunisation against hepatitis B should also be considered as part of a comprehensive public health approach within the prison setting. [8]

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

Please use this textbox to provide your answer.

NA.

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

Please use this textbox to provide your answer.

NA.

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

Please use this textbox to provide your answer.

NA.

12. 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?

Please use this textbox to provide your answer.

NA.

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

Please use this textbox to provide your answer

NA.

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

Please use this textbox to provide your answer.

As previously stated, RCGP Scotland recognises the important role that methadone treatment can play in supporting individuals in custody with opioid dependency, particularly when delivered alongside a range of complementary interventions. Evidence suggests that the introduction of prison-based opioid substitution therapy (OST) in Scotland has contributed to a significant reduction in drug-related deaths in the 12 weeks following release by approximately two-fifths. While causality cannot be definitively established, the study also found that individuals receiving OST in custody experienced a marked reduction in the risk of in-prison mortality.

We note that the treatment of patients with substance misuse problems in prison is an evolving landscape, with recent advancements in the use of Long-Acting Injectable Buprenorphine (LAIB). This approach in Scottish prisons has shown benefits when using a monthly injection of LAIB rather than daily supervised doses required with methadone or transmucosal buprenorphine - mitigating the potential risk of coercion to divert or misuse medication. [9]

Newly released individuals may face an elevated risk of relapse into high-risk heroin use. OST can provide a stabilising influence during this transition, supporting continuity of care and enabling bridging access to methadone prescriptions in the community. [10] There should not be a different standard of treatment availability for people with substance misuse problems in prisons compared with community settings.

Injecting Equipment Provision (IEP) within prisons is also a critical component of harm reduction, helping to prevent the transmission of BBVs among people who inject drugs. [11] [12] Confidential access to injecting equipment and related paraphernalia is vital to ensure uptake and to avoid deterring individuals from engaging with the service. IEP programmes also offer valuable opportunities for healthcare professionals to engage with prisoners who inject drugs, providing pathways to additional support services such as rehabilitation and OST.

RCGP Scotland notes the recommendations of the World Health Organization, the United Nations Office on Drugs and Crime, and UNAIDS, which advocate for the implementation of harm reduction measures in prison settings as an essential public health intervention. [13]

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

Please use this textbox to provide your answer.

Please refer to the answer provided to question 4. RCGP Scotland is concerned that high turnover of GPs and other healthcare professional staff within the prison system is hindering the effective implementation of the MAT standards. This includes delays in the timely assessment and initiation of treatment for individuals on entry into custody.

Strengthening links with local Health Board substance misuse teams, or even integrating prison healthcare services with these teams, may enhance the consistency and quality of MAT Standards delivery across the prison estate.

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

Please use this textbox to provide your answer.

As in the wider community, artificial divisions often exist between mental health services and those addressing substance misuse within the prison system. These structural barriers must be identified and dismantled to ensure that individuals with drug misuse issues have equitable access to general mental health services. A more integrated approach would support more effective, person-centred care for this vulnerable population.

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

Please use this textbox to provide your answer.

The period immediately following liberation from prison can be a particularly challenging time, as individuals navigate the transition back into the community. Communication between prison healthcare teams and community-based services, including general practitioners, substance misuse teams, and mental health providers, is often inadequate. This issue is especially pronounced when individuals are released directly from court, often with little notice, leaving minimal time for meaningful engagement between services and the individual prior to release.

This breakdown in communication significantly disrupts continuity of care and increases the risk of disengagement from essential health services. For individuals with a history of substance misuse, the point of liberation is a critical moment, as they are particularly vulnerable to relapse and overdose. [14] [15]

These challenges are further compounded by the severe housing crisis facing many prisoners upon release. A lack of stable accommodation often results in individuals having no fixed address, which not only limits their access to healthcare but also makes it difficult for GPs and other healthcare professionals to maintain contact and offer ongoing support. [16]

RCGP Scotland believes that as part of a structured transition from custody to the community, individuals should receive targeted health advice on the risks of relapse and overdose. Those with a history of opioid use should be provided with take-home Naloxone and receive appropriate training on its use. Scotland's National Naloxone Programme (NNP) has demonstrated significant success in reducing opioid-related deaths in the four weeks following release from prison, with a 36% reduction observed between 2011 and 2013, and a 50% reduction between 2011 and 2016. [17]

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

Please use this textbox to provide your answer.

See answer to question 17.

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

Please use this textbox to provide your answer.

See answer to question 17.

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

Please use this textbox to provide your answer.

NA.

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

Please use this textbox to provide your answer

NA.

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[1] RCGP Equivalence of care in Secure Environments in the UK
[2] ScotPHO – Drug Misuse and Treatment in Scottish Prisons
[3] The Scottish Centre for Crime & Justice Research – Mapping Drug Use, Interventions and Treatment Needs in Scottish Prisons: A literature review
[4] Changing trends in novel benzodiazepine use within Scottish prisons: detection, quantitation, prevalence, and modes of use
[5] Scottish Deep End Report 39 Prison Health
[6] Medication Assisted Treatment (MAT) standards: access, choice, support
[7] Towards better prepared prisons: monitoring and response to the use of new substances inside prisons
[8] Guidance to support opt-out blood borne virus (BBV) testing in Scottish prisons
[9] Patient Satisfaction and Resource Utilization Following Introduction of Long-Acting Injectable Buprenorphine (LAIB) in Scottish Prisons
[10] Impact of opioid substitution therapy for Scotland's prisoners on drug-related deaths soon after prisoner release
[11] HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions
[12] Prevention of transmission of HIV, hepatitis B virus, hepatitis C virus, and tuberculosis in prisoners
[13] Scottish Drugs Forum – New good practice on the provision of injecting equipment
[14] Barriers between offenders and primary health care after release from prison: a case study

[15] Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors
[16] Crisis: Healthcare inequality for people experiencing homelessness during and transitioning from prison
[17] Scottish Government: Learning from 25 years of preventative interventions in Scotland