The ACMD would like to invite you to submit both oral and written evidence as part of this Inquiry. We would request that written evidence is submitted by Friday 6th June 2014 and oral power-point presentation slides to be forwarded by 9th June 2014. Please forward your evidence to Mohammed Ali at: mohammed.ali8@homeoffice.gsi.gov.uk

Please confirm whether HMIP will be willing to take part in the Evidence Gathering Meeting/Inquiry on 12th June 2012. Please also confirm whether you intend to provide:

Oral evidence (power-point)	Written evidence	Both

We would appreciate if you could kindly address the below questions from a HMIP perspective within your oral and/or written evidence:

Submission to the Advisory Council on the Misuse of Drug's Inquiry on Diversion & Illicit Supply of Medicines

by Her Majesty's Inspectorate of Prisons

Introduction

1. We welcome the opportunity to submit information to the Advisory Council on the Misuse of Drug's Inquiry on Diversion and Illicit Supply of Medicines.

2. Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent inspectorate whose duties are primarily set out in section 5A of the Prison Act 1952. HMI Prisons has a statutory duty to report on conditions for and treatment of those in prisons, young offender institutions (YOIs) and immigration detention facilities. HMI Prisons also inspects court custody, police custody and customs custody (jointly with HM Inspectorate of Constabulary), and secure training centres (with Ofsted).

3. HMI Prisons coordinates, and is a member of, the UK's National Preventive Mechanism (NPM), the body established in compliance with the UK government's obligations arising from its status as a party to the UN Optional Protocol to the Convention Against Torture (OPCAT). The NPM's primary focus is the prevention of torture and ill treatment in all places of detention. Article 19 (c) of the Protocol sets out the NPM's powers to submit proposals concerning existing or draft legislation.

4. HMI Prisons inspect adult male prisons at least once every five years and immigration removal centres (IRCs) at least once every three years. All inspections are full and almost all are unannounced. The inspection of the treatment of, and conditions for prisoners and other detainees necessarily involves examining health care provision. To maximise the available expertise, the majority of our inspections are carried out with the assistance of partner organisations including the Care Quality Commission, Ofsted and the General Pharmaceutical Council. This coordinated approach to inspection reduces the burden on inspected organisations and allows us to develop a full picture of the custodial environment in which health is an integral part.

5. All inspections are carried out against our *Expectations* - independent criteria based on relevant international human rights standards and norms. Expectations are brigaded under four healthy prison tests: safety, respect, purposeful activity and resettlement. All our expectations are supported by a series of 'Indicators' which we would expect to see in place if the expectation is met although these do preclude an establishment demonstrating to us that the expectation is met in other ways.

6. On each inspection we carry out a survey of a randomly selected sample of prisoners to obtain their views and perceptions on all aspects of their life in the prison. These surveys have now been undertaken for many years and provide an opportunity for us to compare prisoners' views

in each establishment with both the previous inspection and comparable establishments.

7. Our answers are based on our inspection evidence and relevant research from the medical field.

Q.1 In your view, to what extent is diversion and illicit supply of medicines a problem in the UK?

Current situation in the UK

8. While there are no definitive figures on the number of prisoners who misuse drugs while detained, the fact that 70% of offenders report drug misuse prior to entering prison and 51% report a drug dependency gives some indication about the scale of the problem (Home Affairs Committee, 2012).

9. In 2009–10 2% (3,735) of those in drug treatment services reported their primary problem to be prescription-only or over-the-counter medication while a further 14% (28,775), whose primary dependency was illegal drugs, reported additional problems with prescribed or over-the-counter medication (NTA, 2011). Furthermore, 2% (1,297) of people newly presenting to alcohol treatment in 2009–10 cited additional problems with prescribed and over-the-counter medicines (NTA 2011). However, because most people who have issues with prescribed or over-the-counter medication are managed by their GP, with only the most complex cases presenting to specialist services, this makes it difficult to accurately assess prevalence (NTA, 2011 and Reay, 2009).

Her Majesty's Inspectorate of Prisons evidence

10. Her Majesty's Inspectorate of Prisons (HMI Prisons) has reported (HMI Prisons Annual Report 2010-11) that while the integrated drug treatment system (IDTS) improved treatment for opiate-dependent prisoners, it also resulted in some inadequately managed high-dose and long-term methadone prescribing. The government's 2010 drug strategy placed a focus on recovery and abstinence as the ultimate goal of drug treatment and some establishments responded by enforcing inflexible reduction regimes despite compelling evidence that effective opiate substitution treatment' supports recovery (NTA 2011). Inflexible prescribing can contribute to relapse and illicit use (Patel, 2010).

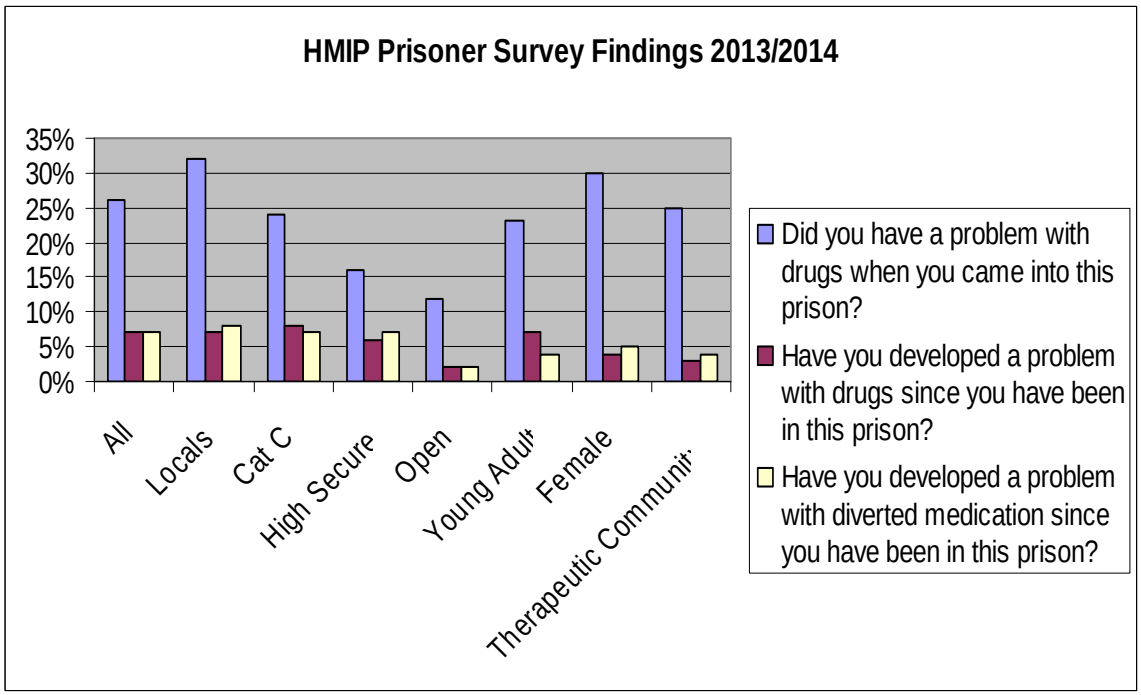
11. Since the introduction of IDTS, there has been a significant reduction in the illicit use of heroin in prisons. There has also been a shift in reported patterns of substance misuse in the community with a general decline in the use of opiates and crack cocaine and more reported use of new psychoactive substances (NPS) and abuse of prescription-only and over-the-counter medicines (NTA, 2013b and NTA, 2011). It is thought that this also impacts on prison patterns of substance misuse.

12. HMI Prisons has also highlighted a growing problem with diverted medication (HMI Prisons Annual Report 2011-12 and 2012-13). The primary medicines of abuse have been opiate-based painkillers, sedatives and psychiatric medication. In 2010-2011 the problem appeared to be primarily among high secure and vulnerable populations, however from 2011-2012 onwards it was a more mainstream problem. Because of this, since 2012, our prisoner survey has included a question asking adult prisoners if they have developed a problem with diverted medication in their current prison.

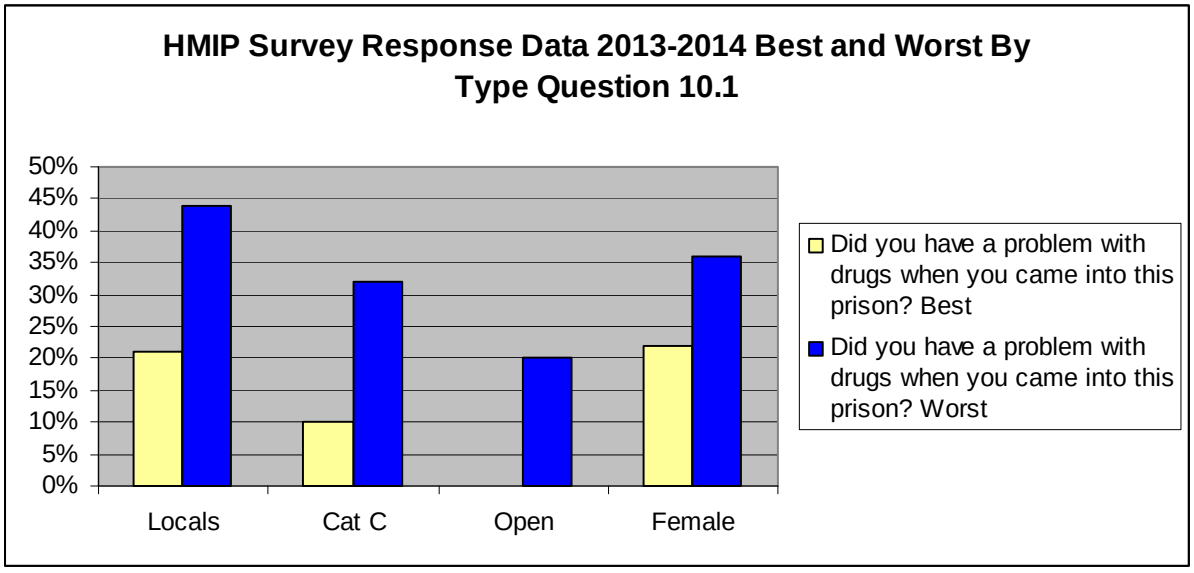
HMI Prisoner survey

13. In 2013-2014, HMI Prisons conducted a survey of prisoners in 45 adult establishments. The following tables illustrate a range of findings.

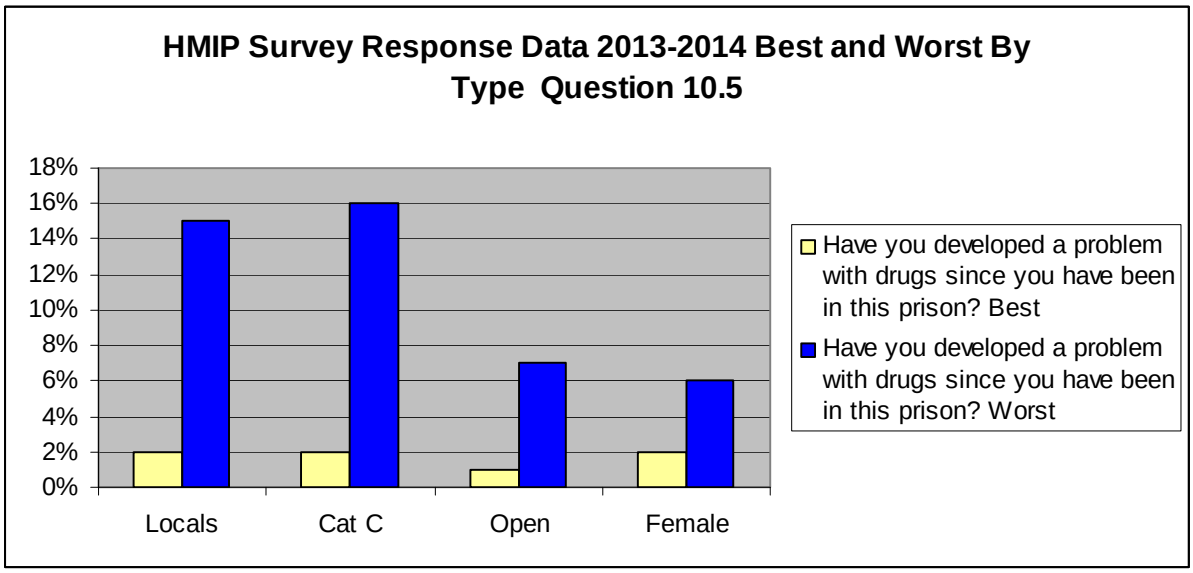
14. The table below shows the percentage of prisoners surveyed who reported developing a problem with illegal drugs and medications, comparing the different functional types of prison. It should be noted that these results are specific to the individual establishments and cannot be generalised across the estate.



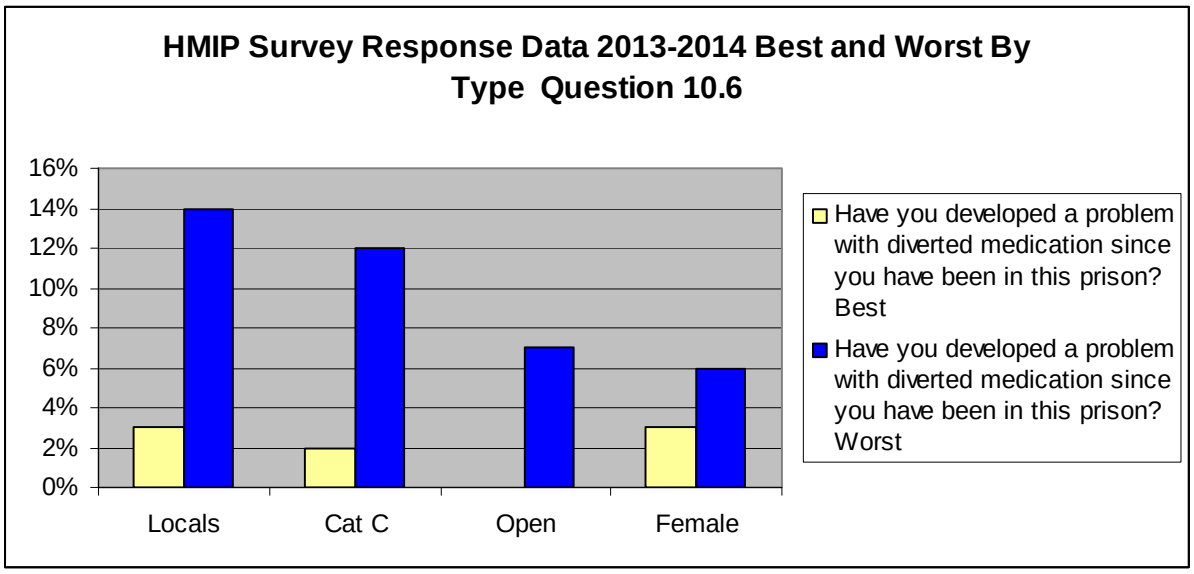
15. The table below indicates the lowest (best) and highest (worst) rate of positive answers to the question “did you have a problem with drugs when you came into this prison” among the prisoners surveyed in 2013-2014 in four different types of establishments:



16. The table below indicates the lowest (best) and highest (worst) rate of positive answers to the question “have you developed a problem with drugs since you have been in this prison” among prisoners surveyed in 2013-2014 in four different types of establishments:



17. The table below indicates the lowest (best) and highest (worst) rate of positive answers to the question "have you developed a problem with diverted medication since you have been in this prison?" among prisoners surveyed in 2013-2014 in four different types of establishments.



**Please note that these figures provide a snapshot of specific prisons at a specific time and cannot be generalised across all prisons.*

Fatal incidents

18. The Prisons and Probation Ombudsman (PPO) reported in 2011–2012 that 6% of all fatal incidents investigated were due to drug toxicity. Recurring factors in these deaths included:

- trading in prescribed or smuggled drugs;
- the hoarding of drugs for later use; and
- the combined effects of prescribed medication and illicit drug use (PPO, 2012a).

19. The PPO recommendations to reduce prison drug fatalities included:

- reviewing the medications prescribed to prisoners with known drug habits;
- improving the information sharing between prison prescribers to ensure that prisoners are not prescribed medications which can be fatal when taken together; and
- reducing the supply and use of illicit drugs within prisons.

20. The PPO has also highlighted recent increases in drug-related deaths among newly released prisoners – most of whom were found to be using diverted prescription medicines (PPO, 2012b). It recommended that staff at approved premises are made aware of the dangers of both mixed drug and methadone toxicity and to ensure medication is not kept in possession in contravention of the risk assessment. This would reduce the opportunity for the trade of prescription drugs.

21. It is extremely difficult to report accurately on actual prevalence of certain drugs as most prisoners do not self report and many of these drugs cannot be detected in Mandatory Drug Testing (MDT). Although some of these drugs can be detected in urine, MDT can only be used to test for illegal drugs. The National Offender Management Service has advised that Tramadol will be tested for under MDT once it becomes a Schedule 3 drug in June 2014. Compact-based drug testing (CBDT) can be used to test for a wider range of substances and was a useful indicator to inform supply reduction strategies, but funding cuts have resulted in CBDT rarely being available.

Identification of illicit drug use

22. HMI Prisons has warned that there have been potential missed opportunities to identify some illicit drug use due to slippage on suspicion and risk mandatory drug testing. In 2013-2014 the problem of suspicion testing either not occurring or being completed outside the time frame was an issue in 71% of male prisons and 50% of female prisons we inspected. Additionally 21% of adult male establishments inspected were not monitoring the non-completion of tests.

23. In our 2012-2013 annual report HMI Prisons highlighted that MDT positive results pointed to Buprenorphine (licensed opiate substitute) and cannabis rather than heroin as the primary drugs used. Some prisons have attempted to prevent the diversion of Buprenorphine (an effective licensed substitute) by not offering it as an option for opiate-dependent prisoners. However, this unacceptably inhibits recovery for some prisoners. Additionally, finds of Buprenorphine tend to be whole tablets, even in establishments where it is crushed, and even when not prescribed it is still found in MDT, indicating it is being smuggled in (Holme House).

24. HMI Prisons, Her Majesty's Inspectorate of Probation, Her Majesty's Inspectorate of Constabulary, the Care Quality Commission and Health Inspectorate Wales are currently undertaking a review of these issues to enable recommendations to be made in relation to both health care and security. We anticipate publishing our findings in 2015.

References

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- Reay G.(2009) *All-party parliamentary drugs misuse group. An inquiry into physical dependence and addiction to prescription and over-the-counter medication*. London: All-Party Parliamentary Drugs Misuse Group, 2009.

Q.2 Do you know of medicine diversion and illicit supply, and if so where are these medicines coming from?

25. Diverted medications have gained popularity because of their low cost, availability, perceived undetectability and guaranteed effect (Penfold et al., 2005; Plugge et al., 2009). The main source of these medications is believed to be through the diversion of medication that is supplied and administered in prison, although some medications are also being smuggled in various ways including visits, "over the wall", in the post, brought in by prisoners and corrupt staff (Blakey, 2008). Different prisons have different challenges due to factors including design, type of prison (open prisons have greater opportunities) and type of prisoner held. As part of Phase 2 of our thematic report into current patterns of substance misuse in prisons we are conducting interviews and a prisoner survey which looks at supply in more depth.

26. HMI Prisons has identified several factors contributing to medication diversion including:

    - high levels of prescribing of medications liable to abuse;
    - divertible medication inappropriately given to prisoners in possession; poor supervision of medication queues; and
    - a lack of secure in-cell storage for medications and an inadequate strategic approach to the problem.

27. HMI Prisons has also identified ongoing issues with prisoners arriving in prison who have been inappropriately prescribed medication. There has also been some inappropriate prescribing of medication in prisons. National guidance including the Royal College of General Practitioners guidance on Safer Prescribing in Prisons (2011) and NHS England joint guidance on pain management (2013) have improved practice in some areas. HMI Prisons has observed examples of good medicines management reducing diversion opportunities (Full Sutton) and effective joint working between security and health providers reducing diversion (Ryehill). Despite this, however, we continue to encounter issues surrounding the diversion of medication from within and outside the establishment in a significant number of the prisons that we inspect.

References

- Penfold, C., Turnbull, P. & Webster, R. (2005) *Tackling prison drug markets: an exploratory qualitative study.* Home Office Online Report 39/05

- *Blakey, D. (2008) Disrupting the supply of illicit drugs into prisons: A report for the Director General of National Offender Management Service*. [Online] Available at http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Good%20Practice/blakeyreport.pdf

Q.3 Which medicines/drugs do you consider are being diverted and supplied illicitly?

28. Finds, drug tests and reports from prisoners and staff suggest the most commonly misused medicines are:

    - Tramadol
    - Gabapentin
    - Pregabalin
    - Opiate-based analgesia
    - Quetiapine and other antipsychotics
    - Benzodiazepines
    - Mirtazepine
    - Amitriptyline
    - Night sedation
    - Buprenorphine

29. Prisoners rarely report wanting to get ‘high’ as a motivating factor for using drugs in prison (Turnbull, 2000). Depressants result in decreased awareness of surroundings, decreased alertness, a narcotic effect and blunted emotions, which prisoners reported to be preferable within a prison environment (Bullock, 2003).

30. Although this enquiry is focused on illicit supply of medicines it is important to note increasing reports of NPS use in prisons. In 2013/2014, NPS, specifically ‘Spice’ and ‘Black Mamba’ were cited as causes for concern at 14 (29%) of the adult male establishments HMI Prisons inspected, particularly local and Category D jails. Whilst many prisons had taken steps to promote awareness we highlighted the necessity for some establishments to provide prisoners and staff with accurate and up-to-date information on the acute health dangers associated with NPS.

References

- Bullock, T. (2003). 'Changing Levels of Drug Use Before, During and After Imprisonment,' in Ramsay, M. (Ed.) (2003). *Prisoners' Drug use and Treatment: Seven Research Studies*, Home Office Research Study 267. Home Office, London, pp. 23–48.

- Turnbull, P. J. (2000) 'The effect of prison on drug use' in Muscat, R. (Ed.) *Drug Use in Prison.* Strasbourg: Council of Europe Publishing.

Q.4 What problems have diversion and illicit supply of medicines caused for the public, patients and clinicians?

31. The problems associated with diverted and illicit medicines for prisoners include bullying, violence, drug debts, unexpected drug interactions and overdose. In our 2012–13 surveys of prisoners 4% of prisoners, across all functional types of prison, reported that they had been victimised by other prisoners because of their medication, and 3% stated that had been victimised because of drugs. In addition to potentially being bullied for their medication, prisoners can also end up in debt through purchasing medications and drugs from other prisoners which can lead to violence, self harming behaviour or recalcitrant behaviour intended to generate a prison transfer to escape the debt. There is also a risk of prisoners leaving prison with an untreated and unmanaged drug addiction which may generate increased risk of withdrawals, drug seeking behaviour or overdose upon release.

32. Clinicians have reported threats and in some instances actual violence related to prescribing. As stated above, some prisoners also arrive into prison having inappropriately been prescribed medication and the process for investigation, specialist advice and interventions and reviews can incur significant costs.

Q.5 What action should the healthcare and other relevant sectors take to resolve the issue of diversion and illicit supply of medicines?

- Drug testing that can respond promptly to changing patterns of use and detect the primary drugs reported. The fact that these drugs cannot be detected on MDT has been cited as a significant factor for some diverted medication and for NPS.
- Adequate resources to undertake Mandatory Drug Testing and Compact Based Drug Testing.
- Effective supply reduction strategies and accompanying action plans that adequately consider diverted medication.
- Effective communication and integration between prison departments including those responsible for security, health, substance misuse and residential.
- Regular spot checks of prisoners in possession of medication to ensure the amount they have in possession matches the quantity expected if it was taken as prescribed.
- 'In-possession' risk assessments which consider the drug type, the prisoner and the environment. These should be regularly reviewed.
- Strict medicine management guidelines to prevent diversion.
- Appropriate evidence-based prescribing and reviews in the community and prisons, including partnership working with substance misuse services where required.
- Access to pain specialists that understand the wider context and can give consistent appropriate timely support to prisoners with chronic pain.
- Effective medicine management committees that receive aggregated prescribing data and discuss prescribing trends.
- Auditing of prescribing.
- Reliable information for prisoners about the effects, risks and potential consequences of using diverted medication.
- Training staff about the signs, risks and potential consequences of medicines.
- Facilities for private drug administration in prisons – many prisons have facilities that lack privacy

meaning prescribing cannot be kept confidential.

- Discipline staff adequately supervising medication administration.
- Secure in-cell storage for prisoner medication.
- Targeted psychosocial support for prisoners who have developed a dependence on these substances.
- Appropriate management of other issues. Reports from prisoners and some speculation in the literature indicates that some misuse of diverted medication may be due to self medication of mental distress or physical symptoms such as pain or insomnia. Access to timely support to identify and address these issues is important.
- Adequate purposeful activity - boredom has been cited as a significant factor in some establishments.

Q.6 What action should the Government take to resolve the issues of diversion and illicit supply of medicines?

- Adequate resources to undertake Mandatory Drug Testing and Compact Based Drug Testing.
- Adequate resources for purposeful activity - boredom has been cited as a significant factor in some.
- A change in legislation to allow Mandatory Drug Testing to be used to test for medications/drugs that are reported as being used locally.
- Raising awareness of the risks of misusing medications.

Q.7 How prevalent is diversion and illicit supply of medicines, what are the demographics of users and is the trend rising or falling?

33. Please refer to the HMI Prisoner Survey graphs in question 1.

Majella Pearce **2nd June 2014**
Healthcare Inspector