



SCOTTISH RECOVERY CONSORTIUM

CRIMINAL JUSTICE COMMITTEE INQUIRY

ADDITIONAL EVIDENCE

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1. Introduction

On 4th June 2025, the Scottish Recovery Consortium (SRC) provided oral evidence to the Scottish Parliament's Justice Committee as part of its ongoing inquiry into drugs in prisons. During the session, Committee members requested additional information to support their deliberations and thinking. This document responds to that request by presenting relevant research, policy developments, and examples of practice that directly relate to the Committee's areas of focus.

The evidence presented here draws on a wide range of policy developments, research findings, and practice-based insights that directly relate to substance use and recovery within Scotland's prison system. It highlights innovative approaches, strategic frameworks, and service models that support recovery-oriented, trauma-informed, and rights-based care in custodial settings. This submission is designed to assist the Justice Committee in its inquiry by showcasing how current initiatives can inform effective responses to problematic substance use, improve outcomes for individuals in custody, and contribute to wider justice reform. It highlights the systemic challenges faced by individuals affected by substance use in custody and upon release, and outlines opportunities for embedding recovery-oriented, trauma-informed, and rights-based approaches within the justice system.

This submission is intended to support the Committee in shaping recommendations that are grounded in evidence, informed by lived experience, and aligned with Scotland's national strategies on recovery, mental health, and justice reform.

*It is important to note that some publications only identify 15 Scottish Prison Service establishments due to HMP Addiewell and HMP Kilmarnock being under the operational management of Sodexo at the time of publication. The Bella Centre and Lilies Centre were not operational until 2022. HMP Kilmarnock was transitioned back into SPS operations in March 2024.

Limitations - While the research, reports, and policies reviewed have effectively identified a range of needs and gaps within the system, Scottish Recovery Consortium acknowledges that it does not have full visibility of all actions taken in response to the recommendations. Although some progress may have been made locally or within specific services, the extent to which these recommendations have been implemented across the wider landscape remains unclear. This lack of comprehensive insight presents challenges in assessing the overall impact and consistency of change.

2. Research and Learning

This section of the submission presents a synthesis of some of the most recent and relevant research, needs assessments, and evidence reviews that inform the Scottish Parliament's Justice Committee inquiry into drugs in prisons. It draws together findings from national and international literature, government-commissioned reviews, and independent evaluations to provide a robust evidence base for understanding the scale, nature, and complexity of substance use within Scotland's prison system.

2.1. Understanding the mental health needs of Scotland's prison population: A national needs assessment (2022)ⁱ

Substance use disorders are a pervasive and deeply entrenched issue within Scotland's prison population. The report estimates that nearly one-third of individuals in custody are affected by alcohol use disorder (AUD), while drug use disorders impact between 35% and 67% of prisoners. Compounding this, the use of novel psychoactive substances (NPS) - particularly synthetic cannabinoids like 'Spice' - is alarmingly prevalent, with 30% of prisoners reporting use while incarcerated. These substances are not only difficult to detect and control but are also linked to severe psychological disturbances, including psychosis and violent behaviour.

The intersection of substance use and mental health is particularly concerning. At least 18% of the prison population is believed to experience dual diagnosis - where a severe mental illness coexists with a substance use disorder. Substance misuse often serves as a coping mechanism for individuals grappling with trauma, stress, and the harsh realities of the prison environment. However, the consequences are profound: the use of NPS and other substances frequently precipitates acute mental health crises, leading to placements in observation cells or separation and reintegration units (SRUs), which are often ill-equipped to provide therapeutic support.

Despite the scale of need, service provision remains fragmented. At the time of this report only six of Scotland's fifteen prisons* offer integrated mental health and substance use services. In the remaining establishments, services operate separately, with informal collaboration at best. This lack of integration is exacerbated by chronic staffing shortages, particularly among mental health nurses, which severely limits the capacity to address co-occurring disorders effectively.

Barriers to effective support are numerous. Individuals serving short sentences or held on remand often have limited access to psychological therapies, despite being among the most vulnerable. Screening for neurodevelopmental disorders and trauma - both of which frequently co-occur with substance misuse - is inconsistent and inadequate. Furthermore, poor information sharing between NHS services, the Scottish Prison Service (SPS), and third sector organisations undermines continuity of care, both within custody and upon release.

The transition from prison to community life presents another critical juncture where support systems falter. Many individuals with substance use issues are released without adequate planning or support, increasing the risk of relapse and reoffending. The removal of Throughcare Support Officers (TSOs) has left a significant gap in coordinated release planning. While third sector organisations play a vital role in supporting individuals post-release, their efforts are often disconnected from NHS services, limiting their effectiveness.

Insights from individuals with lived experience and professional stakeholders further illuminate the challenges. Some prisoners admitted to manipulating mental health services to obtain medication for misuse or trade, which can lead to their genuine mental health concerns being dismissed. A pervasive distrust of prison officers, coupled with fear of being placed in suicide cells, discourages disclosure of mental health or substance use issues. Stakeholders emphasised the urgent need for a cultural shift - from punitive, risk-averse responses to trauma-informed, therapeutic approaches. They called for comprehensive training for SPS staff on trauma, mental health, and substance use, and stressed the importance of robust liberation planning to support recovery and reduce recidivism.

To address these systemic issues, the report recommends the adoption of integrated, trauma-informed care models across all prisons. It calls for mandatory training for all prison staff, improved data collection on mental health and substance use needs, and the establishment of formal partnerships between SPS, NHS, and third sector organisations to ensure continuity of care. Additionally, the expansion of digital and telehealth services is proposed to enhance access to support, both during custody and after release.

Conclusion

The 2022 national needs assessment on the mental health of Scotland's prison population provides critical evidence that directly supports the Scottish Parliament's Justice Committee inquiry into drug use in prisons. It highlights the high prevalence of co-occurring substance use and mental health disorders, the widespread use of synthetic drugs such as 'Spice,' and the systemic fragmentation of care across the prison estate.

The report's findings reinforce the Committee's concerns about the persistence of drug use in custody, the inadequacy of current treatment models, and the lack of continuity in care - particularly at the point of release. The evidence underscores the urgent need for integrated, trauma-informed, and person-centred approaches that address both mental health and substance use holistically.

Links to the Justice Committee Inquiry into Drugs in Prisons

- **Dual Diagnosis and Complex Needs:** The report confirms that at least 18% of the prison population experience both severe mental illness and substance use disorders, supporting the Committee's exploration and questions for integrated care models.
- **Service Fragmentation:** Only six of Scotland's fifteen prisons* offer integrated services, mirroring the Committee's questions about inconsistent access and delivery of addiction and mental health support.
- **Barriers to Access:** The report identifies significant barriers to engagement, including stigma, poor screening, and lack of trust - issues echoed in the Committee's inquiry.
- **Throughcare Failures:** The removal of Throughcare Support Officers (TSOs) and poor coordination between SPS, NHS, and third sector services are highlighted as critical weaknesses, highlighting the Committee's emphasis and questioning on improving post-release support.

Synergy with Justice Reform

- Adopting integrated, trauma-informed care models across all prisons.
- Mandatory training for all prison staff on trauma, mental health, and substance use.
- Improved data collection and information sharing between SPS, NHS, and third sector partners.
- Reinstating robust throughcare planning, including digital and telehealth solutions to support continuity of care.

2.2. Mental Welfare Commission Scotland (2022) Mental Health services in Scotland's prisonsⁱⁱ

Scale and Nature of Problematic Substance Use in Prisons - The MWCS report paints a stark picture of the scale and complexity of substance use within Scotland's prisons. A striking 75% of prisoners interviewed reported current or past problematic substance use, with many experiencing both drug and alcohol dependency. Entry drug testing revealed that 71% of new arrivals tested positive for illegal substances - most commonly cannabis, benzodiazepines, and opiates. Even upon release, 26% of those tested were still positive for drugs, indicating persistent use throughout custody.

The report also highlights the growing threat of Novel Psychoactive Substances (NPS), which staff described as causing unpredictable and dangerous behaviours, including psychosis and violence. These substances, often undetectable through standard testing, have become a major concern for prison safety and health. Despite the scale of the issue, 35% of prisoners with substance use problems said they had not been offered support during their sentence. This evidence directly supports the Justice Committee's line of inquiry about the persistence of drug use in custody and underscores the urgent need for consistent, accessible addiction services across the prison estate.

Effectiveness of Treatment and Support Services - While all prisons were found to offer some form of addiction service, the MWCS report reveals significant inconsistencies in access, quality, and timeliness. Only 12 of the 15 prisons* provided addiction counselling, and peer-led recovery cafés - highly valued by prisoners - were often suspended due to COVID-19 restrictions. Mental health and addiction services were frequently under-resourced, with long waiting times and limited staff capacity.

Workforce Development - The report also highlights a lack of training among prison staff. Only 43% had received mental health first aid training, despite 89% expressing a desire for more. This gap in training and support undermines the ability of staff to respond effectively to prisoners with complex needs, particularly those with co-occurring mental health and substance use disorders. These findings reinforce the Justice Committee's questions into the effectiveness and equity of treatment services, especially for those with dual diagnoses.

Barriers to Accessing Support - The MWCS report identifies a range of systemic and operational barriers that prevent prisoners from accessing the support they need. Stigma and discrimination were recurring themes, with 17% of prisoners reporting discrimination by mental health services. Some described being dismissed or mocked by staff, while others felt they had to self-harm to be taken seriously. Initial screening processes were often inadequate, failing to identify mental health or substance use needs - particularly for individuals with learning disabilities or autism. Follow-up assessments were rare, and care planning was inconsistent. Only 42% of prisoners receiving mental health support had a documented care plan. Communication with families was also poor; relatives who raised concerns about a prisoner's wellbeing were often ignored or dismissed. These barriers align to the Justice Committee's questions and concerns about fragmented services, stigma, and a lack of trust in prison healthcare systems.

Throughcare and Continuity of Support - The report highlights serious weaknesses in throughcare and post-release support. Liberation planning was often inconsistent and reactive, with only one prison consistently using the Care Programme Approach (CPA) to coordinate release planning. Medication continuity was also variable, with some prisoners receiving only five to seven days' supply upon release. Unplanned liberations - such as those from court - posed particular challenges, making it difficult to arrange community support in time. Many prisoners left custody without a GP, a fixed address, or a referral to community mental health services.

Conclusion

The *Mental Welfare Commission for Scotland's 2022 report* provides detailed evidence that directly supports the Justice Committee's inquiry into problematic substance use in prisons. It paints a picture of the scale, complexity, and persistence of substance use across the prison estate, with 75% of prisoners reporting current or past problematic use and 71% testing positive for drugs on entry. The report also highlights the growing threat of Novel Psychoactive Substances (NPS), which pose serious risks to both prisoner and staff safety.

Link to Justice Committee Inquiry into Drugs in Prisons

- **Substance Use and Mental Health** - The report confirms the high prevalence of co-occurring substance use and mental health issues, underscoring the need for integrated, trauma-informed care models within prisons.
- **Effectiveness of Services** - While addiction services are available in most prisons, the report reveals significant inconsistencies in access, quality, and staffing. Peer-led initiatives, though valued, remain underutilised or disrupted.
- **Barriers to Access** - Stigma, discrimination, and inadequate screening processes prevent many individuals from receiving the support they need. Poor communication and limited care planning further undermine trust and engagement.
- **Throughcare and Continuity** - The report identifies serious weaknesses in liberation planning, particularly for unplanned releases. Many individuals leave custody without medication, housing, or links to community services - heightening the risk of relapse and reoffending.

Synergy aligned to Justice Reform

The MWCS report offers clear and actionable recommendations that align with the Justice Committee's inquiry and broader justice reform goals:

- **Workforce Planning and Training** - Joint SPS-NHS workforce planning and mandatory training on trauma, mental health, and substance use are essential to improving care quality and staff confidence.
- **Improved Screening and Care Planning** - Enhanced initial assessments, follow-up processes, and personalised care plans are needed to ensure early identification and sustained support.
- **Audit of Segregation Practices** - A review of how segregation is used for individuals with mental health needs is critical to safeguarding rights and promoting therapeutic alternatives. (*The HMIPS Thematic Review on Segregation is outlined in Section 3.2 of this report*).

- **Whole-System Throughcare** - Adoption of structured liberation planning models, such as the Care Programme Approach (CPA), is vital to ensure continuity of care and reduce post-release harm. The *Bail and Release from Custody (Scotland) Act 2023* outlines the legal requirements in relation to throughcare planning and release and can be seen in section 4
- **Family Engagement** - Strengthening the SPS Family Strategy can improve communication, support networks, and recovery outcomes.

2.3 Co-Occurring Substance Use and Mental Health Concerns in Scotland: A Review of the Literature and Evidence (November 2022)ⁱⁱⁱ

In November 2022, the Scottish Government published *Co-Occurring Substance Use and Mental Health Concerns in Scotland: A Review of the Literature and Evidence*, a comprehensive synthesis of national and international research on the challenges faced by individuals with dual diagnosis. The review aimed to inform policy and service development by identifying key barriers, gaps, and opportunities for improving care for people experiencing both mental ill health and substance use issues.

Of particular relevance to justice settings, the review explores how these challenges manifest in prisons and during transitions from custody to the community. It highlights systemic fragmentation, exclusionary practices, and the lack of coordinated care - issues that significantly increase the risk of relapse, overdose, and disengagement from services post-release.

The findings of this review closely align with the Justice Committee's inquiry into drug use in prisons, reinforcing the urgent need for integrated, trauma-informed, and person-centred approaches to care across the justice system.

Key Findings Relevant to Prisons and Transitions

Lack of Integrated Services in Justice Settings - The review highlights a persistent lack of integration between mental health and substance use services, particularly in custodial environments. This fragmentation leads to:

- Missed diagnoses.
- Poor treatment outcomes
- Exclusion from mental health services due to ongoing substance use

Barriers to Accessing Mental Health Support in Custody - Individuals in prison often face eligibility criteria that require abstinence before accessing mental health care. This is especially problematic for those using substances to self-medicate, effectively excluding them from both systems.

Poor Continuity of Care Post-Release - The report identifies transitions from prison to community as a critical point of failure. Individuals are frequently released without:

- A coordinated care plan
- Access to MAT or mental health services
- Stable housing or social support

Stigma and Systemic Exclusion - People with co-occurring conditions often experience stigma from both mental health and addiction services, which is compounded in justice settings. This leads to disengagement and increased risk of relapse or overdose after release.

Conclusion

The Scottish Government's 2022 review on *Co-Occurring Substance Use and Mental Health Concerns* offers an evidence base that directly aligns with the exploration of the Justice Committee's inquiry into drug use in prisons. This report and the work of the Justice Committee converge on several key issues.

Links to the Justice Committee Inquiry into Drugs in Prisons

1. Integration of Services - The review identifies a persistent lack of integration between mental health and substance use services in custodial settings. This fragmentation leads to missed diagnoses, poor treatment outcomes, and exclusion from care - particularly for individuals who use substances to self-medicate. The Justice Committee's questions in relation to the MAT Standards further support the need for seamless transitions in care and is directly supported by this evidence.

2. Continuity of Care Post-Release - Transitions from prison to community are highlighted as a critical point of failure. The review documents frequent gaps in care planning, access to medication-assisted treatment (MAT), and housing support. These findings reinforce the Justice Committee's exploration and questions directly aligned to robust throughcare and multi-agency collaboration to ensure continuity of support and reduce relapse and overdose risk.

3. Stigma and Systemic Exclusion - This review underscores the damaging impact of stigma and exclusionary practices within justice and health systems. Individuals with co-occurring conditions often face barriers to accessing care, particularly when abstinence is a prerequisite. This systemic exclusion increases disengagement and vulnerability post-release. This directly aligns with the question posed by the Justice Committee's inquiry around trauma-informed, holistic care models is a direct response to these challenges.

4. Policy and Practice Gaps - A shared concern across this review and the work of the Justice Committee Inquiry is the disconnect between national policy ambitions and frontline practice. Despite progressive frameworks, implementation in prisons remains inconsistent. This review calls for better alignment between policy and delivery, echoing the evidence provided by Scottish Recovery Consortium.

Synergy aligned to Justice Reform

- Integrated care pathways across custody and community.
- Elimination of abstinence-based barriers to mental health support.
- Investment in trauma-informed, person-centred services.
- Strengthened throughcare and multi-agency collaboration.
- System-wide accountability for health outcomes in justice settings.

2.4. The Way Ahead: Recommendations to the Scottish Government from the Rapid Review of Co-Occurring Substance Use and Mental Health Conditions in Scotland (2022)^{iv}

This provides a comprehensive set of seven recommendations aimed at improving care for individuals with co-occurring substance use and mental health disorders. These recommendations are highly relevant to the Criminal Justice Committee inquiry into the harm caused by substance misuse in Scottish prisons, launched in 2025.

Summary of Key Recommendations from the Rapid Review

- **Integrated Protocols** - Every area should have a protocol for joint working between mental health and substance use services, overseen by a senior responsible individual.
- **Data Collection and Accountability** - Improve data on rejected referrals and care outcomes for people with co-occurring conditions, with mandatory reporting and governance oversight.
- **Use of the Four Quadrants Model** - Services should adopt this framework to guide integrated care, ensuring both mental health and substance use services can manage mild to moderate co-occurring conditions.
- **Annual Needs Assessments** - Conduct annual assessments of treatment capacity for substance use, especially alcohol, to inform service provision.
- **Rapid Review of Alcohol Services** - Commission a specific review of alcohol treatment services due to declining treatment rates despite high need.
- **Workforce Training** - Ensure trauma-informed training for all staff in mental health and substance use services, with cultural competence and lived experience engagement.
- **Further Research** - Investigate rising anxiety and depression prior to drug-related deaths and increasing drug-related hospital admissions.

Prisons are not explicitly and frequently mentioned as a distinct setting. However, several references and implications relate to the criminal justice system, justice involvement, and settings where individuals may be detained or at risk, which include prisons.

Here are the key areas where prisons or justice-related contexts are referenced or implied:

Justice Involvement and Co-occurring Disorders - Page 12: A study by Tweed et al. (2022) found that homelessness, opioid dependence, justice involvement, and psychosis commonly co-occur and produce poor outcomes. This implies a connection to prison populations, where these factors are prevalent.

Elevated Likelihood of Criminal Justice Engagement - Page 8: Literature cited (e.g., Balyakina et al., 2014) shows that individuals with co-occurring mental health and substance use disorders have an elevated likelihood of engagement with the criminal justice system, which includes incarceration.

Mental Health and Substance Use Services Integration - The report calls for integrated protocols and services that would benefit individuals in custodial settings, though prisons are not named directly.

Training and Workforce Development - Page 19–20: Recommendations for trauma-informed training for staff in mental health and substance use services could be extended to prison healthcare staff, especially given the overlap in populations.

Drug-Related Deaths and Hospital Admissions - Page 21–22: The report discusses the rise in drug-related deaths and hospital admissions, which are also critical issues in prison settings, as highlighted in *Changing Lives* report by the Scottish Drug Deaths Taskforce (2022)⁹.

Conclusion

The 2022 *Rapid Review of Co-Occurring Substance Use and Mental Health Conditions in Scotland* provides a robust and evidence-based set of recommendations that align closely with the Criminal Justice Committee’s 2025 inquiry into the harm caused by substance misuse in prisons. While the review does not explicitly focus on prisons, its findings and recommendations are highly applicable to justice settings and reinforce the Committee’s concerns.

Links to the Justice Committee Inquiry into Drugs in Prisons

1. Integrated Protocols and Seamless Care - The review’s call for integrated protocols between mental health and substance use services directly supports the Justice Committee’s questions around the MAT Standards. In prison settings, this means ensuring that individuals with co-occurring conditions are not excluded from mental health services due to substance use and that care continues uninterrupted post-release.

2. Data, Accountability, and Governance - Both the review and the questions posed by the Justice Committee Inquiry highlight the need for improved data collection - particularly around rejected referrals, treatment outcomes, and post-release engagement. Mandatory reporting and governance oversight are essential to ensure accountability and drive system-wide improvements in prison healthcare.

3. Trauma-Informed, Person-Centred Approaches - The review’s recommendation for trauma-informed training and culturally competent care echoes the Committee’s exploration into holistic, person-centred approaches in justice settings. This is especially critical in prisons, where trauma, mental ill health, and substance use often intersect.

4. Workforce Development - The review’s emphasis on workforce training - including trauma-informed practice and engagement with lived experience - should be extended to prison healthcare staff. This would help address stigma, improve care quality, and support recovery-oriented environments within custodial settings.

5. Post-Release Continuity and Throughcare - The review identifies poor continuity of care as a major risk factor for relapse and overdose post-release. This reinforces the Committee’s focus on throughcare, housing, and multi-agency collaboration to support individuals transitioning from custody to the community.

6. Alcohol Use and Treatment Gaps - The recommendation for a rapid review of alcohol services is particularly relevant given the high prevalence of alcohol-related harm in prison populations. The Committee’s inquiry into substance misuse should consider alcohol alongside illicit drugs when assessing treatment capacity and service design.

7. Research and Emerging Trends- The review's call for further research into rising anxiety, depression, and drug-related deaths complements the Committee's interest in understanding the evolving nature of substance misuse in prisons, including the impact of synthetic drugs and mental health deterioration.

Synergy aligned to Justice Reform

- Embedding integrated care pathways within prisons.
- Removing abstinence-based barriers to mental health support.
- Ensuring trauma-informed training for all prison healthcare staff.
- Strengthening throughcare and post-release support.
- Enhancing data systems to track outcomes and drive accountability.

2.5. Mental Welfare Commission for Scotland's report *Ending the Exclusion: Care, treatment, and support for people with mental ill health and problem substance use in Scotland* (2022)^{vi}

In September 2022, the Mental Welfare Commission for Scotland published *Ending the Exclusion: Care, treatment, and support for people with mental ill health and problem substance use in Scotland*. This landmark report examined the experiences of individuals with co-occurring mental health conditions and substance use issues - often referred to as 'dual diagnosis' - and highlighted systemic barriers to accessing appropriate, integrated care.

The report was prompted by growing concerns about the exclusion of this population from both mental health and addiction services, despite their high levels of need and vulnerability. Drawing on evidence from service users, carers, and professionals across Scotland, the Commission identified significant gaps in service provision, particularly in justice settings such as prisons.

The findings are especially relevant to ongoing policy and parliamentary scrutiny, including the Justice Committee inquiry into drugs in prison. The report underscores the urgent need for coordinated, trauma-informed, and person-centred approaches to care - especially during transitions from custody to community - where the risk of harm is greatest.

Key needs and gaps identified in the report that have a specific, prison-relevant focus:

Lack of Integrated Care for Dual Diagnosis - Services often fail to support individuals with both mental ill health and substance use problems. Despite national strategies and MAT standards, implementation is inconsistent, especially in justice settings.

Barriers to Accessing Mental Health Support - People in custody with substance use issues are frequently excluded from mental health services, with referrals often rejected due to active drug or alcohol use - leaving individuals without support at critical moments.

Inadequate Care Planning and Coordination - Only 23% of NHS professionals believed adequate care was provided. 77% reported a lack of documented care planning, and many were unaware of any coordinated approach to dual diagnosis care.

Poor Transitions and Continuity of Care - The report highlights fragmented transitions between prison and community services. Individuals are often released without a clear plan for ongoing mental health or addiction support, increasing the risk of relapse or overdose.

Limited Awareness of MAT Standards - Despite the introduction of Medication-Assisted Treatment (MAT) Standards, there was low awareness among professionals, particularly around Standard 10, which focuses on continuity of care during transitions from custody to community.

Conclusion

The Mental Welfare Commission for Scotland's 2022 *Ending the Exclusion* report offers a powerful and timely analysis of the systemic failures in care for individuals with co-occurring mental health and substance use conditions. Its findings are deeply relevant to the Criminal Justice Committee inquiry into drugs in prisons, reinforcing the need for urgent reform across justice and health systems.

Links to the Justice Committee Inquiry into Drugs in Prisons

1. Integrated Care and Dual Diagnosis

The report highlights a persistent failure to support individuals with dual diagnosis, particularly in justice settings. Despite national strategies and the introduction of Medication-Assisted Treatment (MAT) Standards, implementation remains inconsistent. This directly complements the Justice Committee's questions and exploration of integrated, trauma-informed services that do not exclude individuals based on active substance use.

2. Barriers to Mental Health Support in Custody

The Commission found that people in prison are often denied access to mental health services due to substance use, leaving them unsupported at critical moments. This aligns with the Justice Committee's inquiry and questions around the lack of access to appropriate care.

3. Inadequate Care Planning and Coordination

Only 23% of NHS professionals surveyed believed adequate care was provided for individuals with co-occurring conditions, and 77% reported a lack of documented care planning. These findings mirror the Committee's concerns about poor coordination of care in prison settings.

4. Poor Transitions and Continuity of Care

The report underscores the fragmented nature of transitions from custody to community, with individuals often released without a clear plan for ongoing support. This is a shared priority in the Committee's inquiry, particularly in relation to the MAT Standards and the need for seamless post-release care.

5. Low Awareness of MAT Standards

Despite the introduction of MAT Standards, the Commission found low awareness among professionals - especially regarding Standard 10. This supports the Committee's questioning directly in relation to the implementation of the MAT Standards in prisons.

6. Inclusion of Lived Experience and Families

The report emphasises the importance of involving people with lived experience and families in shaping services. This is currently lacking in many justice settings and must be addressed to ensure care is person-centred and responsive.

Synergy aligned to Justice Reform

- Integrated, trauma-informed care that does not exclude individuals based on substance use.
- Robust care planning and throughcare that begins in custody and continues post-release.
- Improved awareness and implementation of MAT Standards, especially Standard 10.
- Inclusion of lived experience and family voices in service design and delivery.
- System-wide accountability for health outcomes in justice settings.

2.6. Understanding Substance Use and the Wider Support Needs of Scotland's Prison Population (2022)^{vii}

The 2022 needs assessment, *Understanding Substance Use and the Wider Support Needs of Scotland's Prison Population*, presents findings about the realities of problematic substance use in Scottish prisons. It offers a detailed exploration of the scale, nature, and systemic challenges surrounding substance use, that directly relate to the Justice Committee inquiry.

At the heart of the report lies a stark conclusion: ***prison is fundamentally the wrong environment in which to address the complex and deeply rooted needs of individuals with substance use issues***. Substance use is not simply a problem to be eradicated, but often a coping mechanism - an understandable, if harmful, response to trauma, mental ill-health, and the isolating, monotonous, and sometimes violent conditions of prison life. This insight reframes the issue, urging a shift from punitive responses to a more compassionate, trauma-informed, and person-centred approach.

The report reveals that substance use is widespread and evolving. While heroin once dominated, the current prison drug landscape is shaped by synthetic cannabinoids (NPS), street benzodiazepines like etizolam, and gabapentinoids. These substances are often consumed not by choice, but by availability, with many entering the prison system already dependent and continuing use as a means of psychological survival. Polysubstance use is common, and the risks are high - not only for the individuals involved but for the wider prison community, where drug-related violence and medical emergencies are increasing.

Treatment and support services, while present, are inconsistent and often inadequate. The implementation of the Medication-Assisted Treatment (MAT) Standards - seen by many stakeholders as a potential 'game-changer' - has been slow and uneven across the prison estate. Access to opioid substitution therapies like methadone and Buprenorphine varies, and there is a notable lack of psychological support, particularly for those dependent on alcohol or NPS. The report highlights a culture of punishment that discourages disclosure of substance use, undermining trust, and engagement with services.

Continuity of care is another critical concern. The transition points - entry into prison, transfer between establishments, and release - are fraught with disruption. Individuals often experience delays in accessing prescriptions, and throughcare planning is frequently inadequate. The removal of Throughcare Support Officers (TSOs) in 2019 left a significant gap in support, particularly for those with complex needs. Community reintegration services, while effective when available, are patchy and often depend on geography and sentence status.

The report also underscores the systemic barriers that hinder effective responses. Data collection on substance use in prisons is fragmented, inconsistent, and often outdated. Key systems - such as PR2, Vision, and DAISy - do not communicate effectively, and there is little integration between SPS, NHS, and third sector providers. This lack of reliable data makes it difficult to plan services, monitor outcomes, or respond to emerging trends.

Particular attention is given to vulnerable sub-populations, including people on remand, women, young people, and those with co-occurring mental health conditions. These groups face additional barriers to support, and their needs are often unmet. For example, people on remand are less likely to access structured programmes, and women in prison are disproportionately affected by trauma and self-harm.

In response to these findings, the report calls for a fundamental rethinking of how substance use is addressed in the criminal justice system. It recommends a national partnership agreement to ensure consistency and continuity of care, the establishment of an independent oversight group, and the full implementation of MAT Standards across all prisons. It also advocates for a redefinition of throughcare as a whole-system, long-term pathway that begins before custody and continues well beyond release.

In summary, the report paints a picture of a system under strain, but not without hope. It offers a roadmap for reform grounded in evidence, compassion, and the voices of those with lived experience. If its recommendations are taken seriously, they could mark a turning point in how Scotland supports some of its most vulnerable citizens - both inside and outside the prison walls.

Conclusion

The 2022 *Needs Assessment – Understanding Substance Use, and the Wider Support Needs of Scotland’s Prison Population* offers a sobering yet essential contribution to the national conversation on substance use in justice settings. Its findings align closely with the Scottish Parliament’s Justice Committee inquiry into drugs in prisons, reinforcing the need for urgent, systemic reform.

Links to the Justice Committee Inquiry into Drugs in Prisons

1. Prisons as the Wrong Environment for Recovery

The report’s central conclusion - that prison is fundamentally ill-suited to address the complex needs of individuals with substance use issues. The report calls for a shift toward compassionate, trauma-informed, and person-centred care that recognises substance use as a response to trauma and adversity, not simply a behavioural issue.

2. Evolving Drug Landscape and Rising Risk

The report highlights the increasing prevalence of synthetic cannabinoids, street benzodiazepines, and gabapentinoids in prisons, alongside widespread polysubstance use. These trends mirror the Justice Committee’s focus on the health and safety risks posed by synthetic drugs, on those who live in prisons, staff and families and the urgent need for responsive, evidence-based interventions.

3. Inconsistent Implementation of MAT Standards

Despite the commitment of the Medication-Assisted Treatment (MAT) Standards, the report finds their implementation across the prison estate to be slow and uneven. This re-enforces the

Committee's questions on MAT Standard implementation. MAT Standard 10 focuses on continuity of care during transitions from custody to community.

4. Disrupted Continuity of Care

The report identifies critical failures at transition points - entry, transfer, and release - where individuals often lose access to prescriptions and support. This aligns with the Committee's questions on throughcare and coordinated discharge planning to reduce relapse and overdose risk post-release.

5. Systemic Barriers and Data Gaps

Fragmented data systems and poor integration between SPS, NHS, and third sector providers hinder effective planning and service delivery. The Committee's inquiry similarly explores the need for better data, shared accountability, and integrated service models to support recovery and reduce harm.

6. Vulnerable Sub-Populations

The report draws attention to the unmet needs of people on remand, women, young people, and those with co-occurring mental health conditions - groups also identified by the Committee as requiring targeted support and tailored interventions.

Synergy aligned Justice Reform

- Reframe substance use as a public health issue, not a criminal one.
- Fully implement MAT Standards, with a focus on continuity and equity.
- Rebuild throughcare as a whole-system, long-term pathway that begins before custody and extends well beyond release.
- Invest in trauma-informed, person-centred services that are accessible, consistent, and culturally competent.
- Establish national oversight and partnership agreements to ensure accountability and consistency across the prison estate.
- Improve data systems and integration to support planning, monitoring, and innovation.

2.7. Physical health care needs in Scottish Prisons (2022)^{viii}

The 2022 *Physical Health Care Needs in Scottish Prisons* reveals that individuals in custody experience significantly worse physical health than the general population. Conditions such as epilepsy, asthma, chronic obstructive pulmonary disease (COPD), hepatitis C, poor oral health, and COVID-19 are notably more prevalent among the prison population. These health issues are not isolated; they are frequently intertwined with substance use, either as a direct cause, a consequence of long-term misuse, or a factor that complicates diagnosis and treatment. The report underscores that substance use is a major contributor to physical health inequality in prison settings.

Blood-borne viruses, particularly hepatitis C, are strongly linked to injecting drug use. The prevalence of hepatitis C in Scottish prisons is estimated at 19%, compared to just 0.64% in the general population. Chronic liver disease, respiratory conditions, and acquired brain injuries are also commonly associated with long-term alcohol and drug misuse. Stakeholders interviewed for the report consistently noted that substance use, trauma, and mental health

issues are deeply interconnected with physical health needs. For example, nerve damage from injecting drugs, respiratory issues from smoking, and poor oral health from stimulant use were all cited as common among people in custody.

Although the report focuses on physical health, it reinforces the Justice Committee's reflections that substance use is endemic in prisons and closely linked to physical health deterioration. The high prevalence of hepatitis C, chronic liver disease, and respiratory conditions are clear indicators of long-term substance use and its impact on health.

The effectiveness of current treatment and support services is called into question by the report, which identifies significant gaps in physical health care that mirror challenges in substance use treatment. These include inconsistent access to medication - particularly for pain management - due to concerns about misuse, and delays in accessing prescriptions upon entry to prison, which often leave individuals without essential medication for days or weeks. Furthermore, the lack of continuity of care on release means many individuals leave prison without a GP or access to medication, increasing the risk of relapse and health deterioration. These issues are especially acute for individuals with substance use histories, who often have complex and overlapping health needs.

Barriers to accessing support are also highlighted. Stigma and mistrust are prevalent, with individuals who have substance use histories often feeling dismissed or labelled as 'drug-seeking,' which discourages them from seeking help. Staff shortages within prison health care teams limit the ability to provide proactive or preventative care. Inconsistent prescribing practices across the prison estate mean that medications commonly used in substance use recovery, such as gabapentin and pregabalin, are restricted due to concerns about diversion - even when clinically appropriate. Additionally, poor data sharing between prison and community health services disrupts care at key transition points, further complicating recovery and rehabilitation.

The report paints a concerning picture of fragmented throughcare. Individuals are often released without medication or a GP, particularly in cases of unplanned liberation. There is no standardised health record that follows individuals through the prison system and into the community, making continuity of care difficult to achieve. While third sector organisations play a vital role in bridging these gaps, their involvement is not systematically integrated into prison health care planning. These gaps are particularly dangerous for people with substance use issues, who are at high risk of overdose and health crises immediately after release.

Strategically, the report calls for a holistic, trauma-informed, and person-centred approach to prison health care - principles that align directly with the Justice Committee's questions on substance use. It argues that prison should be seen as a unique opportunity to address health inequalities, including those driven by substance use.

Key recommendations include the development of integrated care models that address physical, mental, and substance use needs together; improved data systems to track health needs and outcomes across the prison journey; consistent prescribing policies across the prison estate to avoid disruption in care; and enhanced support at liberation, including pre-registration with GPs and continuity of medication.

Conclusion

The 2022 report on *Physical Health Care Needs in Scottish Prisons* provides a critical lens through which to understand the broader impacts of substance use in custodial settings. While its primary focus is physical health, the report reinforces and deepens the work of the Justice Committee's inquiry into drugs in prisons by highlighting the interconnectedness of substance use, physical health deterioration, and systemic service failures.

Links to the Justice Committee Inquiry into Drugs in Prisons

1. Substance Use as a Driver of Physical Health Inequality

The report makes clear that substance use is a major contributor to poor physical health in prisons. Conditions such as hepatitis C, chronic liver disease, respiratory illness, and acquired brain injuries are strongly linked to long-term drug and alcohol misuse. This supports the Justice Committee's questioning that substance use in prisons is not only a criminal justice issue but a public health crisis requiring urgent, coordinated intervention.

2. Inadequate and Inconsistent Health Care

The report identifies significant gaps in physical health care that mirror those in substance use treatment - particularly inconsistent access to medication, delays in prescriptions, and fragmented care planning. These findings align with the Committee's questions about the uneven implementation of Medication-Assisted Treatment (MAT) Standards and the lack of continuity in care across the prison estate.

3. Stigma and Mistrust as Barriers to Care

Individuals with substance use histories often face stigma and are labelled as 'drug-seeking,' which discourages them from seeking help. This echoes some of the Justice Committee questions around the need to build trust and reduce barriers to treatment and support.

4. Disrupted Throughcare and Risk at Liberation

The report paints a concerning picture of fragmented throughcare, with many individuals released without medication, a GP, or a clear health plan - particularly in cases of unplanned liberation. This directly supports the Committee's questions relating to what isn't working and the need for robust, coordinated throughcare to reduce the risk of relapse, overdose, and health deterioration post-release.

5. Systemic Failures in Data and Integration

Poor data sharing between prison and community health services, inconsistent prescribing practices, and a lack of integrated care models are all highlighted as systemic barriers. These issues reinforce the Committee's questions for better data systems, shared accountability, and integrated service delivery across justice and health sectors.

Synergy aligned to Justice Reform

- Recognise substance use as a health issue, not just a behavioural or criminal one.
- Development of integrated care models that address physical, mental, and substance use needs together.
- Ensure consistent prescribing practices and access to essential medication across the prison estate.
- Strengthen throughcare and pre-release planning, including GP registration and medication continuity.

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- Invest in trauma-informed, person-centred care that reduces stigma and builds trust.
- Improve data systems and cross-sector collaboration to support planning, monitoring, and accountability.

2.8. Prison-based Physical Health and Wellbeing interventions: Evidence review and survey of provision in Scotland's prisons^{ix}

The 2022 report *Prison-Based Physical Health and Wellbeing Interventions* offers a comprehensive review of both international and Scottish evidence on the effectiveness of physical health and wellbeing programmes in prison settings. While it does not focus exclusively on substance use, the report provides valuable insights into how these interventions intersect with the broader health needs of the prison population - particularly those related to problematic substance use, which is a central concern of the Justice Committee inquiry.

One of the most significant findings from the survey, which covered 12 of Scotland's 15 prisons*, is that reducing the harmful use of substances was consistently identified by both NHS and prison staff as one of the top three emerging health needs. This directly aligns with the Justice Committee's concern about the scale and nature of substance use in custody. The report reinforces the understanding that substance use is not only prevalent but also deeply connected to other health challenges, including mental health issues and social isolation. These interdependencies suggest that addressing substance use in prison requires a holistic approach that goes beyond clinical treatment.

Although the interventions reviewed in the report were not specifically designed to treat substance use disorders, several were found to offer indirect benefits for individuals with substance use histories. For example, horticultural programmes like the Master Gardener Programme were shown to support recovery by providing purposeful activity and a sense of autonomy - both of which are recognised as key components in substance use recovery models. Similarly, practices such as yoga, meditation, and mindfulness were classified as 'effective' interventions, with strong evidence supporting their ability to reduce stress, anxiety, and depression - factors that are often closely linked to substance misuse. Creative interventions, including music and drama therapy, were also found to improve emotional regulation and self-esteem, which can help reduce the risk of relapse. Peer-support schemes were the most delivered interventions across the prison estate. These schemes may offer low-cost, scalable support for individuals with substance use histories, particularly when formal services are limited.

These findings speak directly to several of the Justice Committee's key questions, particularly those concerning the availability and effectiveness of current interventions, and what improvements are needed. The report identifies several systemic barriers that limit the reach and impact of these programmes. Staffing shortages - especially in health and third sector roles - are a major constraint on delivery. Physical resources and scheduling issues also hinder consistent access to interventions. Engagement is another challenge, particularly among individuals with complex needs or those serving short sentences, who may not have the time or stability to participate in structured programmes. Furthermore, the lack of integration between prison-based services and community recovery programmes undermines continuity of care, especially at the point of release.

Despite these challenges, the report outlines several opportunities to enhance support for individuals with substance use needs. It recommends adapting interventions to better serve sub-populations such as older adults and women, who may have distinct substance use and

mental health profiles. It also suggests introducing community-based models - such as recovery cafés and equine therapy - into the prison environment to provide more diverse and engaging forms of support. Expanding the use of effective interventions like yoga and mindfulness, which are currently underutilised despite strong evidence of benefit, is another key recommendation.

Finally, the report calls for improved data collection and evaluation, particularly around peer-support and cost-effectiveness, to guide future investment and ensure that resources are directed toward interventions that deliver meaningful outcomes.

In summary, the report provides a strong evidence base that supports the Justice Committee's exploration into more effective, accessible, and integrated responses to problematic substance use in prison. It highlights the potential of physical and wellbeing interventions to contribute to recovery, while also identifying the structural and operational changes needed to maximise their impact.

Conclusion

The 2022 report *Prison-Based Physical Health and Wellbeing Interventions* offers a valuable and evidence-informed perspective on how non-clinical interventions can support recovery and wellbeing in prison settings. While not focused exclusively on substance use, the report's findings strongly reinforce the Justice Committee's inquiry into drugs in prisons by highlighting the interconnectedness of substance use, mental health, and broader wellbeing.

Links to the Justice Committee Inquiry into Drugs in Prisons

1. Substance Use as a Core Health Concern

The report confirms that reducing harmful substance use is one of the top three emerging health priorities identified by both NHS and prison staff. This directly supports the Justice Committee's inquiry about the scale and impact of drug use in custody and the need for more effective, holistic responses.

2. Indirect Benefits of Wellbeing Interventions

Although not designed specifically for substance use treatment, interventions such as yoga, mindfulness, horticulture, and creative therapies were found to support recovery by improving emotional regulation, reducing stress, and fostering a sense of purpose. These findings align with the Committee's interest in exploring access to meaningful, rehabilitative activities that support recovery and reduce relapse risk.

3. Peer Support and Community Models

Peer-support schemes, while under-evaluated, were the most widely delivered interventions across the prison estate. The report suggests these could be low-cost, scalable tools for supporting individuals with substance use histories - particularly when formal services are limited. This supports the Committee's questions relating to more accessible and sustainable recovery pathways.

4. Barriers to Access and Engagement

The report identifies systemic barriers - such as staffing shortages, scheduling conflicts, and limited engagement among short-term prisoners - that mirror the Committee's questions about the accessibility and consistency of substance use services. It also highlights the lack of integration between prison-based and community recovery programmes, reinforcing the Committee's emphasis on continuity of care.

5. Recommendations for Improvement

- Adaptation of interventions to meet the needs of women, older adults, and other sub-populations.
- Expansion of effective practices like yoga and mindfulness.
- Introduction of community-based models (e.g. recovery cafés) into prisons.
- Improved data collection and evaluation to guide investment and measure impact.

Synergy aligned to Justice Reform

- Recognise wellbeing interventions as part of the recovery ecosystem, not just as recreational activities.
- Invest in scalable, evidence-based programmes that support emotional regulation, resilience, and connection.
- Address structural barriers to participation, including staffing, scheduling, and sentence length.
- Ensure continuity of care by linking prison-based interventions with community recovery services.
- Evaluate and expand peer-led models to build sustainable, lived experience-informed support networks.

2.9. Mapping Drug Use, Interventions and Treatment Needs in Scottish Prisons (2022) SCCJR Literature Review*

Purpose - This literature review, commissioned by the Scottish Centre for Crime and Justice Research (SCCJR), maps the prevalence, patterns, interventions, and treatment needs related to drug use in Scottish prisons. It synthesises findings from 85 sources to inform policy and practice.

Key Findings:

Prevalence and Patterns - Drug use is widespread in Scottish prisons. Between 40–75% of individuals test positive for drugs on entry, and 26% test positive on release. Around 39% report using drugs during incarceration, with 12% initiating drug use in prison. Benzodiazepines, opiates, cannabis, and New Psychoactive Substances (NPS) are most common.

Treatment and Harm Reduction - Opioid Substitution Therapy (OST), particularly methadone, is widely used, though unevenly distributed across prisons. Psychosocial interventions exist (e.g. recovery cafés, SMART Recovery), but evidence on their effectiveness is limited. The National Naloxone Programme provides take-home kits, with higher uptake among women.

Needs of People in Prison - Drug-related deaths are high, especially post-release. Older age, gender, and co-occurring mental health issues are key risk factors. There is a need for tailored, trauma-informed, and coordinated care that bridges prison and community services.

COVID-19 Impact - The pandemic disrupted service delivery and monitoring. Buprenorphine (a long-acting OST) was rapidly introduced, with early signs of benefit, but long-term outcomes remain unclear.

Systemic Gaps - There is a lack of consistent data, coordination between services, and qualitative research on lived experience. The prison environment itself - marked by boredom, isolation, and limited activity - is a driver of drug use.

Conclusion

The 2022 Mapping Drug Use, Interventions and Treatment Needs in Scottish Prisons literature review offers a comprehensive synthesis of evidence that strongly supports the Justice Committee inquiry into drugs in prisons.

Links to the Justice Committee Inquiry into Drugs in Prisons

1. High Prevalence and Initiation of Drug Use in Custody

The review confirms that drug use is widespread in Scottish prisons, with up to 75% testing positive on entry and 26% on release. Alarming, 12% of individuals initiate drug use while incarcerated. These findings reinforce the Committee's concern about the scale of substance misuse and the prison environment as a driver of drug use, rather than a space for recovery.

2. Uneven Access to Treatment and Harm Reduction

While opioid substitution therapies (OST) like methadone are available, their distribution is inconsistent across the prison estate. Psychosocial interventions exist but lack robust evaluation. The Committee's inquiry similarly highlights the need for equitable access to treatment, full implementation of MAT Standards, and better evidence on intervention effectiveness.

3. Post-Release Risk and Continuity of Care

The review identifies post-release as a high-risk period for drug-related deaths, particularly among individuals with co-occurring mental health issues. This aligns with the Committee's questions on improving throughcare, ensuring continuity of support, and reducing overdose risk after liberation.

4. Systemic Gaps and Environmental Drivers

The prison environment - characterised by boredom, isolation, and limited activity - is identified as a key driver of drug use. The review also highlights systemic gaps in data collection, service coordination, and lived experience research. These findings support the Committee's exploration for better integration, improved data systems, and trauma-informed approaches.

5. COVID-19 Disruption and Innovation

The pandemic disrupted service delivery but also led to the rapid introduction of Buprenorphine, a long-acting OST. While early signs are promising, long-term outcomes remain unclear. This reflects the Committee's interest in the need for sustained evaluation of new treatment models.

Synergy aligned to Justice Reform

- Recognise and address the scale of drug use in custody, including initiation during incarceration.
- Ensure consistent access to OST and psychosocial interventions, with robust evaluation and equity across the prison estate.
- Strengthen throughcare and post-release support, particularly for individuals with complex needs.

- Improve data systems and service coordination, enabling responsive, evidence-based planning.
- Create prison environments that support recovery, not reinforce harm - through purposeful activity, peer support, and trauma-informed care.

3. National Learning – Prisons

Understanding and addressing the complex issue of drug misuse in prisons requires more than isolated observations - it demands a comprehensive view informed by national learning. Insights gathered from across the prison estate, particularly through independent bodies such as His Majesty's Inspectorate of Prisons (HMIPS), provide a vital evidence base that can shape effective policy and practice.

National learning captures recurring patterns, systemic challenges, and examples of both innovation and failure. It allows policymakers to move beyond anecdotal evidence and respond to the Justice Committee's inquiry into drugs in prisons with informed, strategic, and scalable solutions. By analysing inspection reports, thematic reviews, and stakeholder feedback, we gain a clearer picture of:

- The prevalence and impact of drug misuse on prison safety, rehabilitation, and staff wellbeing.
- The effectiveness of current interventions, including treatment programmes, security measures, and harm reduction strategies.
- The barriers to progress, such as resource constraints, cultural attitudes, and gaps in inter-agency collaboration.

Incorporating national learning into the Justice Committee's inquiry ensures that recommendations are grounded in real-world experience, reflect best practices, and are responsive to the lived realities of those within the prison system. It also strengthens accountability and supports the development of a justice system that is both humane and resilient.

3.1. Thematic Review of Prisoner Progression in Scottish Prisons (2025)^{xi}

The thematic review offers a comprehensive examination of how prisoners in Scotland progress through the prison system, with a focus on rehabilitation, reintegration, and reducing reoffending. It reveals significant inconsistencies and systemic barriers that hinder effective progression, particularly for individuals with complex needs, including those affected by substance use.

Key findings:

Integrated Case Management (ICM) System - The ICM system, designed to support prisoner progression through structured planning and review, is found to be inconsistently applied across the prison estate. Many prisoners report feeling disengaged from the process, citing a lack of meaningful involvement in their own progression planning. Staff shortages and insufficient training further undermine the effectiveness of ICM, limiting its ability to deliver personalised, rehabilitative support. As a result, prisoners often lack access to clear information about their progression status and the steps required to move forward.

Offending Behaviour Programmes (OBPs) - Access to OBPs, which are central to rehabilitation and risk reduction, is uneven and often delayed due to long waiting lists and limited programme availability. The review highlights that these programmes are not always tailored to individual needs, particularly for those with substance use issues. This lack of personalisation reduces the effectiveness of OBPs and can delay progression, especially for prisoners whose offending is closely linked to addiction or trauma.

Supervision and Risk Management - The application of risk assessments, which inform decisions about progression and release, is inconsistent. There is a lack of transparency and clarity around the criteria used to determine progression, particularly for prisoners with complex needs. This creates uncertainty and frustration among prisoners and staff alike and may contribute to inequitable outcomes.

Personal Officer and First Line Manager Roles - Personal officers and first line managers play a critical role in supporting prisoner progression, yet these roles are under-resourced and often undervalued. Officers frequently lack the time, training, and support needed to engage effectively with prisoners. This limits their ability to build trust, provide guidance, and advocate for progression opportunities, particularly for those with additional needs such as substance use or mental health challenges.

Community Integration Planning - Planning for release and reintegration into the community is fragmented and poorly coordinated. The review identifies a significant gap in continuity of care, especially for prisoners with mental health or substance use issues. There is often a disconnect between prison-based services and community support networks, which undermines efforts to reduce reoffending and support long-term recovery.

Young People and Women - Young men and women in custody face particularly limited progression pathways. The review notes a lack of trauma-informed environments and gender-sensitive support, which are essential for addressing the specific needs of these groups. Without tailored interventions, young people and women are at greater risk of disengagement and delayed progression.

Open Estate and Temporary Release - Access to the Open Estate and First Grant of Temporary Release (FGTR) is restricted and inconsistently applied across the prison system. Prisoners with a history of substance use often face additional barriers to accessing these opportunities, despite the potential benefits for rehabilitation and reintegration. The review calls for a more equitable and transparent approach to temporary release, grounded in individual readiness and support needs rather than blanket exclusions.

Conclusion

The 2025 *Thematic Review of Prisoner Progression in Scottish Prisons* provides critical insights into how systemic barriers within the prison system hinder rehabilitation and reintegration - particularly for individuals affected by substance use. Its findings strongly correlate to the questions being posed by the Justice Committee inquiry into drugs in prisons. This report highlights how current progression systems often fail to support those with complex needs, including addiction and trauma histories.

Links to the Justice Committee Inquiry into Drugs in Prisons

1. Inconsistent Access to Rehabilitation and Support

The review reveals that access to Offending Behaviour Programmes (OBPs) is uneven and often delayed, with limited tailoring for individuals whose offending is linked to substance use. This supports the experience of individuals Scottish Recovery Consortium engaged with directly a part of the oral evidence given on the 4th June 2025. Individuals highlighted current interventions are not sufficiently responsive to the needs of people with addiction histories, undermining both rehabilitation and recovery.

2. Fragmented Case Management and Risk Assessment

The Integrated Case Management (ICM) system, intended to guide progression, is inconsistently applied and poorly understood by many prisoners. Risk assessments lack transparency, particularly for those with complex needs. These findings align with the Committee's questions that relating to equitable, person-centred approaches to care and progression - especially for individuals with substance use and mental health challenges.

3. Barriers to Temporary Release and Open Estate

Access to the Open Estate and First Grant of Temporary Release (FGTR) is often restricted for individuals with substance use histories, despite the rehabilitative value of these opportunities. This reflects the lived experience feedback (4th June Committee) that highlighted concern that blanket exclusions and risk-averse practices limit recovery-focused progression and reintegration.

4. Undervalued Staff Roles and Limited Support

Personal officers and first line managers are under-resourced and lack the training needed to support prisoners with complex needs. This undermines trust and engagement - key components of recovery.

5. Poor Continuity of Care and Reintegration Planning

The review identifies fragmented community integration planning, particularly for those with substance use or mental health issues. This relates to the Justice Committee's questions that focused on the lack of coordinated throughcare and the heightened risk of relapse and overdose post-release.

6. Gaps for Women and Young People

Young people and women face limited progression pathways and a lack of trauma-informed, gender-sensitive support. These gaps increase the risk of disengagement and delayed rehabilitation - issues also raised in the Committee's inquiry, particularly in relation to vulnerable sub-populations.

Synergy aligned to Justice Reform

- Ensure access to tailored, trauma-informed rehabilitation programmes, especially for those with substance use histories.
- Reform risk assessment and progression systems to be transparent, consistent, and person-centred.
- Remove blanket exclusions from temporary release and open estate, replacing them with individualised assessments and support.

- Invest in staff training and support, particularly for roles critical to prisoner engagement and progression.
- Strengthen throughcare and reintegration planning, ensuring continuity of care and access to community-based recovery services.
- Develop gender- and age-responsive progression pathways that address the specific needs of women and young people.

3.2. Thematic Review of Segregation in Scottish Prisons (2023)^{xii}

Published in July 2023, the HMIPS *Thematic Review of Segregation in Scottish Prisons* offers an examination of the use of Separation and Reintegration Units (SRUs) across the prison estate. The review highlights serious concerns about the overuse, duration, and conditions of segregation, particularly for individuals with complex mental health and behavioural needs.

Key Findings:

- **Overuse of Segregation** - SRUs are often used as default placements for individuals with severe mental health issues, due to a lack of appropriate forensic mental health beds.
- **Lack of Mental Health Support** - Many segregated prisoners receive inadequate psychological care, with long periods of isolation exacerbating existing conditions.
- **Inappropriate Use as ‘Safe Spaces’** - SRUs are frequently used as holding areas for prisoners in acute distress, despite not being clinically appropriate environments.
- **Poor Reintegration Planning** - There is a lack of structured reintegration pathways, leaving individuals stuck in segregation without clear plans for return to mainstream prison or community settings.
- **Limited Purposeful Activity** - Prisoners in SRUs often lack access to education, work, or therapeutic programmes, further entrenching isolation and hopelessness.

Links to the Justice Committee Inquiry into Drugs in Prisons

Dual Diagnosis and Isolation - Individuals in SRUs frequently present with co-occurring substance use and mental health conditions. The lack of integrated, person-centred care in these settings reflects broader systemic failures identified in the Committee’s inquiry, particularly around the fragmentation of services.

Barriers to Medication-Assisted Treatment (MAT) and Recovery Support - Access to MAT and addiction recovery services is often limited for segregated prisoners. This undermines rehabilitation efforts, increases the risk of relapse, and contradicts best practice standards for substance use treatment in custodial environments.

Failures in Transition and Reintegration Planning - The absence of structured reintegration planning for individuals in SRUs mirrors wider concerns about poor transitions from custody to community. This gap contributes to instability post-release and is a recurring theme in the Committee’s findings on continuity of care.

Human Rights and Trauma-Informed Care - The HMIPS review highlights the urgent need for trauma-informed, rights-based approaches to care. Individuals in SRUs are among the most

vulnerable in custody and require support that acknowledges their lived experiences and protects their dignity.

Conclusion

The 2023 *Thematic Review of Segregation in Scottish Prisons* by HM Inspectorate of Prisons for Scotland (HMIPS) presents a stark picture of how segregation is being used across the prison estate - often as a default response to complex mental health and behavioural needs. While not focused exclusively on substance use, the review's findings are deeply relevant to the Justice Committee inquiry into drugs in prisons, particularly in relation to the treatment of vulnerable individuals and the conditions that exacerbate substance-related harm.

Synergy aligned to Justice Reform

- End the use of segregation as a default response to complex needs, especially for individuals with substance use and mental health challenges.
- Ensure access to trauma-informed, integrated care within SRUs and across the prison estate.
- Develop structured reintegration pathways that include mental health, addiction, and recovery support.
- Expand access to purposeful activity for all prisoners, including those in segregation, to reduce isolation and support rehabilitation.
- Invest in alternatives to segregation, including specialist mental health units and crisis intervention teams.

3.3. HMIPS Young People's Experience of Scottish Prisons (2024)^{xiii}

This thematic review explores the lived experiences of young people (under 25) across the Scottish prison estate, including those held in HMP YOI Polmont and adult establishments. The report draws on survey data, focus groups, and inspection findings to highlight systemic issues affecting young people in custody.

Key Findings:

- **Mental Health and Substance Use** - Many young people reported co-occurring mental health and substance use issues, often linked to trauma, adverse childhood experiences, and social exclusion.
- **Barriers to Support** - Access to mental health and addiction services was inconsistent. Some young people described being unaware of available support or facing long waits and stigma when seeking help.
- **Lack of Continuity in Care** - Transitions between custody and community were poorly managed. Young people often left prison without a clear plan for ongoing treatment or support, increasing the risk of relapse.
- **Isolation and Boredom** - Limited access to purposeful activity and time out of cell contributed to poor mental wellbeing and increased vulnerability to substance misuse.
- **Relationships with Staff** - Positive relationships with staff were protective, but inconsistent. Some young people felt unsupported or judged, particularly when disclosing drug use or mental health concerns.

Conclusion

The 2024 *HMIPS Thematic Review of Young People's Experience in Scottish Prisons* offers a vital perspective on the unique challenges faced by individuals under 25 in custody. Its findings strongly align the questions being posed by the Justice Committee inquiry into drugs in prisons, particularly in relation to the vulnerabilities of young people with co-occurring mental health and substance use issues.

Links to the Justice Committee Inquiry into Drugs in Prisons

1. Dual Diagnosis and Trauma

The review highlights that many young people in custody experience overlapping mental health and substance use issues, often rooted in trauma and adverse childhood experiences. This aligns directly with the Committee's questions on the need for integrated, trauma-informed care models that address the full complexity of young people's needs.

2. Inconsistent Access to Support

Young people reported inconsistent access to mental health and addiction services, with some unaware of available support or facing stigma when seeking help. These findings mirror the Committee's questions relating to the implementation of Medication-Assisted Treatment (MAT) Standards and the broader lack of accessible, care in prison settings.

3. Poor Continuity of Care

Transitions from custody to community were found to be poorly managed, with many young people leaving prison without a clear plan for ongoing treatment or support. This reflects the Committee's questions around throughcare and continuity of care - particularly during the high-risk post-release period.

4. Isolation and Lack of Purposeful Activity

Limited access to meaningful activity and time out of cell contributed to poor mental wellbeing and increased vulnerability to substance misuse. This supports the Committee's questions around more engaging, rehabilitative environments that reduce boredom and promote recovery.

5. Staff Relationships and Stigma

While positive staff relationships were identified as protective, many young people felt unsupported or judged - especially when disclosing drug use or mental health concerns. This reinforces the Committee's questions around staff welfare, support as well as capacity and demand challenges.

Synergy aligned to Justice Reform

- Develop age-appropriate, trauma-informed interventions that address both mental health and substance use.
- Ensure consistent access to MAT and psychological support, with clear communication and reduced stigma.
- Strengthen throughcare and post-release planning, with tailored support for young people transitioning back into the community.
- Expand access to purposeful activity and peer support, reducing isolation and promoting recovery.

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- Invest in staff training and relationship-building, ensuring young people feel heard, respected, and supported.
- Together, these findings underscore the need for a youth-specific, health-led approach to substance use in prisons - one that prioritises prevention, rehabilitation, and long-term recovery.

3.4. HMIPS Independent Monitoring Report (2023–2024)^{xiv}

The 2023–2024 monitoring cycle by His Majesty’s Inspectorate of Prisons for Scotland (HMIPS) continues to highlight persistent challenges across the prison estate, particularly in relation to health, safety, and wellbeing. The report - referenced in the March 2024 update to the *Death in Prison Custody Action Plan* - reflects HMIPS’s ongoing scrutiny of prison conditions, healthcare provision, and the implementation of trauma-informed practices.

Key themes include:

- **Substance Use and Drug-Related Harm** - HMIPS notes the continued prevalence of illicit drug use in custody, including the growing impact of synthetic drugs and Novel Psychoactive Substances (NPS), which contribute to unpredictable behaviour, violence, and medical emergencies.
- **Mental Health and Dual Diagnosis** - The report reinforces concerns about inadequate mental health provision, particularly for individuals with co-occurring substance use disorders. Delays in assessment and treatment remain widespread.
- **Staff Training and Trauma-Informed Practice** - While progress has been made in rolling out trauma-informed training, HMIPS identifies variability in implementation and calls for consistent, system-wide adoption.
- **Deaths in Custody and Oversight** - HMIPS contributes to the national response to deaths in custody, emphasising the need for improved data sharing, family engagement, and independent oversight of fatal incident reviews.
- **Throughcare and Reintegration** - The report highlights weaknesses in pre-release planning, particularly for individuals with substance use needs. Unplanned liberations continue to undermine continuity of care and increase the risk of overdose post-release.

Conclusion

The HMIPS 2023–2024 monitoring findings provide critical evidence in support of the Justice Committee’s inquiry into drugs in prisons. The report underscores the systemic nature of substance use in custody and the urgent need for coordinated, trauma-informed, and rights-based responses.

Link to Justice Committee Inquiry into Drugs in Prisons

- Ensuring consistent implementation of trauma-informed practice across the prison estate, supported by workforce development and leadership.
- Improving oversight and accountability in relation to drug-related deaths and the use of segregation.
- Enhancing throughcare and continuity of support, particularly for individuals at high risk of relapse and overdose upon release.

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Synergy aligned to Justice Reform

- System-wide implementation of trauma-informed care, supported by mandatory training and leadership development.
- Investment in integrated health and recovery services, ensuring timely access to addiction and mental health support.
- Reform of throughcare systems, including structured liberation planning, medication continuity, and community linkage for all individuals leaving custody.
- Improved data collection and public reporting, enabling evidence-based decision-making and accountability.
- Strengthening of independent monitoring and oversight, particularly in relation to deaths in custody and segregation practices.

3.5. HMIPS Thematic Review of Prison-Based Social Work (2024)^{xv}

The 2024 thematic review by His Majesty’s Inspectorate of Prisons for Scotland (HMIPS) provides a detailed examination of the role, capacity, and effectiveness of prison-based social work (PBSW) across the Scottish prison estate.

Key findings include:

- **Inconsistent Role Clarity and Integration** - The review found significant variation in how PBSW is understood and integrated within prison establishments. In some settings, social workers are well embedded in multi-disciplinary teams; in others, they are isolated or underutilised.
- **High Caseloads and Resource Pressures** - Many PBSW teams are operating under considerable strain, with high caseloads and limited administrative support. This impacts their ability to deliver proactive, person-centred interventions.
- **Limited Focus on Recovery and Trauma-Informed Practice** - While some examples of good practice exist, the review notes a general lack of consistent trauma-informed, recovery-oriented approaches in PBSW delivery.
- **Barriers to Throughcare and Community Reintegration** - Social workers often face challenges in coordinating release planning, particularly for individuals with substance use needs. Gaps in housing, healthcare, and community service links undermine continuity of care.
- **Need for Strategic Leadership and National Standards** - The review calls for clearer national guidance, improved data collection, and stronger leadership to ensure consistency, quality, and accountability across PBSW services.

Conclusion

The HMIPS thematic review provides valuable evidence that directly supports the Justice Committee’s inquiry into drugs in prisons. The review highlights the critical contribution of social work in supporting rehabilitation, managing risk, and facilitating reintegration, particularly for individuals with complex needs such as substance use and mental health issues.

Link to Justice Committee Inquiry into Drugs in Prisons

- **Substance Use and Complex Needs** - PBSW teams are often the first to identify and respond to individuals with co-occurring substance use and mental health issues, making them central to any effective intervention strategy.
- **Throughcare and Continuity of Support** - The review reinforces the Committee's question relating to throughcare and the need for coordinated multi-agency release planning.
- **Workforce Capacity and Training** - The findings echo the Committee's focus on the need for trauma-informed, recovery-focused training and adequate staffing to meet rising demand.
- **Systemic Barriers** - The review identifies structural and operational barriers - such as poor communication, lack of shared data, and inconsistent service models - that mirror the Committee's questions about service fragmentation and access.

Synergy aligned to Justice Reform

- **Strengthen the Role of Prison-Based Social Work** - Clarify the remit of PBSW and embed it more fully within multi-disciplinary teams to ensure holistic, person-centred support.
- **Invest in Workforce and Resources** - Address caseload pressures, provide administrative support, and ensure access to training in trauma, addiction, and recovery.
- **Standardise Practice and Accountability** - Develop national standards and performance frameworks to ensure consistency and quality across the prison estate.
- **Enhance Throughcare Systems** - Improve coordination between PBSW, community justice partners, and health services to ensure seamless transitions from custody to community.
- **Embed Recovery-Oriented Practice** - Promote the use of strengths-based, trauma-informed approaches that support long-term recovery and reduce reoffending.

3.6. Audit Scotland Report on Drugs and Alcohol Services (2024) ^{xvi}

The 2024 Audit Scotland report examines the effectiveness, accessibility, and coordination of drug and alcohol services across Scotland. It focuses on how well services are meeting the needs of individuals affected by substance use, including those in contact with the justice system. The report assesses national strategies, funding models, service integration, and outcomes, with a particular emphasis on equity, accountability, and recovery.

Key findings include:

- **Fragmented Service Delivery** - Despite national strategies promoting integration, services remain siloed across health, social care, and justice sectors, leading to inconsistent access and outcomes.
- **Variable Access and Equity** - Geographic disparities persist, with rural and prison populations facing greater barriers to treatment and recovery support.

- **Limited Data and Evaluation** - A lack of robust data on service uptake, outcomes, and lived experience feedback hinders performance monitoring and improvement.
- **Funding Challenges** - Short-term and ring-fenced funding models limit sustainability and innovation, particularly for community-based and peer-led services.
- **Workforce Pressures** - Recruitment and retention challenges affect service capacity, especially in specialist roles such as addiction psychiatry and trauma-informed care.

Conclusion

The Audit Scotland report provides essential context and evidence for the Justice Committee's inquiry into drugs in prisons. It highlights systemic issues that directly impact the effectiveness of prison-based and post-release substance use services.

Link to Justice Committee Inquiry into Drugs in Prisons

- **Access and Equity in Custody:** The report reinforces concerns about inconsistent access to addiction services within prisons, particularly for remand and short-term prisoners.
- **Throughcare and Continuity:** It supports the Committee's focus on improving transitions from custody to community, noting that poor coordination and funding gaps undermine continuity of care.
- **Peer and Community Involvement:** The report validates the Committee's interest in expanding peer-led models and involving people with lived experience in service design and delivery.
- **Data and Accountability:** Audit Scotland's emphasis on improved data systems aligns with the Committee's call for better monitoring of drug-related harm and service outcomes in custody.

Synergy aligned to Justice Reform

- **Embed Integrated Care Models:** Promote whole-system approaches that link prison, health, and community services through shared planning and accountability.
- **Invest in Sustainable Funding:** Shift toward long-term, flexible funding that supports innovation, peer involvement, and trauma-informed practice.
- **Strengthen Data Infrastructure:** Develop national dashboards and outcome frameworks to monitor service effectiveness, equity, and lived experience.
- **Expand Workforce Capacity:** Support recruitment, training, and retention in addiction and mental health roles, with a focus on trauma-informed and recovery-oriented care.
- **Enhance Throughcare Systems:** Ensure all individuals leaving custody have access to housing, healthcare, and recovery support, with clear pathways and community linkage.

3.7. Sentencing and Penal Policy Commission: Call for Evidence (2025)

The Sentencing and Penal Policy Commission was established to review Scotland's current approach to sentencing and penal policy, with the aim of recommending improvements that support a more effective, rehabilitative justice system. The Commission's 2025 Call for Evidence invites submissions across four key themes: community sentencing, bail and remand, release from prison custody, and implementation of past recommendations (including those from the McLeish Commission).

The consultation seeks insights from individuals with lived experience, practitioners, academics, and organisations working within the justice system. It encourages evidence in various forms - from research and policy analysis to practice-based insights and personal testimony. The Commission is particularly interested in understanding how sentencing practices can reduce crime, protect victims, and create safer communities, while also addressing systemic issues such as remand overuse, poor throughcare, and barriers to rehabilitation.

Conclusion

The Sentencing and Penal Policy Commission's 2025 Call for Evidence represents a timely and strategic opportunity to reshape Scotland's approach to justice in ways that align with the Justice Committee's inquiry into drugs in prisons. Both initiatives recognise that the current system too often fails to address the underlying causes of offending - particularly substance use, trauma, and mental ill health - and that short-term imprisonment frequently exacerbates these issues. The Commission's work reinforces the need for a justice system that is rehabilitative, proportionate, and rooted in public health principles. By integrating the insights and recommendations from both the Commission and the Justice Committee, Scotland can move toward a more effective, humane, and equitable justice system - one that prioritises recovery, reduces harm, and delivers better outcomes for individuals and communities alike.

Links to the Justice Committee Inquiry into Drugs in Prisons

The Commission's work aligns with the key questions being explored by the Justice Committee inquiry into drugs in prisons. **Release from Custody** - The Commission's focus on improving post-release support directly complements the Committee's emphasis on throughcare, continuity of care, and reducing overdose risk after liberation.

- **Remand and Bail Reform** - The overuse of remand is a shared concern. The Committee has highlighted that remand prisoners often lack access to addiction services, while the Commission is exploring alternatives that reduce unnecessary custody.
- **Community Sentencing** - The Commission's interest in expanding non-custodial options supports the Committee's call for diversionary pathways for individuals with substance use issues.
- **Implementation of Past Recommendations** - Both bodies recognise that longstanding recommendations - such as those related to trauma-informed care and integrated health services - remain unfulfilled and urgently needed.

Synergy aligned to Justice Reform

- **Rebalancing Justice Toward Rehabilitation:** The Commission's emphasis on community sentencing and alternatives to custody supports a shift away from punitive approaches, particularly for individuals with substance use and mental health needs.
- **Reducing Remand and Short-Term Sentences:** Reforming bail practices and limiting short custodial sentences can reduce disruption to treatment and improve engagement with recovery services.
- **Embedding Trauma-Informed Practice:** The Commission is exploring a trauma-informed, person-centred approaches across the justice system, recognising the role of adverse experiences in offending and substance use.
- **Strengthening Throughcare and Post-Release Support:** Coordinated, multi-agency planning for release is essential to reduce relapse, overdose, and reoffending - especially for those with complex needs.
- **Ensuring Accountability and Implementation:** The Commission's focus on revisiting past recommendations highlights the need for robust oversight and sustained commitment to justice reform.

4. Legislation

Bail and Release from Custody (Scotland) Act 2023^{xvii}

The *Bail and Release from Custody (Scotland) Act 2023* is a key piece of legislation aimed at modernising and improving the justice system in Scotland. It reflects the Scottish Government's commitment to a more person-centred, trauma-informed, and rehabilitative approach to criminal justice.

The Act focuses on two main areas:

- Bail Law Reform – ensuring that decisions about bail are fair, consistent, and prioritise public safety.
- Release from Custody – improving the support and planning provided to individuals leaving prison, to reduce reoffending and support reintegration into the community.

The legislation was developed in response to longstanding concerns about the overuse of remand, the lack of coordinated release planning, and the high risk of harm - including drug-related deaths - faced by individuals shortly after release from custody.

It introduces statutory duties for public bodies to work together, restricts release on days when support services are unavailable, and strengthens throughcare support. These reforms are particularly significant in the context of Scotland's efforts to tackle drug-related harm, especially in justice settings.

Part 2 – Release from Custody: Key Provisions

The Act introduces several reforms aimed at improving the transition from prison to community, with a focus on public safety, rehabilitation, and reducing reoffending:

- **Section 8 – No Release on Certain Days**
Prevents prisoner release on Fridays, weekends, or public holidays to avoid people being released without access to housing, health, or support services.

- **Section 11 – Power to Release Early**
Grants Scottish Ministers the power to release prisoners early in exceptional circumstances (e.g. public health emergencies or overcrowding).
- **Section 12 – Duty to Engage in Release Planning**
Places a statutory duty on public bodies (e.g. prison services, local authorities, health boards) to collaborate on release planning, ensuring continuity of care and support.
- **Section 13 – Throughcare Support**
Reinforces the need for throughcare - support before and after release - including housing, benefits, addiction services, and mental health care.
- **Section 14 – Victim Support Information**
Requires information-sharing with victim support organisations to improve safety and communication.

Connection to Justice Committee Inquiry into Drugs in Prison

The Justice Committee's inquiry into drugs in prison (2023–2025) has highlighted the critical role of transitions in addressing substance use and reducing drug-related deaths post-release. The connection to the Act is clear:

- **Continuity of Care (MAT Standards 10):** The Act's emphasis on release planning and throughcare aligns with MAT Standard 10, which mandates seamless transitions for people receiving medication-assisted treatment in custody.
- **Risk of Overdose Post-Release:** The Committee noted that the first 72 hours post-release is a high-risk period for overdose. The Act's ban on Friday/weekend releases and its focus on coordinated planning directly address this.
- **Multi-Agency Collaboration:** Both the Act and the Committee's exploration stress the need for joined-up services - including health, housing, and justice - to prevent relapse and reoffending.
- **Lived Experience and Trauma-Informed Approaches:** The Committee questions around trauma-informed, person-centred support, which is echoed in the Act's provisions for tailored throughcare.

Section 12 – Duty to Engage in Release Planning

This section places a statutory obligation on key public bodies - including the Scottish Prison Service, local authorities, health boards, and integration authorities - to collaborate in planning for a prisoner's release.

- The goal is to ensure continuity of care, particularly for individuals with complex needs such as substance use disorders.
- Planning must begin before release and include arrangements for housing, health care, addiction support, and benefits.
- This aligns directly with the Justice Committee's concerns about the lack of coordinated support for prisoners with drug dependencies, especially during the high-risk post-release period.

Section 13 – Throughcare Support

This section reinforces the importance of throughcare, which refers to support provided before and after release.

- It mandates that support services be available to help individuals reintegrate, including access to MAT (Medication-Assisted Treatment), mental health services, and social support.
- The Committee's inquiry explored that discontinuity in treatment, especially MAT, is a major factor in post-release overdose and relapse.
- Section 13 supports the MAT Standard 10, which calls for seamless transitions from prison to community care.

Conclusion

The *Bail and Release from Custody (Scotland) Act 2023* represents a pivotal shift in Scotland's justice policy, aligning closely to some of the question posed by the Justice Committee inquiry into drugs in prisons. By embedding statutory duties for coordinated release planning and throughcare, the Act directly addresses many of the systemic failures explored by the Committee - particularly those contributing to drug-related harm during the critical post-release period.

Links to the Justice Committee Inquiry into Drugs in Prisons

1. Continuity of Care and MAT Standard 10

The Act's provisions under Sections 12 and 13 mandate multi-agency collaboration and structured throughcare, ensuring that individuals - especially those receiving Medication-Assisted Treatment (MAT) - do not experience a break in support upon release. This directly supports MAT Standard 10, which calls for seamless transitions from custody to community care, a central question posed by the Justice Committee.

2. Reducing Post-Release Overdose Risk

The Committee has explored the critical nature of the first 72 hours post-release as a high-risk period for overdose. Section 8 of the Act, which prohibits release on Fridays, weekends, and public holidays, is a targeted response to this risk. It ensures that individuals are released when support services are available, improving access to housing, health care, and addiction services at the point of liberation.

3. Strengthening Throughcare and Reintegration

Section 13 reinforces the importance of throughcare by mandating support before and after release. This includes access to housing, benefits, mental health care, and addiction services - all of which are essential for reducing relapse and reoffending. The Committee's questions have explored wraparound support, particularly for individuals with complex needs.

4. Multi-Agency Collaboration

The Act formalises the duty of public bodies - including the Scottish Prison Service, local authorities, and health boards - to work together on release planning. This aligns with the Committee's questions on breaking down silos between justice, health, and social care to ensure coordinated, person-centred support.

5. Trauma-Informed and Person-Centred Approaches

The Act reflects a broader shift toward trauma-informed justice, echoing the Committee's questions for services that recognise the impact of trauma and adverse experiences on substance use and offending. By embedding person-centred planning into statutory duties, the Act supports more compassionate and effective reintegration.

Synergy aligned to Justice Reform

- Health-led responses to substance use, rather than punitive approaches.
- Seamless, coordinated care from custody to community.
- Prevention of drug-related deaths, particularly during the high-risk post-release period.
- Trauma-informed, person-centred support that addresses the root causes of offending.

5. Policy Synergy Opportunities

Scotland's approach to justice is increasingly shaped by a recognition that the root causes of offending behaviour are deeply intertwined with public health challenges - particularly those related to substance use, mental health, and social inequality.

By aligning public health and justice priorities, Scotland is moving toward a model where substance use, mental health and broader complexities are not treated solely as criminal justice issues, but as complex public health challenges requiring coordinated, compassionate, and data-driven responses. This integrated approach not only supports the rehabilitation and recovery of individuals in custody but also contributes to broader goals of reducing reoffending, improving community safety, and promoting health equity.

5.1. Scotland's Population Health Framework (2025–2035)^{xviii}

Scotland's Population Health Framework sets out a series of strategic priorities aimed at transforming the nation's approach to health and wellbeing. Central to this is the ambition to embed prevention deeply within public systems and budgeting processes. This means shifting the focus from reactive treatment to proactive measures that address the root causes of ill health, ensuring that resources are allocated in ways that prioritise long-term health outcomes.

Vision: A Scotland where people live longer, healthier, and more fulfilling lives.

Aim: Improve life expectancy and reduce the life expectancy gap between the most deprived 20% and the national average by 2035.

Core Drivers of Change:

1. Prevention-Focused System – Embedding prevention across all sectors.
2. Social and Economic Factors – Tackling poverty, unemployment, and inequality.
3. Places and Communities – Creating healthy, sustainable environments.
4. Enabling Healthy Living – Reducing health-harming behaviours and promoting wellbeing.
5. Equitable Health and Care – Ensuring fair access to health services and early intervention.

Links to Justice Committee Inquiry into Drugs in Prisons

- The scale and nature of drug use in prisons.
- Effectiveness of treatment and recovery services.
- Barriers to accessing support.

- Continuity of care and throughcare post-release.

1. Drugs and Alcohol Plan

- Framework commits to publishing a national Alcohol and Drugs Plan.
- Focuses on reducing availability, affordability, and accessibility of harmful substances.
- Emphasises person-centred care, stigma reduction, and embedding standards—aligns with MAT Standards and Committee’s questions.

2. Enabling Healthy Living

- Framework recognises substance misuse as a modifiable risk factor for preventable diseases.
- Calls for better support for people affected by substance-related harms.
- Supports peer-led models, trauma-informed care, and community recovery—core themes in SRC’s submission to the Committee.

3. Equitable Health and Care

- Framework addresses healthcare inequalities, including “missingness” and low engagement.
- Promotes screening, early detection, and **continuity of care.

Synergy aligned to Justice Reform

- Treats substance use as a health issue, not a criminal one.
- Invests in prevention and early intervention, especially for young people and women.
- Builds recovery-oriented environments in prisons and communities.
- Empowers individuals and families through trauma-informed, rights-based care.

5.2. Scotland’s public service reform strategy: Delivering for Scotland (2025)^{xix}

The *Public Service Reform Strategy (2025)* outlines a transformative vision for Scotland’s public services, with a strong emphasis on prevention, integration, and person-centred approaches. This vision aligns closely with the aims of the Scottish Parliament’s Justice Committee inquiry into drugs in prisons.

The strategy advocates for a shift away from reactive, crisis-driven responses toward early intervention and community-based support. In the context of justice, this means reducing reliance on custodial sentences - particularly short-term ones - by investing in more effective, person-centred alternatives that address the root causes of offending, such as trauma, addiction, and mental ill health.

It also emphasises the importance of improving access to mental health and addiction services through better integration across justice, health, and social care systems. This is particularly relevant to the prison environment, where individuals often experience complex, overlapping needs.

By embedding trauma-informed practices and supporting community justice models, the strategy promotes rehabilitation over punishment. This approach not only improves outcomes

for individuals but also contributes to safer communities and a more sustainable justice system.

The strategy provides a system-wide framework that aligns to the Justice Committee's questions around how public services - including those within the justice system - can work together to reduce harm, support recovery, and deliver better outcomes for all.

The strategy sets out a comprehensive reform agenda for Scotland's public services, built around three pillars:

1. **Prevention** – tackling root causes of poor outcomes to reduce demand on crisis services.
2. **Joined-Up Services** – integrating services around people and places, especially for those with complex needs.
3. **Efficient Services** – reducing duplication, improving data use, and delivering better value for money.

It aims to shift resources upstream, empower communities, and streamline governance and accountability across Scotland's 131 public bodies.

Links to the Justice Committee Inquiry into Drugs in Prisons

While the strategy does not focus exclusively on prisons, it includes several key programmes and reforms that directly relate to the Justice Committee's inquiry into drugs in prisons:

1. Shifting the Balance Between Custody and Community Justice

- Page 22: This programme under the *Vision for Justice* aims to reduce reoffending by promoting community-based alternatives to custody.
- It acknowledges that short-term prison sentences are less effective than person-centred, community-based interventions.
- This aligns with the Justice Committee's focus on reducing drug-related harm and improving rehabilitation in prisons.

2. Person-Centred and Trauma-Informed Justice

- Page 32: Aims to embed trauma-informed practices across the justice system.
- Includes better communication with victims, pre-recorded evidence, and restorative justice.
- Relevant to prison populations where trauma and substance misuse are prevalent.

3. Mental Health Framework for Collaboration

- Page 32: Promotes multi-agency responses to mental health crises, including in justice settings.
- Supports better coordination between police, health, and social care - critical for managing drug-related incidents in prisons.

4. Whole Family Support and Complex Needs

- Page 26: The strategy proposes expanding the Whole Family Support model to adults facing homelessness, offending, and substance dependency - a profile common in prison populations.

Conclusion

The *Public Service Reform Strategy: Delivering for Scotland (2025)* sets out a system-wide vision for transforming public services through prevention, integration, and person-centred care. While not focused exclusively on justice, the strategy's core principles and programmes align closely with the Justice Committee inquiry into drugs in prisons.

Synergy aligned to Justice Reform

- Prioritises prevention and early intervention over punishment.
- Delivers integrated, trauma-informed care for individuals with substance use and mental health needs.
- Reduces reliance on short-term custody in favour of community-based alternatives.
- Improves continuity of care through better coordination between prison and community services.
- Empowers individuals and communities to shape their own recovery and reintegration journeys.

5.3. Learning from 25 years of Prevention Interventions in Scotland (2025)^{xx}

This report, *Learning from 25 Years of Preventative Interventions in Scotland*, offers a comprehensive review of key initiatives that have sought to improve outcomes, reduce inequalities, and alleviate pressure on public services through early and targeted action.

Drawing on 15 case studies spanning health, justice, education, housing, and social security, the report highlights the diversity and innovation of Scotland's preventative landscape. It adopts a public health framework to define prevention across three levels—primary (preventing problems before they arise), secondary (early detection and intervention), and tertiary (minimising harm through management and support).

By synthesising evidence from across sectors, this report not only highlights Scotland's achievements but also provides a roadmap for future preventative policy. It underscores the critical role of prevention in tackling entrenched inequalities and shaping a more resilient, equitable society.

Key Findings Relevant to Drugs in Prisons and Justice Inquiry

Scotland's National Naloxone Programme (NNP)

In 2011, Scotland launched the world's first National Naloxone Programme (NNP), a targeted public health initiative aimed at reducing opioid-related deaths (ORDs), particularly among individuals recently released from prison—a group known to be at significantly elevated risk of overdose.

The programme distributed take-home naloxone kits both in community settings and directly within the prison system. Prisoners received training and were given kits upon release,

empowering them and those around them to act swiftly in the event of an overdose. Over the course of the programme, more than 46,000 kits were supplied between 2011 and 2018. The impact was profound. The proportion of ORDs occurring within four weeks of prison release fell by 36% in the first three years of the programme, and by 50% over the full five-year period. These reductions translated into dozens of lives saved. Individuals, who might otherwise have died in the critical weeks following release.

The NNP demonstrated that harm reduction strategies within the justice system are not only feasible but highly effective. It showed that with the right training, support, and coordination across health and justice sectors, lives can be saved and communities strengthened.

Impact on prison leavers - The National Naloxone Programme (NNP) had a significant impact on reducing opioid-related deaths among individuals recently released from prison. Between 2011 and 2013, the programme was associated with a 36% reduction in deaths occurring within four weeks of release. This impact deepened over time, with a 50% reduction observed across the full programme period from 2011 to 2016. In the first three years alone, it's estimated that 42 lives were saved—demonstrating the effectiveness of targeted harm reduction strategies within the justice system.

Cost-effectiveness - The National Naloxone Programme (NNP) in Scotland proved to be a highly cost-effective public health intervention. When measured over a 10-year period, the cost per quality-adjusted life year (QALY) gained ranged between £560 and £1,940. These figures fall well below the standard thresholds typically used to determine whether a health intervention offers good value for money. This means that not only did the programme save lives—particularly among those recently released from prison—but it did so in a way that delivered substantial economic efficiency for the public sector.

Implementation in prisons - Implementation of the National Naloxone Programme within Scotland's prison system was comprehensive and collaborative. All 16 Scottish prisons took part in the initiative, ensuring that naloxone kits were routinely placed in prisoners' personal property prior to their release. This approach meant that individuals at high risk of overdose had immediate access to a life-saving intervention during the critical post-release period. A key element of the programme's success was the involvement of peer educators, who played a vital role in delivering training and engaging with prisoners. Their lived experience and trusted presence helped to build understanding and acceptance of naloxone, making the intervention more accessible and effective within the prison environment.

Justice system relevance - The National Naloxone Programme (NNP) holds particular relevance for Scotland's justice system, especially in the context of addressing drug-related harms among prison leavers. It directly tackled the heightened risk of fatal overdose in the critical weeks following incarceration—a period consistently identified as one of the most vulnerable for individuals with a history of opioid use. By embedding naloxone distribution and training within the prison system, the programme demonstrated how health and justice sectors can work together to reduce preventable deaths. This collaborative approach not only saved lives but also highlighted the potential for integrated public health strategies to improve outcomes for some of the justice system's most vulnerable populations.

Broader Justice and Prevention Links - The report underscores the critical importance of multi-agency collaboration in delivering effective preventative interventions within the justice system. It highlights how coordinated efforts between health services, social work, police, courts, and prisons can lead to more impactful and sustainable outcomes.

One example is the Caledonian System, which brought together justice sector partners to address domestic abuse through a whole-systems approach. This model demonstrated the value of integrated responses in tackling complex social issues, reinforcing the potential for similar strategies in addressing drug-related harms within custodial settings.

Overall, the findings strongly support the Justice Committees questions and emphasis on prevention, rehabilitation, and harm reduction. They show that when sectors work together—rather than in isolation—there is greater potential to reduce reoffending, improve health outcomes, and support vulnerable individuals both during and after their involvement with the justice system.

Conclusion

Over the past 25 years, Scotland has demonstrated that preventative interventions within the justice system can lead to transformative outcomes—saving lives, reducing harm, and improving long-term prospects for vulnerable populations. The case studies in this report, particularly the National Naloxone Programme (NNP) and the Caledonian System, provide evidence of how justice and health sectors can collaborate to address deeply entrenched social challenges.

The NNP, directly targeted the elevated risk of opioid-related deaths among individuals recently released from prison. Its success—marked by a 50% reduction in such deaths over five years—underscores the life-saving potential of harm reduction strategies embedded within custodial settings. Similarly, the Caledonian System showed how a whole-systems approach to domestic abuse, involving courts, police, social work, and health services, can improve safety and rehabilitation outcomes.

These interventions highlight the importance of shifting from punitive models to public health-informed justice responses. They also demonstrate the value of multi-agency working, peer education, and person-centred support in achieving sustainable change.

Synergy aligned to Justice Reform

The National Naloxone Programme (NNP) offers evidence of how targeted, preventative health interventions within the prison system can deliver life-saving results while also contributing to broader justice reform goals. By equipping individuals at high risk of overdose with naloxone upon release, the programme not only reduced opioid-related deaths but also demonstrated the potential to lower rates of reoffending and ease the burden on public services.

This approach supports a shift away from punitive responses to drug use and toward a justice model informed by public health principles. The success of the NNP highlights the importance of continued investment in prison-based harm reduction strategies, including naloxone distribution, peer-led education, and robust post-release support. These measures are essential for building a justice system that prioritises rehabilitation, safety, and dignity for those most at risk.

5.4. Medication Assisted Treatment Standards (2021)^{xxi}

Ensuring a smooth and supported transition between prison and community is critical because this period represents one of the highest risk windows for drug-related deaths, disengagement from care, and relapse - making continuity of Medication Assisted Treatment (MAT) a life-saving intervention that directly supports rehabilitation, recovery, and public health outcomes.

The MAT Standards aim to ensure that people who use drugs in Scotland have equitable, timely, and person-centred access to treatment. The 10 standards cover access, choice, harm reduction, retention, psychological support, trauma-informed care, and integration with primary care and mental health services.

Focus on Transition Between Prison and Community

Several MAT standards directly address the continuity of care for individuals transitioning between custody and the community, a critical point for overdose risk and disengagement from services:

Standard 1: Same Day Access

- Requires MAT to be available in prison and custody suites at the point of need.
- Emphasises no-barrier access and same-day prescribing, including for those leaving prison.

Standard 3: Assertive Outreach and Anticipatory Care

- Identifies people at high risk, including those leaving prison, as priority for proactive engagement.
- Requires follow-up within 24–72 hours post-release to reduce overdose risk.

Standard 5: Retention in Treatment

- Stresses the importance of support at key transition points, including release from prison.
- Calls for no unplanned discharges and flexible, person-centred care plans that continue post-release.

Standard 7: Shared Care with Primary Care

- Supports seamless transfer of care from prison-based services to community GPs and pharmacies.
- Encourages shared protocols and information governance to ensure continuity.

Standard 9: Mental Health Integration

- Recognises the high prevalence of co-occurring mental health issues in prison populations.
- Promotes integrated care at the point of MAT delivery, including in custody settings.

Conclusion

The *Medication Assisted Treatment (MAT) Standards (2021)* represent Scotland's public health response to drug-related harm, particularly within justice settings. Their focus on equitable,

timely, and person-centred access to treatment aligns directly with the Scottish Parliament’s Justice Committee inquiry into drugs in prisons, especially regarding the critical transition from custody to community.

Links to the Justice Committee Inquiry into Drugs in Prisons

1. Continuity of Care at Transition Points

The MAT Standards - particularly Standards 1, 3, 5, and 7 - emphasise the importance of seamless care during transitions, including release from prison. This directly supports the Committee’s questions and concerns about the high risk of overdose and disengagement in the immediate post-release period. Standard 3’s requirement for follow-up within 24–72 hours post-release is especially relevant to reducing drug-related deaths.

2. Same-Day Access and No-Barrier Entry

Standard 1 mandates same-day access to MAT in custody settings, including at the point of release. This aligns with the Committee’s questions around low-threshold, responsive treatment models that prevent gaps in care - particularly for individuals entering or leaving prison with active substance use needs.

3. Retention and Person-Centred Planning

Standard 5 highlights the need for flexible, person-centred care plans that support retention in treatment across transitions. This supports the Committee’s emphasis on avoiding unplanned discharges and ensuring that individuals are not lost to care during critical moments.

4. Shared Care and Integration with Primary Care

Standard 7 promotes shared protocols between prison-based services and community GPs and pharmacies. This directly addresses the Committee’s concerns about fragmented care and the need for better coordination between justice and health systems.

5. Mental Health Integration

Standard 9 recognises the high prevalence of co-occurring mental health conditions in prison populations and calls for integrated care at the point of MAT delivery. This supports the Committee’s questions around dual-diagnosis approaches that reflect the complex needs of people in custody.

Synergy aligned to Justice Reform

- Timely, equitable access to treatment, including same-day prescribing.
- Seamless transitions between custody and community, with proactive follow-up.
- Integrated, trauma-informed care that addresses both addiction and mental health.
- Shared accountability across justice and health systems to ensure continuity and quality of care.

5.5. PHS Health and Justice Programme Strategy (2022)^{xxii}

The Public Health Scotland (PHS) Health and Justice Programme Strategy (2022) reflects this shift, advocating for a whole-system, preventative approach that addresses the social determinants of health and crime in tandem.

This policy synergy is especially relevant in the context of the Scottish Parliament’s Criminal Justice Committee inquiry into drug use in prisons. The inquiry seeks to understand the scale and impact of substance misuse within custodial settings, including how drugs enter prisons, the consequences for individuals and staff, and the effectiveness of current treatment and recovery services. These concerns mirror the PHS strategy’s emphasis on trauma-informed care, upstream prevention, and the use of data to inform evidence-based interventions.

Purpose - The Health and Justice Programme by Public Health Scotland (PHS) was established to integrate public health approaches into Scotland’s justice system. Its overarching goal is to reduce health inequalities and improve the wellbeing of individuals who come into contact with justice services. This initiative recognises that justice-involved populations often experience significantly poorer health outcomes and that addressing these disparities is essential to creating a healthier, fairer society.

Key Drivers - The strategy is driven by the recognition that individuals within the justice system are disproportionately affected by issues such as substance use, mental ill-health, and blood-borne viruses. These health challenges are often rooted in broader social determinants like poverty, trauma, and adverse childhood experiences (ACEs), which also contribute to criminal behaviour. The strategy calls for a shift from reactive, individual-level responses to a holistic, person-centred, and preventative approach that addresses these root causes.

Vision - PHS envisions becoming a trusted and embedded partner within the justice system, applying public health methods to systematically and sustainably improve health outcomes and reduce offending across Scotland.

Aims - The programme aims to work collaboratively to understand and address the underlying causes of crime and reoffending. It seeks to mitigate the negative impacts and enhance the positive effects of justice system contact on both adults and children. By doing so, it hopes to foster a justice system that contributes positively to public health.

Public Health Principles Applied - The strategy is grounded in six core public health principles:

- It adopts a population-level focus, encouraging a broader view of health needs beyond individual cases.
- It emphasises addressing the ‘causes of the causes’ by tackling upstream determinants of health and crime.
- Prevention is central, with a focus on primary, secondary, and tertiary interventions.
- The use of high-quality data and evidence is promoted to guide action and evaluate outcomes.
- Partnership working is essential, involving collaboration across sectors and communities.

- Finally, the strategy applies an inequality lens, recognising that those with the greatest needs require the most support.

Conclusion

The *Public Health Scotland (PHS) Health and Justice Programme Strategy (2022)* offers a foundational framework for integrating public health principles into Scotland's justice system. Its emphasis on prevention, trauma-informed care, and addressing the social determinants of health aligns directly with the Scottish Parliament's Justice Committee inquiry into drugs in prisons, reinforcing the need for a system-wide, health-led approach to substance use in custodial settings.

Links to the Justice Committee Inquiry into Drugs in Prisons

1. Whole-System, Preventative Approach - The strategy advocates for upstream interventions that tackle the root causes of both poor health and offending - such as poverty, trauma, and adverse childhood experiences. This supports the Committee's questions and exploration for a shift away from reactive, punitive responses to drug use in prisons, toward prevention and rehabilitation.

2. Trauma-Informed and Person-Centred Care - PHS promotes trauma-informed practices across justice settings, recognising the high prevalence of trauma among justice-involved populations. This aligns with the Committee's questions on the need for compassionate, person-centred responses to substance use, particularly for individuals with complex needs.

3. Integration of Health and Justice Services - The strategy calls for better coordination between health, justice, and social care systems. This supports the Committee's questions and exploration for multi-agency collaboration to ensure continuity of care - especially during transitions from custody to community, where the risk of overdose and disengagement is highest.

4. Use of Data and Evidence - PHS highlights the importance of high-quality data to guide interventions and evaluate outcomes. This mirrors the Committee's questions and exploration about fragmented data systems and the need for robust monitoring of treatment effectiveness and service delivery across the prison estate.

5. Focus on Inequality and Vulnerable Populations - The strategy applies an inequality lens, recognising that those with the greatest needs - such as individuals with substance use disorders - require the most support. This aligns with the Committee's questions on the disproportionate impact of drug-related harm on vulnerable groups in custody, including women, young people, and those with co-occurring mental health conditions.

Synergy aligned to Justice Reform

- Treats substance use as a public health issue, not a criminal one.
- Invests in prevention and early intervention, addressing the root causes of drug-related harm.
- Delivers integrated, trauma-informed care across custody and community settings.
- Uses data to drive improvement and accountability, ensuring services meet the needs of those most at risk.

- Reduces health inequalities by prioritising support for vulnerable and marginalised populations.

5.6. Mental Health and Wellbeing Strategy (2023)^{xxiii}

The strategy sets out a 10-year vision for improving mental health and wellbeing across Scotland, with a strong emphasis on prevention, early intervention, and tackling inequalities. Several areas directly relate to the justice system, particularly in the context of people in custody and those affected by substance use.

Key Justice-Relevant Commitments:

1. Trauma-Informed and Rights-Based Practice

- Embedding trauma-informed approaches across all public services, including justice and prisons.
- Recognising the impact of adverse childhood experiences (ACEs) and complex trauma on offending behaviour and substance use.

2. Mental Health in Custody

- Improving access to mental health support in prisons and forensic settings.
- Reducing the use of segregation and restraint and promoting therapeutic alternatives.
- Supporting continuity of care between custody and community.

3. Suicide Prevention in Justice Settings

- Strengthening suicide prevention strategies in prisons.
- Enhancing staff training and post-incident support.

4. Substance Use and Co-occurring Conditions

- Addressing the intersection of mental health and substance use through integrated care models.
- Supporting people with dual diagnosis in custody and on release.

5. Diversion from Custody

- Expanding community-based alternatives to custody for people with mental health and substance use needs.
- Promoting early intervention and support through multi-agency partnerships.

6. Workforce Development

- Training justice and prison staff in mental health awareness, trauma-informed care, and suicide prevention.
- Supporting staff wellbeing in high-stress environments

Conclusion

The *Mental Health and Wellbeing Strategy (June 2023)* sets out a 10-year vision for improving mental health across Scotland, with a strong emphasis on prevention, trauma-informed care, and integrated support. Its commitments are highly relevant to the Scottish Parliament's Justice Committee inquiry into drugs in prisons, particularly in addressing the complex and co-occurring needs of individuals in custody.

Links to the Justice Committee Inquiry into Drugs in Prisons

1. Trauma-Informed and Rights-Based Practice - The strategy's commitment to embedding trauma-informed approaches across all public services - including prisons - directly supports the Committee's questions for person-centred care for individuals with substance use histories. Recognising the role of adverse childhood experiences (ACEs) and complex trauma in offending and addiction is essential to designing effective interventions.

2. Mental Health in Custody - Improving access to mental health support in prisons and reducing the use of segregation and restraint aligns with the Committee's questions and exploration on the need for therapeutic, rather than punitive, responses to drug use. The strategy's focus on continuity of care between custody and community also supports MAT Standard 10 and the Committee's emphasis on seamless transitions.

3. Suicide Prevention - The strategy's prioritisation of suicide prevention in justice settings - including staff training and post-incident support - addresses a key concern of the Committee, particularly in relation to the heightened risk of overdose and suicide in the immediate post-release period.

4. Substance Use and Co-occurring Conditions - The strategy promotes integrated care models for individuals with dual diagnosis, reinforcing the Committee's exploration for joined-up services that address both mental health and addiction. This is especially critical in prison populations, where co-occurring conditions are common and often under-treated.

5. Diversion from Custody - Expanding community-based alternatives to custody for individuals with mental health and substance use needs supports the Committee's questions and exploration for reducing reliance on short-term imprisonment, which is often ineffective in addressing underlying health issues.

6. Workforce Development - Training prison staff in mental health awareness, trauma-informed care, and suicide prevention is essential for creating a supportive environment. This aligns with the Committee's questions on staff capacity-building to improve engagement and reduce stigma.

Synergy aligned to Justice Reform

- Responds to substance use through a health and care lens, not punishment.
- Delivers integrated, trauma-informed support for individuals with complex needs.
- Reduces harm and improves outcomes through early intervention and continuity of care.
- Empowers staff and services to support recovery and rehabilitation.
- Promotes alternatives to custody that are more effective in addressing addiction and mental health.

5.7. What Works to Reduce Reoffending (2025)^{xxiv}

The 2025, *What Works to Reduce Reoffending* highlights several interventions and approaches that are shown to be effective in reducing reoffending, particularly when compared to short-term imprisonment.

The report reaffirms that **substance misuse is a key criminogenic need** - a dynamic risk factor directly linked to criminal behaviour. It underscores that interventions addressing substance use are essential to reducing reoffending and highlights that custodial settings often fail to provide the rehabilitative environment necessary to address these needs effectively.

In relation to the Justice Committee's inquiry, the report does not present new prevalence data but reinforces that substance misuse is a major driver of reoffending, particularly among those serving short custodial sentences. It draws attention to the disproportionate impact on women in prison, noting that 74% of women convicted of acquisitive crimes have a Class A drug problem, compared to 54% of men in the same category. Additionally, binge drinking is identified as a major predictor of women's reoffending, suggesting that alcohol misuse is a significant but often under-addressed issue within the prison population.

The report finds that current treatment and support services are often insufficient, especially for individuals on remand or serving short sentences. In such cases, imprisonment may have a criminogenic effect, increasing the likelihood of reoffending due to disrupted housing, employment, and social ties. In contrast, community sentences are consistently shown to be more effective than short-term imprisonment in reducing reoffending, particularly when they include access to substance use treatment and support. The report stresses that rehabilitation must be tailored to individual needs, including substance misuse, and that generic interventions are less effective.

Several barriers to accessing support are identified. Short sentences and remand status limit access to meaningful treatment. There is a lack of continuity of care between prison and community services, which disrupts recovery. Stigma and a lack of trust in services deter engagement, particularly for women. Additionally, inadequate data systems and fragmented service delivery hinder effective intervention planning. The report also notes that rehabilitative effects are strongest when services are well-resourced and accessible conditions that are often unmet in overcrowded or underfunded prison environments.

Throughcare is described as fragmented and inconsistent, particularly for those with substance use needs. Many individuals are released without adequate support or medication. Supervision without support, such as parole or electronic monitoring, may increase the risk of reoffending, especially if technical breaches lead to recall.

The 2025 report on reducing reoffending presents a case for shifting away from short-term imprisonment and toward more effective, rehabilitative, and community-based responses - particularly for individuals with substance use issues, which are a key focus of the Justice Committee's inquiry.

Community sentences are consistently shown to be more effective than short-term custodial sentences (under 12 months) in reducing reoffending. These sentences offer greater opportunities for rehabilitation, especially when they are tailored to individual needs and supported by high-quality programmes. This is particularly relevant to individuals with substance use problems, who often require sustained, community-based support. The report

notes that reconviction rates for community sentences are significantly lower than for short custodial sentences - 50.2% for sentences under 12 months, compared to much lower rates for community orders. This evidence supports the Committee's interest in alternatives to custody for those with substance misuse needs.

The report also highlights the effectiveness of the Risk-Need-Responsivity (RNR) model. Interventions that match the intensity of support to the individual's risk level and target criminogenic needs - such as substance misuse - are more successful in reducing reoffending. Cognitive-behavioural approaches and personalised support are key to this success. This aligns with the Committee's questions around substance use treatment in prisons is not generic but responsive to individual needs.

Where imprisonment is used, the report stresses that its effectiveness depends heavily on the availability and quality of rehabilitative programming. Prisons that emphasise education, vocational training, and substance use treatment show better outcomes. However, the report also warns that many custodial settings fail to provide this environment, particularly for those on remand or serving short sentences - groups that often include individuals with substance use issues. This reinforces the Justice Committee's questions around whether prison may not be the most appropriate setting for addressing problematic substance use.

Electronic monitoring (EM), when combined with support services, is another intervention shown to reduce reoffending. EM allows individuals to maintain employment and social ties - protective factors that are often disrupted by imprisonment. For individuals with substance use issues, remaining in the community while receiving structured support can be more beneficial than incarceration.

Bail support programmes are also highlighted as more effective than remand, particularly when they focus on support rather than surveillance. Keeping individuals in the community helps maintain housing, employment, and family ties - all of which are crucial for recovery from substance use and for desistance from offending. This is especially relevant given the high proportion of individuals on remand with substance use needs, and the Justice Committee's concern about the lack of access to treatment during remand.

The report draws attention to diversion schemes such as Durham Constabulary's Checkpoint programme, which showed a 10% reduction in reoffending over 24 months. These schemes focus on accountability and addressing underlying issues such as substance use, offering a promising model for Scotland to consider in its justice reform efforts.

Tailored approaches for women are also emphasised. Women benefit from holistic, trauma-informed interventions that address multiple needs, including mental health, substance use, and parenting. The report notes that binge drinking, and Class A drug use are particularly strong predictors of reoffending among women, highlighting the need for gender-specific responses - an area of concern for the Committee, given the disproportionate impact of imprisonment on women with substance use and trauma histories.

Strategically, the report strongly supports a shift away from punitive responses and towards rehabilitation and reintegration, particularly for individuals with substance use issues. It recommends expanding community-based alternatives to custody that include substance use treatment, ensuring that rehabilitative programmes in prison are high-quality, accessible, and tailored to individual needs, improving data sharing and continuity of care between prison and

community services, and addressing the disproportionate impact of imprisonment on women, especially those with substance use and trauma histories.

Finally, the report underscores the importance of age-sensitive interventions. Young people have higher reoffending rates but also a greater capacity for change. Sentencing and support should consider cognitive maturity and developmental stage, particularly for young people with substance use issues, who may benefit more from rehabilitative and community-based interventions than from custodial sentences.

Conclusion

The *What Works to Reduce Reoffending (2025)* report provides compelling evidence that supports the Scottish Parliament's Justice Committee inquiry into drugs in prisons. It reinforces the view that substance misuse is a key driver of reoffending and that short-term imprisonment often fails to address the underlying causes of criminal behaviour - particularly addiction, trauma, and mental ill health.

Links to the Justice Committee Inquiry into Drugs in Prisons

1. Substance Use as a Criminogenic Need

The report confirms that substance misuse is one of the most significant dynamic risk factors for reoffending. This aligns with the Committee's focus on the scale and impact of drug use in prisons and the need for targeted, evidence-based interventions.

2. Ineffectiveness of Short-Term Custody

Short custodial sentences are shown to be less effective than community-based alternatives in reducing reoffending, particularly for individuals with substance use issues. This supports the Committee's questions that prison may exacerbate, rather than resolve, addiction-related offending - especially for those on remand or serving short sentences.

3. Community-Based Alternatives

The report highlights the superior outcomes of community sentences that include substance use treatment and support. This aligns with the Committee's questions around the use of diversion schemes, bail support, and electronic monitoring as more effective, rehabilitative responses to drug-related offending.

4. Continuity of Care and Throughcare

Fragmented throughcare and poor continuity of support - especially at the point of release - are identified as major barriers to recovery. This reinforces the Committee's direct questions on MAT Standard 10 and the need for seamless transitions between prison and community services.

5. Gender- and Age-Specific Needs

The report draws attention to the disproportionate impact of substance use and imprisonment on women, particularly those with trauma histories. It also highlights the need for age-sensitive interventions for young people.

6. Risk-Need-Responsivity (RNR) Model

The report endorses the RNR model, which matches intervention intensity to risk level and targets criminogenic needs like substance misuse.

Synergy aligned to Justice Reform

- Prioritises rehabilitation over punishment, especially for individuals with substance use needs.
- Expands access to community-based alternatives that are more effective in reducing reoffending.
- Delivers tailored, trauma-informed interventions that address the root causes of offending.
- Improves continuity of care and throughcare, ensuring support before, during, and after custody.
- Invests in gender- and age-responsive services, recognising the unique needs of women and young people.

6. Human Rights

6.1. Scottish Human Rights Commission - Report on Human Rights in Detention (July 2024)^{xxv}

The Scottish Human Rights Commission's report, co-authored with the UK National Preventive Mechanism, provides a critical assessment of Scotland's progress in upholding human rights within places of detention, including prisons and forensic mental health facilities. The report identifies significant areas where rights protections have stalled, particularly for vulnerable populations.

Link to Justice Committee Inquiry into Drugs in Prisons

The report's findings strongly align with the Justice Committee's inquiry into problem substance misuse, particularly in relation to the prison population.

- The overrepresentation of individuals with substance misuse issues in custody, often linked to broader social and health inequalities.
- Inadequate mental health and healthcare provision, with poor access to integrated, trauma-informed support services.
- The need for systemic reform, including diversion from custody, community-based alternatives, and whole-system approaches that prioritise care over punishment.
- Failures in investigating deaths in custody, many of which are associated with substance misuse, reinforcing the need for improved accountability and transparency.
- A shared call for integrated services, breaking down silos between justice, health, and social care to deliver coordinated, person-centred support.

Conclusion

The Scottish Human Rights Commission's July 2024 report, developed in collaboration with the UK National Preventive Mechanism, presents a critique of the current state of human rights in detention settings across Scotland. It identifies systemic failings that disproportionately affect individuals with complex needs, including those with substance misuse issues, mental ill-health, and histories of trauma.

Synergy aligned to Justice Reform

- Embedding human rights standards across all aspects of the justice system, ensuring that detention practices uphold dignity, safety, and accountability.
- Expanding diversionary pathways that redirect individuals with substance misuse and mental health issues away from custody and into community-based, trauma-informed care.
- Redesigning prison healthcare systems to provide integrated, multidisciplinary support that addresses co-occurring conditions and reduces reliance on punitive measures such as solitary confinement.
- Strengthening oversight and accountability mechanisms, particularly in relation to deaths in custody, use of force, and treatment of vulnerable groups.
- Developing gender-responsive and culturally competent services, especially for women and ethnic minorities, to address the compounded vulnerabilities they face in detention.
- Investing in workforce development, including training in trauma-informed practice, de-escalation, and human rights awareness for all staff working in custodial settings.

6.2. Charter of Rights for People Affected by Substance Use^{xxvi}

The Charter is a rights-based framework designed to support people affected by substance use - both individuals and their families - by embedding human rights principles into service design, delivery, and accountability. It draws on the UK Human Rights Act^{xxvii}, the European Convention on Human Rights (ECHR)^{xxviii}.

Core Rights Identified:

1. **Right to Life** – including overdose prevention and harm reduction.
2. **Right to Health** – access to trauma-informed, evidence-based, and non-discriminatory care.
3. **Right to an Adequate Standard of Living** – including housing, food, and social security.
4. **Right to Private and Family Life** – including protection from arbitrary interference and support for family involvement.
5. **Right to a Healthy Environment**
6. **Freedom from Torture and Inhuman Treatment** – including access to equivalent healthcare in detention.
7. **Freedom from Arbitrary Arrest or Detention** – including diversion from prosecution and prioritisation of non-custodial sentences.

Relevance to Prisons and the Justice Committee Inquiry

The Charter directly addresses prison settings and aligns with the Justice Committee's 2025 inquiry into drugs in prisons, particularly in the following areas:

1. Healthcare in Custody

- The Charter asserts that people in detention must have equivalent access to healthcare as those in the community (Right 6).
- This includes essential medicines, harm reduction, and mental health support - key concerns in the Justice Committee's inquiry.

2. Non-Custodial Alternatives

- The Charter calls for diversion from prosecution and non-custodial sentencing for minor substance-related offences (Right 7).
- This supports the Committee's focus on reducing prison populations and addressing the root causes of drug-related offending.

3. Stigma and Discrimination

- The Charter emphasises the need to eliminate stigma and ensure non-discriminatory access to services, including in justice settings.
- This is critical in prisons, where stigma can be a barrier to accessing treatment and support.

4. Family and Community Involvement

- The Charter promotes family participation in care decisions and cautions against punitive responses to parental substance use (Right 4).
- This aligns with trauma-informed approaches and supports rehabilitation and reintegration post-release.

5. Accountability and Oversight

- The Charter includes a Toolkit and FAIR model to support implementation, monitoring, and continuous improvement.
- These tools can be applied within prison settings to assess rights compliance and improve service delivery.

Conclusion

The *Charter of Rights for People Affected by Substance Use* provides a comprehensive, rights-based framework that directly supports and strengthens the aims of the Scottish Parliament Justice Committee's 2025 inquiry into drugs in prisons. Grounded in the UK Human Rights Act and the European Convention on Human Rights (ECHR), the Charter articulates a clear legal and ethical foundation for embedding human rights into the design, delivery, and oversight of services for people affected by substance use - including those in custody.

Link to Justice Committee Inquiry into Drugs in Prisons

The Charter's relevance to the Justice Committee inquiry is evident across several key areas:

- **Healthcare in Custody:** - The Charter affirms the right to equivalent healthcare for people in detention, including access to harm reduction, essential medicines, and mental health support. This aligns with the Committee's focus on improving health outcomes and reducing drug-related harm in prisons.

- **Non-Custodial Alternatives** - By advocating for diversion from prosecution and non-custodial sentencing for minor substance-related offences, the Charter supports the Committee's exploration of reducing prison populations and addressing the root causes of offending.
- **Stigma and Discrimination:** - The Charter's emphasis on non-discriminatory, trauma-informed care is critical in prison settings, where stigma can be a significant barrier to accessing treatment and support.
- **Family and Community Involvement** - The Charter promotes the involvement of families in care decisions and cautions against punitive responses to parental substance use, reinforcing the Committee's interest in rehabilitation and reintegration.
- **Accountability and Oversight** - The Charter's Toolkit and FAIR model offer practical mechanisms for monitoring rights compliance and improving service delivery within custodial settings.

Synergy aligned to Justice Reform

- **Embedding Human Rights in Justice Policy:** The Charter provides a structured approach to integrating human rights into justice and health systems, ensuring that people in custody are treated with dignity and fairness.
- **Rebalancing the System Toward Care:** By promoting non-custodial alternatives and trauma-informed responses, the Charter supports a shift away from punitive models toward rehabilitation and recovery.
- **Improving Service Integration:** The Charter reinforces the need for coordinated multi-agency responses that bridge justice, health, and social care - echoing the Justice Committee's interest for whole-system reform.
- **Enhancing Accountability:** The Charter's tools for implementation and oversight can be used to assess and improve rights compliance in prisons, supporting transparency and continuous improvement.
- **Reducing Harm and Preventing Deaths:** By prioritising harm reduction and access to healthcare, the Charter contributes to the Justice Committee's interest in preventing drug-related deaths in custody and improve overall outcomes.

6.3. Scottish Human Rights Commission (SHRC) and National Preventive Mechanism (NPM) report (2024)^{xxix}

The purpose of this work was to assess Scotland's compliance with international human rights obligations in places of detention - specifically prisons and forensic mental health settings - focusing on the right to life and the prohibition of torture and ill-treatment.

Key Findings:

- **83% of recommendations** from international human rights bodies remain **unimplemented**.
- Issues persist in areas such as:
 - Deaths in custody and suicides
 - Overcrowding and poor prison conditions

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- Inadequate mental health and addiction services
- Use of force, restraint, and segregation
- Lack of independent investigations and data transparency

Scope:

The report covers 29 recommendations over a 10-year period, focusing on systemic failures in prisons and forensic mental health estates.

Findings

- **Substance Use and Drug Deaths** - Drug-related deaths in prisons remain high; 25 of 121 deaths (2020–2022) were drug-related.
- **Mental Health and Dual Diagnosis** - Mental health services are under-resourced; delays in transfers to psychiatric care are common.
- **Overcrowding and Environment** - Overcrowding exacerbates drug use, violence, and poor mental health.
- **Use of Segregation and Solitary Confinement** - Segregation is used for prisoners with acute mental health needs, including those with substance misuse.
- **Training and Staff Competency** - Staff often lack training in trauma-informed care, mental health, and substance use.
- **Data and Transparency** - Lack of publicly available data on drug use, deaths, and treatment outcomes.

Conclusion

The 2024 joint report by the Scottish Human Rights Commission (SHRC) and the UK National Preventive Mechanism (NPM) presents an assessment of Scotland’s compliance with international human rights obligations in places of detention. With 83% of international recommendations still unimplemented, the report highlights persistent and systemic failures - particularly in relation to deaths in custody, overcrowding, inadequate mental health and addiction services, and the use of force and segregation.

Link to Justice Committee Inquiry into Drugs in Prisons

- **Substance Use and Drug Deaths** - The report’s identification of high rates of drug-related deaths in custody underscores the urgency of the Committee’s inquiry and supports a deeper examination of addiction services, prescribing practices, and peer-led recovery models.
- **Mental Health and Dual Diagnosis** - The report highlights the under-resourcing of mental health services and delays in psychiatric transfers - issues that are particularly acute for prisoners with co-occurring substance use and mental health conditions.
- **Overcrowding and Environment** - Overcrowded conditions are shown to exacerbate drug use, violence, and poor mental health, reinforcing the Committee’s interest in how prison environments contribute to substance misuse.
- **Use of Segregation** - The use of solitary confinement for individuals with acute mental health and substance use needs raises serious human rights concerns and calls for the exploration of alternative, therapeutic approaches.

- **Staff Training and Competency** - The report's findings on the lack of trauma-informed training for prison staff align with the Committee's focus on impact and support for staff.
- **Data and Transparency** - The absence of reliable, publicly available data on drug use and treatment outcomes in prisons presents a barrier to accountability and reform - an issue was raised at the Committee.

Synergy aligned to Justice Reform

- Embedding human rights standards in all aspects of prison policy and practice, particularly in relation to healthcare, mental health, and the use of force.
- Developing integrated, trauma-informed services that address the complex needs of individuals with substance use and mental health issues.
- Reducing reliance on punitive measures, such as segregation, in favour of therapeutic and rehabilitative approaches.
- Improving staff training and support, ensuring that those working in prisons are equipped to respond effectively and compassionately to drug-related challenges.
- Enhancing transparency and accountability, including the development of a national dashboard to monitor prison health and drug-related outcomes.

7. Scottish Prison Service

The Scottish Prison Service (SPS) is undertaking a comprehensive and person-centred approach to address the complex needs of individuals in custody, with a strong focus on alcohol and drug recovery, mental health, and holistic support. Recognising the interconnected nature of substance use, trauma, and mental health challenges, SPS has developed strategic frameworks to guide its efforts in creating safer, healthier, and more rehabilitative environments.

7.1. Mental Health / Substance Use and Recovery

The Scottish Prison Service's **Mental Health and Wellbeing Strategy (2024)^{xxx}** and **Alcohol & Drug Recovery Strategy (2025)^{xxxi}** presents a vision for transforming prison health care. They aim to create prison environments free from stigma and discrimination, where individuals are supported to achieve positive mental health and recovery outcomes. Crucially, both strategies recognise the deep interconnection between substance use and mental health, and the need to address them holistically to reduce reoffending and improve wellbeing - an approach that aligns directly with the Justice Committee's inquiry into problematic substance use in prisons.

A key synergy between the two strategies is their adoption of a 'whole person, whole prison' model. This approach acknowledges that recovery and mental wellbeing are shaped by biological, psychological, social, and environmental factors. Both strategies emphasise the importance of trauma-informed care and multi-agency collaboration across NHS Scotland, local authorities, third sector organisations, and community services. This integrated model is essential for addressing the complex needs of individuals in custody, particularly those with co-occurring mental health and substance use issues.

Central to both strategies is the **CHIME** framework - Connectedness, Hope, Identity, Meaning, and Empowerment - which provides a shared foundation for designing recovery-oriented services. This model supports the development of personal and social capital, which are

critical for sustained recovery and desistance from offending. The use of CHIME across both strategies ensures consistency in service design and reinforces the importance of relational, strengths-based approaches.

Continuity of care is another shared priority. Both strategies stress the importance of seamless support from custody into the community. This includes the development of individualised Community Integration Pathways (CIP), access to residential rehabilitation through the Prison2Rehab (P2R) programme, adherence to Sustainable Housing on Release for Everyone (SHORE) standards, and the provision of Take-Home Naloxone (THN) to prevent overdose deaths. These measures are vital for reducing the risk of relapse and reoffending post-liberation - an area of concern highlighted by the Justice Committee.

Workforce development is also highlighted in both strategies. The Scottish Trauma Informed Leaders Training (STILT) and other trauma-informed learning initiatives are being rolled out across the prison estate. Staff are being equipped to understand the links between trauma, substance use, and mental health, and to respond with compassion and competence. This is essential for creating a rehabilitative culture and for ensuring that individuals feel safe and supported to seek help.

Both strategies also commit to embedding peer-led approaches and involving people with lived and living experience in service design, delivery, and evaluation. Initiatives such as Peer Naloxone Champions, mutual aid groups, and recovery cafés are already in place, demonstrating the value of peer support in fostering engagement and building recovery capital.

In direct response to the Justice Committee's inquiry, the strategies provide clear evidence on the scale and nature of problematic substance use in prisons. The Alcohol and Drug Recovery Strategy reports that 40–75% of people entering prison have drug problems or test positive, and that 73% of remand prisoners drink at harmful levels. The Mental Health and Wellbeing Strategy identifies substance use as a key risk factor for poor mental health, suicide, and self-harm in custody.

Regarding the effectiveness of current treatment and support services, both strategies acknowledge significant gaps - particularly for those on remand or serving short sentences. The Alcohol and Drug Recovery Strategy promotes the implementation of Medication Assisted Treatment (MAT) Standards and structured recovery pathways, while the Mental Health and Wellbeing Strategy calls for early intervention, low-intensity psychological support, and coordinated dual diagnosis care.

Barriers to accessing support are also clearly identified. Stigma, mistrust, and fragmented services are common challenges. The Alcohol and Drug Recovery Strategy highlights how language and attitudes can deter individuals from seeking help, while the Mental Health and Wellbeing Strategy points to poor data quality and inconsistent service delivery as systemic issues. These insights are critical for informing the Committee's understanding of why some individuals do not engage with available services.

Throughcare is recognised as a critical weakness in both strategies. The Alcohol and Drug Recovery Strategy promotes community integration pathways, housing support, and rehab referrals, while the Mental Health and Wellbeing Strategy emphasises the need for continuity of mental health care, including post-liberation planning and links to community services. These measures are essential for reducing the high risk of overdose and relapse immediately after release - an issue of particular concern to the Justice Committee.

In conclusion, the combined strategies offer a comprehensive and aligned response to the challenges of substance use and mental health in Scotland's prisons. They highlight that custody presents a unique opportunity to address health inequalities and that integrated, trauma-informed, and peer-led approaches are not just beneficial but necessary. Improving data systems, strengthening throughcare, and targeting high-risk groups such as remand populations are essential next steps.

Conclusion

The Scottish Prison Service's *Mental Health and wellbeing Strategy* and *Alcohol & Drug Recovery Strategy* present a unified and rights-based vision for transforming prison healthcare in Scotland. Grounded in trauma-informed, person-centred principles, both strategies recognise the deep interconnection between substance use and mental health, and the need to address these issues holistically to reduce reoffending and improve wellbeing.

Link to Justice Committee Inquiry into Drugs in Prisons

- **Whole Person, Whole Prison Approach** - Both strategies adopt a biopsychosocial model that acknowledges the complex interplay of trauma, environment, and social determinants in shaping recovery and mental health. This supports the Justice Committee's focus on systemic, whole-prison reform.
- **CHIME Framework** - The use of Connectedness, Hope, Identity, Meaning, and Empowerment as a foundation for service design ensures consistency across mental health and recovery services, reinforcing the Justice Committee's emphasis on relational, strengths-based approaches.
- **Continuity of Care and Throughcare** - The strategies prioritise seamless transitions from custody to community, including Community Integration Pathways (CIP), Prison2Rehab (P2R), SHORE standards, and Take-Home Naloxone (THN). These measures directly address the Justice Committee's concerns about relapse, overdose, and reoffending post-release.
- **Workforce Development** - Initiatives such as Scottish Trauma Informed Leaders Training (STILT) equip staff with the skills to respond compassionately and effectively to individuals with complex needs - an essential component of the Justice Committee's question around staff support, capacity, and demand.
- **Peer Involvement and Lived Experience** - The strategies embed peer-led models and lived experience in service design and delivery, aligning with the Committee's interest in participatory, person-led approaches to recovery.
- **Evidence of Need** - The strategies provide clear data on the scale of substance use in custody - 40–75% of people entering prison have drug problems, and 73% of remand prisoners drink at harmful levels - reinforcing the Committee's focus on high-risk groups.
- **Identified Gaps and Barriers** - Both strategies acknowledge significant service gaps, particularly for remand and short-term prisoners, and highlight stigma, mistrust, and fragmented services as barriers to engagement - critical insights for the Committee's inquiry.

Synergy aligned to Justice Reform

- Embedding trauma-informed, rights-based care across the prison estate.
- Improving access and equity in mental health and addiction services, especially for remand and short-term prisoners.
- Strengthening throughcare and community reintegration, reducing the risk of overdose and reoffending.
- Enhancing staff training and peer-led support, fostering a culture of compassion and recovery.
- Addressing systemic barriers, including stigma, poor data quality, and inconsistent service delivery.

7.2. Prisoner Survey (2024)^{xxxii}

The *Prison Survey 2024* marks the 18th iteration of a long-standing effort by the Scottish Prison Service (SPS) to capture the lived experiences of individuals in custody. Conducted across all 17 Scottish prisons, the survey provides a vital lens into the realities of prison life, with particular attention to health, substance use, and the availability of support services.

The 2024 Prison Survey achieved an overall response rate of 30%, marking a modest increase from the 28% recorded in the previous 2019 survey. Participation levels varied significantly across the prison estate, with Lillias Community Custody Unit reporting the highest engagement at 93%, while HMP Addiewell recorded the lowest at just 8%. In total, 2,463 individuals took part in the survey, representing a substantial sample from the average prison population of 8,266.

The Committee's questions focus on the availability and quality of treatment, rehabilitation, and recovery services, as well as the role of mental health and throughcare support in reducing relapse and reoffending. The survey's findings—particularly those related to in-prison drug use, access to addiction and mental health services, and the lived experiences of individuals in custody—provide essential evidence to inform this inquiry and support the development of more effective, compassionate, and recovery-oriented approaches to substance use in Scotland's prisons.

1. What is the scale and nature of problematic substance use in prisons?

The 2024 Prison Survey reveals a significant and growing prevalence of substance use among Scotland's prison population. Nearly half of respondents (49%) reported using drugs in the community prior to custody, and 32% were under the influence of drugs at the time of their offence - an increase from 28% in 2019. Thirty percent of respondents acknowledged that drug use was a problem for them in the community, up from 25% in the previous survey.

Inside prison, 35% admitted to using illegal drugs, a rise from 29% in 2019. Of those, 17% had used drugs in the last month. Notably, 26% said their drug use had increased or started during their current sentence, while 49% reported a decrease. Illicit alcohol use was also reported by 17% of respondents. Despite these figures, only 6% said they had received helpful support for alcohol use, and 7% said they needed support but hadn't received it.

These findings underscore the endemic nature of substance use in custody and highlight the need for targeted interventions, particularly for remand prisoners and those with repeat custodial histories. The survey had a 30% overall response rate, with participation ranging from

8% in HMP Addiewell to 93% in Lillias CCU, suggesting a broad but uneven representation across the estate.

2. How effective are current treatment and support services?

The survey paints a mixed picture of access to and satisfaction with addiction and mental health services. A quarter of respondents (25%) rated addiction services as ‘quite’ or ‘very difficult’ to access, while over half (51%) found mental health services similarly hard to reach. Only 15% had ever been supplied with Naloxone, and just 4% had administered it in the past year. Twenty-four percent had received training on recognising overdose symptoms.

Support for alcohol use was particularly limited: only 6% of those who needed it found it helpful, and 3% found it unhelpful. These figures suggest that while services exist, their accessibility, visibility, and perceived effectiveness remain low - especially for individuals with co-occurring mental health and substance use issues.

3. What are the barriers to accessing support?

Several barriers to accessing support were identified. Stigma and fear of disclosure appear to be significant, as evidenced by high non-response rates to substance use questions. Many individuals may be reluctant to disclose their needs due to concerns about judgement or consequences.

Information provision is another major issue. Thirty-eight percent of respondents said they received no induction information upon arrival, and over half reported poor communication regarding programmes, complaints, and available services. Staff engagement was also limited: 74% of respondents said they ‘never’ have one-to-one supportive time with staff, volunteers, or peer mentors.

Evening activities such as recovery groups were rarely offered, with 45% of respondents saying they were ‘never’ available. Nicotine support was also lacking - 64% of respondents vape, and more than half of those wanting to quit didn’t know how to access help. These findings point to a fragmented and under-communicated support system, with limited proactive engagement and insufficient peer-led or trauma-informed approaches.

4. How well is throughcare working?

Throughcare remains a critical weakness, particularly for those with substance use needs. Of the 335 respondents due for release within three months, only half felt well prepared, while 23% felt badly prepared. Across the full respondent group, many indicated they wanted but were not receiving help with key aspects of reintegration.

Specifically, 455 respondents wanted help with benefits, 440 with mental health support, 428 with employment, 427 with accommodation, 240 with drug support, and 201 with alcohol support. These figures highlight a significant gap in pre-release planning and coordination, especially in linking individuals to community-based recovery and support services.

Conclusion

The survey confirms that substance use is widespread and increasing, both before and during custody. Support services are underutilised or inaccessible, particularly for those with dual diagnoses. Stigma, poor communication, and lack of staff engagement are major barriers to recovery. Throughcare is inconsistent, with many individuals leaving prison without essential

support for housing, health, or substance use. Remand populations and repeat offenders are particularly vulnerable and underserved and require focused attention in future policy and service design.

Links to the Justice Committee Inquiry

- Substance use is endemic in custody, with increasing prevalence and significant health and justice implications.
- Support services are fragmented and inaccessible, particularly for remand prisoners and those with complex needs.
- Stigma and poor communication undermine engagement and recovery.
- Throughcare is a critical weakness, leaving many individuals vulnerable to relapse, overdose, and reoffending post-release.

7.3. Talk to Me Review

The Scottish Prison Service (SPS) is currently undertaking a review of its ‘Talk to Me’ suicide prevention strategy, in response to recommendations following the deaths of Katie Allan and William Lindsay at HMP & YOI Polmont. This review, led by experts in suicide prevention and prison mental health, is part of a broader effort to improve support for vulnerable individuals in custody during crises.

The ‘Talk to Me’ strategy is a joint SPS and NHS prison healthcare policy, and the review aims to ensure a clear process for supporting individuals at risk, including those with substance use issues. The Scottish Prison Service stated that the review will also consider a self-harm policy and the Management of an Offender at Risk due to any Substance (MORS).

The review is actively seeking input from stakeholders and individuals with experience in this area, including a call for views and an opportunity to answer specific questions. The SPS is also working on a review of its Family Strategy, including consultation with partners, and ensuring the service user voice is heard. Additionally, an electronic referral process for raising concerns about ‘Talk to Me’ is being evaluated, with the potential to expand beyond Families Outside.

7.4. Think Twice

The Scottish Prison Service (SPS) is undertaking a review of its ‘Think Twice’ policy, which focuses on reducing bullying within prisons. The review, expected to be completed by the end of the summer, will involve an overhaul of the strategy and a full training package to be implemented in 2026. This work is part of a broader effort to enhance support for vulnerable young people in custody, including a review of the ‘Talk to Me’ policy and ligature prevention measures.

7.4. Prisoner Pathway Development

The Scottish Prison Service (SPS) work focuses on developing prisoner pathways to support rehabilitation and reduce reoffending. This involves a structured approach to prisoner progression, from initial assessment and sentence planning to release and reintegration into the community. Key elements include purposeful activity, recovery-oriented systems of care, and tailored support for individuals with complex needs.

Key aspects of prisoner pathway development within the SPS:

- **Integrated Case Management (ICM):**

A system for managing prisoners' journeys through the system, involving regular case conferences to assess progress and readiness for progression.

- **Purposeful Activity:**

Encouraging engagement in activities like education, vocational training, and restorative justice to promote personal development and reduce reoffending.

- **Recovery Pathways:**

Providing support for individuals with substance use issues, including access to rehabilitation programs and aftercare.

- **Mental Health and Wellbeing:**

Prioritizing mental health support and building resilience through an asset-based approach, recognizing the importance of family and community connections.

- **Reintegration Planning:**

Developing plans to support prisoners' transition back into the community, focusing on their individual assets and needs.

- **Staff Development:**

Investing in training and development for prison staff to enhance their skills and capacity to support prisoners.

- **Partnerships:**

Working with external agencies and organizations to deliver a coordinated and effective approach to prisoner support.

- **Data and Evaluation:**

Monitoring and evaluating the effectiveness of different interventions and pathways to inform future development.

7.5. Scottish Health Care in Custody Network (SHCN) – Prison Focused Work

The **Scottish Health Care in Custody Network (SHCN)** plays a central role in improving health outcomes for people in prison settings across Scotland. Its work is closely aligned with national strategies on public health, justice reform, and substance use. Here's a summary of its key contributions, with a specific focus on work completed in prisons. The SHCN supports the delivery of consistent, high-quality healthcare across Scotland's prison estate. It brings together NHS Boards, the Scottish Prison Service (SPS), Public Health Scotland (PHS), and other stakeholders to coordinate care, share best practice, and develop national standards.

Key Areas of Work in Prisons:

1. Addiction and Substance Use Services

- SHCN has contributed to the development and monitoring of Opioid Substitution Therapy (OST) programmes in prisons, ensuring continuity of care and alignment with community services.
- It supports Addiction Prevalence Testing (APT) to identify individuals with substance use needs early in their sentence.
- The network has worked to improve access to Take Home Naloxone (THN) kits on release, contributing to overdose prevention efforts.

2. Mental Health and Complex Needs

- SHCN has supported the integration of mental health services within prison healthcare, advocating for trauma-informed approaches and better access to psychological therapies.
- It has contributed to national discussions on the management of people with co-occurring mental health and substance use disorders, particularly those at risk of suicide or self-harm.

3. Health Surveillance and Data

- Through collaboration with Public Health Scotland, SHCN has helped develop the Prison Health Information Dashboard, which tracks key indicators such as:
- Drug-related deaths
- Smoking cessation
- Alcohol brief interventions
- Waiting times for addiction services
- Homelessness on release

4. Vaccination and Public Health

- SHCN has supported the delivery of COVID-19 and influenza vaccination programmes in prisons, ensuring equitable access for people in custody.

5. Continuity of Care and Throughcare

- The network has worked to improve care transitions between prison and community services, particularly for individuals with substance use and mental health needs.
- It supports efforts to reduce health inequalities by addressing social determinants such as housing, employment, and access to primary care upon release.

Synergy aligned to Justice Reform

- Early identification and intervention through APT and OST.
- Trauma-informed care for people with co-occurring conditions.
- Data-driven decision-making via the Prison Health Dashboard.
- Continuity of care to reduce relapse and reoffending post-release.
- Public health approaches to substance use, including harm reduction and prevention.

8. Recovery Landscape in Scotland's Prisons

The Scottish Recovery Consortium (SRC) has been delivering the *Recovery from Within* project across the Scottish prison estate since 2021, with the aim of embedding sustainable, peer-led recovery communities within custodial settings. This initiative, grounded in the CHIME framework - Connection, Hope, Identity, Meaning, and Empowerment - seeks to transform prison culture by fostering person-centred recovery pathways that extend beyond incarceration and into the community.

This section of the reports provides a comprehensive overview of the current recovery landscape across Scotland's prisons as of July 2025. It highlights examples of best practice, identifies systemic challenges, and outlines opportunities for development. The findings are based on SRC's direct engagement with establishments, staff, residents, and community partners, and are intended to inform ongoing strategic alignment with national priorities, including the Scottish Prison Service's Alcohol and Drug Strategy and the Justice Committee's inquiry into drugs in prisons.

The Importance of Recovery Support in Custody and Beyond

Since April 2021, the Scottish Recovery Consortium's *Recovery from Within* project - funded by the Scottish Government Drug and Alcohol Policy Division - has been working to embed sustainable, peer-led recovery communities across the Scottish prison estate. With one dedicated Prison Recovery Development Lead in post since September 2021 and an expanded team (two staff) from March 2024, the project supports a whole-prison approach to recovery that continues beyond the prison gates.

The work of SRC in prisons is being independently evaluation to ensure outcomes can be measured and learning can be gathered.

At the heart of this work is the belief that recovery support must begin in custody and be sustained through liberation. SRC's approach is grounded in the CHIME framework of Recovery:

- **Connection:** Building positive, supportive relationships and a sense of belonging within the prison and wider community.
- **Hope:** Fostering belief in the possibility of change and a better future.
- **Identity:** Supporting individuals to rediscover their strengths and values beyond the label of addiction or offending.
- **Meaning:** Helping people find purpose through relationships, learning, creativity, or spirituality.
- **Empowerment:** Encouraging autonomy, choice, and self-advocacy.

By embedding these principles into prison life, individuals are supported to build Recovery Capital - personal, social, and community resources that are essential for sustaining recovery. This not only enhances wellbeing and reduces substance-related harm in custody but also strengthens the transition into the community, where continued support from Lived Experience Recovery Organisations (LEROs) and local recovery networks is critical.

Recovery is not a standalone intervention - it is a cultural shift. When prisons invest in recovery, they create safer, more hopeful environments where individuals can rebuild their lives and contribute positively to their communities upon release.

The Importance of Recovery Support in Custody and Beyond

Scotland's national strategies on drugs, alcohol, mental health, and justice all emphasise the need for a whole-system, person-centred approach to recovery. Within the prison context, this creates a unique opportunity to foster collaborative learning environments that not only address substance use but also promote mental wellbeing, resilience, and reintegration.

The *Recovery from Within* project exemplifies this approach by embedding recovery as a cultural and operational priority across the prison estate. This work aligns closely with the Scottish Government's National Mission on Drugs, the Mental Health and Wellbeing Strategy, and the Scottish Prison Service's Alcohol and Drug Strategy. It also directly supports the aims of the Justice Committee's inquiry into drugs in prisons by demonstrating how recovery-focused interventions can reduce harm, empower individuals, and create safer, more hopeful custodial environments. By investing in recovery as a shared responsibility - between staff, residents, and community partners - Scotland's prisons can become places of transformation, where the cycle of substance use and reoffending is broken through connection, purpose, and support.

Across the Scottish prison estate, SRC's engagement has revealed a growing commitment to recovery, with many establishments now hosting dedicated Recovery Officers, designated Recovery Hubs, and peer-led activities. However, gaps remain. This report highlights examples of good practice, identifies areas where provision is inconsistent or underdeveloped, and outlines opportunities to create a truly recovery-oriented approach across all of Scotland's prisons. It is important to recognise that these inconsistencies are not the result of individual failings but rather reflect broader systemic pressures - such as staffing shortages, operational demands, and resource limitations - that affect the capacity of staff to deliver recovery support consistently. The work being done by prison staff, often under challenging circumstances, is commendable. This report seeks to support and strengthen that work by advocating for a more coherent, equitable, and strategic approach to recovery across the justice system.

8.1. HMP Addiewell

SRC originally delivered groups in HMP Addiewell during 2022 to groups of residents, this included our Recovery Essentials group followed by Peer Support but during this time they did not have a dedicated Recovery Officer in post. This meant sessions were limited, and the Peer Support role was not supported within the establishment. Following the HMIPS report 2023 a new management structure was put in place, and a review of operational and cultural procedures was conducted across the establishment. In January 2024, a dedicated Recovery Manager was appointed and a designated Recovery Officer in post from late 2024.

Working well - At HMP Addiewell, there has been notable progress in embedding recovery-focused practices within the establishment. The Scottish Recovery Consortium (SRC) is actively delivering learning workshops to mainstream residents, with a cohort of potential Peer Supporters currently undergoing evaluation and baseline assessment. Plans are in place to extend this work to the protection population, ensuring broader access to recovery support.

The prison has established strong connections with the South Lanarkshire Recovery Community, which facilitates a weekly recovery group, enhancing continuity between custody and community. Residents also have access to Mutual Aid groups such as Alcoholics Anonymous (AA) and Cocaine Anonymous (CA), contributing to a diverse range of recovery pathways.

Third sector organisations, including Change, Grow, Live and Phoenix Futures, are present within the establishment, offering additional support and services. Sacro, funded by South Lanarkshire Alcohol and Drug Partnership (ADP), provides intensive throughcare for residents returning to the South Lanarkshire area, helping bridge the gap between prison and community reintegration.

Importantly, Addiewell now has designated recovery staff and a dedicated Recovery Hub, which serves as a focal point for recovery activities. A wide range of partners are actively engaged with the prison, contributing to a collaborative and multi-agency approach to supporting residents on their recovery journey.

Overview - Despite positive developments, several operational and cultural challenges continue to impact on the delivery and sustainability of recovery support at HMP Addiewell. The designated Recovery Hub, while a valuable resource, is frequently used by other departments, limiting its availability for recovery-focused groups and activities. This shared use reduces the consistency and quality of delivery, and there is a clear need for the space to be ring-fenced and equipped with appropriate resources - such as a TV screen or projector - to ensure it is fit for purpose.

As a designated Learning Prison, Addiewell operates on a structured timetable with two daily sessions for education and group work. However, this restricts recovery sessions to a maximum of one hour, which disrupts engagement and limits the depth of learning and connection. Additionally, residents who attend recovery sessions instead of scheduled learning activities are penalised by a 50p deduction from their prison wage, which disincentivises participation and undermines the value of recovery work.

Residents have expressed a desire to support their peers within the residential halls, but many report feeling unsupported in doing so. This lack of institutional backing negatively affects their own recovery journeys and highlights the need for a more integrated, whole-prison approach. Currently, recovery activity is largely confined to the Hub, with limited understanding or engagement from staff outside this area. This siloed approach restricts the potential for recovery to become embedded in the wider prison culture.

Ongoing collaboration with SRC and other Lived Experience Recovery Organisations (LEROs) is helping to upskill and empower residents to lead activities both in the Hub and within the residential halls. However, there is also a degree of overlap in the support and activities offered by various partners, which could be better coordinated to ensure consistency and avoid duplication.

Areas for Development:

- Recovery groups/activities to be offered for full morning and afternoon sessions.
- Residents receive 50p Prison Wage as attending recovery learning sessions.

- Recovery offerings and peer led activities to be offered in residential areas in evenings and weekends.
- Staff Recovery Awareness sessions to be delivered for residential and operational staff.
- Recovery Hub to be equipped with required resources and ring fenced for recovery activities when timetabled.
- Partners and services to work together to map support and activities available for residents which will prevent duplication and promote consistency.

8.2. HMP Barlinnie

SRC have recently started working with HMP Barlinnie, we will begin delivering Recovery Essentials and Peer Support to residents mid-August.

Working well - HMP Barlinnie has made significant strides in developing a recovery-oriented environment. The establishment benefits from a strong staffing structure, with four dedicated Recovery Officers and a Recovery and Wellbeing Front-line Manager in post, providing consistent leadership and coordination of recovery activities. A designated recovery area within the prison serves as a central hub for engagement, learning, and peer support.

The prison has cultivated strong partnerships with a range of organisations, including Lived Experience Recovery Organisations (LEROs), local recovery communities, and third sector providers. These collaborations enhance the diversity and reach of recovery services available to residents. The Health Team is also actively involved in recovery initiatives, contributing to a holistic approach that integrates physical and mental health with substance use support.

A wide variety of resources are available to promote recovery within the establishment, including an in-house radio station that produces podcasts - an innovative tool for sharing recovery stories, information, and inspiration across the prison population.

Overview - While HMP Barlinnie has made commendable progress in developing its recovery infrastructure, there are still areas that require attention to ensure recovery becomes fully embedded across the establishment. Although recovery cafés and structured activities are offered throughout the week, there is currently a lack of peer-led initiatives within both the Recovery Hub and the residential areas. This limits opportunities for residents to take ownership of their recovery journey and to support one another in a meaningful way outside of formal sessions.

The presence of dedicated staff and a well-resourced recovery area provides a strong foundation, but the absence of peer leadership in these spaces suggests a need for further development of the Peer Supporter role. Additionally, while staff are supportive of recovery efforts, there is an opportunity to enhance their understanding and engagement through targeted awareness sessions. This would help foster a more consistent, recovery-oriented culture throughout the prison, ensuring that recovery is not confined to specific areas or staff teams but is embraced as a shared responsibility across the whole establishment.

Areas for development:

- Development of Peer Supporters to lead on activities within Recovery Hub and on landings.
- Staff sessions to be offered.

Scottish Recovery Consortium, 2/1, 30 Bell Street, Glasgow, G1 1LG
Charity Number: SC041181 Telephone Number: 0141 552 1355

8.3. HMP Dumfries

SRC have been delivering Recovery Essentials and Peer Support workshops in Dumfries from May 2023 to both populations, this has supported the development of a Peer Network who lead on wellbeing and recovery groups, supported by a SPS Recovery and Wellbeing Officer, and are the first prison in Scotland to have been trained in facilitating SRC's 'My Recovery and Me' groups which have been running in the community since 2021.

Working well - HMP Dumfries has demonstrated a strong commitment to developing a recovery-oriented environment, supported by a dedicated Wellbeing and Recovery Officer who works closely with both a Front Line Manager and the Head of Offender Outcomes. This collaborative leadership has enabled the delivery of a wide range of recovery activities tailored to the needs of the prison population.

The Recovery Hub at Dumfries is well-equipped, comprising two dedicated rooms that allow for both informal recovery cafés and more structured learning sessions to take place simultaneously. This flexibility supports a dynamic and inclusive approach to engagement. Recovery and wellbeing peers play a central role in leading groups within the Hub, particularly for the Protection/SO population, and their involvement is further strengthened by the presence of two paid Recovery Peers. These individuals are employed full-time as part of the prison's work party structure, and their participation in recovery activities is fully supported by their work party lead - importantly, without any deduction from their wages.

A holistic approach to recovery is evident in the strong partnership working across the establishment. The Recovery Officer collaborates with the Life skills Officer, gym physical training instructors, the Family Contact Officer, and NHS staff to deliver integrated recovery pathways that also involve residents' families. In addition, the Recovery Officer is actively engaging with the local Alcohol and Drug Partnership (ADP) to build a wider network of community partners, enhancing support for residents both during custody and upon liberation.

Senior Management at HMP Dumfries have shown visible investment in the development of recovery, which has helped to embed a positive culture throughout the establishment. Peer-led mutual aid groups, including *My Recovery and Me* and SMART Recovery, are now being delivered regularly, reflecting the growing strength and sustainability of the recovery community within the prison.

Overview - Recovery and wellbeing activities at HMP Dumfries are offered consistently throughout the week, with sessions running Monday to Friday in both morning and afternoon slots. These are available to both mainstream and protection populations and are primarily delivered within the Recovery Hub. However, while the Hub is active and well-utilised, Peer Support roles are not yet extended to all populations, limiting the reach and inclusivity of peer-led recovery.

Due to its rural location, HMP Dumfries faces challenges in accessing the same breadth of external partners and resources available to prisons in the Central Belt. This geographic barrier, combined with the nature of some residents' index offences, has created difficulties in engaging certain community organisations. Despite these limitations, the prison has cultivated a genuinely positive and engaging recovery culture. This is reflected in the feedback from residents who participate in recovery groups, many of whom speak to the value and impact of the support they receive.

Areas for development:

- Recovery awareness sessions to be delivered to residential and operational staff to support prison wide recovery culture and operational approach.
- Partnerships with local LERO's, recovery Communities and 3rd sector organisations to be developed.
- Mutual Aid offerings to be expanded to include 12 step fellowship.
- Recovery offerings and peer led activities to be offered in residential areas in evenings and weekends.
- Peer Support role to be developed for short term population.

8.4. HMP Edinburgh

SRC has been engaging with HMP Edinburgh since 2021 in a supportive capacity and we have now been asked to plan and deliver SRC recovery learning workshops for both staff and residents. A baseline assessment period will commence in the coming months with timeline planning agreed with SRC and HMP Edinburgh's Senior Management Team to deliver our learning pathway.

Working well - HMP Edinburgh has taken positive steps toward developing a recovery-focused environment. The establishment benefits from the presence of two dedicated Recovery Officers who are central to coordinating and delivering recovery activities. These officers are supported by a designated Recovery Area, which provides a dedicated space for residents to engage in structured sessions and informal support.

The prison has also established strong links with multiple external partners, including Lived Experience Recovery Organisations (LEROs), recovery communities, and third sector providers. These partnerships enhance the range and quality of recovery support available to residents, helping to build a more connected and person-centred approach to rehabilitation.

Areas for development:

- This will be discussed and established when SRC do our baseline assessment with HMP Edinburgh

8.5. HMP Glenochil

SRC have been working with HMP Glenochil since October 2021 delivering recovery workshops to staff and residents. This is being further supported by holding peer led recovery groups in the residential areas taking the form of a conversation café based on the elements of CHIME which has been positively welcomed by residents and staff.

Working well - HMP Glenochil has cultivated a solid foundation for recovery, supported by a dedicated Recovery Officer who has completed SRC's Recovery Essentials programme and continues to enhance her knowledge by attending sessions delivered by other Lived Experience Recovery Organisations (LEROs). This commitment to ongoing learning has helped foster a responsive and informed recovery environment within the prison.

The Recovery Hub, located within the Link Centre, serves as a central point for recovery activities and is well-integrated with other services, promoting a holistic approach to support. Peer-led activities are actively taking place across both mainstream and protection

populations, with recovery passmen in post for the mainstream group, helping to facilitate engagement and continuity.

A particularly impactful initiative has been the return of a former resident - who had progressed to HMP Castle Huntly - as a Lived Experience Peer. This work placement has provided a powerful example of the CHIME framework in action, demonstrating to current residents that recovery is achievable and sustainable. Peer-led groups are also being held in residential areas during mid-week evenings, where staffing resources allow, although this may be affected by the implementation of the Focused Day regime.

The prison benefits from a wide network of partners, including LERO's and third sector organisations, who offer a variety of recovery groups and services. Mutual Aid meetings such as Narcotics Anonymous (NA), Cocaine Anonymous (CA), Alcoholics Anonymous (AA), and SMART Recovery are regularly available, further enriching the recovery landscape. Additionally, a cohort of residential and operational staff have completed SRC's Recovery Essentials training, contributing to a more informed and supportive culture throughout the establishment.

Overview - Despite the strong recovery culture at HMP Glenochil, there are several operational challenges that impact the consistency and sustainability of recovery provision. The prison currently has only one Recovery Officer in post, which is a significant limitation given the size of the establishment. When this officer is on leave or redeployed to cover hall shortages, recovery activities and groups are often cancelled, disrupting continuity and engagement for residents.

Recovery support is primarily directed toward the mainstream population, with limited access for those in the SO/protection population. This imbalance highlights the need for a more inclusive approach that ensures all residents can benefit from recovery services. Further compounding the issue, the Front Line Manager for wellbeing and recovery is currently redeployed, reducing the level of support available to the Recovery Officer and placing additional strain on the delivery of services.

While the Recovery Officer is highly committed and passionate about recovery development - particularly the value of lived experience peers - this reliance on a single individual poses a risk to the sustainability of the recovery culture. If this officer were to leave the post, much of the progress made could be lost without a broader, embedded structure to support it.

The recent parole of the Lived Experience Peer who had returned from Castle Huntly as part of a work placement marks the end of a valuable link between closed and open conditions. This pathway has proven to be an effective model for inspiring residents and demonstrating the reality of recovery. Maintaining and expanding this connection would provide ongoing motivation and visible role models for those still navigating their recovery journey within closed conditions.

Areas for development:

- Futureproof recovery development by expanding the number of Recovery Officers and ensure front line support is in place for them.
- Expand learning offerings and introduce Peer Support to SO/Protection populations.
- Ensure Peer-led groups continue to be facilitated in the evenings and look to expand this to the weekend where staffing resource permits.

- Arrange further Recovery Essentials sessions for staff to ensure residential and operational staff have an understanding of recovery and can support residents in their journey.

8.6. HMP Grampian

SRC have been working with HMP Grampian since 2022 and have delivered 7 x 2-day Recovery Essentials workshops to mixed groups of staff and residents. HMP Grampian has the largest number of staff who have completed Recovery Essentials - 36 staff from across all workstreams. We are currently delivering Peer Support training to a mixed cohort of male and female residents who will then be trained to deliver SRC's Peer led 'My Recovery and Me' within the Recovery Hub and in the residential areas.

Working well - HMP Grampian has developed a robust and multi-layered approach to recovery, supported by a dedicated team that includes one full-time and two part-time Recovery Officers, who work closely with the Health and Wellbeing Officer. This team is central to the coordination and delivery of recovery activities across the establishment.

A key strength of the prison's approach is the Assertive Outreach Team, which plays a proactive role in identifying residents who would benefit from engaging in recovery. This team also leads on the Prison to Rehab pathway, ensuring that individuals with complex needs are supported in accessing intensive treatment options where appropriate.

The prison has a designated Recovery Area that serves as a focal point for activities, and there are plans to expand this space to better accommodate the growing demand. Oversight and strategic direction are provided by the Recovery and Wellbeing Front Line Manager, who leads on the development and implementation of the recovery strategy within the prison.

Chaplaincy is also a valued contributor to the recovery offering, providing spiritual and emotional support that complements other services. The Upside throughcare worker brings a strong understanding of residents' needs and maintains effective links with community services, helping to ensure continuity of care upon liberation.

As a community-facing prison, Grampian is well-positioned to support reintegration, although its geographic location limits access to Lived Experience Recovery Organisations (LEROs) compared to Central Belt establishments. Nevertheless, mutual aid meetings are regularly held, and the prison is actively working with the Scottish Recovery Consortium to upskill residents to deliver peer-led mutual aid groups, including *My Recovery and Me*, further strengthening the internal recovery community.

Overview - The establishment demonstrates a strong and positive recovery culture, with active engagement in available resources and partnerships. A diverse range of recovery offerings is present, reflecting a commitment to supporting individuals on their recovery journey. However, there is a notable gap in peer-led activities, particularly within the residential areas, which presents an opportunity for further development and community empowerment.

Areas for development:

- Continue to work with SRC to develop peer led recovery activities both in the recovery area and in the residential landings.

- Look at creating a recovery peer work party role to promote the recovery activities on offer in the prison.

8.7. HMP Greenock

Working well - At HMP Greenock, recovery efforts are well-supported through a structured and collaborative approach. A dedicated Recovery Officer is in post, providing consistent leadership and focus on recovery initiatives. This role is further strengthened by the presence of a Recovery and Wellbeing Front Line Manager, ensuring that the Recovery Officer receives the necessary support to deliver impactful work.

The establishment benefits from a designated recovery and wellbeing hub, which serves as a central space for activities and engagement. This hub is actively supported by multiple local partners, reflecting strong community involvement and a shared commitment to recovery. For the male population, a recovery passman is in place, offering peer support and contributing to the overall recovery environment.

Peer-led activities are a key feature within the Recovery Hub, promoting empowerment and lived experience as valuable tools in the recovery journey. This peer involvement enhances the sense of community and ownership among participants, reinforcing the positive culture already present within the establishment.

Overview - HMP Greenock provides a consistent and inclusive recovery programme, offering activities every weekday morning and afternoon across all populations. This structured approach ensures that residents have regular access to meaningful engagement that supports their recovery journey.

Staff have cultivated strong relationships with community-based recovery groups, creating a seamless link between in-custody support and post-liberation pathways. These partnerships play a vital role in sustaining recovery beyond the prison environment, helping individuals reintegrate with continued support.

The recovery sessions are well-attended, with residents actively participating and providing positive feedback. Many have highlighted the benefits of the Recovery Hub, noting its supportive atmosphere and the value it adds to their personal development and wellbeing.

Areas for development:

- Further develop peer led groups for the Recovery Hub, particularly the women, but also to expand this to the residential areas for evenings and weekends where staff resourcing permits.
- Staff recovery awareness sessions are to be delivered to support staff understanding of recovery.

8.8. HMP Inverness

SRC have worked with Inverness since 2022 and we have delivered 3 2-day Recovery Essentials workshops, 1 cohort staff only and 2 cohorts mixed staff and residents, future workshops are planned as the establishment prepares to move to HMP Highland in 2026.

Working well - HMP Inverness has established a robust and multifaceted recovery framework that integrates both structured programming and holistic support. A dedicated officer is in

place to oversee both recovery and programmes delivery, ensuring a seamless and coordinated approach to rehabilitation.

A key feature of the establishment is the Recovery Wing - an enhanced landing specifically designed for individuals actively engaged in their recovery journey. All staff assigned to this wing have completed recovery awareness training, creating a supportive and informed environment that reinforces positive behaviours and attitudes.

Recovery Essentials workshops have been successfully delivered to mixed groups of residents and staff, promoting shared learning and mutual understanding. These sessions help to break down barriers and foster a culture of collaboration and empathy.

The establishment also benefits from strong connections with community groups, which play a vital role in supporting throughcare and liberation pathways. These partnerships ensure that individuals have access to continued support upon release, enhancing their chances of sustained recovery.

In addition to traditional support models, HMP Greenock offers access to Mutual Aid groups such as Narcotics Anonymous (NA) and SMART Recovery. These peer-led groups provide valuable spaces for reflection, accountability, and encouragement. Complementing these are alternative holistic nature-based groups, which offer residents therapeutic experiences that support emotional wellbeing and personal growth.

Overview - HMP Inverness demonstrates a strong recovery ethos that is clearly embedded within the establishment and actively supported by the Senior Management Team. This commitment is reflected in the ongoing efforts to engage with local partners and make the most of available resources to support residents on their recovery journeys.

However, the establishment faces some unique challenges. Due to the nature of certain index offences among the resident population, it can be difficult to secure partner organisations willing or able to work with all groups. Additionally, the geographic location of Inverness presents a barrier to accessing the same level of support from Lived Experience Recovery Organisations (LERO's) and wider recovery communities that are more readily available in the Central Belt.

Despite these limitations, peer-led activities are successfully taking place within the Recovery Wing, offering valuable support and engagement for those residing there. However, these activities are currently not extended beyond this area, representing a potential opportunity for further development.

Areas for development:

- Full-time dedicated Recovery Officer in post and dedicated Recovery Hub for all residents to access
- Peer led activities to be further developed.
- Further recovery awareness sessions for staff are to be planned.
- All the above can be incorporated into the planning for the transition to HMP Highland in 2026

8.9. HMP Kilmarnock

SRC are currently working with HMP Kilmarnock on a baseline assessment of where they are regarding recovery development and how we can support them going forward with discussion around timelines for delivery of our learning pathway.

Working well - At HMP Kilmarnock, collaborative efforts between the Scottish Prison Service (SPS), NHS, and the Scottish Recovery Consortium (SRC) are actively shaping the development of recovery offerings and pathways. This partnership approach ensures that the recovery model is both comprehensive and responsive to the needs of the resident population.

A key contributor to this work is the Lived Experience Recovery Organisation (LERO), Minds of Recovery, which engages directly with residents twice weekly on Monday and Friday mornings. Their involvement brings valuable peer-led insight and support, helping to foster a culture of hope, connection, and sustained recovery within the establishment.

Overview - Recovery activity within the establishment is currently limited, but there is a clear and growing appetite from both the Scottish Prison Service (SPS) and NHS to expand and enhance peer-led recovery initiatives. This shared commitment signals a positive direction for future development, with both agencies recognising the value of lived experience and peer support in fostering a strong recovery culture. The groundwork is being laid for a more robust and inclusive recovery framework that can better meet the needs of the resident population.

Areas for development:

- SRC/SPS/NHS works in partnership to develop pathway and deliver learning workshops to staff and residents.
- Look at best practice from other establishments.
- Appointing a dedicated Recovery Officer
- Identify area to create recovery space/hub.
- Engage with partners to identify support and resources available to build recovery community within HMP Kilmarnock.

8.10. HMP Low Moss

SRC have worked with HMP Low Moss since 2022, during this time they have appointed dedicated staff and have a designated Recovery Hub, they have a strong peer led culture within the Hub and other Central belt establishments are signposted to them as examples of best practice.

Working well – HMP Low Moss has developed a comprehensive and well-supported recovery programme, underpinned by the presence of two full-time Recovery Officers. Both officers bring strong awareness of recovery pathways and maintain trusted relationships with residents who attend activities in the Recovery Hub, as well as with external partners who deliver services. Their work is further supported by a dedicated Recovery and Wellbeing Front Line Manager, ensuring consistent leadership and coordination.

The establishment benefits from strong partnership working, particularly with the NHS Addictions team and colleagues involved in Programmes and Life skills. This collaborative approach enhances the quality and reach of recovery services available to residents.

A designated Recovery Hub operates Monday to Friday, offering a wide range of groups and activities in both morning and afternoon sessions. The Hub works with a diverse network of partners, including Lived Experience Recovery Organisations (LERO's), community groups, and charities, to deliver services to residents from all populations, including those on remand.

Peer-led groups are held every Tuesday, both in the morning and afternoon, providing valuable opportunities for residents to engage with and learn from those with lived experience. Mutual Aid groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA) are also available, offering structured peer support.

In a particularly innovative and inclusive approach, families are invited into the Recovery Hub to participate in events such as drama performances and football tournaments. These activities help strengthen family connections and reinforce the positive impact of recovery work within the establishment.

Overview - HMP Low Moss has developed a diverse and engaging timetable of recovery and wellbeing activities, designed to allow residents to explore what works best for their individual needs. The programme includes a wide range of options - from peer-led groups and mutual aid meetings to structured learning workshops, football sessions, and drama-based activities. This variety ensures that residents can connect with recovery in ways that are meaningful and personally relevant.

Family involvement is a key feature of the Recovery Hub, with loved ones regularly invited to attend graduations and celebrations. These events help to strengthen family bonds and reinforce the positive progress residents are making in their recovery journeys.

The prison's location has also proven advantageous, attracting a large number of external partners who are keen to deliver recovery activities within the Hub. This strong community engagement enriches the programme and ensures residents benefit from a broad spectrum of support and expertise.

Areas for development:

- Delivery of staff recovery awareness sessions to duplicate the culture in the Recovery Hub onto the residential landings
- Opportunities for peer-led activities to be facilitated in residential areas in the evening and weekends staff resource permitting.

8.11. HMP Perth

SRC have a long history of working with HMP Perth and historically they were viewed across the estate as a well-established recovery focused prison. Over the last 2 years due to staff changes and pressures on resources, this focus has been reduced which has negatively impacted on the recovery culture and support given to residents. This has been recognized and acknowledged by the Senior Management Team who are working with SRC and other key stakeholders to assess the current situation and rebuild the recovery community within the prison.

Working well - HMP Perth has established a solid foundation for recovery support, with a dedicated Recovery Officer in post and a designated Recovery Hub serving as the central space for activities and engagement. The Hub benefits from the regular involvement of a Lived Experience Peer from HMP Castle Huntly, who supports the Recovery Officer three days a

week. This peer-led contribution adds authenticity and relatability to the support offered, enhancing the overall impact of the programme.

The establishment has also attracted interest from a wide range of external partners, including Lived Experience Recovery Organisations (LERO's), third sector organisations, and community groups. These partners are eager to collaborate with HMP Perth to further develop and expand recovery services, reflecting a strong community commitment to supporting rehabilitation and reintegration.

Overview - HMP Perth has the potential to re-establish a strong recovery presence within the prison, building on the solid foundation of previous work delivered in collaboration with the Scottish Recovery Consortium (SRC) and other established partners. There is a clear opportunity to revitalise and expand recovery offerings, drawing on existing relationships and the enthusiasm of external organisations eager to contribute.

However, a key area for improvement lies in communication, particularly regarding the availability of the Recovery Officer. There have been instances where partners arriving to deliver groups or learning sessions have been turned away at the front desk due to a lack of clear communication. Strengthening this aspect would help ensure smoother coordination, maintain partner engagement, and maximise the consistency and impact of recovery activities within the establishment.

Areas for development:

- Rebuild recovery offerings and pathways for residents with focus on building capacity for Peer Supporters.
- Deliver staff recovery awareness sessions to create recovery culture across the prison.
- Partnership with Hillcrest Futures, who provide 2 members of staff 4 days per week to support recovery activities within the Hub, is a great asset but is currently under-utilised and the staff have not been supported or developed in their roles which are one of a kind across the estate.
- Better communication from prison to partners regards staff availability to support partner sessions in Recovery Hub.

8.12. HMP Polmont

SRC are engaging with HMP Polmont and a joint meeting with SPS Senior Management Team and their 3rd sector provider is scheduled for end of July to discuss beginning a baseline assessment of recovery offerings across the establishment, what is needed and how SRC can support the establishment with this.

HMP Polmont do have a Wellbeing & Recovery Officer in post and funding has been agreed for a Recovery Officer, but this post has not yet been filled, and current recovery activities are ad hoc and organised by their 3rd sector partner CGL.

Going forward SRC will work with HMP Polmont to create a sustainable recovery community which involves both staff and residents and key stakeholders who can support this development.

Working well - HMP Polmont is making significant strides in embedding recovery and wellbeing into its culture and operations. A dedicated Wellbeing and Recovery Front Line Manager is

already in post, actively connected to the wider Scottish Prison Service (SPS) Support and Wellbeing Recovery Network. This connection ensures that Polmont remains aligned with national best practices and is well-positioned to integrate a Recovery Officer into its team.

Funding has been successfully secured for a full-time Recovery Officer, with the appointment expected in the coming months. This role will be pivotal in driving forward recovery initiatives for both residents and staff, strengthening the prison's commitment to holistic wellbeing.

Polmont also benefits from a wide range of enthusiastic partners eager to collaborate on recovery and wellbeing activities. Among them, the third sector organisation Change, Grow, Live (CGL) is currently engaging female residents through focus groups. These sessions are designed to gather insights directly from the women about the types of recovery activities and groups they would like to see within the prison, ensuring that future programming is responsive, inclusive, and shaped by lived experience.

Overview - The foundations for building a strong recovery culture within HMP Polmont are actively being laid. A key development in this journey is the upcoming meeting on 31 July between the Scottish Recovery Consortium (SRC), the Scottish Prison Service (SPS), and third sector partner Change, Grow, Live (CGL). This meeting will focus on how SRC can support and enhance the recovery work already underway at Polmont.

Crucially, the senior management team at HMP Polmont has demonstrated a clear commitment to this vision. Their investment of time, energy, and resources into developing recovery initiatives signals a strong institutional will to embed recovery as a core part of the prison's ethos. This leadership support is essential for creating a sustainable and impactful recovery environment for both residents and staff.

Areas for development:

- Recovery Officer post to be filled.
- Continue to develop partnership with SRC to baseline what recovery activities are currently offered, what the needs of the residents are, what support to staff need to develop their understanding of recovery and how to support the development of that culture within the establishment and create community pathways for residents moving towards liberation.

8.13. HMP Shotts

SRC have worked with HMP Shotts from late 2023 and have delivered Recovery Essentials and Peer Support training to 2 cohorts of residents, one of these residents then progressed to HMP Castle Huntly and following his liberation now chairs the Cocaine Anonymous group which holds weekly meetings in HMP Shotts.

Working well - HMP Shotts has a well-established recovery framework supported by a dedicated team and a structured programme of activities. Two Recovery Officers are currently in post, working under the guidance of a Recovery and Wellbeing Front Line Manager. This leadership structure ensures consistent delivery and oversight of recovery services.

The establishment benefits from a designated Recovery Hub, which operates a full timetable of varied activities from Monday to Friday, both in the morning and afternoon. These sessions

provide residents with opportunities to engage in meaningful, supportive, and therapeutic experiences tailored to their recovery and wellbeing needs.

In addition to daytime programming, Mutual Aid groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA) are held in the evenings within the multi-Faith Centre. These sessions are supported by recovery staff, ensuring continuity of care and access to peer-led support outside of standard hours.

Overview - As the only long-term prison in Scotland, HMP [Establishment Name] faces unique challenges in engaging residents with recovery offerings. Many individuals report that they are not ready to focus on recovery or becoming substance-free until they are closer to progression or parole, which can impact participation levels in available programmes. Despite this, the establishment maintains a strong commitment to supporting residents' wellbeing through a holistic approach.

The Recovery Hub plays a central role in this effort, hosting a variety of groups that reflect the diverse needs of the population. Due to the demographic profile of the prison, organisations such as Age Concern are also involved, delivering sessions that promote overall wellbeing alongside recovery-focused work.

HMP Shotts also benefits from strong engagement with a wide range of external partners from the local community. These partnerships bring valuable resources and perspectives into the prison, helping to maintain a supportive environment and laying the groundwork for future recovery engagement as residents move closer to release or progression.

Areas for development:

- Develop a network of Peer Supporters who can lead groups within the Recovery Hub as well as in the residential areas in the evenings and weekends.
- Deliver recovery awareness sessions to staff across the prison to support creating a recovery culture and operational approach.

8.14. HMP Stirling

SRC have worked with HMP Stirling since its opening, and we have delivered Recovery Essentials to a cohort of staff from all work areas in the prison and are currently delivering Recovery Essentials to the residents.

Working well - HMP Stirling is in the initial stages of developing its recovery provision, with a clear commitment from both staff and leadership to build a supportive and inclusive recovery culture. While current activity may be limited, there is a strong foundation to build upon, with a growing recognition of the importance of peer-led support and community engagement in fostering long-term recovery.

The establishment is actively exploring opportunities to collaborate with external partners, including Lived Experience Recovery Organisations (LERO's), third sector agencies, and local community groups. These partnerships are seen as vital to expanding the range and quality of recovery services available to residents.

There is also a focus on creating a recovery environment that is accessible to all populations within the prison, with plans to develop a structured timetable of activities and a designated

recovery space. The aim is to ensure that recovery becomes a visible and valued part of daily life at HMP Stirling, offering residents meaningful opportunities for personal growth, connection, and change.

Overview - At HMP Stirling, the recovery programme is being strengthened by the presence of a dedicated Recovery Officer who brings a strong understanding of recovery pathways and adopts a trauma-informed, person-centred approach. This compassionate and tailored support has significantly increased engagement among the women in custody, helping to create a more open and supportive recovery environment.

There is a notable overlap between the work of the Recovery Officer and the Wellbeing Officers based in the gym, who focus on physical health, fitness, and nutrition. This integrated approach highlights the connection between physical wellbeing and recovery, offering a more holistic model of support that resonates with the women and encourages sustained engagement.

The NHS Addiction team plays an active role in the delivery of recovery services, contributing clinical expertise and continuity of care. Prison-based Social Workers also maintain regular contact with the Recovery Officer to monitor the progress and engagement of their clients, ensuring a joined-up approach to support and rehabilitation.

Areas for development:

- Going forward it would be beneficial to have some women trained as Peer Supporters and given responsibility to either lead a group or support their peers 1-2-1 similar to the work of The Listeners.
- Continue investing resources in recovery awareness sessions for staff.

8.15. The Bella Centre

SRC have supported The Bella Centre since it opened working with staff and residents delivering recovery learning sessions and facilitating connections with LERO's and recovery communities to support work placements for the women and build pathways for liberation, we are currently working with a group of the women to support them in delivering SRC's My Recovery and Me group as an addition to their peer led recovery café they run in their Community Hub.

Working well - The Bella Centre has cultivated a deeply embedded recovery culture, supported by a dedicated team of four staff members who ensure consistent coverage five days a week. This structure allows for continuous support and engagement, reinforcing the centre's trauma-informed and person-centred approach to care. Recovery is not limited to a specific team - it is embraced by all staff, creating a unified and compassionate environment that supports healing and growth.

Long-term residents at The Bella have completed Peer Support training and now play a vital role in mentoring and supporting short-term residents. This peer-led model fosters a therapeutic and empowering atmosphere, where lived experience is valued and shared to inspire others on their recovery journey.

Strong community connections have been established, with a wide range of local partners delivering groups and services that align with the interests and needs identified by the residents themselves. This responsive and collaborative approach ensures that recovery offerings remain relevant and impactful.

Recovery spaces are thoughtfully integrated throughout the centre, including within the main Community Hub and the residential houses. These dedicated areas provide safe and supportive environments for reflection, connection, and growth, reinforcing recovery as a central part of daily life at The Bella.

Overview - At the Bella Centre, a strong recovery culture has been intentionally fostered by staff, creating an environment where recovery and wellbeing are not seen as separate or occasional activities, but as an integral part of daily life. This ethos has been embraced by the women in residence, who now view recovery as a natural and essential element of their routine. The consistent, trauma-informed approach taken by staff has helped embed recovery into the fabric of the centre, supporting a sense of community, empowerment, and ongoing personal growth.

Areas for development:

- Continue to engage with SRC and partners to offer recovery awareness to residents, due to the number of short-term residents can be high turnover and maintain standard of recovery awareness and understanding amongst staff.

8.16. The Liliac Centre

SRC have been working with The Liliac Centre since it opened, due to turnover of staff delivery of SRC Learning has been stalled but has now been agreed to commence from mid-August initially with groups of residents followed by staff awareness sessions.

Working well - The Liliac Centre is making strong progress in developing its recovery provision, with the recent appointment of a dedicated Recovery Officer who will lead and coordinate partnerships and activities. This role marks a significant step forward in creating a structured and responsive recovery environment tailored to the needs of the women in residence.

The centre has attracted interest from a wide range of partners, both Glasgow-based and national, who are keen to deliver groups and services within the establishment. This enthusiasm reflects the growing recognition of The Liliac Centre as a place where meaningful recovery work can take place, supported by a trauma-informed and person-centred approach.

Overview - The Liliac Centre is currently offering a range of recovery groups and drop-in sessions, providing residents with accessible and supportive spaces to engage with their recovery journey. Building on this foundation, the management team has invited the Scottish Recovery Consortium (SRC) to deliver their structured learning pathway. This initiative is designed to equip residents with the skills and confidence needed to take on peer support roles within the centre.

As part of this development, long-term residents will be trained to facilitate *My Recovery and Me*, which will become the first peer-led group at The Liliac. This marks a significant step forward in embedding lived experience at the heart of the recovery programme, empowering residents to support one another and contribute meaningfully to the recovery culture within the establishment.

Areas for development:

- SRC learning pathway to be delivered to residents which will support peer led activities being offered in The Liliac.

- Staff recovery awareness sessions to be arranged for staff.

8.17. HMP Castle Huntly

Working well - Castle Huntly has developed a strong and evolving recovery culture, supported by a dedicated team and a clear commitment to peer-led engagement. The establishment benefits from the presence of trained Peer Supporters who play a central role in supporting fellow residents, particularly those transitioning from closed conditions. This peer-led model fosters a sense of community, trust, and shared experience, which is vital in promoting sustained recovery.

Recovery activities are integrated into daily life at Castle Huntly, with a focus on personal development, wellbeing, and preparation for reintegration. The open conditions of the establishment allow for greater flexibility in engaging with external partners, and Castle Huntly has built strong relationships with a range of community organisations, charities, and Lived Experience Recovery Organisations (LERO's). These partnerships enhance the variety and relevance of recovery offerings available to residents.

The recovery programme is further supported by a trauma-informed approach, ensuring that activities and interactions are sensitive to the individual experiences of residents. This **ethos** helps create a safe and empowering environment where recovery is not only encouraged but actively supported.

Overview - At Castle Huntly, residents are actively supported and encouraged to apply their recovery learning and knowledge in practical ways, particularly through volunteering and employability opportunities during their time in custody. This approach not only reinforces their personal development but also equips them with valuable skills and experience that can be utilised upon liberation. There is a growing evidence base demonstrating the success of this model, with several residents over the past two years having followed this pathway and gone on to achieve positive outcomes in the community.

A key strength of Castle Huntly's recovery culture lies in its strong partnership working, particularly between the NHS and the Scottish Prison Service (SPS). This collaboration ensures that recovery is approached holistically, with consistent support across health, wellbeing, and rehabilitation services. Together, these efforts create a supportive environment that empowers residents to take ownership of their recovery and prepare for successful reintegration into society.

Areas for development:

- Further recovery awareness sessions for staff and residents
- Continue and expand the Lived Experience Peer Pathway.

Summary of key elements in supporting a positive cultural and operational approach to Recovery in our prisons:

A positive cultural and operational approach to recovery within Scotland's prisons is underpinned by several key elements that work together to create a supportive, inclusive, and trauma-informed environment. Central to this is the presence of dedicated recovery and wellbeing staff who serve as a ring-fenced resource, ensuring consistent leadership and coordination of recovery activities across the establishment.

Designated recovery spaces play a vital role in fostering therapeutic environments where residents and staff can engage in a variety of services and activities. These spaces offer opportunities for individuals to explore different recovery pathways, including education around harm reduction and behaviour change models, allowing for a personalised and empowering experience.

A whole-prison understanding that recovery and wellbeing are interconnected - rather than separate concepts - is essential. This cultural shift is supported by upskilling staff across the establishment to understand what recovery is, how it can be expressed, and what individuals need to support their person-centred journey. This shared knowledge helps create a consistent and compassionate approach throughout the prison.

Empowering residents to become peer supporters is another cornerstone of effective recovery practice. By leading activities, facilitating groups, and offering support within residential areas, residents take on meaningful roles that reinforce their own recovery while helping others. It's important to distinguish between peer-led and peer-involved approaches, with the former offering greater autonomy and impact.

The introduction of Recovery Work Parties - such as Recovery Passmen in Recovery Areas and Hubs - further embeds recovery into the daily life of the prison. These roles should be recognised and valued, with residents receiving fair wages and never having money deducted for attending recovery groups or activities.

Finally, connecting residents with Lived Experience Recovery Organisations (LERO's) and recovery communities upon liberation has proven highly effective, particularly for those from the local area. However, national residents often face barriers in accessing these supports. This gap can be addressed with facilitation from the Scottish Recovery Consortium (SRC), ensuring that all individuals, regardless of location, have access to continued recovery support post-release.

RAG Tracker status

The Recovery Activity and Growth (RAG) Tracker is a strategic tool designed to monitor and assess the development and implementation of recovery-focused practices across Scotland's prison estate. It provides a clear, at-a-glance overview of key indicators that support a positive cultural and operational approach to recovery within each establishment.

This tracker highlights six core elements that are essential for embedding a strong recovery ethos:

- **Dedicated Recovery Staff** – Whether the prison has staff specifically assigned to lead and coordinate recovery work.
- **Designated Recovery Area** – The presence of a physical space where recovery activities can take place in a safe, therapeutic environment.
- **Engagement of Residential and Operational Staff** – Whether staff across the establishment participate in recovery learning and understand their role in supporting a recovery culture.
- **Peer-Led Activities in Recovery Areas** – The extent to which residents are empowered to lead recovery groups and activities.

- **Recovery Activities in Residential Areas** – Whether recovery is visible and accessible beyond designated hubs, reaching into everyday living spaces.
- **Lived Experience Recovery Support on Liberation** – The availability and effectiveness of pathways connecting residents to Lived Experience Recovery Organisations (LERO's) and community-based recovery supports upon release.

By tracking these elements, the RAG tool helps identify areas of strength, highlight gaps, and inform targeted support and development. It also supports consistency, transparency, and accountability in how recovery is delivered and experienced across the prison system.

Establishment	Dedicated recovery staff	Designated recovery area	Residential and ops staff engaged in recovery learning	Peer led activities running in recovery area	Recovery activities in residential areas	Lived experience recovery support & pathways in place on liberation
Addiewell	Yes	Yes	No	No	No	Limited
Barlinnie	Yes	Yes	No	Yes	No	Limited
Dumfries	Yes	Yes	No	Yes	No	Limited
Edinburgh	Yes	Yes	No	No	No	Limited
Glenochil	Yes	Yes	Yes	Yes	Yes	Limited
Grampian	Yes	Yes	Yes	No	No	Limited
Greenock	Yes	Yes	No	Yes	No	Limited
Inverness	Yes	Yes	Yes	No	Yes	Limited
Kilmarnock	No	No	No	No	No	Limited
Low Moss	Yes	Yes	No	Yes	No	Limited
Perth	Yes	Yes	No	No	No	Limited
Polmont	No	No	No	No	No	Limited
Shotts	Yes	Yes	No	No	No	Limited
Stirling	Yes	Yes	Yes	No	No	Limited
The Bella Centre	Yes	Yes	Yes	Yes	Yes	Limited
The Lilies Centre	Yes	Yes	No	No	No	Limited
Castle Huntly	Yes	Yes	Yes	Yes	Yes	Limited

Strengthening Consistency Through the RAG Tracker

The RAG Tracker provides a valuable lens through which to assess the consistency of recovery provision across Scotland's prison estate. It highlights both areas of strength and opportunities for improvement, offering a roadmap for aligning practice with national strategy and ensuring equitable access to recovery support for all residents.

Consistency would be achieved when all prisons have dedicated Recovery and Wellbeing Officers in post - staff who are ring-fenced and focused solely on developing and delivering recovery pathways. These roles are essential in coordinating services, building partnerships, and maintaining momentum in the recovery culture.

Equally important is the presence of a designated Recovery Hub or area within each establishment. These spaces foster a sense of community and provide a safe, therapeutic environment where residents can engage in a variety of activities and services. When well-

integrated, the ethos of these hubs filters throughout the wider prison, influencing the overall culture and supporting a whole-prison approach to wellbeing.

A consistent ‘core framework’ of recovery offerings across the estate would ensure that residents have access to familiar and meaningful support, even when transferred or progressed to another establishment. This continuity is vital in maintaining engagement and supporting long-term recovery journeys.

One of the most promising developments is the opportunity for residents who have progressed to Castle Huntly to return to closed conditions as lived experience peers as part of their work placements. This model has already demonstrated success in providing sustainable peer support and aligns closely with the CHIME Framework of Recovery - promoting Connection, Hope, Identity, Meaning, and Empowerment. Expanding this initiative would not only strengthen peer-led support but also reinforce the value of lived experience within the prison system.

Potential Developments and Improvements in Recovery Across the Prison Estate

Looking ahead, there are several key areas where recovery provision across Scotland’s prisons can be strengthened to ensure a more consistent, inclusive, and impactful approach. A central priority is for all establishments to align their recovery pathways with the Scottish Prison Service’s Alcohol and Drug Strategy. This alignment will help create a unified framework that supports both operational consistency and person-centred care.

Continued engagement with the Scottish Recovery Consortium (SRC) will be vital in delivering recovery awareness and learning sessions for staff. Upskilling staff across all roles will deepen understanding of recovery principles and help embed a culture where recovery is recognised as a shared responsibility, not limited to specialist teams.

Empowering residents through peer pathways remains a key focus. By supporting individuals to become peer supporters, prisons can create opportunities for recovery groups to be run not only in designated hubs but also on residential landings. This shift from peer involvement to peer leadership enhances ownership and visibility of recovery throughout the establishment.

Developing lived experience pathways for residents approaching liberation is another critical area. Continued collaboration with SRC can help ensure that connections to Lived Experience Recovery Organisations (LERO’s) and community recovery groups are available to all residents, including those from outside the local area. Addressing this gap will help ensure equitable access to support post-release.

The introduction of the ‘focused day’ regime presents both challenges and opportunities. Consideration must be given to how this change will affect the delivery of recovery activities - not only during core hours but also in the evenings and weekends, which are often high-risk periods for substance use. Expanding offerings during these times could significantly enhance support and engagement.

Finally, recovery engagement must be promoted as a universal opportunity. Currently, some residents - particularly those who use alcohol but are not on opioid substitution therapy (OST) or under disciplinary report - may not be identified as needing support. This oversight risks missing valuable opportunities to build coping strategies and resilience ahead of liberation. A more inclusive approach to referral and engagement will help ensure that all residents, regardless of substance type or disciplinary status, have access to recovery support.

Summary

Since 2021, the Scottish Recovery Consortium (SRC) has been leading the *Recovery from Within* project across Scotland's prison estate, aiming to embed sustainable, peer-led recovery communities within custodial settings. Grounded in the CHIME framework - Connection, Hope, Identity, Meaning, and Empowerment - the initiative has driven a cultural shift in how recovery is understood and supported in prisons.

The project has made significant progress in fostering recovery-oriented environments, with many establishments now hosting dedicated Recovery Officers, designated Recovery Hubs, and a growing number of peer-led activities. These developments are helping to create safer, more hopeful spaces where residents can begin or continue their recovery journey.

However, the landscape remains uneven. While some prisons - such as Glenochil, Castle Huntly, Low Moss, and The Bella Centre - demonstrate strong, embedded recovery cultures, others are still in the early stages of development or face operational and geographic challenges. Rural prisons like Grampian, Inverness, and Dumfries have shown innovation in maximising limited community resources, while Central Belt establishments benefit from a broader network of external partners.

The RAG (Recovery Activity and Growth) Tracker has been instrumental in identifying strengths and gaps across the estate.

It highlights the need for consistency in key areas such as:

- Dedicated recovery and wellbeing staff
- Designated Recovery Hubs
- Peer-led activities in both hubs and residential areas
- Staff training and awareness
- Lived experience pathways on liberation.

A consistent 'core framework' of recovery offerings across all prisons would ensure continuity for residents, especially those transferring between establishments. The expansion of peer-led models, including the return of Castle Huntly residents to closed conditions as Lived Experience Peers, has proven highly effective and aligns with national strategies.

Looking forward, aligning all establishments with the SPS Alcohol and Drug Strategy, expanding evening and weekend recovery offerings, and ensuring inclusive access for all residents - including those not on opioid substitution therapy - are key priorities. Continued collaboration with SRC and community partners will be essential in building a truly recovery-oriented prison system.

Ultimately, when recovery becomes embedded in every aspect of prison life - for both staff and residents - it transforms the culture. It shifts the focus from punishment to rehabilitation, from isolation to connection, and from harm to hope. The growing number of residents leaving prison substance-free and thriving in their recovery is a testament to the power and potential of this work.

9. Conclusion

Scottish Recovery Consortium believes that crime in all its forms leaves a profound and often lasting impact on victims - eroding their sense of safety, trust, and wellbeing. For many, the trauma of being harmed is compounded by a justice system that can feel impersonal, reactive, or ill-equipped to prevent further harm. While accountability for those who cause harm is essential, it is equally vital to address the root causes of offending - particularly substance use, trauma, and mental ill health. Without meaningful, system-wide reform, the cycle of harm will continue, and more individuals will be drawn into both victimisation and offending. Inaction risks creating not only more victims of crime, but also more individuals failed by a system that prioritises containment over rehabilitation. True justice must be preventative as well as responsive centred on recovery, reintegration, and the protection of all communities.

This report, submitted by the Scottish Recovery Consortium (SRC) in response to additional questions from the Justice Committee provides a comprehensive and evidence-based overview of the scale, nature, and systemic challenges of substance use within Scotland's prison system. Drawing on national research, policy frameworks, lived experience, and direct engagement across the prison estate, the report presents a detailed picture of the current recovery landscape. It highlights the widespread prevalence of substance use in custody, the complex interplay between addiction, trauma, and mental health, and the critical gaps in service provision, particularly around throughcare, continuity of care, and access to trauma-informed support.

National strategies such as the MAT Standards, the Public Health Framework, and the *Bail and Release from Custody (Scotland) Act 2023* provide a strong policy foundation for reform. However, implementation remains uneven, and the gap between policy ambition and operational reality is variable, particularly for remand and short-term prisoners, who often fall through the cracks of support. The Justice Committee's inquiry into drugs in prisons offers a timely opportunity to explore the evidence and potential solutions.

This report offers not only a diagnosis of the current system but a roadmap for transformation - one grounded in evidence, compassion, and the voices of those with lived experience. By acting on this learning, Scotland can build a justice system that prioritises rehabilitation over punishment, connection over isolation, and hope over harm. This work demonstrates that rehabilitation and recovery should not be seen in isolation but as a cultural and operational shift that requires sustained investment, leadership, and collaboration.

Whilst there is work to do, there are also clear signs of progress and promise. The *Recovery from Within* initiative, led by the Scottish Recovery Consortium, demonstrates that positive developments are taking place and recovery can be embedded as a cultural and operational priority. Where dedicated Recovery Officers, peer-led models, and community partnerships are in place, prisons are becoming safer, more hopeful environments that support personal transformation and reintegration. To realise this potential across the entire prison estate, Scotland must commit to a whole-system, rights-based approach that aligns justice, health, and social care. Rehabilitation and recovery must be visible, valued, and accessible in every establishment—not as an add-on, but as a core function of a rehabilitative justice system.

The path forward is clear: through collaboration and partnership working translate learning into action, close the implementation gap, and invest in the people, partnerships, and practices that make recovery possible. In doing so, Scotland can build a justice system that not only reduces harm and reoffending but restores dignity, hope, and opportunity to those it serves.

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10. References

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