From a prison perspective there has been little impact in the total population following the introduction of the Road to Recovery strategy. Scottish prison population numbers were 7376 in 2007/8, rising to 8179 (2011/12) and then falling to 7552 (2016/17).

There has been a decrease in the remand population from 1561 (2007/8) to 1370 (2016/17).

One of the greatest risks of incarceration is the loss of tolerance to illicit substances during a period in custody with a significantly increased risk of overdose following liberation:

- All cause mortality - 50 x greater than general population in first two weeks following liberation
- All cause mortality - 11 x greater than general population in first four weeks following liberation
- All cause mortality - 4 x greater in first four weeks following liberation if not on opiate substitution treatment (Methadone/Buprenorphine) compared to individuals liberated on OST
- Drug-Related Deaths - 8 x greater in first four weeks following liberation if not on OST

Brief remand periods and very short sentences put patients at risk of overdose due to the loss of tolerance as above but do not allow adequate time for meaningful assessments and interventions by addictions teams within the prison.

National strategies to try and use alternatives to custody for drug-related offences (for example, DTTO) are welcomed as are the sentencing policies which have reduced very short-term sentences.

Individuals admitted to custody for longer periods are able to engage in a meaningful way with prison addictions services to address their addictions issues and commence substitute treatments if appropriate.

Whilst the introduction of voluntary throughcare services are welcomed, the uptake (particularly by male prisoners) is low. This may be exacerbated in National facilities (i.e. Glenochil – Sex Offender population) as patients may be liberated to an area located a considerable distance from the prison facility resulting in difficulty arranging appointments. One of the key factors leading to relapse following liberation is the difficulty in arranging housing as prisoners are usually told to present as homeless on release – even after long sentences. This clearly impacts on the ability to arrange appointments and contact patients following release.

It is hoped that the introduction of community facing units (for female population initially) will allow prisoners to engage with a multidisciplinary team from their locality whilst housed in these facilities. These same individuals will then be able to continue working with the prisoner-patient following liberation.
An area requiring monitoring/intervention is the abuse of prescription medication and the ease with which this is obtained both in the community (GPs, psychiatrists, pain clinics, addictions teams) and also within prisons (prison GPs, psychiatrists). Prison consultations are dominated by requests for desirable commodity medications (particularly Gabapentinoids – Pregabalin/Gabapentin).

There are no reports by police services of Gabapentinoid medication being illicitly generated indicating that the supply is being accessed from prescriptions generated by the medical profession:

- 2006 – 1 Million Gabapentinoid prescriptions generated (UK)
- 2015 – 11 Million Gabapentinoid prescriptions generated (UK)

Studies have shown that Gabapentinoid medications have the direct effect of suppressing respiration which is significantly enhanced when combined with opiates.

Contribution of Gabapentinoids to DRDs in Scotland (ONS Toxicology):

- 2012 – Gabapentinoids present in 29 DRDs
- 2016 – Gabapentinoids present in 225 DRDs

Given the increasing numbers of DRDs in Scotland following the introduction of the Road to Recovery Strategy it would suggest that further action and intervention is required.

It is the writer’s opinion that one area worthy of addressing should include the monitoring of abused prescription items

Dr Craig Sayers
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