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Criminal Justice Committee

Inquiry into the harm caused by substance misuse in Scottish Prisons



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Contents

Introduction to the inquiry	1
Context and background to substance misuse in Scotland's prisons	4
Key themes and findings from our inquiry	11
Drivers of substance use	11
Availability and supply	12
Healthcare and treatment	13
Recovery and throughcare	14
Workforce and resources	14
Data and accountability	15
An emerging consensus?	15
Key findings	16
Drivers of substance use and the prison environment	17
Overview	17
Poverty, trauma and inequality	17
Mental health and emotional distress	19
Purpose, boredom and the prison regime	19
Access to family and community support	20
Culture and stigma	21
Conclusions and recommendations on the drivers of substance use	22
Recommendations	23
Supply, security and the control of substances in prison	25
Overview	25
Changing nature of supply	25
Security measures and technological developments	27
Staff safety	28
Intelligence, corruption and organised crime	28
Impact of severe overcrowding and regime pressures	29
Balancing enforcement and harm reduction	30
Good practice and innovation	31
Conclusions and recommendations on the supply and control of illicit substances in Scottish prisons	32
Recommendations	33
Health, treatment and recovery services in prisons	35
Overview	35
Access to healthcare	35

Medication-Assisted Treatment standards _____	36
Mental health and dual diagnosis _____	38
Continuity of care and throughcare _____	38
Physical health and blood-borne viruses _____	39
Peer and lived-experience roles _____	40
Workforce and resources _____	41
Data, evaluation and accountability _____	41
Conclusions and recommendations on health, treatment and recovery _____	42
Recommendations _____	43
Rehabilitation, reintegration and recovery pathways _____	46
Overview _____	46
Throughcare and continuity of support _____	46
Housing and stability _____	48
Employment, education and skills _____	48
Peer mentoring and community networks _____	49
Family inclusion and support _____	49
Community justice partnerships and multi-agency working _____	50
Equality and inclusion _____	50
Innovation and good practice _____	51
Conclusions and recommendations on rehabilitation and reintegration _____	51
Recommendations _____	52
Alcohol use in prisons _____	55
Prevalence _____	55
Entry into prisons and enforcement _____	56
Assessment, treatment and rehabilitation _____	56
Reintegration and throughcare _____	59
Courts, sentencing and alternatives to custody _____	61
Conclusions and recommendations relating to alcohol use in prisons _____	62
Recommendations _____	62
Data, governance and accountability _____	64
Overview _____	64
Current data landscape _____	64
Public Health Scotland and national oversight _____	65
Monitoring outcomes _____	66
Governance structures and leadership _____	66
Learning, evaluation and research _____	67

Transparency and public confidence _____	68
Conclusions and recommendations on data, governance and accountability _____	68
Recommendations _____	68
Final overarching conclusions _____	70
Annexe A: Summary of relevant legislation passed by the Scottish Parliament ____	72
Annexe B: Extract from Minutes _____	73
Annexe C: Relevant Published Data _____	75
Annexe D: Written and oral evidence _____	79

Criminal Justice Committee

To consider and report on matters relating to criminal justice falling within the responsibility of the Cabinet Secretary for Justice and Home Affairs, and functions of the Lord Advocate other than as head of the systems of criminal prosecution and investigation of deaths in Scotland.

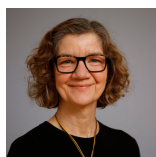


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Introduction to the inquiry

1. In February 2025, the Criminal Justice Committee agreed to undertake an inquiry into the harm caused by substance misuse in Scotland’s prisons. This followed a series of official investigations highlighting continuing concerns about the number of drug-related deaths in custody, and consistent testimony from families, staff and third-sector organisations that existing measures were not achieving the desired reduction in harm.
2. The Committee also wished to follow-up the findings of the People’s Panel on reducing drug harm and deaths, commissioned jointly by the Criminal Justice and Health, and Social Justice committees. In its final report, published in January 2025, the Panel recommended that parliamentary committees “should consider further action to look at the increase of drug supply in the prison sector” (Recommendation 7). This recommendation contributed to the decision by the Criminal Justice Committee to launch its inquiry on substance misuse in the prison system.ⁱ
3. The inquiry aims to provide an evidence-based assessment of what drives substance use in custody, how effectively it is prevented and treated, and how the health and safety of both people in prison and staff can be better protected. The Committee agreed that its work should not focus solely on enforcement measures but also examine rehabilitation, recovery and reintegration.
4. The focus of our inquiry was to:
 - examine the current extent and pattern of substance use across Scotland’s prisons;
 - identify the drivers of demand, including social, psychological and environmental factors;
 - evaluate the adequacy of prevention, healthcare, treatment and rehabilitation services;
 - assess the consequences of substance use for safety, staff wellbeing and re-offending; and
 - consider whether current accountability and data-collection arrangements enable effective oversight.
5. Our inquiry did not just focus on the use of illicit drugs in prisons, but also covered the harm caused by other substances such as alcohol misuse.
6. During our inquiry, the Committee took evidence from a range of witnesses across six formal evidence sessions. Organisations included Scottish Government Ministers, senior Scottish Prison Service (SPS) officials, and practitioners involved in delivering healthcare and recovery programmes.ⁱⁱ

ⁱ Scottish Parliament. Report of the People’s Panel on Reducing Drug Harm and Deaths in Scotland (2025). Retrieved from: <https://www.simonscotland.org/wp-content/uploads/2025/03/Report-of-the-Peoples-Panel-on-reducing-drug-harm-and-deaths-in-Scotland-1.pdf>

ⁱⁱ Scottish Parliament. Official Report, Criminal Justice Committee, 28 May. Retrieved from:

7. The Committee also received 32 written submissions from bodies such as Public Health Scotland (PHS), SPS, Police Scotland, the Prison Officers' Association Scotland (POAS), third-sector organisations, academics, and individuals.ⁱⁱⁱ
8. In addition, Members of the Committee undertook a programme of prison visits to HMP Grampian and HMP Edinburgh. During those visits, Members were able to speak directly with staff and management, NHS healthcare teams, peer-mentors, and voluntary organisations. These visits gave Members a first-hand understanding of how substance misuse affects daily life in custody, how new psychoactive substances have changed risk profiles, and how frontline staff are responding.
9. A particularly valuable component of our inquiry were the series of informal and private engagement sessions with people who have lived and living experience of substance use in prison and with family members affected by imprisonment. These sessions were conducted informally and privately to enable participants to speak freely and confidentially. They were arranged in partnership with trusted third-sector facilitators and held both in the Parliament and in a prison setting.
10. The evidence provided in these private sessions was among the most powerful and informative material received during the entire inquiry. Participants spoke candidly about addiction, trauma, stigma, the experience of withdrawal and recovery, and the barriers faced upon release. Their testimonies gave us a direct sense of the human impact of policy decisions, resource constraints and institutional practice.
11. The Committee wishes to record its sincere thanks to all of those individuals who took part in these sessions. Their courage in recounting painful personal experiences contributed significantly to the Committee's understanding of the issues and has directly informed several of the recommendations made later in this report. The Committee also acknowledges the support of the third-sector organisations that helped to build the trust necessary for these engagements to take place.
12. More widely, the Committee wishes to thank all of those who provided written and oral evidence and facilitated our visits to some of Scotland's prisons.

<https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/CJ-28-05-2025?meeting=16468>; Official Report, Criminal Justice Committee, 4 June. Retrieved from: <https://www.parliament.scot/chamber-and-committees/committees/committee-official-reports/cj-04-06-2025?meeting=16490>; Official Report, Criminal Justice Committee, 3 September 2025. Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>; 10 September 2025. Retrieved from: <https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/CJ-10-09-2025?meeting=16571>; Official Report, Criminal Justice Committee, 17 September 2025. Retrieved from: <https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/CJ-17-09-2025?meeting=16585>; Scottish Parliament. Official Report, Criminal Justice Committee, 24 September 2025. Retrieved from: <https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/CJ-24-09-2025?meeting=16602>

ⁱⁱⁱ Scottish Parliament. Tackling Harm Caused by Substance Misuse in Prisons – Published Responses (2025). Retrieved from: https://yourviews.parliament.scot/justice/harm-caused-by-substance-misuse-in-prisons/consultation/published_select_respondent

13. Our inquiry took place during a period of exceptional strain on both the justice and health systems, with the prison population exceeding design capacity and close to extended operational capacity and continuing pressures on NHS staffing following the COVID-19 pandemic^{iv}. The Committee recognises the dedication of staff working in these conditions and appreciates the openness with which evidence was provided despite those pressures.
14. The Committee heard clear evidence that Scotland's prisons are struggling with a combination of rising mental-health and addiction needs, the rapidly changing ways drugs enter establishments, and significant gaps in clinical capacity, data, and coordination. Witnesses described a system in which substance-related harm is driven by unmet health needs, inconsistent treatment, limited purposeful activity, and an evolving supply chain involving synthetic drugs, mail contamination, and drones. The impact is felt across the whole prison environment - on people in custody, staff safety, families, and recovery outcomes. The Committee considers the situation a systemic failure of health provision manifesting inside prisons, requiring a whole-system response across justice, health and community services.
15. **The detailed recommendations arising from these findings are set out in full at the end of this report.**
16. In analysing the material gathered, the Committee has sought to reflect faithfully the range of views expressed and to balance professional, academic, operational and lived-experience perspectives. Unless otherwise stated, all quotations and statistics are drawn from the written and oral evidence received by the Committee or from official Scottish Government or Public Health Scotland publications.

^{iv} Scottish Parliament. Official Report, Criminal Justice Committee, 10 September 2025 (cols 1-21). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>; Scottish Parliament. Committee meeting paper – Criminal Justice Committee, Tackling Harm from Substance Misuse in Scottish Prisons, Session 5, 17 September 2025 (Annexe A: Written submission from Glasgow City Health and Social Care Partnership). Retrieved from: <https://www.parliament.scot/~media/committ/11168/Paper-1--Substance-Misuse-Inquiry-Note-by-the-Clerk>

Context and background to substance misuse in Scotland's prisons

17. Scotland's prisons sit at the intersection of the country's public-health and justice challenges. The Committee heard repeatedly that substance misuse in custody cannot be separated from the broader social determinants of drug and alcohol use in the community: poverty, trauma, mental-ill-health and inequality.
18. Scotland continues to record among the highest rates of drug-related deaths in Europe. In 2024 there were 1,017 such deaths, a slight reduction from the previous year, but still over two and a half times the European average^v. The Scottish Centre for Crime & Justice Research suggested that a significant proportion of those deaths occurred among people in custody^{vi}.
19. Between 2012-13 and 2022-23 there were 345 deaths in prison custody, of which 50 (14.5%) were recorded as drug-misuse deaths and two (0.6%) as alcohol-specific^{vii}.
20. The SCCJR (2025) review of deaths in custody found that 64 people died in Scottish prisons in 2024, a 60% increase from the 40 deaths recorded in 2023. The report raised concerns about the effectiveness of Fatal Accident Inquiries in preventing future incidents. Many drug-related deaths involved multiple substances, including prescribed medications such as methadone, buprenorphine and pregabalin^{viii}.
21. There are recurring issues around withdrawal management, self-medication due to delays in medical review, and variability in prescribing and administration practices. These findings highlight the need for strengthened clinical governance, consistent withdrawal protocols, and improved mental-health support within prisons^{ix}.
22. The Committee heard that imprisonment often represents only a temporary disruption in a longer cycle of addiction, homelessness, and poor health. While some individuals may begin recovery from substance use during custody, poor health outcomes frequently continue or worsen in prison, particularly where access

v National Records of Scotland. Drug-related deaths in Scotland, 2024 (2025). Retrieved from: <https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-2024/>

vi Scottish Centre for Crime and Justice Research (SCCJR). New study reveals record numbers are dying in Scottish prisons (2025). Retrieved from: https://www.sccjr.ac.uk/news_item/new-study-reveals-record-numbers-are-dying-in-scottish-prisons/

vii Scottish Government. Deaths in prison custody 2012-13 to 2022-23: Cause of death in prison custody (2023). Retrieved from: <https://www.gov.scot/publications/deaths-in-prison-custody-2012-13-to-2022-23/pages/cause-of-death-in-prison-custody/>

viii Scottish Centre for Crime and Justice Research (SCCJR). Nothing to See Here? Deaths in Custody and their Investigation in Scotland in 2024 (2025). Retrieved from: <https://www.sccjr.ac.uk/publication/nothing-to-see-here-deaths-in-custody-2024/>

ix Scottish Government. Prison population health needs: synthesis report (2022). Retrieved from: <https://www.gov.scot/publications/understanding-health-needs-scotlands-prison-population-synthesis-report/>

to care is limited. Drug use in custody therefore mirrors, and in some cases amplifies, the challenges that exist in the community.

23. The 2024 Scottish Prison Service Prisoner Survey found that 35% of respondents had used illegal drugs while in custody (up from 29% in 2019). Of these, almost half (49%) said their use had reduced, while 26% said their drug use had increased or begun in prison. Just under one-third (32%) reported being under the influence of drugs at the time of their offence, and 49% had used drugs prior to custody^x.
24. In August 2025, PHS issued a warning about Nitazene-type drugs potentially being used in Scotland’s prisons, which they say, “pose a high risk of overdose, hospitalisation and death”^{xi}.
25. Alcohol use also remains widespread. 55% of prisoners said they had used alcohol before imprisonment, and 31% were under its influence when they offended. Within custody, 17% reported consuming illicit alcohol. These figures demonstrate that both drug and alcohol use are deeply embedded in prison life and contribute directly to offending behaviour and wider harms^{xii}.
26. Witnesses, such as the SPS, often described synthetic cannabinoids (often known as “spice”) as the most serious current threat to safety and wellbeing in the prison estate^{xiii}. NHS clinicians said these substances are unpredictable in strength and effect, able to produce acute psychosis, seizures and, in some cases, extreme aggression^{xiv}. They can also cause chronic physical and psychological harm, including paranoia, weight loss and lasting cognitive impairment^{xv}.
27. Some witnesses, such as Scottish Families Affected by Alcohol and Drugs^{xvi}, stressed that one of the contributing of substance use in custody is the inadequacy of mental-health provision. Individuals frequently enter prison in acute psychological distress, yet waiting times for assessment and treatment remain long, and access to

x Scottish Prison Service. Prisoner Survey 2024 (2025), p. 15. Retrieved from:

<https://www.sps.gov.uk/sites/default/files/2025-04/Prison%20Survey%202024.pdf>

xi Public Health Scotland. Rapid Action Drug Alerts and Response (RADAR): Public health alert for action – Nitazene-type drugs in Scotland, version 2.0 (2024). Retrieved from:

<https://publichealthscotland.scot/publications/rapid-action-drug-alerts-and-response-radar-alert-nitazenes/rapid-action-drug-alerts-and-response-radar-alert-nitazenes-version-20/public-health-alert-for-action-nitazene-type-drugs-in-scotland/>

xii Scottish Prison Service. Prisoner Survey 2024 (2025), p. 13. Retrieved from:

<https://www.sps.gov.uk/sites/default/files/2025-04/Prison%20Survey%202024.pdf>

xiii Scottish Parliament Criminal Justice Committee. Tackling Harm from Substance Misuse in Scottish Prisons – Session 1: Annexe A – Written submission from the Scottish Prison Service (SPS) (2025). Retrieved from: <https://www.parliament.scot/~media/committ/10613/Paper-1--Inquiry-Note-by-the-Clerk>

xiv Scottish Parliament Criminal Justice Committee. Official Report: 4th June, 2025 (cols 13 -14). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16490>

xv Public Health Scotland. RADAR: Rapid Action Drug Alerts and Response (2024).

Retrieved from: <https://publichealthscotland.scot/publications/radar-rapid-action-drug-alerts-and-response>

talking therapies or specialist psychiatric care is inconsistent across the estate. In that context, drugs - particularly synthetic cannabinoids and diverted prescription medicines - are used by some as a form of self-medication to manage anxiety, trauma and insomnia. Witnesses collectively characterised the situation as a systemic failure of health provision manifesting inside prisons^{xvii}.

28. Across our evidence-taking, witnesses repeatedly urged the Committee to recognise that the harms caused by substance use in Scottish prisons are not isolated incidents nor always the product of individual failures. Rather, they reflect short-comings in health provision that manifests inside the prison estate. This failure is characterised by persistent gaps in mental-health and addiction services, chronic workforce shortages, and fragmented accountability structures that prevent effective, joined-up care.
29. Witnesses emphasised that, in their view, prisons have become de facto holding environments for people whose core needs in relation to substance addictions are more clinical than criminal. The result, they argued, is a system that is structurally incapable of meeting the health, social care and recovery needs of those in custody, with consequences that ripple outward to families, communities and victims of crime^{xviii}. The Committee considers that, without acknowledging the underlying health-system shortcomings, efforts to reduce drug-related harm in custody will continue to fall short.
30. The Committee also heard that the routes by which drugs enter prisons have evolved. SPS intelligence shows increasing use of drones, as well as the use of impregnated parcels and small consignments brought in through various means, including by visitors^{xix}. While the evidence did not confirm a rise in visitor-based smuggling, witnesses noted that organised-crime groups have adapted quickly to restrictions on visits and mail. Police Scotland emphasised that many of the same networks control both community and prison drug markets, using prisons to maintain influence and collect debts^{xx}.
31. Whilst detection technology has improved, witnesses said that the ingenuity of

^{xvi} Scottish Families Affected by Alcohol and Drugs. Written submission to the Scottish Parliament Criminal Justice Committee – Inquiry into Substance Misuse in Scottish Prisons (2025). Retrieved from: <https://www.sfad.org.uk/content/uploads/2025/09/Substance-Use-in-Prison-inquiry-response-FINAL.pdf>

^{xvii} Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025).

^{xviii} Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

^{xix} Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (cols 14–16). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

^{xx} Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (cols 29-30). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

supply methods and the availability of synthetic drugs in tiny quantities make complete interdiction impossible. SPS described a continuous cat-and-mouse battle between suppliers and prison authorities^{xxi}.

32. Drug Trend Testing (DTT) replaced Addiction Prevalence Testing in 2021-22. Of 769 voluntary tests at reception, 73% were positive for illegal drugs - most commonly cannabis (46%), cocaine (37%), opiates (28%) and benzodiazepines (28%)^{xxii}.
33. Among 259 liberation tests, 29% were positive, with buprenorphine (10%), benzodiazepines (10%), opiates (7%) and methadone (6%) most frequent. These results illustrate the high prevalence of drug use on entry to custody and continuing exposure at release, highlighting the importance of integrated treatment and continuity of care^{xxiii}.
34. Severe overcrowding, high turnover and staff shortages were consistently identified as factors that exacerbate drug demand and hinder effective control. The prison population has remained above 8,000 for much of 2025^{xxiv}, significantly exceeding design capacity. SPS officials said this limits access to purposeful activity, increases time spent in cells and stretches both security and healthcare resources^{xxv}.
35. Prison staff witnesses told the Committee that these pressures contribute to fatigue, stress and a sense of instability within establishments. They also said that stretched staffing levels increase the risk of incidents and limit time for meaningful engagement with people in custody. We heard that officers face unpredictable behaviour associated with synthetic-drug intoxication and are often first responders to medical emergencies. The POAS said the cumulative psychological impact on staff was significant, contributing to burnout and retention difficulties^{xxvi}.

xxi Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (col 28). Retrieved from: <https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/CJ-10-09-2025?meeting=16571>

xxii Public Health Scotland. Scottish Public Health Observatory Quarterly Update – December 2022. Retrieved from: <https://publichealthscotland.scot/publications/scottish-public-health-observatory-quarterly-update/scottish-public-health-observatory-quarterly-update-december-2022/>

xxiii Public Health Scotland. Scottish Public Health Observatory Quarterly Update – December 2022. Retrieved from: <https://publichealthscotland.scot/publications/scottish-public-health-observatory-quarterly-update/scottish-public-health-observatory-quarterly-update-december-2022/>

xxiv Scottish Government. Safer Communities and Justice Statistics Report – April 2025: Statistics on Prisons (2025). Retrieved from: <https://www.gov.scot/publications/safer-communities-and-justice-statistics-report-april-2025/pages/statistics-on-prisons/>

xxv Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (cols 4–20). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>; Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (cols 24–26). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>;

xxvi Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (cols 2–3). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>

36. The Cabinet Secretary for Justice and Home Affairs, Angela Constance MSP, acknowledges that overcrowding places “immense stress” on prisons, both operationally and clinically^{xxvii}. She said that work was under way to manage capacity pressures through the Prisoners (Early Release) (Scotland) Act 2025, which introduced the STP40 programme - allowing certain short-term prisoners to be released after serving 40% of their sentence, rather than the previous 50%^{xxviii}. She confirmed that she remained in regular contact with the Scottish Prison Service regarding short-term relief measures and ongoing monitoring of the prison population^{xxix}.
37. More widely, NHS representatives explained that the clinical challenges in prisons have intensified. Many people arrive in custody with multiple health needs, including chronic pain, hepatitis C, mental-health conditions and poly-substance dependency^{xxx}. While transfer of healthcare responsibilities from SPS to the NHS in 2011 has improved clinical governance, disparities remain between Boards in staffing levels, treatment capacity and data systems^{xxxi}.
38. Between April and June 2025, there were 718 referrals to prison-based alcohol and drug treatment services, 79% for problematic drug use. Of those beginning treatment, 94% started within the three-week national standard^{xxxii}.
39. While waiting-time performance is encouraging, prevalence data show a continuing high burden of need, particularly for co-occurring alcohol problems. The SHAAP (2024) Alcohol (In)justice study estimates that 63% of people in prison have an alcohol-use disorder and 31% may be dependent - nearly triple the general population rate. Addressing alcohol harm alongside drug misuse should therefore remain a central priority^{xxxiii}.

xxvii Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (col 7). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

xxviii Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (cols 7-8). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

xxix Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025. Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

xxx Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (col 36). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

xxxi Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025. Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

xxxii Public Health Scotland. National drug and alcohol treatment waiting times: 1 April 2025 to 30 June 2025. Accredited official statistics. (2025). Retrieved from: <https://publichealthscotland.scot/publications/national-drug-and-alcohol-treatment-waiting-times/national-drug-and-alcohol-treatment-waiting-times-1-april-2025-to-30-june-2025/>

xxxiii Scottish Health Action on Alcohol Problems. Alcohol (In)justice: Position on People with an Alcohol Use Disorder in the Justice System (2024), p. 3. Retrieved from:

40. Several NHS witnesses, as well as people with lived and living experience, told the Committee that the shortage of dedicated mental-health professionals and the limited access to therapeutic interventions are key factors sustaining drug demand. NHS witnesses and people with lived experience told the Committee that shortages of mental-health professionals and limited access to therapy sustain drug demand; gaps in mental-health provision are quickly filled by drugs^{xxxiv}.
41. The Committee also heard about the strong link between substance use and re-offending. Evidence presented to the Committee indicated that people who leave custody with continuing substance-use needs are at significantly higher risk of relapse and reconviction within the first year after release. Witnesses stressed that supporting recovery on liberation is therefore critical to breaking the cycle of addiction and offending^{xxxv}.
42. Third-sector organisations argued that tackling demand within prisons requires the same person-centred, recovery-oriented approach being promoted in the community. They called for parity of esteem between prison and community services so that people in custody receive the same standard of care and opportunity for recovery as they would outside^{xxxvi}.
43. For their part, the Scottish Government told the Committee that Ministers were working across the justice, health and local-government portfolios to improve consistency of health and social-care support for people in custody and on release. The Cabinet Secretary for Justice and Home Affairs said that this work is intended to ensure parity of access and outcomes between those in prison and those in the community^{xxxvii}.
44. Several witnesses stressed that substance misuse is both a cause and consequence of imprisonment. Addressing it therefore requires joined-up work between health, justice, housing and social-care agencies^{xxxviii}. The Committee noted examples of good practice in local partnership working but also significant variation across Scotland^{xxxix}.

<https://www.shaap.org.uk/wp-content/uploads/2024/09/Alcohol-Injustice-Updated-Dec-24.pdf>

xxxiv Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025); Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (cols 24-26). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

xxxv Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025); Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (cols 28-29). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

xxxvi Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

xxxvii Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (col 6). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

xxxviii Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from:

45. Members were struck by the strong consensus across witnesses that substance misuse in prisons is fundamentally a public-health issue with criminal-justice consequences, not simply a criminal-justice issue with health consequences.
46. The Committee's inquiry therefore focuses on how best to reduce the harm caused by substance misuse in custody – through prevention, safer treatment, continuity of care and recovery-focused regimes – while ensuring that measures to restrict supply do not undermine rehabilitation or safety.

<https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

^{xxxix} Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025), p. 2. Retrieved from: <https://www.parliament.scot/~media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>

Key themes and findings from our inquiry

47. The Committee heard that the prison environment amplifies, rather than alleviates, pre-existing health inequalities. Witnesses described longstanding structural problems: limited access to mental-health assessment, variable delivery of MAT standards, inadequate clinical oversight, and waiting lists for even basic therapeutic interventions. These deficits are not new, but evidence suggested they have deepened in recent years due to rising prison numbers, increased complexity of need, and pressures on NHS staffing^{x1}.
48. Humanising care and recovery-focused practice emerged as a central theme throughout the Committee's inquiry. During a visit to HMP Grampian, members observed approaches that explicitly seek to humanise health care in custody, ensuring that people are treated with dignity, seen as individuals rather than cases, and supported in ways that promote long-term recovery. Witnesses told the Committee that when care is delivered in a compassionate, person-centred way, people engage more readily with treatment, staff relationships improve, and the wider prison environment becomes safer for everyone. The Committee considers that these principles should underpin all aspects of health and justice policy in custody.
49. Witnesses also emphasised that a trauma-informed culture is inseparable from a humanising approach to care. Lived-experience contributors described the difference it made when staff spoke to them as people rather than "prisoners with problems". Families likewise expressed that when communication was respectful and empathetic, stigma reduced and trust increased. Members were told repeatedly that humanising day-to-day interactions, small acts of dignity, consistency and fairness, is often the foundation on which successful recovery work is built.
50. The Committee therefore views the current situation not as a failure of individual prisons or practitioners, but as the predictable outcome of a system that lacks the capacity, workforce, and clinical infrastructure required to meet the needs of the population it serves.

Drivers of substance use

51. Several witnesses noted that prisons are often the first point at which individuals receive any form of mental-health or substance-use support, but the environment and available resources are poorly designed to deliver sustained, holistic care. The interconnected nature of trauma, instability, addiction, and poor mental health means that insufficient provision in one area has immediate repercussions in

^{x1} Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025). Retrieved from: <https://www.parliament.scot/~media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>; Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

others, creating a cycle of unmet need^{xli}.

52. Some of the evidence we received identified trauma, poverty, adverse childhood experiences, and untreated mental-health conditions as underlying causes of substance use in custody. Many respondents argued that prison itself can exacerbate those factors through isolation, anxiety, and lack of purposeful activity^{xlii}.
53. For example, the Royal College of Psychiatrists and other organisations with a national role in overseeing and improving health outcomes, including Public Health Scotland, the Royal Pharmaceutical Society and third-sector clinical providers, highlighted that people entering custody are significantly more likely to have multiple and complex needs, including co-occurring mental-health and substance-use disorders. Responses to the Committee’s call for views emphasised that trauma is often a central feature of these needs and that mental-health and addiction services in prisons must be more fully integrated, rather than operating in isolation, if they are to respond effectively^{xliii}.

Availability and supply

54. Numerous respondents raised concerns about the continued availability of synthetic cannabinoids and diverted prescription medicines. SPS, Police Scotland and staff associations all noted that supply routes have diversified, including the use of drones and drug-soaked items such as clothing. While drug-soaked paper has previously been a common method, witnesses indicated that other materials are now increasingly used to conceal substances^{xliv}.
55. Confirmed drone incidents increased from 6 (2021) to 73 (2024), before 15 further incidents were recorded up to March 2025. Over the same period, the Scottish Prison Service recorded nearly 15,000 drug recoveries, split between “preventative” (6,546) and “in-prison” (8,418) discoveries^{xlv}.

xli Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025). Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>; Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

xlii SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

xliii SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

xliv Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (col 3). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

xlv Scottish Prison Service (2025). Public Information Pages – Operational Statistics. Retrieved from: <https://www.sps.gov.uk/about-us/transparency/publications>; Scottish

56. Rapid Action Drug Alerts and Response (RADAR) testing shows that synthetic cannabinoids now account for 72% of seized samples (Q2 2025), with growing use of powder and e-cigarette liquids rather than paper. This shift complicates detection and heightens overdose risk due to inconsistent dosing^{xlvi}.
57. Over the same period, confirmed drone incidents rose from six in 2021 to seventy-three in 2024, and nearly 15,000 drug recoveries were recorded by the SPS between 2021 and 2025 (6546 preventative and 8418 in-prison). These developments illustrate the scale and sophistication of the challenge faced by staff and the need for an integrated health-and-security response^{xlvii}.
58. Both the Minister for Drugs and Alcohol Policy, Maree Todd MSP, and the Cabinet Secretary for Justice and Home Affairs acknowledged the growing challenge of synthetic cannabinoids and new potent opioids, including nitazenes. They said that the Scottish Government's RADAR alert system was being used to identify and communicate emerging threats rapidly across prisons and the NHS, and that staff welfare guidance had been updated to reflect exposure risks^{xlviii}.
59. A number of submissions questioned whether efforts to achieve a complete eradication of illicit substances are viable given the small quantities required to sustain supply networks. They suggested that demand-reduction and harm-reduction measures would yield better outcomes than intensified interdiction alone^{xlix}.

Healthcare and treatment

60. The strongest recurring theme across submissions was the need for equitable access to health care for those in custody. Contributors described long waiting times for mental-health assessment, insufficient detoxification and stabilisation facilities, and patchy implementation of the Medication-Assisted Treatment (MAT) Standards in prisons¹.

Parliament Criminal Justice Committee. Official Report: 28 May 2025 (cols 14–16).

Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

^{xlvi} Public Health Scotland. Rapid Action Drug Alerts and Response (RADAR): Public health alert for action – Nitazene-type drugs in Scotland, version 2.0 (2024). Retrieved from: <https://publichealthscotland.scot/publications/rapid-action-drug-alerts-and-response-radar-alert-nitazenes/rapid-action-drug-alerts-and-response-radar-alert-nitazenes-version-20/public-health-alert-for-action-nitazene-type-drugs-in-scotland/>

^{xlvii} Scottish Prison Service (2025). Public Information Pages – Operational Statistics. Retrieved from: <https://www.sps.gov.uk/about-us/transparency/publications>

^{xlviii} Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (cols 11–12 and 19–28). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

^{xlix} SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

¹ SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/>

61. For example, the Scottish Recovery Consortium Families Outside, and other third-sector organisations called for improved continuity of care between custody and community. Witnesses argued that gaps in prescribing or communication on release increase relapse and overdose risk, undermining recovery efforts^{li}.

Recovery and throughcare

62. Some third-sector organisations stressed that recovery requires sustained engagement beyond prison walls. Submissions emphasised the importance of peer mentoring, family inclusion, and secure housing on liberation^{lii}.
63. Families Outside highlighted the emotional and social dimensions of recovery, noting that families often shoulder responsibility for reintegration but lack support. Several respondents argued that family engagement should be formalised within throughcare planning^{liii}.

Workforce and resources

64. During a prison visit, staff groups, healthcare professionals, and third-sector organisations commented on shortages of specialist staff in addictions, mental health, and psychology. They said this limited the capacity for one-to-one therapeutic work and contributed to reliance on medication rather than holistic support.
65. The POAS warned that staff fatigue and turnover erode institutional stability. Submissions, such as from Scottish Families Affected by Alcohol and Drugs, called for workforce development and improved mental-health support for staff exposed to traumatic incidents^{liv}.

[11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views](#)

- ii [SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons \(2025\)](#). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>
- lii [SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons \(2025\)](#). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>
- liii [SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons \(2025\)](#). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>
- liv [Scottish Families Affected by Alcohol and Drugs. Response to call for views – Inquiry into the harm caused by substance misuse in Scottish prisons \(2025\)](#). Retrieved from: https://yourviews.parliament.scot/justice/harm-caused-by-substance-misuse-in-prisons/consultation/view_respondent?uuld=825232189

Data and accountability

66. Some respondents raised concern about the absence of consistent national data on drug use, overdoses, or treatment outcomes in custody. The UK National Preventive Mechanism (NPM) and others recommended improved data collection and transparency, including better monitoring of how drugs enter prisons and the effectiveness of current responses^{iv}.
67. The Cabinet Secretary for Justice and Home Affairs told the Committee that work to tackle prison-based drug supply forms part of Scotland's wider strategy on serious and organised crime. She highlighted ongoing collaboration between the Scottish Prison Service, Police Scotland and the National Crime Agency through the Serious Organised Crime Taskforce, describing this as essential to disrupting networks that operate across prison and community settings^{lvi}.
68. Some submissions, such as the CJVSF, urged caution, warning that data-collection must protect individual privacy and avoid punitive uses. Contributors stressed that any monitoring framework should be used to improve services rather than to stigmatise people in custody^{lvii}.

An emerging consensus?

69. Overall, responses to the Committee's call for views for our inquiry revealed a strong shared understanding among stakeholders that substance misuse in prisons is best addressed through a public-health model^{lviii}, supported by robust treatment, prevention, and recovery systems that extend into the community. With that being said, the Committee recognises that enforcement to prevent drugs from entering and circulating prisons is also important.
70. Many respondents told us that the voices of people with lived and living experience

^{iv} United Kingdom National Preventive Mechanism. Response to call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: https://yourviews.parliament.scot/justice/harm-caused-by-substance-misuse-in-prisons/consultation/view_respondent?uuld=842097234

^{lvi} Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (cols 25–27). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

^{lvii} SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

^{lviii} A *public-health model* refers to an evidence-based, population-level approach that seeks to prevent harm, reduce risk, and improve health outcomes by addressing the underlying causes of substance use. In Scotland, this aligns with the Scottish Government's stated commitment to a "public health approach to drug use," which emphasises early intervention, trauma-informed practice, timely access to treatment (including MAT), harm-reduction measures, recovery support, and strong integration between health, social care, justice and community services. A public-health model prioritises rehabilitation, wellbeing and continuity of care over punitive responses as the primary means of reducing drug-related harm.

should remain central to designing and evaluating policy. Several organisations urged the Committee to recommend permanent mechanisms for such engagement, including advisory panels within the SPS and local community-justice partnerships.

Key findings

71. The key findings of our inquiry report are summarised in the following text box.

KEY FINDINGS FROM OUR INQUIRY

The evidence heard points to an urgent need for systemic reform, combining strong public-health leadership, integrated governance, and adequately resourced services.

Substance misuse remains a systemic challenge across the prison estate, affecting safety, health outcomes and rehabilitation prospects.

The Committee found clear evidence that drug use in custody is closely linked to mental-health service inadequacy, social disadvantage and lack of purpose.

Enforcement alone cannot address these issues; a whole-system, public-health approach is required, underpinned by equal access to treatment and recovery services.

The current variation in healthcare provision between NHS Boards undermines consistency of care and outcomes.

Workforce pressures, overcrowding and resource constraints exacerbate risk and hinder implementation of best practice.

Data gaps limit understanding of the true scale of harm and the effectiveness of interventions.

The Committee observed excellent practice in some prisons - particularly where local partnerships between SPS, the NHS, and third-sector organisations operate collaboratively - but noted inconsistency across Scotland.

Members considered that genuine progress will depend on breaking down structural divides between justice and health systems and embedding recovery principles in every aspect of prison life.

The Committee considers that people with lived and living experience should be recognised as partners in informing, developing and evaluating policy, rather than being consulted only at the end of the process.

Many witnesses agree that prisons cannot achieve meaningful reduction in drug harm without concurrent investment in community services, housing and mental-health provision.

Drivers of substance use and the prison environment

Overview

72. During our inquiry, some of the evidence received by the Committee made it clear that substance use in custody does not arise in isolation. It reflects wider patterns of deprivation, trauma and unmet mental-health need in society. Witnesses described a cycle in which poverty, inequality and exclusion increase the risk of drug dependency, while imprisonment can deepen these harms^{lix}.
73. Members were struck by the consistency of testimony from health, justice and third-sector witnesses that substance misuse is both a symptom and a consequence of disadvantage. Addressing drug use in custody therefore requires not only enforcement and treatment measures, but also a fundamental shift toward prevention and early intervention^{lx}.
74. The Committee notes that the recurring issues identified in evidence - inconsistent mental-health provision, fragmented addictions support, insufficient multidisciplinary working, and delays in access to treatment - are symptomatic of systemic weaknesses in the wider health system. Witnesses highlighted that prison healthcare teams often operate under pressures that would be unacceptable in any community setting, including chronic understaffing, limited clinical space, high levels of acuity, and inadequate digital infrastructure. These structural constraints significantly impair the ability of clinicians to deliver high-quality care, contributing to avoidable harm.

Poverty, trauma and inequality

75. Respondents to the call for views identified adverse childhood experiences, poverty and trauma as root causes of substance use among the prison population. Respondents emphasised that unless poverty and trauma are tackled upstream, prisons will continue to absorb their consequences^{lxi}.

^{lix} Scottish Parliament Criminal Justice Committee. Official Report: 4 June 2025 (cols 11–15). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16490>; SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/1169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

^{lx} Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (cols 12–17). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554> SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/1169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

^{lxi} SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in

76. Witnesses including Public Health Scotland, the NHS and third-sector partners told the Committee that many people entering custody have experienced multiple forms of trauma - neglect, domestic abuse or homelessness - and that substance use often begins as a coping mechanism. Professor Susanna Galea-Singer (NHS Fife) told the Committee that many of the people who come into custody have long histories of trauma, neglect and mental-health problems, and that prison can feel like a continuation of those harms if they do not provide the right kind of support. Tracey McFall (Scottish Recovery Consortium) added that recovery services must recognise and respond to those experiences to be effective^{lxii}.
77. People who participated in private lived-experience sessions described how early exposure to violence, neglect and loss shaped later substance use. Several said that prison was the first place they had ever spoken to a mental-health professional or accessed counselling. Facilitators noted that a sense of being heard and treated as a person rather than a number was described as pivotal to recovery^{lxiii}.
78. The Committee also heard that the social determinants of drug use are reflected in who ends up in custody. Areas with the highest deprivation-index scores also record the highest rates of imprisonment and drug-related deaths. Public Health Scotland witnesses confirmed the overlap between the SIMD deciles with poorest health outcomes and the origin of most prisoners in custody^{lxiv}.
79. Members were concerned that without wider reform to tackle inequality and exclusion, the prison system will continue to absorb the consequences of poverty. The Committee believes that social policy and justice policy must be developed together to prevent this cycle.
80. The Cabinet Secretary for Justice and Home Affairs told the Committee that in tackling the issue, we “need to consider employability, support with life skills and daily living, addressing the specifics around offending behaviour and any underlying attitudes as well as treatment of mental health and addiction issues”^{lxv}.

Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

lxii Scottish Parliament Criminal Justice Committee. Official Report: 4 June 2025 (cols 13–15). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16490>

lxiii Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025).

lxiv Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (cols 10–12). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>; SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

lxv Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (cols 9–10). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

Mental health and emotional distress

81. Across all evidence sessions, witnesses linked substance use in prison to poor mental-health provision. The NHS, Health and Social Care Partnerships (HSCPs) and people with lived experience said that drugs are commonly used as a means of coping with anxiety, depression or past trauma^{lxvi}.
82. In an informal, private engagement session, former prisoners explained that they “used whatever was available” to quiet intrusive thoughts or manage panic when support was not available. Members agreed that these accounts illustrated the human cost of inadequate provision.
83. Participants in the private engagement sessions told the Committee that anxiety, sleeplessness and flashbacks often led them to use synthetic drugs inside prison. They said that access to therapy or meaningful peer support reduced this reliance.
84. The Committee was told that both are under significant pressure, with complex needs and waiting times for mental-health support highlighted, and they urged an integrated approach rather than treating them in silos^{lxvii}.
85. The Minister for Drugs and Alcohol Policy told the Committee that:

” As a Government, we have supported the national prison care network to develop a target operating model for healthcare delivery in prisons. That sets out a nationally consistent service model for the delivery of the range of clinical services that are provided in prisons, including drug and alcohol services. Despite the very challenging operating environment, I am encouraged to see steady progress in the number of services that have been implemented across the prison estate^{lxviii}.

Purpose, boredom and the prison regime

86. Many witnesses, including SPS and prison staff representatives, drew attention to the relationship between prison regimes and drug demand. SPS told the Committee that “overcrowding has an impact on how much we can do day to day”^{lxix}.

^{lxvi} Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (cols 6–8). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

^{lxvii} Scottish Families Affected by Alcohol and Drugs. Written submission to the Scottish Parliament Criminal Justice Committee – Inquiry into Substance Misuse in Scottish Prisons (2025). Retrieved from: <https://www.sfad.org.uk/content/uploads/2025/09/Substance-Use-in-Prison-inquiry-response-FINAL.pdf>

^{lxviii} Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (col 4). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

^{lxix} Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (col 3). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

87. Health witnesses explained that lack of time out of cell and limited purposeful activity drive demand for substances. As Leona Paget (Glasgow HSCP) put it, prisoners “have always said that it is because of the boredom and lack of purposeful activity, and sitting in their cells, locked up, for long periods”^{lxx}.
88. The Committee also heard evidence that staffing pressures and regime changes can reduce time out of cell. Phil Fairlie (POAS) warned that the proposed “focus day” model^{lxxi} “would come at a cost in the amount of time that prisoners would be outside their cells,” adding, “I am not sure that it is safe to bring in the focus day”^{lxxii}.
89. SPS officials explained that successful implementation of strategies depends on building relationships, which is harder in overcrowded conditions: “The implementation of a lot of our strategies is dependent on building relationships and on having the time and capability to do that. However, our prisons are so full ... that that job is made even harder”^{lxxiii}.
90. Families of people in prison, or who had recently been in prison took part in confidential discussions said that restrictions on visits or communication increased the distress of loved ones in custody and, in some cases, worsened drug use as a coping mechanism.

Access to family and community support

91. Families Outside and other organisations told the Committee that maintaining family relationships is a protective factor against substance misuse. Isolation and loss of contact can intensify distress and drive people toward drug use^{lxxiv}.
92. Families who gave evidence described challenges in being informed about medical emergencies or in supporting loved ones through recovery. They called for better communication and family-inclusive recovery models^{lxxv}.
93. Families Outside and other witnesses told the Committee that maintaining family

^{lxx} Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (col 10). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

^{lxxi} The “focus day model” was a proposal by the Scottish Prison Service at the time of evidence taking in September 2025. Since then, the Scottish Prison Service has proposed a new model - “the Regime and Roster Operational Review”.

^{lxxii} Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (cols 3–4). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>

^{lxxiii} Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (col 3). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

^{lxxiv} Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025).

^{lxxv} Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025).

relationships is a protective factor against substance misuse and relapse. They called for family-inclusive recovery approaches to be embedded within custody planning and for greater consistency and support for family contact across the prison estate^{lxxvi}.

94. The Committee believes that family connection should be recognised as part of the recovery infrastructure. Witnesses, including Families Outside, urged the Scottish Prison Service to strengthen and better support family contact across the estate and to ensure families are consistently signposted to support. As Dr Sarah Rogers of Families Outside told the Committee, “A lot of research shows the importance of maintaining meaningful contact between families and people in prison. It can support the health and wellbeing of everyone involved, and it can support desistance from offending”^{lxxvii}.

Culture and stigma

95. Several witnesses highlighted the persistence of stigma within the prison environment. People seeking help for addiction or mental health can be viewed as “weak” or “attention-seeking,” deterring them from disclosure or treatment^{lxxviii}.
96. NHS representatives told the Committee that stigma among staff can affect clinical decision-making. People with lived experience described occasions where they felt dismissed or denied appropriate care because of their drug history^{lxxix}.
97. The Committee heard that recovery activity exists across the prison estate (including recovery spaces, peer mentors and third-sector programmes), and that the Scottish Prison Service now has designated leads to progress this work. However, witnesses also told the Committee that prisons can exacerbate trauma and that current staff training falls short of a trauma-informed approach. The Committee further notes the Charter of Rights for People Affected by Substance Use, which the Minister for Drugs and Alcohol Policy said is part of the National Mission on Drugs and aims to tackle stigma and empower people to assert their rights when seeking help^{lxxx}.
98. The Committee also heard concerns that the absence of accessible rights

^{lxxvi} Scottish Parliament Criminal Justice Committee. Official Report: 4 June 2025 (col 25). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16490>

^{lxxvii} Scottish Parliament Criminal Justice Committee. Official Report: 4 June 2025 (col 11). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16490>

^{lxxviii} Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025).

^{lxxix} Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (cols 25–27). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

^{lxxx} Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (cols 28-30). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

information, advocacy and support for people in custody, and for their families, can compound stigma and make it harder for individuals to seek help. Witnesses during private sessions highlighted that when people do not understand their entitlements, or lack trusted avenues to raise concerns, this can reinforce feelings of shame and disempowerment^{lxxxix}.

99. The Committee considers that improving access to advocacy and rights-based information is an important component of creating a trauma-informed environment and reducing the stigma experienced by people with substance-use and mental-health needs.
100. During questioning on the challenges of embedding trauma-informed care in prisons, Professor Galea-Singer explained that, while NHS staff increasingly receive trauma training, this is not yet consistent within prisons. She stated:
- ” The culture in prisons is certainly not trauma informed. In order to have a trauma-informed culture in prisons, prison officers need to be trained.^{lxxxii}

Conclusions and recommendations on the drivers of substance use

101. The Committee welcomes the Scottish Government’s commitment to the National Care Service and the forthcoming Mental Health and Wellbeing Strategy, but emphasises that these reforms must include the prison population explicitly if we are to make more progress in tackling substance misuse within these establishments.
102. In our view, substance use in custody is driven primarily by trauma, poverty and unmet mental-health needs. Witnesses told the Committee that imprisonment can exacerbate these problems: overcrowding and bullying were described as retraumatising and lived experience and family evidence characterised prisons as punitive rather than therapeutic. While health and recovery services exist in custody, witnesses questioned whether prison is the right setting to address these root causes.
103. The Committee recognises that while enforcement measures are necessary to maintain order, they alone cannot address the causes of drug demand. A preventative, health-led approach must underpin all aspects of prison policy.
104. The Committee is of the view that improvement in mental-health services is a precondition for reducing drug-related harm. This requires not only better quality of support but wider and more reliable access to assessment, therapy and sustained care throughout a sentence and after release. Without consistent access across the estate, even well-designed services cannot deliver the impact intended.

^{lxxxix} Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025).

^{lxxxii} Scottish Parliament Criminal Justice Committee. Official Report: 4 June 2025 (col 27). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16490>

105. The Committee also considers that purposeful activity, regular contact with family, and a culture that actively challenges stigma are essential components of prevention and recovery. These factors help maintain stability, support engagement with services, and reduce the underlying stresses that can drive substance use.

Recommendations

106. **The Committee acknowledges that persistent overcrowding remains a major barrier to delivering effective prevention and early-intervention work in custody. High population levels limit access to purposeful activity, restrict the availability of therapeutic spaces, compress staff time, and disrupt continuity of care. While the recommendations that follow set out the actions required to strengthen mental-health support, substance-use treatment, recovery work and family contact, the Committee is clear that sustainable progress across all of these areas ultimately depends on reducing the pressures created by an overcrowded prison estate.**

107. **While existing SPS mental-health and alcohol and drug strategies include relevant actions, they do not set out a fully integrated prevention and early-intervention approach within custody. Witnesses were clear, however, that the capacity to deliver meaningful early-intervention work is significantly affected by current prison population levels. The Committee therefore recommends that the Scottish Government, SPS and the NHS work together to develop a custody-focused prevention and early-intervention framework that embeds trauma-informed care, links mental-health and substance-use services, and supports recovery from admission through to release.**

108. **Any new custody strategy must align with the support people receive in the community. The same principles, standards, and expectations should apply before, during, and after someone is in prison, so that treatment is not interrupted when they enter custody or when they return home.**

109. **Mental-health provision in prisons should be reviewed urgently to ensure parity with community standards. Addiction must not be a barrier to receiving mental-health support. People in custody should be able to access the same core services that would be available to them in the community, including timely mental-health assessment, talking therapies, trauma-specific interventions, and treatment plans that address co-occurring mental-health and substance-use needs together rather than in isolation.**

110. **The Committee recommends that the SPS strengthen access to clear, rights-based information and independent advocacy for people in custody**

and their families. Improving awareness of rights and ensuring that individuals have trusted avenues to seek support would help reduce stigma and contribute to a more trauma-informed environment across the prison estate.

111. Whilst recognising the current challenges facing SPS and its staff because of overcrowding, the Committee recommends that, as soon as it is able to, SPS works towards guaranteeing a baseline level of purposeful activity in every establishment, with minimum hours protected as far as possible.

112. The Scottish Government and the Scottish Prison Service should ensure that family contact arrangements - including access to digital visits and support from Family Contact Officers - are delivered consistently and to a high standard across the prison estate.

113. SPS and the NHS should expand anti-stigma and recovery-champion training for all staff, recognising recovery as a central goal of the prison system.

114. The Committee believes that Parliament must be able to track whether prevention and early-intervention work in custody is making a meaningful difference. We therefore expect the SPS and Scottish Government to include regular, detailed updates on this work within existing performance and outcome reporting. These updates should highlight progress, unresolved challenges, and the resources required to deliver change.

Supply, security and the control of substances in prison

Overview

115. Throughout the inquiry, the Committee heard consistent evidence that the supply of illicit substances into prisons has evolved rapidly and that enforcement alone cannot eliminate availability. Witnesses from the Scottish Prison Service (SPS), Police Scotland and third-sector organisations agreed that while security measures are essential, they must operate alongside prevention and treatment if harm is to be reduced^{lxxxiii}.
116. Stephen Coyle from the Scottish Prison Service said:
- ” The prevalence of drugs in prison very much reflects the prevalence of drugs in the community. Prisons are part of, and do not sit aside from, the community, and the level of availability and type of drug that is available in a prison mirrors its environment^{lxxxiv}.
117. SPS also told the committee that multiple methods are now used to bring substances inside. These include “the increasing use of drones” and drugs “soaked into clothing” that enters prisons with prisoners’ property^{lxxxv}.
118. The Committee recognises the professionalism of prison staff who work in an increasingly complex and dangerous environment. It also acknowledges that a zero-tolerance approach, cannot succeed in isolation. The emphasis must be on reducing harm and demand as much as on controlling supply.

Changing nature of supply

119. The Committee heard from SPS and Police Scotland that work with Scottish Government and UK counterparts is underway on legislative change to enable/ prioritise prison no-fly restrictions, and that counter-drone measures are part of the response^{lxxxvi}.

^{lxxxiii} Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (cols 2–4). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>; Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (cols 2–4). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>

^{lxxxiv} Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (col 2). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

^{lxxxv} Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (col 2). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

^{lxxxvi} Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (cols 8-10).

120. The Cabinet Secretary emphasised that such changes must be communicated clearly and in advance, noting in evidence that although aviation regulation is reserved, engagement between Scottish officials and UK Government officials “has been constructive” and that extending the regulations to Scotland “would definitely help” with drone activity, while recognising that the supply of illicit drugs “is constantly evolving” and requires continually updated operational responses^{lxxxvii}.
121. The Committee recognises that introducing equivalent measures in Scotland would require a coordinated, pan-UK approach, and that Scottish Government officials are already engaging with UK Government officials to explore the most efficient route for doing so. We also acknowledge witnesses’ view that any such regulatory changes being advanced by the UK Government must be communicated early and transparently to those affected. The Committee agrees that civil servants across both governments should work closely to progress this work and ensure that operational partners are fully informed.
122. Witnesses explained that very small amounts - especially of synthetic cannabinoids - can have strong effects, and that substances now reach prisons in formats such as paper, card and powders; following the mail-photocopying policy, formats have shifted further towards powders, increasing strength and harm^{lxxxviii}.
123. Police Scotland and prison staff representatives told the Committee that supply dynamics in custody mirror the community and are often driven by organised-crime groups; drug markets inside are used to enforce debts and maintain influence, creating violence and instability. They also emphasised the importance of SPS–Police Scotland intelligence-sharing at local, regional and national levels^{lxxxix}.
124. Evidence from those supporting people with lived experience of being in prison reported a climate of fear around organised-crime influence, with people being pressured or threatened - including warnings that they or their families would suffer - if they refused to engage in drug activity^{xc}.
125. Staff organisations described the emergence of “paper drugs” and related formats as a major challenge, noting these substances are not reliably detected by current scanning approaches and are easily distributed; staff also reported unpredictability and safety concerns when managing such incidents^{xc1}.

Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

^{lxxxvii} Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (cols 11–12). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

^{lxxxviii} Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (cols 5-6). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

^{lxxxix} Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (cols 14–16). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

^{xc} Scottish Parliament Criminal Justice Committee. Official Report: 4 June 2025 (cols 15-16). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16490>

^{xc1} Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025

126. The Committee notes that many witnesses were of the view that the traditional metrics of success - such as the quantity of drugs seized – alone do not capture the complexity of modern supply dynamics^{xcii}.

Security measures and technological developments

127. The Committee took evidence on security technologies now deployed across the prison estate. These include body scanners, mail-handling that photocopies/scans correspondence, and window grilles fitted to make it harder to receive drone drops through cell windows^{xciii}.
128. SPS witnesses explained that investment in security measures (such as body scanners and anti-drone countermeasures) is used to detect and intercept drugs entering prisons. SPS and Police Scotland emphasised that effective use depends on regular staff training and intelligence-led practice, supported by joint information-sharing^{xciv}.
129. Witnesses cautioned that technology alone cannot solve the problem. Even in prisons equipped with the newest systems, contraband continues to potentially enter through visits, staff and contaminated items^{xcv}. A question is whether the balance of investment favours hardware over staff resources and rehabilitation.
130. The Committee is aware of evidence of the joint work to counter drones (including a UK-wide project led by the National Crime Agency) and notes the support for introducing no-fly zones over Scottish prisons expressed by the Cabinet Secretary and others.
131. Detective Chief Superintendent Higgins of Police told the Committee about plans already underway with the National Crime Agency to counter drones:

(cols 2–3). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>

^{xcii} This conclusion is drawn from themes across oral evidence from Police Scotland, Public Health Scotland and justice officials on drug markets and monitoring, and from written submissions summarised in the SPICe Analysis of Call for Views, which highlighted the limitations of seizure-based performance measures

^{xciii} Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (cols 27-30). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>; Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (cols 13-14, cols 17-18). Retrieved from:

<https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

^{xciv} Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (cols 1, 2, 5, 6, 16-17). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

^{xcv} Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (cols 3-4). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>; Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (col 3). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

” “That is a UK project that is led by the deputy director general of the National Crime Agency. It is about bringing policing and the prison service together in a focused way with a co-ordinated response to disrupt drones and the impact that that activity has on our prison estate. No later than last week, Jim Smith and I were in a meeting to support that and drive it forward from a Scottish perspective. The project allows open lines of communication and the open sharing of information and capability to disrupt that activity from a UK perspective.^{xcvi}

Staff safety

132. The Committee also heard concerns about the safety of staff who may come into contact with fumes or illicit substances when handling contaminated items or responding to incidents. The Cabinet Secretary for Justice and Home Affairs said that SPS has “very specific procedures and guidance for staff when they have to have contact with a prisoner when fumes or illicit drugs are involved,” and undertook to provide further detail on these. The Minister for Drugs and Alcohol Policy added that she would look into the evidence on the risks of passive inhalation from such substances^{xcvii}.

Intelligence, corruption and organised crime

133. Police Scotland highlighted organised-crime involvement in threats to the prison estate and backed measures (including drone no-fly zones) as part of disruption efforts^{xcviii}.
134. The Committee also heard evidence that effective entry-point security remains a fundamental part of preventing drugs from entering custody. Both SPS and the POAS highlighted that organised criminal groups can attempt to exploit weaknesses at points of entry, including through staff, visitors and incoming goods, to introduce substances into establishments^{xcix}. Witnesses stressed that robust and consistently applied screening measures reduce opportunities for supply and support wider efforts to maintain safety.
135. SPS explained that staff are trained to manage emergencies and to follow the standard operating procedure that governs safe entry to cells when exposure to

^{xcvi} Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (col 34). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>

^{xcvii} Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (cols 26-27). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

^{xcviii} Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (cols 26-27). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

^{xcix} Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (col 33-34). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>

substances is suspected. SPS also said it oversees prison intelligence and conducts joint overt and covert operations with Police Scotland to mitigate risks^c.

136. Witnesses said that intimidation of staff and prisoners is a persistent problem and that individuals may be coerced to move drugs or money to protect themselves or their families. Evidence also highlighted the importance of intelligence-sharing between SPS, Police Scotland and the Serious Organised Crime Taskforce in disrupting such activity.

137. Phil Fairlie, of the POAS told the Committee:

” I have talked about the lengths that gangs will go to and the methods that they will use to make sure that drugs get in. They do exactly the same to staff as they do to prisoners who they think they can terrorise, coerce or corrupt to bring them on to their side and have them be part of their supply route. We recognise that organised crime gangs have attempted that. We know of staff who have left the organisation on grounds that we believe were linked to their having been corrupted by bringing supply into the prison system^{ci}.

138. People with lived experience reported that increased security measures sometimes led to more tension on the halls, but also acknowledged that consistent, fair approaches from staff-built trust and reduced trafficking behaviour^{cii}.

139. The Committee notes the examples of recent joint operations between the Scottish Prison Service and Police Scotland that dismantled supply chains across multiple establishments. Witnesses told the Committee that intelligence-sharing between agencies is now well established and effective through the Serious Organised Crime Taskforce^{ciii}.

Impact of severe overcrowding and regime pressures

140. Evidence from the Scottish Prison Service and POAS confirmed that severe overcrowding increases demand (through longer lock-up and boredom) and weakens supply-disruption capacity (because staff time is swallowed by basic tasks, leaving less time for relationship-building, intelligence work and searches)^{civ}.

^c Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (cols 23-24, 41-42). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>

^{ci} Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (col 11). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>

^{cii} Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025).

^{ciii} Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (cols 23-24). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>

^{civ} Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (col 4). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/>

141. Witnesses also highlighted that population churn undermines intelligence gathering, as relationships and observations that underpin effective control are harder to maintain.
142. The Committee heard that reducing the prison population to manageable levels is not only a human-rights imperative but also a practical prerequisite for tackling drug supply. In her evidence to the Committee, Linda Pollock, Deputy Chief Executive of SPS, welcomed the efforts to increase capacity, and said the following:
- ” We are really pleased with the support from the Scottish Government to be able to build in Highland and Glasgow. You will have seen the facilities that we have: we are holding men in Barlinnie in conditions that are shameful. It is important that we build better facilities and we are grateful for the support to be able to do that. They will provide more space, albeit limited amounts, and, importantly, more humane conditions for the people in our care.^{cv}
143. The Cabinet Secretary for Justice and Home Affairs told the Committee that high prison numbers place pressure on safety, staff welfare and rehabilitation. She said that the Scottish Government is working with the Scottish Prison Service to stabilise the population through community-based alternatives and early-intervention measures and emphasised the need for a balanced approach that maintains safety while supporting rehabilitation^{cvi}.

Balancing enforcement and harm reduction

144. Witnesses from the NHS and third-sector organisations cautioned that overly punitive responses can undermine rehabilitation. For example, automatically excluding prisoners from programmes or visits following a drug incident may entrench isolation and drive further substance use^{cvi}.
145. Witnesses from the NHS and third-sector organisations cautioned the Committee that punitive responses to drug use in custody can deepen isolation and undermine recovery. They argued that incidents linked to dependency should be met with timely healthcare rather than sanctions that may push people further away from support. The Minister for Drugs and Alcohol Policy reinforced the importance of a rights-based approach to treatment in custody, telling the Committee that people are entitled to the same access to healthcare “regardless of their circumstances or where they are”, including in prison^{cvi}.

[OfficialReport?meetingId=16571](#)

cv Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (col9). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

cvi Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (cols 22-24). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

cvi Scottish Parliament Criminal Justice Committee. Official Report: 4 June 2025 (cols 39-41). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16490>

cvi Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (col

146. Members acknowledge the complexity of balancing safety, enforcement and care, and the operational pressures on staff. However, evidence to the Committee indicated that Scotland’s shift toward a public-health and human-rights based approach to substance use must be embedded in the prison estate^{cxix}.
147. The Minister for Drugs and Alcohol Policy emphasised that enforcement responses should distinguish between organised supply and personal drug use linked to dependency. She reiterated that a health-led approach remains central to current policy, stating: “Prisons should therefore be somewhere where substance use is dealt with both sensitively and effectively”^{cx}. She also highlighted that the Medication Assisted Treatment (MAT) standards “reinforce a rights-based approach for people and the treatment that they should expect, regardless of their circumstances or where they are”^{cxii}.

Good practice and innovation

148. The Committee heard examples of innovative practice designed to reduce both supply and demand. At HMP Grampian, SPS described a multi-faceted approach combining enhanced security screening, a dedicated recovery hub, and peer-support staff. SPS reported early indications of a decline in drug-related incidents^{cxiii}.
149. Police Scotland and SPS also referred to the benefits of joint intelligence cells and multi-agency tasking, allowing faster analysis of emerging trends and targeted disruption^{cxiiii}.
150. Public Health Scotland highlighted the success of prisons that integrate treatment pathways with behavioural incentives rather than punishment, showing measurable reductions in relapse and violence^{cxv}.

3). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

cxix Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from:

<https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

cx Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (col 3). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

cxii Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (col 3). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

cxiii Scottish Prison Service. Drugs in Prison – Follow-up Information for the Criminal Justice Committee (2025). Retrieved from: <https://www.parliament.scot/~media/files/committees/criminal-justice-committee/correspondence/2025/drugs-in-prison-follow-up-information-scottish-prison-service-1-july-2025.pdf>

cxiiii Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (cols 14–16). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

Conclusions and recommendations on the supply and control of illicit substances in Scottish prisons

151. The Committee acknowledges the scale and complexity of the work undertaken by SPS and Police Scotland staff to keep Scotland's prisons safe. Witnesses made clear in our first evidence session on 28 May 2025 that managing the constantly shifting methods of drug supply, responding to incidents, and protecting people in custody is exceptionally challenging and resource-intensive. The Committee commends the sustained effort, professionalism and resilience shown by police officers and prison staff in these circumstances.
 152. The Committee believes that technology should complement, not replace, human intelligence and relationship-based security^{cxv}. In our view, whilst security technology has improved detection, it must be matched by investment in staff, training, and intelligence gathering.
 153. Evidence from the SPS and POAS indicated that much of the drug supply into and within prisons is organised by serious and organised crime groups, which use coercion, debt and violence to maintain control. In light of that evidence, the Committee considers that prison-based drug supply should be understood and tackled as part of wider national strategies on serious and organised crime, rather than as a series of isolated smuggling incidents^{cxvi}.
 154. The Committee concludes that the current level of drug availability in prisons reflects the reality that total interdiction is not achievable. Efforts should focus on reducing harm, disrupting organised supply, and addressing the factors that drive demand.
 155. Severe overcrowding and staff shortages undermine both security and rehabilitation. In our opinion, reducing population pressures is essential to improving control and safety.
 156. Additionally, whilst maintaining order in prisons is vital, disciplinary responses to substance misuse should be proportionate and distinguish between organised supply and criminality, and personal drug use more rooted in dependency. The latter requires more of a health-led intervention, not necessarily additional punishment.
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cxiv Scottish Parliament Criminal Justice Committee. Written submission from Public Health Scotland for 28 May 2025 Committee meeting (2025). Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/public-health-scotland-written-submission-28-may-2025-meeting.pdf>

cxv Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (cols 3-4). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>; Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (cols 2-3). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

cxvi Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (cols 8-10). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>; Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~-/media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

Recommendations

157. **The Committee is concerned by evidence that some individuals develop substance-use problems while in custody and is clear that this must be prevented wherever possible. We therefore expect the Scottish Government, SPS and the NHS to take steps within existing systems to reduce the risks that lead to people developing new drug dependencies in prison - such as lack of purposeful activity, unmet mental-health needs, and exposure to drug-using cultures. Progress on this work should be reflected through existing reporting arrangements, without creating additional reporting requirements as we do not wish to add to the burden of work on the SPS at present.**

158. **The Committee recommends that the Scottish Government, SPS, Police Scotland, Public Health Scotland and the NHS strengthen existing multi-agency arrangements for monitoring drug trends in custody and improving the flow of intelligence between prisons and community services. This should include clearer arrangements for sharing relevant data, producing joint assessments where appropriate, and issuing timely alerts to establishments and local Alcohol and Drug Partnerships. The Committee would welcome an update within 12 months on how partners intend to develop this work within existing governance structures.**

159. **SPS should evaluate the effectiveness and value-for-money of its current security technologies, ensuring that future investment prioritises integrated approaches combining enforcement, intelligence, and treatment. The Committee further recommends that evaluations of security technologies consider their impact not only on contraband detection but also on prisoner welfare, relationships, and rehabilitation outcomes.**

160. **The Committee recommends that the Scottish Government review how current disciplinary responses to drug possession and use in custody are being applied in practice, to ensure that they are consistent with the health-led principles set out in the national alcohol and drug strategy and with the Minister's evidence to the Committee. This review should consider whether existing approaches minimise unintended harms and support access to treatment and recovery.**

161. **SPS and the NHS should jointly develop protocols for staff exposure to synthetic substances, including mandatory training, protective equipment, and post-incident health support.**

162. **Furthermore, SPS and the Scottish Government should review training in trauma-informed security practice to ensure staff balance enforcement with empathy and communication.**

163. **The Committee recommends that the Scottish Government continues its joint work with UK counterparts to secure appropriate no-fly restrictions at prison sites in Scotland, and ensures that any proposed changes are communicated clearly and in advance to operational partners. This work should remain focused on practical cooperation between UK and Scottish government officials, with the aim of providing prisons in Scotland with equivalent tools to those already available elsewhere in the UK.**

164. **The Committee recognises the importance of consistent intelligence sharing between SPS, Police Scotland and the Serious Organised Crime Taskforce. It may be appropriate to explore whether current arrangements could be strengthened to ensure accountability and support efforts to disrupt supply.**

165. **The Committee heard that SPS and NHS already work together through a range of local multi-disciplinary and incident-management arrangements to reduce drug-related harm. To ensure this coordination is consistent across the estate, the Committee recommends that each establishment strengthen its existing joint structures, such as MDTs and IMTs, so that harm-reduction and security teams routinely share intelligence, coordinate responses and align clinical and operational decisions. This should build on current practice rather than create new layers of meetings.**

166. **The Committee recommends that SPS consider consolidating existing data on drug seizures, incidents, treatment uptake, and staff safety into an annual Drug Supply and Harm Summary. This could support transparency and inform scrutiny, while recognising existing reporting mechanisms and resource constraints.**

167. **The Committee recommends that SPS continue to strengthen entry-point security arrangements, including the screening of staff, visitors and goods, recognising this as a fundamental element of preventing drug supply. Evidence to the Committee highlighted that consistent, robust entry-point measures reduce opportunities for organised criminal networks to introduce substances into custody. SPS should ensure that these measures are applied proportionately and consistently across the estate.**

Health, treatment and recovery services in prisons

Overview

168. The Committee heard compelling evidence that the scale and complexity of health needs among people in custody have intensified in recent years. Drug and alcohol dependence frequently co-exists with physical illness, mental-health conditions and social vulnerability.
169. Many witnesses stressed that high-quality clinical care in prisons depends not only on clinical capacity but on the ability to deliver treatment in a humanising, relationship-based way. NHS teams at HMP Grampian demonstrated to Members how compassion, continuity and respectful communication can transform engagement with MAT, mental-health services and recovery planning. Witnesses argued that such humanised care is not an “add-on” to clinical treatment but a core component of what makes treatment effective^{cxvii}.
170. Witnesses from the NHS, Public Health Scotland, and third-sector partners agreed that a strong public-health response within prisons is essential to achieving national targets on drug deaths and recovery^{cxviii}.

Access to healthcare

171. The Committee heard that while all prisoners are entitled to NHS care equivalent to that in the community, this standard is not always achieved. Witnesses reported long waiting times for GP or mental-health appointments, limited diagnostic capacity, and difficulties recruiting staff^{cxix}.
172. HSCP witnesses explained that delivery of healthcare in prison is constrained by regime incidents and staff availability. When establishments lock down or there are not enough prison officers available to move people to the health centre or give health staff access to halls, routine appointments are missed and clinics do not run as planned^{cxx}.

^{cxvii} Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

^{cxviii} Scottish Parliament Criminal Justice Committee. Written submission from Public Health Scotland for 28 May 2025 Committee meeting (2025). Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/public-health-scotland-written-submission-28-may-2025-meeting.pdf>

^{cxix} Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (col 27). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

^{cxx} Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025

173. Evidence from Public Health Scotland and the Royal College of General Practitioners (Scotland) highlighted persistent workforce shortages in mental-health and addiction services across the prison estate. These gaps have affected continuity of care and placed additional strain on existing teams^{cxxi}.
174. The Committee heard that inequalities persist between NHS services in different estates, with some prisons offering extensive addiction and mental-health services and others struggling to maintain basic provision. The Scottish Recovery Consortium told us: "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."^{cxxii}
175. The Minister for Drugs and Alcohol Policy and her official, Richard Foggo, told the Committee that implementation of the Target Operating Model for prison healthcare is around 70 per cent complete/implemented. They said that the model is designed to align with the Medication-Assisted Treatment (MAT) Standards and will ensure consistent service standards and closer integration of physical-health, mental-health and substance-use services across all establishments^{cxxiii}.

Medication-Assisted Treatment standards

176. The Committee heard that while the rollout of the Medication-Assisted Treatment Standards has been welcomed across Scotland's prisons, implementation remains uneven. NHS and SPS representatives said that prisons face distinct challenges and that almost all prison MAT Standards remain rated amber, with only MAT Standard 8 assessed as green. The Committee also heard during one of our prison visits that some establishments have achieved same-day initiation and strong continuity of prescribing on liberation^{cxxiv}.

(cols 28–29). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

- cxxi Public Health Scotland. Written submission for 28 May 2025 meeting. Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/public-health-scotland-written-submission-28-may-2025-meeting.pdf>; Scottish Parliament Criminal Justice Committee. Royal College of General Practitioners (Scotland). Response to Call for Views (2025). Retrieved from: <https://www.rcgp.org.uk/getmedia/d9dfced3-d9f5-427f-badf-5b487cf080e5/Criminal-Justice-Committee-Substance-Misuse-Prisons-RCGP-Scotland.pdf>
- cxxii Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025), p. 3. Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>
- cxxiii Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (cols 5-8). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

177. NHS workers said that embedding MAT requires cultural as well as procedural change, with some staff still viewing opioid-replacement therapy as “reward” rather than essential healthcare^{cxxv}.
178. The Committee heard evidence about the introduction of Buvidal (long-acting buprenorphine injection) within several Scottish prisons as part of efforts to expand choice under the Medication-Assisted Treatment Standards. The NHS and Public Health Scotland told the Committee that the medicine offers advantages in reducing diversion risk and improving treatment engagement for some individuals. NHS staff said that it can lessen daily medication queues and free up clinical time, though they also highlighted challenges around cost, consent, and continuity after release^{cxxvi}. The Minister for Drugs and Alcohol Policy told the Committee that early evaluation of the Buvidal programme has shown positive engagement and a reduced risk of diversion, and that cost–benefit analysis is continuing to inform decisions on wider implementation^{cxxvii}.
179. PHS told the Committee that prisons performing well on MAT share key features: integrated health and custody teams, active leadership support, and peer involvement^{cxxviii}.
180. Participants in private sessions said that timely access to medication-assisted treatment helped stabilise their lives in custody. Others described delays or inconsistencies that left them at risk of relapse or withdrawal.

^{cxxiv} Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (col 36). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>; Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 27). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>; National Benchmarking Report on the Implementation of the Medication-Assisted Treatment (MAT) Standards: Scotland 2023/24 (Revised 30 July 2024). Published: 9 July 2024. Retrieved from: <https://publichealthscotland.scot/publications/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-the-implementation-of-the-medication-assisted-treatment-mat-standards-scotland-202324-revised-30-july-2024>

^{cxxv} Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025).

^{cxxvi} Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (cols 30-31). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

^{cxxvii} Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (cols 13-15). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

^{cxxviii} Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (col 36). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

Mental health and dual diagnosis

181. Almost every health witness emphasised that progress on drug treatment is inseparable from improvement in mental-health care. Dual-diagnosis patients - those with both substance-use and mental-health disorders - were described as the core business of prison healthcare.
182. Evidence showed that many prisoners with substance-use problems have experienced trauma, PTSD, anxiety or depression, yet access to psychological therapies remains inconsistent^{cxxix}.
183. The NHS told the Committee that shortages of clinical psychologists and psychiatrists make it difficult to deliver trauma-informed therapy, and that staff often rely on medication to manage symptoms^{cxxx}.
184. Several individuals with lived and living experience spoke of struggling to access trauma-informed therapy, saying that medication was often the only support offered for anxiety or depression.
185. From the same groups, the Committee heard that peer-support groups and recovery wings can have positive effects on wellbeing and engagement but require professional oversight and integration into formal care pathways.

Continuity of care and throughcare

186. Many witnesses believed that the transition between custody and community is a critical period for overdose and relapse risk. Several pieces of evidence from the NHS said that the absence of national information-sharing systems hampers continuity of prescribing and follow-up^{cxxxii}.
187. The Committee heard that individuals released without confirmed appointments or prescriptions face sharply higher mortality rates and risk of reoffending in the weeks following liberation^{cxxxii}.

^{cxxix} Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

^{cxxx} Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (cols 31-32). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

^{cxxxii} Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025), p. 2. Retrieved from: <https://www.parliament.scot/~media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>; Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (col 36). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

^{cxxxii} Scottish Parliament Criminal Justice Committee. Official Report: 4 June 2025 (cols 34-35). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/>

188. Third-sector organisations highlighted how integrated throughcare/aftercare - linking health, housing, employability and mentoring - supports reintegration and reduces relapse risk.^{cxxxiii}
189. Families Outside reported that families are often left unaware of medication changes or discharge plans, limiting their ability to support recovery^{cxxxiv}.

Physical health and blood-borne viruses

190. NHS witnesses told the Committee that blood-borne viruses are routinely addressed through opt-out testing and treatment when people enter custody. They emphasised the importance of maintaining continuity of clinical care when individuals are transferred between prisons or released to the community, noting that treatment can sometimes be interrupted if communication between health boards is delayed^{cxxxv}.
191. The Committee notes the joint NHS–SPS work that has achieved widespread testing and treatment for hepatitis C and urges continued support for prevention and treatment programmes^{cxxxvi}.
192. Witnesses said that chronic pain management is a growing issue, with some prisoners misusing prescribed analgesics or substituting illicit drugs when prescriptions are restricted^{cxxxvii}.

[OfficialReport?meetingId=16490](#); HM Inspectorate of Prisons for Scotland. A Thematic Review of Prisoner Progression in Scottish Prisons (June 2024). Retrieved from:https://prisonsinspectoratescotland.gov.uk/sites/default/files/publication_files/A%20Thematic%20Review%20of%20Prisoner%20Progression%20in%20Scottish%20Prisons_0.pdf; Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025), p. 2. Retrieved from:<https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>

^{cxxxiii} Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025), p. 2. Retrieved from:

<https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>

^{cxxxiv} Scottish Parliament Criminal Justice Committee. Official Report: 4 June 2025 (cols 20-21). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16490>

^{cxxxv} Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (cols 22-23). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

^{cxxxvi} Scottish Prison Service. Mass Testing for Hepatitis C at HMP Edinburgh – High Intensity Test & Treat (HITT) Programme (2024). Retrieved from: <https://www.sps.gov.uk/about-us/our-latest-news/mass-testing-hepc-hmp-edinburgh>

^{cxxxvii} United Kingdom National Preventive Mechanism. Response to call for views – Inquiry into the harm caused by substance misuse in Scottish prisons, p. 6 (2025). Retrieved from: <https://yourviews.parliament.scot/justice/harm-caused-by-substance-misuse-in-prisons/>

193. The Committee heard evidence that naloxone provision within Scotland’s prisons has expanded significantly since 2023. The Committee heard that take-home naloxone kits are now available in every establishment and that people in prison coming up to liberation receive training in their use. Prison staff can also be trained in the use of naloxone, though this is not mandatory^{cxxxviii}. Third-sector organisations, including the Scottish Drugs Forum emphasised that overdose risk is highest immediately after release and welcomed the roll-out of naloxone “on liberation” programmes. Witnesses said that these initiatives save lives but depend on consistent implementation, adequate staff training, and coordination with community services to ensure continuity of supply and follow-up^{cxxxix}.
194. The Minister for Drugs and Alcohol Policy noted that naloxone is now available in every Scottish prison and that work is under way to raise awareness and expand post-release distribution. She added that NHS-led research is exploring pharmacological responses to benzodiazepine dependence^{cxli}.

Peer and lived-experience roles

195. Witnesses repeatedly underlined the value of peer workers in promoting engagement with treatment and recovery. Individuals with lived experience of addiction can bridge trust gaps between prisoners and professionals, particularly prison staff^{cxli}.

[consultation/view_respondent?uuld=842097234](#)

cxxxviii Public Health Scotland. National Naloxone Programme Scotland – Quarterly Monitoring Bulletin, Q3 (Oct–Dec 2024/25). Evidence: 435 kits issued in prisons and 313 by peers. Retrieved from: <https://publichealthscotland.scot/publications/national-naloxone-programme-scotland-quarterly-monitoring-bulletin/national-naloxone-programme-scotland-quarterly-monitoring-bulletin-october-to-december-q3-202425/>; Scottish Prison Service. STV reports on naloxone training for prisoners (March 2025): training delivered in eight prisons, expanding to more. Retrieved from: <https://www.sps.gov.uk/about-us/our-latest-news/stv-reports-naloxone-training-prisoners>

cxxxix Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025), pp. 39-40. Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>; Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (cols 5-6). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

cxli Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (cols 21-22). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

cxli Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025). Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>; Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025).

196. Witnesses cited evidence that peer-mentoring programmes increase MAT uptake, reduce disciplinary incidents and enhance wellbeing^{cxlii}.
197. Former prisoners involved in peer programmes told the Committee that being trusted with responsibility as peer mentors had been critical to their own recovery and sense of purpose. However, funding for such initiatives remains fragile, often dependent on short-term grants. Members heard that peer workers need structured support, training and safeguarding to operate effectively^{cxliii}.

Workforce and resources

198. Both Scottish Government ministers and NHS witnesses highlighted persistent workforce pressures as a key constraint on delivering consistent healthcare and recovery support in prisons, including staff shortages and challenges in recruiting full multidisciplinary teams. Witnesses also described how overcrowding and regime pressures make day-to-day clinical delivery harder and disrupt routine care^{cxliv}.
199. Written submissions to the Committee emphasised that high staff turnover and workforce shortages undermine continuity of care within prison health services. Evidence from professional bodies and practitioners suggested that stressful working conditions, isolation and limited opportunities for professional development contribute to difficulties in recruiting and retaining clinicians^{cxlv}.
200. The Committee notes the evidence from some that staff in prison healthcare often lack access to supervision and reflective practice, despite working with highly traumatised populations.

Data, evaluation and accountability

201. The Committee heard evidence that data on healthcare activity and outcomes in custody remains fragmented. Each NHS Board records information differently, and SPS holds separate operational data. This prevents meaningful national evaluation^{cxlvi}.

^{cxlii} Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (cols 5-6). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

^{cxliii} Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025).

^{cxliv} Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (col 5). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>; Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (col 14). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

^{cxlv} Scottish Parliament Criminal Justice Committee. Royal College of General Practitioners (Scotland). Response to Call for Views (2025). Retrieved from: <https://www.rcgp.org.uk/getmedia/d9dfcd3-d9f5-427f-badf-5b487cf080e5/Criminal-Justice-Committee-Substance-Misuse-Prisons-RCGP-Scotland.pdf>

202. SPS operational reporting systems such as MORS capture high-risk management data but remain manual and inconsistent. In 2024, there were 9,360 MORS incidents involving 3,339 individuals - equivalent to 410 per 1,000 population. Improving data integrity through digitisation and linking with NHS and PHS datasets would strengthen national oversight of substance-related harms^{cxlvii}.
203. PHS recommended a single reporting framework linking health and justice data to track outcomes such as overdose, MAT coverage and mental-health referrals^{cxlviii}.

Conclusions and recommendations on health, treatment and recovery

204. The Committee recognises that significant progress has been made since responsibility for prison healthcare transferred from SPS to the NHS in 2011, and that a national framework already exists through the National Prisoner Healthcare Network, national standards and inspection arrangements. However, the evidence received showed substantial variation in how these standards are delivered across Health Boards, resulting in inconsistent access to treatment and recovery support. The Committee therefore considers that the existing national framework should be reviewed and strengthened to ensure consistent implementation, clearer expectations, and improved reporting across the prison estate.
205. The Committee encourages continued collaboration between the NHS, SPS and PHS to ensure full implementation of all ten MAT Standards by April 2026. MAT implementation represents a major advance, yet progress must be sustained and standardised.
206. Evidence strongly suggests that mental-health services in prisons are inadequate to meet need, and dual-diagnosis care remains underdeveloped. The Committee believes that equivalence and parity between physical and mental health care must be a core principle of the prison health system. Both require sustained improvement to ensure that care in custody matches community standards, with integrated governance, workforce planning, and clinical accountability across physical and mental health services.
207. The Committee is concerned that, despite repeated recommendations by inspectorates, there is still no statutory duty to ensure continuity of healthcare on

cxlvi Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/commit/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

cxlvii Scottish Prison Service (SPS), Letter to the Criminal Justice Committee – Substance Misuse Inquiry, 13 October 2025. Retrieved from: <https://www.parliament.scot/~media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-letter-from-sps-13-october-2025.pdf>

cxlviii Public Health Scotland (PHS), Written submission to the Criminal Justice Committee – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/files/committees/criminal-justice-committee/correspondence/2025/public-health-scotland-written-submission-28-may-2025-meeting.pdf>

release.

208. The Committee emphasises the importance of consistent, person-centred pre-release care planning to support recovery and reintegration. The Committee notes that the Bail and Release from Custody (Scotland) Act 2023 places duties on SPS, the NHS and local authorities to share information and coordinate release planning. The Committee therefore considers that priority should now be given to fully implementing the provisions in the 2023 Act, thereby ensuring that national standards and data-sharing practices are applied consistently across all establishments.
209. The Committee believes that naloxone distribution and training should be regarded as core elements of the harm-reduction framework in custody and on release.
210. The Committee recognises the need for a coordinated national workforce approach for prison healthcare, developed jointly by the Scottish Government, NHS Education for Scotland and SPS. Evidence to the inquiry highlighted ongoing challenges in recruitment, retention and workforce planning across different Health Boards, and Members consider that a more joined-up approach is required to ensure a stable and adequately resourced clinical workforce.
211. The Committee also heard concerns about the adequacy of training and preparation for prison officers. Phil Fairlie of the Prison Officers Association Scotland told the Committee that current training and recruitment processes had not kept pace with the “new [prison] environment”, shaped by new types of drugs, rising mental-health needs and increasing overall complexity in the population^{cxlix}.
212. During evidence on the 10th of September, Phil Fairlie from the POAS told us: “Perhaps there is something to be done with regard to the recruitment process and how we describe what the organisation is and what we expect of staff, because people who come in are very quickly turning around and leaving, either because they realise that it is not an environment that they are comfortable in or because the job is not what they thought they were coming to do— the role that they thought they were going to play is not what is asked of them when they get there.”^{cl} Members consider that clearer communication during recruitment and strengthened training would better support staff and may help address turnover.
213. Finally, the Committee believes that lived-experience input should be embedded in service design, delivery and evaluation, not treated as an add-on.

Recommendations

214. **The Committee recognises the significant challenges faced by those**

^{cxlix} Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (col 19). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>

^{cl} Scottish Parliament Criminal Justice Committee. Official Report: 10 September 2025 (col 10). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16571>

providing leadership for prison healthcare and acknowledges the commitment shown by staff across SPS, Health Boards and partner organisations. National structures already exist - including clinical governance and inspection arrangements - to support coordination and oversight. However, evidence received during the inquiry indicates that these mechanisms have not been sufficient to overcome siloed working or to ensure consistent standards across the estate. The Committee therefore considers that national leadership and coordination should be strengthened, and encourages SPS, the Scottish Government and health partners to use the findings and recommendations of this inquiry as a platform to review and, where necessary, revise policy and practice to support a more integrated and effective approach to prison healthcare.

215. The Committee recommends that SPS and NHS embed humanising care as a core practice principle across prison healthcare. This should include training for both prison officers and health staff on compassionate communication, trauma-informed engagement, and rights-based practice; environmental changes that support dignity; and ensuring that recovery work is not compromised by regime pressures where avoidable. Good practice observed at HMP Grampian should be shared systematically across the estate.

216. In our view, a national standard for pre-release healthcare planning should be introduced, ensuring every individual has confirmed appointments, prescriptions and continuity of treatment on liberation. This is the principle behind legislation passed previously by this Parliament.

217. The Scottish Government and the NHS, in partnership with the Scottish Prison Service, should ensure full implementation of all ten Medication Assisted Treatment (MAT) Standards across the prison estate by April 2026. Public Health Scotland should continue to benchmark and publicly report on progress from 2025/26 onwards, to support transparency and consistent delivery.

218. Evidence to the Committee highlighted gaps in safe withdrawal management, including insufficient detoxification and stabilisation facilities and the risks identified in Fatal Accident Inquiries around unmanaged withdrawal. Witnesses also described the need for closer clinical monitoring during acute episodes linked to alcohol withdrawal and synthetic cannabinoids. In light of this, the Committee recommends that the Scottish Government, SPS and the NHS explore whether each prison can provide at least one dedicated clinical stabilisation space. This would be a small, clinically equipped area where people can be safely assessed, monitored and treated during withdrawal or acute instability before

returning to standard accommodation or, where necessary, being transferred to hospital.

219. Evidence to the Committee showed that chronic-pain management in prisons is increasingly challenging, with some prescribed pain medications being diverted, traded or misused, and some individuals turning to illicit substances when appropriate pain relief is not available. At the same time, people with genuine long-term pain require consistent and safe clinical care. To address these risks, the Committee recommends that consideration be given to developing national guidance on chronic-pain management in custody, to support clinicians in meeting legitimate needs while reducing opportunities for diversion.

220. Public Health Scotland, in collaboration with SPS and NHS, should build on the existing Prison Health & Wellbeing collaboration to develop a unified prison-health data system that more fully links health and justice datasets. This enhanced system should support robust performance monitoring, evaluation, and transparency across the prison estate.

221. The Committee further recommends that outcomes be measured not only in terms of reduced drug incidents but also improved health, wellbeing and recovery indicators. SPS may consider these alongside, or as part of the 'substance misuse' key performance indicator used in their current framework.

222. Finally, the Scottish Government should ensure sustained funding for peer-mentoring and lived-experience programmes and embed such roles in service governance structures.

Rehabilitation, reintegration and recovery pathways

Overview

223. Evidence received by the Committee demonstrated that recovery from substance dependency is not confined to treatment received whilst within custody. Long-term rehabilitation depends on continuity of care, stable housing, employment opportunities, and social connections after release^{cli}.
224. Witnesses from the NHS, third-sector organisations, and families' groups emphasised that recovery is a process of rebuilding identity and agency, not merely abstinence from substances^{clii}.
225. The Committee also notes from its wider work this session that access to community-based disposals and support services is not consistent across Scotland. Evidence received in earlier budget scrutiny and community-justice sessions highlighted that the availability of structured alternatives to custody, and the capacity of community addiction and recovery services, can vary significantly by local authority. Members consider that such variation affects both reintegration outcomes and the confidence of courts in using community options where appropriate^{cliii}.
226. The evidence we heard suggests therefore that reintegration and recovery are inseparable from the broader objectives of justice and social inclusion.

Throughcare and continuity of support

227. The Committee heard repeatedly that the period immediately following release from custody carries the highest risk of overdose, relapse and reoffending. Public Health Scotland described this as a critical window of vulnerability that demands seamless transition between prison and community services^{cliv}.

cli Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025). Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>

clii Scottish Parliament Criminal Justice Committee. Official Report: 4 June 2025. Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16490>

cliii Community Justice Scotland, Budget Submission to the Criminal Justice Committee, 2024. Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2024/budget-submissions/community-justice-scotland.pdf>

cliv Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (col 6). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

228. Change Grow Live reported that some people leaving custody struggle to re-engage with community services, including difficulties accessing GP care or MAT prescribing for days or even weeks after release. Such gaps in communication and continuity of care can result in missed appointments, interruptions to medication and increased clinical risk, undermining recovery and reintegration^{clv}.
229. The Scottish Government told the Committee that delivery of the prison Target Operating Model includes strengthening the clinical system infrastructure and rolling out an improved healthcare referrals process, supported by a revised memorandum of understanding between the SPS and the NHS and joint training for staff^{clvi}.
230. Third-sector organisations highlighted how integrated throughcare/aftercare - linking health, housing, employability and mentoring - supports reintegration and reduces relapse risk. Written evidence includes examples of voluntary throughcare (Aid & Abet) and residential rehabilitation linked to liberation planning (Phoenix Futures) as part of multi-agency pathways^{clvii}.
231. People with lived experience of release described the first few days after liberation as the hardest, particularly when medication or housing arrangements were uncertain^{clviii}.
232. Witnesses told the Committee that effective throughcare requires a named contact responsible for coordinating each individual's release plan. Members noted that where this exists, continuity and outcomes improve markedly^{clix}.
233. The Cabinet Secretary outlined the national throughcare arrangements being developed to improve support for people leaving custody, including those on remand. She emphasised the importance of consistent pre-release planning to prevent relapse and reduce re-offending^{clx}.

clv Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025), p. 34. Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

clvi Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (cols 5-7). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

clvii Criminal Justice Voluntary Sector Forum (hosted by CCPS), Written evidence to the Criminal Justice Committee inquiry into the harm caused by substance misuse in Scottish prisons. (2025). Retrieved from: https://yourviews.parliament.scot/justice/harm-caused-by-substance-misuse-in-prisons/consultation/view_respondent?uuld=164958986; Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025). Retrieved from: <https://www.parliament.scot/~media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>

clviii Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025).

clix Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025), p. 34. Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

clx Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (cols

234. In a private and informal session, Families Outside emphasised that families play a vital role in supporting people post-release but often receive little guidance or communication from prisons or health services.

Housing and stability

235. Stable accommodation was identified as one of the strongest predictors of recovery success. Witnesses described how people are often liberated without confirmed housing, leading to temporary accommodation or homelessness, which increases relapse risk^{clxi}.
236. Social Work Scotland told the Committee that unplanned or short-notice releases, particularly from remand, make it difficult to get services in place, increasing risk at liberation. The City of Edinburgh Council highlighted the related challenge of securing accommodation, explaining that even when pre-release planning occurs, individuals are not guaranteed a bed space and may have to use emergency out-of-hours services. The Committee therefore notes that short-notice liberations and limited housing capacity hinder coordination of support at the point of release^{clxii}.
237. The Committee heard of good practice in areas such as Glasgow, where community-justice partnerships operate joint housing protocols ensuring early referral and pre-release tenancy preparation^{clxiii}.

Employment, education and skills

238. Witnesses emphasised that meaningful occupation and employability are central to sustaining recovery and reducing reoffending. We heard views that many people leaving custody have limited qualifications or work experience and face stigma from employers^{clxiv}.

17-18). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

clxi Scottish Parliament Criminal Justice Committee. Official Report: 4 June 2025 (cols 33-34). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16490>

clxii Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025), p. 33. Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

clxiii Criminal Justice Voluntary Sector Forum (hosted by CCPS), Written evidence to the Criminal Justice Committee inquiry into the harm caused by substance misuse in Scottish prisons. (2025), p. 19. Retrieved from: https://yourviews.parliament.scot/justice/harm-caused-by-substance-misuse-in-prisons/consultation/view_respondent?uuld=164958986

clxiv Criminal Justice Voluntary Sector Forum (hosted by CCPS), Written evidence to the Criminal Justice Committee inquiry into the harm caused by substance misuse in Scottish prisons. (2025), p. 11. Retrieved from: https://yourviews.parliament.scot/justice/harm-caused-by-substance-misuse-in-prisons/consultation/view_respondent?uuld=164958986

239. SPS described initiatives linking prison industries and training workshops to community employers and social enterprises. These programmes can provide continuity and motivation but require expansion^{clxv}.
240. Third-sector organisations called for greater investment in employability pathways that integrate addiction recovery with skills development, recognising that employment contributes to identity and self-worth^{clxvi}.

Peer mentoring and community networks

241. Witnesses from peer-led organisations told the Committee that lived experience is crucial for bridging the gap between prison and community. We heard that peer mentors provide credibility, understanding and practical support^{clxvii}.
242. Evaluation of evidence presented to the Committee showed that peer-support programmes increase engagement with treatment, reduce relapse and foster hope among participants.
243. However, such programmes are often short-term funded and vary in availability between prisons. Members noted that continuity of peer involvement post-release is essential but rarely guaranteed.

Family inclusion and support

244. Families Outside, Scottish Families Affected by Alcohol and Drugs and several individuals with lived experience highlighted the profound impact that imprisonment and substance use have on families. Partners, parents and children often experience distress, stigma and financial strain.
245. Families who participated in our informal and private engagement sessions spoke of the emotional toll of repeated prison sentences linked to substance use. They called for services that involve families as partners in recovery rather than as bystanders.
246. Family organisations told the Committee that relatively simple improvements - such

clxv Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (cols 11-12). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

clxvi Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025), p. 81. Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>.

clxvii Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025), p. 81. Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>

as regular information-sharing with families, structured coordination between prison and community supports, and accessible guidance for family members on prison systems - can help strengthen connections and improve outcomes for both people in custody and their families^{clxviii}.

Community justice partnerships and multi-agency working

247. The Committee took evidence from community-justice partnerships across Scotland. Witnesses described variations in how effectively partners collaborate and share data.
248. Good practice examples from Grampian, Glasgow and Fife demonstrated the value of co-located teams where social work, housing, health and third-sector workers jointly plan release^{clxix}.
249. However, witnesses also reported inconsistency in resources and accountability. Some partnerships lack clear leadership or sustainable funding, limiting impact.^{clxx}

Equality and inclusion

250. Evidence to the inquiry highlighted that some groups could face additional challenges to recovery and reintegration post-release. Submissions pointed to recurring barriers such as stigma, difficulties securing stable accommodation, delays accessing healthcare/benefits and lack of identification. Evidence also referenced gender-specific needs (e.g., the preparation for independent living in women's Community Custody Units) and signposted work on young people's distinct needs and transitions^{clxxi, clxxii}.

clxviii Families Outside, Response to the Criminal Justice Committee's Call for Views – Inquiry into the harm caused by substance misuse in Scottish prisons, September 2025. Retrieved from: <https://www.familiesoutside.org.uk/content/uploads/2025/09/FO-response-CJC-call-for-views-substance-misuse-inquiry-.pdf>

clxix Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

clxx Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

clxxi Immigration status and deportation policy are reserved matters and therefore fell outside the scope of the Committee's inquiry. The evidence received focused on reintegration and recovery within the Scottish context for those remaining in, or returning to, communities after custody. Submissions did not directly address deportation processes or post-release arrangements for foreign nationals subject to removal.

Innovation and good practice

251. The Committee was impressed by innovative models across Scotland that combine health, housing and peer support. At HMP Grampian, the “Pathways to Recovery” project integrates prison and community teams to maintain contact after release.^{clxxiii}
252. Evidence highlighted how recovery cafés and peer/mutual-aid networks provide social connection, purpose and visible examples of sustained recovery - both inside prisons and on liberation - particularly in Glasgow, where ADP and third-sector partners support these offers^{clxxiv}.
253. Participants in recovery communities told the Committee that visible recovery networks in the community - such as recovery cafés and peer groups - gave them a sense of belonging that had been missing in custody^{clxxv}.
254. Members also heard of local employability projects that employ former prisoners as peer mentors, strengthening recovery and community cohesion^{clxxvi}.

Conclusions and recommendations on rehabilitation and reintegration

255. The Committee believes that recovery and reintegration must be central to the justice system, not peripheral. Prisons should be places that prepare people for healthy lives in the community wherever possible.

^{clxxii} Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025). Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>; Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>; HM Inspectorate of Prisons for Scotland, Young People’s Experiences of the Scottish Prison System (Analytical Review, 2024). Retrieved from: https://prisonsinspectoratescotland.gov.uk/sites/default/files/publication_files/Young%20People's%20Experiences%20of%20the%20Scottish%20Prison%20System-%20An%20HMIPS%20Analytical%20Review.pdf

^{clxxiii} The Committee heard about this programme on their visit to HMP Grampian.

^{clxxiv} Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

^{clxxv} Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025).

^{clxxvi} Scottish Parliament Criminal Justice Committee. Private and informal evidence sessions: Inquiry into substance misuse in Scottish prisons (2025).

256. In our view, effective throughcare is an important factor in reducing relapse and reoffending. Additionally, fragmented services and lack of statutory duties are major barriers to progress. Similarly, stable housing, employment opportunities, and social support are essential building blocks of recovery.
257. We are of the view that peer mentorship and family involvement significantly enhance engagement and outcomes but require consistent funding and structure.
258. We also believe that multi-agency partnerships are critical but currently inconsistent; stronger governance and accountability are required.
259. The Committee supports an approach to recovery that recognises the importance of access to education, employment, and social connection in supporting rehabilitation and reintegration. While the concept of “recovery capital” was not explicitly referenced in evidence, the Committee acknowledges the role of these factors as key enablers of health and wellbeing.

Recommendations

260. The Committee notes that several provisions of the Bail and Release from Custody (Scotland) Act 2023, including the new statutory throughcare support standards under section 13, have not yet been commenced. The recommendations in this section should therefore be read in the context of the forthcoming commencement of these duties. Once implemented, these provisions are expected to strengthen accountability for housing and support on release, and the Committee anticipates that local partners will align their practice with the statutory framework as it comes into force.

261. The Committee notes that Section 13 of the Bail and Release from Custody (Scotland) Act 2023 provides for statutory throughcare standards (to be published by Scottish Ministers) and places a duty on relevant public bodies to comply. The priority should therefore be as swift a commencement and full implementation of Section 13 as possible, alongside clear governance and public reporting to secure consistency across Scotland.

262. The Committee further notes that Section 12 of the Bail and Release from Custody (Scotland) Act 2023 creates a statutory duty on named public bodies to engage in pre-release planning when requested (including local authorities, Health Boards and Skills Development Scotland, with regard to the role of third-sector partners). Read together with Section 13, which provides for statutory throughcare standards to be published and complied with, this framework should deliver coordinated throughcare. The priority is therefore swift commencement and full implementation of section 12 too, ensuring together with section 13 coordinated health, housing, employability and recovery planning for every person leaving custody.

263. **SPS, the NHS, and local authorities should formalise local Housing on Release Protocols in every area to operationalise the refreshed SHORE standards and to comply with the statutory throughcare support standards to be published under section 13 of the Bail and Release from Custody (Scotland) Act 2023. Protocols should have the explicit aim that no one is released into homelessness, with clear monitoring and accountability.**

264. **SHORE was refreshed in 2024 and states the aim that everyone has access to sustainable housing on release, but it also notes the standards are not yet fully embedded across the country - hence the need to mandate local protocols and performance monitoring.**

265. **More widely, we recommend that the Scottish Government ensure employability and education pathways for prisoners linked to recovery programmes and social enterprises. As such, peer-mentoring schemes should be placed on secure, multi-year funding and integrated into statutory throughcare frameworks.**

266. **The Committee recognises the essential role played by third-sector organisations that support rehabilitation and recovery both within prisons and in the community after release. The Committee therefore recommends that the Scottish Government and COSLA jointly review funding arrangements for these organisations and strive to ensure greater stability and parity of provision across Scotland.**

267. **We also recommend that all prisons and community-justice partnerships should consider the benefit of family-inclusive practice standards, ensuring families are informed and supported where appropriate.**

268. **The Committee recommends that Community Justice Partners review their existing local governance arrangements to ensure they are clear, well-understood and support effective delivery of Community Justice Outcomes Improvement Plans. While recognising that governance models are determined locally under the Community Justice (Scotland) Act 2016 and the 2024 statutory guidance, the Committee considers that partners should strengthen transparency around decision-making, leadership responsibilities and the resourcing of community-justice activity, drawing on existing structures wherever possible.**

269. **The Act defines the statutory partners (s.13) and places joint duties around planning and reporting (ss.19–23), but it does not prescribe a single local**

governance model - hence the need to formalise and make leadership/ accountability explicit.

270. The Committee considers that investment in rehabilitation and reintegration plays a vital role in promoting public safety and long-term recovery. It recommends that future budget priorities give appropriate consideration to the social value of these approaches alongside enforcement measures.

Alcohol use in prisons

Prevalence

271. The Committee’s inquiry into the harm caused by substance use in Scotland’s prisons has been focused both on drugs and alcohol. That said, the majority of the evidence heard has focused on the former. Nonetheless, in the evidence we heard, there are issues related to alcohol use within prisons.

272. Gauging the size of the problem caused by alcohol is not straightforward, with the picture presented by witnesses somewhat mixed. For example, Dr Craig Sayers of the National Prison Care Network and NHS Forth Valley told the Committee that:

” Illicit alcohol use in prison is not really a problem. The odd batch of Christmas hooch is brewed but, as a rule of thumb, examples of that are few and far between. It does not cause massive problems with patients collapsing. It is not that it never happens, but it is certainly not a big problem^{clxxvii}.

273. Whereas research cited by Dr Catriona Connell of the University of Stirling indicated that “three quarters of that prison population had problems with alcohol use^{clxxviii} Similarly, reference was made during our evidence-taking to a more recent study from 2024 which stated that “63 per cent of people in prison have alcohol use disorder and 31 per cent are dependent on it.” This compares to 22% of hazardous or harmful drinkers in the population as a whole^{clxxix}.

274. In her evidence to the Committee, Dr Lesley Graham of Scottish Health Action on Alcohol Problems highlighted the Scottish prison survey which showed that “17 per cent of prisoners report having used illicit alcohol while they were in prison, but it does not say how often or how much.” She added that “the trouble is that it is out of sight; it is not in front of everyone’s faces as drug use is, so there is a risk that it is forgotten.”^{clxxx}.

clxxvii Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 31). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

clxxviii Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 35). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

clxxix Scottish Health Action on Alcohol Problems (SHAAP), Alcohol (In)justice (2024), p. 3. Retrieved from: <https://www.shaap.org.uk/wp-content/uploads/2024/09/Alcohol-Injustice-Updated-Dec-24.pdf>

clxxx Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 34). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

Entry into prisons and enforcement

275. One of the areas explored by the Committee, similar to that of drugs, is how alcohol finds its way around a prison. In her evidence, Dr Graham said:

” I do not think that any large quantities of alcohol come into the prison setting, but Craig Sayers will be able to speak to that. It tends to be illegal hooch that prisoners brew themselves, with the risk of producing methanol. There is a big problem in Russia, for example, with illegal alcohol, and we know that methanol can cause blindness, coma or death, so it poses a risk.^{clxxxi}

276. Similarly, Dr Sayers told the Committee that in his view:

” I have never been aware of alcohol being found or any patients reporting it having come into a prison; it is all hooch that is brewed in cells. Just prior to Christmas, a particularly strong batch was made in Glenochil that resulted in six people going into hospital and 20 others needing to be monitored. It was not just the alcohol—the patients told us that they had put what they called “tizzy dots” into it, which they believed to be etizolam. We do not yet have the toxicology report on that. Patients will not necessarily use only alcohol; sometimes, other substances may go into it^{clxxxii}.

277. In its written evidence, the Royal Pharmaceutical Society noted that “through fermentation of bread and grapes for example, people in prison are able to produce alcohol which can enhance the effects of other prescribed medication and non-prescribed substances”^{clxxxiii}.

Assessment, treatment and rehabilitation

278. Many of the witnesses who gave evidence to the Committee were confident that the existing services and process within Scottish prisons were relatively effective when it came to identifying people upon their admission into prison. For example, Dr Sayers told the Committee that:

” The admission process is very good at identifying problems. By and large, patients do not tend to feel the need to hide any alcohol or drug use from healthcare staff. As a rule of thumb, they are looking for help, particularly if they are experiencing withdrawals.^{clxxxiv}

clxxxi Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 38). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

clxxxii Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 38). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

clxxxiii Royal Pharmaceutical Society, Inquiry into the Harm Caused by Substance Misuse in Scottish Prisons, written submission. (2025). Retrieved from: <https://www.rpharms.com/Portals/0/Inquiry%20into%20the%20harm%20caused%20by%20substance%20misuse%20in%20Scottish%20Prisons.pdf> [rpharms.com]

279. He added that “the danger is in missing the patients when they are in”. He said that Scottish prisons “have the assessment tools to identify acute need” and that they “deal well with that initial high-risk period”. In his view, “the key area is the interventions and support during the other period—the time of the sentence”. He noted that:

” ultimately, alcohol is not being used by our patient group in the same way as drugs. It is not being used for fun; it is a coping strategy. If that is somebody’s coping strategy outside to cover their traumas, those traumas are there and need dealing with when that alcohol is not available.^{clxxxv}

280. Dr Sayers outlined the process of treating someone entering prisons with alcohol dependency noting that treatment would not initially focus on a sudden withdrawal but would be more of a tapering process because any immediate loss of access to alcohol could, after a short period, lead to “acute physical problems”.^{clxxxvi}

281. One of the other areas identified by some of our witnesses was where prisoners are moved around the prison estate. In his evidence, Dr Sayers noted that, “due to the population demands, there is a lot of movement around the prison estate”. He said that it was “very feasible that people move from one establishment to another and that they appear to be fine and not unwell at the point of arrival”. However, he noted that, “if those patients do not raise their hand as needing help, it is feasible that some of them will go under the radar.”^{clxxxvii} He concluded that SPS/NHS Scotland needed “to identify a better way for the FAST and AUDIT tools that identify problem drinking patients who are looking for help to keep them engaged in help.”^{clxxxviii}

282. MAT Standard 5- support to remain in treatment for as long as requested - refers to the requirement that prisons proactively support individuals to stay in or start medication-assisted treatment and ensure they are not discharged from it unexpectedly, especially when transitioning out of prison. As such, prisons should proactively identify and support individuals at high risk of drug-related harm, ensuring they can engage with or continue MAT upon entry and throughout their sentence.

283. In her evidence to the Committee, Dr Graham said that HMIPS prison monitoring

clxxxiv Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 43). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

clxxxv Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 36). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

clxxxvi Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 44). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

clxxxvii Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (cols 36-37). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

clxxxviii Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 44). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

standard 9.7 specifically looks at alcohol services – everyone who is dependent on drugs and/or alcohol receives treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release^{clxxxix}. She also said there was a “slightly concerning picture” in relation to Public Health Scotland’s drug and alcohol waiting times data. . She cited figures for 2023 to 2024 which showed that there were 187 referrals to alcohol specialist services in prisons in Scotland” whilst at the same time indicating that of the around 15,000 individual prisoners per year, “one third of those - 31 per cent - will be alcohol dependent”. She described this mismatch as a “treatment gap”.^{cxc}

284. Looking more widely at standards and the target operating model (TOM) in prisons for alcohol dependency, Dr Sayers said that “that there has been an improvement” since the original benchmarking of the TOM in April 2024 with five health boards delivering 100 per cent of the alcohol-specific targets, two boards delivering 83 per cent and two boards were delivering 50 per cent in April 2025^{cxc}.

285. One of the drivers behind alcohol use in prisons is that of the regime experienced by prisoners, often exacerbated by the current overcrowding problem. For example, Marianna Marquardt of Scottish Families Affected by Alcohol and Drugs said that:

” A key point in our discussions with families was the need for purposeful activity, routines and, for many people, not being kept in their cells for long periods of time - up to 23 hours a day, in some cases. What has come out of those discussions is the need to address staffing and resourcing issues and their impact on people’s ability to access activities. If there are not enough staff, or if they need to be directed elsewhere, that can have an impact on people’s ability to access mental health groups, appointments and visitation.^{cxcii}

286. In her evidence to the Committee, Dr Graham called for there to be more access to services such as Alcoholics Anonymous and other recovery providers in prisons, and to set up recovery cafes. She said that “would help with the continuity of care”. She took the view that “if someone is already in a recovery community within prison, they can make connections with recovery communities after release.”^{cxciii}

clxxxix HM Inspectorate of Prisons for Scotland, Inspecting and Monitoring: Standard 9 – Health and Wellbeing, published 2024, section 9.7. Retrieved from: <https://prisonsinspectoratescotland.gov.uk/publications/inspecting-and-monitoring-standard-9-health-and-wellbeing>

cxc Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 34). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

cxcii Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 33). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

cxciii Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 4). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

cxciv Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 42). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

287. In their evidence, Turning Point Scotland stated that they had heard “anecdotal evidence” that people who have been in prison have not been able to access Disulfiram (Antabuse), which “has, in some cases, led people to turn to drugs instead”. In their view, “prisons must ensure that support for alcohol dependency is readily available” and that “there needs to be better coordination between prison and community-based healthcare providers to guarantee continuity of care and to ensure that people can access the treatment they need, especially those on short-term sentences.”^{cxciV}

288. More widely in relation to assessment and treatment, Dr Sayers identified a range of improvements that could help. He said:

” We are looking to ensure that there are approved assessment tools to assess for alcohol withdrawals objectively at the point of arrival into custody; to determine the need to start detox medications and ensure that the assessment tools and treatment are implemented by all prisons; to use screening tools such as FAST, the fast alcohol screening tool, and AUDIT, the alcohol use disorders identification test, as soon as is practical on admission or immediately afterwards so as to identify those with problem alcohol dependency; to work with partners within the prisons to deliver alcohol brief interventions; to identify people with primary alcohol dependency, as opposed to co-dependency; to ensure that there are services available to provide appropriate psychosocial interventions and pharmacological interventions; and to introduce evidence-based treatments for liberation, such as Campral or Antabuse.”^{cxcv}

Reintegration and throughcare

289. As with dependency on drugs, one of the major areas of challenge for prisons and public services more widely is when a prisoner leaves prison and re-enters society. This challenge can be made more acute according to Marianna Marquardt who noted that:

” someone might enter prison with an alcohol problem but, because they cannot access it there, and due to the ready availability of spice or synthetic cannabinoids, will resort to using those substances instead. They will come out of prison with problems with those, or with more complex needs that it might not be possible to address in the community, which can then feed into a cycle of going in and out of prison.”^{cxcvi}

^{cxciV} Turning Point Scotland, Written evidence to the Criminal Justice Committee inquiry into the harm caused by substance misuse in Scottish prisons. (2025). Retrieved from: https://yourviews.parliament.scot/justice/harm-caused-by-substance-misuse-in-prisons/consultation/view_respondent?uuld=278856168

^{cxcv} Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 32). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

^{cxcvi} Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 4). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

290. In his evidence, Dr Sayers noted that upon release, accessing alcohol was not difficult and that, “if you have an alcohol dependency, it is incredibly hard in that early stage to refrain from returning to alcohol use, and homelessness is a huge risk factor.” He added that:
- ” There are no court services that would help with that. In an ideal world, we would have what we might call an “airport lounge”, which would be an area where those who have been released following appearances involving drugs or alcohol could address issues with housing, benefits or their currently active acute medical problems. The issue is not unique to prisons, as people go from police stations to courts as well. Not having such a facility is a missed opportunity to pull a huge group of patients into services. I know that that option is not cheap, but it is desirable.^{cxcvii}
291. The Committee also received new data from Public Health Scotland on alcohol-specific deaths following liberation from prison. This showed that, across the period 2019 to 2023, there were two alcohol-specific deaths within four weeks of release, rising to nine within 12 weeks, 15 within 24 weeks and 40 within 52 weeks (figures are cumulative by timeframe). While the absolute numbers are small, the data reinforces the particular vulnerability of the period immediately following release and underlines the importance of effective pre-release planning, continuity of care and access to alcohol support services in the community^{cxcviii}.
292. Accessing suitable treatment in some parts of Scotland after release was also identified as a problem. Witnesses pointed to some parts of the country, such as parts of the north-east of Scotland where they said, “there was nothing like Alcoholics Anonymous that people could get to unless they had a car and travelled an hour or so to the nearest city”. They added that “there are some pockets where there are missing services, but there are also some communities that do not want peer support and where there are different cultures in relation to access to support.”^{cxcix}
293. In its written evidence, SHAAP concluded that, in relation to release and reintegration planning:

^{cxcvii} Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 51). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

^{cxcviii} Data obtained by request from Public Health Scotland (unpublished), using linked records from the Scottish Prison Service PR2 database and National Records of Scotland deaths records. Provided to the Committee via Lesley Graham.

^{cxcix} Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 55). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

” People should leave prison with a clear plan in place for managing their alcohol use disorder (such as relapse prevention), harm reduction advice, appropriate medications and a clear referral pathway for treatment/ support, information on and links to recovery communities and aftercare after liberation from prison - which they can continually access after release to improve their health and reduce chances of reoffending whilst under the influence of alcohol. This should build on the Scottish Government’s Prison to Rehab Protocol, should be integrated with other services and support designed to address factors related to the alcohol use disorder, and throughcare should apply to all people in prison including people on remand.”^{cc}

Courts, sentencing and alternatives to custody

294. A final area identified during our evidence-taking relating to alcohol use in prisons is the approach taken by courts when it came to sentencing and disposals for those convicted of a crime who also have a dependency on alcohol.

295. We heard evidence that, in the past, around 13% of probation orders mentioned alcohol as something that needed to be addressed. Dr Connell of the University of Stirling noted that Community Justice Scotland’s publication, Community Payback Order: Summary of Local Authority Annual Reports 2023 – 24, reported that only 1% of community payback orders (CPO) – which replaced probation orders in 2011 – set out measures to tackle alcohol dependency as part of that disposal that year^{cci}. Dr Graham added that:

” when someone appears in front of a sheriff, arrangements need to be made for a clinician in a specialist service to see that person and make that diagnosis. There also needs to be treatment lined up. We know that there are waiting times for and struggles with community addiction services, but that treatment needs to be ready to go. Also, critically, the person needs to consent to it.”^{ccii}

296. Dr Graham perceived that there may be a reluctance on the part of the court system to attach alcohol-related conditions to CPOs partly because of the ability to access services in all parts of Scotland but also a concern that a person might then fail to meet what was needed, breach their CPO and be referred back to prison^{cciii}.

^{cc} Scottish Health Action on Alcohol Problems (SHAAP), Written evidence to the Criminal Justice Committee inquiry into the harm caused by substance misuse in Scottish prisons. (2025). Retrieved from: https://yourviews.parliament.scot/justice/harm-caused-by-substance-misuse-in-prisons/consultation/view_respondent?uuld=154642759

^{cci} Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 46). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

^{ccii} Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 47). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

^{cciii} Scottish Parliament Criminal Justice Committee. Official Report: 3 September 2025 (col 47). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16554>

Conclusions and recommendations relating to alcohol use in prisons

297. The Committee concludes that alcohol-related harm in Scotland's prisons is present but often less visible than drug-related harm. Evidence from clinicians and researchers suggests that a high proportion of people entering custody have alcohol use disorder, and that unmet alcohol needs can drive distress, poor mental health and, in some cases, substitution with other substances. Although illicit alcohol production within prisons appears limited and largely confined to "hooch", acute incidents do occur and may involve dangerous combinations with other substances.
298. The Committee notes that assessment at admission is generally robust, and that acute withdrawal is managed effectively. However, some witnesses described a persistent treatment gap during the remainder of a person's sentence, with specialist alcohol services in custody not always matching the scale of need. The mismatch identified by Scottish Health Action on Alcohol Problems between estimated dependence levels and the low number of referrals to specialist services is a particular concern.
299. The Committee also heard that regime pressures, overcrowding, and limited purposeful activity can exacerbate the distress that underpins much alcohol use, and that unresolved trauma and limited access to psychosocial support may contribute to harmful patterns of substance use while in custody.
300. On reintegration, the Committee is concerned that continuity of care for alcohol dependence is inconsistent, that access to community services varies across Scotland, and that missed opportunities remain for pre-release support. Witnesses emphasised the risk that people who enter custody with alcohol problems may leave prison with more complex needs if they turn to synthetic cannabinoids or other drugs while inside. The Committee also notes Public Health Scotland data showing alcohol-specific deaths occurring in the weeks and months following liberation, highlighting the heightened vulnerability of this period.
301. The Committee further notes evidence of inconsistent use of alcohol-focused conditions in community disposals, linked in part to variable access to alcohol services across Scotland. This may result in people whose offending is closely linked to alcohol dependency receiving short custodial sentences when a community-based intervention would have been more appropriate.

Recommendations

302. The Committee recommends that the NHS and SPS ensure that validated alcohol assessment tools, such as FAST and AUDIT, are used consistently on admission and revisited during a person's sentence, including following transfers between establishments.

303. The Committee recommends that the NHS review the provision of alcohol-

specific interventions in custody, to ensure that psychosocial and pharmacological support is available at a level proportionate to need, and that people with alcohol dependence can access treatment equivalent to that in the community.

304. The Committee recommends that SPS and the NHS work together to reduce the risk that people with alcohol dependence turn to other substances in custody. This should include proactive identification of people with primary alcohol problems, improved access to mental-health support and purposeful activity, and review of barriers to accessing evidence-based treatments such as Disulfiram where clinically appropriate.

305. The Committee recommends that alcohol use disorder is explicitly addressed in pre-release and reintegration planning. People leaving custody with identified alcohol problems should have a clear plan for ongoing support, including harm-reduction advice, medication where indicated, and referral to community alcohol and recovery services.

306. The Committee recommends that the Scottish Government and Community Justice Scotland work with justice partners to support more consistent use of alcohol-related conditions in community disposals where appropriate, and to strengthen access to alcohol services in the community so that such disposals are a viable alternative to short prison sentences.

Data, governance and accountability

Overview

307. Throughout the inquiry, the Committee heard that the effectiveness of Scotland's response to drug harm in prisons is constrained by serious weaknesses in data collection, performance monitoring and governance.
308. Annexe C to this report highlights what data is and is not published. The table aims to show what data would be useful going forward.
309. Witnesses from Public Health Scotland, the NHS, and the Scottish Prison Service all acknowledged that information on substance use, treatment uptake, and outcomes remains fragmented and inconsistent across the estate.
310. Without reliable and comparable data, it is difficult to evaluate the impact of policy or to identify where improvement is needed. Members concluded that transparency and accountability must underpin the drive to reduce harm.
311. The Minister for Drugs and Alcohol Policy and Sport told the Committee that work is under way with Public Health Scotland to improve integration of prison health and substance-use data with existing national information systems. They said that aligning data collected by the Scottish Prison Service, the NHS and the National Drugs Mission will support real-time monitoring, better transparency of outcomes across establishments and improved accountability for delivery^{cciv}.

Current data landscape

312. The Committee learned that responsibility for data on drug-related activity in prisons is divided among multiple bodies. SPS collects information on incidents, testing and security seizures, while the NHS record healthcare data separately^{ccv}.
313. Respondents highlighted gaps in published data on harms in prisons and called for more consistent, transparent data across the estate. Submissions also pointed to IT fragmentation - for example, that prison healthcare cannot access community

^{cciv} Minister for Drugs and Alcohol Policy and Sport (Maree Todd MSP), Letter to the Criminal Justice Committee regarding the Leverhulme Research Centre and the National Drug Checking Service, 11 August 2025. Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/leverhulme-research-centre-and-the-national-drug-checking-letter-from-minister-daps-11-august-2025.pdf>

^{ccv} Scottish Parliament Criminal Justice Committee. Scottish Prison Service (SPS), Written evidence to the Criminal Justice Committee – Inquiry into the harm caused by substance misuse in Scottish prisons. (2025). Retrieved from: <https://www.parliament.scot/~media/committ/10613/Paper-1--Inquiry-Note-by-the-Clerk>; Scottish Prison Service (SPS), Letter to the Convener of the Criminal Justice Committee – Follow-up information on drugs in prison. (2025). Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/drugs-in-prison-follow-up-information-scottish-prison-service-1-july-2025.pdf>

systems and that “all areas use different IT systems” - and urged digitisation of care coordination and seamless information-sharing between custody and community services to support consistent monitoring and evaluation^{ccvi}.

314. The Committee notes that, while data on deaths in prison custody and drug-related deaths are now published by Scottish Prison Service, the Scottish Government and the National Records of Scotland, information on treatment access and outcomes within prisons is less comprehensive and not routinely reported in the same way as in community settings.

Public Health Scotland and national oversight

315. Public Health Scotland told the Committee that improving the evidence base requires integrated governance between SPS, the NHS and PHS, with clear data-sharing agreements^{ccvii}.
316. Public Health Scotland proposed adapting existing community-based reporting structures, such as those used by Alcohol and Drug Partnerships, to support systematic data collection and benchmarking in prisons^{ccviii}.
317. Both the Minister and the Cabinet Secretary told the Committee that the Scottish Government is establishing a national oversight mechanism for deaths in custody to ensure that lessons from these reviews are fed back into operational practice and policy^{ccix}.
318. Public Health Scotland emphasised the importance of systematic data collection to support benchmarking and service improvement. They described a collaborative

ccvi Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025), pp. 23-24. Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>; Royal Pharmaceutical Society, Inquiry into the Harm Caused by Substance Misuse in Scottish Prisons, written submission. (2025).

Retrieved from: <https://www.rpharms.com/Portals/0/>

[Inquiry%20into%20the%20harm%20caused%20by%20substance%20misuse%20in%20Scottish%20Prisons](https://www.rpharms.com/Portals/0/Inquiry%20into%20the%20harm%20caused%20by%20substance%20misuse%20in%20Scottish%20Prisons) [rpharms.com]

ccvii Written submission from Public Health Scotland for 28 May 2025 Committee meeting Scottish Parliament Criminal Justice Committee. Written submission from Public Health Scotland for 28 May 2025 Committee meeting (2025). Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/public-health-scotland-written-submission-28-may-2025-meeting.pdf>

ccviii Scottish Parliament Criminal Justice Committee. Written submission from Public Health Scotland for 28 May 2025 Committee meeting (2025). Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/public-health-scotland-written-submission-28-may-2025-meeting.pdf>

ccix Scottish Parliament Criminal Justice Committee. Letter from the Cabinet Secretary for Justice and Home Affairs to the Convener, 30 May 2025 (2025). Retrieved from: <https://www.businessinthe-parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/deaths-in-prison-custody-letter-from-cab-sec-jha-30-may-2025.pdf>

approach involving process, numerical, and experiential evidence to monitor implementation of MAT Standards in prisons^{ccx}.

Monitoring outcomes

319. Witnesses highlighted that current reporting focuses heavily on inputs - such as number of searches or drug seizures - rather than outcomes like reductions in harm, improvements in wellbeing, or continuity of care^{ccxi}.
320. The Committee heard that improving consistency in the implementation of MAT Standards is a key part of delivering better outcomes. The Scottish Government told the Committee that the target operating model for prison healthcare is designed to support a consistent, multi-agency approach to service delivery, including addictions care^{ccxii}.
321. We heard views that outcome measures should reflect human realities, such as improvements in wellbeing, family contact, and hope for the future - not only the absence of drug incidents^{ccxiii}.
322. The Minister for Drugs and Alcohol Policy told the Committee that work is continuing to improve consistency in the implementation and reporting of the Medication-Assisted Treatment (MAT) Standards in prisons, and that standards reinforce a rights-based approach to treatment regardless of setting. She outlined that the MAT Implementation Support Team is working across justice and custodial settings to deliver the programme and embed the standards^{ccxiv}.

Governance structures and leadership

323. Witnesses said that the fragmentation of responsibility between justice and health portfolios leads to blurred accountability. While the SPS has operational

ccx Scottish Parliament Criminal Justice Committee. Written submission from Public Health Scotland for 28 May 2025 Committee meeting (2025). Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/public-health-scotland-written-submission-28-may-2025-meeting.pdf>

ccxi This reflects themes raised across oral and written evidence regarding data gaps, inconsistent monitoring, and limited outcome-focused evaluation of substance misuse interventions.

ccxii Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (col 4). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

ccxiii Scottish Parliament Criminal Justice Committee. SPICe analysis of call for views – Inquiry into the harm caused by substance misuse in Scottish prisons (2025). Retrieved from: <https://www.parliament.scot/~media/committ/11169/Paper-2--Substance-Misuse-Inquiry-SPICe-Analysis-of-Call-for-Views>

ccxiv Scottish Parliament Criminal Justice Committee. Official Report: 24 September 2025 (col 3). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16602>

responsibility, health services are delivered by the NHS, and strategic policy sits with two Cabinet Secretaries^{ccxv}. This structure has the potential to result in policy drift, with each system assuming that the other holds responsibility for outcomes.

324. The evidence heard throughout the inquiry highlighted the complexity of current arrangements across government, health and justice and the inconsistency of coordination in practice. The Committee considers that stronger national coordination and oversight would help to support joint accountability, and that a dedicated forum or mechanism could assist in sustaining cross-system leadership.
325. The Committee also heard that local partnership arrangements vary significantly. Some prisons benefit from active governance groups involving NHS, SPS and third-sector partners; others lack regular meetings or shared performance indicators^{ccxvi}.
326. Without consistent accountability mechanisms, good practice remains localised and inequities persist.

Learning, evaluation and research

327. The Committee was told that evaluation of prison-based interventions is limited^{ccxvii}. The Committee notes that absence of routine evaluation means successful initiatives can disappear when funding ends.
328. Members noted that several promising in-prison recovery initiatives in Scotland - such as peer-support programmes, recovery hubs/areas and recovery cafés - have not been subject to robust longitudinal evaluation. While one establishment (HMP Inverness) has developed an enhanced “recovery wing/landing”, the Scottish Prison Service does not classify such units across the estate^{ccxviii}.
329. Participants in private engagement sessions said that honest reporting about conditions in custody, including progress and failings, would help build public understanding and reduce stigma toward people in recovery^{ccxix}.

ccxv Based on evidence from Scottish Prison Service, NHS prison healthcare witnesses and Scottish Government officials confirming the division of responsibilities between operational delivery (SPS), healthcare provision (NHS) and policy oversight across justice and health portfolios (see Official Reports of the Criminal Justice Committee, 2025).

ccxvi Scottish Parliament Criminal Justice Committee. Official Report: 17 September 2025 (cols 15-16). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16585>

ccxvii Scottish Parliament Criminal Justice Committee. Official Report: 28 May 2025 (col 13). Retrieved from: <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16468>

ccxviii Scottish Prison Service. FOI Response HQ24026 (2024). Retrieved from: <https://www.sps.gov.uk/sites/default/files/2024-06/FOI%20Response%20HQ24026.pdf>; Scottish Recovery Consortium. Additional evidence to the Criminal Justice Committee inquiry on substance misuse in prisons (2025). Retrieved from: <https://www.parliament.scot/-/media/files/committees/criminal-justice-committee/correspondence/2025/substance-misuse-inquiry-scottish-recovery-consortium-additional-evidence.pdf>

Transparency and public confidence

330. Members considered that public understanding of drug harm in prisons is often shaped by media narratives focused on enforcement rather than rehabilitation. Clear, accessible reporting on outcomes would help to counter stigma and demonstrate accountability.
331. The Committee considers that transparency, when handled responsibly, can strengthen trust between staff, prisoners, and the wider public.

Conclusions and recommendations on data, governance and accountability

332. The Committee heard compelling evidence that the current data landscape is fragmented and inadequate for policy evaluation. We also heard that effective oversight requires integrated information systems and clear national leadership bridging justice and health.
333. In our view, transparency and evaluation are essential to improving public confidence and learning. We also believe that a unified approach to data and governance is a prerequisite for sustained progress in reducing substance harm in custody.
334. One possible solution is to consider whether Public Health Scotland could have a central coordinating role, supported by statutory data-sharing powers and outcome-based reporting.
335. Data transparency must be balanced with confidentiality. If PHS is given this new role, it should develop guidance on safe, ethical use of prison health data for research and policy.

Recommendations

- 336. The Committee recommends that the Scottish Government explore, in consultation with Public Health Scotland, SPS and NHS Boards, how existing data systems (including RADAR) could be strengthened to provide a more consistent national picture of substance-use harm in custody. This should include work towards standard definitions and shared outcome indicators for areas such as treatment uptake, non-fatal overdoses, recovery participation and continuity of care, ensuring alignment with existing national surveillance functions rather than creating parallel structures.**

337. Public Health Scotland should be given expanded statutory authority to collect, analyse and publish prison drug-harm data, ensuring consistency and independence.

338. The Committee considers that transparent reporting on substance-use harm is essential for effective scrutiny. Rather than creating a new standalone publication, the Committee recommends that the Scottish Government continue to provide regular, detailed updates to Parliament, within existing ministerial statements and reporting mechanisms, and ensure that these explicitly include trends and progress relating to substance use in prisons. This will allow Parliament to monitor developments consistently and maintain oversight of the distinct challenges and outcomes within the prison estate.

339. The Scottish Government should create a Joint Governance Board on Prison Health and Substance Use, co-chaired by the Ministers for Health and Justice, to oversee strategy implementation and accountability. Local partnership groups in every establishment should adopt consistent governance standards, meeting quarterly and reporting to the national board.

340. We recommend that all major projects or pilots funded under national drug strategies should include an independent evaluation plan from the outset, with results published openly.

Final overarching conclusions

341. **Preceding sections of this report set out detailed conclusions and recommendations for each of the main themes that emerged during our inquiry. What follows below are our final overarching conclusions and a summary of the main recommendations.**
342. The Committee's inquiry has provided a detailed examination of how substance misuse (drugs and alcohol) continues to affect every aspect of life within Scotland's prisons. Evidence we heard demonstrated that this issue cannot be understood in isolation from the broader social determinants of health and justice. Drug and alcohol use in custody reflects broader patterns in society of poverty, trauma, inequality, and untreated mental distress that originate long before imprisonment. Members consider that reducing harm in prisons must form part of a wider national strategy to tackle inequality and improve wellbeing in society.
343. Evidence from the Scottish Prison Service, NHS staff, Public Health Scotland and third-sector organisations was consistent in describing substance use as a public-health issue with justice consequences, not a justice issue with health consequences. The Committee concludes that policy and practice must now align fully with this principle. Enforcement measures remain essential for safety, but they cannot deliver recovery or rehabilitation alone without parallel investment in prevention, treatment, and reintegration.
344. The Committee recognises the extraordinary efforts of prison officers, healthcare staff, and voluntary-sector partners who operate daily in difficult and often dangerous circumstances. Witnesses gave powerful evidence of the emotional and psychological toll associated with repeated exposure to drug-related emergencies, violence, and loss. The Committee considers that a trauma-informed approach must apply equally to staff as to those in custody, and that long-term workforce wellbeing and stability are indispensable to effective reform.
345. Having heard extensive evidence from clinicians, researchers, people with lived experience, third sector organisations and operational staff, the Committee concludes that substance-related harm in Scotland's prisons is fundamentally a manifestation of systemic health-system failure. Without significant improvement to the capacity, governance and integration of health and social care services for people in custody, the prison system will continue to absorb unmet clinical needs that it cannot safely or effectively manage.
346. The Committee found significant disparities in access to mental-health care, services and support across the prison estate. Although progress has been made in expanding the Medication-Assisted Treatment (MAT) Standards and in developing the Target Operating Model for prison healthcare, many individuals still experience long waits for assessment and limited access to talking therapies. Members conclude that parity of mental-health provision between custody and community is fundamental to reducing substance-related harm and improving outcomes after release.
347. On supply and security, the Committee accepts that total prohibition is unrealistic in an era of synthetic cannabinoids and nitazenes. Evidence from SPS and Police

Scotland showed that organised-crime networks continue to exploit vulnerabilities in the prison environment. Members consider that while technological investment - such as improved scanners, use of window grilles, and mail-handling facilities - has value, success must be measured by reductions in harm and demand, not simply by numbers of seizures or prohibitions.

348. The inquiry revealed persistent fragmentation in data and governance. There remains no single national dataset linking prison and community health records, limiting transparency, evaluation, and accountability. The Committee welcomes work by PHS and the Scottish Government to improve data integration and oversight, but stresses that these reforms must include statutory authority and independent reporting to ensure credibility and consistency.
349. Evidence about the transition from custody to community was among the most compelling received. Witnesses were unanimous that the period immediately after release presents the greatest risk of overdose and death, particularly for those with interrupted treatment. The Committee concludes that every individual leaving custody should have an integrated, person-centred release plan, including verified prescriptions, registration with a GP, housing arrangements, and contact with community treatment providers. This is consistent with the principle behind laws previously passed by Parliament.
350. Throughout the inquiry, the Committee placed high value on the testimony of people with lived and living experience, whose honesty and insight gave Members a deeper understanding of the human realities behind the statistics. Participants described the loneliness, stigma and frustration of trying to recover in an environment not designed for healing. Their contributions reminded the Committee that recovery depends as much on compassion and dignity as on policy and resources.
351. The Committee concludes that meaningful change will depend on dismantling the institutional barriers that separate justice from health. A unified system of leadership and accountability is needed - one that embeds recovery principles in every aspect of prison life, from security and healthcare to purposeful activity, family connection and reintegration.
352. Finally, the Committee records its appreciation for the openness and professionalism of all those who contributed evidence, including staff, service users, researchers and Ministers. The Committee is determined that this inquiry will not be the endpoint of scrutiny but the foundation for continuing parliamentary oversight of progress in reducing drug harm in custody and ensuring that Scotland's prisons support rehabilitation, recovery, and reintegration. We will highlight the need for continued scrutiny of this issue in our legacy report to our successor committee in the next parliamentary session.

Annexe A: Summary of relevant legislation passed by the Scottish Parliament

Act	Section	Purpose	In force
Friday releases			
Prisoners and Criminal Proceedings (Scotland) Act 1993	Section 26C	Release timed to benefit re-integrationThe release of a prisoner may be brought forward if “it would be better for the prisoner’s re-integration into the community for the prisoner to be released on the earlier day than on the day on which the prisoner would otherwise fall to be released”.	Yes
Bail and Release from Custody (Scotland) Act 2023	Section 8	Prisoners not to be released on certain days of the weekPrevents the release of prisoners on Fridays and the day before public holidays (release on Saturdays, Sundays and public holidays was already prevented).	No
Bail			
Bail and Release from Custody (Scotland) Act 2023	Section 2	Determination of good reason for refusing bailReframes the test which the court must apply when considering whether to grant bail, narrowing the court’s discretion to refuse bail.	Yes (from 14/05/25)
	Section 3	Removal of restriction on bail in certain solemn casesThe general bail test (as amended by Section 2) will apply to these solemn cases (where a person is accused of a violent, sexual, domestic or drug trafficking offence and has a previous conviction on indictment for an offence of that kind).	Yes (from 14/05/25)
Throughcare			
Bail and Release from Custody (Scotland) Act 2023	Section 12	Duty to engage in pre-release planningThe local authority, health board, Police Scotland, Skills Development Scotland, Social Security Scotland and integration joint board must engage in the development, management and delivery of a release plan if requested by Scottish Ministers (SPS).	No
	Section 13	Throughcare supportScottish Ministers must publish throughcare standards no later than two years after this section comes into force.	No

The following SPS strategies will be relevant:

- [Mental Health Strategy 2024-2034](#)
- [Alcohol and Drug Recovery Strategy 2024-2034](#)
- [Family and Parenting Strategy 2024-2029](#)

Following the Committee evidence session on 4 June 2025, the [Scottish Recovery Consortium submitted significant additional written evidence](#) . As part of this document, they set out a synthesis of some of the most recent and relevant research, needs assessments, reports, policies, frameworks and strategies when considering the harm caused by substance misuse in prison.

The UK National Preventive Mechanism (NPM) also included [a list of relevant reports where there were unimplemented recommendations](#) within their call for views submission.

Annexe B: Extract from Minutes

Wednesday, 28 May 2025 - 17th Meeting, 2025

2. Inquiry into the harm caused by substance misuse in Scottish Prisons:

The Committee took evidence from Detective Chief Superintendent Raymond Higgins, Police Scotland; John Mooney, Consultant in Public Health, Public Health Scotland; Kirsten Horsburgh, Chief Executive Officer, Scottish Drugs Forum; Stephen Coyle, Head of Operational Delivery and Suzy Calder, Head of Health and Wellbeing, Scottish Prison Service.

4. Inquiry into the harm caused by substance misuse in Scottish Prisons (In Private): The Committee considered the evidence it heard earlier under agenda item 2.

Wednesday, 04 June 2025 - 18th Meeting, 2025

4. Inquiry into the harm caused by substance misuse in Scottish Prisons: The Committee took evidence from Kevin Neary, Co-founder and Coordinator, Aid & Abet; Dr Sarah Rodgers, Senior Policy and Public Affairs Officer, Families Outside; Tracey McFall, Chief Executive, Scottish Recovery Consortium; Gemma Muir, Senior Manager, Sustainable Interventions Supporting Change Outside (SISCO); Professor Susanna Galea-Singer, Clinical Lead and Consultant Psychiatrist, NHS Fife Addiction Services.

5. Inquiry into the harm caused by substance misuse in Scottish Prisons (In Private): The Committee considered the evidence it heard earlier under agenda item 4.

Wednesday, 03 September 2025 – 21st Meeting, 2025

2. Inquiry into the harm caused by substance misuse in Scottish Prisons: The Committee took evidence from Gillian Reilly, Head of Service for Alcohol and Drug Partnership Executive, NHS Scotland; Haydn Pasi, Head of National Voluntary Throughcare Partnership (Upside), SACRO; Hamish Robertson, Director of Data & Insights, The Wise Group; Marianna Marquardt, Policy and Research Officer, Scottish Families Affected by Alcohol & Drugs; Dr Lesley Graham, retired public health doctor and founding member of Scottish Health Action on Alcohol Problems; Dr Catriona Connell, Research Fellow, University of Stirling; Dr Craig Sayers, Clinical Lead, Prison Healthcare, NHS Forth Valley and, National Prison Care Network.

3. Inquiry into the harm caused by substance misuse in Scottish Prisons (In Private): The Committee considered the evidence it heard earlier under agenda item 2.

Wednesday, 10 September 2025 – 22nd Meeting, 2025

1. Inquiry into the harm caused by substance misuse in Scottish Prisons: The Committee took evidence from Phil Fairlie, Assistant General Secretary and John Cairney, Scottish National Committee Chair, Prison Officers Association (Scotland); Detective Chief Superintendent Raymond Higgins, Police Scotland; Jim Smith, Head of Operations and Public Protection and Gillian Walker, Governor in Charge HMP Shotts, Scottish Prison Service; Dr Victoria Marland, Lead researcher for Scottish Prison Service research project, Leverhulme Research Centre for Forensic Science.

2. Inquiry into the harm caused by substance misuse in Scottish Prisons (In Private): The Committee considered the evidence it heard earlier under agenda item 1.

Wednesday, 17 September 2025 - 23rd Meeting, 2025

1. Inquiry into the harm caused by substance misuse in Scottish Prisons: The Committee took evidence from Leona Paget, Prison Health Care Lead, Falkirk Health and Social Care Partnership; Rhoda MacLeod, Head of Adult Services, Glasgow City Health and Social Care Partnership; Linda Pollock, Deputy Chief Executive, Sarah Angus, Director of Policy and Suzy Calder, Head of Health and Wellbeing, Scottish Prison Service.

3. Inquiry into the harm caused by substance misuse in Scottish Prisons (In Private): The Committee considered the evidence it heard earlier under agenda item 1.

Wednesday, 24 September 2025 - 24th Meeting, 2025

2. Inquiry into the harm caused by substance misuse in Scottish Prisons: The Committee took evidence from Angela Constance, Cabinet Secretary for Justice and Home Affairs, Maree Todd, Minister for Drugs & Alcohol Policy and Sport, David Doris, Prisons Policy Team Leader, Criminal Justice Division, Richard Foggo, Director of Population Health and Alison Crocket, Whole Systems Unit, Drugs Policy Division, Scottish Government.

4. Inquiry into the harm caused by substance misuse in Scottish Prisons (In Private): The Committee considered the evidence it heard earlier under agenda item 2.

Wednesday, 01 October 2025 - 25th Meeting, 2025

3. Inquiry into the harm caused by substance misuse in Scottish Prisons (In Private): The Committee considered a key issues paper.

Wednesday, 29 October 2025 -28th Meeting, 2025

8. Inquiry into the harm caused by substance misuse in Scottish Prisons (In Private): The Committee agreed to defer consideration of the draft report to a future meeting.

Wednesday, 12 November 2025 - 30th Meeting, 2025

1. Inquiry into the harm caused by substance misuse in Scottish prisons (In Private): The Committee considered a draft report. Various changes were agreed to, and the Committee agreed to consider a revised draft, in private, at a future meeting.

Wednesday, 3 December 2025 - 33rd Meeting, 2025

6. Inquiry into the harm caused by substance misuse in Scottish prisons (In Private): The Committee considered a draft report and agreed to reconsider the draft at a future meeting.

Wednesday, 10 December 2025 - 34th Meeting, 2025

5. Inquiry into the harm caused by substance misuse in Scottish prisons (In Private): The Committee considered a draft report. Various changes were agreed to, and the report was agreed for publication in early January.

Annexe C: Relevant Published Data

Table A: Relevant Published Data

Organisation	Publication	Data included
Scottish Government	Scottish Prison Population statistics	Annual data on population levels, demographics, index offences, and entry, transition and departures from prisons.
Scottish Prison Service	Quarterly Public Information Page	Quarterly data on population levels, demographics, cell occupancy and staffing levels.
Scottish Prison Service	SPS Prison Survey	The survey asks a range of questions, including around health, which includes questions on drug and alcohol use in the community and in prison, programmes, and progression and transition to the community.
Public Health Scotland	Drug Trend Testing	Drug Trend Testing replaced Addiction Prevalence Testing in 2021/22. Prisoners arriving and leaving custody are voluntarily tested during one month of the year for the presence of illegal or illicit drugs. There are no more up-to-date publications after 2021/22.
Public Health Scotland	National Drug and Alcohol Treatment Waiting Times	A quarterly report on waiting times for people accessing specialist drug and alcohol treatment services with specific information on prison-based services.
Scottish Government	Deaths in Prison Custody	A report linking SPS and National Records of Scotland data to examine cause of death in prison custody and compare deaths in prison custody with deaths occurring in the general Scottish population. Data from 2012/13 to 2022/23.
Scottish Prison Service	Deaths in Custody	Annual data on deaths in custody published from 2014 including the medical certificate of cause of death.
Public Health Scotland	Drug seizures in prisons	Quarterly data on drug type and form from seizures in the Scottish Prisons Non-Judicial Drug Monitoring Project (test of drugs that cannot be linked to a person or source).
Public Health Scotland	Rapid Action Drug Alerts and Response (RADAR)	Quarterly data (not specific to prisons) to monitor drug-related harms, service usage and toxicology data, in order to provide an early warning of emerging drug trends and identify actions to reduce and prevent drug harms and deaths. RADAR also publishes ad-hoc alerts related to new trends, drugs and harms.
Public Health Scotland	National benchmarking report on implementation of the medication assisted treatment (MAT) standards	An assessment of progress on implementation of the MAT standards. The benchmarking of the standards in prisons will take place in 2025/26.
Scottish Government	Homelessness in Scotland statistics	Additional statistical tables relating to prison homelessness in Scotland. Table 8 includes numbers of applications where the reason is "Discharge from prison / hospital / care / other institution". Table 9 splits this by gender of applicant.

The [SPS Annual Report and Accounts](#) contains a list of KPIs which they report on, with comparisons to previous years, including:

- Deaths in custody
- Total hours of purposeful activity
- Average hours of purposeful activity per week per convicted individual
- Reduced substance use (there are no figures attached to this).

The Ministry of Justice publishes "[Safety in custody: quarterly update](#)" a publicly available

update on deaths, self-harm and assaults in prison custody in England and Wales.

Table B: Key Data Gaps in SPS Reporting on Substance Misuse

Area	What SPS Currently Reports	What Is Missing (the Data Gap)	Why This Matters (Evidence Gap Identified in Inquiry)
Drug seizures	SPS publishes total number of drug finds annually, sometimes broken down by category (e.g. NPS, tablets). Most recent data is included in: SPS Annual Report and Accounts 2024-25, Public Information Page (PIP) Quarter 4 2024/25	<ul style="list-style-type: none"> No detail on route of entry (mail, visits, staff corruption, drones, over-the-wall). No breakdown by type of substance beyond broad groupings. No data on purity or potency of seized material. 	Without this detail, neither SPS nor PHS can understand how drugs are entering prisons or which routes are changing. Evidence to the Committee repeatedly stated that the changing nature of supply requires better intelligence.
Non-fatal overdoses / acute intoxication	SPS does not routinely publish this. Some local data may be captured but not reported nationally.	<ul style="list-style-type: none"> No national figures on non-fatal overdoses. No tracking of synthetic cannabinoid incidents, seizures, or related health presentations. No prison-level trend data. 	Witnesses stressed this is a major blind spot. PHS cannot evaluate harm-reduction effectiveness without knowing where harm is occurring. Inquiry evidence described unpredictable presentations due to synthetics - but no national monitoring exists.
Drug-related deaths in custody	Reported annually as “deaths in custody” but not systematically subdivided by suspected/confirmed drug-related causes.	<ul style="list-style-type: none"> No routine breakdown of drug-related deaths. No time-to-inquest / time-to-FAI data. 	Fatal Accident Inquiries raised repeated concerns about withdrawal management. Without clear data, Parliament cannot assess avoidability, trends, or system improvements.
MAT (Medication Assisted Treatment) implementation	Some prisons publish MAT uptake qualitatively. No consistent, national dataset. (We note that PHS will begin covering prisons from this year through their Benchmarking report)	<ul style="list-style-type: none"> No data on waiting times, initiation on admission, continuity on release, or prison-by-prison uptake. 	Inquiry witnesses said implementation is inconsistent and that monitoring is needed for MAT Standards 1–10. Lack of MAT data prevents scrutiny of health-led approaches.
Prescribing (analgesics, sedatives, gabapentinoids)	Not routinely published by SPS or NHS Boards in a prison-specific format.	<ul style="list-style-type: none"> No data on prescribing patterns, changes, or sudden withdrawal of prescriptions. No monitoring of drugs with high diversion risk (e.g. pregabalin, gabapentin). 	The Committee heard concerns that inconsistent pain management can lead to illicit drug use. Lack of data means risks cannot be monitored or mitigated.
Incidents relating to staff exposure to substances	Recorded internally but not published.	<ul style="list-style-type: none"> No national figures on staff exposure, health outcomes, or equipment used. 	The Committee heard evidence of staff health concerns and gaps in protection. No data = no assurance.
Drug-related violence, debt, and coercion	Some elements appear in annual incident reports but not categorised as drug-related.	<ul style="list-style-type: none"> No consistent reporting of violence linked to drug markets, drug debts, bullying, or coercion. (We note that this may be tracked internally without obligation to report on it). 	Families and front-line staff gave evidence of drug-economy-related harm. Without data, SPS cannot target prevention.
Recovery and purposeful activity	SPS reports total purposeful-activity hours but not in relation to substance-use engagement.	<ul style="list-style-type: none"> No data on engagement in recovery, peer-support roles, or stabilisation outcomes. 	Witnesses indicated that lack of purpose and boredom contribute to drug use. This reflects broader issues of purposeful activity rather than solely engagement with substance-use interventions. Existing data on purposeful activity could inform this analysis,

supplemented by information on participation in substance-use programmes. Data is needed to evaluate demand-reduction.

<p>Post-release outcomes / continuity of care</p>	<p>SPS does not report this; NHS and ADPs vary.</p>	<ul style="list-style-type: none"> • No data on whether people receive prescriptions on liberation, Naloxone, follow-up appointments, or overdose risk on release. 	<p>Evidence highlighted that release is a <i>peak harm point</i>. Without continuity data, deaths and relapses cannot be prevented.</p>
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Annexe D: Written and oral evidence

The Committee undertook a public call for views to inform its inquiry. The call for views ran from 16 May to 22 August 2025, and received 32 written submissions.

Of these submissions, 20 were from organisations, with the rest from individuals. These individuals included those with:

- experience of imprisonment
- experience of a family member's imprisonment
- experience of working in a prison • academic expertise
- professional experience (a medicinal chemist, child and adolescent psychotherapist and intelligence analyst).

Some individuals had more than one of these experiences. It should be noted that not every respondent answered all of the questions.

The 32 response to the call for views are [available online](#). A SPICe analysis of these responses is also [available online](#).

The oral and associated written evidence considered by the Committee is also available online-

- [Wednesday 28 May 2025 \(17th Meeting\)](#)
- [Wednesday 04 June 2025 \(18th Meeting\)](#)
- [Wednesday 03 September 2025 \(21st Meeting\)](#)
- [Wednesday 10 September 2025 \(22nd Meeting\)](#)
- [Wednesday 17 September 2025 \(23rd Meeting\)](#)
- [Wednesday 24 September 2025 \(24th Meeting\)](#)

Supplementary written evidence from witnesses is available online-

- [Follow up information from the Scottish Prison Service on issues arising from oral evidence](#)
- [Follow up information from the Minister for Drugs and Alcohol Policy and Sport on issues arising from oral evidence](#)
- [Follow up information from the Minister for Drugs and Alcohol Policy and Sport on the future of the Leverhulme Research Centre and the National Drug Checking Service](#)

The Committee also received written submissions from-

- [Public Health Scotland](#)
- [Scottish Recovery Consortium](#)

