CJ/S6/25/18/2

Criminal Justice Committee
Wednesday 4 June 2025
18th Meeting, 2025 (Session 6)

Tackling Harm from Substance Misuse in Scottish Prisons – Session 2

Note by the Clerk

Introduction

1. At its meeting on 30 April 2025, the Criminal Justice Committee agreed to undertake a short inquiry into the harm caused by substance misuse in Scotland's prisons. This follows a recommendation from the Scottish Parliament's People's Panel, which raised concerns about the increasing prevalence and potency of synthetic drugs in prisons, the impacts on both prisoners and staff, and the adequacy of rehabilitation and support systems.

2. The inquiry was formally launched on Friday 16 May 2025, alongside a public call for views. The Committee is inviting written submissions until **Friday 22 August 2025**.

3. Last week, the Committee held its first preparatory evidence session. The Committee heard from representatives of Public Health Scotland, Police Scotland, the Scottish Drugs Forum and the Scottish Prison Service on the scale of substance misuse in Scotland's prisons, and how public services, policing and the justice system currently respond to it.

4. Key areas of focus in this session today include—

    - What helps or hinders recovery while inside prison?
    - How does the prison environment affect mental health and drug use?
    - What supports are available at point of release, and are they sufficient?

Evidence

5. The Committee will take evidence from the following panel of witnesses—

    - **Gemma Muir**, Senior Manager, SISCO
    - **Tracey McFall**, Chief Executive Officer, the Scottish Recovery Consortium
    - **Kevin Neary**, Co-founder and Coordinator, Aid & Abet
    - **Dr Sarah Rodgers**, Senior Policy and Public Affairs Officer, Families Outside
    - **Professor Susanna Galea-Singer**, Clinical Lead and Consultant Psychiatrist, NHS Fife Addiction Services

6. See **Annexe A** for details of written submissions from SISCO and the Scottish Recovery Consortium.

Actions

7. Members are invited to discuss issues related to the harms caused by substance misuse in prisons with the witnesses.

Clerks to the Criminal Justice Committee
June 2025

Annexe A

Written submission from SISCO

Sisco: Insights into Recovery, Prison Environment, and Post-Release Support

1. What Helped or Hindered Recovery While Inside Prison?

Helped Recovery:

- **Lived Experience Support:** Sisco staff and volunteers with lived experience foster trust and credibility, encouraging engagement and hope.
- **Structured Programmes:** Initiatives such as the *School of Recovery*, harm reduction sessions, and emotional regulation workshops provide practical tools and accredited qualifications, enhancing self-worth and motivation.
- **Safe and Consistent Relationships:** Regular one-to-one and group sessions offer stability and emotional continuity, helping residents feel supported.

Hindered Recovery:

- **Drug Availability:** Easy access to drugs within prison undermines recovery and sustains addiction cycles.
- **Lack of Continuity:** Frequent disruptions, such as cell moves and staffing issues, can interrupt therapeutic engagement.
- **Stigma and Silence:** Shame and fear around vulnerability can prevent individuals from seeking help or disclosing their struggles with addiction and trauma.

2. How Did the Prison Environment Affect Mental Health and Drug Use?

- **Isolation and Trauma:** The prison setting can worsen trauma responses, especially for those placed on MORS (Management of Risk and Suicide), leading to further isolation and psychological distress.
- **Mental Health Decline:** Without adequate emotional and psychological support, many residents turn to substances to cope with poor mental health.
- **Shame Culture:** The stigma associated with mental health and addiction creates barriers to open communication and help-seeking.

- **Hope vs Hopelessness:** Engaging in meaningful programmes can foster hope, which is critical in combating both substance misuse and mental health deterioration.

3. What Supports Were Available at Point of Release, and Were They Sufficient?

Available Supports:

- **Through-the-Gate Support:** Sisco provides pre- and post-liberation support, including meeting individuals at the gate and helping them access housing, benefits, and recovery services.
- **Community Links:** Residents are connected to NHS addiction services, recovery cafes, and peer-led groups upon release.
- **Continued Contact:** Support continues via email and mentoring, offering emotional and practical assistance post-release.

Sufficiency of Support:

- **Partially Sufficient:** Despite Sisco's consistent and trauma-informed approach, broader systemic challenges remain:
  - Delays in accessing mental health and addiction services in the community.
  - Lack of immediate, stable housing can destabilise individuals quickly.
  - Poor coordination between prison and community services leads to gaps in care.

Conclusion

Sisco believes recovery is achievable in prison when individuals are supported through consistent, compassionate, and credible engagement. However, the prison environment itself—marked by stigma, isolation, and drug availability—can hinder progress. While Sisco’s through-the-gate model helps to bridge the transition from custody to community, systemic issues in housing, healthcare, and coordinated care remain significant barriers.

We are also increasingly concerned about the **changing drug trends**, particularly the rise in synthetic substances such as street benzodiazepines and novel psychoactive substances (NPS). These substances have a profound impact on **both short- and long-term cognitive functioning**, including memory impairment, emotional instability, and difficulties with executive functioning. This adds complexity to the rehabilitation process and places additional pressure on support systems within both the custodial and community settings.

Written submission from the Scottish Recovery Consortium

Scottish Recovery Consortium is a national organisation that supports, represents, and connects recovery across Scotland. We engage directly with individuals, communities and lived experience organisations to ensure recovery stays at the heart of both national and local policy and developments. We help to develop, create, sustain, and grow recovery communities and organisations by providing a range of training and supports. We work directly with Health and Social Care Partnerships and Alcohol and Drug Partnerships to create and embed Recovery Oriented Systems of Care that support a whole system approach to reduce drug and alcohol related harms.

The responses in this paper have come from the personal experience of our team, along with residents of HMP Dumfries, leaders of recovery organisations, volunteers from recovery organisations, and participants currently engaged in a persistent offenders' programme. This paper will attempt to highlight the thoughts and experiences of these groups, and best answer the questions posed by the committee. This paper will also make links to any relevant research, policy areas and work related to the Justice Committee's inquiry.

1. What helped or hindered recovery while in prison?

The answer to this question varies significantly depending on which establishment one is in. It also changes based on whether one is sentenced or remanded. The lack of consistency in support across establishments was identified as a significant challenge for those we engaged with not only in terms of what is available but also in terms internal prison mechanisms. For those who did access support this could be significantly distributed by being transferred to a prison where there was no recovery support available. Transfers can mean a complete loss of well-established and valuable support. Or serving different sentences in different establishments can mean a resident has such varied experience with recovery in prison that it creates anxiety and mistrust in even the supports that are available. Lack of consistency is a priority that those with lived and living experience feel needs addressed. This not only has an impact on personal recovery journeys but also severed relationships that had been established and trust that had been developed with prison staff and those providing recovery support activities.

Not all prisons in Scotland have specific staff allocated to supporting and embedding a recovery-oriented approach, meaning that again the culture and access to support can be variable across Scotland.

The recent Scottish Prison Service Prison Survey 2024[i] highlighted "*almost 70% (n=2,463) of respondents said they were 'Rarely' or 'Never' offered activities in the evenings such as recovery groups, hobbies, exercise and more than a third of respondents said the activities regime in their prison was work than pre-pandemic. 45% of all respondents said they want free recreation to resume in the evenings, with people most likely to say this in prisons with higher perceived safety".*

The time spent in 'cells' in another contributory factor of what is hindering recovery whilst in prison. 15% (n=2,463) of those who responded in the Scottish Prison Service Survey said, *"they had not left their cell for at least an hour the day prior because no activities were offered, and more than a quarter of respondents said they work or education activities they had signed up to take part in are cancelled or cut short at least once a week".*

On that vein, being 'locked up' for 23 hours of the day was a massive hindrance reported by those we engaged with. This might be due to being on remand, as a punishment, because it is a holiday, staffing issues etc. but it is very dangerous in terms of problematic substance use. Having nothing to do all day, every day increases boredom, stress and lowers motivation. As mentioned above, non-recovery related meaningful activities are helpful, as they break the monotony of the day, and provide more stability and better mental health. This then lowers the chance of self-medication through substance use. Recovery also requires support from others, something that is not available when residents are behind "their door" for most of the day.

In terms of things in prison that help recovery, many positives were mentioned. Access to any kind of recovery activity is beneficial. Examples given were SMART Recovery groups, mutual aid groups (e.g. AA, NA, CA), and recovery cafes. The more options available to residents, the better. It is important to have a variety of recovery options available to suit individual needs and allow people to feel that they have some autonomy over their own recovery journey.

It was highlighted that having a recovery culture in prison was very valuable and helpful for residents. This requires buy-in from prison staff, who support and encourage recovery activities and value the support that residents get from this. Having this culture established is helpful particularly during weekends and public holidays, as those times are when usual activities are not available. If there is a culture of support and recovery in the halls, it can empower individuals to continue their recovery journey in more difficult times.

Waiting lists for services are a huge challenge to recovery in prison. Due to overcrowding in Scottish prisons, it is highly likely that residents will have to wait to access support. This can mean that individuals are more likely to continue to use substances while they wait, can increase stress and anxiety and lower motivation. It can also be difficult to break off relationships based on buying substances in prison once they are established, so it is crucial for individuals to access support as soon as possible in prison. This also applies to waiting lists for mental health services. Prison is a stressful environment, and when someone is waiting to access mental health support, they are vulnerable, and therefore susceptible to self-medicating.
The Management of Offenders Right due to any Substance (MORS) process that is currently in practice in Scottish prisons has been highlighted as a hindrance to recovery. It is very punitive, and results in someone being locked up 23 hours a day. This could be an opportunity to immediately engage an individual with support and encourage change but instead has the opposite effect.

The third sector organisations that operate within prisons were also very helpful in supporting recovery. These organisations are key in offering support in addition to

statutory services, and residents found that the relationships formed with case workers was very valuable, as they not only had someone with knowledge to support their journey, they also built-up trust and help advocate for the residents and their recovery. These third sector organisations are particularly helpful if they have connections in the community and that relationship can support the pre- and post-release transition. In addition to national third sector organisations, small grass roots Lived Experience Recovery Organisations (LEROs) provide valuable links and support whilst in prison and in the transition back to communities. Unlike national organisations, in our experience small grass roots organisations do not receive direct funding to work within prisons. Most small grass root organisations who support people whilst in prison are community based, however they understand the critical nature of 'sustaining relationships' and for many are the conduit and stability as people move in and out of prison. Many carry out this work with volunteers and with no direct funding to support prison work. Evidence provided by a range of small community-based organisations to the Social Justice and Social Security Committee (August 2024) as part of the pre-budget scrutiny process identified significant financial and capacity challenges. In addition, many grass roots recovery communities / organisations that people connect with when leaving prison are funded through specific funds that relate to the National Mission.

It was also mentioned that having other activities, not related to recovery, which were meaningful and purposeful, was a huge help to recovery while in prison. What these activities were varied depending on the individual, but could be work party, creative activities, supporting others, exercise, mental health, and wellbeing related. Purpose and meaning are very important while in prison and can provide extra motivation for recovery.

One of the largest things that was reported to help was the inclusion of peer support, and having those with lived experience involved in the residents' recovery. Residents reported having someone available to talk to that understood their experiences was invaluable. It not only provided support and insight but also hope and a role model. Having an example of someone who has experienced substance use and prison that is now in recovery and living well and happily can be incredible motivation, and proof that it is possible.

Scottish Recovery Community have recently started to work across all prisons in Scotland to develop, create and embed recovery-oriented activities and systems. This work will take place over the next 12 months and will be independently evaluated. The aim of this work is to map out recovery activities and practice across each prison with the hope that models of practice and the systems needed to embed recovery support can integrated in all prisons in Scotland.

More broadly the new Scottish Prison Service Alcohol and Drug Recovery Strategy 2024-2034[ii] outlines a new approach, one which is underpinned by the importance of recovery and using an individual's time living in prison in a positive way to prepare them for their future in the community. The implementation plan for the strategy has not yet been published.

2. How did the prison environment affect mental health and drug use?

This question has been touched on in the above answer and is not straightforward. The complexity between mental health and substance use was highlighted in Understanding the Mental Health Needs of Scotland's Prison Population[iii] (2022). From an individual perspective the people we spoke to highlighted how people react differently to the environmental factors within prison. The consensus of those we engaged with agreed that prison was a stressful environment and it had an impact on mental health.

One thing that was very much emphasised as having a detrimental effect on mental health and drug use was once again lack of consistency, this time across health boards and medication regimes. Depending on which health board the prison sits in can massively vary what medical treatments will and will not be provided. Residents may enter custody and discover that the treatment they have been prescribed for a long time will not be continued, and this in turn can result on medication being changed and, in some circumstances, medication not being provided. For those we spoke to, that this has happened to report a significant impact on their mental health and mood whilst in prison. This has a significant impact on mental health, as change is difficult to manage, can increase stress, and cause intense fear and inability to cope. Already the individual is managing a very big change, from a familiar to unfamiliar environment. To have medication changed on top of that is an unnecessary stress to add. In addition, many people have tried the other medications available and found they do not work for them. To then be told that you do not have an option but to return to a medication that you know does not work can create feelings of resentment, low mood, and anger. This makes residents much more likely to then look for alternatives, such as self-medicating. This, at least, they reported, gives them a sense of autonomy over their own mental health and drug use.

The SPS Prisoner Survey (2024) highlights that "*Survey respondents collectively indicated 4,234 prior mental health diagnoses, equivalent to 1.72 per respondent. Nearly half (n=2,463) of all respondents had been assessed or diagnosed with depression prior to their admission; yet more than half of respondents found mental health services "quite" or "very difficult" to access, and more than one third rated mental health services as "quite" or "very bad."*

In addition, the SPS Prisoner Survey indicates that *"more than a third of respondents (n=2,463) stated that they have used illegal drugs in prison, up from 29% in 2019. Of those, 49% believe that their drug use has decreased during their current period in custody, while 26% said their drug use has increase (or started) in prison."*

Stigmatism remains a large factor in prisons that negatively effects both mental health and substance use. Residents have said that they are made to feel shame, treated as "less than," and discriminated against if they have past or current drug use. This comes from both staff and other residents, but particularly staff. These feelings manifest in increased drug use, and more chaotic use. It also lowers self-esteem and increases feelings of depression and anxiety. Empathy and support from others can vastly change the experience, and it is felt that reducing the stigma felt by

residents would have a significant impact on reducing drug use, improving mental health, and reducing re-offending.

There are many more factors that can have an effect on mental health and drug use in prison, but another one that is frequently mentioned is (as above) lack of activities or structure. Being locked up for 23 hours a day is incredibly detrimental. Feelings of hopelessness are common for those who do not have access to activities outside of their cell. Education, recovery activities, work party, visits etc. can all have a positive impact on residents' mood, motivation and reducing drug use.

3. What supports were available at point of release, and were they sufficient?

As has been the case throughout this paper, there is inconsistency in the supports available upon release depending on the establishment one is released from. In addition, the support available is dependent on whether individuals are sentenced or are entitled to statutory throughcare support or being held in remand. It was reported by the people we engaged with that services are not 'joined up' and individuals are expected to navigate and engage with a number of services i.e. housing, justice, addictions, and mental health services. A barrier to accessing local services when leaving prison is access to transport and for many the services they need to access are located across geographical areas. It was also highlighted the crisis points that can be experienced if individuals are released directly from court.

What was highlighted as being the most helpful was having someone with lived experience in the community upon release who could help with multiple diverse needs. Someone with local knowledge and connections, who can link with housing, benefits, recovery support, third sector psychosocial support etc. Someone with lived experience reduces feelings of judgement and provides a point of contact so individuals feel less alone, and more able to access support available. A problem highlighted was lack of knowledge of available support. Critical to the people we engaged with was the role of authentic, supportive relationships that could help individuals navigate what are seen to be overly complex and opaque.

Support upon release can also only be sufficient if work is done pre-release. In custody, it is important to not only build recovery capital and coping mechanisms for managing triggers and mental health but also to build life skills. Depending on length of sentence, life outside of custody may have changed dramatically. An example of this was the change from cash to card to contactless payment. Therefore, support pre-release with basic life skills can provide a lot of help and confidence to those getting released. This is being done well with female prisoners in CCUs, who are getting support with budgeting, simple cooking skills, household chores etc. and would be great to incorporate to the prisoner pathways for male prisoners too.

From the people we engaged with the answer to this question was simply no. Supports for people when they leave prison was not sufficient. It is thought that this is not only due to lack of services (statutory and third sector) but rather due to a lack of knowledge from both residents and staff about what is available and where. More work needs to be done pre-release to ensure residents are aware of services, can build relationships with support, and have peer support that can provide guidance

from the minute that they leave the gates. In addition to this, we have evidence from small grass roots organisations that in many circumstances they are left to 'pick up the pieces' for people 'who fall through the gaps.' Compounding this is the 'Monday to Friday' approach that means many services that people need to access are not available.

An innovation that is has developed significantly over the past two years is the Prison to Rehabilitation (PR2) process. This work is funded through National Mission funds and provides the opportunity, for those who are appropriate, to continue their rehabilitation and recovery journey directly from prison. Scottish Recovery Consortium completed an evaluation of this process (November 2022).

While this paper does not cover all experiences, it highlights the key points raised. There are many more details and in-depth discussions to be had around these topics, and SRC are very welcoming of this opportunity to share and discuss them with the Criminal Justice Committee.

Prison to Rehabilitation Evaluation

Introduction

The Prison to Rehabilitation Pathway (P2R) is a protocol devised by the Scottish Government introduced as part of the Covid 19 Response strategy. The P2R protocol is aimed at people who are serving a custodial sentence and who are affected by substance misuse. Individuals are identified within prison and are subsequently offered the opportunity to be assessed to determine if they are suitable to be admitted to a residential rehabilitation service immediately from release.

This report was conducted through a qualitative approach with structured interviews which sought the views of the residential rehabilitation providers and some of the individuals who have gone through the pathway.

Background

It was difficult to determine clear aims or intended l outcomes of the P2R protocol other that a desire to ensure a vulnerable group of prisoners were able to be offered immediate access to residential rehabilitation on release from custody during the time when the Covid 19 pandemic was at its height. It must be considered that assumptions were made about the effectiveness of residential rehabilitation in keeping people safer than they would otherwise have been on a return to their community.

Approach

The impetus for this evaluation came from the Residential Rehabilitation Providers Group (RRPG) and was intended to seek the views of the residential rehabilitation providers. In addition, it was thought that the individuals who have been the recipients of the P2R protocol would have an important view. It was therefore decided to try and seek the views of some of the people who have direct experience of the P2R Protocol.

For this evaluation the views of six Providers were sought, five of these were conducted through face-to-face interviews with one via the telephone. The views of 3 Individuals who had direct experience of the P2R protocol were obtained through individual interviews. Each of the individuals interviewed were completing, or had completed, their period of residential rehabilitation at the time of the interview.

The Perspective of the Providers

At the time of interviews there were:

- 53 individuals admitted.
- 36 left before the programme was completed (before 12 weeks)
- 11 had completed a programme
- 6 were still in residential rehabilitation

For this evaluation there were six interviews completed with representatives of different residential rehabilitation services. Five interviews were completed on a face-to-face basis, and one was completed over the telephone.

Each of the providers had heard about the P2R through the RRPG. The RRPG had produced a document outlining the P2R Protocol and contained some limited information about a number of residential rehabilitation services. A number of the providers had also left some materials within each prison giving information about their service.

Due to the outbreak of the Covid 19 pandemic the normal assessment processes for admission to residential rehabilitation had changed. Most assessments by the Providers were conducted via telephone rather than in person and there were no opportunities for visits to residential rehabs. There was a brief temporary change to the Covid 19 restrictions where visits were allowed for a short period for the purpose of assessment.

The number of individuals referred to the various residential rehabilitation services varied widely, with some providers having a limited number of individuals referred (below 10) and one provider having a significantly higher number of individuals referred, (over 30). The reasons for this variance are unclear. It was apparent however that there was very limited organised and coordinated information about residential rehabilitation available to individuals while they were in custody.

This point was further developed by a number of providers who indicated that each residential rehabilitation service had a unique and different model of operation and delivery. While all of the services were based on abstinence the methods of intervention were different. Given the limitations of the information available to individuals it was therefore difficult to make an informed choice.

For all of the individuals referred the planned length of stay within residential rehabilitation was 12 weeks. Some individuals, having completed this period wanted to remain for a longer period. As the Scottish Government was the funder requests were made for additional funding for this extended stay. Not all these requests for additional funding were approved. There was an absence of clarity and transparency around this process and apparent inconsistencies in the agreement of additional funding. There appeared to be no published criteria for approval of additional funding.

A number of providers sought funding from their local Alcohol and Drug Partnership for individuals who requested to remain longer than 12 weeks. This was not granted on the grounds that the ADP had not approved the original placement and often were unaware that the individual was in residential rehabilitation.

The length of time between initial contact by the individual or prison-based staff with the residential rehabilitation staff was variable. There was a generally held perception among the providers that a longer length of time in preparation before admission to residential rehabilitation would be beneficial. This was taken to mean that individuals would be more likely remain within residential rehabilitation for a

greater average length of time. It was however not possible to determine whether this was accurate.

As all of the individuals referred were admitted directly from custody there was no involvement of community-based services from the area where the individual originally resided prior to receiving a custodial sentence. There was also limited contact with community-based services from the area to which the individual was returning. This meant that when an individual was returning to the community there was often limited knowledge of the individual within the local services.

The perspective of individuals

Three individuals were interviewed who had participated in the P2R protocol.

These three individuals had all moved from custody to residential rehabilitation and were either in residential rehabilitation at the time of interview or had left through a planned process.

Two males and one female were interviewed. Each had served multiple custodial sentences. None of the individuals had been in residential rehabilitation previously.

Each of the individuals had spent more than three months in residential rehabilitation.

Structured interviews were conducted with each individual.

Interview 1

A had served ten custodial sentences in six different prisons. The last sentence was for 15 months, of which he served seven and a half months. He heard about P2R through attending SMART Recovery meetings while in prison. He had very limited information about the availability of residential rehabilitation services and identified the residential rehabilitation service through conducting his own research.

“I wasn’t given options but did the research myself to find the best option” “It was the only option given to me but for me was the best fit”

Personal motivation to change was a significant incentive to go to residential rehabilitation.

“ (I)had ran out of ideas to change my life…I had started the change process before I was ready to give up drugs and rehab just helped me build on this.”
While A had support from the prison staff the main support was after he had made contact with the residential rehabilitation service, “The main support was when I connected with Michael, things started to move forward then.” He emphasised the one-to-one contact with the residential rehabilitation manager which remained consistent throughout the process from assessment to rehousing in the community over several months.

When A was asked about how this preparation phase could have been improved, he indicated that:

“(It) could have been better and more supportive from SPS staff who really knew about the P2R pathway.” (It should be noted that A was one of the first individuals to go through the P2R Pathway)

A spent a total of 18 months in residential rehabilitation and was still being supported by staff from the residential rehabilitation. When asked about the transition to residential rehabilitation from custody A stated:

"It felt strange and weird everyone being nice to me, it was weird but alright, trying to talk and be honest took time, I had a huge ego and low self-esteem, but learned to trust and built great relationship with my keyworker and opened up on my thoughts and feelings. I wouldn’t be here without rehab, I had no idea how miserable I was using…didn’t have a life but now I feel calm and connect with my feelings"

Each individual was met at the gate on release, when asked if the fact he was picked up made it easier to go to directly to rehab, he replied, “Definitely, getting the bus or train I would probably have bought drink and went off in another direction and I probably wouldn’t have made it there.”

When asked what could be done to make the process of moving from prison to rehab more effective, A spoke highly of the staff in HMP Inverness. A said that he was advised about P2R when he told them he felt it may be his only option to change his life, and went on to say:

“Make sure all prisons have an understanding of the pathway, not just the big jails, more people with lived experience going into jails sharing their experience and showing recovery is possible and letting every prisoner know about the pathway.”

Interview 2

S had served seven periods in custody over a sixteen-year period and had spent under five years in the community over short periods. On his last sentence he was imprisoned for four years. He had not been in residential rehabilitation previously.

He heard about the P2R from prison staff and after initially dismissing the idea he acknowledged he “had addiction issues and wanted to break offending cycle.” When asked why he wanted to go through the P2R he stated, "I wanted to change my life and I was tired of jail time."

He heard about P2R four months before his liberation and had three months of preparation time.

Prison staff gave him a copy of the P2R Pathway and after reading that he identified a preferred residential rehabilitation. He identified the specific rehab because “I liked the programme offered and the emblem". In addition, the residential rehabilitation was outwith his home area.

Prison social work arranged for a visit by staff from the residential rehabilitation and this was instrumental in the preparation process. Meeting the worker, David, was important in the preparation for residential rehabilitation and notably in the transition from prison to residential rehabilitation.

S was picked up at the gate on release which made it easier for him to go to residential rehabilitation, he stated that he was also taken shopping for clothes, which he appreciated.

When asked if it was difficult moving to residential rehabilitation, S indicated that "I had moments of anxiety and drama and wanted to leave but my license conditions and being on a tag helped me to stay."

S had been in residential rehabilitation for four months at the time of interview and was planning to remain for six months and move to supported accommodation. He stated that "funding is long term and I'm waiting for a move to Recovery House, residential will be 6 months and I have done 4 months so far, I feel better emotionally and physically on the programme."

S was able to renew family contact while in residential rehabilitation.
When asked how to improve the P2R he suggested "better promotion of the pathway with prison staff and residents."

Interview 3

K has completed a seven-month period of custody having served two previous sentences. She heard about the P2R while she was on remand from a staff member supporting her in prison. She continued to be supported. The motivation for K to go on the P2R Pathway was because, "I wanted to try anything to get off Methadone and have support in the community".

K had limited information about the P2R pathway and had no information about the range of residential rehabilitations available. She was given a booklet while in prison with details of the residential rehabilitation. And was assessed over the telephone. On asked if she was apprehensive, she stated, "No, I was dead set to come and wanted a chance to get clean".

On release K was driven directly to the residential rehabilitation by a SPS officer, which made it easier for K to go to residential rehabilitation. As "I might have been off and running to score otherwise and may have ended up back in jail"
Once K got to the rehab she felt "overwhelmed, but happy." This was her first admission to residential rehabilitation. Originally, she thought she would leave after coming off methadone but she remained and now volunteers as a peer supporter.

K indicated that being in residential rehab has really helped her make positive connections and she intends to permanently relocate to this area. She has no family members but has made positive relationships with people in her local area.

When asked how the process of moving from prison to residential rehab could be improved, K responded that having limited information was not a barrier.

These individuals heard about the P2R from different sources within the prison. They all expressed personal motivation to change, and none had spent time within a residential rehabilitation service previously. They each had heard of the P2R at least three months previously although the assessment and preparation time was limited, in part due to the effects of the Covid 19 pandemic which restricted the assessment process to telephone contact (although one person had a visit from a residential rehabilitation worker when the Covid 19 restrictions had been temporarily amended).

Choice of residential rehabilitation was limited, mainly due to a lack of available information about the number and range of residential rehabilitation services. One individual was given a copy of the P2R protocol which contained some limited information about residential rehabilitation provision.

The lack of information available to individuals considering the P2R protocol meant that it is difficult to exercise choice. It also meant that it is difficult for individuals to identify the residential rehabilitation service that was best able to meet their needs. However, it had been assumed that the assessment completed by the residential provider would identify whether the service they provide was able to meet the needs of the individual.

There was insufficient evidence to indicate that there was a correlation between the length of time spent by the individual in preparation for going to residential rehabilitation and the number of individuals who completed a stay of up to twelve weeks.

 There was a strong indication that some individuals felt that the period of stay in residential rehabilitation was not long enough.

 There was common agreement that being met on release at the prison gate and taken to the residential service was crucial in enabling the successful admission to the service.

 Moving to residential rehabilitation from custody was difficult. Two of the individuals interviewed had wanted to leave but were motivated to remain due to the strength of relationships they had built within the service. One person was subject to a license with additional restrictions which provided an added incentive to remain.

The individuals interviewed remained in residential rehabilitation and all had a high level of personal commitment to remaining abstinent.


They identified the beneficial effects upon their mental and physical health.


They wanted to develop relationships, either build new relationships or re-build previous relationships. For two of the individuals, having positive family relationships was important and the third individual, having no family, had built positive relationships within local recovery services.


Each of the three individuals spent longer than three months in residential rehabilitation. One individual remained for six months, one individual when interviewed had been a resident for four months with a guarantee of six months and one individual had been in residential rehabilitation for eighteen months. The three individuals indicated that the extended length of placement was a motivating factor on encouraging them to remain in residential rehabilitation.

Agreement on funding beyond the initial twelve weeks was problematic. Where they assessed that individuals would benefit from an additional period and the individual was in agreement, providers had requested that funding was extended beyond the twelve-week period. For some people the staff within the Scottish Government agreed to this. For some others this was refused. It was unclear what the criteria was for agreeing additional funding. It appeared that some providers were more successful than others in obtaining additional funding beyond the twelve-week period.

On occasions the residential rehabilitation service was asked to request additional funding from the ADP area from which the individual originated. This was generally refused on the grounds that the individual had not been assessed by the local team and they had little or no contact with the individual while they had been in residential rehabilitation.

On occasions the residential rehabilitation service provided the additional care without charge.

For a number of individuals returning to their home area the community-based services may not have been previously involved and have no role in the planning for the return to the community. This could potentially be resolved if the protocol could be amended with the agreement of community-based services that a referral was made to the local community services at an early stage within the individuals' move to residential rehabilitation.

While the P2R protocol has been directed towards adult offenders over the age of 21 years, it has been suggested that there is scope for further extending the protocol to include those aged 21 years and under.

Some providers raised the issue of extending the P2R protocol to prisoners on remand.

Summary

The P2R protocol is an innovative approach to protecting vulnerable prisoners on release from custody. It was developed rapidly and there was considerable work done to develop this approach within a short time frame.

This evaluation sought to seek the views of the residential rehabilitation Providers and a small number of people who had direct experience of the P2R protocol. In seeking these views this evaluation has raised more questions than it answers. However, there is a genuine commitment to the P2R protocol among Providers and a recognition of the beneficial effects among the individuals who had participated in it.

It is hoped that some of the information contained within this evaluation will prove beneficial to the operation of the P2R protocol in future.

This paper is the result of research implemented by Recovery & Residential Providers Group, chaired by Scottish Recovery Consortium.

Scottish Recovery Consortium is a national charity that supports, represents and connects recovery across Scotland.

Charity No SC041181 (Scotland)