

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Paul Stephenson on 5 October 2024, following his release from HMP Northumberland

A report by the Prisons and Probation Ombudsman

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OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE



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Summary

1. The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out independent investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.
2. Since 6 September 2021, the PPO has investigated post-release deaths that occur within 14 days of the person's release from prison.
3. If my office is to best assist His Majesty's Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.
4. Mr Paul Stephenson died from multiple drug toxicity on 5 October 2024, two days after his release from HMP Northumberland. He was 52 years old. We offer our condolences to those who knew him.
5. Mr Stephenson had a history of substance misuse, however he appeared to remain drug-free in prison. He engaged with the prison's substance misuse team who provided him with details of community substance misuse services should he want to self-refer on release.
6. Despite having a history of opioid use, Mr Stephenson was not offered naloxone (a medicine that rapidly reverses opioid overdose) before his release as he should have been. The substance misuse lead told us that a new process has since been introduced so that prisoners with a history of opioid use are identified and offered naloxone.

The Investigation Process

7. HMPPS notified us of Mr Stephenson's death on 7 October 2024.
8. The PPO investigator obtained copies of relevant extracts from Mr Stephenson's prison and probation records.
9. We informed HM Coroner for County Durham and Darlington of the investigation. He gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
10. Mr Stephenson had no identified next of kin so the Ombudsman's office did not contact anyone about this investigation.
11. We shared our initial report with HMPPS. They pointed out one error which has been amended in this report.

Background Information

HMP Northumberland

12. HMP Northumberland, run by Sodexo Justice Services, is a category C prison which holds male prisoners. Spectrum Community Health CIC provides healthcare services and substance misuse services. Rethink provides primary mental health services. Tees, Esk, and Wear Valley Mental Health NHS Foundation Trust provides secondary mental health services.

Probation Service

13. The Probation Service works with all individuals subject to custodial and community sentences. During a person's imprisonment, they oversee their sentence plan to assist in rehabilitation, prepare reports to advise the Parole Board and have links with local partnerships to which they refer people for resettlement services, where appropriate. Post-release, the Probation Service supervises people throughout their licence period and post-sentence supervision.

Key Events

Background

14. On 2 September 2024, Mr Paul Stephenson was convicted of motoring offences and was sentenced to 12 weeks in prison. He was sent to HMP Durham.
15. Mr Stephenson had a history of substance misuse and when he arrived at Durham, his urine tested positive for cocaine and benzodiazepines.
16. On 3 September, a member of the Drug and Alcohol Recovery Team (DART) assessed Mr Stephenson and offered him support but he declined. They told him how to self-refer if he changed his mind.
17. The same day, the DART worker sent a referral to We Are With You (WAWY - drug and alcohol service) so that Mr Stephenson could receive support on release. However, there was no release date on the referral, so it was used for information only. The WAWY team told the investigator they usually received another referral closer to release requesting a release appointment, but Mr Stephenson had moved to another prison by then.

HMP Northumberland

18. On 6 September, Mr Stephenson was moved to HMP Northumberland. He told the reception nurse that he had had no problems with drugs or alcohol within the last three months. Mr Stephenson declined a referral to the substance misuse service.
19. The same day, a DART worker completed an induction with Mr Stephenson as part of the reception induction, and Mr Stephenson changed his mind and said he wanted to engage with DART. The DART worker told him he would be allocated a recovery co-ordinator. He declined treatment but said his main goal was to remain drug free in prison and in the community.
20. On 11 September, a recovery co-ordinator saw Mr Stephenson for a drug harm reduction induction. She gave him harm reduction advice, and they discussed the risk of reduced tolerance levels. Mr Stephenson said he was only in prison for a short time so did not have time to complete any work. He declined a personal care plan.

Pre-release planning

21. On 18 September, a probation services officer (PSO) in the resettlement team completed a basic custody screening with Mr Stephenson. He told her he had been evicted from his property and would be homeless on release. However, she spoke to Mr Stephenson's community offender manager (COM) and Darlington Council, who both said he had not been evicted. Mr Stephenson was refusing to return to his previous property because he was too scared to live there due to previous cuckooing (when vulnerable individuals are exploited by criminals who use their property for criminal activity, such as storage of drugs). The council told the PSO that if Mr Stephenson refused to return to his address, then he would be making himself intentionally homeless, and they would not offer any further support.

Following this appointment the PSO completed a Duty To Refer (DTR) to Darlington Council and she also referred Mr Stephenson to Commissioned Rehabilitative Service (CRS) for accommodation support.

22. On 24 September, an accommodation worker from Thirteen Group (a housing association) responded to the CRS referral and said they would not have time to find alternative accommodation for Mr Stephenson so close to his release date. She said she would speak to Mr Stephenson about returning to his property for a short period.
23. The same day, a housing officer from Darlington Council acknowledged the DTR, and asked if a Gateway assessment could be completed (part of the DTR process to provide more details, i.e. needs and address history). This was completed by the accommodation worker.
24. On 30 September, the PSO met Mr Stephenson for his final review, and she reiterated the consequences if he did not return to his flat, but he was adamant he would not return to that address because he did not feel safe there.
25. On 1 October, a DART worker completed a planned intervention with Mr Stephenson prior to his release. She noted he had only been in prison for a few weeks and therefore did not have a lot of engagement with the DART team. Mr Stephenson was under the non-clinical DART team and had the choice to decline a referral to the community drug and alcohol service. The DART worker discussed this with Mr Stephenson, and he declined a referral, so she gave him the details for WAVY Darlington, if he wanted to self-refer on release.

Post-release management

26. On 3 October, Mr Stephenson was released from Northumberland. Due to the time he was released, his COM allowed him to attend his initial probation appointment the next day.
27. On 4 October, Mr Stephenson attended his initial probation appointment with his COM. He engaged well. The IOM representative (integrated offender management – a cross agency response to manage persistent and problematic offenders in the community) also attended this meeting. During the meeting, they called Darlington Council to explain that Mr Stephenson was not making himself intentionally homeless, but in fact he could not return to the property because he feared for his life. The council agreed to rehouse Mr Stephenson and instructed him to attend Durham Council (the neighbouring council as Mr Stephenson wanted to be away from his old area) the following Monday.
28. Mr Stephenson also said he wanted to go to a rehabilitation facility for support with long-term drug abstinence. His COM gave him another appointment for the following Monday to return to the office to complete the application forms for potential facilities. According to his COM, Mr Stephenson said it was the most positive probation appointment he had ever had, and he was happy with the plan when he left.

Circumstances of Mr Stephenson's death

29. On 4 October, Mr Stephenson went to his friend's house and they used drugs together including cocaine, heroin, zopiclone (medication to aid sleep) and pregabalin (prescribed for nerve pain and epilepsy but often misused). His friend said she went to bed and when she woke up the next morning, she assumed Mr Stephenson was still asleep on the sofa. She went out to the shops, and when she returned, she noticed Mr Stephenson was unresponsive and his skin was discoloured.
30. At approximately 3.30pm she called 999 and the police were already at the scene when the paramedics arrived at 3.40pm. On arrival, the paramedics confirmed Mr Stephenson was deceased, and they pronounced life extinct at 3.53pm.

Post-mortem report

31. The post-mortem report concluded that Mr Stephenson died from acute cardiorespiratory failure caused by mixed drug toxicity. Ischaemic heart disease was listed as a contributing factor.
32. The toxicology report showed that Mr Stephenson had consumed cocaine, morphine, pregabalin, zopiclone, codeine, benzoylecgonine and paracetamol.
33. At the inquest held on 10 April 2025, the coroner concluded Mr Stephenson's cause of death was drug related.

Findings

Substance misuse

34. Mr Stephenson had a history of substance misuse but appeared to remain drug-free during his short time in prison. Prior to his release, he declined a referral to community drug and alcohol services. Substance misuse services at Northumberland gave Mr Stephenson the contact details of the local drug and alcohol services if he wished to self-refer after his release.
35. Mr Stephenson had not been prescribed methadone for two years and he wanted to continue with his progress and was hopeful he would be able to access a rehabilitation facility for support with long term abstinence. His probation officer supported this request and arranged for Mr Stephenson to attend the office separately to his next probation appointment, to complete the application forms for suitable facilities.
36. Despite Mr Stephenson having a history of opioid use, he was not offered naloxone (a medicine that rapidly reverses opioid overdose) before his release. The service manager for Reconnected to Health (the non-clinical substance misuse team at Northumberland) accepted that Mr Stephenson should have been offered naloxone. She told us that a new process had been put in place to check whether a prisoner has a history of opiate use so that naloxone is offered to all eligible prisoners before release.

Adrian Usher
Prisons and Probation Ombudsman

April 2025

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