

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Ms Sonia Little, on 1 August 2024 following her release from HMP Low Newton

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. 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.
3. Since 6 September 2021, the PPO has investigated post-release deaths that occur within 14 days of the person's release from prison.
4. Ms Sonia Little died from the effects of a combination of heroin, methadone, alcohol, bromazepam, pregabalin and cocaine on 1 August 2024, following her release from HMP Low Newton on 25 July 2024. She was 46 years old. We offer our condolences to those who knew her.
5. We did not identify any significant learning relating to the pre-release planning or post-release supervision of Ms Little.
6. We make no recommendations.

The Investigation Process

7. HM Coroner for Newcastle and North Tyneside notified us of Ms Little's death on 26 September 2024.
8. The PPO investigator obtained copies of relevant extracts from Ms Little's prison and probation records.
9. The Coroner gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
10. The Ombudsman's office contacted Ms Little's family to explain the investigation and to ask if they had any matters they wanted us to consider. They did not respond.

Background Information

HMP Low Newton

11. HMP and YOI Low Newton is a woman's local and resettlement prison that services the courts across northern England. It is managed by HMPPS. Spectrum Community Health CIC provides physical healthcare services and Tees, Esk and Wear Valley NHS foundation trust provides mental health care services.

Probation Service

12. 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.

HM Inspectorate of Prisons

13. The most recent inspection of HMP Low Newton was in June 2021. Inspectors reported that they were concerned about the ease of illicit drug supply in the prison. In their survey, they found that far fewer women than in 2018 said it was easy to get illicit drugs in the prison. Despite this, drugs supply remained a significant risk. In the absence of a body scanner to identify women arriving at the prison who were secreting drugs internally, a new monitoring unit, the safety and support unit (SSU) had been opened. There was a clear vision and a credible action plan for the unit in the longer term, but at the time of the inspection, the daily regime amounted to segregation.

Key Events

Background

14. On 10 June 2024, Ms Sonia Little was sentenced to 14 weeks imprisonment for theft from a shop. She was sent to HMP Low Newton. Ms Little was due to be released on 25 July.
15. A nurse carried out Ms Little's initial health screen. Ms Little said that she was an illicit drug user, and was taking methadone in the community, illicit pregabalin (a medication used to treat epilepsy and nerve pain but frequently used illicitly) three times per day and smoked heroin and crack cocaine.
16. On 12 June, Ms Little was referred to and triaged by the primary care mental health team (Rethink), to find out whether she was suitable to engage in low intensity cognitive behavioural therapy (a form of self-guided help for those experiencing mild to moderate symptoms of depression and or anxiety). It was decided that she would be offered an assessment once she had finished her detoxification programme.
17. On 13 June, the substance misuse team saw Ms Little. She reported that she was experiencing withdrawal symptoms, however she stated that the medication was helping her to manage the symptoms and that she was gradually feeling better each day.
18. On 14 June, Ms Little approached the healthcare unit and asked to speak to the nurse. Ms Little told the nurse that she had been using subutex and cocaine on the wing for the past two and a half days as she was struggling with opiate withdrawal. Ms Little was added to the illicit pathway which provides more intensive support for prisoners who take medications not prescribed to them.
19. On 3 July, health professional spoke with Ms Little over the phone about her inability to sleep and continued withdrawal symptoms. Ms Little said that she had been on methadone for 20 years and was struggling. Ms Little was advised about harm reduction around illicit use of substances. Ms Little said she did not want to use illicit substances and wanted a higher dose of methadone or buvidal (another opiate substitute).
20. On 12 July, the substance misuse team saw Ms Little to discuss opiate substitute therapy. Staff noted that Ms Little looked well and was coherent. Ms Little expressed concern about remaining drug free once released into the community. The substance misuse worker advised her not to use illicit substances in addition to her prescribed medication. Ms Little was advised to attend her community drug and alcohol services appointment and the pharmacy for her prescribed methadone after her release. Ms Little was trained on how to use a naloxone (a medication that can reverse the effects of an opiate overdose) kit.
21. On 13 July, Ms Little began her methadone prescription, with an initial dose of 3ml. She told the healthcare assistant that she was prescribed 90ml in the community and her current dose was not sufficient. Ms Little was advised that her dosage would be increased, but this would be done in a controlled way.

Pre-release planning

22. On 16 July, Ms Little attended her pre-release board (a meeting facilitated by the community offender manager with the prisoner to prepare for release into the community). She confirmed that she had accommodation following release and planned to live with her daughter.
23. That day, Ms Little had a five-day review since starting methadone. It was decided that her dosage would increase to 15mls on 17 July, 20mls on 18 July and 25mls on 21 July. After that, the substance misuse team would review her again.
24. On 17 July, Ms Little received a release appointment from North Tyneside Recovery Partnership, a community drug support service, for 11.30am on 26 July.
25. On 18 July, a nurse from the substance misuse team saw Ms Little. Ms Little said that she was now on 20mls of methadone, and it was not holding her.
26. On 23 July, Ms Little had another review and was asked if she felt stable now that her dosage had been increased to 25mls. Ms Little asked if her dosage could be increased before her release on 25 July. A nurse said that her request had been discussed with the clinical lead and that the dosage would be increased to 30mls over the following two days.

Release from Low Newton

27. On 25 July, Ms Little was released from Low Newton.
28. Ms Little's post sentence supervision conditions were explained to her, and she signed the licence to confirm this. She was handed a seven day supply of her medications. She was also issued with a naloxone kit and provided with training information.
29. Ms Little did not attend her initial appointment with her local probation office or the scheduled appointments with the drug and alcohol support agencies. The plan was that once released she would have been introduced to Changing Lives, a local support group for women to provide her with additional support regarding her drug habits.

Circumstances of Ms Little's death

30. At 1.30pm on 1 August, Ms Little was found unresponsive in a public toilet. The police and paramedics were called, and she was found with drug paraphernalia around her. At 1.46pm, paramedics pronounced life extinct.

Post-mortem report

31. The post-mortem report concluded that Ms Little died from the effects of a combination of heroin, methadone, alcohol, bromazolam (a synthetic benzodiazepine), pregabalin and cocaine.

Findings

32. Ms Little had a history of substance misuse. While it is noted that she participated in the release planning process and actively engaged with the substance misuse team in prison, the plan was that once released she would have been introduced to Changing Lives, a local support group for women, that would have provided her with additional support. We are satisfied that both the prison and probation services did all they could to support Ms Little.
33. We make no recommendations.

Inquest

34. At the inquest held on 21 October 2024, the Coroner concluded that Ms Little's death was drug and alcohol related.
35. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Adrian Usher
Prisons and Probation Ombudsman

May 2025

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