

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Warren Heller on 1 September 2024, following his release from HMP Bullingdon

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 Warren Heller died from a multiple drug overdose on 1 September 2024, following his release from HMP Bullingdon on 22 August. He was 38 years old. We offer our condolences to those who knew him.
5. We found that Mr Heller received good support with his substance misuse issues at Bullingdon. Substance misuse support was also put in place for when he was released from prison.
6. We make no recommendations.

The Investigation Process

7. HMPPS notified us of Mr Heller's death on 11 October 2024.
 8. The PPO investigator obtained copies of relevant extracts from Mr Heller's prison and probation records.
 9. We informed HM Coroner for Milton Keynes of the investigation. They 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 Mr Heller's next of kin, his sister, to explain the investigation and to ask if she had any matters she wanted us to consider. She asked whether Mr Heller:
 - Was ever prescribed pregabalin and/or methadone, either while in prison or while in the community.
 - Was warned about the dangers of drug use, particularly the risks of mixing illicit substances with methadone and alcohol, and how this increases the likelihood of overdose.
 - Was supported by substance misuse services whilst in prison, and whether prior to his release, they referred him to a substance misuse service in the community for ongoing support.
- We have addressed these issues within the report.
11. We shared our initial report with HMPPS. They found no factual inaccuracies.
 12. We sent a copy of our initial report to Mr Heller's sister. She did not notify us of any factual inaccuracies.

Background Information

HMP Bullingdon

13. HMP Bullingdon is a local and resettlement prison, serving the courts of Oxfordshire, Berkshire, Buckinghamshire and Wiltshire. Practice Plus Group provides healthcare services and Cotswold Medicare Ltd provides GP services.

Probation Service

14. 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

15. The most recent inspection of HMP Bullingdon was in November 2022. Inspectors reported that substance misuse services were good overall, and prisoners were positive about the support provided. The teams were well-led and worked in an integrated way. Inspectors observed skilled and caring staff who received regular supervision and appropriate training. Pre-release planning was good, focusing on relapse prevention, harm minimisation and continuing treatment if required. Naloxone (to reverse the effects of opiate overdose) was offered on release where appropriate.

Key Events

Background

16. On 5 April 2024, Mr Warren Heller was arrested for assaulting an emergency worker and remanded to HMP Bullingdon.

Pre-release planning

17. When Mr Heller arrived at Bullingdon, he told a nurse that he was experiencing withdrawal symptoms from both alcohol and heroin. He was prescribed methadone (to manage heroin withdrawal symptoms) on a detoxification programme (where the dose reduces over time so that the individual eventually becomes drug-free), along with diazepam (to alleviate the effects of alcohol withdrawal). He was not prescribed pregabalin. Mr Heller was added to Inclusion's caseload, the substance misuse service at Bullingdon.
18. On 9 April, Mr Heller attended an initial substance misuse assessment with Inclusion recovery worker. During the session, he said he would like to receive substance misuse support from Inclusion while at Bullingdon. They explored the available support and treatment options, and a full assessment was scheduled for the following week.
19. On 15 April, Mr Heller attended a full substance misuse assessment with his recovery worker. Mr Heller said that, after he was last released from Bullingdon in January, he relapsed into daily alcohol, heroin and crack cocaine use, and dropped out of treatment with the community substance misuse service. Mr Heller said he wanted help to get stable while at Bullingdon.
20. They discussed the risks associated with taking drugs, and the recovery worker gave Mr Heller advice to minimise the risk of overdose which included not using drugs alone, only using small amounts to test their strength, and to smoke heroin rather than inject it (as injecting increased the risks of overdose). He also warned Mr Heller about the dangers of mixing drugs with alcohol and how this could further increase the risks of overdose. He gave Mr Heller information on tolerance levels and overdose awareness, including how to recognise the signs and symptoms of an overdose, and what to do in the event of one. He noted that Mr Heller showed a good understanding of these risks. He created a care plan focused on Mr Heller's heroin and crack use, helping him identify triggers, reduce his usage, and work towards decreasing dependency. Additionally, Mr Heller was provided with in-cell workbooks on these topics, which he later completed to a high standard. When asked, Mr Heller said that he was already trained in the use of naloxone (a medication used to reverse the effects of opioid overdose) and agreed to be given a naloxone kit on his release.
21. On 14 May, Mr Heller was convicted of the assault of an emergency worker and sentenced to 28 weeks in prison. He returned to Bullingdon.
22. On 30 May, Mr Heller attended a substance misuse review in which he said he felt stable on his methadone dosage. He was given advice regarding harm minimisation and raised no further concerns.

23. On 20 June, Mr Heller did not attend an Inclusion workshop on triggers to substance misuse and relapse prevention.
24. On 17 July, during a care plan review, Mr Heller told his recovery worker that he still felt stable on his methadone programme and did not wish to complete additional substance misuse workbooks or attend workshops. The recovery worker reiterated the risks associated with drug use and provided harm reduction guidance, including ways to minimise the risk of overdose. Mr Heller stated that he no longer wanted regular substance misuse appointments while at Bullingdon but requested a referral to a community substance misuse service in preparation for his release.
25. On 7 August, the recovery worker sent a referral to Addiction Recovery Community (ARC), a community substance misuse service in Milton Keynes, in preparation for Mr Heller's upcoming release.

Release from HMP Bullingdon

26. On 22 August, a nurse saw Mr Heller prior to his release from prison. The nurse gave him a naloxone kit with instructions on how to use it, and a letter detailing his appointment with ARC for 11.30am the following day. Mr Heller said he would be living with his father.
27. At 2.00pm, Mr Heller attended his initial appointment at Milton Keynes Probation Office. His community offender manager (COM) completed his induction, went through his licence conditions, and Mr Heller signed a copy to say that he understood them.
28. The next day, Mr Heller attended his appointment with ARC, where he was issued a prescription for his ongoing methadone detoxification program. He was told that, moving forward, his appointments would take place every Friday. Mr Heller was not prescribed pregabalin upon his release from prison.
29. On 28 August, Mr Heller attended his scheduled appointment with his COM. Mr Heller spoke positively about his release and raised no concerns. He told his COM that he had a good relationship with his ARC recovery worker, felt stable on his methadone script, was not having any cravings, and was hoping to gradually reduce his dosage. The COM issued his next appointment for 4 September and gave him a travel warrant to ensure he could attend.

Circumstances of Mr Heller's death

30. On the evening of 31 August, Mr Heller and his girlfriend were staying at his father's house. According to police records, his girlfriend became concerned that he had taken illicit methadone and pregabalin. Fearing he might overdose, she hid the remaining methadone before they went to bed. The next day, at approximately 3.30pm, she woke to find Mr Heller unresponsive, with fluid coming from his nose. She immediately went downstairs to alert his father, who checked on him before calling emergency services. At 3.51pm, paramedics arrived and pronounced life extinct.

Post-mortem report

31. The post-mortem report concluded that Mr Heller's death resulted from central respiratory depression due to the toxic effects of heroin/morphine, methadone, and pregabalin. Additionally, the pathologist detected cocaine in his bloodstream, which he noted may have contributed to his death by causing cardiotoxicity (heart damage).

Findings

Substance misuse support

32. Mr Heller had a history of substance misuse. During his time at Bullingdon, he was appropriately supported by Inclusion, the prison's substance misuse service, and warned about the risks and dangers associated with substance misuse. The prison promptly and appropriately referred Mr Heller to ARC to ensure the continuity of his methadone detoxification programme, and so that he had access to substance misuse support upon release. He was also trained in the use of naloxone and released with a supply of this.
33. We are satisfied that Mr Heller's COM took appropriate measures to address his substance misuse upon his release from prison. This included adding licence conditions to comply with any requirements relating to addressing their substance misuse issues.
34. We are satisfied that both the prison and probation services did all they could to manage the risks associated with his substance misuse.
35. We make no recommendations.

Adrian Usher
Prisons and Probation Ombudsman

May 2025

Inquest

The inquest, held on 18 July 2025, concluded that Mr Heller's death was drug related.

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