



Submission: Inquiry into the harm caused by substance misuse in prisons

27 August 2025

“Universal human dignity is a fundamental principle of human rights. It is from the inherent dignity of the human person that our rights derive. No drug law, policy, or practice should have the effect of undermining or violating the dignity of any person or group of persons.”

- International Guidelines on Human Rights & Drug Policy, written collaboratively by academics, UN bodies, and civil society.¹

I. INTRODUCTION

This submission outlines the views of the UK National Preventive Mechanism regarding the harm caused by substance misuse in prisons. It follows an earlier human rights briefing the UK NPM provided to the Committee on this topic in July 2025 (see Appendix A).

The UK National Preventive Mechanism (NPM) was established in 2009 when the UK ratified the United Nations Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).

OPCAT establishes the duty to prevent torture or cruel, inhuman or degrading treatment from occurring in places where people are, or may be, deprived of their liberty. The prevention of ill treatment is forward-looking and primarily about encouraging continuous improvement to create environments where ill treatment is less likely. Any state that ratifies the OPCAT must establish an NPM with the mandate of undertaking preventive monitoring of places where people are, or may be, deprived of their liberty.

The UK NPM is made up of [21 statutory bodies](#) that independently monitor places of detention across the UK, including six Scottish bodies, which constitute the UK NPM Scotland Subgroup:

- Scottish Human Rights Commission (SHRC)
- His Majesty’s Inspectorate of Prisons for Scotland (HMIPS)
- His Majesty’s Inspectorate of Constabulary in Scotland (HMICS)
- Independent Custody Visiting Scotland (ICVS)
- Care Inspectorate (CI)
- Mental Welfare Commission for Scotland (MWCS).

The Subgroup also has two Associate Members, Healthcare Improvement Scotland (HIS) and the Children and Young People’s Commissioner for Scotland (CYPCS).

¹ [Thematic reference guide - International Guidelines on Human Rights and Drug Policy](#)

II. BACKGROUND

Drug use is an entrenched issue and a recurring finding in reports from Independent Prison Monitors based on weekly visits to all Scotland's prisons, bringing wide-ranging implications for both prisoner wellbeing and staff safety. Recent data shows that more prisoners are using drugs in prison than did five years ago², that one-third of prisoners are classified as alcohol dependent³, and that substance use among prisoners before entering prison remains very high, with 49% using drugs and 55% using alcohol⁴.

Inspection reports from Scottish prisons find that this high prevalence of substance misuse is leading to high levels of drug-related harm, including violence, serious assaults on staff, and deaths in custody⁵. The emergence of synthetic opioids and new psychoactive substances, and the evolving nature of drug misuse are compounding these issues, pushing prison services, including healthcare, beyond their limits and further undermining the stability of prison environments.

III. KEY POINTS

An effective penal drugs policy must recognise substance misuse as a health problem, rather than a justice issue. This means that a response to substance misuse must take a right to health-based approach. The Scottish Government has a human rights obligation to tackle substance misuse, not least to protect prisoners' right to life (ECHR Article 2) and right to be free from torture and ill treatment (ECHR Article 3), which are absolute rights for which there can be no derogation, but also to meet numerous other human rights obligations to which the State is party. For additional details of the human rights engaged in this issue, and the associated obligations, see the human rights briefing submitted to the Committee (July 2025) in Appendix A of this submission.

The UK NPM is supportive of the Committee's efforts to listen to the views of individuals with lived experience of substance use and addictions support in prisons, including through their prison visits as part of this inquiry. We hope that these views are meaningfully examined and addressed in the final report and recommendations. To incorporate lived experience in our submission, we have included relevant direct comments from prisoners throughout, taken from some of HMIPS's most recent pre-inspection surveys.

Prisons⁶ in Scotland are not fully resourced or equipped to provide intensive physical and mental support to those with addiction issues. When properly resourced, and resources effectively deployed, prisons have the potential to provide a positive intervention in people's lives, creating the space and offering for rehabilitation. We believe that Scotland's prisons

² More than a third of respondents 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. [Prison Survey 2024.pdf](#)

³ According to SPS's [Alcohol and Drug Recovery Strategy](#), a survey using the Alcohol Use Disorders Identification Test (AUDIT), "revealed that 63% of those living in prison had been drinking at 'harmful' or 'hazardous' levels, and around a third were classed as alcohol dependant. There is evidence too to suggest that this rate is higher (73%) in remand populations." (p. 5)

⁴ In 2024, 49% of respondents said they used drugs in the community prior to coming into custody, up from 41% in 2019. 55% of the respondents said they used alcohol in the community prior to imprisonment. [Prison Survey 2024.pdf](#)

⁵ Drug-related deaths in custody rose from one in 2015 to a peak of thirteen individuals dying of drug-related causes in 2021, and remain high with nine individuals' deaths deemed to be linked to drug use in 2024. [Death in custody | Scottish Prison Service](#)

⁶ Throughout this submission, when referring to "prisons" we make no comment on which agency has jurisdiction over the issue being discussed. Prisons are multi-agency environments with the NHS, Social Work, SPS, DWP, Third Sector and others playing a role in detainees' lives. The ultimate duty to adhere to human rights obligations falls to the Scottish Government and it is for them to use their convening power to address.

could be part of a holistic response to substance misuse, but this potential is not currently being realised.

Issues with substance misuse in Scottish prisons do not exist in isolation. Substance misuse is a whole Scotland issue, and change will only be possible through systemic action. There are three main areas which must be acted upon to fully address substance misuse in prisons and help people in recovery: supply reduction, demand reduction and harm reduction. The approach must be balanced in the prison context. Too much attention on supply reduction misses critical systemic issues about why people use illicit substances in prisons and potentially diverts resources from people and activities into hardware. In the section that follows, we will provide our views and evidence on each of these areas.

We would also call to the Committee's attention existing reports and reviews which have already made recommendations. An important starting point would be to challenge duty bearers to implement existing recommendations, to provide rationale for non-implementation, and to measure the results of actions taken to inform future work. The UK NPM and Scottish Human Rights Commission's [Review... Recommend... Repeat...report](#) (July 2023) highlighted the lack of progress made by the Scottish Government to produce meaningful outcomes for people deprived of their liberty with regard to the right to life and the right to be free from torture and ill treatment. Since that report was published, too many individuals have died of drug-related causes in prison while most of these recommendations remain unaddressed.

Finally, none of the concerns raised in this submission can be addressed if prisons and other agencies are not adequately resourced to implement recommendations, systems, policies and strategies, or to collect and analyse relevant data and information to track issues and measure progress.

IV. HARM REDUCTION

As the Committee will know, in the past 10 years, deaths related to substance misuse have risen from one death in 2015, two in 2016, four in 2018, up to as high as 13 in 2021, and remaining high at 9 in 2024. The Scottish Government has an obligation to protect people's right to life, which includes taking positive measures to increase the life expectancy of people who use drugs, including adequate steps to provide scientific, evidence-based information, facilities, goods, and services on drug use prevention, overdose prevention and response, and harm reduction, including to reduce such harms as overdose, HIV, viral hepatitis, and other infections and injuries sometimes associated with drug use⁷. The approach should also consider the handling of prescription medication, including dispensing protocols.

It is positive that some prisons have adopted proactive harm reduction strategies – such as Recovery and Wellbeing Hubs, prisoner-led information committees, naloxone kits upon liberation, blood borne virus (BBV) testing, and mail photocopying initiatives. However, persistent issues like overcrowding, staffing shortages, and infrastructure limitations continue to hinder the consistent delivery of addiction support and recovery pathways. Overall, while there are examples of innovative practice, inspection findings underscore the urgent need for a coordinated, system-wide approach to substance use that prioritises both therapeutic support and operational resilience. Within the prison setting, a punitive approach to drug use can inhibit the building of trust and supportive relationships with staff which is crucial to recovery.

Management of Offender at Risk due to any Substance (MORS) is the Scottish Prison Service's current policy for managing risks due to substance use across the prison population.

⁷ [Thematic reference guide -Criminal Justice | International Guidelines on Human Rights and Drug Policy](#)

Introduced in 2014, it provides guidance to prison and healthcare staff on how to respond and engage if they identify someone as being at risk from a substance⁸.

Based on inspection findings, we are not assured that, under current conditions, MORS is being implemented effectively in practice. In the first instance, inspection reports have highlighted for many years that the application of the MORS policy is not in line with SPS policy requirements, and that inter-agency clarifications are required to rectify inconsistencies⁹. Moreover, concerns have been raised that the increasing number of individuals on MORS is leading to issues around safety and capacity to adhere to MORS guidance. For example, in the 2024 Barlinnie inspection report, HMIPS wrote¹⁰:

The number of prisoners being placed on [MORS] after using illicit substances was a significant challenge for the SPS and the NHS, and they were certainly trying their best to keep people safe in very difficult circumstances. However, inspectors were concerned that the scale of the problem had forced Glasgow City Health and Social Care Partnership to follow their own processes rather than adhere to the national guidance on MORS.

We are concerned, for instance, about reports during prison inspections that most, if not all individuals on MORS do not have access to exercise. While the policy to restrict exercise is meant to be applied on a risk assessed basis, reports have been made that a blanket “no exercise” policy is often applied to individuals on MORS.

Further, the high volume of individuals subject to MORS places extra demands on prison staffing capacity, escalating risk of activities being cancelled and regime restrictions becoming necessary. When MORS is applied, it often results in prisoners being held out of association with others and monitored as part of a care plan for a period, either in their own cell, an unused room in the accommodation area or in a designated Separation and Reintegration Unit. When this happens in the general accommodation area, it adds regime complexity and can render the provision of basic entitlement such as time in the open air extremely challenging. **We urge the Committee to request long-term data from the prison service on the use of MORS in Scotland’s prisons, to better understand these trends, and to scrutinise the effectiveness in practice of SPS’s multi-agency approach to substance misuse.**

If a policy such as MORS is to be truly effective, it needs to be consistent with prison policies, and supported by adequate levels of qualified staff, sufficient space in the prison estate to meet the growing need, and wider measures such as a harm reduction strategy and full implementation of the medication assisted treatment (MAT) standards.

The Scottish Government has an obligation to ensure treatment and support services for those with substance use issues whilst living in prison is provided consistently across all prisons and on an equivalent basis to community-based services (Articles 2 & 3 ECHR, Article 12 ICESCR, Rule 24.1 UN Mandela Rules).

HMIPS and HIS inspections have found that healthcare delivery in prisons is increasingly constrained by operational pressures, including the SPS work week hours reduction in December 2024, which has shortened the window of time available to deliver care to the prison population, without backfill. At the same time, prisoners are presenting with increasingly complex and high care needs, including mental health, substance use and chronic conditions. Taken together, this has meant that there are now more patients to see within a shorter timeframe. This is contributing to growing waiting lists in both primary care and specialist services, and delays in treatment¹¹.

⁸ [WURO Perkins et al 2022 Scottish Prisons Substance Needs FULL.pdf](#) p. vi, 3.

⁹ See e.g. [Report on HMP Barlinnie Full Inspection 3 June to 7 June 2024](#) p. 22.

¹⁰ [Report on HMP Barlinnie Full Inspection 3 June to 7 June 2024](#) p. 6.

¹¹ According to recent findings from Healthcare Improvement Scotland.

Moreover, inspections have found that medication timing is an issue, as prison routines often prevent medication from being administered at therapeutic intervals, which can compromise treatment effectiveness. In addition, escort availability and lockdowns frequently lead to delayed or cancelled appointments, further affecting continuity of care. Some good practices, including the introduction of Lead Nurse roles, the expansion of multi-disciplinary teams, and the use of trauma-informed care and harm reduction services, have been seen.

Healthcare Improvement Scotland (an associate member of the UK NPM) has recently made three key suggestions to help address these challenges which we would like to make the Committee aware of:

1. Embedding healthcare into prison operational planning, including by protecting clinical time consistently across all prison
2. Prioritising scalable digital health solutions to reduce delays and improve access, including remote consultations, digital triage, or shared care records, and
3. Considering what a sustainable, resilient and equitable model of prison healthcare would look like, given the rising population, increasing complexity of needs, and operational constraints.

In terms of accessibility and quality of healthcare, HMIPS data from all pre-inspection surveys between 2022 and 2025, covering all prisons in Scotland, found that:

- More prisoners found it **quite difficult** or **very difficult** to access additions services in prison (31.5%) as compared to **very easy** or **quite easy** (28.4%).
- More prisoners rated the quality of addiction services **very good** or **quite good** (27.8%) as compared to **quite bad** or **very bad** (25.9%).
- 31.6% of prisoners with a self-declared need for **support for drug use** said they had not received this support since arriving in prison; Of the remaining 68.6% who had received support, with two-thirds said the support was helpful.
- 44.7% of prisoners with a self-declared need for **support for alcohol use** said they had not received this support since arriving in prison; Of the remaining 55.3% who had received support, with two-thirds also said the support was helpful.

“Accessing information about services, even vital ones like healthcare, is very difficult. Staff often don't know at all or share inaccurate info, likely since they have outdated information. The only way to get reliable help is from other prisoners.”
Respondent, 2024 Barlinnie pre-inspection survey

“Myself personally and nine out of 10 prisoners can't see a doctor, have been waiting for three months to be put on my pain medication so I have been suffering.”
Respondent, 2024 HMP Barlinnie pre-inspection survey

“Healthcare in this prison is very bad and it can also take two-and-a-half to three months to see a doctor and then no help comes out of it.” Respondent, 2024 HMP Barlinnie pre-inspection survey

“As I have been taking drugs and drink outside I have not been getting help with my drug use.” Respondent, 2024 HMP Barlinnie pre-inspection survey

"I personally have been waiting a year and five months to go to the hospital... and have had seven failed GEOAmeyp pickups." Respondent, 2024 HMP Barlinnie pre-inspection survey

"I often go without medication [for three chronic conditions] – between three to five days at times. I fill my request medication form correctly and hand it in as I should. [There is a] lack of communication from the pharmacist when my medication is not available to them. When I say that my medication is not there I'm told to put another slip out and that delays my medication by three to five days." Respondent, 2024 HMP Barlinnie pre-inspection survey

"My medication gets messed up all of the time, missing days without antidepressants. Hall staff don't seem to care." Respondent, 2024 HMP Barlinnie pre-inspection survey

"I've found that the worst experience in this jail is getting access to monthly medication. This is always a delay and as from today, I'm two days without my meds." Respondent, 2024 HMP Grampian pre-inspection survey

"Since being here all I've cried out for is to see a psychiatrist to be put on the right dose of medication – till this day I still haven't been able to see one. There are days on end where I can't sleep which then bring on hallucinations and other dark thoughts." Respondent, 2024 HMP Grampian pre-inspection survey

"[Prison] doctors can't prescribe [a] certain medication I would get in the community ... and had to self-medicate. In constant pain and can't get the medication I need, overdosed [several] times. If I were to get prescribed medication I need wouldn't have to take the risk of overdosing. No wonder people are risking their lives just to have a normal day." Respondent, 2024 HMP Grampian pre-inspection survey

In keeping with a human rights-based approach, substance misuse must be addressed as a health issue. In practice, this means that harm can be reduced by increasing diversion from prosecution as well as encouraging a shift in focus away from the criminal justice system and towards supporting the rehabilitation of individuals with substance use problems.

In the 2023 [Joint review of diversion from prosecution](#), published by HM Inspectorate of Prisons for Scotland, HM Inspectorate of Constabulary in Scotland, the Care Inspectorate and HM Inspectorate of Prosecution in Scotland stated that "accused persons with substance use issues and with an extensive history of offending should, if appropriate, be offered an intervention to support them to tackle their substance use" (p. 39), explaining that "[e]arly intervention can help address the underlying causes of offending, avoid the person being drawn further into the criminal justice system and reduce or prevent further offending, to the benefit of the person, victims and communities." (p. 4).

Delivery of excellent throughcare is also imperative in reducing harm. The inclusion of naloxone kits upon liberation is a good example of positive practice as is the ability to move from prison to rehabilitation centres upon liberation. Enabling factors for excellent throughcare include strong interagency working (e.g. between Police Scotland, SPS, NHS) and improved signposting to community services to keep people from relapsing post-liberation, including, for example, safer drug consumption facilities¹².

¹² The UK's first Safer Drug Consumption Facility, The Thistle, opened in Glasgow in early 2025.

V. DEMAND REDUCTION

One of our greatest concerns relates to the demand side of illicit substances in prison. Ongoing problems with prison conditions in Scotland, including chronic overpopulation and understaffing, insufficient time out of cell and rehabilitative or purposeful activity, and poor material conditions in many prisons, among other issues, are contributing to the demand for illicit substances in prisons. If duty bearers fail to address these issues, there will continue to be a high demand for illicit substances, and consequent incentive for people to seek out new ways to smuggle illicit substances into prisons to meet that demand. This has been a recurring issue in NPM and HMIPS reports going back over a decade.

The UK NPM has serious concerns about the persistent overpopulation of Scotland's prisons. As of May 2025, 73% of all prisoners in Scotland were living in prisons over their capacity, the majority of whom are male¹³. In our submission to the Scottish Sentencing and Penal Policy Commission¹⁴, we highlighted that prison overpopulation means that many people deprived of their liberty are forced to live in conditions which do not meet minimum standards for dignity and humane treatment, including cells built for one person holding two and even three prisoners at a time. Further, overpopulated prisons put prisoners and staff at greater risk of violence. Inadequate staffing levels, a chronic issue in Scottish prisons, mean that prisons are often unable to offer the quality regime, programmes and services required to promote wellbeing and rehabilitation.

"The cells are not big enough for two people, this often causes fights, locked up in a tiny cell for 23 hours seven days a week." Respondent, 2024 HMP Barlinnie pre-inspection survey

"I think Barlinnie still feels like it's living in the '80s. The officers are bullies (some of them). I've seen things like five officers kick and punching one small boy and him screaming to stop and they didn't. This should be changed. This was not reasonable force. And then laughing about it talking about how he was screaming like a bitch and boasting... It made me feel sick and lose all trust in them." Respondent, 2024 HMP Barlinnie pre-inspection survey

"Even with our well-meaning staff, most of whom have expressed a desire to support and help everyone, [they] do not have either the time or knowledge to do so. Staff having time to interact pro-socially on the halls instead of being too busy on the other side of a locked gate would have a tremendously positive impact on quality of life in the prison as well as a positive impact on how we view ourselves. Feeling that we are worth something to non-criminals would shift the feeling of being a worthless criminal and can only have a positive impact on rehabilitation and reintroduction to society." 2023 HMP Perth pre-inspection survey

¹³ SPS Daily Population Tracking Report for 12 May 2025: 9 prisons are over capacity, housing 585 prisoners more than their combined capacity. 8 prisons are under capacity, the majority of which is accounted for by the Open Estate (HMP Castle Huntly) with 130 open places, HMPYOI Polmont with 56 open places, and HMPYOI Stirling Women's Prison with 33 open places, and HMP Greenock with 18 open places. The 4 prisons most under capacity all partially or entirely house female prisoners, young offenders and/or low supervision/open estate prisoners who have moved along the progression pathway, further demonstrating that overpopulation disproportionately affects adult male prisoners.

¹⁴ The NPM have not yet published the submission, but it can be shared with the Committee as needed.

Many individuals who respond to HMIPS pre-inspection surveys write about the regime, purposeful activity and the amount of time they spend locked in their cells, several of whom have reported spending around 23 hours per day locked in their cells, often sharing a single cell with another person.

“My mental health is very poor I have some disabilities that mean I have a single cell and [limited mobility]. My day is as follows: breakfast handed in 30 seconds of [human] contact, cell clean bio 10 minutes contact, lunch 30 seconds contact, dinner 30 seconds contact. That's my [social] contact for the day unless I go to PT or exercise.” Respondent, 2024 HMP Barlinnie pre-inspection survey

“There is not currently enough to do in this prison and it has an adverse effect on people's well-being and mental health. Spending 23 hours a day behind your door and in your cell is very challenging. The fact you don't get things in this prison that others do in other prisons is an issue. For example, letting people order DVDs and CDs would help enormously... Also allowing a games console in your cell like in other prisons. All these things would improve the prisoner's everyday life and help alleviate stress.” Respondent, 2024 HMP Barlinnie pre-inspection survey

“It is not living, it is surviving” Respondent, 2024 HMP Barlinnie pre-inspection survey

“This prison's routine allows prisoners to vegetate behind their doors and destroys their mental health, forcing prisoners to self-medicate to manage mood and emotions.” Respondent, 2024 HMP Grampian pre-inspection survey

Recent HMIPS inspections have found that prisoners have very little to do on weekends. Chaplains are sometimes absent on weekends, and faith services are no longer offered then. **We encourage the Committee to request data from SPS on the number of prisoners on MORS on the weekends as compared to weekdays, to understand any patterns.**

We are also concerned that individuals on remand are at even greater risk, as they are not required to work in prisons, leaving them with even fewer activity options throughout the day than convicted prisoners. Moreover, individuals who are not working have fewer funds, making them more vulnerable to debt, a contributing factor to violence in prisons.

“People on remand who have no family or friends to provide financial help are left with nothing, not a penny to buy basic things (especially smokers). Why can't people on remand receive a cell wage at the least? Also job allocations are only open to convicted prisoners which is extremely unfair as most people on remand are on remand for one year+, so have to borrow basic items like deodorants, shower gels, decent toothpaste, vapes, etc, then get into debt with other prisoners which just adds to stress and fear amongst the prisoners.” Respondent, 2024 HMP Grampian pre-inspection survey

Relevant international standards from the [The United Nations Standard Minimum Rules for the Treatment of Prisoners](#) with regard to purposeful, recreational and rehabilitative activity include:

Rule 4 The purposes of a sentence of imprisonment or similar measures deprivative of a person's liberty are primarily to protect society against crime and to reduce recidivism. Those purposes can be achieved only if the period of imprisonment is used to ensure, so far as possible, the reintegration of such persons into society upon release so that they can lead a law-abiding and self-supporting life.

To this end, prison administrations and other competent authorities should offer education, vocational training and work, as well as other forms of assistance that are appropriate and available, including those of a remedial, moral, spiritual, social and health- and sports-based nature. All such programmes, activities and services should be delivered in line with the individual treatment needs of prisoners.

Rule 105 Recreational and cultural activities shall be provided in all prisons for the benefit of the mental and physical health of prisoners.

Rule 91 The treatment of persons sentenced to imprisonment or a similar measure shall have as its purpose, so far as the length of the sentence permits, to establish in them the will to lead law-abiding and self-supporting lives after their release and to fit them to do so. The treatment shall be such as will encourage their self-respect and develop their sense of responsibility.

Rule 44 For the purpose of these rules, solitary confinement shall refer to the confinement of prisoners for 22 hours or more a day without meaningful human contact. Prolonged solitary confinement shall refer to solitary confinement for a time period in excess of 15 consecutive days.

"There needs to be a greater access to information about what the prison offers for you to be able to get out of your cell for more than just an hour, and then to walk in circles in an empty yard. People stuck in their cells who don't work can only find out about necessary services by asking unreliable staff first thing in the morning, and that is it. Without knowing how, it becomes impossible for many prisoners to access things like education, employment, even healthcare, and all of those things have ridiculous waiting list lists attached anyway... As it is, this place will not be an effective rehabilitation tool, it will only punish and release people more likely to reoffend than when they went in." Respondent, 2024 HMP Barlinnie pre-inspection survey

"I've been sentenced for three to four months and can't get a job no matter what I do. I've not had a report since I've been in and still can't get a job" Respondent, 2024 HMP Barlinnie pre-inspection survey

"I am constantly being told that I am on a waiting list for everything that I have to fill in a form to achieve it, whether it is concerning health, courses, education, jobs or activities in general" Respondent, 2024 HMP Barlinnie pre-inspection survey

“Exercise is not always an hour and you hardly get extra exercise or rec but other flats do. I completely understand it is jail, it is not going to be sunshine and roses, but little things help the prisoner more than you know.” Respondent, 2024 HMP Barlinnie pre-inspection survey

“Out of cell activities are not consistent. Work parties do not get exercise Monday to Friday, if we want this we need to go to part time.” Respondent, 2024 HMP Barlinnie pre-inspection survey

“Being locked up for 23 hours daily is really affecting every aspect of my life” Respondent, 2022 HMPYOI Polmont pre-inspection survey

“[There is] no attempt to rehabilitate. Locked up all day and forgotten about. When we are let out tensions are running high because we’re locked up all day every day” Respondent, 2022 HMPYOI Polmont pre-inspection survey

“The problem with this prison is the lack of time outside of cells. Most of us spend 21 to 22 hours locked in our cells. Recreation only last 45 minutes once a day, which is sometimes even cut short! Mental health issues are arising as a result of all this time locked away. Its inhumane!” 2024 HMP Grampian pre-inspection survey

“Being on protection in a mainstream section makes us be stuck in our cells 22 hours a day with no opportunity for a work party! Or in hall jobs! My mental health suffers badly plus all our physical health suffers by sitting down from 12 to 16 hours a day, that’s not including sleep – surely something can be done.” 2024 HMP Grampian pre-inspection survey

“The [progression] programme waiting list is so long you may do your whole sentence before you get on the programme. It also affects your parole if you’ve not done programmes, but it’s not your fault that the SPS is so far behind with programmes.” 2024 HMP Grampian pre-inspection survey

“[We] don’t have access to [progression] programmes here in Grampian, so when you have to do them you have to move to another jail and then you don’t get your in-person visits from family as it too far to travel.” 2024 HMP Grampian pre-inspection survey

Due in part to Scotland's significant prison overpopulation, several prisons remain in operation despite housing prisoners in accommodation with ancient infrastructure and in a poor state of repair, including HMP Barlinnie¹⁵, HMP Perth, HMP Inverness and HMP Greenock¹⁶. According to the European Court of Human Rights, violations of Art. 3 ECHR (prohibition of degrading and inhumane treatment or punishment) may arise not only by positive acts of ill treatment by State authorities over prisoners, but also through the imposition of degrading detention conditions, or through lack of action in the face of allegations of ill treatment between prisoners. For example, the situation of prisoners held in overcrowded, dilapidated prison facilities, with too little living space and insufficient privacy, has been considered a violation of Art. 3, despite the fact that authorities did not *intend* to humiliate the prisoners. In 2024, the CCPR expressed concern about the cumulative effects of chronic overcrowding, poor living conditions and the lack of purposeful regimes on prisoners, recommending that the State increase efforts to improve conditions of detention¹⁷.

SUPPLY REDUCTION

We recognise that there has already been discussion about strategies for reducing demand and recognise the successful initiatives that have already been implemented, including use of the Rapiscan and photocopying correspondence to reduce the ingress of illicit substances into prisons. Our view is that it is crucial to continue to examine the human impact of strategies to reduce supply, ensuring that human dignity is respected, and that the real impact of these strategies is not over-estimated at the expense of privacy and dignity. For example, the photocopying of correspondence, while limiting prisoner's right to privacy, on balance supports the right to life.

It is critical to continue to disrupt those involved in the organisation of drug supply through development and delivery of a strategy to minimise the corrosive effect on the good order of prison and the wellbeing of those who live or work in them.

¹⁵ HMIPS's most recent [inspection report on HMP Barlinnie](#), published on 8 April 2025, provides stark evidence of the issues caused by overpopulation in prisons that are no longer fit-for-purpose to meet prisoners' needs (p. 5, emphasis added):

*HMP Barlinnie dates back to 1882...[W]ith high narrow walkways and narrow steep flights of stairs in the main residential areas, which prisoners are expected to negotiate safely carrying trays of hot food, **the prison infrastructure represents a barrier to safety and acceptable living standards.** Our 2019 inspection report identified Letham Hall...which houses the National Top End, as being in a state of disrepair. Five years later, despite some refurbishment, it remained in a wretchedly poor state. Moreover there were only five accessible cells, which is inadequate for a population that is regularly over 1300, particularly when Scotland has an ageing and more infirm prison population. **The need for a replacement prison...HMP Glasgow therefore remains overwhelming and urgent.***

*The other deeply concerning factor was the unacceptable level of overcrowding...Unfortunately, at the time of our inspection it was more than 30% above its design capacity with **almost two thirds of prisoners having to share cells designed for one person.***

Overcrowding makes it harder to access basic entitlements, and the prison was not able to offer daily showers.** It also makes it harder for staff to build and retain positive relationships with new arrivals, and the additional daily transactional work in dealing with more prisoners than a prison is designed to accommodate can put a strain on services and relationships. That may in part explain the most worrying aspect of our pre-inspection survey, where **more than half (55%) of prisoners said they had witnessed staff members abusing, bullying, threatening, or assaulting another prisoner, and 42% reported that staff had abused, bullied, threatened, or assaulted them.

¹⁶ See [HMIPS Publications](#) for recent inspection reports, which describe major concerns around these prisons' infrastructure and state of repair.

¹⁷ See [CCPR Concluding observations on the eighth periodic report of the United Kingdom of Great Britain and Northern Ireland \(2024\)](#).

One concern we have in current practice is that in prisons with equipment¹⁸, which can detect illicit substances, negating the need for routine strip searching, prisoners are nonetheless routinely searched after being scanned by the equipment. We believe this may breach these individuals' rights to privacy as well as their dignity, and the impact of this is both reduced trust and sense of safety, as well as wasted time that could be put to better use. **We urge the Committee to recommend that up-to-date data be collected on the use of both scanning equipment and routine strip searching, including how often they are used concurrently, as well as clear, evidence-based guidelines on situations in which a strip search may be used in addition to scanning equipment.**

When considering investing sizeable capital resource into drone-proofing measures, **we also ask the Committee to consider the resources needed for demand reduction initiatives, including creating significantly more opportunities for rehabilitative, productive and meaningful activities for people living in Scotland's prisons.**

EXISTING REPORTS

A persistent concern of the UK NPM is recommendations being accepted in principle by the Scottish Government, but not implemented. Below we have listed just few of these reports:

- [Understanding Substance Use and the Wider Support Needs of Scotland's Prison Population](#) (2022; see Chapter 9: Recommendations, p. 44-47)
- [Joint review of diversion from prosecution](#) (2023)
- [Review...Recommend...Repeat... An assessment of where human rights have stalled in places of detention](#) (2024)
- Recommendations made in HMIPS inspection reports: [Publications | HMIPS](#).

DATA AND ANALYSIS

Finally, we would like to highlight the lack of detailed and up-to-date data on substance use in Scottish prisons¹⁹. Lack of meaningful data collection, analysis and publication is an issue across government, and one that must be addressed to enable data-driven decision-making in Scottish public services. Without data, we cannot know whether policies and initiatives are improving outcomes or having the desired impact in our society.

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. If such a set of data existed in Scotland, and included information relating to drugs use, drug finds and other relevant data, it would provide valuable information about safety in our prisons.

While our view is, for example, that demand factors for illicit substances include boredom, isolation, threat of violence and lack of safety in overcrowded prisons, there needs to be better data and analysis to validate these and all relevant views. What evidence-based correlations exist between issues in Scotland's seventeen prisons and substance misuse? We acknowledge that data collection requires additional administrative effort, but good data provides meaningful evidence of areas where more work is needed, and of what interventions are and are not having the intended results. **We suggest the Committee seek from duty**

¹⁸ Such as Rapiscan scanners.

¹⁹ As detailed in the 2022 report, [Understanding Substance Use and the Wider Support Needs of Scotland's Prison Population](#): "There is a lack of existing, up-to-date literature on the extent and nature of substance use in Scottish prisons. There are also significant deficiencies and variations in existing substance use and related health data collection, analysis, sharing, and storage leading to significant difficulties in mapping across Scotland's prisons. Consequently, there is no universal or meaningful body of data to give an accurate quantitative overview. Only with a more accurate and consistent gathering of substance use and associated health data will the quantitative data produced by prisons and other partners be valid and of potential use." (p. vii)

bearers robust evidence demonstrating the impact of their efforts, including through considered and well-designed data collection systems and regular analysis and publication of data.

CONCLUSION

Substance misuse in Scottish prisons is a significant and escalating issue which must be addressed urgently and holistically. The UK NPM and NPM Scotland Subgroup would be happy to support the inquiry with further evidence as needed. We hope to see recommendations that enable prisons to realise their potential as rehabilitative environments, and which are compliant with the UK's agreed international human rights obligations.

August 2025

[END]



Appendix A

Briefing: Human rights and the harm of substance misuse in prisons

3 July 2025

INTRODUCTION

This briefing provides a high-level overview of the human rights concerns that arise from, and can contribute to, substance misuse, and the trade and trafficking of drugs, in prisons. It outlines the key rights engaged in this issue, provides guidance taking a human rights-based approach, and outlines some key avenues of investigation for the Criminal Justice Committee's Inquiry into the harm caused by substance misuse in Scottish Prisons.

BACKGROUND

Substance misuse has wide-ranging impacts on individuals engaging in substance use, their families and friends, and the wider community. The production, trafficking and use of controlled substances can damage communities, undermine security and impede development²⁰. While prisons form part of their wider communities, they are also communities in and of themselves, and are therefore similarly negatively affected by drug trafficking and misuse. The consequences of substance misuse in prisons include increased violence, debt, self-harm, and deaths (from overdose or self-inflicted). Dealing effectively with substance misuse as a health issue is therefore a key part of ensuring compliance with ECHR articles 2 (right to life) and 3 (prohibition of torture and ill treatment).

While often conceived of as a supply problem, addressing demand for drugs and alcohol is as important as addressing the supply²¹. Monitoring findings clearly evidence that failure to address both supply and demand in prisons can lead to people developing substance misuse issues after arriving in prison – the opposite of a rehabilitative function. Prison health research from 2022 indicates that individuals in prisons are more likely to have a substance use problem than to not have one. The key drivers of demand inside prisons are poor regime, lack of time out of cell, frustration and boredom. Existing substance use disorders, addictions, and untreated mental ill health also contribute. Both supply and demand drivers must be effectively addressed if duty bearers are to tackle the challenge of substance misuse in Scottish prisons.

Treatment and support services for those with substance use issues whilst living in prison should be provided consistently across all prisons and on an equivalent basis to community-based services (Articles 2 & 3 ECHR, Article 12 ICESCR, Rule 24.1 UN Mandela Rules). Moreover, the UK has an obligation to provide continuity of care from the community into prison, following liberation, and across settings (e.g. from one prison to another) (Articles 2 & 3 ECHR, Article 12 ICESCR, Rule 24.2 UN Mandela Rules). These standards are a floor, or minimum standard of acceptable treatment, not a ceiling. Because individuals in prison are in the total care of the state, it is the obligation of the state to ensure these standards are met at the very minimum.

²⁰ <https://www.hr-dp.org/contents/205>

²¹ In [Mapping Drug Use: Literature Review 2022](#), Prof. Sara Armstrong highlights research findings “that ‘supply’ focused strategies were both ineffective on their own and inconsistently applied across the prison estate. The authors urged a ‘whole prison approach’ that involved in addition to tactics targeting supply, those targeting demand as well as provision of effective drug treatment, including harm reduction.” (p. 12).

Not all individuals who misuse substances will have a substance use disorder, but many will. According to the UN Office on Drugs and Crime, human rights issues faced by individuals with substance use disorders (SUDs) include acts of cruel, inhuman or degrading treatment or punishment, compulsory treatment and disproportionate prison sentences²².

SCOTTISH CONTEXT

Drug use is rife in Scotland's prisons and is currently dominated by a combination of Novel Psychoactive Substances, Cannabinoids and 'Street Benzos' (most commonly Etizolam), with consumption choices directed by what is available. In 2019, [SPS data](#) indicated that 41% of individuals had self-reported problematic drug use prior to entering prisons, and approximately one-third of individuals were classed as alcohol dependent upon entry to prison. SPS further reported more than 3,400 drug finds in prisons in 2022 (up from 2,475 in 2018), and that deaths caused by drug-related poisoning were five times higher in prisons than the general population in 2021. Drug-related deaths in Scottish prisons have been rising, from zero drug related deaths in 2015, reaching a peak of 13 individuals dying of drug-related causes in 2021, and remaining elevated: in 2024, 9 individuals' deaths were attributed to drug-related causes. HMIPS has reflected in recent inspection reports that numbers of drug-related deaths are deeply concerning and that a new approach is needed. The NPM deems the number of deaths in Scottish prisons as unacceptable.

To combat demand, the [Scottish Prison Rules](#) were amended in 2021 to give SPS the power to photocopy correspondence to reduce the risk of illicit substances entering prisons via contaminated paper (Rule 55). This measure restricts individuals' right to respect for private and family life, home and correspondence (Article 8 ECHR), but the restriction is proportionate to the resulting impact on the state's positive duty to protect individuals' right to life (Article 2 ECHR). While this measure has been generally seen as successful in reducing the supply of illicit substances, the increasing use of drones to deliver large quantities of drugs has reportedly been reversing the positive effects of this new rule in reducing drug supply in prisons²³.

Under the Scottish Prison Rules, possession or consumption of prohibited substances (including drugs or alcohol) constitutes a breach of discipline (Schedule 1), for which a person may be punished (Rule 114), following a disciplinary hearing. This punitive approach to substance misuse is inconsistent with a public health approach to substance use, particularly when support is not offered to address underlying support needs (including mental and physical health)²⁴.

Scottish NPM bodies' findings show that there are significant deficiencies in existing substance use and related health data collection, analysis, sharing and storage, resulting in no universal or meaningful body of data to give an accurate overview of substance use among Scotland's prison population. Without reliable, up-to-date information, it is not possible to recognise emerging trends, benchmark current figures against historical data²⁵,

²² [UNODC and Human Rights - Drugs](#)

²³ For example, management, staff and prisoners reported to HMIPS in their [2023 inspection of HMP Perth](#) concerns about prisoner use of illicit substances delivered via drones, saying drones were "clearly reversing" the supply reduction of the new photocopying rules. HMIPS recommended that "SPS HQ should install the drone tracker systems in all prisons." (Recommendation 42) in their [Report on HMP Barlinnie Full Inspection 2024](#).

²⁴ See e.g. [Tackling Drug Misuse in Prisons – Gov.uk](#), [Harm reduction: a public health approach to prison drug use - PubMed](#)

²⁵ See for example, [Prison population: substance use and wider support needs - gov.scot](#) (2022), which highlighted "significant deficiencies in existing substance use and related health data collection, analysis, sharing and storage leading to significant variations across Scotland's prisons, resulting in no universal or meaningful body of data to give an accurate overview of substance use among Scotland's prison population. Only with a more accurate and consistent gathering of substance use and associated health data will the quantitative data produced by prisons be usable and valid."

make data-informed decisions, or interrogate the data to uncover meaningful insights which could lead to effective policy interventions.

Substance use patterns in prisons differ to those in the general community, due to differences in supply. As such, treatment and prevention approaches must be tailored accordingly. The quality of partnerships between the SPS, NHS boards and third sector partners has a direct impact on treatment outcomes. In Scotland, these relationships vary by prison, with some excellent practices and some less effective ones witnessed through inspections by NPM bodies.

Challenges in treatment found in inspections include:

- limited treatment options and delays in accessing prescriptions, creating significant challenges around detoxification
- limited autonomy in treatment and support choices is limited and often those with lived experience didn't seek support for fear of punishment
- lack of recommended prescription treatments for those experiencing harm and/or dependence as a result of NPS usage, which is currently dominating prison substance use culture. Consequently, there is a perception amongst those in prison that no treatments are available for those who use NPS, resulting in a culture of silence and an avoidance of disclosing substance use
- transitions into and out of prison are key junctures where access to treatment and prescriptions can be interrupted, resulting in unmet needs.

The Committee will be aware that several reviews and research reports have been conducted looking into substance use in Scotland's prisons. However, publicly available evidence of coordinated efforts to track and communicate efforts and outcomes is limited. We encourage the Committee to put robust scrutiny to duty bearers to hold to account this issue.

STIGMA

Language use can promote or reduce stigma and is therefore important to consider when discussing substance use. Research findings show that the use of condemnatory terminology, such as "addict" (or, even more pejoratively, "junkie") can perpetuate stigma as it "is associated with implicative cognition biases against the human dignity of persons with substance use problems"²⁶. Stigmatising language can also influence care and duty-bearers perceptions of individuals. Instead, person-first language is recommended to reduce stigma by emphasising the person, not the condition (e.g. "a person who uses drugs" or "a person with a substance use condition")²⁷.

²⁶ [Human Rights, Stigma, and Substance Use - PMC, https://linkinghub.elsevier.com/retrieve/pii/S0955395909001546](https://linkinghub.elsevier.com/retrieve/pii/S0955395909001546)

²⁷ Ibid.

QUESTIONS TO CONSIDER WHEN EXAMINING WITNESSES

We would urge the Committee to consider the following questions as part of the inquiry:

- In 2023, a joint review on diversion from prosecution highlighted that “Many accused persons require support for mental health, substance use or other issues and diversion from prosecution offers an opportunity for that support to be provided swiftly. Early intervention can help address the underlying causes of offending, avoid the person being drawn further into the criminal justice system and reduce or prevent further offending, to the benefit of the person, victims and communities.”¹ What progress has been made on the recommendations from the joint review¹?
- What is the status of the recommendations made in the [Prison population: substance use and wider support needs](#) report?
- What progress has been made on the decriminalisation of drug use? What alternatives have been considered if this does not occur at the national level?
- How are the views of individuals living in prisons with lived experience of substance misuse gathered and considered? Is this being done often enough? What do people with lived experience say about the current strategies being used to reduce the demand and supply of illicit substances? Are their views being used to shape and improve strategies?
- How are potentially vulnerable individuals in prisons affected by high levels of substance misuse in prisons, including coercion to participate in the use, trafficking and/or trade of substances?
- How effective is continuity of care once an individual is released from prison? Is adequate relevant data being collected and tracked? Are there benchmarks from which to compare changes in outcomes?
- Can FAI determinations provide more relevant insights and information, including consideration of the wider circumstances of individuals who have died in prison custody of drug-related causes, such as mental and physical health problems?
- What options is SPS considering to provide safer, drug-free environments for individuals in prison? Many prisons in England have established “incentivised drug-free units”. While their effectiveness is mixed, to what extent has this been piloted in Scotland?
- The UK’s first Safer Drug Consumption Facility, The Thistle, opened in Glasgow in early 2025. What is being done to promote harm reduction through safer consumption in prisons?
- What data exists that tracks the state of substance misuse in prisons, including number of individuals experiencing issues with drug or alcohol use at arrival, release and during prison custody, number of drug finds, drug-related emergency health interventions and ambulance call outs, etc. Is the data adequate, in that it provides useful insights and can track improvements? Is the data being consistently captured, analysed, interrogated, published and acted upon? If not, what is being done to remedy this?
- Who is responsible for collecting, analysing and sharing comprehensive data on substance misuse in prisons? Upon release? Who is responsible for addressing issues identified in these analyses and measuring the result? Is that work being done to an acceptable standard?
- How are obligations to provide equivalence of care and continuity of care measured and tracked? How are we doing in fulfilling these obligations?

HUMAN RIGHTS

Many human rights are engaged when considering the harms caused by substance misuse in prisons. At the outset, the protection and promotion of the inherent dignity of all persons is often compromised in the context of substance misuse.

Charter of Rights for People Affected by Substance Use

The Charter of Rights for People Affected by Substance Use was published in 2024 by the National Collaborative²⁸, and highlighted seven key rights which are engaged with regards to substance use:

1. The right to life (Article 2 ECHR)
2. The right to the highest attainable standard of physical and mental health (Article 12 ICESCR)
3. The right to an adequate standard of living (Article 11 ICESCR)
4. The right to respect for your private and family life (Article 8 ECHR)
5. The right to a healthy environment (UN Human Rights Council resolution 48/13)
6. The right to be free from torture and other cruel, inhuman or degrading treatment (Article 3 ECHR)
7. The right to be free from arbitrary arrest or detention (Article 9 ICCPR, Article 5 ECHR)

Substance use disorders are not considered a disability in Scotland, however there is a growing discourse about the inclusion of SUDs into the disability framework, with identified benefits and potential drawbacks²⁹. WHO's ICD-11 classifies SUDs as "Mental, behavioural and neurodevelopmental disorder[s]"³⁰ and the AMA's DSM-5, the Statistical Manual on Mental Disorders, also includes Substance-Related and Addictive Disorders under its umbrella³¹, both recognising SUDs as mental health conditions, with concomitant impairment. Moreover, in some cases, illicit substances are used by individuals in prison to cope with disabilities, such as physical impairments, learning disabilities or mental health disorders. The importance of considering the rights of people with disabilities is therefore relevant to this inquiry.

According to the UN Office of Drugs and Crime, "The right to health is relevant for the protection of individuals from the negative effects associated with controlled drugs, the provision of preventive and treatment services, and guaranteeing health care for detainees and prisoners"³². Treatment measures must also take into consideration individuals' rights and inherent dignity by respecting the need for consent to treatment, privacy and confidentiality, and ensuring that standards of care for substance use conditions are equivalent to those enjoyed by patients affected by other diseases.³³

CONCLUSION

This briefing was prepared to provide supporting information for the Criminal Justice Committee's Inquiry into the harm caused by substance misuse in Scottish Prisons. In addition to this briefing, the Scotland Subgroup of the UK National Preventive Mechanism intends to make a full submission in August 2025.

²⁸ [Charter of Rights for People Affected by Substance Use - Health and Social Care Alliance Scotland](#)

²⁹ <https://www.hr-dp.org/contents/205>

³⁰ [ICD-11 for Mortality and Morbidity Statistics - WHO](#)

³¹ [Diagnostic and Statistical Manual of Mental Disorders | Psychiatry Online](#)

³² [UNODC and Human Rights - Drugs](#)

³³ [UNODC and Human Rights - Drugs](#)