SCOTTISH PRISON SERVICE

Alcohol & Drug Recovery Strategy

2024-2034

Ensuring people in our care have access to appropriate support to achieve positive outcomes in their lives.

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Chief Executive's Foreword

Issues associated with harmful alcohol and drug related substance use is a significant challenge across our establishments, none more so than the impact it has on the lives, health and wellbeing of those in our care. It also jeopardises the safety and stability of the environments people are living and working in making it more challenging for people to recover.

I am proud of this Strategy which sets out our deep commitment to addressing the complex and pervasive issue of substance use within our establishments. To do this, we need to take a holistic approach, working with partners to create environments free from stigma and discrimination, that brings together prevention, treatment and ongoing support. By doing so, we can foster environments where individuals can break the cycle of substance use and reoffending and ultimately contribute to safer communities both inside and outside of our establishments.

We know many individuals in our care have experienced trauma in their lives, which often leads to substance use. As an organisation we are embedding trauma informed practice across all our Strategies, and I am pleased to see it feature here. By adopting a trauma-informed approach, we will ensure our interventions are sensitive to these experiences, promoting health and resilience through dignity and respect.

Our Strategy has been shaped through extensive collaboration across a range of partners and importantly the user voice. I am grateful to all of those who have contributed. By doing so, it allows us to take a multifaceted approach which can only benefit those we support. We recognise that those directly affected by substance use – as well as those indirectly affected, such as friends and family members – have invaluable insights, and I am confident we will listen and act on those through this Strategy and its implementation by being empathetic and responsive to real needs.

As we move forward implementing this Strategy, we will face many challenges but by working in partnership and prioritising the whole person, I am confident we will be able to support those in our care to change and build a foundation for a healthier and more productive future.

Teresa Medhurst

Chief Executive, Scottish Prison Service

Purpose

The Scottish Prison Service (SPS) Alcohol & Drug Recovery Strategy provides a framework for improving outcomes for those living in prison through the prevention and reduction of alcohol and drug related harm to inspire positive change.

The strategy explains how SPS will work with people with lived/living experience, partners in NHS Scotland, local authorities, third sector and voluntary agencies, to achieve our vision.

Vision

The purpose of the Alcohol & Drug Recovery Strategy is to ensure that people in our care have access to appropriate support to achieve positive outcomes in their lives, whether this be to improve their health and wellbeing, employment opportunities or relationships with family members, reduce their involvement in the criminal justice system, to stop or reduce their use of illicit substances.

The strategy aims to:

- Support people to make changes to their lives which will benefit their health and wellbeing.
- Contribute to a human rights-based approach by ensuring that people, for whom their use of alcohol and drugs is a problem for them, are identified and have access to a range of interventions, services, and support similar to those delivered in a community setting.
- Implement and embed a trauma-informed response across establishments.
- Continue to develop, in association with partners, staff training that reflects the latest understandings in the links between substance use, trauma, offending and recovery.
- Work with partners to reduce the supply and demand of illicit substances and limit associated harm within our custodial environment and communities.
- Contribute to a reduction in reoffending by establishing a co-ordinated approach to care planning with community-based services to ensure continuity of appropriate health, mental health, alcohol and drug support provision upon entry into custody and on liberation.
- Contribute to reducing the number of drug related deaths.
- Contribute to reducing the number of alcohol related deaths.

Supporting the vision

The following model offers a basis for considering the elements that support people to build positive relationships which can form the basis of sustained recovery. This aligns with SPS's vision to become a trauma informed organisation underpinned by the core values of trust, empowerment, collaboration, choice and safety with a recognition that relationships are central to all the work that we do.

Connectedness	Hope and Optimism	Identity	Meaning	Empowerment
• Peer support and social groups • Relationships • Support from others • Community	• Belief in recovery • Motivation to change • Hope-inspiring relationships • Positive thinking and valuing effort • Having dreams and aspirations	• Rebuilding a positive sense of identity • Overcoming stigma	• Meaning in mental health experience • Meaningful life and social roles • Meaningful life and social goals	• Personal responsibility • Control over own life • Focusing upon strengths

Leamy et al. 2011

The CHIME Framework for personal recovery covers five components of effective recovery-orientated services and interventions.

There are overlaps with findings from the desistance research. Recovery and desistance are different for each individual and are typically gradual, non-linear, and multidimensional processes. Both research areas highlight the importance of social context and connections. Recovery from alcohol and/or drug use very much increases the likelihood of a reduction or elimination of offending behaviour.

Principles and values

This strategy reinforces our commitment to putting a person-centred, public health approach at the centre of service design, delivery, and improvement to ensure that people in our care have access to appropriate support to achieve positive outcomes in their lives.

The values and principles embedded throughout this strategy are intended to guide policy and practice:

- Belief that people can and do recover.
- Everyone has the right to be treated with dignity and respect and for their individual recovery journey to be fully supported.
- Individuals are involved and supported to make changes to their lives which will benefit their health and wellbeing.

The Scottish Prison Service takes a rights-based approach to the management of people in its custody. This rights-based approach encompasses the requirement to meet statutory obligations in meeting human rights and equalities legislation and ensuring that people in custody are sufficiently informed of what their rights are and are empowered to claim them.

We aim to achieve this dual aim through the development of strategy and policy which is based on international human rights standards as well as national human rights and

equalities legislation.

The strategy provides an overall corporate position for protecting the health-based rights of people in our custody, but it is the responsibility of establishments to develop local action plans which are reflective of and sensitive to the health and wellbeing needs and circumstances of their populations and that ensure equitable access to those with protected characteristics.

Introduction

The strategy provides an overview of the national policy drivers that underpin the future direction, recommendations, and aspirations over the next ten years. For the purposes of this strategy, where the term "substance use" is used this relates to both alcohol and drug related problems.

The strategy will enable the Scottish Prison Service (SPS) to maximise its contribution towards the Scottish Government's Vision for Justice in Scotland (2022) which recognises the need for person-centred and trauma-informed approaches to care delivery. This strategy reinforces our commitment to putting a human rights-based, public health approach at the centre of service design, delivery, and improvement to reduce harms and deaths linked to alcohol and drug use.

Evidence shows that providing effective treatment and recovery opportunities, combined with other behavioural and purposeful activity, has the potential to reduce the likelihood of further reoffending as well as to contribute to a reduction in health inequalities. As a public body SPS has a duty to uphold the European Convention on Human Rights (ECHR), in UK law by way of the Human Rights Act (1998), and the Equality Act (2010). SPS will promote the health, safety and wellbeing of all people who live within our prisons.

In addition, international human rights standards on the treatment of people in prison (namely Rule 2, 24 & 25, of the Nelson Mandela Rules and Rules 1, 10 and 15 of the Bangkok Rules) affirm that healthcare services in prisons, in Scotland delivered by NHS Boards, must be non-discriminatory, must promote and improve the physical and mental health of people in prison, must be offered at the same level as that provided in the community and should be provided in close cooperation with community health services to ensure continuity of care.

It can be difficult to define what "recovery" from alcohol and drug problems means as every individual has their own interpretation and vision of what is important to them in their recovery journey. It is therefore imperative that individuals and their families are involved in decisions which affect them and that services work collaboratively to provide the right support at the right time. Everyone has the right to be treated with compassion and kindness. Genuinely believing that people can and do recover is fundamental to delivering positive outcomes.

In developing this strategy, we consulted with those in our care, staff groups and external partners to understand their experiences to help inform and shape how we deliver outcomes within SPS. The evidence gathered from this consultation has directly led to a focus on the four key strands of the Alcohol & Drug Recovery Strategy.

This strategy is based on a whole person approach to health and wellbeing taking into account the trauma and adversities those in our care are likely to have experienced. This involves helping and empowering individuals to improve their health in multiple interconnected areas, such as biological, social, and environmental areas. Whole person health focuses on restoring health, promoting resilience, and preventing diseases across a lifespan; therefore, all population and demographics are supported.

The strategy thereby applies across our whole population, however local implementation and approaches will take cognisance of specific population needs including gender and age of those in our care. Throughout this strategy we have chosen to use 'people-first' language which emphasises the individuality, equality, and dignity of people rather than defining people primarily by a problem or issue. SPS want to emphasise the importance of language in helping to challenge and reduce the pervasive stigma that is still attached to being a person who experiences or who has experienced problems with substances.

Background and context

For many people in our care problematic substance use will pre-date their imprisonment and can be influenced by factors such as experiences of trauma, poor mental health, and social and economic exclusion. In the SPS Prison Survey 2019, 41% self-reported that they engaged in problematic drug use prior to imprisonment; 45% had been under the influence of drugs, and 40% reported being drunk at the time of their offence.

The survey, which asked questions about alcohol use prior to going to prison, 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. There therefore needs to be more emphasis on raising awareness of the harmful impact of alcohol and support available to those in our care.

The Prison Health Needs Assessment highlighted that there is a significantly lower level of data available relating to alcohol consumption within prisons and concerns around illicit alcohol production, due to unknown ingredients and potential for other substances being added, raising concerns around the impact on health and other associated risks.

The needs assessment found that the nature of drug use within Scottish prisons has changed dramatically. Where previously this would have been opiates orientated, it is currently dominated by a combination of novel psychoactive substances, cannabinoids and 'street

benzos', most commonly Bromazolam and Etizolam, however other designer benzodiazepines may emerge in the market. The nitazene family of opioid drugs such as metonitazene, etonitazene, protonitazene, and isotonitazene, which are more potent than fentanyl, are already in circulation in our communities and have recently emerged within the prison estate in Scotland. Following the initiation of mail photocopying procedures at SPS, introduction and circulation methods have started to shift. There is a decrease in detections of synthetic cannabinoids and benzodiazepines in infused papers and cards and an increase in powders, tablets, and personal items, for example clothing, suspected to contain illicit substances. Ongoing vigilance is required to identify any changes and mitigate for them in the future.

In partnership with stakeholders, SPS provides data to help inform and contribute to the National Drugs Early Warning System (managed by Public Health Scotland) to allow for the rapid and targeted deployment of interventions to prevent and reduce the risk of drug-related harm. This collaborative approach helps to inform effective supply and harm reduction strategies both locally and nationally. SPS will continue to work with Alcohol & Drug Partnerships and, where possible, be involved in discussions around local commissioning of services and sharing information to improve the health and wellbeing of those in our care.

A literature review undertaken in 2022 looked at the prevalence and patterns of substance use in prisons based on the latest data available using systematic review techniques, however percentages should be treated with caution due to the lack of up-to-date and systematic statistical data and information available for the period 2020-2021.

Substance use in prisons is connected to psychological dependency and emotional regulation that some people use to cope with pre-existing trauma and the additional trauma of entering and adjusting to living in prison.

This strategy takes cognisance of the following national strategies and reports:

- Rights, Respect and Recovery (2018)
- Alcohol Framework: Preventing Harm (2018)
- National Mission (2021-2026)
- Medication Assisted Treatment (MAT) Standards
- Changing Lives Report (2022)
- Understanding Substance Use and the Wider Support Needs of Scotland's Prison Population (2022)

The overriding aims and objectives of the strategy focus on embedding a public health approach to improving outcomes, preventing harm both to self and others, reducing inequalities and addressing stigma and discrimination. There is an emphasis on breaking down barriers through effective partnership and collaboration across services and organisations that streamline support and interventions.

These are further underpinned by the need to support families, communities and society as a whole and to recognise the key role that they all have in building recovery capital. There is also a central focus on actions aimed at protecting young people from the short and longer-term harm from alcohol and drugs. Drug use is more common among younger people than older age groups, decreasing with age, however it is older (but still young) age groups, particularly 35-45 year olds who are experiencing the most harms, with considerably higher rates of both hospital stays and deaths.

The Medication Assisted Treatment (MAT) Standards, provide a framework to ensure that a rights-based approach is taken by all services and organisations responsible for the delivery of care to support people with alcohol and drug problems. The term MAT is used to refer to the use of medication such as opioids, together with any psychological and social support, in the treatment and care of people who experience problems with their drug use. The Standards bring together and streamline existing legislation in the UK into ten standards.

The Scottish Drug Deaths Taskforce (DDTF) was established by Scottish Ministers in 2019 to drive action to improve the health and wellbeing outcomes for people who use drugs in order to reduce the risk of harm and death. The DDTF recognises the challenges Scotland faces from high-risk patterns of drug use, a high-risk cohort of vulnerable people, stigma as a barrier to treatment and concentrated social and economic deprivation. The DDTF Changing Lives Report identifies six evidence-based strategies to reduce drug related deaths which include the targeted distribution of Naloxone, targeting people most at risk as well as implementing MAT standards.

Evidence and data

SPS currently have a range of data sources which help to inform and influence operational and strategic planning and delivery of services. A five-year Delivery Plan & Implementation Guide will be developed which will contain an Outcomes Framework detailing the measures and data sources we will use to monitor progress against key priority areas. We have included an example of these in Annex B on page 21 within this document.

When implementing this strategy, we will review how we capture experiential data as part of our commitment to continuously improve, co-produce and develop our services. This will enable evaluation and review to take place on our progress and will include individual establishments leading on local delivery and reporting.

In relation to prevalence, findings show that a high number of people have drugs in their system on admission to and liberation from prison. Between 40-75% reported a drug problem or tested positive for illegal substances on entering prison with nearly 40% reporting using illegal drugs while in prison. Most people (83%) change their drug use whilst in prison, this includes decreased use (44%) and switching substances (22%). Slightly more than one in

ten started using illegal drugs in prison. This suggested the need to target and personalise support before and after liberation.

Those in our care can experience substantially poorer health than the general population, with many experiencing high levels of mental health problems, adverse childhood experiences, trauma and learning difficulties. Imprisonment can weaken social and familial networks, increase stigma causing potential barriers to future employability and housing stability.

The impact of substance use on the health and wellbeing of those in our care has been a long-standing challenge for the Scottish Prison Service. Research indicates that individuals in prisons are more likely to have a substance use problem than to not have one. Alcohol and drug use contributes to violence, crime, bullying and vulnerability within prisons which causes disruption and threatens the safety of other people living there, prison officers and healthcare staff, creating complex challenges around maintaining safety and security.

Many people with substance use problems will choose not to seek help from treatment services whilst in prison. However, where treatment is initiated, it can act as a protective factor and therefore encourage access to and agreement with a preferred treatment approach that can have positive impacts both within the custodial environment and on transition into the community.

This Strategy reflects the recommendations in Prison Population Health Needs Assessment *"that a shift in our starting premise that substance use in prisons is an integral part of a coping mechanism to a range of complex issues (notwithstanding that it causes a range of problems) and requires both psychosocial and medical interventions."* In addition, this Strategy is aligned with the SPS Mental Health Strategy to provide an integrated approach to substance use and mental health.

In 2021, there were 1,245 alcohol-specific deaths in Scotland, an increase of 5% on 2020. Of these deaths, 67% were male (836) and 33% were female (409). Alcohol-specific deaths were 5.6 times more likely in the most deprived areas of Scotland compared to the least deprived areas. This compares to a ratio of 1.9 times for all causes of death. The 2021 data provides a baseline to highlight that equal importance should be given to reducing the harms and deaths associated with alcohol and drug use.

Drug related deaths in prison have increased in recent years. Opioids remain the substance associated with the most drug-related deaths in Scottish prisons and for those who have been recently liberated. The SPS recognises its role in reducing harm and developing proactive approaches to support those in our care and community partners to take positive action to reduce drug related deaths. As part of this, since 2011 all Scottish prisons have offered naloxone kits upon release with 1,240 Take Home Naloxone (THN) kits issued in 2020/2021, an increase of 24% from 2019/2020 (1,002 THN kits).

Policy drivers and context

Drug use and supply remain intrinsic to living in prison, both in terms of how some people choose to cope within the prison environment and their status within the prison community. The choice of substance consumed depends on what drugs are available rather than by what someone might have used in the community. Often, as we have seen with cannabinoid use such as Spice, drugs consumed within the custodial setting have little, or limited, appeal in the wider community.

Reducing availability and supply of substances

Drug Recoveries	2018	2019	2020	2021	2022
Found	613	494	525	676	439
In mail	574	729	2378	3637	1022
Medication	262	276	219	229	363
On visitor	92	64	24	24	83
Perimeter wall	1	78	137	161	182
Possession	660	625	402	430	278
Prisoner's property	NIL	52	408	683	691
Recovery	181	237	385	333	179
Search	92	52	94	180	178

In relation to the above statistics please note that how the 'Incident categories' are defined has evolved over the past 5 years.

Source: SPS internal data

During 2017 and 2018, SPS began working collaboratively with University of Dundee who agreed to provide characterisation of Psychoactive Substances (PS) compounds recovered in prisons and to be responsive to the emergence of new substances identified by national and international drug early warning systems, with the aim of providing valuable data to both SPS and partners agencies.

In 2019 SPS commenced a trial of Rapiscan machines, with every establishment now operating this detection equipment, leading to a collaboration between Dundee University and Rapiscan Ltd; which has resulted in all itemisers being updated where new variants are identified.

Within the past 5 years, SPS has noted an increase in suspected Psychoactive Substances (PS), also referred to as synthetic cannabinoids or Spice, across the estate, with PS being the most commonly detected suspected drug recovered in 2020 – 2022.

Along with PS, Benzodiazepines i.e. Etizolam and Bromazolam have been rising in prevalence. These have predominately been detections within infused paper and card. In September 2020 a new Etizolam substance emerged in the form of blotting tabs, a similar method previously linked to LSD use.

Benzodiazepines have been identified as the main suspected contributor to the number of emergency escorts and suspected drug related deaths, due to the likelihood of overdose when taken with other substances (referred to as poly-substance use). Samples tested indicate they can also contain other drugs mixed with PS and/or opioids.

SPS brought forward amendments to add PS (within the meaning of section 2 of the Psychoactive Substances Act 2016) to the list of prohibited articles in the Prison and Young Offenders (Scotland) Rules 2011 (Prison Rules). This provides Governors with powers that will enable them to mitigate against the risk of illicit substances being introduced through general correspondence sent to people via the prison mail system. Prison staff have powers that allow them to photocopy people's general correspondence; provide the prisoner with a photocopy; and retain the original correspondence for return to the person upon their release.

This has resulted in tablets and powders of benzodiazepines increasing. There has been a significant increase in reports of drones being used for drug introduction and recoveries to date suggest that significant amounts of contraband can be introduced at one time using this method. However, the scope of this problem is not yet known, and work is currently ongoing to determine the real extent of this issue.

Understanding and responding to the ever-changing drug trend market can be challenging however working with partners and sharing information helps to inform our strategies which aim to reduce supply and increase harm-reduction initiatives across SPS.

The prevalence of 'traditional' drugs (Cocaine, Heroin, and Cannabis) and prescription medications has been increasing since the photocopying of mail was introduced and it is likely due to a return to more traditional drug introduction routes, such as continued perimeter throw overs and passes at visits.

Deaths in Custody 2012-2021

The NRS reported in 2021 that there were 1,330 drug misuse deaths registered in Scotland. This was a decrease of 1% (9 deaths) compared with 2020. It is the second highest drug misuse deaths figure on record. There were more than five times as many deaths in 2021 compared with 1996. The majority of these deaths occurred in the 35-54 year age group that is also overrepresented in the prison population. Of all drug misuse deaths in 2021, 84%

involved opiates or opioids (such as heroin, morphine and methadone) and 69% involved benzodiazepines (such as diazepam and Etizolam).

Cause of death	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Poisoning	1	2	2	0	2	4	7	4	7	14

It is particularly important to note that the deaths analysed here as being drug-related have been assigned as poisonings in the ICD-10 coding (drug-related) where any drugs were mentioned in the cause of death, even if not listed as the primary cause. This has been done under the supposition that access to drugs may have exacerbated any pre-existing health condition also listed, may have contributed to the death and are therefore a necessary risk factor to examine.

Deaths in custody recorded as being drug-related or overdose have been coded as poisonings under ICD-10 and compared to the poisonings category in the population data. However, this ICD-10 category includes only unintentional deaths by poisoning in the population data; intentional overdoses are logged under intentional self-harm for all of Scotland.

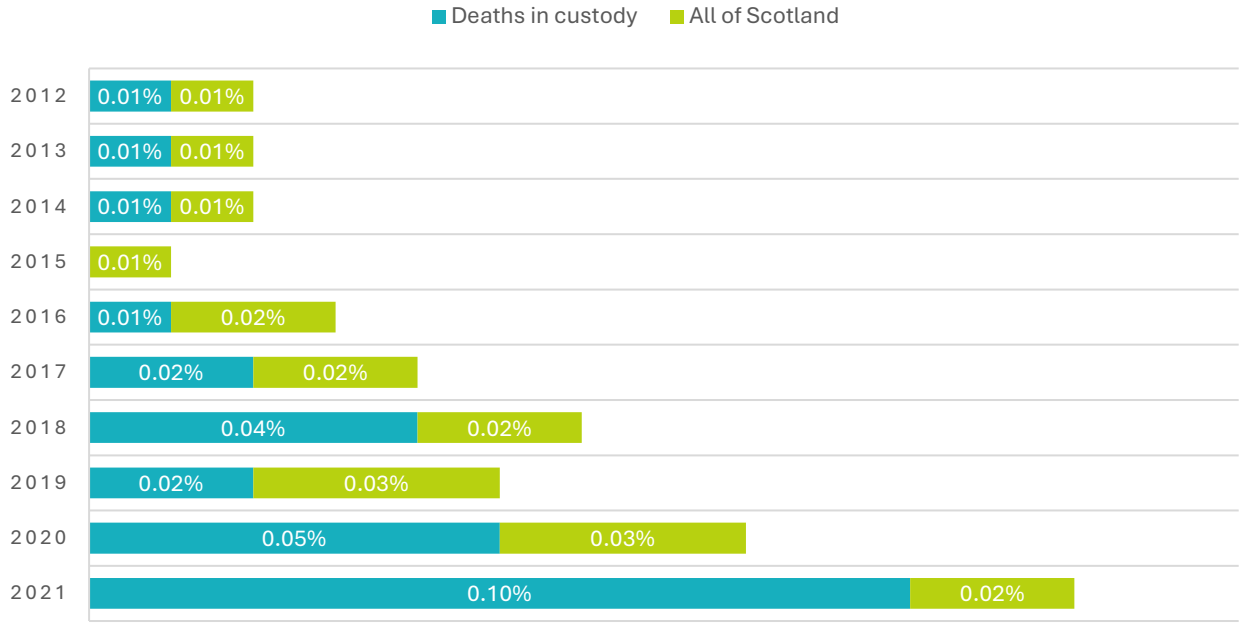
For deaths in custody data, it is not possible to know whether any given drug-related death was intentional. Consequently, the comparison between those who died in custody and those who died in the wider population may not be entirely comparing like with like.

As is practice, the precise cause of any death in custody will be determined through Toxicology and Post-mortem reports which are included in the Fatal Accident Inquiry (FAI) process.

Deaths in Custody with a cause of 'Poisoning' by age group, 2012-2021

		Year										
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total
Age	18-24	-	-	-	-	-	-	1	-	1	-	**2**
	25-34	-	1	1	-	1	2	1	2	3	4	**15**
	35-44	-	1	-	-	-	-	3	1	3	4	**12**
	45-54	1	-	1	-	1	2	2	1	-	5	**13**
	55-64	-	-	-	-	-	-	-	-	-	1	**1**
	Total	**1**	**2**	**2**	**0**	**2**	**4**	**7**	**4**	**7**	**14**	**43**

Rates of deaths recorded as poisonings for those in custody and the general population, 2012-2021

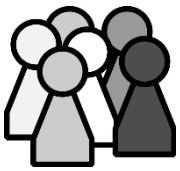


Key priorities

From the evidence available and in response to the national direction, the priorities for SPS are detailed below:

Implement the MAT standards: To support and work collaboratively with key partners to implement the MAT Standards consistently and fully across all prisons. This should include being evidenced through detailed consultation work with all key sub-groups of Scotland's prison population (i.e., men/women (as well as transgender men and women), young people and sentenced/remand populations).

Develop recovery pathways: Structured pathways for supporting individuals with problem alcohol and drug use throughout their justice journey, making full use of critical intervention points and ensuring people leave the justice system better supported and in better health than when they arrive.



Tackle stigma to reduce health inequalities: Prison should be viewed as a unique opportunity to address the health inequalities commonly experienced by those living in prison. A prevention-first approach should be adopted with partners to ensure integrated and coordinated support is available for those with complex needs.

Lived/living experience: People with lived/living experience of problem substance use must be involved in the co-production and co-development of services which affect them. It is critical to providing the support they need and that barriers to their recovery are removed. The knowledge and skills of those with lived experience should be utilised to their full potential.

Being able to initiate and sustain recovery involves people being able to grow recovery capital which supports them through their recovery journey with the three main domains being personal capital (qualities such as self-esteem and resilience), social capital (based on networks and supports that the person can draw on) and community capital (referring to the resources from the local community that can be accessed such as reasonable housing, training and employment opportunities).

Enablers to success

Workforce development and support

Providing the required training and support to ensure that our workforce have the appropriate skills, knowledge and experience to embed learning and facilitate reflective practice.

We need to ensure that our workforce have the appropriate skills, knowledge and experience as well as access to training and ongoing support to embed learning and facilitate reflective practice. A framework of recommended training resources will be made available however consideration will be given to ensure sufficient workforce capacity, resources and investment for establishments is made available to support this organisation-wide approach.

Training in Overdose Prevention and Naloxone (Nyxoid) has been adapted by SDF to suit the needs of SPS and is now available to all operational staff. Recruits to the Officer Foundation Programme (OFP) and Residential Officer Foundation Programme (ROFP) all receive a training session on substance use in a prison context on top of the naloxone training, while SPS College can also support establishment-based staff and deliver training on substance use, trauma and recovery at a local level.

We are committed to training all staff in trauma informed practice and have already commenced with the roll out of the Scottish Trauma Informed Leaders Training (STILT) to all senior managers and executives which will inform corporate planning and development of our trauma framework.

Training and development opportunities are also available to prison officers, which enable them to support those in custody with problematic alcohol and drug use, and achieve their recovery goals.

Communication and engagement

Ensuring that all those who have a role in the strategy understand its rationale and their role in realising its intentions. Including those in our care as part of the local planning process.

This is being supported by the deployment of dedicated Recovery Officers and Support & Wellbeing Officers across all establishments as well as our local Learning & Development Managers. Training for this group of staff will be supported by SPS colleagues as well as external partner agencies such as Scottish Drugs Forum (SDF) and Scottish Recovery Consortium (SRC)

We consulted with those in our care and some of the key themes have been included throughout the strategy. The delivery plan will contain a link to the full report. This emphasises that a more compassionate and understanding approach to substance use could help shift the focus from blame to solutions, promoting better health outcomes for those who are struggling with substance use problems.

Our approach

1. Create an environment that minimises the damaging effects of stigma and discrimination

The language we use when speaking about or referring to someone who uses drugs, including alcohol, can have an impact on how the person views themselves as well as how others may view them. Instead of using language that condemns or implies someone has moral flaws based on their substance use, we should adopt and encourage the use of non-judgemental, respectful "people first" language.

The stigmatisation of people who have a substance use problem, people in recovery from problem drug use and families of those affected by drug use has been increasingly recognised. Stigma can delay engagement with treatment and the stigmatised nature of treatment impacts on people so as to reduce the positive impacts of treatment which contributes to drug-related deaths.

The Scottish Drugs Forum (2020) published a glossary of contested terms which helps to explain the nature of contention around some of the terms used in the alcohol and drug field and how language can result from and perpetuate stigma.

The language we have used in this strategy conforms wherever possible to the Global Commission on Drugs Policy 2017 and guidelines to help combat stigma and is aligned to the Scottish Government's alcohol and drug strategy, Rights, Respect & Recovery. In November 2021 Scottish Government published the Stigma Charter asking organisations to show commitment to creating a stigma-free Scotland by following the principles of the Charter.

As part of our commitment to tackle social stigma, language and images that are stigmatising will be challenged with positive alternatives offered.

> *We are prisoners, but surely still entitled to the right to appropriate healthcare.*
>
> *- Prisoner*

2. Create an environment that maximises the likelihood of people feeling valued and cared for, and are comfortable to seek help, and access support and treatment

Developing recovery capital

"Recovery capital" is used to refer to the internal and external resources available to support a person in their recovery journey. Three types of recovery capital have been identified: personal, family/social, and community. Personal recovery includes someone's physical and human capital e.g., health, finance, housing, food, educational/employment skills, problem solving abilities as well as their sense of meaning and purpose in life.

Family, social and community capital include someone's partners, family members and significant others as well the social networks of communities, groups who promote and support recovery such as mutual aid, recovery centres, churches and treatment services.

SPS can contribute to enhancing or increasing someone's recovery capital by developing recovery pathways to improve and enhance each of these areas. Recovery pathways are more likely be successful if they are designed and delivered collaboratively utilising peer involvement, partner agencies, third sector and community-based services to best meet the needs of their establishment's specific population.

Family Support and Engagement

The SPS Family Strategy recognises that individuals have different ways of defining what constitutes family and everyone's circumstances are unique, so we must consider each individual and what makes up their family or social network. Family can include extended family members, informal networks and community representatives who can create a network of support that promotes a positive recovery journey.

For care leavers in custody, we must consider the wider social network and support important connections, wherever possible, building safe positive relationships which may include carers, siblings or friends (SPS Family and Parenting Strategy: 2024-2029).

SPS will seek to involve family in all stages of recovery planning for example case conferences and parenting programmes using all methods of engagement including virtual platforms, through family visitor centres and personal visits.

Cognisance should also be given to timings for these meetings to limit the impact on any carer or childcare responsibilities. Family members should have access to support for themselves and where appropriate, should be included in their loved one's treatment including signposting to additional support in the community.

> *The addition of just one abstinent person to a social network increased the probability of abstinence for the next year by 27%.*
>
> *(Litt et al., 2007:230)*

> *The likelihood of recovery is greatly enhanced if the person has access to recovery champions and recovery groups who can be integrated into their daily routines.*
>
> *Digesting the Evidence (Best, 2010:15)*

Access to appropriate treatment and support

SPS work collaboratively with prison healthcare and third sector organisations in a multi-disciplinary capacity to offer a range of options for those in our care who wish to address their substance use problems.

The SPS delivers a suite of programmes designed to address offending behaviour. These programmes are all designed to target criminogenic factors linked to offending behaviour.

There is a programme specifically designed for those in our care where their substance use is directly linked to their offending. This aims to build group members capacity to lead a more positive lifestyle and to build their capacity for recovery recognising that every person has their own pathway into substance use and offending.

Other available programmes target a range of specific risks and behaviours. All of these programmes promote an individually tailored approach to intervention and each individual has a treatment plan formulated to fit their identified needs. Whilst these programmes are not specifically designed to address substance use, they address risks which may have precipitated and perpetuated substance use including emotional regulation, self-

management and problem-solving skills, unhelpful thinking patterns and attitudes and relationships and interpersonal skills.

Our prison healthcare teams play a key role in providing a range of clinical treatment options and interventions and are critical stakeholders in implementing and embedding the MAT Standards across our establishments. Their expertise and knowledge ensure that appropriate care is provided where possible including referrals for more specialist health related concerns.

MAT Standards place individual choice as central in the treatment of problem substance use. Treatment options include medication assistance (i.e., Opioid Substitution Therapy), mutual aid and therapy.

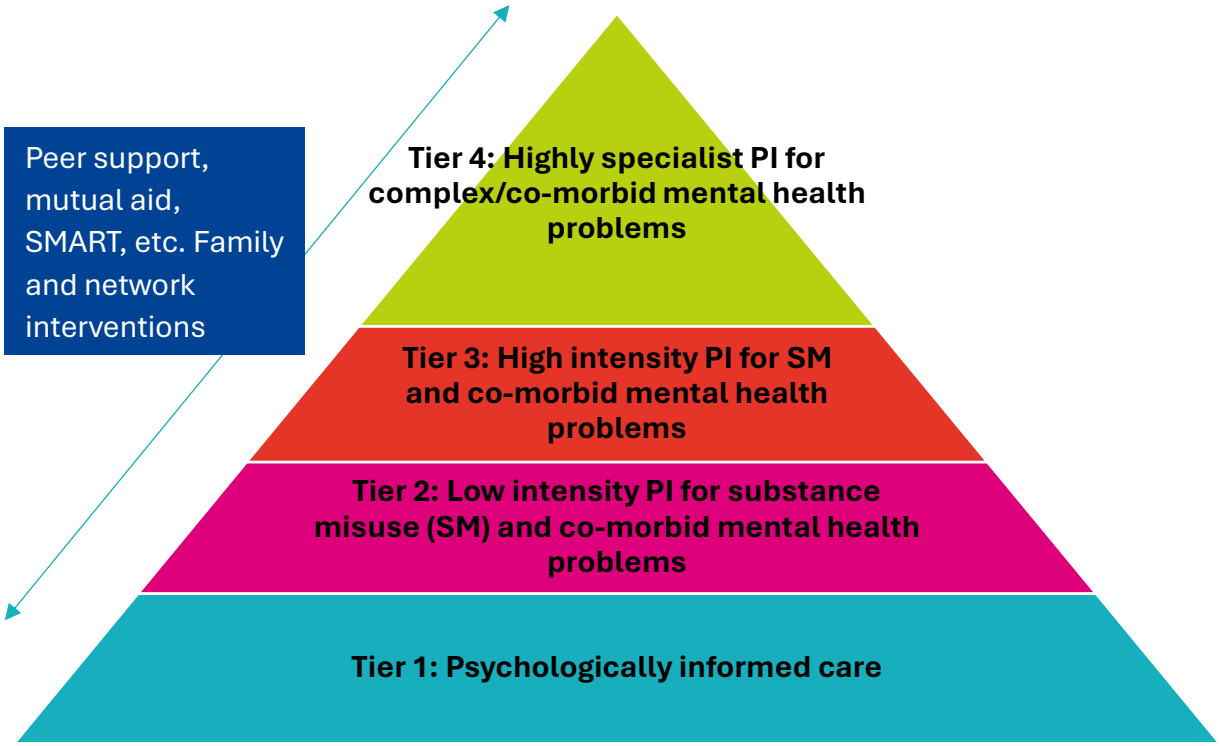
Psychological interventions

There are many evidence-based interventions used within the mental health and alcohol and drug field, however three common principles of effective behavioural interventions include enhancing motivation, developing control over impulsive behaviour and developing a rewarding lifestyle. Each principle reflects a set of behavioural skills and strategies to use as part of a person-centred approach to working with people with complex needs.

Low intensity psychological interventions (Tier 2) come under a model of 'tiers' where each step leads to a more intensive intervention for service users with more complex needs, requiring additional training and supervision structures.

A matched-care model of delivery of psychological interventions (PI) in Substance Use Services is shown overleaf. The model proposes that the foundation for all service delivery should be psychologically informed care which applies to a range of service settings across Scotland but is based on the understanding that substance treatment services will be embedded within a recovery orientated system of care.

All psychological interventions should be delivered as part of a recovery care plan, integrating the most appropriate psychological, social, medical and other non-medical based interventions for an individual in recovery and should be based on a comprehensive assessment of need. Peer support, mutual aid and access to the recovery community should be available at every tier, along with the potential for family and social network interventions.



We are committed to providing training to all its staff in trauma informed care and work has started to map and identify the specific training needs of different staffing groups in line with the NES levels. A Trauma Strategy and organisational training framework will be developed for SPS based on the NHS Trauma Framework.

Overdose Awareness

In November 2019, the Cabinet Secretary for Justice asked Her Majesty's Chief Inspector for Scotland (HMCIPS) to undertake a review into deaths in prison custody. The review was tasked with making recommendations on how to improve the response when a death occurs in one of Scotland's prisons. The review makes a total of 26 recommendations: 1 key recommendation, the additional 25 include 6 advisory points.

Near-fatal Overdose Pathways (Changing Lives Report)

In January 2021 the First Minister announced a new National Mission to reduce drug related deaths and harms supported by an increase in the provision of naloxone.

Together the Scottish Government and Scottish Drugs Forum delivered a national campaign over TV, radio adverts and billboards to inform the public how to respond to an overdose and provide an early intervention that could save a life as part of the national mission on the drugs death crisis.

The campaign reached a wide audience, helping to reduce the stigmatisation of people at

risk of overdose and people with a drug problem more broadly.

Drug Deaths Task Force recommendations:

- **Emergency Response**: maximising the capacity and capability of emergency services, families and friends and agencies to deal with a potentially fatal overdose by being properly equipped and trained.
- **Reducing risk**: maximising the support, access and range of practical and appropriate choices of pathways for anyone with high-risk drug use; and
- **Reducing vulnerability:** relevant key agencies addressing issues that can predispose vulnerable people to move into higher-risk use of drugs and reducing the associated impact on wider communities.

Take Home Naloxone

The National Naloxone Programme was introduced in 2011 with Prison Healthcare Services providing all those leaving prison with Naloxone, in an attempt to address opioid related overdoses upon release.

Figures released by Public Health Scotland show an increase in Take Home Naloxone (THN) from 1,002 kits (2019/20), 1,240 kits (2020/21), 1,690 (2021/22) to 1,929 (2022/23).

The award-winning Peer Naloxone Champion Programme which delivers peer to peer overdose awareness and naloxone supply was launched in November 2021 at HMP Barlinnie. As part of our commitment to reduce drug related deaths, we will continue to work in collaboration with partners to support the development of this model across establishments.

Available data shows an increase in the uptake of take-home naloxone supplies using this peer model since its launch.

Blood Borne Viruses (BBVs)

There is a much higher prevalence of BBVs in the prison population than the general population. A Scottish study from 2011 found Hepatitis C prevalence amongst the prison population to be 19%. As part of our commitment to improve the health outcomes for people in our care we will support Healthcare colleagues to increase access to testing and treatment across establishments.

Peer led harm reduction initiatives that cover sessions such as blood-borne viruses, naloxone training, PS (psychoactive substances) awareness, and overdose prevention can play a vital role in all aspects of the care system, both as a support network for a person receiving care as well as a positive motivator for a person who is perhaps contemplating making changes to their substance use behaviour.

3. Work with individuals throughout their time in custody to address their needs and enable them to prepare for a positive future.

Recovery Pathways

Our aim is to implement and embed a whole person, trauma-informed public health approach to problem alcohol and drug use by providing structured recovery pathways to support individuals throughout their time in custody and upon liberation back into the community. There are challenges with the remand population which may only allow a limited opportunity to offer harm reduction information and support rather than more intensive long-term treatment and interventions to sustain recovery.

Trauma informed practice is not designed specifically to treat trauma related difficulties. Instead, it seeks to address the barriers that those affected by trauma can experience when accessing the care, support and treatment they require for a healthy life.

Recovery Oriented System of Care (ROSC) (Scottish Government, 2014) describes an approach where treatment, review and aftercare are integrated and priority is given to supporting people to sustain their recovery. Integral to this are asset-based assessments which focus on an individuals' recovery capital which offer interventions that are responsive to a person's needs.

Self-help – Mutual Aid

Mutual Aid refers to the social, emotional and informational support provided by, and to, members of a group at every stage of recovery.

Prisons offer a range of such options, sometimes delivered by partners or third sector agencies, allowing people to access the right choice to support their own individual recovery. It is not uncommon for people to access more than one mutual aid group at any given time. The aim is to increase access to these programmes that can sit alongside treatment options to enhance and increase the likelihood of abstinence or reduce the risk of harms associated with problematic alcohol and drug use.

Examples of mutual aid approaches include the UK SMART (Self-management and Recovery Training) Recovery programme which empowers participants to focus on building and maintaining motivation, coping with urges, managing their thoughts, feelings, and behaviours, and living a balanced life. The approach uses psychotherapeutic techniques similar to those used in treatment settings and offender behaviour change programmes. Although SMART refers to "addictive behaviour" this covers a broad approach including substance use, alcohol, nicotine and prescribed medications, and behavioural compulsions such as gambling, sexual behaviour, eating and spending.

In addition, groups like Alcoholics/Narcotics Anonymous practise a 12-step programme of recovery from problematic alcohol or drug use through steps which assist a person to achieve and maintain an alcohol or substance free lifestyle. Although unaffiliated, Cocaine Anonymous is modelled closely after Alcoholics Anonymous with fellowships offering help from people with lived or living experience of alcohol or cocaine use.

> *These motivations for drug use make clear that a dominant need of prisoners is having activities that can keep people busy, connected and hopeful during their sentences.*
>
> *Toomey et al (2022)*

> *Staff need time to meaningfully engage with prisoners.*
>
> *Prisoner*

The Role of Purposeful Activity

Substance use within our prison population has been described as a response to the monotony of prison life/culture and mental and physical health challenges people face in prison.

To increase the health and wellbeing of those we care for, access to positive activities including cell-based, prison based, and community-based options should be offered as engagement opportunities, to alleviate risk of boredom and increase coping strategies and abilities to self-manage stressors, cravings and build emotional resilience. Recovery 'café' models provide opportunities for psychosocial and peer support which increases the likelihood of a person maintaining their motivation and achieving sustained recovery. Where staff are involved in purposeful activities like education or recovery cafes, these provide an opportunity to increase and develop positive relationships with individuals in a more relaxed or informal atmosphere or environment.

Evidence indicates that routine physical activity is associated with improved psychological well-being e.g. through reduced stress, anxiety and depression. Group based exercise allows those in recovery to experience group interaction that does not involve the use of substances and can help to build positive social support networks.

Educational courses, training, prison-based employment, and a range of purposeful activities offer structure and opportunities to help increase skills and qualifications to prepare for future employment and reintegration into society. Flexibility of delivery of these activities is important to support ease of attendance. This includes the use of in cell activities as a provision during lock up periods.

Supporting others can be an important part of recovery however people with lived and living experience can encounter barriers such as stigmatising behaviour and discriminatory policies when they investigate options for volunteering, accessing training and education or when transitioning into paid employment.

> *There is a lack of empathy sometimes around what might be going on for someone.*

Residential Rehab – Prison to Rehab Pathway

In 2021 the National Mission set out a range of actions to reduce drug deaths through improvements to treatment, recovery and other support services. One of the five priorities was increasing the capacity and improving access to residential rehabilitation.

Residential rehabilitation for the treatment of problematic alcohol or drug use encompasses a large number of programmes and models of care in residential settings and is widely recognised as an important treatment option. Residential rehabilitation facilities offer programmes which aim to support individuals to attain an alcohol or drug-free lifestyle, and which provide intensive psycho-social support and a structured programme of daily activities that residents are required to attend over a fixed period of time.

The Prison2Rehab (P2R) process was designed to support individuals who have a history of problematic alcohol and/or drug use access an abstinence based residential rehabilitation programme upon leaving prison to further their recovery. The procedure should be used by SPS, prison healthcare, community services staff and residential rehabilitation providers working collaboratively with the individual to identify the programme that best meets their needs.

Housing

The Vision for Justice 2022 highlights the importance and benefits of having secure non-

hostel/homeless residential status upon release, whether maintained or a new tenancy, through family, or via residential rehabilitation.

A vital part in preparing people for leaving prison to enable successful reintegration into the community is ensuring that their housing needs are identified at the earliest opportunity; throughout their sentence and as part of the preparation for their release; and that their needs are then met in a timely and efficient fashion. The SHORE (Sustainable Housing on Release for Everyone) Standards were published to ensure that the housing needs of individuals in our care were addressed at an early stage, in a consistent and fair manner.

The standards are designed to ensure that people leaving prison can access services and accommodation in the same way as people living in the community.

4. Work with partners to minimise harms and improve health outcomes for those in our care.

The success of this strategy depends on the ability and willingness of stakeholders to take an asset-based, human rights based, person centred and trauma informed approach to working collaboratively to share skills, knowledge, and resources to reduce and prevent the harm caused from alcohol and drug use.

Key stakeholders who have a role to play in delivering this strategy include: courts, Crown Office, local authorities, health boards, Scottish Ambulance Services, Police Scotland, community justice services, mental health services, housing, treatment providers, employability services, Children and Families Services, social work, education, alcohol & drug partnerships, integration authorities, nationally commissioned organisations, lived experience recovery organisations (LERO's), community organisations, families and carers, people with lived/living experience and third sector organisations.

Alcohol & Drug Recovery Health Teams

Prison based healthcare services can make referrals into community alcohol and drug teams to provide ongoing support, advice and treatment to individuals with alcohol and drug problems. Specialist interventions include needle exchange, blood borne virus testing, naloxone training and supply as well as signposting for additional or further support. MAT standards will embed a continuity of care provision from custody into community settings.

Third Sector Services

Establishments will have a range of third sector organisations and services within their geographic area who offer a range of opportunities to engage and support with those in our care to increase an individual's social capital and improve reintegration back into their

communities.

Community Integration pathways

SPS, criminal justice partners, community-based services, families and those in our care should work collaboratively in planning an individualised community integration pathway to identify the support network and interventions provided before, during and required upon liberation into the community. Relationships with community providers and peer led services should be established and developed within each local area in order to support this.

What will the strategy look like in practice?

This section provides a quick reference table of the main activities against the four key priorities (see Annex A) and examples of the outcomes and measures (Annex B) which we will use to help monitor and evaluate progress towards achieving better health outcomes for those in our care.

Specific areas of the Strategy delivery will be determined by development and further planning which will underpin the Corporate Plan for SPS as well as any change in national direction and priorities identified through Scottish Government.

A Delivery Plan and Implementation Guide will be developed to monitor and evaluate progress and will contain the following:

- National Five-Year Delivery Plan to align with the SPS Corporate Plan
- Activity Timeline
- Outcomes Framework
- Developing recovery pathways guidance
- Focus group findings and practical case study examples

Monitoring and reviewing progress

What works to support people to improve their health and wellbeing can be challenging to capture for a variety of reasons, so assessing outcomes and indicators of success will require comparing various sources of data and include qualitative feedback from staff and those we care for.

Our overarching aim is to improve individual health outcomes, and ultimately contribute to safer communities.

We will monitor progress through:

- The Outcomes Framework which will detail the short-, medium- and long-term outcomes and measures that will be used to monitor and evaluate progress.

- A Strategy Steering Group of key stakeholders and partners will be established to track progress on the priorities and actions.
- A progress review will take place in 2028 to align with the Corporate Plan 2023-2028, as specific areas of delivery will be determined by the development and further planning which will underpin the Alcohol & Drug Recovery Strategy, as well as any change in national direction and priorities identified through the Corporate Plan and Scottish Government.

Evidence that will assist in monitoring, evaluating and improving our practice includes:

- Establishment data e.g. participation in groups, family contact and case studies
- Establishing network of Recovery/Support & Wellbeing staff to share best practice.
- Feedback from families
- Focus groups, staff surveys
- Interviews with individuals with lived and living experience
- Training reviews and compliance rates
- Collaboration and consultations with key stakeholders
- Prison survey trends
- Local, national and international research, data and evidence

The Alcohol & Drug Recovery Strategy sits within the overarching Health & Wellbeing Framework for SPS. Overall governance is aligned with the Corporate Plan.

Next steps

SPS is committed to ensuring this strategy is fully embedded in practice and as such, there are some key steps we will take to ensure that implementation is effective. We will:

- Develop a range of quality indicators and outcomes for use across the Health & Wellbeing Strategies.
- Develop a Communication and Engagement plan to support national roll out of strategy across key stakeholders.
- Develop an overarching Delivery and Implementation Plan with specific key actions which contribute to achieving the outcomes identified in the Alcohol & Drug Recovery Strategy.

Annex A: What will the strategy look like in practice?

The main activity areas under each key priority will include:

Implement MAT Standards

- Work collaboratively with stakeholders to fully apply a shared model of care for implementation of the MAT Standards.
- People in our care know how to obtain help for their alcohol or drug problems, referral routes, and information is visible and accessible.
- Increase and improve access to peer-to-peer overdose awareness training and Take-Home Naloxone (THN) supply upon release from prison.
- Improving the management of people who are at risk due to substance use whilst in our care.
- Reduce drug related deaths in custody - Staff can access Overdose Prevention, Intervention and administration of Naloxone training and intranasal Naloxone (Nyxoid) supplies are available within crash pack contents for use in emergencies.

Develop Recovery Pathway

- In collaboration with stakeholders develop recovery pathways which reflect specific population needs.
- With the support of partners, third sector organisations and people with lived experience continue to develop and expand initiatives like recovery cafes/hubs, mutual aid groups, education, and employability skills to build recovery communities within prisons.
- Increased awareness of and access to the prison to rehab (P2R) pathway as part of care planning approach.
- Strengthen links with community supports, families and relevant services such as housing, welfare and health.

Tackle stigma to reduce health inequalities

- Work with partners to reduce alcohol and drug harms by offering a range of distraction activities which promote healthier choices.
- Encourage the use of 'people first' language whether this is person to person, through literature; leaflets or when talking to members of the public.
- Reduce stigma around alcohol and drug use to encourage people to access treatment and support recognising the well documented relationship between trauma, substance use and offending behaviour.
- Work with stakeholders and partners to ensure that people who have experienced problems with alcohol have access to appropriate treatment, interventions, activities, and support to meet their needs and promote healthier choices.

Lived/Living experience

- Improved opportunities for people with lived/living experience to be meaningfully involved in quality improvement, design, planning and delivery of services.
- Expand and develop peer-led approaches to harm reduction, awareness raising, learning and support.

Annex B: Examples of shared outcomes and measures

The Delivery Plan and Implementation Guide will provide a detailed breakdown.

Key Priority	**Outcomes** Short Term **(ST)**, Medium Term **(MT)**, Long Term **(LT)**	**Measures**
Implement MAT Standards by April 2026	For those in our care: ➢ People know how to obtain help for their drug or alcohol problems, and that they will receive a compassionate, skilled response. (ST) ➢ People learn and develop the skills to help them maintain their well-being including when they leave prison (ST) ➢ People with alcohol and drug problems experience a high quality, compassionate service which offers a range of treatment options to support recovery. (MT)	❖ Referrals to prison-based service (PHS) ❖ PHS data around THN supply from Prisons. ❖ Experiential data /updated peer survey ❖ Deaths in custody data ❖ PR2 MORs incident reporting for naloxone admin ❖ MYLO staff uptake on training
Develop Recovery Pathways	➢ People have access to well-planned supported detoxification and are aware of residential rehabilitation options as part of their care planning for liberation. (MT) ➢ People develop or improve their skills and confidence to help them to take up education and (fair) employment opportunities when they are released. (MT)	❖ PHS data linkage ❖ Purposeful activity – aligns to CP2328: SO3 Pathways to release. ❖ Referrals to prison-based services (PHS) ❖ Referrals to P2R (SG)
Tackle Stigma to reduce health inequalities	➢ Those in our care are treated with dignity and respect and do not feel stigmatised in any dealings with our staff. (ST) ➢ People in our care are able to ask for help for their substance use and access treatment without judgement. (ST-MT)	❖ Deaths in custody ❖ PHS data linkage (future development) ❖ Staff training - MyLo
Lived/living experience	➢ Individualised and co-produced approach to care and community integration planning which are regularly reviewed to reflect changing needs throughout time in custody. (MT) ➢ Training, educational or volunteering opportunities available to increase skills, knowledge and qualifications and build personal capital. (MT) ➢ Increased access to positive Peer to Peer Support and Lived Experience networks. (ST)	❖ Purposeful activity, broken down by category, and by establishment. ❖ Experiential data /updated peer survey