

# Learning lessons bulletin

## Fatal incidents investigations | Issue 14

### Approved Premises – substance misuse

This bulletin provides learning from our investigations into the deaths of Approved Premises residents where abuse of drugs or alcohol was involved.

#### Foreword

Approved Premises (APs), previously known as probation or bail hostels, hold individuals who require additional support and supervision in the community following their release from prison or while on bail or court orders. This publication looks at the learning from our investigations into the deaths of residents in APs where abuse of drugs and alcohol was involved.

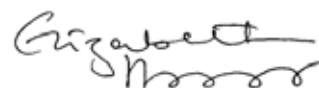
Some of the cases we investigate demonstrate good practice by AP staff in the management and care given to those who misuse drugs and alcohol. However, we also see cases with too little focus on the risk of relapse and overdose. As a result, this bulletin identifies a particular issue about the implementation and effectiveness of testing regimes in APs.

The rise of New Psychoactive Substance (NPS) use in the prison estate is well documented and is widely recognised, in the words of the previous Ombudsman, as a “game-changer”.<sup>1</sup> However, it is clear from our investigations that the implications of NPS for the AP estate have not yet been fully understood or addressed by the National Probation Service.

Some of our investigations identified deficiencies in information sharing and in welfare checks. Ensuring a good flow of information between stakeholders is critical, particularly for managing substance misuse where there is a clear requirement for effective multi-disciplinary working. Our investigations found this did not always happen. Checks on the welfare of AP residents are another important way to ensure the risks associated with substance abuse are well managed, but our investigations found checks were not always carried out effectively.

We also identified an overarching need for the National Probation Service to improve the AP manual to give staff better guidance on NPS use, information sharing and making welfare checks.

We know offenders can be at heightened risk of death following their release into the community.<sup>2</sup> I hope this bulletin will help AP staff apply the learning from our investigations to improve the ways they identify, monitor and address the risk factors associated with substance misuse.



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## Background

Approved Premises (APs), formerly known as probation or bail hostels, mainly accommodate offenders released from prison on licence and those serving community sentences or court bail. There are 101 APs in England and Wales, providing accommodation for 2,267 residents.<sup>3</sup> APs are the responsibility of the National Probation Service. Some are managed directly by the National Probation Service and some are managed by contractors. All are required to adhere to Probation Instruction 32/2014 and the AP manual (2014).<sup>4</sup>

APs are staffed 24 hours a day and provide an enhanced level of residential supervision in the community, as well as a supportive and structured environment to reduce the likelihood of further offending and manage risk. The exact nature of the provision varies from AP to AP, but they will all offer one-to-one or group work to deliver accredited programmes, have curfew monitoring, require residents to sign in, and have drug and alcohol testing availability.

Some APs offer a generic, standard service, providing supervision and delivery of appropriate interventions and support. Others offer more specialised environments, such as for those convicted of sexual offences, or Psychologically Informed Planned Environments (PIPEs) for those with diagnosed personality disorders. The

PIPEs have obtained 'enabling environment' accreditation from the Royal College of Psychiatry, and all APs are expected to meet the required standards and obtain this status,<sup>5</sup> which is designed to promote rehabilitation by improving staff training and staff interactions with residents.

Part of the role of AP staff is to monitor and enforce licence conditions and act on behalf of the offender manager to ensure residents adhere to their sentence plans. This includes testing residents for drugs and alcohol, co-ordinating with services needed to complete the residents sentence plans and, where necessary, taking action to support or initiate recall to custody.

AP staff also have a safeguarding function in relation to residents, particularly in situations where they are vulnerable (such as when they are under the influence of drink or drugs) and should communicate with the offender manager accordingly. The offender manager retains overall responsibility for a resident's case management, including specifying licence conditions, updating risk assessments, issuing warnings for breaches and recalling residents where appropriate. .

## Substance misuse in APs

There is a high prevalence of people with substance misuse issues in prisons<sup>6</sup> and, as the majority of AP residents have been released from prison on licence, substance misuse is one of the key issues AP staff must manage.<sup>7</sup>

Substance misuse involves any one or a combination of legal substances such as alcohol, illicit substances such as cocaine, or prescription medication such as diazepam. Opiates pose a specific challenge given their potency, and deaths in the community attributable to opioids have increased since 2012.<sup>8</sup>

A number of courses and approaches to treatment and management of substance abuse are available in prison and the community. AP residents may have started such a course in prison, depending

on the length of their sentence and their needs, and participation in some form of programme in the community may be part of their licence conditions on release.

The risk of mortality for those who have just left prison is significantly higher than mortality in the general population, and this risk is especially stark in relation to substance misuse.<sup>9</sup> There is a high risk of overdose in the first month after release; the first few days after release is the peak period.<sup>10</sup> This may be due to changes in individual tolerance for opiates, which can decrease in a matter of days after a period of abstinence, and/or a lack of understanding of the strength of the illicit substances which may be available in the community. The risk of overdose is particularly acute when the resident has undertaken a detoxification programme in prison.

Drug interactions present another risk. Residents may take numerous prescriptions for physical ailments and/or mental health needs, or may mix illicit substances together or with alcohol. Residents may abuse medication issued to other residents, either by sharing or trafficking, which can pose further risk. The combination of these substances can be toxic.

NPS present a new and developing challenge in both the custodial setting and in the community. There are numerous types of NPS, ranging from stimulants to hallucinogens. In the prison estate, synthetic cannabinoids are dominant and are the only substance for which use is more prevalent in prison than in the community.<sup>11</sup>

Given the role of APs in bridging the gap between custody and community, and given the majority of residents have been in custody previously, we can expect residents will be vulnerable to the risks of NPS abuse.

With the chemical composition of NPS constantly changing, and the full extent of their physiological effects still unknown, NPS are difficult to police and manage and detection methods must continually evolve.

## Methodology and data

The Prisons and Probation Ombudsman (PPO) carries out independent investigations into the deaths - from any cause - of prisoners, young people in detention, residents of APs and detainees in immigration centres. Through our investigations, we aim to contribute to safer and fairer custody and community supervision.

To compile this bulletin, we reviewed a sample of PPO investigation reports involving deaths in APs to capture drug-related learning from these cases. Cases where the resident's death was drug-related or where they had an identified history of substance misuse were included in the sample. We analysed the identified reports thematically, with a particular focus on the processes in place for substance misuse management in APs.

The PPO investigated 46 deaths in APs in the last five years (September 2012 to August 2017). Of these, 29 completed investigations met the criteria identified above. The individuals' circumstances varied, but they presented with a range of issues (including physical and mental health needs) that

the AP needed to support. In the majority of cases, the individual's substance misuse involved two or more substances, the most common being alcohol and opiates. There were a small number of cases where the individual was not suspected of misusing substances during their time at the AP. In 26 cases the residents were on licence.<sup>12</sup> Of these, 11 died within the first two weeks of release.

We acknowledge the sample size for this report is small. Nevertheless, it is possible to identify patterns or similarities. The identified themes include testing practices, welfare checks, and information sharing, all of which are crucial to forming a full picture of risk on which staff can base decisions.

This bulletin also highlights deficits in the guidance available to AP staff and identifies some areas for improvement in the AP manual.

## Testing for alcohol and drugs

### General testing

Testing can identify compliance (or non-compliance) with licence or residence conditions, provide a more complete picture of a resident's needs and is a tool AP staff can use to manage a resident's risk and encourage behavioural change. Key workers and offender managers can use testing results to address the underlying issues – for example, they can put in place appropriate support and monitoring if necessary – and to make defensible decisions around licence variation, breach or recall.

Testing may not be suitable for all residents and needs to be proportionate and appropriate to the individual. Some residents will be required to address their substance misuse or have substance abstinence requirements as part of their licence. The AP manual acknowledges these points and says that residents should be carefully selected for testing based on a history of substance misuse or where there is reasonable suspicion of use.<sup>13</sup> The manual emphasises that testing residents is a prudent use of resources, especially testing on arrival for those with a history of drug use, whereas testing all residents would waste scarce resources, be inconsistent with good risk management, and raise human rights issues.

Some cases in our sample illustrated good practice, such as testing residents regularly and responding appropriately to positive tests by taking enforcement action or making referrals to drug misuse services. However, some cases also highlighted areas for improvement of testing practices in APs. In particular, in some cases tests were either not undertaken or staff only focused on testing one substance without considering the risk of misuse holistically.

The case of Mr A highlights the importance of effective testing practice for a resident at high risk of substance misuse.

### Case study A

Mr A had a history of substance misuse including opiates and cannabis, although alcohol was linked to his offending and was the primary issue. Mr A completed a methadone detoxification programme in prison and was released on licence. He absconded on the day of release, was arrested a few days later following a further offence, and was bailed by the Court to reside at the AP. His post-sentence supervision period required him to provide samples for drug testing and to address his drug misuse.

At the AP induction Mr A was warned about his increased risk of opiate overdose. He gave a positive reading for alcohol on induction, but was not tested for other drugs and was later given a letter of concern and referred for support for his alcohol misuse. Mr A admitted drinking alcohol daily but denied any drug misuse. Two days later, a night support worker suspected Mr A was under the influence of alcohol and another substance, but he was not drug tested and the staff member took no further action. Over the next two weeks, Mr A frequently gave positive breathalyser readings for alcohol.

On the day of his death, Mr A failed to return in time for his curfew and was not contactable. He was found unresponsive in the community and died from respiratory arrest due to alcohol and opiate consumption, and inhalation of his stomach contents.

We found that staff at the AP managed Mr A's alcohol use well: they referred him for support, discussed the consequences with him and undertook regular testing. However, his broader, drug-related risk, particularly his opiate use, was not addressed and was less well managed. Opiate dependence is a chronic high-risk disorder, even after periods of abstinence. Mr A was in the community less than a month after his release from prison and had successfully completed a detoxification programme in prison. The risk of death for newly released prisoners is between 40 and 70 times higher than the general population.<sup>14</sup> The risk is particularly high for those who have misused opiates<sup>15</sup> and staff should consider this when deciding which substances to test for.

On the evening, however, Mr A appeared under the influence of alcohol and another substance, but he was not tested for either. Mr A was already engaged with services to address his alcohol use, but the AP could have better targeted the support if they had tested for drugs and his full risk of substance misuse was identified. Positive test results could have refocused staff discussions with him to include advice about how to minimise the risk of harm from opiate use. This was especially significant in Mr A's case because staff knew he was misusing alcohol which, like opiates, is a depressant. Alcohol and opiates in combination can increase the risk of both respiratory failure and central nervous system depression, leading to death.

### Lessons to be learned

- Tests should be undertaken for all suspected drugs, but particularly opiates if the resident is a previous user. Substance misuse needs to be managed holistically, and testing practices should reflect the resident's full risk of misusing all types of substances.
- Tests should be undertaken on induction for residents who are at high risk of substance misuse and whenever substance misuse is suspected.

## NPS testing

We are concerned practice in APs in relation to NPS appears to lag behind that in prisons and does not draw on the experience of prisons.

The AP manual, issued in 2014, has a section on 'legal highs' - a misleading and now redundant term since the Psychoactive Substances Act 2016 came into force<sup>16</sup> - and gives advice on how to manage individuals suspected of taking them. The manual suggests managing 'legal highs' in a similar way to alcohol and states that any misuse should be discussed with the offender manager so that enforcement can be considered.

The AP manual covers testing for heroin and cocaine/crack cocaine, but makes no reference to testing for NPS.<sup>17</sup> Despite the challenges around changing chemical composition, there are tests available for some of the most common NPS compounds, and testing via urine sample was rolled out in the prison estate in September 2016. Urine tests are expensive, can pose logistical challenges, and there is a delay in receiving results while analysis is performed. Nonetheless, testing does provide a crucial tool in the management of substance misuse, as demonstrated by the introduction of testing regimes in prisons.

Her Majesty's Prison and Probation Service (HMPPS) issued guidance on NPS to prisons and APs in August 2017<sup>18</sup> but it did not specify that APs should start testing for NPS. The guidance highlights the continued need to identify effective interventions in tackling NPS. It points staff to clinical guidance for the management of NPS use and states that recall should only be used for suspected NPS use where the resident demonstrates extremely aggressive or destructive behaviour.

Within our case sample, a few residents used, or were suspected of using, NPS during their time at the AP. The small number of cases involving NPS use demonstrated some areas of good practice for managing residents in APs, despite the lack of testing ability and limited national guidance. Take the case of Mr B:

### Case study B

Mr B was released from prison on licence, but within a few weeks he reoffended and was required to live at an AP. He had a history of mental health concerns, substance misuse and excessive drinking, which was linked to his offending behaviour. He was referred to a drug and alcohol support service and engaged with them twice while at the AP. On his induction, he gave a negative test for drugs and alcohol but admitted he used alcohol daily and had used crack cocaine and heroin within the last week.

A few days after his induction, Mr B missed curfew twice. He returned later on the second evening stating he had consumed alcohol and fallen asleep. Mr B was tested for drugs and the results were positive for cocaine and opiates. He also had a positive reading for alcohol. As a result, staff carried out welfare checks on Mr B during the evening and his offender manager issued a warning.

The next day, Mr B saw a mental health practitioner and disclosed he had used NPS in prison. Over the next few days, Mr B's presentation led staff to believe he had used NPS. Drug tests for other drugs returned a negative result, but there was no test available for NPS. Staff advised him to not misuse substances, checked his room for drugs and monitored him.

On the day of his death, Mr B did not return to the AP for his curfew. He was found dead from opiate poisoning in a place nearby.

While Mr B's death was not related to NPS toxicity, his behaviour suggested it was likely he had taken NPS. After his death, another resident told the staff that Mr B had taken NPS and had reportedly collapsed on one occasion. When staff suspected Mr B was under the influence they responded appropriately: they carried out room searches and welfare checks, and advised him to stop misusing substances. They were not, however, able to test him, despite their concern he had taken NPS.



## Lessons to be learned

- If AP staff suspect someone is under the influence of NPS they should seek medical advice and respond to the symptoms presented.
- Staff should undertake routine and targeted room searches.
- Staff should advise residents of the dangers of using NPS.

Staff responded appropriately in Mr B's case given the information they had, but were hindered by being unable to test to confirm whether he had used NPS. They did not have the full picture of risk on which to base their decisions on the management of his case and, as a result, were unable to evidence the misuse, identify patterns, provide support or take breach or other enforcement action.

While the decision to misuse substances is the resident's choice, staff have to manage those suspected of drug use within the specified guidelines. Clinical guidance promotes the 'treat the symptom' approach to managing NPS but also identifies that testing for NPS, where feasible and appropriate, may be useful. In light of Mr B's case we made a national recommendation to the National Probation Service to review their drug testing arrangements in APs to enable staff to identify NPS use. In a subsequent case we repeated the recommendation and we take this opportunity to reiterate the importance of this again.

## Lessons to be learned

- The National Probation Service should review its drug testing policy within APs and should consider introducing testing for NPS.
- The National Probation Service should revise the AP manual to provide up-to-date guidance on the management of NPS use.

## Information sharing

Residents of APs are likely to engage with numerous agencies committed to supporting their rehabilitation and managing their risk. For a multi-agency partnership approach to work effectively, there needs to be a good flow of information between relevant parties, underpinned by strong protocols and a common understanding of roles and responsibilities.

The AP manual does not emphasise the importance of information sharing in relation to substance misuse specifically, but it does state that information sharing between a key worker and offender manager is necessary to ensure a resident's licence/order is managed appropriately. It emphasises this is particularly so in relation to emergency recalls. It also emphasises the importance of notifying the police when breaches occur.

The NPS guidance issued by HMPPS in August 2017 identifies the need for a holistic multi-agency approach to adequately address the harms caused by NPS. Clinical guidance on substance misuse is clear that information sharing is crucial to making multi-agency partnerships work effectively.

Inadequate information sharing emerged as a theme across the cases in our sample, as the case of Mr C illustrates.

## Case study C

Mr C was released from prison on licence to live at an AP. He had a history of mental health issues and substance misuse, including misuse of NPS. He was a challenging resident and, in the five days he was at the AP, he was suspected of being under the influence of NPS, self-harmed, had psychiatric assessments, was arrested, and threatened to kill himself and staff.

The day before his death, Mr C met his offender manager and told them residents were using his room to smoke illicit substances, that he felt unsupported, and that he had physical ailments. He also threatened to self-harm. His offender manager suspected he was under the influence of drugs and advised him to see a GP. The offender manager ended the meeting by saying they would see Mr C the next day and Mr C replied, "If I make it." Mr C's offender manager emailed staff at the AP and informed them of the meeting, but did not mention Mr C appeared to be under the influence of drugs, or his departing comment.

Mr C's behaviour deteriorated rapidly that day: he was detained under the Mental Health Act (but subsequently released), threatened to harm staff with a knife, took an overdose of medication and threatened violence to staff. The next day Mr C was found unresponsive, having died from mixed drug toxicity.

Mr C was a chaotic and complex individual and his behaviour was a challenge for staff to manage. If the offender manager had shared the full details of their meeting, this may have provided a more complete picture, allowing AP staff and other agencies to make better decisions - although we cannot say whether that would have altered the outcome for Mr C.

## Lessons to be learned

- Staff who work with an AP resident should ensure risk management information is shared with appropriate agencies. This includes, but is not limited to, the resident's risk to themselves and of substance misuse.
- The National Probation Service should revise the AP manual to emphasise the importance of information sharing about a resident's substance misuse.

## Welfare checks

Another theme we identified from our investigations was the need for AP staff to carry out effective checks on residents.

The AP manual says that staff should undertake additional welfare checks during the evening for vulnerable individuals. It also provides brief guidance on how staff should respond to drug-related emergencies. It states that, where the substance is unknown, staff should observe residents who are intoxicated and seek medical advice if the resident feels unwell. It indicates that more detailed guidance on how to respond to all types of intoxication should be set locally.

As with the other themes, there were examples of good practice in relation to welfare checks, but there were also some cases where we can identify learning points.

The AP manual does not specify the vulnerabilities that might lead to additional welfare checks at night. However, someone who is intoxicated is clearly in a vulnerable state and should receive additional care and attention, irrespective of the time of day.

The case of Mr D illustrates this point.

## Case study D

Mr D returned to an AP, mid-afternoon, very drunk and was abusive to staff. Staff did not test him and Mr D told them he would "sleep it off". Although he was clearly intoxicated, staff did not check on him for over six hours. That evening, he was found dead in the AP from heroin and alcohol toxicity.

There were other cases where our investigations found welfare checks were insufficient. The AP manual states that staff should mix with residents in communal areas and carry out regular tours of the building, including checks of residents' rooms. These tours should be carried out randomly so residents do not assume they are only observed at set times. Staff should be familiar with the events of the AP so it is easier to monitor the wellbeing of residents. The AP manual does not make it explicit, but the wording suggests the tours of the building also serve as routine welfare checks.

The AP manual does not provide sufficient clarity on what is expected of staff, what constitutes a welfare check (of any kind) or what engagement from the resident would be acceptable to confirm they are safe and well. It does however recognise that substance misuse may be hidden.

As the case of Mr E illustrates, routine checks can be crucial.

### Case study E

Mr E was released from a low-secure psychiatric hospital on licence, which required him to live at an AP and adhere to a two-hour daytime curfew and a longer, overnight curfew. He had a history of substance misuse but gave negative test results when he visited the AP as part of a transition plan prior to release. Mr E engaged with his psychiatrist and reported no substance misuse and no thoughts of self-harm or suicide. He was not drug tested when he arrived at the AP on licence.

Two days after he arrived at the AP, Mr E was late for his evening curfew. The next morning, two members of staff completed welfare checks. They knocked on Mr E's door, did not open it, but reported they heard him snoring. Four hours later, two different members of staff undertook a wellbeing check and entered Mr E's room. They found him unresponsive and it was apparent he was dead. Mr E's post-mortem indicated he died from cocaine toxicity.

When Mr E arrived late for his curfew there was no record staff addressed this with him. Staff did not think Mr E had relapsed, and did not test him for drugs throughout his time at the AP. It seems his drug use was hidden, however, and at some point he took cocaine.

Staff cannot monitor residents at all times and excessive or intrusive checks may not be helpful for building residents' independence or for fostering positive relationships with staff. However, checks are important to ensure residents' safety and wellbeing, and it is important that their purpose is understood by AP staff and they are undertaken correctly.

As Mr E's case illustrates, it is not possible to determine that someone is safe without seeing them. We investigated another case where a member of staff did not enter the room and mistakenly thought they heard the resident respond. The post-mortem found the resident was not alive at the time the check was carried out.

## Lessons to be learned

- Staff undertaking checks of residents should satisfy themselves the resident is safe and well.
- During a check, staff must have sight of the resident.
- The National Probation Service should review the guidance on welfare checks to ensure it is clear why the checks are needed and what they should entail, particularly in relation to substance misuse.

## Conclusions

This bulletin identified drug-related learning for staff in APs with the aim of making community supervision safer. We identified that testing is important for AP staff and offender managers to have a strong evidence on which to base effective decisions about substance misuse (whether known or suspected). The bulletin also emphasised the importance of looking at all types of substance an individual is at risk of using, and particularly recognising the risks of opiate use/ overdose, no matter the length of abstinence.

Our investigations reinforced the need to test for all substances, including NPS, and the importance of sharing information about risk between AP staff and other agencies. We identified the need for routine interactions and checks with residents to have a clear purpose, to prevent missed opportunities to intervene with someone in distress, particularly as substance abuse may be hidden. Finally, we identified a need for the AP manual to provide more guidance on drug-related issues for staff working in APs.



## Endnotes

1. Former Ombudsman, Nigel Newcomen, gave a speech on NPS to Royal College of Psychiatrists in November 2016. Available online at: <https://www.ppo.gov.uk/?p=7960>
2. Phillips, J., Gelsthorpe, L., Padfield, N. and Buckingham, S. (2016) *Non-natural deaths following prison and police custody*, Research report 106, London: Equality & Human Rights Commission. Available online at: <https://www.equalityhumanrights.com/sites/default/files/research-report-106-non-natural-deaths-following-prison-and-police-custody.pdf>
3. Her Majesty's Inspectorate of Probation, (2017) *Probation Hostels' (Approved Premises) Contribution to Public Protection, Rehabilitation and Resettlement*. Manchester: Her Majesty's Inspectorate of Probation. Available online at: <https://www.justiceinspectors.gov.uk/hmiprobation/wp-content/uploads/sites/5/2017/07/Probation-Hostels-2017-report.pdf>
4. See Probation Instruction 32/2014, Approved Premises, available online at: <https://www.justice.gov.uk/downloads/offenders/probation-instructions/pi-32-2014-approved-premises.doc>; and annex A, the Approved Premise Manual, available online at <https://www.justice.gov.uk/downloads/offenders/probation-instructions/pi-32-2014-annex-a-approved-premises-manual.doc>
5. A set of standards needs to be met before a service is awarded the 'Enabling Environment Award' mark by the Royal College of Psychiatry. These standards are based on essential human values and introduce a framework that promotes wellbeing. Further information on enabling environments is found here: <http://www.rcpsych.ac.uk/pdf/EE%20LS%20Standards%20Document%202015.pdf>
6. The Centre of Social Justice (2015), *Drugs in Prisons*, London: The Centre of Social Justice. Accessed online: [https://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/08/CSJJ3090\\_Drugs\\_in\\_Prison.pdf](https://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/08/CSJJ3090_Drugs_in_Prison.pdf)
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8. Office of National Statistics (2017) *Deaths related to drug poisoning in England and Wales: 2016 Registrations* Available online at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2016registrations>
9. Phillips, J., Gelsthorpe, L., Padfield, N. and Buckingham, S. (2016) *Non-natural deaths following prison and police custody*, Research report 106, London: Equality & Human Rights Commission. Available online at: <https://www.equalityhumanrights.com/sites/default/files/research-report-106-non-natural-deaths-following-prison-and-police-custody.pdf>
10. Phillips, J., Gelsthorpe, L., Padfield, N. and Buckingham, S. (2016) *Non-natural deaths following prison and police custody*, Research report 106. London: Equality & Human Rights Commission. Available online at: <https://www.equalityhumanrights.com/sites/default/files/research-report-106-non-natural-deaths-following-prison-and-police-custody.pdf>
11. Her Majesty's Inspectorate of Prisons (2015), *Changing patterns of substance misuse in adult prisons and service responses*. London: Her Majesty's Inspectorate of Prison. Accessed online: <https://www.justiceinspectors.gov.uk/hmiprison/wp-content/uploads/sites/4/2015/12/Substance-misuse-web-2015.pdf>
12. There were some residents subject to more than one type of requirement (i.e. bail and licence). Of the 26 who were on licence, two were released on licence several months before being required to live at the approved premise.
13. Further information can be found at: [www.justice.gov.uk/downloads/offenders/probation-instructions/pi-32-2014-approved-premises.doc](https://www.justice.gov.uk/downloads/offenders/probation-instructions/pi-32-2014-approved-premises.doc)

14. Farrell, M., and Marsden, J. (2005) *Drug-related mortality among newly released offenders 1998 to 2000*, Online report 40/05. Available online at: <http://webarchive.nationalarchives.gov.uk/20110218141410/http://rds.homeoffice.gov.uk/rds/pdfs05/rdsolr4005.pdf>
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16. Psychoactive Substances Act 2016, c.2. Available online at: <http://www.legislation.gov.uk/ukpga/2016/2/contents/enacted>. The Psychoactive Substances Act is the legislative tool used to control NPS and the clinical guidelines advise against using the term 'legal high'. Clinical guidelines can be found at: Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017). *Drug Misuse and Dependence: UK Guidelines on Clinical Management*. London: Global and Public Health / Population Health / Healthy Behaviours / 25460. Available online at: <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>
17. National Offender Management Service (2014) *Approved Premise Manual*. Available online at: <https://www.justice.gov.uk/downloads/offenders/probation-instructions/pi-32-2014-annex-a-approved-premises-manual.doc>
18. HM Prison & Probation Service (2017) *Psychoactive substances: Operational guidance for Prisons and Approved Premises*, London: HM Prison & Probation Service. Please note, the HMPPS guidance refers to NPS as 'psychoactive substances', for ease of reading, this publication will only refer to them as NPS.



## Summary of lessons to be learned

**Lesson 1:** Tests should be undertaken for all suspected drugs, but particularly opiates if the resident is a previous user. Substance misuse needs to be managed holistically, and testing practices should reflect the resident's full risk of misusing **all** types of substances.

**Lesson 2:** Tests should be undertaken on induction for residents who are at high risk of substance misuse and whenever substance misuse is suspected.

**Lesson 3:** If AP staff suspect someone is under the influence of NPS they should seek medical advice and respond to the symptoms presented.

**Lesson 4:** Staff should undertake routine and targeted room searches.

**Lesson 5:** Staff should advise residents of the dangers of using NPS.

**Lesson 6:** The National Probation Service should review its drug testing policy within APs and should consider introducing testing for NPS.

**Lesson 7:** The National Probation Service should revise the AP manual to provide up-to-date guidance on the management of NPS use.

**Lesson 8:** Staff who work with an AP resident should ensure risk management information is shared with appropriate agencies. This includes, but is not limited to, the resident's risk to themselves and of substance misuse.

**Lesson 9:** The National Probation Service should revise the AP manual to emphasise the importance of information sharing about a resident's substance misuse.

**Lesson 10:** Staff undertaking checks of residents should satisfy themselves the resident is safe and well.

**Lesson 11:** During a check, staff must have sight of the resident.

**Lesson 12:** The National Probation Service should review the guidance on welfare checks to ensure it is clear why the checks are needed and what they should entail, particularly in relation to substance misuse.

The Prisons and Probation Ombudsman investigates complaints from prisoners, young people in secure training centres, those on probation and those held in immigration removal centres. The Ombudsman also investigates deaths that occur in prison, secure training centres, immigration detention or among the residents of probation approved premises. These bulletins aim to encourage a greater focus on learning lessons from collective analysis of our investigations, in order to contribute to improvements in the services we investigate, potentially helping to prevent avoidable deaths and encouraging the resolution of issues that might otherwise lead to future complaints.

### PPO's vision:

To carry out independent investigations to make custody and community supervision safer and fairer.

### Contact us

Bulletins available online at [www.ppo.gov.uk](http://www.ppo.gov.uk)

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