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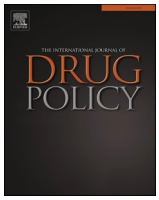

Research Paper

Responding to 'wicked problems': policy and governance on drug-related deaths in English and Welsh prisons, 2015-2021

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ABSTRACT

Background: Prison settings have been neglected in the growing literature on drug-related deaths. This paper explores policy and practice issues regarding the governance of drug-related deaths in prisons in England and Wales from 2015-2021.

Methods: Thematic documentary analysis was conducted on national level policy documents published between 2015-2021 (e.g. drug strategies, prison policy documents, Her Majesty's Inspectorate of Prisons and Prison and Probation Ombudsman (PPO) annual reports and guidance for staff). At the local (prison) level, all of the PPO fatal investigation reports and their associated action plans relating to 171 drug-related deaths from 2015-2021 were analysed thematically. Various modes of governance were identified using Head's 'wicked problems' conceptual framework including avoidance and denial, coercive controls, compartmentalised micro-management, incremental and pragmatic adjustment and technocratic problem-solving.

Results: There was strong evidence of the dominance of denial of the problem of drug-related deaths, coercive controls, micro-management and reliance on technological solutions in the early years (2015-2018). In some prisons, there developed a move towards the adoption of more pragmatic and incremental policies and push towards comprehensive policies over time. In others, remnants of denial and coercion remained. In our analysis, the focus on new psychoactive substances came to dominate attention, to the relative neglect of other substances and of the contribution of mental and physical illness to these deaths. Staff are not equipped, supported or resourced adequately to deal with the two 'wicked problems' of increasing rates of drug use and mental illness which collide in the prison setting.

Conclusion: The PPO investigations repeatedly recommend reducing supply and improving monitoring and surveillance and the emergency response. There is less focus on prevention and reducing demand or improving the wider environmental context and culture in which the deaths occur. Policy needs to pay more attention to the fundamental issues driving the current deterioration in conditions in prisons.

Introduction

Rates of drug-related deaths in the UK have more than doubled since 2012 and exceed other European countries. Increases in drug-related deaths have also been observed in prison settings (Inquest, 2020; ONS, 2023). However, prisons have been neglected in the growing literature on drug-related deaths in community settings and in the media coverage of drug-related deaths in the UK (MacGregor and Thom, 2023). Between 2008 and 2019, there were reported to be 145 drug-related deaths in prison custody in England and Wales. After 2015, the rate of individuals dying by drug poisoning was higher for male prisoners than for the general male population. The increase in deaths was linked to the increased availability and use of new psychoactive substances (NPS) in prisons (ONS, 2023). In an earlier article, we explored the risk factors contributing to drug-related deaths in English and Welsh prisons between 2015-2020 (Duke et al, 2023). This study highlighted the complex interaction between substances used, individual characteristics, situational features and the wider environment in explaining drug-related deaths in prisons. The majority of those who died were male (94%), whose mean age was 39 years. NPS were involved in 57% of the deaths (48% synthetic cannabinoids and 9% synthetic cathinones). Drug toxicity was the main factor in causing death, but this was exacerbated

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by risk-taking behaviours and experiences (e.g. 31% having experienced being the victim of bullying), histories of mental illness (57%) and underlying physical health conditions (26%). The analysis revealed the importance of the prison context in creating risk environments for drug-related harms (Duke et al, 2023). In this current paper, we explore policy and practice issues regarding the governance of drug-related deaths in prisons from 2015-2021.

Duke and Kolind (2020, p. 162) argue that the drugs issue in prisons is framed as both a 'problem' of punishment and security and a 'problem' of health and well-being and these different frames 'often compete, conflict, converge and overlap with one another'. Similarly, Ismail (2023, p. 35) has observed that prison governance is internally conflicted: 'the health care system focuses on well-being while the prison system focuses on punishment and security'. Each system is associated with different stakeholders and institutions. In England and Wales, prison governance has been persistently challenged by a number of intersecting individual, institutional and systemic crises (Annison and Guiney, 2023) which affect the response to tackling drugs supply, use and harms.

England and Wales have the highest imprisonment rate in Western Europe (ICPR, 2023). In June 2023, the population was 85, 851 and this is projected to increase by a further 7,400 by 2024 (Ministry of Justice, 2023; 2022a). The prison estate has been chronically overcrowded since 1994 and almost 1 in 5 people are held in overcrowded accommodation (Ministry of Justice, 2022b). The physical conditions of the estate have deteriorated and the workforce has suffered periodic cuts. After the financial crisis of 2008/9, a period of austerity was instituted in the public sector in Britain leading to a decline in resources available in prisons (Ismail, 2023). Between 2010-11 and 2014-15, the budget was reduced by 20% and despite increased funding in recent years, the budget is still lower in real terms than in 2010-11 (Ministry of Justice, 2022c). Between 2010-2017, the number of frontline prison staff was cut by 26% (Ministry of Justice, 2018) and despite recruitment drives, there were still 13% fewer staff in 2022 than in 2010 (Ministry of Justice, 2022d). Moreover, there have been problems with retaining experienced staff in their posts. Since 2010, safety in prison declined with rising rates of violence, self-harm and deaths (Prison Reform Trust, 2023). With limited staff and resources, there has also been a decline in purposeful activities such as education, training and employment.

People in prison often arrive with a number of 'imported vulnerabilities', such as mental illness, problematic substance use, neurodiversity, poor physical health, high rates of communicable diseases (e.g. Hepatitis C, HIV and tuberculosis), adverse childhood experiences, low educational attainment, and experiences of poverty and homelessness (Maruna and Liebling, 2005; WHO, 2014), health inequalities (Sturop-Toft et al, 2018) and complex needs which have not been met by services in the community (Ismail, 2023). These vulnerabilities are often exacerbated by multiple experiences of imprisonment as individuals cycle between the prison and the community (Cracknell, 2023). As discussed above, in our study of drug-related deaths in prisons from 2015-2020, the individuals who died had a number of complex needs in relation to both their physical and mental health (Duke et al, 2023). Ismail (2023, p. 6) argues that 'prisons have become first responders' because of the general decline in community services in the period of austerity. Current provision for healthcare, particularly in the area of mental health, has been found to be inadequate with high levels of unmet need (House of Commons Justice Committee, 2021). In 2021, 1095 people were transferred from prisons to secure hospitals – a clear indication of the seriousness of some of the mental health issues seen in prison settings (Ministry of Justice, 2022e).

In this context, substance use becomes a way of coping with unmet health needs (Kolind et al, 2016) and the contemporary 'pains of imprisonment' (Crewe, 2011), as well as a way to pass the time (Craft et al, 2023). In particular, the use of synthetic cannabinoids became the drug of choice for people living in prisons (User Voice, 2016; Ralphs et al, 2017; Duke, 2020), as well as the increased use of diverted prescribed medication (HMIP, 2015; Duke & Trebilcock, 2022). By the end of the fiscal year 2019, there had been 6,699 seizures of NPS compared to 15 in 2010 (Ministry of Justice, 2019a). The arrival of NPS created an acute crisis of drug-related harms. Over the period of this study (2015-2021), the risks of drug use, drug harm and drug-related deaths intensified in prisons. In the next section, we outline the theoretical approach employed to analyse the policy and practice responses to drug-related deaths in prisons.

Theoretical Framework

Our analysis applies a 'wicked problem' conceptual framework to the problem of drug-related deaths in prisons. 'Wicked problems' are characterised by their intractability, complexity, divergence, uncertainty, systemic nature and entanglement with other policy issues (Rittel and Webber, 1973; Head, 2022). They are persistent and not amenable to simple technocratic solutions, but require political and moral engagement from a range of stakeholders. Two separate, but related, 'wicked problems' in contemporary society are the use of drugs and rising rates of mental illness. In the prison environment, these two 'wicked problems' collide, intensifying harms and the risk of drug-related deaths, exacerbated by their occurring in conditions where two incompatible systems of control also collide – those emanating from a health and those from a security framework.

Head (2022, p. 15) argues that 'wicked problems' have systemic qualities, interconnecting across issues and institutional processes and this 'interdependence means that changes in one part of the system may have unpredictable effects elsewhere.' It follows that drug-related deaths in prisons will be addressed through a number of levers and solutions, including health, security and safety initiatives. In prison environments, there are many interactions between different policy and practice areas (especially mental health, security, sentencing, healthcare, probation, employment, and education) which produce different framings of the drugs 'problem' (Walker et al, 2018; Duke and Kolind, 2020). Multiple stakeholders are involved with different roles, experiences, knowledge, ideologies and remits. Stakeholders in the prison drugs policy space may disagree about the nature of the problem of drug-related deaths and how this issue should be addressed. Prison staff and health staff, including Substance Misuse Teams, operate from different backgrounds, adopt different ethical codes and speak different 'professional' languages, adding to difficulties of communication (Duke, 2003). All this is exacerbated by 'outsourcing' of provision under contract to separate agencies, with the consequence that the enduring problem of failing to work together effectively is further compounded (Ismail, 2023).

'Wicked problems' become highlighted during periods of change with new initiatives and changes in staffing and leadership. The period under study (2015-2021) was one of turbulence in British government in general. This was also the case in prisons, which experienced the introduction of new policy initiatives, high rates of prison staff turnover and constant churn in leadership both at Ministerial level and in other areas such as oversight functions, including the Prison and Probation Ombudsman (PPO) and Her Majesty's Inspectorate of Prisons (HMIP). Changes in the nature of substance use in prison during this time also increased risks of drug-related harms and contributed to an unsettled policy landscape (Duke et al, 2023).

Head (2022, p. 106) suggests that failure to respond to 'wicked problems' can be explained by a number of different factors: the problems are poorly identified and scoped; the problems are constantly changing; solutions address only the symptoms, rather than underlying causes; the knowledge base required for effective implementation may be weak, fragmented or contested; and some solutions may depend on achieving major shifts in attitudes and behaviours. He outlines several different modes of governance of 'wicked problems: 1) avoidance, denial and minimal responsibility; 2) coercive controls/centralisation; 3) compartmentalised micro-management; 4) technocratic

problem-solving; 5) incremental and pragmatic adjustment; 6) stakeholder collaboration; and 7) coping and prevention policies. In the account which follows, we use these categories as heuristic devices to analyse our findings.

In this paper, we trace the policy and practice responses to the problem of drug-related deaths in prison settings from 2015-2021 through an analysis of key policy developments (i.e. national level policy documents) and recommendations for practice (i.e. local prison level documents in response to individual deaths – the PPO fatal investigation reports and their associated prison action plans). We address two research questions:

- Which policy governance strategies were employed in the management of drug-related deaths in prisons between 2015 and 2021?
- What were the barriers, facilitators and other influencing factors affecting implementation of changes to policy and practice?

The next section of the paper outlines the methods we used to investigate these research questions.

Methodology

National level documentary analysis

At the national level, documents relating to key developments in prison drugs policy from 2015 to 2021 were analysed (see Fig. 1 for main documents). These included national and prison drugs strategy documents (n = 3), prison policy documents (n = 2), HMIP annual reports/thematic reviews (n = 7), PPO annual reports/learning lessons bulletins (n = 9), and guidance/training toolkits for staff and clinicians (n = 2). Thematic analysis was employed to examine the various policy and practice proposals/recommendations for responding to the problem of drugs use (and specifically drug-related deaths) in prison settings and how these changed over the time period (Braun and Clarke, 2006). These responses were analysed inductively through a close reading of each document, identifying key themes within the policy proposals and recommendations. The electronic documents were read, and codes were marked and highlighted on each document electronically. The codes and relevant segments of the text were cut, pasted and collated together in a coding framework (i.e. a Word document). Themes were then identified, reviewed and refined. We then applied Head's modes of governance to the various responses identified over time.

Local level documentary analysis

The Prison and Probation Ombudsman is an independent body which conducts investigations into all fatal incidents which occur in prisons (PPO, 2021). They gather evidence about what was happening to the person before they died. The investigations involve an examination of records and policies in individual prisons and include interviews with staff members and those living in prisons. The reports include an abstract, summary, account of the investigation process, information about the prison, key events, issues and recommendations. An action plan is added with most reports and includes responses to the recommendations. There can be long delays between the date of death and the report being published. As Tomczak (2022) argues these reports have been underutilised by researchers. They are a rich source of data for examining drug-related deaths and provide insights into the responses to these over time.

At the local prison level, all of the individual PPO fatal investigation reports (n = 171) and any associated action plans were analysed relating to drug-related deaths in the 'other non-natural' category between 2015 and 2021. Although this category provides a good proxy measure for drug-related deaths (The Independent Advisory Panel on Deaths in Custody and the Royal College of General Practitioners (IAPDC/RCGP, 2022), some deaths classified in the 'self-inflicted' category and the 'natural causes' category may in addition be related to substance use. These electronic documents were read and coded with attention focused on the PPO's key concerns and their main recommendations in each case and on each prison's response as reported in the action plan (and at times references in the PPO report itself). The codes and relevant sections of text were noted and highlighted on the electronic documents and then extracted into a separate coding framework (i.e. a Word document) which also included attention to the circumstances of death. A thematic analysis of these concerns, recommendations and responses was carried out after deep immersion in the data (Braun and Clarke, 2006). Key themes were identified as well as an assessment of the frequency with which these emerged and priority given to the issue/recommendation. Analysis considered developments over time, especially in the years leading up to the publication of the Prison Drugs Strategy in 2019 and then the years thereafter, to identify continuities and changes in policies and practices and the role of national interventions. A more detailed analysis of these themes and associated data was then carried out using the modes/categories provided in Head's theory of governance.

The two coding frameworks (i.e. national level analysis and local level analysis) were then analysed together, identifying both common and divergent themes and exploring how Head's theory of governance operated at the two levels of analysis.

Ethical approval for the study was granted through the Middlesex University Ethics Committee. Although reports are publicly available on the PPO website along with the names of the prison and the person who died, we ensured that individuals could not be readily identified in the research by removing their names and giving them their own case record number followed by the year of the death (e.g. CR#1 2015). The numbers are mostly sequential (CR1-CR171) and earlier numbers are generally indicative of deaths that occurred in the earlier years of the study period, apart from those where there was a considerable delay between the death and the report.

Overview of analysis

In this paper, we argue that increased supply and use of drugs and rising rates of mental illness were the two underlying forces to which

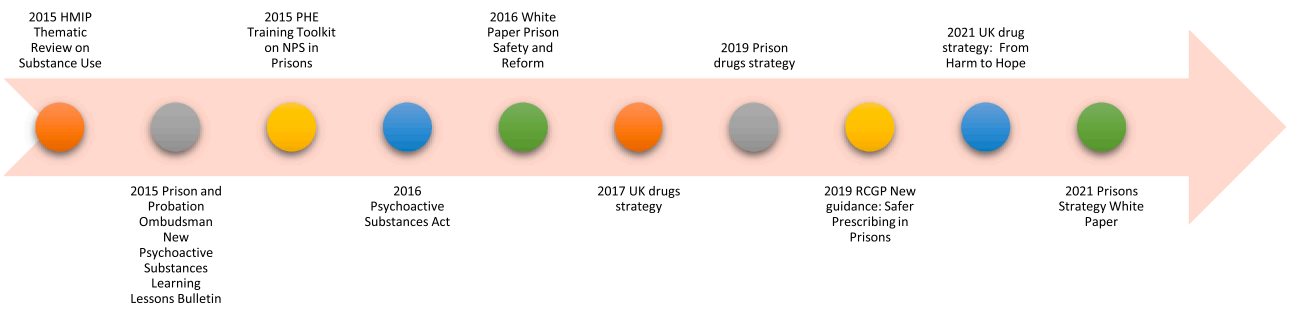

Fig. 1. Timeline: Key Developments in Prison Drugs Policy 2015-2021

policy needed to respond. In general, policy responses focused on attempting to control the supply of illicit drugs into prisons without addressing the questions of demand or patterns of use. We show below how the problem was defined and how policy and practice changed or remained the same over time. We identify similarities and differences in responses at the national and local (prison) level and assess the effectiveness of the PPO in raising the issues on policy and practice agendas. We draw on Head's modes of governance within the analysis and observed interactions between activities at the national level (which refers to government departments), at the local level (which refers to individual prisons) and intermediary levels (the PPO here occupies an intermediary position between the national and local levels).

Pressures from the national level

National level actions shaped responses at the local level through strategy documents, legislation, and specific investigations conducted by the PPO and HMIP, but also through the issuing of Prison Service Instructions (PSI), guidance and provision of resources.

Our analysis of the PPO fatal investigation reports revealed references to a number of national level documents, guidance and instructions and indicate the framework within which actions were recommended and taken at the local level. It is notable that these documents date from as early as 2002 (see Table 1). The total number of documents of which staff need to be aware in their day-to-day operations is also notable, indicating the complex and specialised set of arrangements staff must learn and adhere to. These are issued by a variety of national level agencies such as the Nursing and Midwifery Council, Department of Health, Royal College of Emergency Medicine, and Royal College of General Practitioners, and apply to health staff especially, as well as those in the form of Prison Service Instructions and PPO advice.

Issues raised by the PPO to be addressed at the local (prison) level

Matters that particularly concerned the PPO when investigating fatal incidents fell into several categories: operational practice; technical faults; staffing issues; pressures on the prison system; and liaison with the PPO.

Reference to operational practice was generally the first priority in the PPO reports and recommendations and was most frequently mentioned. These concerns and recommendations mainly dealt with immediate events surrounding a death and were matters most readily amenable to remedial action. This is due to the fact that the PPO is concerned with the questions of what could have been done to prevent the deaths, what happened in the immediate situation and how staff responded. Key operational matters included: deficiencies to do with the emergency response, especially use of codes red (for blood/burns) and blue (for breathing/collapses) (e.g. CR#87 2016; CR#137 2018; CR#150 2019); failure to complete welfare checks (e.g. CR#135 2018); failure to submit security intelligence reports (e.g. CR#156 2020; CR#159 2020); failures of communication between wing staff and health professionals as well as substance misuse teams (e.g. CR#167 2021); and lack of adequate control and surveillance (e.g. CR#135 2018; CR #137 2018). Failures regarding equipment were frequently mentioned, such as faults with defibrillators and radios (e.g. CR#173 2019). Key examples of gaps in the knowledge of staff were also mentioned: mistakes made by staff such as failing to recognise the risk of drug toxicity (e.g. CR#130 2016), or failing to monitor clinical signs adequately (e.g. CR#143 2018; CR#168 2021); individual staff might not have had drug awareness training (e.g. CR#131 2016) and especially notable was a lack of staff awareness of the risks involved in NPS use (e.g. CR#161 2020). There were also examples of lack of policy awareness and discordant implementation by staff. These included inconsistencies between stated policy and actual practice by staff (e.g. CR#133 2017) and staff often seemed not to be aware of the local drug strategy, so while on paper the prison might have a well worked out plan, this was not always known or understood by prison officers (e.g. CR#150 2019).

The PPO fatal investigation reports continually emphasised that failings and mistakes took place in the context of increased pressure resulting from the use of drugs in prisons. In 2017, it was noted that NPS use was rife and the PPO was investigating increasing numbers of deaths in which NPS played a part (e.g. CR#133 2017). Reports in 2018 commented on the availability of NPS across the prison estate (e.g. CR#135 2018). By 2019, reports were commenting on the unpredictability of the effects of NPS and that individuals did not know exactly what they were using (e.g. CR#173 2019). Other drugs were also mentioned, such as prescription drugs and illicit alcohol.

There were recurring themes in the PPO recommendations throughout the study period from 2015-2021. Prisons were frequently advised to review their emergency response procedures (e.g. CR#133 2017; CR#157 2020; CR#170 2021). The PPO emphasised the need for prison and health care staff to work together more effectively, especially the need for wing staff to inform substance misuse teams and health care

Table 1
Documents, guidance and instructions mentioned in the PPO reports and action plans relating to drug-related deaths 2015-2021

2002	Nursing and Midwifery Council Guidance 2002 re: effective record keeping, proper prescribing and administering of medication
2006	Department of Health (2006) guidelines on the management of drug dependence in adult prisons
2010	Prison Service Instruction (PSI) 58/2010 - explains the role and remit of the PPO and sets out: how prisoners should be told about the PPO; how and when prisoners can contact the PPO; what staff need to know in the event of a PPO investigation, including that when the PPO is carrying out investigations that staff comply with requests for information and assistance
2011	PSI 24/2011 - policy on entering a cell at night PSI 64/2011 - guidance on ACCT procedures (i.e. management of individuals at risk of harm to self, to others and from others) PSI 75/2011 - re: deaths in custody overnight - on residential services and deaths overnight not noticed – re: morning welfare checks
2013	PSI 03/2013 – medical emergencies responses – staff should promptly use an emergency code to effectively communicate the nature of the emergency – requires prisons to have a two code emergency response system
2014	College of Emergency Medicine (2014) guidelines on caring for adult patients suspected of having concealed illicit drugs PPO (2014) Learning Lessons Bulletin on risk factors in self-inflicted deaths
2015	PPO (2015) Learning Lessons Bulletin on new psychoactive substances PSI 07/2015 - guidance on assessing an individual's risk at reception
2016	National Offender Management Service (2016) guidance to support staff on when not to perform cardiopulmonary resuscitation (CPR), based on the Resuscitation Council Guidelines 2015
2017	Department of Health (2017) Drug Misuse and Dependence: UK guidelines on clinical management
2019	HMPPS (2019) - every prison required to revise their local drugs strategy by September 2019 Gabapentin reclassified as a controlled drug in 2019: Director of Health and Justice at National Health Service (NHS) England issued guidance to prisons requiring patients on controlled drugs such as gabapentin to be formally reviewed Royal College of General Practitioners (2019) Safer Prescribing in Prisons Guidance
2020	July 2020 national safety briefing document on actions to take when individual found unresponsive and consideration of entering cell alone
2021	PSI 03/2013 amended to also require the member of staff using the medical emergency code to provide relevant information about the individual's condition to the control room to allow the ambulance service to triage the call

staff when individuals were observed to be under the influence or to fail a drug test (e.g. CR#158 2020; CR#161 2020). The PPO stressed the need to improve record-keeping, especially systematically completing intelligence reports (e.g. CR#158 2020). Reviews of practice were generally recommended, such as reviewing systems for assessments of individuals who hold medication in their own possession (e.g. CR#166 2020); carrying out reviews of medication when individuals arrive newly in a prison (CR#152 2019; CR#168 2021); improving the use of Assessment, Care in Custody and Teamwork (ACCT) procedures for those identified as at risk of suicide and self-harm (e.g. CR#144 2018; CR#150 2019; CR#171 2021); reviewing reception screening procedures (e.g. CR#158 2020; CR#168 2021); and ensuring officers undertake frequent patrols (e.g. CR#151 2019). Prisons were advised to review their unlock policy to make clear the need to conduct welfare checks. This was due to the fact that in some cases prison officers unlocked the door in the morning, but did not look in to ensure that the individual was fit and well. On some occasions, individuals had been left for long periods of time before medical attention was called (e.g. CR#160 2020; CR#163 2020). They were advised to improve the assessment of risk on the first night (e.g. CR#158 2020) and to improve liaison with community GPs on release of individuals with substance use issues (e.g. CR#143 2018). The PPO reports emphasised the value of constant monitoring and recording of observations on individual behaviour to encourage better communication between staff (e.g. CR#154 2019). Prisons were repeatedly advised to improve staff awareness of how to utilise the correct emergency responses (e.g. CR#136 2018; CR#147 2019), procedures regarding calling an ambulance (e.g. CR#133 2017), when and when not to attempt resuscitation (e.g. CR#157 2020) and how to administer first aid (e.g. CR#155 2019).

More generally, prisons were advised to improve staff awareness of the national and especially the local prison drug strategy (e.g.CR#135 2018) and to ensure staff understand that drug use, including NPS use, carries a significant risk to health and should always be taken seriously (e.g. CR#131 2016; CR#133 2017; CR#159 2020; CR#161 2020). The PPO recommended that prisons review their local drug strategy, especially in light of the new Prison Drug Strategy (HMPPS, 2019). In particular, they should develop a strategy to respond to NPS.

Prison responses in the form of action plans became fuller, more systematic and detailed over time, indicating the increasing seriousness with which the issues were viewed. A key form of response was to hold more meetings between staff, including multi-agency, multi-disciplinary meetings to share patient information and discuss complex cases (e.g. CR#87 2016; CR#162 2020); monthly drug strategy meetings (e.g. CR#135 2018; CR#170 2021); weekly multi-disciplinary recovery strategy meetings (e.g. CR#136 2018); weekly medication review clinics (e.g. CR#148 2019; CR#169 2021); and drug strategy forums to encourage information sharing (e.g. CR#141 2018; CR#159 2020). Other shared actions included: better record keeping (e.g. CR#133 2017; CR#173 2019); reviews and improvements to existing arrangements (e.g. CR#173 2019; CR#156 2020); attempts to improve information sharing (e.g. CR#145 2019); checking of equipment (e.g. CR#156 2020); and employing new staff (e.g. CR#149 2019; CR#158 2020). New roles were developed to focus on drugs specifically, including the appointment of a Head of Drug Strategy (e.g. CR#141 2018; CR#158 2020); and staff were constantly reminded of correct procedures and training improved (e.g. CR#138 2018; CR#140 2018; CR#150 2019; CR#156 2020). A number of common security measures were introduced. Ways to reduce supply were prioritised, including efforts to stop drones, increase the number of searches of staff and increase security around family visits (e.g. CR#133 2017; CR#162 2020; CR#164 2020). Security intelligence on supply routes, drug dealing and staff corruption was collated, analysed and acted upon, including attention to legal mail (e.g. CR#156 2020). Dedicated searching and mandatory drug testing teams were supported (e.g. CR#173 2019). More drug testing was carried out, including suspicion tests and frequent random testing.

As early as 2016, local prison drug supply reduction policies, specifically for tackling NPS, were being devised. A great deal of activity went on from 2018 to develop local drug strategies (e.g. CR#135 2018; CR#173 2019; CR#156 2020). Common features of these focused on improving search facilities, securing the gates, introducing new scanning technologies, searching staff, employing drugs dogs, and better multi-disciplinary working.

Overall, there seems to have been a huge amount of effort, if the aims of the action plans were fulfilled, to give a higher priority to the drugs issue, partly in response to the National Prisons Drug Strategy in 2019 and central guidance. Locally, responses were prompted by rises in drug-related deaths and associated issues. The question is however whether these many aims could all be carried out successfully and the momentum maintained in the context of competing pressures and inadequate resources.

Modes of governance

In the next sections, we draw on Head's modes of governance to analyse the main developments in policy and practice relating to drug-related deaths in prisons. There is strong evidence of the dominance of avoidance, denial and irresponsibility, especially in the earlier years. Even where this receded over time, in some prisons it remained, or reappeared even after reforms had been promised. However, as demonstrated through our analysis of the PPO fatal investigation reports, overall there was a gradual increase in awareness of the role of illicit drug use, particularly the dangers of synthetic cannabinoids, and an acceptance of responsibility on the part of prison management and staff to act more assertively. There developed with experience a move towards the adoption of more pragmatic and incremental policies and a push towards comprehensive prison policies over time, especially post-2019 (see Table 2 for examples of the modes of governance).

Throughout the time period (2015-2021), the division between attention to security and health matters remained with problems of ensuring effective joint working and collaboration. Responses regarding security relied primarily on technological solutions for which specific funds would be required. Delays in providing these additional funds slowed implementation.

Avoidance, denial and minimal responsibility

By 2015, the types of substances used in prison settings changed and the risks of use intensified. At the national level, both the HMIP and PPO were raising concerns in dedicated thematic reports about drug harms in prisons (HMIP, 2015) and the increase in deaths which were linked to use of NPS (PPO, 2015). The PPO produced a learning lessons bulletin based on 19 deaths between 2012 and 2014 where the person who died was either known or suspected of using NPS before their death. They pointed to the 'unpredictability' of NPS in terms of effects and also in terms of the behaviour of those who had taken it, which was described as 'erratic, violent and out of character' (PPO, 2015, p. 2). In their annual report for 2015-2016, the 'pervasiveness of mental ill-health and the destructive impact of an epidemic of new psychoactive substances' were also viewed as contributing factors to the rising numbers of deaths and homicides (PPO, 2016b, p. 25).

By 2016-17, critique began to emerge from the PPO regarding the failure of the Prison Service to learn lessons and implement changes to prevent deaths in custody. The then PPO left his post after the publication of the 2017 annual report and pointed to a prison system in crisis with deaths on the rise and high levels of violence and disorder. He wrote that the problems are significant and systemic. Although prisons readily accepted the recommendations of the PPO on how to prevent deaths in custody, there was a lack of action on their recommendations which had resulted in repeated failures:

Table 2
Examples of evidence on dominant modes of governance

Mode of Governance	Examples
Avoidance, denial and minimal responsibility	*Warning signs that individuals had been using new psychoactive substances (NPS) not acted upon – including occasionally failures to recognise this as risk when admitted to hospital.* *NPS not identified in current drug screening tests.* *Toxicology tests as part of post-mortem did not test for NPS.* *Repeated recommendations made by the PPO - no action taken by some prisons.*
Coercive controls	*Legislation introduced new offences and powers around use and supply of NPS in prisons.* *Sanctions on staff found in possession of illicit substances.* *Quality assurance checks.* *Repeated reminders on: prescribing procedures; detoxification regimes; care for individuals with complex needs; medical emergency responses; missed appointments for individuals at risk of suicide and self-harm.*
Compartmentalised micro-management	*Packages of responses including detailed actions on:* • *Comprehensive assessment on entry to prison;* • *Information and training on high risk groups and NPS;* • *Improved processing of intelligence reports when illicit substances found or use reported or suspected;* • *Review policies on safety and violence reduction;* • *Guidance to those imprisoned re: use of cell bells.* • *Information and training on actions when individuals found under the influence and when to administer first aid, naloxone and cardiopulmonary resuscitation.*
Incremental & pragmatic adjustment	*Reviews of local drug strategies.* *Appointment of new staff with specific responsibilities (Head of drug strategy; keyworkers).* *Attention to national recommendations; monitoring of mandatory drug testing (MDT) and other data.* *Dissemination to staff of key points to include in routine discussion of drugs issues with those imprisoned.* *Reviews of other related policies e.g. re: critical incidents.*
Technocratic problem solving	*Photocopying mail so that individuals could not receive paper immersed in NPS.* *Restrictions and searching of visitors.* *Body image scanners to detect drugs carried internally.* *Netting project across prison yards to prevent throw overs and drones dropping drugs.* *Targeted searching and designated search teams.* *Drug detection dogs trained to pick up NPS.* *Replacement of cell windows.* *Enhanced gate security and metal detection portal.* *Clear bag policy for visitors and staff, so that items can be seen easily.*

> *My recommendations and thematic lessons rarely say anything new – I have been saying many of the same things for many years. Nor are prisons…I investigate hostile or unsympathetic to what I have to say. Almost all my recommendations were accepted last year and an action plan put in place for their implementation….But, too frequently, my colleagues at HMIP – who, on their visits, routinely follow up on my fatal incident investigation recommendations – found that there had been a lack of action. Worse, my investigators were often called to new fatal incidents, only to find that previous lessons had not been learned – with tragic consequences. This level of repeated failure must not be allowed to continue* (PPO, 2017, p. 8).

However, circumstances had not changed the following year when the interim PPO also noted the apparent inability of prisons to act on their recommendations (PPO, 2018). This failure to act was also flagged by the HMIP in their annual report. One-third of the prisons inspected had not implemented the PPO recommendations to prevent deaths and there were failures in processes and practices (HMIP, 2017). The failure to implement change was also highlighted in their report in the following year:

> *2017–18 was a dramatic period in which HMIP documented some of the most disturbing prison conditions we have ever seen – conditions which have no place in an advanced nation in the 21st century…Violence, drugs, suicide and self-harm, squalor and poor access to education are again prominent themes. Another recurrent theme is the disappointing failure of many prisons to act on our previous recommendations – which are intended to help save lives, keep prisoners safe, ensure they are treated respectfully and to give a chance of returning to the community less likely to reoffend* (HMIP, 2018, p. 7).

On the frontline at the local (prison) level, the most obvious issue initially was that prison officers did not notice and/or did not take seriously use of drugs on the wing, especially undervaluing the dangers of NPS use (e.g. CR#5 2015; CR#24 2016). There seemed to be a common understanding that these substances were similar to cannabis and that as erstwhile 'legal highs' (controlled under the Psychoactive Substances Act 2016, not the Misuse of Drugs Act 1971) that they were therefore less problematic. Some of those imprisoned saw them this way too, often encouraging use of substances of unknown quality or in higher doses by those who were vulnerable as a form of entertainment (e.g. CR#28 2016; CR#41 2017; CR#83 2018).

Even as the dangers became recognised and policy was to monitor use, record it as an intelligence report and refer the individual to the health service or Substance Misuse Team in the prison, officers sometimes failed to do so – they still did not take the matter seriously. This is summed up in a comment from the PPO in one report:

> *It is clear to us that healthcare staff did not consider drug seeking, self-reports of drug taking or behaviour indicating drug taking as issues they should have reported* (CR#25 2016).

This neglect also occurred among those imprisoned where a cellmate might have raised the alarm but did not do so (e.g. CR#133 2017).

The fact that those who died were more often vulnerable had been pointed out citing the link between NPS use and bullying (PPO, 2015). Over time however awareness grew that these deaths were linked to a more general problem of the prevalence of mental illness in the prison population. The PPO singled out the lack of training for mental health staff regarding the management of individuals with personality disorders and a lack of a specific pathway for this group (PPO, 2016a).

The PPO also pointed out a lack of training and specific guidance on how to deal with incidents which followed from the fact that prisons were not able to control the supply of drugs into prisons, such as what to do when individuals concealed drugs in body cavities or swallowed drugs in order to evade confiscation. This could lead to death as when the PPO noted in 2015 (clearly indicating an avoidance of responsibility nationally and locally):

This is not the first case we have investigated where a prisoner has choked to death after swallowing an illicit item during a restraint. A recommendation we made on this subject in 2014 was accepted but not implemented. PPO recommends once again that the Director General of the Prison Service provides staff with clear guidance on what to do if a resistant prisoner has something in his mouth (CR#4 2015).

The fact that the PPO had to continually raise these issues partly reflects the consequences of a general lack of resources and turnover of staff as well as issues to do with staff training, discipline and morale. Prison officers expressed concern that staffing levels prevented them from effectively monitoring individuals who were suspected of using illicit substances (e.g. CR#57 2017). The situation remained serious into 2018 where the problem of lack of surveillance and officers' unwillingness to enter a cell led to one serious case where an individual's emergency bell was not answered for 16 minutes before he was discovered on fire in his cell (CR#102 2018). Similarly, in another death in 2018, the PPO was concerned that there was a delay of 23 minutes before the individual received medical assistance (CR#73 2018). Such problems of lack of surveillance continued with one case leading the PPO to comment:

We are astonished that he was able to store such a large amount of hooch – 20 litres – in his cell on the recovery wing (CR#92 2018).

But the PPO was most critical of failures and neglect at the national level:

We are concerned that individual prisons are being left to develop local strategies to reduce the supply and demand for drugs. This is a national problem that needs national solutions and an open acknowledgement of the resources required to address it effectively. The Chief Executive of HMPPS [Her Majesty's Prison and Probation Service] should provide the Ombudsman with a revised date for issuing detailed national guidance on measures to reduce the supply and demand of drugs in prisons and an assurance that the new date will be met (CR#88 2018).

The PPO later noted that it had been announced that a Plan for a National Prison Drugs Strategy would be produced in Autumn 2018, but six months later the PPO wrote: :

We are concerned that at the time of writing (March 2019) this strategy has not been issued (CR#102 2018).

In January 2019, the Deputy Ombudsman raised concerns nationally about the worrying increase in drug-related deaths in custody (PPO, 2019).

Coercive controls and centralised response

During 2015-2016, coercive controls were established as the dominant mode of governance to deal with NPS in prison settings. Various pieces of legislation introduced new offences and powers surrounding the use and supply of NPS in prisons. Due to the problem with drones dropping substances into prisons, the Serious Crime Act 2015 made it an offence to throw or project any article/substance so that it lands in a prison, including all legal and illegal substances. The Criminal Courts and Justice Act 2015 introduced new powers to specify any substance/product (i.e. not a controlled drug under the Misuse of Drugs Act 1971) for which an individual may be required to provide a sample for testing in prisons. This new legislation allowing for the testing of these substances would assist the prison authorities in both identifying and punishing individuals using NPS. The Psychoactive Substances Act 2016, introduced after this initial 'crackdown' on NPS in prisons, makes a clear distinction between possession in the community and in 'custodial institutions' (e.g. prisons). In the community, it is not an offence to possess NPS, while in prisons it is an offence, 'therefore producing a clear binary between the prison and community under the new Act' (Duke, 2020, p. 4).

This emphasis on clamping down and introducing new controls and technology (e.g. body scanners, drug trace detectors and drone-blocking technology) to deal with NPS was reinforced by the 2016 White Paper on Prison Safety and Reform with its commitment to 'redouble efforts to tackle this challenge with the aim of eradicating illicit drug use in prisons' (Ministry of Justice, 2016, p. 46). The evolving market in NPS and their use were viewed as 'the most pressing threats to security in prisons' (Ministry of Justice, 2016, p. 10). New attempts to 'measure' the problem were also introduced such as drug tests on entry and exit to prison and measuring 'health progress' by the average rate of positive results from random drug tests. There was little detail on enhancing drug treatment in prisons.

The legislation ensured the development of control and punitive mechanisms across the prison estate, while there was little work on prevention and addressing the underlying causes of drug use and the wider crisis enveloping prisons due to staff shortages, cuts to budgets, overcrowding, and lack of purposeful activities.

Prison Governors who were responsible for the delivery of these measures attempted with varying success to grapple with the growing problem during 2015-2016. In responding to the PPO recommendations, it was common for prisons to point out that many operational policies were already in existence at the prison and they acted to reinforce these policies with reminders to staff (e.g. CR#87 2016; CR#131 2016). These might take the form of information sheets, briefings or emails. Some attempts were made to improve the quality of communications such as providing Emergency Response in Custody (ERIC) cards or posters in prominent places containing information on what to do in a medical emergency (e.g. CR#136 2018). A step beyond simply reminding staff was to hold training sessions (e.g. CR#135 2018; CR#138 2018). From 2017 onwards, it seemed that prison management became more assertive in issuing reminders and highlighting the issue of drugs (e.g. CR#139 2018; CR#142 2018). The aim was to encourage staff to respond more promptly when an individual was observed to fail a drug test or to be under the influence (UTI) (e.g. CR#143 2018; CR#144 2018). The next step was to tighten management systems and ensure agreed practices were being followed through instituting quality controls and internal inspections. While some prisons responded with alacrity, in some cases it took a few years before actions became manifest.

Compartmentalised micro-management

Alongside the coercive controls, there were also various attempts to 'chunk up' and deal with different parts of the drug 'problem'. For example, there was an initiative to train staff working within prisons by providing information on what was known at the time about NPS. Public Health England (2015) developed a toolkit and training package on NPS which included sections on definitions and categories of NPS, the law, prevalence data, challenges for healthcare staff and the wider prison regime, and the management of acute and chronic adverse effects. As Duke (2020, p. 4) argued, this development related to a knowledge and training deficit among prison staff and assumed that provision of information would contain the problem. Moreover, the response to the problem of NPS (and drug-related deaths) was driven by a focus on the substances, rather than the systems and wider environmental factors.

This tendency to focus on elements of the problem, rather than its totality and causes, can be seen in many of the recommendations for change put forward by both the PPO and HMIP. Here, we can see how bite-size chunks are identified for management through specific strategies (Head, 2022). For example, the PPO tended to focus on the organisational and systems aspects of the problem. In the 2017 annual report, the PPO (2017) pointed to failures in management, weak procedures, poor information sharing, a lack of coordination and collaboration between agencies, gaps in training and poor emergency responses. Addressing these operational and organisational issues focuses on the symptoms of the problem, rather than the underlying

causes. In the 2018 report, the PPO noted the piecemeal response that had emerged in each prison in the absence of a national strategy:

> *…prisons have been left to develop their own local strategies to cope with NPS as best they can in a piecemeal fashion. Some are doing everything they can; some are trying but struggling; and others appear to have given up…this is another area where there is an urgent need for a properly resourced national strategy, involving other agencies, such as the police and healthcare providers, to reduce supply and demand* (PPO, 2018, p. 16)

Over time, the PPO's understanding of the problem increased and by 2018 they were able to regularly issue a comprehensive list of changes that prisons should make to respond to a drug-related death. For example, recommendations in 2018 and 2019 regularly referred to the following actions: improve responses to medical emergencies and staff knowledge regarding emergency responses (e.g. CR#136 2018; CR#149 2019; CR#152 2019); review local drug strategy (e.g. CR#135 2018; CR#141 2018); continue efforts to prevent the supply and demand for illicit substances, especially NPS (e.g. CR#150 2019; CR#154 2019); improve the key worker's scheme where those imprisoned are assigned a dedicated prison officer (e.g. CR#153 2019; CR#155 2019) and individuals suspected of substance misuse should be promptly reported to the substance misuse service (e.g. CR#153 2019; CR#154 2019). These were actions that had been recommended previously and were in general adhered to across the prison estate. Specific prisons had to be reminded of these where a combination of use of NPS and underlying mental health conditions could present a risk of death.

The packages of measures prisons promised often focused on more complex issues, such as the needs of individuals with personality disorders or evidencing suicidal or self-harm risks. Dealing with these cases involved specialist training and good communication between general and specialist staff but also had implications for other staff, especially those responsible for security and supply, including trading in prescribed medications. They also involved increased attention to the availability and use of NPS.

Incremental and pragmatic adjustment

Given the absence of any nationally led revolutionary change or serious reforms to prison policy and regimes, individual prisons at best could adopt incremental and pragmatic adjustments to the key challenges they faced from the increased availability of drugs and their use among the prison population and from the increasingly complex mental health conditions observed in a proportion of cases. Prisons were not equally challenged in regard to these two issues and they did not respond in identical ways in spite of the national instructions and guidance. It seemed that some faced up to the two 'wicked problems' with more alacrity and effect than others. For example, some prisons which had just one or two drug-related deaths over these years nevertheless responded immediately and intelligently when this occurred. One case sums up the core issues well:

> *A young man was found unresponsive in his room in the prison. He died of an acute cardiac episode, caused by using psychoactive substances…He had a history of mental health problems and substance misuse. He self-harmed frequently and was managed under Prison Service suicide and self-harm prevention procedures (ACCT) on several occasions. He said he used NPS as a coping mechanism. He received support from the mental health team and Substance Misuse Services (SMS) but continued using NPS. The PPO investigation found that he received appropriate support under ACCT and with his substance misuse issues and the PPO were satisfied staff responded appropriately on the occasions when he was found under the influence* (CR#68 2018).

This death occurred in 2018. The relatively low numbers of drug-related deaths in some prisons does not seem to be explained by their not having a problem with the supply of drugs. What seems to distinguish the prisons with low numbers of deaths is their prompt and effective response to the problems caused by use of drugs within the prison. In the case described, all staff seemed to exhibit a high standard of practice.

> *Observations were set at two an hour. At 6.07pm, the same officer returned to his room to check on him and saw him lying on the floor, unresponsive. The officer immediately used his radio to inform the control room that there was an emergency code blue. Staff responded quickly and started cardiopulmonary resuscitation (CPR). Paramedics arrived at 6.27pm and transferred him by emergency ambulance to Hospital. The clinical reviewer concluded that he received good clinical care which was equitable to the care he would have expected to receive in the community. When he was found to be using NPS, staff challenged his behaviour and supported him in line with the prison's drug strategy. And for the most part staff managed the ACCT procedures very well* (CR#68 2018).

Even so this prison responded to the PPO report with a detailed action plan. It also had a Supply Reduction Strategy issued in April 2018 and a NPS-specific policy in draft form that complemented the overarching strategy.

> *The prison has developed an action plan designed to ensure that tackling drugs and NPS remain a key focus for the establishment. This is a live action plan that aims to contribute actively to the reduction in both the supply and demand for NPS. New actions are added at any time in response to the changing need and environment. This is developed, managed and reviewed through the monthly drug strategy meetings* (CR#68 2018).

Technocratic problem-solving

In the early years of our study period from 2015-2018, a reliance on new drug detecting and surveillance equipment and tighter measures was the main approach adopted by prisons. Over time this did not diminish, but other responses were added as the complexity of responses to the issue of drug-related deaths grew. A technocratic approach was most evident in relation to security and supply innovations, but also applied with reference to health needs where medical and especially psychological evidence played a part (examples here include use of Public Health England information and resources to reduce harm and prevent deaths relating to substance misuse; clinical interventions such as Cognitive Behaviour Therapy, Motivational Interviewing, Twelve Steps and contingency management; and the Challenge Support and Intervention Plan – a case management model to help staff to manage violent prisoners).

Funds were a key issue here as these new drug detecting and surveillance devices cost money to purchase and install. For the years 2020/21, HM Treasury (2019) announced an extra £100 million to introduce body scanners. In the austerity years, prison health care funding was ring-fenced so this area was relatively protected, but only to a degree in the context of increased population and the increased complexity of need.

Additional central funding helped, but it is interesting to see that the introduction of actions such as screening and netting, even replacing windows, took place at a different pace in different prisons. In addition, it was pointed out in one prison that it received 80-100 new people a week and this number did not reduce significantly even during the national COVID-19 lockdown in place from March to July 2020: it was therefore a challenge to tackle drug supply given the high population turnover at this prison (CR#127 2020). The sheer volume of searching and monitoring large populations and their belongings, given inadequate staffing, makes what seem like simple remedies actually quite difficult to implement consistently.

Signs of a move to greater awareness nationally over time

The last two categories of governance outlined by Head (i.e. stakeholder collaboration and prevention/coping measures) are less prominent in the evidence on policy and practice regarding drug-related deaths in prisons in these years. However, there were signs that over time good practice developed locally filtered to the top and guidance produced from above along with other constraints encouraged increasing numbers of prisons to adopt more effective prevention measures, but problems remain.

Stakeholder collaboration, calls for a 'whole systems' approach and prevention measures

In their thematic inspection on substance use, the HMIP (2015) focused on the destabilising effects of NPS on the prison environment and the problems posed by diverted prescribed medication due to inadequate monitoring. The Inspectorate criticised the existing responses as inadequate and patchy and recommended a 'whole systems' approach to substance use which addressed wider issues of purposeful activity and healthcare (HMIP, 2015).

The continuing lack of coordination between prison staff and healthcare staff and also between primary healthcare, mental health (in-reach) and substance use services and the need for a whole systems approach was also highlighted in a PPO learning lessons bulletin on mental health. They recommended joint screening tools for dual diagnosis to assess needs, more coordinated care and information sharing between mental health and substance use staff, and the recording of substance use services on health records (PPO, 2016a). The deaths we have analysed between 2015-2020 often pointed to the lack of coordination between services and poor assessment and treatment of both mental health and substance use (Duke et al, 2023).

Our analysis of the PPO reports at the local level shows there were some good examples of stakeholder collaboration both within the prison and between the prison and local/regional agencies. Stakeholders included health and security staff and individuals imprisoned, and commissioning agencies and regulatory bodies outside the prison. The national level contributed periodically with guidance, a new strategy, initiatives especially the Ten Prisons Project (Ministry of Justice, 2019b) and additional funding. While impressive where they occurred, overall collaboration appeared patchy.

To eventually produce the Prisons Drugs Strategy, Her Majesty's Prison and Probation Service (HMPPS) formed a Drugs Taskforce working with law enforcement and health partners across government to restrict supply, reduce demand and build recovery. By 2019, they were ready to produce the Strategy along with guidance to provide practical advice and examples of good practice which it was hoped would be embedded across the prison estate.

Prison Drugs Strategy

The 2019 Prison Drugs Strategy (HMPPS, 2019) can be viewed as a response to the various calls from the PPO and HMIP to develop a more robust and holistic approach to drugs and the crisis of drug-related deaths in prisons between 2015-2018. The situation had reached a tipping point where policy makers began to respond. One of the key aims of the strategy was to reduce the number of drug-related deaths in custody. It recognised the complexity of the drugs 'problem' in prisons and promoted a 'whole system approach' and collaboration at the national, regional and local levels.

> *This is a complex, multi-faceted problem with no simple answer – it requires a coordinated effort to limit the supply of drugs both inside and outside prisons, encourage people away from drug misuse towards positive and productive activities, and support those requiring treatment. It is therefore crucial that our approach to tackling the problem consider the whole system, working across government and with our partners at a national, regional and local level.* (HMPPS, 2019, p. 3).

All prisons were expected to develop local strategies to manage illicit drug use. The approach was expected to address three overarching strands encompassing restriction of supply, demand reduction and building recovery. To achieve these objectives, a holistic approach was proposed which focused on (1) people: staff (skills and support); (2) procedural: prison processes; (3) physical: prisons promote well-being and recovery; (4) population: prisoners have positive relationships and engage in constructive activities; (5) partnerships: all organisations contribute and work together effectively (HMPPS, 2019).

The implementation of the 2019 prison drug strategy was disrupted by the COVID-19 pandemic. Research conducted on prison conditions during the pandemic shows a clear deterioration in mental health for those imprisoned during this time (User Voice and Queen's University Belfast, 2022) and drug-related deaths have continued to rise (PPO, 2023). By 2021, the Prisons White Paper was published which put forward a tough 'zero tolerance' approach to drugs which would further enhance technological solutions such as enhanced gate security, x-ray body scanners, biometric visitor identification and drug trace detection units. In relation to treatment, there was a clear move towards 'abstinence' and ensuring individuals live 'drug free' in expanded incentivised substance free living units (Ministry of Justice, 2021). Although the 2021 drug strategy, *From Harm to Hope*, promised an investment in drug treatment in the community which included a range of measures, including opioid substitution treatment, residential rehabilitation, detoxification and harm reduction measures, treatment and rehabilitation programmes would look slightly different in prisons settings with more focus on abstinence and tough approaches (HM Government, 2021). In July 2022, the government announced £120 million would be spent on up to 18 abstinence-based 'drug recovery wings' and 100 'incentivised substance-free living units' would be rolled out in prisons by 2025.

Discussion

Head's modes of governance have been useful tools in identifying, analysing and categorising the various responses to drug-related deaths in prisons during the period from 2015-2021. As deaths related to NPS began to rise, the problem was avoided with a 'let's wait and see' type of approach. Centralised coercive controls and clamping down through legislation were introduced and compartmentalised micro-management was also used with different parts of the prison introducing new initiatives to deal with drug use and overdoses. Similarly, short-term solutions and incremental adjustments to specific parts of the drugs problem in prison (e.g. security initiatives) helped to give the impression that action was being taken at different points in time. However, the underlying reasons as to why people take drugs in prisons and the harmful and deteriorating conditions in the wider prison context were not addressed. This results in 'placebo policies' which attempt to address the symptoms, rather than the underlying root causes (McConnell, 2020). Many of these focus on the substances themselves, rather than tackling the complex needs of the individuals involved or the wider context of the contemporary prison environment.

The modes of governance are not mutually exclusive, but overlapping with more than one frequently being employed simultaneously. Our analysis also revealed tensions between the national and local levels in relation to implementation and differences between prisons. The repetition of concerns and recommendations by the PPO and others over time led to a view that the primary problem facing prisons was the influx of drugs and the inability of prisons to control this, especially the arrival of NPS. The key actions recommended and taken were all scripted in terms set by the dominant public sector management approach which stressed setting clear objectives, increased training and guidance, tighter control by managers of lower level actors, outsourcing specific actions

and reviewing contracts periodically. The words used in the PPO and other national level documents can be seen to have been replicated in action plans, but it is not clear how far this indicates an absorption of these ideas or signifies a rather cynical and weary tokenism. Given the crises within the prison system during this period, particularly in relation to the decline of prison staff, staff turnover, the increase in inexperienced officers, and the continual changes in prisons governance, many of the actions would be difficult to implement. It would be necessary to continually retrain and reinform staff about directives and guidance just to stand still with regard to the quality of security and care. As MacGregor et al (2014, p. 934) have argued 'good governance rests on accumulated wisdom and the ability to learn lessons from evidence and experience' which in prison settings is jeopardised by wider environmental risks, lack of resources and the constant churn in staffing and leadership.

The PPO investigations are useful in revealing the causes of prisoner deaths and highlight opportunities for learning on how to reduce drug-related harms. However, as Tomczak and Banwell-Moore (2021) argue, the PPO rely on attempts 'to fix' staff practices and direct responsibility for deaths towards staff in individual prisons. They are silent on the systemic hazards across the prison estate which staff have little control over, including mental health, drugs, large/old prisons, unsafe facilities and inadequate staffing. They suggest the need to adopt a broader systemic focus, rather than focusing on single deaths in individual prisons.

Staff are not equipped, supported or resourced to deal with the two 'wicked problems' of increasing rates of drug use and mental illness which collide in the prison setting. In our analysis, overwhelmingly the focus on NPS came to dominate attention, to the relative neglect of other substances and the equally or more important role of mental and physical illness among those who died. The reports repeatedly recommend reducing supply, improving monitoring and surveillance, as well as improving the emergency response. There is less focus on prevention and reducing demand. This is seen to be the preserve of treatment professionals (e.g. doctors, nurses, and drug workers) whose approach may be at odds with the dominant prison ethos. There is no mention of harm reduction for people in prisons (e.g. how to use safely, which substances not to mix together, and drug checking). Improving the wider prison environment and culture are rarely mentioned in the reports.

Limitations

This study has relied upon documentary evidence in the form of PPO and other reports. In particular, the data drawn from PPO reports have key limitations. A glaring omission is any systematic data on race and ethnicity. A concern of the PPO investigation is to identify remedial measures to prevent further deaths, so there is a concentration of attention on issues relating to monitoring and immediate responses as well as the quality of treatment. Because of the nature of the investigations, some issues, evidence and voices are given more prominence than others while some others are largely absent. Although there are efforts to speak with those who are imprisoned who are willing to give evidence and include this is in reports, their voices are mainly missing. Policy and practice which ignores these views will inevitably be distorted.

Conclusion

Achieving a 'whole system' approach to reducing drug-related deaths in prisons underpinned by stakeholder collaboration remains hampered by the uncertain alliance of the National Health Service and His Majesty's Prison and Probation Service in the provision of health care of an acceptable quality in custodial settings. Responses to the crisis have adopted many of the techniques included within Head's modes of governance with avoidance and neglect continuing to be evident at the national level and in some local prisons, especially with regard to facing up to the key underlying pressures operating – the supply and use of drugs and rates of mental illness. In raising the alarm, the PPO fought hard but lacked the power to require a response from government, although it had some effect in shaping action plans in some local prisons. The volume of guidance, instructions and recommendations pressing down on staff working in extremely difficult conditions at wing level is striking, showing that the skills and knowledges required of staff are complex, demanding and ever-changing. Lack of resources was an underlying feature throughout this time period with conditions in prisons deteriorating. However, resources alone would not be sufficient to tackle the problem without changes in the way in which the problem has been framed, especially to include some recognition of the contribution of long-standing disadvantages experienced by those imprisoned and the presence of both mental and physical illness.

Ethics approval

The authors declare that they have obtained ethics approval from an appropriately constituted ethics committee/institutional review board where the research entailed animal or human participation.

The project received ethical approval from Middlesex University Ethics Committee. However, the project did not involve human participation. It was based on documentary analysis and reports of deaths in custody which are already in the public domain. We chose to anonymise the cases to protect the identities of the people who died and of the particular prisons involved.

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Karen Duke: Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Conceptualization. **Susanne MacGregor:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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