



**Cynulliad Cenedlaethol Cymru  
The National Assembly for Wales**

**Y Pwyllgor Iechyd a Gofal Cymdeithasol  
The Health and Social Care Committee**

**Dydd Mercher, 12 Tachwedd 2014  
Wednesday, 12 November 2014**

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Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd  
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Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal, cynhwysir trawsgrifiad o'r cyfieithu ar y pryd.

The proceedings are reported in the language in which they were spoken in the committee. In addition, a transcription of the simultaneous interpretation is included.

**Aelodau'r pwyllgor yn bresennol  
Committee members in attendance**

Mohammad Asghar

Ceidwadwyr Cymreig (yn dirprwyo ar ran Darren Millar)  
Welsh Conservatives (substitute for Darren Millar)

Alun Davies

Llafur  
Labour

Janet Finch-Saunders	Ceidwadwyr Cymreig Welsh Conservatives
John Griffiths	Llafur Labour
Elin Jones	Plaid Cymru The Party of Wales
Lynne Neagle	Llafur Labour
Gwyn R. Price	Llafur Labour
David Rees	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Lindsay Whittle	Plaid Cymru The Party of Wales
Kirsty Williams	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats

**Eraill yn bresennol  
Others in attendance**

Richie Jones	Ditectif Arolygydd, Ffederasiwn yr Heddlu ar gyfer Cymru a Lloegr Detective Inspector, Police Federation of England and Wales
Gary Phillips	Ditectif Brif Arolygydd, Tarian, Uned Troseddau Cyfundrefnol Rhanbarthol De Cymru Detective Chief Inspector, Tarian, the Southern Wales Regional Organised Crime Unit
Paul Roberts	Arolygiaeth Carchardai Ei Mawrhydi Her Majesty's Inspectorate of Prisons

**Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol  
National Assembly for Wales officials in attendance**

Amy Clifton	Gwasanaeth Ymchwil Research Service
Sian Giddins	Dirprwy Glerc Deputy Clerk
Llinos Madeley	Clerc Clerk

*Dechreuodd y cyfarfod am 09:32.  
The meeting began at 09:32.*

**Cyflwyniad, Ymddiheuriadau a Dirprwyon  
Introduction, Apologies and Substitutions**

[1] **David Rees:** Good morning. I welcome Members to this morning's session of the Health and Social Care Committee. We will continue with our oral evidence for our inquiry into legal highs or new psychoactive substances. I will do a bit of housekeeping before we start. If you have phones or electronic devices that could interfere with the equipment, would you please switch them off, or at least make sure that they are on 'silent', and that includes all iPads and the ping sounds for e-mail alerts? There is no scheduled fire alarm today, so if one does sound, please ensure that you follow the directions of the ushers. Simultaneous translation from Welsh to English is available on the headphone sets on channel 1, or, if you need amplification, it is on channel 0. We have received apologies from Darren Millar, and

we welcome Mohammad Asghar as his substitute today.

09:33

**Ymchwiliad i Sylweddau Seicoweithredol Newydd ('Cyffuriau Penfeddwol  
Cyfreithlon'): Sesiwn Dystiolaeth 5**  
**Inquiry into New Psychoactive Substances ('Legal Highs'): Evidence Session 5**

[2] **David Rees:** I welcome detective chief inspector Gary Phillips from Tarian, the Southern Wales Regional Organised Crime Unit; and detective inspector Richie Jones from the Police Federation of England and Wales. I welcome you both and thank you for the written evidence that we have received from both organisations in relation to our inquiry into new psychoactive substances and their impact on our communities. We have some questions, because we have also met with focus groups and, as a consequence of that, some issues have arisen on which we would like some clarification. So, we will go straight into that and start off this morning with Gwyn Price.

[3] **Gwyn R. Price:** Thank you, Chair. Good morning, both. This is to Gary from Tarian; you mention in your paper that there is a difference in the NPS usage between north and south Wales. What do you think is the cause of this?

[4] **Mr Phillips:** I think that NPS at present is centred around the larger cities in southern Wales. I do not think that the supply routes have reached northern areas of Wales as much as they have in the south at present. In Wales, some of the supply routes are focused around the areas of Newport and Cardiff, which are a significant distance from our northern Wales colleagues. That is not to say that they do not have supply routes from the Cheshire areas, but it does not seem to have reached those areas at this moment in time.

[5] **Gwyn R. Price:** Do you think that it is inevitable that it will?

[6] **Mr Phillips:** Given the way we have seen an increase in the movement of NPS over recent years, I think that it is a matter of time, yes, before it reaches those areas. Some of the reasons why I believe that NPS are being used in some of the areas of higher deprivation in southern Wales, they have those in north Wales, so there is no reason why that should not happen in north Wales as well, given time.

[7] **Gwyn R. Price:** Thank you.

[8] **David Rees:** So, for clarification, your view is that in north Wales at the moment these are more likely to be coming from the north-eastern Wales border region—they are coming in from places like Chester to Wales—but that there is more of an established base in the southern Wales Valleys areas.

[9] **Mr Phillips:** Yes, absolutely. I am a Dyfed-Powys officer, and some of the supply routes for the southern Wales areas are Bristol, Cardiff, Newport and Liverpool areas. That is not to say that it is not coming from the northern areas, but we do see it predominantly coming from southern routes.

[10] **David Rees:** I have questions now from Lindsay and Alun.

[11] **Lindsay Whittle:** Good morning. Thank you for giving us your valuable time. I am sure that you would rather be on the streets, perhaps fighting this issue. You mentioned areas of deprivation, but we have heard evidence that, in fact, these new substances affect all social classes. What do you think could be done to highlight the dangers to people of taking these?

[12] **Mr Phillips:** Obviously, we have the all-Wales school programme at present. I believe that NPS and the use of mephedrone are already a part of that. I do not know whether that stretches into areas such as universities and colleges and targets that age group. Our report highlights that NPS are predominantly used by the 18 to 24 age group. I do not know whether it has been looked at to have ex-users, for example, giving presentations on how that has affected them in the past. Looking back to my previous role as a detective inspector in the Llanelli area, in a report in probably 2012, Llanelli was the top hotspot area within Wales for mephedrone use, and I have seen at first hand some of the physical and mental effects that the use of mephedrone, at the time, has had on young people. So, a first-hand experience from an ex-user would certainly be something that would be useful and would have an impact, certainly with regard to some of the physical effects—

[13] **Lindsay Whittle:** Would it be possible for you to have a presence at freshers fairs, for example. I appreciate that Llanelli does not have a university. Perhaps you could have a presence outside certain nightclubs as well. I do not know any in Llanelli and I am hesitant to name any nightclubs, but there must be hotspots, I guess, and you would be aware of those. I would not ask you to comment on which ones.

[14] **Mr Phillips:** Prevention is the key. To use a police cliché, we will never arrest our way out of this. Prevention is an absolutely crucial element of this. Resourcing allowing, we have got to be focusing our attention on prevention and doing things like those you mentioned, which are going on across southern Wales, trying to increase knowledge of the effects of mephedrone and NPS and reassuring people that there are services there in abundance across southern Wales to help people.

[15] **Lindsay Whittle:** Finally, Chair, on education in schools, I have been present at some schools where police officers bring along the hard drugs to warn people, but this is now a new phenomenon, and I really think that we should be concentrating on that as well. So, that is being done, is it?

[16] **Mr Phillips:** I read a report recently that said that there is a section in the all-Wales schools programme where NPS forms part of it.

[17] **Lindsay Whittle:** Thank you very much indeed.

[18] **David Rees:** Alun is next.

[19] **Alun Davies:** Thank you for your evidence. Your description of supply routes fits in very well with what Gwent Police has told me in terms of the situation in the constituency that I represent in Blaenau Gwent, but there are two areas that I would like to follow up on in a bit more detail. First of all, the police clearly understand routes that drugs take into communities. I would be interested to know what actions you take to disrupt those routes and to close those routes down.

[20] I am also interested in the point that Lindsay has raised about schools. I can recognise that, across a population, an 18 to 24 age group may be the area where it is most prevalent. In my experience, you also have teenage school students involved in this and if I would characterise the use of these substances in Blaenau Gwent, it would be more the teenage lower age groups than the age groups that you have described, but I would be interested to understand how you address that.

[21] The third issue is that of social media, because certainly what Gwent Police have been telling me is that one of the reasons that they find it so difficult to deal with some of these issues is that while you have the traditional supply routes being driven or moved, you

also have communications now that are far more sophisticated than they were some years ago—the use of a BlackBerry, as I understand it—that have changed fundamentally the ability of the police to disrupt a lot of this work.

[22] **Mr Phillips:** To address your first point, obviously I am giving the perspective of an organised crime unit, so our priorities are that we have an organised crime matrix where we assess threat, risk and harm across the three southern Wales forces and we discuss that in what is called a regional task—

[23] **Alun Davies:** Sorry; so, southern Wales means Dyfed Powys as well, does it?

[24] **Mr Phillips:** Dyfed Powys, Gwent and south Wales—

[25] **Alun Davies:** And is that the whole of Dyfed Powys?

[26] **Mr Phillips:** Yes. Those are the regions that Tarian covers. So, we discuss high-risk cases at chief officer level as well, once a month, and that is how any high-level serious crime is prioritised and how work comes to us. So, in terms of drugs, that is usually class A—cocaine and heroin—and, to be honest, it is the same supply route for any drug; it is the natural way into southern Wales, from London through Bristol and into Cardiff.

[27] **David Rees:** May I ask a question on that point? I am sorry to interrupt you. As your focus and priorities are on class A drugs, you say that as a consequence of that, the same routes are being used, so the NPS are also under consideration because the same routes are being used.

[28] **Mr Phillips:** I am sorry, but could you repeat the question?

[29] **David Rees:** NPS is under consideration not because it is a priority, because it is not illegal, but because the same drug supply routes are being used, so it appears on your radar.

[30] **Mr Phillips:** It is on our radar. We tend to see that the people who supply your class A drugs are involved in your mephedrone offences as well. Certainly, we are a regional organised crime unit; south Wales, Dyfed Powys and Gwent have organised crime units as well.

[31] **Alun Davies:** So, it is not just the same routes, it is the same people.

[32] **Mr Phillips:** They can be. They are not specific to one particular drug. We have dealt with numerous offenders over the years who have got many different drugs supplied across the region.

[33] In terms of your social media question, I think that the police have been a bit slow to catch on in communicating with young people and we are having a significant change in how we do that. Gwent is using social media, and Dyfed Powys is now too, to put their message across. I was a big advocate of that in Llanelli, in allowing our community support officers to directly upload tweets on Twitter as to where they are and how they can reassure the public of their presence within their communities. So, coming back to something that we discussed earlier: how do we reassure this target age group? I think that social media is probably one of the crucial areas that we need to be looking at, and wider than policing as well, because that is the way that young people communicate nowadays.

[34] **Alun Davies:** I think that you are right in terms of raising that awareness, but you did say that you cannot arrest your way out of this problem. I understand the point that you are making, but I think that there is a place for that level of aggressive policing, if you like, to

disrupt some of these supply routes. I trust that you would confirm that that is one of your priorities. Certainly my experience, in one of the towns in my constituency, in Tredegar, was that when the police did take a more aggressive approach, the problem began to be addressed in a more comprehensive way. I do not think that you can always stand back and say, 'We need to educate people'. I think that you have raised a very strong case and a very compelling case for very aggressive policing as well on these issues, and I hope that you will be able to assure us of that.

[35] Secondly, in terms of social media, I understand what you are saying about reaching out to people using social media, but my question was about how you address the issue of dealers communicating using social media, because that is very much under the radar, as it were, where you have, I presume, very difficult issues to address in terms of trying to get into that social media communications net. Is that the case?

09:45

[36] **Mr Phillips:** Absolutely, and that is not a local problem; that is something that is being nationally looked at. I am sure that you have seen it on the international news around surveillance and what is available to people. That is not something that I can discuss in an open forum.

[37] **David Rees:** No, it is not. We do not expect you to discuss operational issues.

[38] **Mr Phillips:** However, yes, there clearly are issues around social media. As I say, the suspects are changing, as is the way that they operate, as young people. So, yes, it is going to be a challenge, going forward, for policing. We do recognise that.

[39] Coming back to your issue around our enforcement, clearly a couple of years ago, when Llanelli was a hotspot area, that was down to officer proactivity. When we look at seizures, it is down to offences and arrests, which are basically stop and searches. I think that Cardiff was number 13 on that list at that time, and Burry Port was seventh. Cardiff did not have less mephedrone than Burry Port; it is purely down to officer proactivity and how many stop and searches that they have. That is reflected now in the decrease in our report. We see a decrease in NPS and mephedrone numbers. That is not a decrease in what is happening out there; it is a decrease in stop and searching across the region, due to the issues in recent times around stop and search. I have some data around stop-and-search figures for the forces. Two of the three forces have seen a significant decrease in the stop-and-search figures, which, to me, goes hand in hand with the decrease in the numbers of mephedrone offences and the NPS out there. Our intelligence suggests that it is still happening. It is still in our communities. It is just a caveat on what you see with the decrease in offences; that was purely down to the proactivity of officers in our communities.

[40] **Alun Davies:** Usually, it is the other way around, is it not? If you are more proactive as a police force, you actually uncover more crime, and the number of convictions increases. That is normally what we would expect to find.

[41] **David Rees:** It is a clarification, I think. He was informing us that because there is a reduction in proactive stop and searches, you are getting—

[42] **Mr Phillips:** A reduction in recorded offences.

[43] **David Rees:** Yes, you are getting fewer recorded offences.

[44] **John Griffiths:** In terms of the aggressive policing Alun mentioned, there is a big difference between stop and search in terms of people who are users and those who are

actually making a living and money out of pushing the drugs into society and increasing usage, is there not?

[45] **Mr Phillips:** Yes, there is. The supplier and the user tend to be different people in the main. I think that it comes back to the fact that, with NPS, you have an overt market with the head shops.

[46] **David Rees:** There will be questions to come, I am sure, on supply and the implications of the UK Government's national panel expert report on that issue as well. I will now move to Janet.

[47] **Janet Finch-Saunders:** This problem, obviously, is not unique to Wales and we are seeing that Poland, Romania and Ireland have taken steps to minimise the impact. Have you studied the model used in Ireland and the fact that, since the Criminal Justice (Psychoactive Substances) Act 2010, they have seen the number of head shops—. To give a little bit of background, when we first decided to look into this I did not really think that it was as big a problem as it is. I was really shocked to be informed that there is a head shop in my own main town within my constituency. Are you working towards looking—. Have you been to see how that works in Ireland, and do you think that there are lessons that we could learn in Wales? That is one question. My second question is: how can the Welsh Government help you in your role to make some impact into all of this?

[48] **Mr Jones:** Good morning. Part of the submission of the police federation was in relation to new legislation in line with what they have done in Ireland because, obviously, our members report back to us and we represent all police officers in Wales. We have seen a massive reduction in police officer numbers of nearly 800 since the austerity changes, which would not be far from wiping out one of the smaller forces. There is no doubt that our members are feeling extremely frustrated at the fact—as the chief has said—that there are these overt head shops. We also have hydroponics shops that, as we all know, deal with merchandise that assists people in the production of illegal substances. They are on our high streets.

[49] Up until May this year, I was a detective inspector in charge of the intelligence unit and organised crime group in Swansea, and if you look at Morryston, which is a small suburb of Swansea, and has a very active head shop, the problems that we are experiencing through anti-social behaviour, through the sale of these substances, is quite incredible. If you speak to the local neighbourhood inspector, he will paint quite a grim picture. He, along with his colleagues in trading standards, would love to have the tools to be able to address these shops, because, if we are brutally honest, they are doing nothing but glamorising drugs. I do not know if you have ever been in one of these shops, but if you go in, the first things that you will see are posters of cannabis and the glamorising of controlled drugs, and then you will see the products, which are all packaged in really bright colours—

[50] **Janet Finch-Saunders:** We have seen some samples here.

[51] **Mr Jones:** So, you have seen them. For example, one of the popular products in this particular shop is something called 'gogaine' and you do not have to be a rocket scientist to know what they are trying to do. However, it is the labelling that trading standards have to look at. Clearly, they are using phrases like, 'These are for research purposes only. These are not for human consumption,' and everybody knows. You speak to the landlords of these premises, and they are not interested, because they are getting their rent. They are causing real problems, and we feel that the model in Ireland—. While we have not been there either to find out how successful it has been, we would think that surely legislation that would make it necessary for the supplier to show that it is not harmful and that it is legal would be better than what we are currently doing, which is simply playing catch-up. It is seriously expensive

and resource intensive.

[52] **Janet Finch-Saunders:** I noticed there is mention of UK legislation. Is this where we should be working with the UK—

[53] **Mr Jones:** We believe so, absolutely.

[54] **Janet Finch-Saunders:** Or should we be following our own path, and trying to bring in—

[55] **Mr Jones:** There is probably an opportunity—I could be totally off the mark here—for the Welsh Government to be seen to be the leader in changing this legislation, but, although I represent officers in Wales, my colleagues in England are experiencing exactly the same situation, and the two Governments should work side by side.

[56] **Janet Finch-Saunders:** My final point then is: would not getting rid of the head shops push it underground, so it could still be as bad there? We have seen the head shops closing in Ireland, but has it pushed it—

[57] **Mr Jones:** There is an online market available. If you went on Google now, it would not take you very long, just using the search engine with the words ‘legal highs,’ to find an abundance of these products easily. Some of the sites encourage people to set up their own head shop and give guidance as to how you can make a lot of money. They are clearly linked to organised criminality, money laundering et cetera. I would agree with the chief that the target—whereas with mephedrone it was previously 18 to 24-year-old people who go clubbing and use it recreationally—is, clearly, children as young as 13 to 14 years old. We have anecdotal evidence or intelligence that may suggest that older children go in, purchase and then hand on or sell these substances to younger children. That is where the neighbourhood teams ensure that—we have excellent links with our schools, well beyond the all-Wales schools programme—they are in schools trying to educate and get the message to them about how dangerous these substances are.

[58] **John Griffiths:** In terms of mephedrone, what is your view of the effect of making it illegal in terms of usage and the harms that go with that? What would you say is the experience up to now?

[59] **Mr Phillips:** Certainly, the figures suggest that mephedrone usage has gone down since it became illegal in 2010. Intelligence suggest that it is still there and everything suggests that it is still happening, so I do not think that that has taken away its use, to be honest, so that counters your argument about legalising some of the NPSs. Is it going to take the problem away, or are the users still going to go on to use them? It is a difficult one.

[60] **Mr Jones:** I think that it is still there, but in Swansea, in 14 of the nightclubs, we have amnesty bins. If members of staff or people using find a powder et cetera, they can safely drop it in there. Up until now and until WEDINOS came into being, we would use King’s College in London to get the samples analysed, and that would give us an idea of what drugs were being used in clubs, and whether certain clubs were being used for a particular drug. Mephedrone, I have to say, is across the board, and that is still the case. So, I do not think that there is a reduction. It clearly is the drug of choice, and I am not just talking about the nightclub economy here. However, hopefully, WEDINOS will now take over from King’s College, which we do not use anymore, and will help us identify and build that picture.

[61] **Mr Phillips:** It comes back to the earlier point around highlighting the significant risks that there are with taking mephedrone—for example, the physical and mental harm. Yes, there is evidence out there, but do the users know and see what effects it has had? Certainly,



we do not know what the long-term effects are of using these, so we need to be proactive. We are going through the schools, but how much are we telling them about what the significant risks are of taking an unknown drug? We put a badge on it and we say that it is a legal high, but we do not know what is in it until it has been examined, so they certainly do not know what they are taking.

[62] **John Griffiths:** However, in terms of being made illegal, you would not say that there has been a significant impact?

[63] **Mr Phillips:** In terms of mephedrone, the intelligence tells us that it is still significantly used, although the figures have gone down.

[64] **David Rees:** I have several people who want to ask questions. You mentioned WEDINOS, and it has been raised, obviously, in previous sessions—WEDINOS and TICTAC. I just want clarification. TICTAC, we understand, is a closed-type database, and therefore there is limited access to it by certain organisations. WEDINOS seems to accept chemicals from various individuals who may seek clarification as to whether whatever they are producing is legal or not. Is that a problem? Should we close it?

[65] **Mr Jones:** TICTAC is through King's College. Basically, as you rightly say, it produces a database that will allow us—and this is online now—to have a glossary of different substances that trained officers can identify. They would tend to be tablets because, obviously, any powder would have to go away for analytic purposes. We can use TICTAC as evidence. The reason that we have given up TICTAC is that it costs a lot of money, and Swansea was the only basic command unit, certainly in south Wales, that was using TICTAC. It gave us some really good information. WEDINOS has come in now, and it performs exactly the same function in trying to identify what substances are, and they tend, again, to be, in the main—

[66] **David Rees:** We have heard anecdotal evidence that individuals were sending powders that they were producing to WEDINOS—

[67] **Mr Jones:** Yes, and the—

[68] **David Rees:** Should it be closed, so that it is a recognised, authorised group of individuals or people who can submit things?

[69] **Mr Jones:** I think that the purpose of WEDINOS was that members of the public, if they were concerned, for example, about their children and had found a powder in the house, could anonymously hand these packages into police stations for forwarding. So, it is a real fine balance. However, I think that we have to agree that, whatever system we put in place, criminals are quite switched on, and they will always look to manipulate. [*Interruption.*]

[70] **David Rees:** Alright, Kirsty: you can have a little one, because I have Oscar coming in next.

[71] **Kirsty Williams:** We had evidence in the previous session that the website should be closed down, because the website obviously gives information about the stuff that has been handed in and the effects that it has. WEDINOS's explanation is that it is trying to inform people about the effects of what they might be taking. There was some suggestion that that website should be a closed website, and that ordinary members of the public should not have access to it, because it was seen as some kind of encouragement. Would you agree that the website should be closed, or can you see that there is a legitimate harm reduction—

10:00

[72] **Mr Jones:** I can see both sides of the coin, if I am absolutely honest.

[73] **David Rees:** I have Oscar and then Alun and Lynne. Our time will probably then be up.

[74] **Mohammad Asghar:** I think that this is a very interesting and serious topic, gentlemen. There are producers, distributors and consumers. They are the three areas. So, police, over the past so many years—. I live in Newport and in certain areas in Newport, if you go out in the late afternoon or evening, you can smell it in the street; there is no doubt about that. So, the police mentioned earlier, I think, that you do not have enough police officers to tackle drugs. So, you do not have that success that you are supposed to get, so you are accepting a little failure already. So, how can you tackle this, when the producers are getting stronger and richer and everything, and then you catch two people and then three come forward to help distribute the goods? So, as the police, are you co-ordinating with the UK Border Agency, or with police forces in different areas? What co-ordination do you have? Why can you not pinpoint certain areas and catch the right culprits? Catching a petty little criminal, or a one-time smoker in a stop and search is not good enough. You are missing the big fish, and I think the police accept that. So, you do not have that success, which you accept, so how can you tackle this serious, serious society cancer to help this nation get away from it?

[75] **David Rees:** May I highlight also that we are looking at NPSs, which are legal? So, is that a real hindrance to you in tackling, as has been identified, the main suppliers of these chemicals?

[76] **Mr Phillips:** I think that there is an element in society that will take controlled drugs if they are legal or illegal. The problem with us, in this case, is that they are legal. You have an element in society that thinks that it is okay to do it because it is legal. You hit the nail on its head: to stop this, we need to target the suppliers, and that is in different stages, really. We know that they predominantly come to this country from abroad. They produce them in China and they get shipped over. So, the first issue for me is that they are bought online. The Government will be producing a report in the very near future around how it perceives the internet should be monitored, how it should be availed proactively and whether there should be an internet surveillance team set up. The National Crime Agency takes part in that, with some of the American agencies. In the region, we have a regional cyber crime unit that has been set up, which works closely with the NCA. However, it is not our remit locally to do that.

[77] I know that the National Crime Agency is looking at some of these areas proactively. That is the start for me: shutting down some of the online markets where NPS, mephedrone, heroin and crack cocaine are being sold openly. You may have heard of the dark web. It is real. We see it in some of the work that we are doing in the region. I think that 96% of the internet is on the dark or hidden web. What you see is only 4%. There is a massive number of online markets that sell these. You may have heard of Silk Road, which was taken down by the FBI a couple of years ago. It has just taken another three or four of them down last week. All of those sites, Silk Road 2.0 and sites like Agora, sell NPS. They can send them to your door. So, clearly there is work to do around taking the online sites down, which is happening nationally. I know that the Government has got something. The UK Government is going to publish something shortly around how we do that as a nation.

[78] You are talking also about the more local things and the head shops. That is down to—. We are talking about a change to legislation to be able to do that and to take the supplier out locally. We need the legislation to be able to do that, because it does not work presently.

So, there are a couple of things that we need to be doing. You are right: it is about targeting the supplier, not user, because we could be going round in circles for quite a long time.

[79] **Mohammad Asghar:** Do you think that, because of a leniency in law for some certain criminals, and because they are so rich in terms of money, they come out of prison pretty quickly? The fact is: you are helpless there. The fact is that these big sharks in this trade are still there and you cannot do anything about it.

[80] **David Rees:** You obviously cannot answer that question. It was more of a hypothetical point.

[81] **Mohammad Asghar:** We must make some laws here, Chair, for some sort of legal steps to be taken against the serious criminal, as with any other drug.

[82] **David Rees:** We do recognise the issue and it is a UK legislative position. What we will look at is whether we can actually feed into the Home Office as to our views on that point. If you have any views afterwards that you wish to write to us on, or submit anything that has been raised, please feel free to write to us on those points, which we will then include in our comments. Alun is next.

[83] **Alun Davies:** It is the internet that I am concerned with. Your point earlier that you could Google 'legal highs' and get access to an online shop within two, three or four minutes means that, essentially, if, for example, you closed down every head shop in Wales, and followed the example of Irish legislation in order to do that, what you would do is, essentially, move the head shop from the street to the laptop, the tablet and the phone. I understand the point that you make about the dark net; I appreciate that. However, many of the users that we are talking about here are recreational users—Fridays and Saturdays potentially, and certainly that is the route into it. They are not using the dark net usually. They are using either Google or BT internet, Sky or whoever it happens to be—they are using an internet service provider to get online and then using a well-known search engine to access these addresses. So, it is actually quite straightforward, I would have expected and anticipated, to work with these major businesses to say, 'Actually, we don't want you doing this.' We have done it in other areas, and I am surprised that the police have not been more proactive in arguing for a more aggressive approach towards those service providers on these issues. I would be grateful if you could respond to that.

[84] Also, is there a means by which you can work with your colleagues, not just across the border in England, but with Interpol and other international policing organisations, or with Governments, to actually pursue some of these people? I suspect that this is driven by profit, by money, so there must be considerable amounts of money to be made from these areas. If you are able to reduce that profit and reduce the money that is made, you are also taking away the incentive for these people to actually move around. I suspect that moving their businesses half way across the world is not economically viable for them.

[85] **David Rees:** I appreciate that some of those answers may be related to more than a UK-wide basis, but, if you have any input into that—.

[86] **Mr Phillips:** There are certainly challenges with working internationally, with different laws. Some of these internet providers of methadone are based in China. That presents its own challenges in, obviously, dealing with the international law over there. I think we should focus on—. It is going to be very difficult to stop that happening online and getting those being shipped over here, so I think we need to focus on the fact that it does get here, and then, working closely with the UK Border Force, to intercept those packages and proactively enforce that in that way. There is work going on now; it is wider than NPS—obviously it is also about weapons and class A drugs. There is a number of different offences being

committed online where things are being brought into this country. So, there is work that has been going on nationally for some time to try to stem that flow of illegal products into this country. However, I think that we should focus on what we can do in our area, which is certainly the package, working with our border partners, and being proactive around that part of it, and certainly with the head shops, which are things that we can actually do something about practically.

[87] **David Rees:** Okay, thank you. Lynne is next.

[88] **Lynne Neagle:** I wanted to ask about the whole issue of education again. You mentioned that a lot of these drugs are very prolific on the club scene. One of the things that we were told when we did our outreach work was that some users of drugs like heroin would not touch legal highs because they think that they are really, really dangerous compared to heroin. So, clearly, the message is getting through to some people that this is an unknown thing and that you are taking a huge risk with it. Is there any work going on, not just in the schools, but in clubs and places where we know that these substances are being used prolifically? Are the police doing anything to highlight that?

[89] **Mr Jones:** I could not answer that, if I am honest. What I can say is that we would, on Wind Street, which is well known, with a lot of nightclubs and so on in Swansea, hold high-visibility proactive operations in relation to drug users in clubs. We will use equipment such as itemisers to examine the hands of club-goers and, quite often, if people see that an itemiser is being used, they leave the queue. We will then pick them off because, with people who leave the queue, you can pretty much guarantee that the reason that they do not want to go into that club is because they know that they will be caught by sniffer dogs. So, we are actively showing a presence and dealing with it, but you are absolutely right about education within the nightclubs. One of the problems that we have is that most people, by the time that they get into the nightclub, are probably under the influence of alcohol et cetera, so it is about where you hit it. We talked about freshers week earlier. In Swansea, we get involved in freshers week, but then, if you have a look at the programme on ITV2 about it, you think that it just seems that anything goes. However, it does not detract from the fact that we must try to educate everybody about the dangers.

[90] **Lynne Neagle:** I just want to go back to the issue of resources because, in Gwent, they have taken a very proactive stance on these things, in my constituency in particular. I do think that it has worked because the message has gone out to people running these head shops that they are not welcome there and that the police will throw everything at them, but, obviously, there are prioritisation decisions having to be taken there and that means that Gwent Police cannot do other things. You mentioned the cuts that there have been to the police, but have you got any other examples of where this work is being deprioritised because of resource issues?

[91] **Mr Jones:** That would probably be a question for senior officers within the four forces to answer, because they set the priorities. Certainly, you will never ignore anything. We get so much intelligence and information coming in that there is an element of prioritising. However, if you were a member of the public phoning in with information related to either new psychoactive substances or illegal substances, you would want to see some action and that is not always possible. I hate to be somebody who sits here and says, 'We are 800 cops down', but that is the reality. For anybody to think that a reduction of 800 police officers does not have an effect, you have to be—.

[92] **Mr Phillips:** On the information that you have just requested there in terms of what kind of NPS prevention action is being taken, it would not be too much of a task to put that together if that would be of interest to the inquiry. I could request that back in the force, through my regional intelligence unit. Individual forces will already have that information

already; it is just a matter of putting that together into a document for you.

[93] **David Rees:** That would be helpful, thank you. John Griffiths is next.

[94] **John Griffiths:** There are some issues about referral to professional services and support from professional services. One aspect of that is about the way that people are dealt with in the custody suites in police stations and whether those using legal highs are identified as users of legal highs and appropriately referred as compared to other drug users. I know that the police federation thought that there might be a gap in terms of the way that the community partnerships work in terms of awareness and training and it would be interesting to know a little bit more about what that gap is and how it might be closed. Generally, it would be interesting to hear of any views that you have about the services and the co-ordination between services to support and help users generally and whether you think that there are real gaps and issues there.

[95] **Mr Jones:** It is a difficult one because, when people are brought into custody, they get drug tested and we have drug intervention programmes where they do get referred. The courts have obviously got powers to ask or to order offenders to engage with drug intervention providers. However, I think that it comes down to funding—we do not know how long the funding is going to last. It is not available in every single police station. Again, I am six months out of the loop, but I know that certainly Cardiff and Swansea had a facility within the custody unit to test and refer and to offer.

10:15

[96] It is not just about controlled drugs. As you rightly say, there is other substance abuse, which could be of new psychoactive substances, or it could be of glue or alcohol. So, it is making sure that—. It would be good to see that every custody unit could have the facility to test and support, because, probably, through those programmes, they would be able to evidence some elements of success through offender management work with probation services, linking in with the police and the courts. There is evidence out there that can show that the right support can assist people to get off substances that would have an impact on their reoffending. However, as the chief said, that is something that we could go away and have a look at and try to provide that information to you.

[97] **John Griffiths:** Okay. Could you include in that the gap that there is in the community partnership in terms of—?

[98] **Mr Jones:** Yes, absolutely.

[99] **David Rees:** I am conscious that time is against us. I just want to ask one final question. John has highlighted the issue of collaboration with other stakeholders and other services. Is there a problem in that? Do we need to improve that co-ordination and the education of those services, because that is something that the Welsh Government can look at? We have discussed a lot this morning the legality issues, which is obviously an involvement of the UK Government, so what are the collaboration situations arising between services to ensure that the education is there so that, if you are faced with users, you can refer them on correctly, and so that they have the education and the knowledge so that they are able to get that support? Is there sufficient information going to the variety of organisations and collaborative user services to provide that? Can we improve the education to those groups?

[100] **Mr Phillips:** In my current position, I do not know the answer to that, working on the region. Certainly, when I worked in Llanelli as a detective inspector for a number of years, we instigated a regular meeting process whereby we used to meet with all of the substance misuse providers once a week. I used to work on what is now the integrated offender

management programme, where we used to discuss high priority areas and high priority offenders and which was the most suitable agency to deal with that particular offender. We had bodies such as Chooselife in Llanelli at the time and a number of other agencies, which provide different services. However, that is something that was happening in Llanelli. I do not have knowledge of whether that happens across the board.

[101] **Mr Jones:** I did the same role in Swansea and it is replicated in Swansea, but you will find that everybody is struggling at the moment. You will have your meetings, share information, and do the best that you can, but there are clearly pressures where all of the services are feeling the pinch of austerity. Again, that is certainly something on which, with a specific question like that, we can go away and get that information.

[102] **David Rees:** That would be very helpful. Thank you for your time. It has been very helpful for us. You will receive a copy of the transcript for you to identify any factual inaccuracies; please let us know if there are any. We would be grateful to receive the extra information that you indicated you would provide us. Thank you very much.

10:18

**Ymchwiliad i Sylweddau Seicoweithredol Newydd ('Cyffuriau Penfeddwol  
Cyfreithlon'): Sesiwn Dystiolaeth 6  
Inquiry into New Psychoactive Substances ('Legal Highs'): Evidence Session 6**

[103] **David Rees:** We move on to our second session of oral evidence this morning and await Mr Roberts.

[104] May I welcome Paul Roberts to the next session of oral evidence? He is the substance use inspector of HM Prisons.

[105] **Mr Roberts:** That is correct, yes.

[106] **David Rees:** May I thank you, first of all, for the paper that you submitted? We want to ask some questions, because, during our focus group sessions, we got some anecdotal evidence relating to the prison service that we want to expand on a little bit, and particularly on some of the points that you have made in your paper. However, before we start, may I remind you that if you want amplification or translation from Welsh to English, use the headphones? The translation will be on channel 1 and amplification on channel 0, if you need it.

[107] **Mr Roberts:** Okay, thank you.

[108] **David Rees:** The microphones will come on automatically, so you have not got to worry about that. Gwyn, do you want to start with your question?

[109] **Gwyn R. Price:** Good morning. Most of the evidence received so far reports that prisons are awash with NPSs, but recent inspection reports of Welsh prisons do not identify a problem with NPS use. Why do you think there is this discrepancy?

[110] **Mr Roberts:** Good morning. It is an interesting one. You are absolutely right. In the English prisons, we found that around 37% plus of prisons have an NPS problem. I think that it is something to do with supply, but also what we find in prisons tends to reflect what goes on in communities. While it is clear from the other evidence that has been submitted to this committee, in written form and, I am sure, in spoken form as well, that there is a lot of NPS relating to mephedrone in Welsh communities, the kinds of drugs that we are finding in the

English prisons are the synthetic cannabinoids. They do not seem to be so prevalent in Welsh communities now, although I do not know whether any other evidence has come to light to suggest that that might be a different situation. The big thing about in-prison drug use is that prisoners will not tend to use stimulant drugs in prisons. There is a simple reason for this. Imagine yourself in a prison, if you can. You do not want to be made more aware of your surroundings; you want to be made less aware of your surroundings. You want to kind of ‘mung out’, as they say. So, the stimulant drugs are not going to be interesting to a prisoner. The hallucinogenic depressant drugs, like the synthetic cannabinoids will be very interesting to the prisoner, and because those are not so prevalent in Welsh communities, I think that we have that kind of reflection of a lesser problem in the Welsh prisons. Having said that, I was in Swansea prison just two or three weeks ago. Officers there were telling me that their colleagues in Cardiff prison, here, were reporting an increase in the synthetic cannabinoids. So, I think that it is on its way.

[111] **Gwyn R. Price:** Our evidence shows that, really.

[112] **Mr Roberts:** Yes, it is on its way.

[113] **Gwyn R. Price:** We have been out and about and talking to the people. They say that black mamba and different substances like that are being used commonly in prisons.

[114] **Mr Roberts:** Absolutely right.

[115] **Gwyn R. Price:** I think that we accept—and perhaps you do accept—that it is on its way.

[116] **Mr Roberts:** It is definitely on its way, yes. All of the necessary strategies need to be put in place before it is too late. The English prison situation in some prisons has got away from the staff’s ability to cope with it.

[117] **Gwyn R. Price:** Yes, and we have to try to stop that in Wales. Thank you for your answer.

[118] **Lindsay Whittle:** I just want to ask a quick question, because I do not know. Are the visiting rules different for prisoners on remand as opposed to prisoners who have been sentenced and are permanently there? If there is a relaxation of the rules, that is probably easier to pass things over, I would guess.

[119] **Mr Roberts:** The arrangements for visits in prisons are generally the same in any given visits hall. The regularity of visits may be different for someone on remand. Those on remand will have greater access, for instance, to their legal advisers. However, generally speaking, the security and the infrastructure around any given visit would be the same regardless of whether the prisoner is on remand or sentenced.

[120] **Lindsay Whittle:** The reason I ask, Chair, is that I recall—and this is going back a bit—during the Cardiff explosives trial, a friend of mine was on remand—well, a number of friends of mine were. They were able to—[*Laughter.*]

[121] **Kirsty Williams:** Do you need to be banged up?

[122] **Lindsay Whittle:** They were able to have alcohol then. I do not know whether that has changed now.

[123] **Mr Roberts:** Alcohol is not allowed in prisons.

[124] **Lindsay Whittle:** Is it not? All right, but it was then. I am not saying that I approved of that, but I am just saying. That is all. It is true.

[125] **John Griffiths:** I am interested in the big picture in terms of prisons: control and proper management, and so on. As you have said, people are in prison, and it is obviously not a pleasant place to be, and they may well want to escape from reality. I guess that there are issues there in terms of the extent to which an absolutely rigorous enforcement of a no-drugs policy would present problems for prison governors and prison staff, in terms of it not being particularly popular with the prison population. If there was not that possibility of an escape from reality, what issues would that present for the day-to-day management of the prisons? People are going into prison without drug issues and coming out of prison with drug issues, so it is obviously very prevalent. There are difficulties in terms of eliminating drug use from prisons, we all understand that, but to what extent is the culture of the management and the supervision of prisons an issue here? Is there any sense that the availability and use of drugs in prison is in any way not unhelpful to control and management?

[126] **Mr Roberts:** Well, thank you for the question. It is an interesting one. I think that the tabloid newspapers would like to believe that there is an undercurrent of desire among prison governors to have a certain level of drugs to keep the peace. I have got to say that, in six and a half years of inspecting, I have never found that to be the case. My experience in talking with prison governors is that they are doing their level best to reduce drugs in their prisons, because what they see is the reality, and the reality is that, where there are drugs, there will be debt, and where there is debt, there is likely to be the threat of violence, the threat of overdose and all the other medical problems that go along with drug use. The big struggle for prison governors really is that, in the current climate of reduced staff numbers, you cannot search prison cells as often as you would like to, you cannot search the visitors as often as you would like to, and you cannot do all those other things that create an environment within which drugs cannot easily be procured.

[127] Your other point is also a valid one: that many prisoners go into prisons without a drug problem and come out with a drug problem. I think that there are things that can be done about that, and something that I am constantly saying to prison governors is, 'You need to take this whole-prison approach to drugs'. It is not sufficient just to say, 'We will try to stop them coming through the gate or over the wall or packed inside prisoners' body cavities or brought in through visits or through corrupt staff'. That is not sufficient; it is one part of the whole-prison approach. The whole-prison approach really means that prisons need to get their heads around the issues that cause those prisoners who come in without a drug problem to want to use drugs: stress, boredom, sleeplessness. These are the three biggies. So, what we need to be looking at are ways to properly keep prisoners busy during the working day, so that when they get into their cells at night they are suitably tired and can sleep and do not need medical help to sleep, in other words drugs. I am sure that every one of you has been in a situation where you have been deprived of sleep, and it is debilitating. If we spent 23 and a half hours a day locked up in a cell with insufficient purposeful activity, maybe it would be a valid question: how many of us would resort to some other means to try to sleep? How many of us would resort to some other means of passing the time if we did not have enough to do? Boredom is a terribly debilitating thing.

[128] Then there is the overall stress of being in prison, away from your loved ones and away from your family. I was in Bristol prison recently, and they had had problems getting prisoners access to telephones, so they could not access their families. They were going out of their minds, some of them, because they just could not phone home. All of these things increase stress, and stress, for any human being, has to be medicated somehow. We will either go and take a hot bath or have a glass of wine or we will take what somebody in the cell next to us offers us. Either way, we are as human beings hardwired to try to reduce the stress that presents itself to us daily.



10:30

[129] **John Griffiths:** I very much accept what you are saying, Paul, and I think that it has a great deal of strength to it. However, as you mentioned in terms of resource, we know about the staffing issues and the overcrowding issues and the strain on various services that could help reduce demand within prisons for drugs. However, that picture does not give us much confidence, does it, really, that it will be possible to reduce demand for drugs in prison unless there is a complete sea change in policy and resource? It is just not going to happen, is it?

[130] **Mr Roberts:** In the short and medium term, I think that you are right that it will not happen, because you can only make the whole-prison approach work when you can resource it, and staff are the ultimate resource in a prison.

[131] **David Rees:** You talked about the whole-prison approach in your paper, and the one thing that you did not mention just now was good healthcare and effective pain management, which you have put in your paper. Clearly that would come under the health service within Wales. Are there issues about accessing good healthcare from the prisoner perspective?

[132] **Mr Roberts:** I think that, overall, in England and Wales, we have seen an improvement in healthcare provision. We have also seen improvements in the monitoring of prescribing. The problem there is, and that continues to be something that we as an inspectorate struggle with, is that there are, within some prisons, some doctors who are not good at saying 'no' and they tend to prescribe whatever the prisoner wants. That will very often include pain medication that is not necessarily medically indicated, but will help them pass through the day. It is about balancing that out, as then you get the opposite effect in some prisons, where the prisoners will refer to the GPs as Dr No. So, every time they go to see them in genuine pain, the doctor says, 'No, you can't have that, because I don't want this prison awash with illicit opiates or diverted opiate drugs'. So, it is about striking that balance, and I think that what we have seen of late is an improvement in healthcare provision to properly look at pain management, using the World Health Organization's pain ladder, for instance. So, there is a progression, and you stop the guys who are trying to blag the system for drugs from getting drugs, but, at the same time, the people with genuine health needs and in genuine pain are getting the right kind of care and the kind of analgesia that they require.

[133] **David Rees:** You have highlighted in your paper, again, the difficulty of being able to identify by testing and, therefore, clearly, there is going to be a difficulty in identifying the prevalence of these, in a sense, because of that. What are you basing your evidence on as to whether there is a problem? Is it because of the searches that you tend to find these packages?

[134] **Mr Roberts:** It is a combination of things. It will be searches, yes. It will be finds of the actual substances or the wrappers. It will also be monitoring of the effects on individual prisoners, and prisoners will actually tell you the story, very often. I think that prison governors are fully aware that some prisoners are experimenting with NPS. Having a bad situation with it, or having a bad experience, they will say, 'I don't want to touch that again,' and then will be quite open and honest about their experience and put their hand up. 'Yes, I did try that and these were the effects, and I am not going to do it again.' Quite a few prisoners whom I have spoken to around the country have signed up to work as peer supporters with the drugs teams, with security involvement, to talk to other prisoners and say, 'Don't do that, because you don't want to go down the same road that I went down'. So, the prisoner testimony, if you like, is a very valid tool in monitoring and evaluating the overall effectiveness of any intervention and, in relation to your question, in monitoring the availability of the drugs.

[135] **David Rees:** Do we have any evidence as to whether anyone has needed medical care

or healthcare as a consequence of taking these NPS?

[136] **Mr Roberts:** Yes, in the acute situations, I think that HMP Ranby is probably the best example. Within a six-month period, it had 24 to 25 of what it calls 'blue-light situations' where an ambulance is called and the prisoner is taken off to hospital. Normally, these are very acute situations in which heart rates go way off the scale, the person's temperature goes very high, other prisoners will become completely catatonic and appear to be in a coma, and a whole range of different acute settings. There are also some very bizarre behaviours, and quite a long sustained period thereafter of what we call core psychiatric disturbance: paranoia and all those sorts of things. Interestingly enough, the experience seems to be that, with the synthetic cannabinoids, we are not getting the same levels of violence as you see in the Welsh communities with mephedrone. In the very good paper that was submitted to this committee as an annex to the South Wales Police evidence, Fiona Brookman, I think, laid out very nicely the types of violence that are associated with mephedrone that are seen in the community. We have not seen that in prisons at all. The violence that tends to be around the use of the synthetic cannabinoids is more related to the bullying and the debt collection than the effects of the drugs. Having said that, you will get the odd occasion where someone is flailing around while under the influence, and somebody may get hurt, but the actual deliberate acts of violence that are not uncommon with mephedrone do not seem to be the case with the synthetic cannabinoids.

[137] **David Rees:** Okay. May I ask a question? Nobody else has raised this, and I want to ask this question. You mentioned the awareness of staff. What is the level of awareness of staff in the prison service, and also staff or professions that interact with the prison service, particularly the probation service and others who prepare prisoners for release?

[138] **Mr Roberts:** It is incredibly variable, and a lot of it would depend on the extent to which the in-prison drugs team is aware and the time and resources staff have to then pass on that information to the rest of the prison staff team. Taking staff out of daily duties and putting them in classrooms to give them training is an increasing problem for prison governors. Again, it is the staff shortage problem. I know that HMP Swansea was shipping staff to English prisons on detached duty to try to fill gaps, to shift staff around the prison system where there are shortages. So, given those necessities, the idea of taking people out of daily work to do suitable training is really difficult.

[139] Probation, I would say, is probably even further behind, in terms of the ability to release staff for training. We are constantly seeing that the probation officers who work in prisons in the resettlement teams are under a huge burden of stress, with many, many cases running into backlog, and pre-release planning not happening properly. So, in terms of taking them out of the workplace and training them, it is almost impossible. A lot of information giving is done by e-mail, and it is too easy to hit the delete button on that. Leaflets are given out, and it is too easy to throw those in the bin. It is really not happening in the way that I would like to see it happen.

[140] **David Rees:** Has the change of the probation service created additional pressures on resources and time?

[141] **Mr Roberts:** Inevitably, yes. I think that trying to upskill some probation workers, to cope with the new regimes, has also taken its toll on the overall resource.

[142] **John Griffiths:** It has long been a view, I have felt, that the approach that we have to the criminal justice system is entirely wrongheaded and unproductive. We send far too many people to prison, and it just feeds the crime rate and the social problems that we have then. Some of this is within the Welsh Government's remit to some extent, though much of it is not in terms of the criminal justice system, but when we were talking about the issues of being

able to reduce demand in prisons by providing a greater level of support and a more active and interesting daily life in prison, one big issue is overcrowding, because we send so many people to prison, and obviously, you do not need to provide more resources if you stop sending so many people to prison, because then you reduce overcrowding. You mentioned some issues, Chair, in terms of probation. There are many services that the Welsh Government has responsibility for that interact with the services that prisons and prisoners need, and interact with the criminal justice system. Many people in prison have mental health issues, drug and alcohol problems, and many of them, arguably at least, should not be in prison. Is there anything that you would point us to, in terms of Welsh Government responsibilities, on how we could do something that would be important to stop so many people getting into prison in the first place, in the way that we interact with the criminal justice system and the services that the Welsh Government has responsibility for? It is a big question, Paul, I know.

[143] **Mr Roberts:** It is a big question, and it is almost outside my remit as an inspector of prisons. To stay within my remit and within my pay grade, if you like, the work that needs to be done in stopping the revolving door is to concentrate more on the resettlement side of prison work, so that prisoners who are released have a better chance of not coming back again. One of the comments that we constantly make in local jails around the country is that too many staff are getting too pally, perhaps, with the local population; maybe they even grew up with them, and that certainly seems to be more the case in Welsh prisons, which have a much more parochial kind of atmosphere, and they get used to seeing people again. They almost say, 'Oh, hello, it's nice to see you again'. We really need to do something to improve resettlement to stop that from happening.

[144] All of the things that we have been talking about, such as resourcing and training, are the things that are missing, and that is now being reflected in the lack of resettlement opportunities that are afforded to prisoners on release. That would be the extent of where I could go with that.

[145] **David Rees:** We have concentrated a lot this morning, as we have done in previous evidence sessions, on the legality of NPSs and whether—like the Irish model—there should be a ban on supply or not. That is a UK Government issue; we understand that. However, on the basis of the information that you have given us today and in your written evidence, it is clear that your focus is upon trying to alleviate the need for someone to take NPSs into prisons. I am focusing purely on this because your position is as an inspector inside prison. There are illegal drugs getting into the system, so would a ban as far as the prison service is concerned have any impact on accessibility of NPSs within the prison service?

[146] **Mr Roberts:** That is a tricky one. A lot of illegal drugs get into prisons, and you are dealing with people who are not strangers to breaking the law. So, to be honest with you, it would have little effect.

[147] **David Rees:** Within the prison environment—

[148] **Mr Roberts:** Yes, in terms of a deterrent. In terms of our ability to adjudicate—in other words, deal within the legal framework within a prison—that would make some big differences, because then an independent adjudicator could come into the prison, normally a local judge, and add days to sentences. As things stand, prison governors will tend to adjudicate and will essentially be taking away privileges within the prison daily routine. They can only adjudicate on the unauthorised article description of NPS at the moment; they cannot adjudicate on it as a controlled substance. If NPSs became controlled substances across the board and we could prove that any given sample is such a controlled substance, the adjudication process would make a bit of a difference and may deter some prisoners, but not all that many, I do not think.

[149] **David Rees:** One final question from me. You also talk in your paper about the difficulty of testing for synthetic cannabinoid receptor agonists. Is it a viable solution, considering that their chemical content can change quite frequently, or is there another way that we can look at whether people are using these NPSs?

10:45

[150] **Mr Roberts:** In terms of the SCRAAs, the evidence from the European Monitoring Centre for Drugs and Drug Addiction says, in some of its evidence, that 107 SCRAAs were identified up until March of this year. That has probably increased a little bit. So, we could increase that number. Some evidence suggests that there may be a common factor, though, and that testing for that common factor could actually generate a viable test. If that is the case, and if it can be shown chemically to be accurate, then that would be an amazing ability input into the system, and would better inform our ability to adjudicate within the prison system.

[151] At the moment, though, if NPS across the board were made controlled drugs, that would almost be academic, because until you can actually prove that any given sample is a controlled substance—. Do not forget, the pure synthetic cannabinoids are currently class B, but, within that remit, it is just proving that any given sample is so. So, if we do get that test, I believe we could actually push forward in dealing with those people who are using. I think that we are months, if not a little bit longer, off that, as far as I understand it from other colleagues.

[152] **David Rees:** Does any other Member have any questions?

[153] **Mohammad Asghar:** I have a small one, Chair.

[154] Thank you very much, Paul. The fact is: I need to know one or two things from you. When someone has been found with drugs in the prison, what steps will the prison officer take straight away after finding the person who is under the influence of drugs?

[155] **Mr Roberts:** The first thing that will happen is that the officer will ensure that the prisoner is not in any medical danger. So, hopefully, they will look after their immediate acute health needs first. That might involve contacting the prison's health department. The second thing that will happen is that the prisoner will be subject to a suspicion test. Unfortunately, in many prisons, the delivery of the suspicion test takes some time and sometimes actually slips out of the 72-hour window that is normally allowed for such things. All things being equal, if that suspicion test is delivered and comes out positive for a controlled substance, the prisoner will be placed on report and they will go through an adjudication process.

[156] Now, if it is a class A drug, most prisons will call in an independent adjudicator—a local judge. That individual will come in on a regular basis, maybe once every two weeks, or maybe every month, or even every week in a busy local jail, and the prisoner will be subject to an adjudication and will probably have days added onto their sentence. However, a whole raft of different sentencing options is open to that independent adjudicator. If it is not a class A drug, then it will be a prison governor who adjudicates in relation to that prisoner and the sentence will be something like loss of privileges, maybe cellular confinement for a period of time, loss of canteen use, loss of television, loss of visits, and all of those sorts of things.

[157] **Mohammad Asghar:** Very well. Those are in the interests of the prisoner himself. What about the staff taking seriously how the drug was getting into the prison in the first place?

[158] **Mr Roberts:** They will ask the prisoner where he got the drugs from, and he may or may not tell them. They will add that incident to all the other information that is, on a regular basis, analysed, and every single prison has a security department with analysts who are constantly looking at all of the different pieces of information that they have coming to them. Information reports have to be filled in by prison officers and submitted to the security department. So, they will look at patterns and trends and evaluate where they think their soft spots are.

[159] Most prison governors know where stuff comes in.

[160] **Mohammad Asghar:** So, they do not do anything.

[161] **Mr Roberts:** Oh, yes, they do, but it is a constant battle. It is constant cat and mouse. For instance, HMP Swansea, where I was two or three weeks ago, put netting up to stop people on the outside throwing parcels of drugs into the exercise yards. So, the people on the outside then adapted and they get hold of a 20p piece and get a piece of Sellotape and tape one pill to it. They get a catapult from their local fishing supply store and they fire it up into the air, really quite high, and by the time it hits the net, it is going so fast that it pops straight through the mesh and into the yard. So, the prison governor then has the problem of putting a resource out into that yard every single day that the prisoners are going out on the yard. They have to put a dog out there or put officers to search up and down the yard looking for coins. If it is a grassy yard, that is quite a big problem. So, the reason I am telling you that is really to say that when a prison governor has fewer and fewer resources, those sorts of jobs very often get missed. So, the prisoners can be out on the yard, see a coin, pick it up and there they are; they have got it.

[162] **Mohammad Asghar:** Finally, Chair, prison is actually a place where people get rehab and punishment at the same time. So, when they come out from prison, the majority of them commit worse crimes than before. That is what the statistics state—there is a level 3 crime first time and a level 5 next time and they go to prison again. So, it means that, in terms of rehab, something in prison is lacking.

[163] **David Rees:** I think that that is outside the scope of this inquiry, so I do not expect an answer to that one.

[164] **Kirsty Williams:** Throughout this morning's evidence, you have constantly referred to prisoners as 'he'.

[165] **Mr Roberts:** They are the majority.

[166] **Kirsty Williams:** Obviously, we do not have a prison for women in Wales, so any women who are given custodial sentences in Wales have to serve those in other places. I cannot see any distinction in your paper. Is this a problem that is particularly relevant in male prisons, or can we read across that there are similar levels of usage and similar issues in female prisons as well?

[167] **Mr Roberts:** Female prisons are very different. You tend—and this is the statistical evidence—within female prisons to find many more severe and enduring mental health problems, higher levels of stress on a daily basis, and higher levels of different kinds of violence, where prisoners are falling out with each other. Going along with that, you do get different drug use. So, female prisoners tend to favour diverted medication over and above the illicit substances, but, increasingly, we are seeing female prisoners tuning in to the existence of NPS. However, having visited two or three women's prisons in the not too distant past, I think that it would be fair to say that the NPS problem is not as big in women's prisons as it is in male prisons.

[168] **Kirsty Williams:** Sorry, when you use the term ‘diverted medication’ are they getting prescriptions?

[169] **Mr Roberts:** Yes. Basically, diverted medication refers to medication that is prescribed within the prison setting. It is given to the prisoner and, at some point, that prisoner either gives it away, sells it or has it taken off them, so they do not take it themselves.

[170] **Kirsty Williams:** So, we are talking about—

[171] **Mr Roberts:** That then gets into the system and is taken by people for whom it was not prescribed.

[172] **Kirsty Williams:** So, we are talking about diazepam—

[173] **Mr Roberts:** Diazepam is a favourite, and tramadol and anti-epileptics like gabapentin and pregabalin.

[174] **David Rees:** I have one final question. Just for clarification, are there any differences in the reporting within Wales or England, or, because it is an England Wales system, is it the same?

[175] **Mr Roberts:** Pretty much, yes.

[176] **David Rees:** Okay. If there are no other questions, I thank you for your evidence today. You will receive a copy of the transcript to check for any factual inaccuracies. So, once again, I thank you for your paper. Thank you very much.

[177] **Mr Roberts:** Thank you.

[178] **David Rees:** Before I move on to item 4, Members would perhaps like to note that, in terms of our request to the new Minister at the Home Office, Lynne Featherstone, to attend, she has declined and is unable to attend because of the diary commitments of the previous Minister, which she is now honouring. So, unfortunately, we will not be able to have an evidence session with her.

10:54

### **Papurau i’w Nodi Papers to Note**

[179] **David Rees:** I invite Members to note the response that we have received from the Minister for Health and Social Services in reply to our budget letter, which is item 4.1 on the agenda. Are Members happy to note that? I see that you are.

### **Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd Motion under Standing Order 17.42 to Resolve to Exclude the Public**

[180] **David Rees:** I move that

*in accordance with Standing Orders 17.42(vi) and 17.42(ix), the committee resolves to exclude the public from the remainder of this meeting and for the first item of the meeting on 20 November 2014.*

[181] Are all Members happy? I see that you are. Thank you very much.

*Derbyniwyd y cynnig.  
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 10:55.  
The public part of the meeting ended at 10:55.*