



# HM Prison & Probation Service

**Director General Prisons**  
**HM Prison and Probation Service**  
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Ms Fiona King  
HM Assistant Coroner for East Sussex  
East Sussex Coroner's Office  
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6 February 2020

Dear Ms King

Thank you for your Regulation 28 Report of 5 November 2019, following the inquest into the death of Neville McNair at HMP Lewes on 16 June 2018. I am grateful to you for granting an extension to the statutory deadline for my response.

I would first like to express my condolences to the family and friends of Mr McNair for their loss. The safety of those in our care is my absolute priority and every death in custody is a tragedy.

You have raised a concern about the availability of naloxone in prison establishments, drawing attention to the 'Orange Book' guidelines on clinical management.

I understand that Professor Powis has responded separately to confirm that NHS England and NHS Improvement (NHSE&I) are committed to ensuring that prison healthcare providers comply with the guidelines, and that the Governor of HMP Lewes has agreed to work with the local healthcare provider and commissioner to review the protocol at the prison.

I am committed to working with NHSE&I to make naloxone more readily available across the prison estate. This is not straightforward, and there are risks to both staff and prisoners that need to be managed. For this reason, the current position is that it is being administered only by healthcare professionals. There are a number of issues that require further consideration before we can move forward to involve prison staff more widely. Identifying a potential opioid overdose and administering treatment for it has not previously been a part of the role of prison officers and other non-clinical staff in prisons, and we will need to consider precisely how this will work in practice, and what training we will need to provide to equip staff to take it on. We will also need to consult trade unions as we develop our approach.

We are working to determine the best way of managing the risks. Consideration is being given to the use of alternatives to intramuscular naloxone, such as nyxoid, a nasal form of naloxone. We are also preparing a pilot project to train prison staff in a number of prisons in

the north of England. I will make sure that we continue to work with our health partners to take this forward as quickly as we can, whilst continuing to manage the risks to staff and prisoners.

You may be interested to know that, in line with the clinical guidelines set out in the 'Orange Book', we have made naloxone more available to individuals in approved premises, and are issuing it to prisoners who are believed to be at high risk of overdose on release (e.g. those who have recently completed detoxification programmes). However, you will appreciate that we need to take the necessary time to establish the best way to protect both staff and prisoners from the risks associated with the deployment of naloxone before making it more broadly available within the custodial environment.

Thank you again for raising this matter of concern with me. I hope that my response provides assurance that we are taking this seriously and committed to finding the best way to improve access to naloxone in prisons.

Yours sincerely

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Director General for Prisons