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A Report by the  
Prisons and  
Probation  
Ombudsman  
Nigel Newcomen CBE

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**Investigation into the death of a man in August 2014  
while in the custody of HMP Altcourse**

## ***Our Vision***

*'To be a leading, independent investigatory body,  
a model to others, that makes a significant contribution to  
safer, fairer custody and offender supervision'*

This is the investigation report into the death of a man, who died in August 2014, while in the custody of HMP Altcourse. He was 24 years old. A post-mortem examination was unable to find a definitive cause of death. I offer my condolences to his family and friends.

A clinical review the care the man received at Altcourse was undertaken. The prison cooperated fully with the investigation.

The man was sentenced to one year, eight months in prison in February 2014 and had been at Altcourse since March. He had a history of heart valve trouble, depression, asthma and a thyroid problem. He also had a longstanding problem with substance misuse.

The man successfully completed a methadone detoxification programme at Altcourse, but apparently continued to use illicit drugs in prison, including synthetic cannabis known as "spice". A doctor referred him to a consultant cardiologist about his heart condition but the consultant said that treatment was not necessary.

At the beginning of August, the man's cellmate said they both smoked spice and then fell asleep. At about midnight, his cellmate woke up and found him unresponsive in his bed. He raised the alarm and a prison officer and nurse began cardiopulmonary resuscitation. Paramedics attended and took him to hospital by ambulance. Shortly afterwards, a hospital doctor confirmed that he had died.

I agree with the clinical reviewer that the man received a good standard of healthcare at Altcourse and appropriate clinical management of his substance misuse problems. However, there is evidence that he was using spice at Altcourse and that it is prevalent in the prison. Although toxicology results after his death did not show any drugs in his system, synthetic cannabis is very difficult to detect and I cannot discount the possibility that the use of spice was associated with his death. In the interests of safety, the Director needs to put in place an effective supply reduction strategy to help eradicate these substances from the prison.

This version of my report, published on my website, has been amended to remove the names of the man who died and those of staff and prisoners involved in my investigation.

**Nigel Newcomen CBE**  
**Prisons and Probation Ombudsman**

**February 2015**

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## SUMMARY

1. The man was sentenced to one year, eight months in prison for theft and common assault in February 2014 and sent to HMP Leeds. He transferred to HMP Altcourse in March. He had a history of heart trouble, depression, asthma and a thyroid problem. He also had long standing substance misuse problems including heroin, crack cocaine and cannabis use.
2. While he was at Altcourse, a hospital consultant saw the man about his history of heart valve trouble. The consultant said he needed no treatment at the time and should be referred to a hospital near his home after he was released.
3. The man was on a methadone detoxification programme and the substance misuse team saw him frequently to monitor his progress. In May 2014, he asked to change to a detoxification programme involving symptom relief, but was unwell just after starting it and reverted to his original methadone programme. He successfully completed this, shortly afterwards.
4. The man's cellmate said they had both used synthetic cannabis (spice) for several weeks before his death. The evening before his death, his cellmate said they had both smoked spice again. Later that night he found him unresponsive in his bed and alerted staff.
5. Staff administered cardiopulmonary resuscitation until paramedics arrived and took the man to hospital. Shortly afterwards, a hospital doctor confirmed that he had died.
6. We agree with the clinical reviewer's assessment that the man's care was equivalent to that he could have expected to receive in the community. He apparently smoked spice the night before he died, although this did not show in toxicology tests after his death. His cause of death was unascertained at a post-mortem examination. Nevertheless, we are concerned about the apparent easy availability of spice and other new psychoactive substances at Altcourse and the impact on the safety of prisoners. We make one recommendation about this.

## THE INVESTIGATION PROCESS

7. The investigator issued notices to staff and prisoners at HMP Altcourse informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
8. The investigator obtained copies of the man's prison healthcare records and relevant extracts from his prison records. She interviewed seven members of staff at Altcourse in October and his cellmate. She informed the Deputy Director of the preliminary findings of investigation.
9. NHS England commissioned a clinical reviewer to review the man's clinical care at the prison.
10. We informed HM Coroner for Liverpool of the investigation who provided details of the post-mortem. We have sent the Coroner a copy of this investigation report.
11. This investigation was suspended from 3-18 September 2014, because the man's cause of death could not be confirmed. The post-mortem examination report was inconclusive about the cause of death. We began our investigation again when we received the post-mortem report.
12. One of the Ombudsman's family liaison officers contacted the man's mother to explain the investigation. She did not have any specific concerns for the investigation to consider.
13. The man's family received a copy of the draft report and had no comments to make. The prison considered our draft report and recommendations, which they have accepted. The prison has also submitted an action plan detailing what they have done to address the issues we raised and this is included at the end of the report.

## **HMP ALTCOURSE**

14. HMP Altcourse is a local prison in Liverpool which takes prisoners from the courts in Merseyside, Cheshire and North Wales. It is managed by G4S custodial services and holds up to 1,133 sentenced and remanded adult and young adult men. G4S runs the company that provides primary healthcare services at the prison. Secondary mental health services are contracted to Prime Care.

## **HM Inspectorate of Prisons**

15. The most recent inspection of HMP Altcourse was in June 2014. Inspectors were concerned about the availability of drugs, particularly new psychoactive substances (including so-called 'legal highs' such as 'spice') which they found were a significant factor in a number of violent incidents at the prison and had also been the cause of frequent hospital admissions. Prisoners had satisfactory access to most health services, but there were delays with GP appointments. There was a good range of clinical and screening services and primary and secondary mental health care met demands. There were appropriate clinical substance misuse services including opiate substitution therapy.

## **Independent Monitoring Board**

16. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help ensure that prisoners are treated fairly and decently. In its most recently published annual report for the year to June 2014, the IMB regarded Altcourse as a generally good establishment but was very concerned about the levels of violence and the challenge the prison faced with the availability of 'legal highs'. The IMB noted that they received a lot of complaints from prisoners about medical prescribing but they were satisfied that prescribing was compliant with national guidelines.

## **Previous deaths at Altcourse**

17. The man was the fifth prisoner to die from natural causes at Altcourse since the start of 2013. There were no similarities with the circumstances of the previous deaths.

## KEY EVENTS

18. The man was sentenced to one year, eight months in prison for theft and common assault in February 2014 and sent to HMP Leeds. He transferred to HMP Altcourse on 14 March. He had a long standing history of heroin, crack cocaine and cannabis use. He also had a history of heart valve trouble, depression, asthma and a thyroid problem.
19. When he arrived at Altcourse in March 2014, the man continued a methadone maintenance/detoxification programme he had begun at Leeds. He said he smoked cigarettes but did not want any help to give up.
20. On 18 March, a nurse, saw the man and reviewed his asthma. She noted his chest was clear and he had a prescribed inhaler. She told him to contact healthcare staff if he had any further problems with his asthma.
21. On 27 March, the man refused to take the full dose of his methadone as he said he wanted to detoxify by taking a reducing dose. A nurse advised that he needed to do this in a planned way and he agreed to reduce his dose the next day to 25mls from 30mls. The nurse discussed with him the possibility of moving from a methadone detoxification to lofexidine, a medication used to alleviate the symptoms of heroin or other opioid withdrawal.
22. On 7 April, the man told a nurse he had a swollen right lower leg and about previous heart problems. The nurse referred him to see a prison GP. The next day a doctor saw him, who told him he had previously had infected heart valves, shortness of breath and been on antidepressants. The doctor cancelled his existing prescription for antidepressants, which he considered could increase his heart problems and referred him to see a cardiologist at hospital. He continued with his methadone programme.
23. On 22 April, the man told a nurse he wanted to complete his detoxification as quickly as possible by reducing his dose by 2mls at a time at his own pace. This was not in line with the detoxification policy and he agreed to reduce his dose gradually by 5mls the next day.
24. During the night of 28 April, a nurse responded to an emergency call to go to the man's cell. He and his cellmate had harmed themselves as they said other prisoners had threatened them about drug debts. He had two lacerations on his arm and said he had concealed further blades and would harm himself again if staff did not move him to the segregation unit. Staff moved him and his cellmate to another unit and began to manage him under Prison Service procedures for those at risk of suicide or self-harm. The next day, the staff ended the procedures, without any healthcare input, as he said he had no further thoughts of self-harm, now that he had moved to a new unit.
25. On 15 May, a specialist substance misuse nurse discussed the man's medication with him. He wanted to change his detoxification medication to the same as his cellmate so they could support each other. They agreed that

he would continue with methadone for the time being, and then begin new medication, lofexidine, on 22 May.

26. On 21 May, a prison GP prescribed sertraline as an alternative antidepressant for the man.
27. On 23 May, the man began a lofexidine detoxification to help reduce symptoms of withdrawal. At 11.35am, a nurse examined him after he had collapsed in his cell. She found him conscious and alert but very pale. He told her he had not eaten much that morning. A doctor examined him and found he had a lower respiratory tract infection and had possibly reacted to the new medication. The doctor stopped the lofexidine and prescribed methadone again. He completed his methadone detoxification after a week on 5mls of methadone.
28. On 1 July, the man told a nurse that he had vomiting and diarrhoea and he had been taking illicitly obtained subutex (buprenorphine, another opiate used for detoxification). She referred him to the substance misuse team and he completed a further detoxification programme using lofexidine to ease withdrawal symptoms.
29. On 24 July, the man attended a cardiology appointment at hospital. An ECG was normal and a cardiology consultant said there was no need for any intervention at the time. The consultant noted that he was due to be released in a few months and a local hospital should follow him up after he was released.

### **Events of the incident**

30. The man had a standard double cell on the second floor of Reynoldstown Unit (one of the residential units) at Altcourse. His cellmate slept on the bottom bunk and he was on the top.
31. In August the cellmate said another prisoner came to their cell and gave the man some synthetic cannabis (spice). He said that at approximately 5.00pm, after an officer locked them in their cell for the night, they smoked the spice and watched television together. He said they had both been smoking spice for several weeks with no adverse effects. On this occasion, he said the man appeared tired and used the toilet frequently. By 9.00pm, they both fell asleep. Later, he said he was woken by the man making a strange noise. He got out of his bunk and switched on the light. He said the man was lying on his bunk with his eyes open. His skin was blue. He rang the cell bell to call staff for help.
32. Records show the cellmate rang the cell bell at midnight. An officer responded and the cellmate told him that the man was unwell. The officer and his colleague went into the cell and found him on the top bunk, struggling to breathe. The officer radioed a code one emergency at 12.13am, which indicates a prisoner is unconscious or has breathing difficulties. The control room immediately called an ambulance at 12.14am. The officers and the

cellmate used the mattress as a stretcher and lifted him onto the landing floor outside the cell. He was unresponsive and the officer asked if he had taken anything. The cellmate said the man had a heart condition and had smoked spice. The officer noted that he had stopped breathing and started cardiopulmonary resuscitation.

33. A nurse arrived at the cell a few minutes later and continued to attempt to resuscitate the man. She asked for help from the other nurse on duty and the officer went to the healthcare centre while another nurse assisted her.
34. Paramedics arrived at 12.25am. Shortly afterwards the man went into cardiac arrest. Paramedics continued emergency treatment from the unit to the ambulance and to hospital. At 1.27am a hospital doctor confirmed that he had died.

### **Support for staff and prisoners**

35. A Director's Notice informed prisoners and staff of the man's death. Staff moved the cellmate to a care suite to support him. Prison Staff reviewed prisoners identified as at risk of suicide and self-harm, in case they had been adversely affected by the news of the death. A senior manager debriefed staff involved in the emergency response and the care team offered support if needed.

### **Contact with the man's family**

36. After the man died, the prison appointed a family liaison officer (FLO). The man had nominated his girlfriend, who lived in Sussex, as his next of kin. Initial attempts to locate her were unsuccessful and the prison contacted the local police who found that she was in hospital. The police informed her of his death. The prison contacted the nearest G4S establishment to the hospital for help and two members of staff from Brook House Immigration Removal Centre at Gatwick visited her in hospital to offer condolences and support. The FLO also contacted her to offer his condolences and discuss the funeral arrangements. She asked him to contact the man's mother as his closest family member.
37. The FLO visited the man's mother the same day. In line with national guidance, the prison arranged and paid for the funeral, which was held on 15 August.

### **Post-mortem**

38. A consultant pathologist conducted the post-mortem examination. He noted that the man had a longstanding history of drug misuse and had suffered some heart valve damage in 2009. He also noted he had allegedly smoked a synthetic cannabis drug (spice) and the last time was the evening before his death. The detailed examination of his body found nothing to indicate the cause of death. The toxicology results state that no alcohol was present and

no synthetic cannabinoids (spice) or other drugs were detected. The consultant concluded the cause of death was unascertained.

## ISSUES

### Clinical care

39. The clinical reviewer concluded that healthcare staff managed the man's long-term health conditions and drug problems well in prison. Staff referred him appropriately to a consultant cardiologist for assessment and advice about his heart condition. She made three recommendations about healthcare issues, which we do not repeat in this report, and the Head of Healthcare will need to address these. We are satisfied that Altcourse appropriately managed his detoxification. He had frequent drug tests and staff advised him against taking illicit substances

### Use of 'spice' at Altcourse

40. The man's cellmate said that they had both smoked 'spice' (also known as black mamba) a number of times in the weeks before and on the night of his death. Spice refers to a wide variety of herbal mixtures that produce experiences similar to cannabis. Spice contains dried, shredded plant material and chemical additives. It is known to cause rapid heart rate, vomiting, agitation, confusion and hallucinations. It can also raise blood pressure and cause reduced blood supply to the heart.<sup>1</sup>
41. We are concerned about the prevalence of spice in prisons and the effect it has on the behaviours and health of those taking it. The presence of spice and other substances variously known as 'legal highs,' or new psychoactive substances, is difficult to detect in the body. We asked a senior manager in the Prison Service what, if any, testing the Prison Service was undertaking to detect the use of spice. The manager told us the Prison Service is currently working to try and develop a reliable test, but this is not available at present.
42. The post-mortem examination was not able to determine the cause of the man's death, and toxicology results did not show the presence of any drugs including spice. We spoke to a toxicologist who told us that it is possible to test for synthetic cannabinoids (spice) but that the type of chemical make up of the drug needs to be specifically requested.
43. Nevertheless, there is clear anecdotal evidence from the man's cellmate that he had frequently smoked spice and had done so on the evening before his death. There is no reason to doubt his account and we note that HM Inspectorate of Prisons was very concerned about the prevalence of spice and other new psychoactive substances at Altcourse when they inspected the prison in June 2014. Altcourse's Independent Monitoring Board also identified this as a serious concern in its most recent annual report.
44. While there is no clear evidence linking the man's death with the use of spice, in the absence of any clear cause of death, this possibility cannot be discounted. We note that healthcare staff at the prison told inspectors that the

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<sup>1</sup> National Institute of Drug Abuse (US) Dec 2012

use of spice at the prison had led to a number of hospital admissions and violent incidents. We consider it is important that the prison does all it can to eradicate the use of spice and other new psychoactive substances. We make the following recommendation.

**The Director should ensure there is an effective supply reduction strategy to help eradicate the availability of new psychoactive substances at Altcourse.**

## **RECOMMENDATION**

1. The Director should ensure there is an effective supply reduction strategy to help eradicate the availability of new psychoactive substances at Altcourse.

**ACTION PLAN**

<b>No</b>	<b>Recommendation</b>	<b>Accepted/Not accepted</b>	<b>Response</b>	<b>Target date for completion and function responsible</b>	<b>Progress (to be updated after 6 months)</b>
1	The Director should ensure there is an effective supply reduction strategy to help eradicate the availability of new psychoactive substances at Altcourse.	Accepted	<p>NOMS has issued new guidance to Governors and Directors setting out clearly the measures available to deal with New Psychoactive Substances to reinforce the prison estate's zero tolerance approach to contraband.</p> <p>At Altcourse, the Supply Reduction policy has been reviewed and now incorporates NPS.</p> <p>This review included the introduction of a strategy to disturb the supply of NPS entering the establishment and to educate prisoners in respect of the risks of using NPS through a multi-disciplinary approach.</p>	<p>Security Group, NOMS Completed</p> <p>Security Manager and Intervention Manager.</p> <p>Completed</p>	

