Nacro

Reducing deaths among prison leavers

July 2026

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Summary

- Between 2019[1] and March 2025, 2,447 people have died within a year of leaving prison[2]. Of these, 548 people died within a month of their release, and a further 584 died within three months. This means on average more than one person died every day in that period within one year of release.
- Last year one person in every 144 people released died within a year– more than three times the rate in 2015[3]. While rates are lower than the spike during the Covid-19 pandemic, they remain significantly higher than at any other point pre-pandemic. Someone released from prison is now more likely to die within three months of release than the average member of the public is in the entire year.
- People are particularly at risk of dying in a drug-related incident immediately post-release, with almost 40% of deaths in the year post-release being linked to drug consumption[4]. Since 2019, when the current classification system was introduced, the number of identified drug-related deaths in the year post-release has doubled.
- If all people in prison with a history of opioid misuse received substitution therapy on their last day in prison, it could reduce the rate of drug-related deaths immediately post-release by 16%[5].
- Alongside this, increased provision of naloxone to prison leavers with a history of opioid use, and improved support to connect prison leavers to community health services, would help reduce the risk of them dying post-release.
- Homelessness is a major risk factor in post-release deaths, with as many as a third of all deaths in the two weeks post-release being among people who were released into homelessness[6].

[1] The Ministry of Justice changed how cause of death post-release was recorded in 2019, making comparison on cause of death before and after this point unreliable.
[2] Ministry of Justice (2025) Deaths of offenders in the community, annual update to March 2025 Table 2b
[3] Nacro analysis of Ministry of Justice (2025) Deaths of offenders in the community, annual update to March 2025 Table 2b and Ministry of Justice (2025) Offender Management statistics.
[4] Nacro analysis of Ministry of Justice (2025) Deaths of offenders in the community, annual update to March 2025.
[5] For methodology, see Technical Note A.
[6] Prison and Probation Ombudsman (2024) Post-release death investigations 2

Introduction

When somebody dies in the custody of the state – whether that is a prison, a mental health hospital, or elsewhere, we rightly ask what more could have been done to prevent this. A situation where people detained by the state end up dying avoidably is seen as deeply concerning – even if the underlying causes may go unaddressed.

However, less attention is paid to the number of people who die not during their time in prison, but soon after they are released. These are normally still people under the supervision of the justice system through the probation service. This is despite the number of people dying post-release being significantly higher than in custody. Across the last five years, 1,719 people died in custody[7]. During the same time period, 2,110 people died who had recently been released from prison[8].

While a small number of people are given compassionate release – fewer than five a year[9] - because they are expected to pass away in the near future, this represents only a fraction of those who die in the year after their release.

Across the services which Nacro runs supporting people released from prison, we see how hard it can be for people to readjust to life on the outside, and to build positive futures. Many struggle on their return to the community, including to access the support they need which is crucial to ensure they can rebuild their lives.

The high number of people who die soon after release from prison needs urgent action.

Post-release mortality

Rates of post-release mortality remain worryingly high (see Figure 1). While the absolute number of deaths is lower than it was during the Covid-19 pandemic, it remains higher than at any point between 2010 and 2020[10]. As a proportion of releases, the mortality rate within a year of release is currently higher than any point pre-2020[11], and double the whole-population mortality rate for under-75s, which is broadly steady at around 0.3% a year[12].

Someone released from prison is more likely to die within 3 months of release than the average member of the public under the age of 75 is in the entire year. People in prison generally have poorer health outcomes than the wider population, due in part

[7] Ministry of Justice (2026) Safety in Custody Statistics
[8] Ministry of Justice (2026) Deaths of offenders in the community, annual update to March 2025 Table 2b
[9] Prison Reform Trust (2026) Winter Factfile
[10] Ministry of Justice (2025) Deaths of offenders in the community, annual update to March 2025 Table 2b
[11] Nacro analysis of Ministry of Justice (2025) Deaths of offenders in the community, annual update to March 2025 Table 2b and Ministry of Justice (2025) Offender Management statistics. In 2024/25, there were 397 deaths within a year from 57,284 releases (0.69%), compared to a pre-2010 high in 2018/19 of 373 deaths from 67,152 releases (0.56%).
[12] Public Health England (2026) Under 75 mortality rate from all causes.

to the multiple disadvantage many face prior to entering prison. While this would explain a slightly higher mortality rate, as we saw around 2017, it does not explain the significant fluctuation in the likelihood of a prison leaver dying in recent years. Having been rising for several years, rates spiked during the Covid-19 pandemic. While mortality rates among the entire population did rise in this time, the increase we can see among people leaving prison is disproportionate.

The return to pre-pandemic levels has also been slow, with mortality rates post-release coming down but still significantly higher than before the pandemic. When compared to 2019/20, someone released from prison today is 72% more likely to die within a fortnight, 46% more likely to die within a month, and 28% more likely to die within a year.

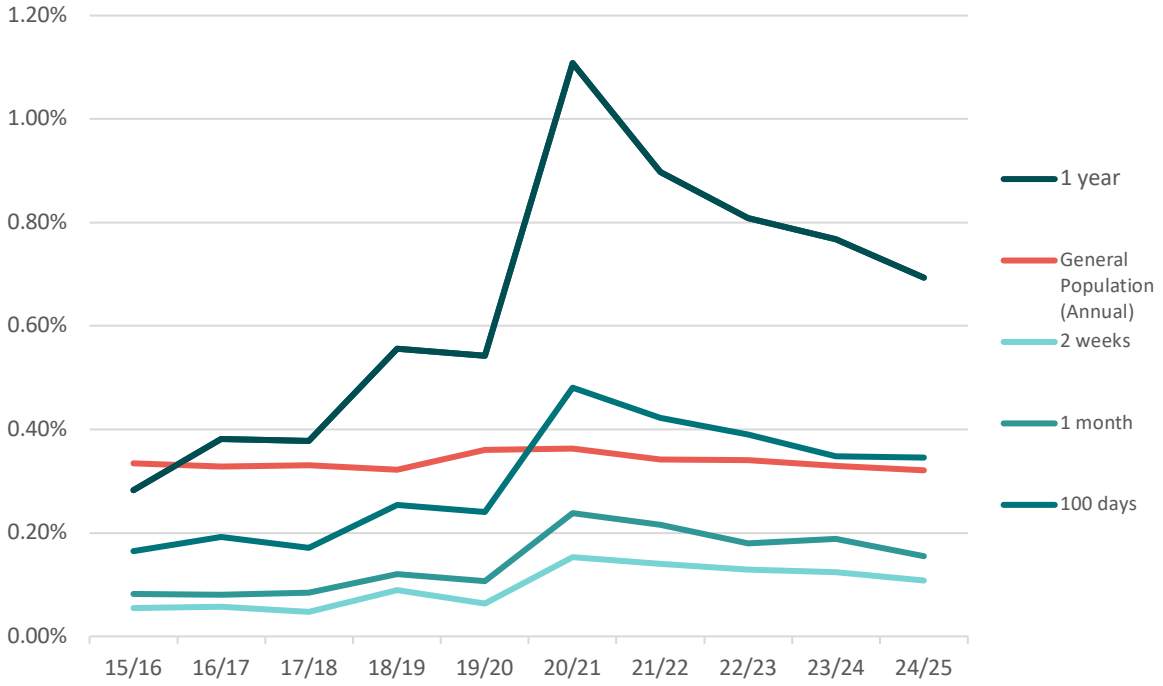

Figure 1: Annual mortality rates for prison leavers by time from release

Through our services working with people leaving prison, we see not only the challenges that they face, but also the difference that appropriate support can make. Where people are provided with stable accommodation, supported to engage with community services, and a pathway towards a regular life, their outcomes are better.

Drug-related deaths

Almost 40% of deaths within a year of release are drug related, split roughly evenly between unintentional drug poisoning and self-inflicted drug poisoning[13] - representing three deaths a week. A third of deaths are due to natural causes (including cancer and heart disease). With a small but significant number of

[13] Nacro analysis of Ministry of Justice (2025) Deaths of offenders in the community, annual update to March 2025.

homicides and suicides, this means that the largest avoidable group of deaths post-release are drug related.

Since 2019, when data collection changed, the number of drug-related deaths in the year post-release has doubled[14]. This represents a worrying trend, and suggests that urgent action is needed to support people with a history of substance misuse and ensure that fewer people lose their lives.

International evidence identifies that people released from prison intending to use 'as before' upon release find that lower tolerance, often in combination with stronger or contaminated substances and mixing with alcohol, combine to increase their risk of overdose[15].

This means that there is a particular risk in the days and weeks post-release for people who are likely to use drugs once back in the community. Historic analysis has found that the risk of drug-related death is seven times higher in the first two weeks post release than in the following fortnight[16].

Across the post-release support services that Nacro run, we consistently see the importance of a seamless transition, where community support steps in the moment people leave the prison gates. In practice, this means that any intervention aiming to tackle substance misuse, and prevent the risk of people dying immediately post-release, must reach people before they leave prison or ensure effective handover between prison and community services ahead of release.

Opioids pose a particular issue for those released from prison. Two thirds of all substance misuse treatments in prison related to opiate misuse – meaning that approximately one in four of all people in prison have issues with opiate misuse[17]. When combined with the high health risks of using opioids, this means tackling opioid misuse must be a priority in work to reduce post-release drug-related mortality.

Through the post-release substance misuse services that Nacro run, we have also seen more people leaving prison and using a combination of drugs, where opiates are taken in conjunction with cocaine, benzodiazepines, and alcohol. This significantly increases overdose risk[18], which people using these substances may not realise. This means that support both pre- and post-release must both focus on, and raise awareness of, the additional risks which this creates.

[14] Nacro analysis of Ministry of Justice (2025) Deaths of offenders in the community, annual update to March 2025.
[15] Groot, E. et. Al. (2016) Drug Toxicity Deaths after Release from Incarceration in Ontario, 2006-2013: Review of Coroner's Cases
[16] Merrall, E. et. Al. (2010) Meta-analysis of drug-related deaths soon after release from prison
[17] OHID (2025) Substance misuse treatment in secure settings.
[18] EU Drugs Agency (2026) Polydrug Use

Regional variation

There is significant regional variation in levels of post-release mortality (see Figure 2). In the North East, one person released from prison in every 1,000 dies in a drug-related incident in the two weeks post release, compared to one in every 6,000 in the East of England[19].

Some regions persistently have lower rates of drug-related mortality, such as the West Midlands, London, and Greater Manchester.

Wales is notable as it has a lower mortality rate within 2 weeks of release (one in 2,280 releases), which then rises to be the second highest region within a year of release.

By contrast, the South Central and East Midlands regions see high levels of immediate post-release mortality (one in 1,380 and one in 1,209 releases respectively). However, their long-term mortality rates are comparatively lower, at fewer than one in 400 releases.

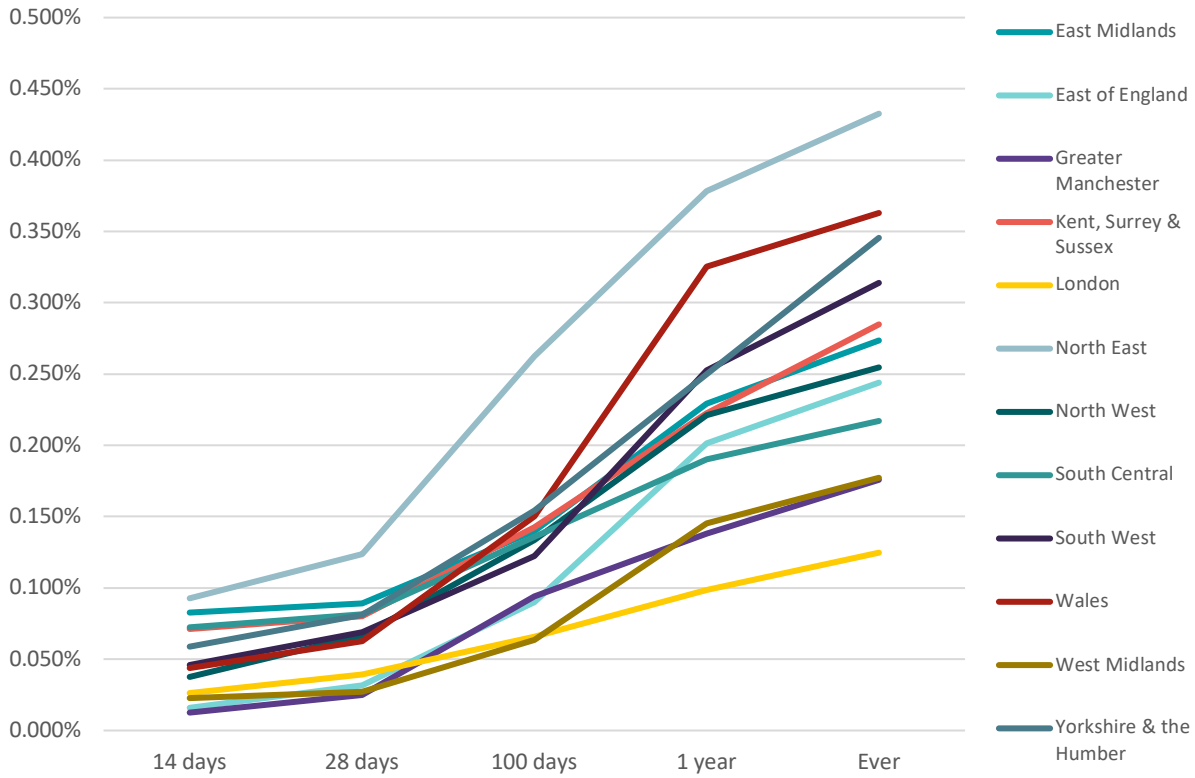

Figure 2: Drug-related mortality rates by region and time post-release

[19] Nacro Analysis of Ministry of Justice (2025) Deaths of offenders in the community, annual update to March 2025 and Ministry of Justice (2026) Offender Accommodation Outcomes on Release from Custody

These regional variations do not seem to be explained by either rates of prison leaver homelessness, or uptake of community substance misuse services alone. For example, a person released from prison in the North East is a third more likely to engage with community services than they would be in the East of England[20], but they are also more than twice as likely to die due to drug misuse within their first year out of prison.

Given the high regional variation, and lack of obvious explanation, it is clear that further work is needed by HMPPS to establish why people leaving prison in some areas are at so much higher risk than others. This should consider both the conditions of the prisons and probation service in these regions, including processes and support in the period around release, as well as other community services which people may rely on and the wider determinants of health outcomes, such as regional drug use rates.

Existing support

Opiate Substitution Therapy

The most common treatment for opioid addiction in prison is substitution therapy. This uses less harmful opioids, such as methadone, to manage the symptoms of addiction, and reduce reliance on illegal drugs.

A person receiving opiate substitution therapy (OST) on their last day in custody sees their risk of dying within a month of release reduced by 50%[21]. Given that around three-quarters of people in prison who receive any kind of opioid treatment already receive this[22], a universal offer is both feasible and desirable. This could reduce deaths within a month of release by between 15 and 20%[23].

10% of people released from prison in 2019 who wanted to continue taking OST did not receive it on their release[24]. While steps have been taken since this analysis was carried out to address these problems, we are concerned that lack of desire from people leaving prison may not be the only factor limiting uptake of this intervention.

The offer and provision of OST on the day of release should be standard for people in prison who might benefit from it. This should be a mandatory part of the discharge procedure for all people in prison, with appropriate staffing support to ensure it does not impact on release timelines. Where possible, this should be a long-lasting substitute, such as buprenorphine, to reduce the need for them to seek further OST before they have had time to engage with community services.

[20] Public Health England (2026) Fingertips: Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison
[21] Ministry of Justice (2026) Prison leavers in substance misuse treatment: 4-week outcomes
[22] Ibid.
[23] For methodology, see the Technical Note A.
[24] Alam, F. et. al. (2019) Optimising opioid substitution therapy in the prison environment.

Naloxone

Naloxone is a fast-acting medication which temporarily relieves the symptoms of opioid overdose, allowing a person to seek medical treatment. The Prison and Probation Ombudsman has called for naloxone to be issued to prison leavers to prevent accidental overdoses on return to the community[25].

The Prison and Probation Ombudsman found that a lack of consistent (and consistently applied) national policy has led to variation in the level of naloxone provision across the country, meaning some people who would benefit from it do not receive naloxone on release[26]. Of the opioid overdose cases investigated by the Prisons and Probation Ombudsman (PPO) between 2021 and 2024, as many as half were not offered naloxone on their release from prison[27]. Statistics from the Office of Health Improvement and Disparities (OHID) have found that 46% of people with opiate addiction issues did not receive naloxone on release from custody[28].

Both prison and probation staff are enabled to issue 'take home' naloxone, meaning that there are no regulatory barriers to all people released from prison with a history of opioid use being provided with naloxone both on the moment of release, and on an ongoing basis by the probation service and community treatment services where this is needed to avoid the risk of an accidental overdose.

HMPPS and NHS England should ensure not only that people are given naloxone on release from prison – regardless of whether they are being referred into community support – but also that it is uniformly available through community services such as probation.

Community Support

We know that fewer than 3 in 5 eligible people released from prison take up substance misuse support in the community – defined as starting treatment with a community substance misuse service within three weeks of release[29].

Prior to release from custody, people in prison with an identified health need are entitled to support to re-engage with community health services, such as mental health or substance misuse services. The RECONNECT service, run by NHS England, is intended to provide liaison and intensive staff support to ensure that this is achieved in practice[30]. This is a welcome intervention to help close the gaps between prison and community healthcare. Along with the GP2GP service, intended to facilitate the transfer of medical records between primary care providers, these are

[25] Prison and Probation Ombudsman (2024) Post-release death investigations 2
[26] Ibid.
[27] Ibid.
[28] OHID (2025) Substance misuse treatment in secure settings.
[29] Public Health England (2026) Fingertips
[30] NHS England (2026) RECONNECT

important steps which have potential to significantly improve outcomes where they are adequately resourced and prioritised.

However, from the experience of services run by Nacro, and the evidence above, we know that some people with health needs are still not accessing the support they need, often leading to a critical gap in care at the point where they leave prison. Fixing this will require us to address information sharing between different services, and more intensive support both before release and in the community to ensure referrals are made, and support is taken up.

Nacro services have also found some people released from prison do not have complete health records, or the medication regime they were on inside prison is not available once they are released into the community. While the GP2GP service has reduced barriers, research from HealthWatch has found that there can still be delays in this, making accessing medication difficult[31].

The Chief Medical Officer has highlighted that any data transfer is often dependent on GP services as a gatekeeper, with information such as drug use patterns not always shared with other services such as substance misuse or probation[32]. In Nacro services, we have also observed challenges with information sharing between prison and community substance misuse services, particularly where people do not have a confirmed address prior to release.

The Government has identified that continuity of care for people leaving prison is improving, with more than half of prison leavers now having continuity of care when they leave prison – up from only a third in 2021[33]. While this is a significant improvement, it still means tens of thousands of people leave prison without this in place.

Continuity of care is critical to ensuring there are no dangerous gaps in medication and support, and should be underpinned by a consistent transfer of information between prison and community health services, including pre-registration with GPs and other services prior to the day of release. Evidence also suggests that ‘in-reach’ where community support workers visit people in prison prior to release can significantly improve uptake of community services[34], as it provides critical practical care and support to enable access to services.

Homelessness

There is a clear link between homelessness and the risk of mortality post-release from prison. The Prisons and Probation Ombudsman has identified that as many as a third of deaths within two weeks of release are among people who were released

[31] HealthWatch (2025) Healthcare on release from prison
[32] Chief Medical Officer (2025) The health of people in prison, on probation and in the secure NHS estate in England
[33] Justice Select Committee: Matt Grey (2026) Rehabilitation and resettlement oral evidence
[34] Public Health England (2018) Op. Cit.

into homelessness[35]. Given that one in seven people in prison are released without housing[36], this is a significant over-representation.

We know that being released into homelessness often forces people into riskier behaviours. Whether it is staying in unsafe environments, engagement with higher-risk acquaintances, or simply struggling to register with health services, people released into homelessness are likely to struggle to build or maintain healthy habits. By contrast, having somewhere safe and secure to live is an essential foundation to access health and community services and build healthier lifestyle habits.

Even in cases where people do find accommodation on release, Nacro staff tell us that in some cases it can be detrimental to someone's health and wellbeing and progress due to the poor quality, lack of safety, or sharing with people who may be misusing substances themselves.[37]

The absence of suitable accommodation on day one does not just pose an immediate risk, but can drive people into higher risk situations over medium-to long-term timeframes.

Given the role of safe and secure housing in improving outcomes for people leaving prison, tackling homelessness is a key element of reducing post-release mortality.

The Government has made a welcome commitment to halving the proportion of people released from prison into homelessness by the end of this Parliament with the aim of ending it altogether in the longer term[38], but this must mean more than just a roof over their heads. Learning from our services highlights that, even when someone is in suitable accommodation, they often still need support to maintain a tenancy, find employment, and manage their finances and health needs[39]. Putting a roof over someone's head is necessary, but not sufficient, to avoid the long term risk of homelessness.

While the Government has introduced services to address post-release homelessness, the number of people released homelessness still remains high, and the wrap-around support provided is variable. We have seen in our own services that a holistic approach which considers all of the individuals' needs as they transition back into the community can make a real difference to outcomes, and this should become the default for everyone leaving prison without a stable home to return to.

[35] Prisons and Probation Ombudsman (2024) Op. Cit.
[36] Ministry of Justice (2026) Offender Accommodation Outcomes
[37] Nacro (2024) The intersection of homelessness and the criminal justice system
[38] MHCLG (2025) National Plan to End Homelessness
[39] Ibid.

Conclusion and recommendations

The number of people who have died after release from prison since 2019 is stark, particularly those who have died due to drug-related causes. We believe different parts of Government should be working together to ensure that only truly unavoidable deaths occur in future.

While people are in prison, we have an opportunity to give them the support they need to address any underlying health issues, and set them up to return to the community without life-limited health problems. We should be seeking to ensure that everybody released from prison is given the best possible chance of living a healthy, fulfilled life in the community.

By getting the basics right, and ensuring everyone receives the immediate support they need, and are engaged with community services, the risk of death within weeks of release can be reduced. Based on the evidence set out in this report, and the expertise of our teams working on the front line, we are recommending that, as a first step:

1) **All people released from prison with an opioid misuse problem should be offered OST on their day of release.** Where appropriate this should be a long-lasting substance such as buprenorphine. The Department for Health and Social Care and the Ministry of Justice should require all prisons to provide this as part of their discharge process, and relevant staff should be on hand early in the day to ensure it does not delay their discharge and disrupt their ability to make other appointments such as their first probation meeting.
2) **The Department of Health and Social Care and the Ministry of Justice should set and meet a consistent national standard for the distribution of naloxone on release.** The presumption should be that anyone with a history of opioid abuse, regardless of whether they have engaged in treatment inside prison, be provided with naloxone to prevent overdose within days of release.
3) **The Department of Health and Social Care should work with the Prisons and Probation Service to ensure that everyone released from prison is registered with a GP and able to access immediate care**. This includes people who have not maintained registration with a GP surgery in the community being re-registered with an appropriate surgery prior to their release. This should also include expedited referral to community substance misuse services, and joined up support from prison into the community ensuring no gap in medical care.
4) **The Ministry of Justice and Ministry of Housing, Communities, and Local Government should set out a joint plan to meet their target of halving the proportion of people leaving prison homeless** this Parliament and ending it in the longer term. This should include specific cross-Departmental work, and funding mechanisms to ensure appropriate support is provided.

Appendix: Technical Note A

- 13,580 prisoners engaged with community substance misuse services – 57% of those who were identified as needing this support[40].
- This means 23,800 people left prison in need of substance misuse support – 62% of whom will have had opioid problems[41].
- This means 14,780 people left prison needing support with opioid problems. Three quarters of these will have received OST on the last day[42].
- Approximately 11,000 prisoners left with OST, and 3,700 without. We know the risk of death within a month for those who do not receive OST is 0.35%[43].
- This means 13 deaths in 2024/25 were among people without OST on their last day. If the risk of death fell to 0.16% (as it is with OST) this would be 6 deaths, meaning 7 would be avoided.
- 7 fewer deaths a year would be a 16% reduction.

About Nacro

At Nacro, we see people's future whatever the past. That's why our housing, education, justice and health and wellbeing services work alongside people to give them the support and skills they need to succeed. It's also why we fight for their voices to be heard and campaign together to create lasting change.

We deliver services across the criminal justice system, including personal wellbeing services and accommodation advice and support for people under probation supervision, the national Community Accommodation Service Tier 2 on behalf of the Ministry of Justice, housing prison leavers on Home Detention Curfew and those bailed from court in need of an address.

We also provide substance misuse services for both people leaving prison and others across the country, including in Yorkshire and the Humber, and the West Midlands. Throughout this report, we have drawn on the experience and expertise of these services, and are grateful to them for their support.

[40] Public Health England (2026) Fingertips: Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison
[41] Ministry of Justice (2026) Prison leavers in substance misuse treatment: 4-week outcomes. [Table 1]
[42] Ibid [All-cause mortality analysis]
[43] Ibid [All-cause mortality analysis]

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We see your future, whatever the past