Mortality rates after release from prison: Why do so many die, and what can be done?

Across the world, people released from prison die at much higher rates than those in the general population, particularly in the first weeks after release. Despite this, detailed analysis of the causes that are driving this elevated risk – and for whom – has been limited, especially in the UK. A recent collaboration between researchers at NTU, the University of Melbourne, HMPPS, and others has sought to address this gap for England and Wales, providing the most comprehensive UK analysis of its kind in over two decades.[†] Some of the findings are surprising, and they carry clear implications for where interventions should be focused.

Background

People leaving prison face serious health risks, including a much higher chance of dying in the months after release than people in the general population. Research in a number of countries has shown that drug-related deaths, suicide, and cardiovascular disease are common causes of death in this group; however, there has only been limited work examining the patterns in these deaths and the factors underpinning them. There has also been little research considering the UK context, especially using large-scale, linked records.

> "This represents a significant – yet largely preventable – public health crisis."

The study sought to better understand the specific causes of death affecting people who died between 2019 and 2021 after being released from prison in England and Wales, along with the factors associated with these causes, with the goal of identifying where support and interventions are most urgently needed. To do this, researchers drew on probation service case-management records combined with national death-registration data, analysing the 1,511 recorded post-release deaths during this period.

Twelve-month mortality rates were calculated using the 104,053 people released in 2019–2020 as a baseline for comparison with the general population. The analysis looked at how risk varies over time after release, and how it differs by age, gender, ethnicity, sentence type, and other factors.

Headline findings

In the 12 months after release, women were eight times and men were five times more likely to die than people of the same age in the general population – with women at higher risk than men across all major causes. Drug poisoning was the leading cause for both genders, accounting for 54% of deaths among women and 38% among men. Compared to the general population, deaths from drug poisoning were 74 times more likely, interpersonal violence 63 times, transport-related accidents 14 times, and suicide nearly ten times.

Summary of causes of death after release

Cause	*n*	% of total
Non-communicable diseases	551	36.5%
Drug poisoning	547	36.2%
Suicide	133	8.8%
(Other/ill defined	126	8.3%)
Infectious diseases	98	6.5%
Interpersonal violence	39	2.6%
Alcohol poisoning	17	1.1%

Suicide accounted for roughly one in every ten deaths. Men and women in the study died by suicide at broadly similar rates, but because men in the general population are around three times more likely than women to die by suicide, this parity means that women face a markedly higher relative risk than their peers after release, pointing to unmet needs around the specific vulnerabilities they face.

> "Women demonstrated particularly elevated risk … warranting focused attention on gender-specific risk."

The overall risk was found to have two peaks over time: the first week after release brought the highest rates of death from drug poisoning, interpersonal violence, and suicide; rates fell sharply across the first three months, but an unexpected second peak emerged around six months across all causes, suggesting different mechanisms may drive risk at different stages.

Individual and criminal-justice factors

Deaths from interpersonal violence showed the most striking disparities. Although people from minority ethnic groups made up around 8% of the sample, they accounted for 38% of these deaths. Interpersonal-violence deaths also had the youngest age profile (mean age 30), the highest rates of housing instability (47% had no or only temporary accommodation), and the highest rates of weapon possession.

Recall to prison – i.e. breach of release conditions – within 28 days of death was a notable feature of acute deaths: over 40% of alcohol-poisoning deaths, and roughly one in five drug-poisoning, suicide, and interpersonal-violence deaths, were preceded by recall action. This points to a window in which life crises, rule violations, and mortality risk coincide.

Fewer than half of those who died by suicide had been identified in probation records as being at current or historical risk, pointing to gaps in assessment and information sharing. Counterintuitively, those released from indeterminate sentences had significantly lower rates of acute deaths than those on determinate sentences, with 87% of their deaths attributable to non-communicable or infectious diseases.

Implications

The markedly higher risk of death immediately after release indicates the need for better transition support; the second peak at around six months shows that such support cannot end with the initial transition. Expanding naloxone distribution programmes – which have already shown promise in this population – could have an impact, alongside opioid-substitution medication such as methadone or long-acting buprenorphine. More broadly, the authors argue for coordinated action across health, justice, and social-care services, with particular attention to women and people from minority ethnic backgrounds.

The clustering of acute deaths around recall actions is also highlighted: recall often follows similar life crises – job loss, homelessness, bereavement, mental-health problems – that themselves mark increased mortality risk. Enhanced procedural justice and support around the point of recall, balanced against public-protection considerations, could therefore reduce both reoffending and post-release deaths. The older age profile of deaths from non-communicable diseases also points to a need for improved chronic-disease management during imprisonment and in transition planning.

Summary

- Post-release mortality is very high, with women at higher risk than men.
- Drug poisoning and suicide are sharply elevated, with women at highest relative risk.
- Minority ethnic groups made up 8% of the sample but 38% of homicide deaths.
- Risk peaks in week one and again at six months, often preceded by recall action.

[†]Slade, K., Justice, L., Baguley, T., Bowen, E., Shorter, G. W., Adamson, L., Beck, A., & Borschmann, R. (2025). Mortality after prison release in England and Wales, 2019–2021: A comparative analysis of cause-specific death rates and risk profiles. *Social Science & Medicine*, *369*, 117821. **https://doi.org/10.1016/j.socscimed.2025.117821**

For more information, contact **karen.slade@ntu.ac.uk**.