



Public Health
England

Five Nations Health and Justice Collaboration

Statement on the presence of new psychoactive substances in custodial settings



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Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: [@PHE_uk](https://twitter.com/PHE_uk)
Facebook: www.facebook.com/PublicHealthEngland

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Five Nations Health and Justice Collaboration

Summary

The Five Nations Health and Justice Collaboration is a forum for discussion and debate, providing a collective authoritative voice on health and wellbeing, and health and social care for people in contact with the criminal justice system (CJS), in settings across England, Scotland, Wales, Northern Ireland and the Republic of Ireland. The collaboration aims to facilitate the sharing of best practice, mutual learning and improved collective capability of health and justice partners in the five nations as well as informing the work of the UK Collaborating Centre for the [WHO Health in Prisons Programme](#).

The Five Nations Health and Justice Collaboration has been sharing increasing reports of NPS use in prisons across the five nations and their impact, not only on the health of the individual but also the prison regime, which has led to us making this collective statement.

We welcome feedback on this work and ask that any comments are sent to health&justice@phe.gov.uk

Background

The European drug marketplace has become increasingly complex. An increasing number of new substances are available alongside more established drugs and diverted medications. Polydrug use patterns have become the norm among those experiencing drug problems¹. The UNDOC World Drug Report 2016² states that between 2008 and 2015, a total of 644 new psychoactive substances (NPS) had been reported by 102 countries and territories to the UNODC early warning advisory on NPS.

In 2015 the Chief Inspector for Prisons in England and Wales described new psychoactive substances as “the most serious threat to the safety and security of jails” and called for urgent development and rolling out of more effective drug testing methods enabling the prison service to respond to changing drug misuse patterns quickly and flexibly³.

Evidence suggests that users of new psychoactive substances are at risk of a number of physical, psychological and behavioural adverse effects on health. As well as

negative effects on the criminal justice system an increased burden is being felt on NHS resources, in particular emergency services, primary care and mental health services⁴.

The Five Nations Health and Justice Collaboration has identified NPS as a particular area of concern from increasing cases in prisons across the UK and Republic of Ireland and would therefore like to raise awareness of this current health and justice challenge.

Prevalence

There is a lack of evidence in relation to substance misuse trends in prisons however changing patterns of drug use in the community provide a useful context for understanding drug misuse in prisons². The Crime Survey for England and Wales (2014-15) stated use of NPS in the previous year was concentrated among young adults aged 16-24. Of these, 84% who had used an NPS had also used another illicit drug in the last year⁵. Men were significantly more likely to have used NPS than women, with young men aged 16-24 around four times more likely to have used an NPS than all adults aged 16 to 59^{5,6}. Herbal smoking mixtures were most commonly used, followed by powders, crystals, tablets and other substances. The least commonly used form of substances were liquids.

The National Records of Scotland's publication of Drug Related Deaths⁷ (2016) showed there were 706 drug related deaths registered in Scotland in 2015, 93 more than in 2014. NPS were present in 112 of these deaths, and implicated in 74. NPS were the only substances present in 3 out of the 74 deaths where NPS was implicated. The number of deaths where NPS was present in the body has increased from just four in 2009 when the first Scottish deaths involving NPS were registered.

In Northern Ireland there is evidence of community NPS use reported amongst 2-11% of drug users⁸. The All Ireland Drug Prevalence Survey 2014/15 states 3.8% of the Northern Ireland population reported having ever used an NPS. Usage was highest amongst males aged 15-34 years⁹.

The 2014 EuroFlash Barometer report on Young People and Drugs surveyed 13,000 15-24 year olds of which 22% of the Irish respondents had used NPS at least once, the highest use being in the last year and in Ireland¹⁰.

Within samples from Welsh prisons submitted to WEDINOS the most commonly identified substances were the synthetic cannabinoid receptor agonists; 5F-PB-22 and 5F-AKB48 in the form of ready to smoke plant matter⁴.

Views from people in prison

The 2015 Scottish Prison Service Survey, undertaken in all 15 Scottish prisons and with a 55% response rate, indicated that 27% of respondents claimed to have used NPS prior to prison. Of these respondents 60% claimed to have used synthetic cannabinoids, 60% claimed to have used stimulants and 31% claimed to have used hallucinogens. The survey also asked prisoners to report on NPS usage while in prison, with 11% of respondents claiming to have done so. Of these respondents 82% claimed to have used synthetic cannabinoids, 42% stimulants and 31% hallucinogens¹¹.

In 2016, NHS England commissioned a consultation with over 600 people in nine prisons on NPS use in custody¹². The consultation suggested that of the people who used substances in prison, one in three were using NPS. The negative impact reported by prisoners included increasing addiction, debt and violence amongst prisoners and poorer mental and physical health outcomes, which then exacerbated bullying and violence. The report recommended that substance misuse services in prisons needed to reconsider their approach with an increased focus on peer support services.

Recommendations

- clinical management plans for prisoners under the influence of NPS would support practitioners and should be developed in collaboration with the prison clinical leads, local emergency department, ambulance service and custodial provider
- the development of systems to monitor drug problems and patterns of use in prison, including diverted medications, will be paramount in understanding the scope of the challenges, to inform both health and security policy and operational responses
- staff working in prisons would benefit from appropriate training on the clinical/symptom management of NPS and appropriate harm reduction advice
- future research should focus on NPS use in prison including substance use trends in prisons, operational impact on the prison and the individual's experience of using NPS in prison, as well as rigorously evaluating programmes to tackle NPS use in prisons

References

1. European Monitoring Centre for Drugs and Drug Addiction (2016). European Drug Report 2016: Trends and Developments. Publications Office of the European Union, Luxembourg
2. UNODC (2016) World Drug Report 2016, available at: http://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf [Accessed 23 August 2016]
3. Her Majesty's Inspectorate of Prisons (2015). Changing patterns of substance misuse in adult prisons and service responses: A thematic review. HM Inspectorate of Prisons, London

4. WEDINOS (2014) Philtre annual report 1 October 2013 - 30 September 2014, Public Health Wales, Cardiff
5. Office for National Statistics (2016). Crime in England and Wales: Year ending December 2015, available at:
<http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingdecember2015> [Accessed 31 May 2016]
6. Public Health Agency Northern Ireland (2015) New Psychoactive Substances: Factsheet, available at:
http://www.publichealth.hscni.net/sites/default/files/new_psychoactive_substances_factsheet_may_2016_0.pdf [Accessed 31 May 2016]
7. National Records Scotland (2016) Drug Related Deaths in Scotland in 2015, available at:
<http://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/15/drugs-related-deaths-2015.pdf> [Accessed 23 August 2016]
8. Corrigan D (2015) Statistics from the Northern Ireland Drug Misuse Database: 1 April 2014 - 31 March 2015, available at: <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/dmd-2014-15.pdf> [Accessed 23 August 2016]
9. Department of Health Northern Ireland (2015) All Ireland drug prevalence survey 2014/14, available at: <https://www.health-ni.gov.uk/publications/all-ireland-drug-prevalence-survey-201415> [Accessed 24 October 2016]
10. EuroFlash Barometer Report (2014) Young People and Drugs, available at:
http://ec.europa.eu/public_opinion/flash/fl_401_en.pdf
11. Carnie J & Broderick R (2015) Scottish Prison Service Prisoner Survey 2015, available at:
<http://www.sps.gov.uk/Corporate/Publications/Publication-3895.aspx> [Accessed 23 August 2016]
12. User Voice (2016). Spice: The Bird Killer. What prisoners think about the use of spice and other legal highs in prison, available at <http://www.uservoice.org/wp-content/uploads/2016/05/User-Voice-Spice-The-Bird-Killer-Report-Low-Res.pdf> [Accessed 14 July 2016]