Informing Policy with Evidence

"Spice" use among offenders supervised in Approved Premises and Community Rehabilitation Companies: a preliminary qualitative study

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Summary

This study was commissioned to explore the extent to which Synthetic Cannabinoid Receptor Agonist (SCRA) use in prisons continued among released prisoners being supervised by a Community Rehabilitation Company (CRC) or resident in Approved Premises (APs), and to explore the feasibility and acceptability of large-scale studies in these environments.

Data were collected using a self-report questionnaire and semi-structured interviews with 30 released prisoners and 11 staff members between November 2017 and January 2018. This included 16 released prisoners in APs and 14 being supervised by a CRC. This small sample is not designed to be representative, but 12 of the 30 interviewed ex-prisoners reported using SCRAs during their last sentence, 8 of them regularly. Following release, 4 of the sample reported SCRA use in the community, all of whom had been regular users inside.

Interviews with ex-prisoners

SCRA use in prison

- Ex-prisoners reported SCRAs to be readily available in prison and took them simply to get 'smashed'; 'take the bars away for a bit'; and because they were not readily detected in drug tests or by sniffer dogs.
- People who did not use SCRAs tended to be people who did not use drugs in general or those who wanted to 'keep their head down' and get their sentence done.
- Over a quarter of the users had only used SCRAs once or twice, not enjoyed it and ceased to use thereafter.
- While over half the respondents had not themselves used SCRAs in prison, there was a tendency for them to believe that the majority of other prisoners used. Many non-users felt that others' SCRA use negatively affected all prisoners' time inside, through alarms, lockdowns and loss of association.
- SCRAs were thought to get into prison through prisoners bringing them in inside their body ('bunged up'), prison officers, other prison staff, contract workers, absorbed on letters and other documents, prison visits and drones.
- The SCRA market in prison was highly lucrative as the drugs were cheap outside prison but brought a high price inside. Interviewees reported individuals making very large amounts of money.
- Significant violence was reported to surround the SCRA market and SCRA-related debts.
- The effects of SCRAs were varied but included trance-like states where prisoners were vulnerable to theft or attack.
- Younger, more vulnerable prisoners with no money were targeted for 'spice challenges', where a large amount of the drug is taken at once, for free. The dramatic effects were filmed on mobiles.
- Some thought SCRAs were addictive – at least in prison. The fact that most gave the drug up on release suggested that the compulsive use of SCRAs may, at least in some degree, be associated with the prison environment. Nevertheless, some post-custodial, problematic SCRA use was reported among ex-prisoners in the community.
- SCRA use was associated with frequent emergencies. The majority of the sample had seen ambulances arrive to deal with SCRA users. Prison officers and medical staff often appeared unsure what to do and feared being held responsible for a death. These problems were compounded by low staff-prisoner ratios.

- Ex-prisoners that had served long sentences reflected on how SCRAs had taken over prisons 'like a cancer' over the past three to four years.

SCRA use after prison

- Two-thirds of the prison SCRA users ceased to use the drugs on release and many had not come across SCRAs in the community.
- Many returned to a different drug of choice – usually cannabis – or were stabilised on methadone. The view was frequently expressed that SCRAs were just 'prison drugs'.
- The sample viewed post-custodial SCRA users as being those who were homeless and/or needed to escape reality.
- Of the four post-custodial SCRA users, three were in the same AP at time of interview and all were using SCRAs in their bedrooms as an alternative to cannabis, which could be detected more readily (by smell or test). One spoke of the AP as a 'safe environment' for SCRA use, compared to the street.
- APs within our sample varied widely in their enforcement of regulations concerning SCRA and other drug use

Interviews with AP staff

- While SCRA use in APs reportedly varied considerably over time and between APs, there was an almost universal narrative of an overall decline in SCRA use, which many respondents connected to the introduction of legal controls on the supply of SCRAs consequent to the 2016 Psychoactive Substances Act.
- The pronounced variation in SCRA use in the shorter term was attributed to the coming and going of residents with a history of SCRA use - who dealt to, and used with, other residents - and variations in availability through local dealers in the community.
- Legal controls had led to a dramatic change in the nature and content of purchased SCRAs, as drug dealers took over the supply.
- Extremes of SCRA intoxication were reported from the past, with many of these incidents being akin to those described in prison, including zombie-like or psychotic symptoms, nudity and collapse. Some other residents, however, seemed relatively unaffected, and while SCRA use was thought to be continuing in APs, the effects were less extreme and the use therefore harder to discover or prove.
- The duration of the drug's effects was reported as 20-30 minutes, frequently with dramatic awakenings from zombie or psychotic-type states, and no memory of what had happened.
- Intoxicated residents were rarely directly aggressive, although their unpredictable and bizarre behaviour could make them threatening, causing considerable distress for staff having to deal with them.
- Problem drug users were thought to be more likely to use SCRAs. As in prison, vulnerable residents could also be forced or cajoled into paying for and using SCRAs.
- One AP worker referred to the stigmatised status of the 'spice head'.
- Some residents seemed to be addicted to SCRA use, with compulsive, continuing use even after hospitalisation.
- There were some reports of the physical effects of SCRA fumes on AP staff, akin to those described by interviewees who had previously worked in prison: headaches and dizziness.

- Dealing with intoxicated residents required a lot of staff time and energy. Staff also reported fears of a resident dying, and their responsibility in this respect. Incidents often happened at night when the lowest paid staff were on duty and had to deal with them.
- Staff wanted a reliable test for SCRAs, as otherwise it was hard to know whether residents had taken them or not.
- There were variations in how individual APs dealt with the use of SCRAs, from zero tolerance to an acceptance that some drug use was inevitable in hostels. There were also variations in policy implementation on cannabis from escalating warnings to acceptance and a lack of testing.

Interviews with CRC staff

- Two of the CRC officers had recently spent time working in prison 'through-care' (continuity of care through the prison sentence and on to release into the community).
- They thought that while SCRA use varied across the three prisons in the locality, overall it had worsened between 2015 and 2017. Again, low prison staff numbers were thought to be an important contributory factor.
- Familiar accounts were given of 'zombie'-like states, fits, naked prisoners jumping onto wing safety nets and frequent lockdowns.
- Interviewees described probation and prison officers in prison becoming intoxicated by SCRAs on prisoners' clothes or breathing in the drug in prison cells. This was leading to periods of sick leave among officers.
- Despite high levels of SCRA use in prison, CRC officers reported that their supervised participants rarely admitted to using SCRAs inside. The reason for this was not immediately clear, but it is possible that CRC staff were simply not asking offenders about their drug use in prison.
- Those offenders that did report prison SCRA use to their supervising CRC workers tended to give up their use on release. Reasons given were the view that they were unpleasant drugs, because they moved back with parents or girlfriends, or simply returned to their drug of choice, which had been harder to obtain inside.
- CRC staff said that it was unusual for offenders to keep using SCRAs on release. Nonetheless, four examples were given, two of whom were using only at weekends. Another was a first time offender who had not used drugs before his prison sentence. He started using SCRAs inside to cope with imprisonment and had continued to use daily on release.
- Two officers expressed the view that community drug services were not set up to deal with people using SCRAs.

Feasibility, acceptability and future research

- Staff and ex-prisoners seemed generally happy to take part in the study and report their experiences. On-site interviews worked best when they were facilitated and organised by staff, which happened to varying extents. Interviews were more difficult in the CRC hubs because of the busy throughput of offenders and the large, shared space, which made interviewing difficult.
- Possible future research might usefully include a study of SCRA-using prisoners on release, tracking their drug use in the community. A multi-site study of SCRA use in prison would also be of value, which could include the women's and youth custody estates. A study of SCRA use in Approved Premises might usefully explore the impact of differences in drug policies and practices, and also locate SCRA use within the wider drug using behaviours of AP residents.

1. Introduction

This study provides a rapid, cross-sectional, mainly qualitative exploration of SCRA use among ex-prisoners being supervised in Approved Premises (APs) and Community Rehabilitation Companies (CRCs). The central question underlying this research was whether the widespread use of SCRAs in prisons - which has been reported by an increasing number of studies, inspections and media articles - is spreading into the community, with consequent implications for community drug treatment. The study was also designed to explore the particular impacts of SCRA use in APs, which as supervised residential facilities, can be seen as 'semi-carceral' institutions, with the potential to experience similar problems to prison.

As the title suggests, this was a rapid scoping and feasibility study, designed to explore the potential for a larger study. Nevertheless, the 41 detailed, semi-structured interviews offer insights into some of the key issues affecting SCRA use in the transition from prison to the community.

There is currently limited reliable evidence on SCRA use among prisoners and ex-prisoners, with only two research studies (Ralph *et al.*, 2017a; User Voice, 2016); a HMCIP thematic report (HMCIP, 2015); and a Criminal Justice Joint Inspection (CCJI, 2017) specifically focused on the prisoner population. User Voice focused on 9 Category C prisons; Ralph *et al.* on one Category B prison; and the HMCIP report on prison inspections and a survey of 10,702 prisoners. The CCJI Inspection covered five probation/CRC areas; and the tracking of 59 offenders on community order or on licence. The body of research conducted by the team at Manchester Metropolitan University, (Ralph *et al*, 2017a; Ralph *et al*, 2017b; and Ralph and Gray, 2017) whilst providing a highly significant and valuable contribution to our understanding of SCRA use amongst vulnerable groups, including some who are ex-prisoners, is solely focused on the Manchester area and thus may not be generalisable more widely to the situation across the UK. Addison *et al's* work (2017) offers insights into the difficulties of managing SCRA users in police custody. However, to our knowledge, no previous research has been undertaken to specifically examine the use of SCRAs by ex-prisoners on release from prison across a range of prisons and probation/CRC areas. This study will therefore provide the first evidence of this kind.

The above studies have shed light on some key concerns about SCRA use, particularly SCRAs (Synthetic Cannabinoid Receptor Agonists), amongst vulnerable populations, namely:

- That SCRA users present significant challenges to agencies attempting to engage, help or process users due to both their volatile behaviour and service agents' lack of knowledge and experience in managing and helping this group (Addison et al, 2017);
- That SCRA use is contributing to debts, bullying, violence, self-harm and suicides in prison and is draining already considerably limited resources particularly in terms of staff time (HMIP, 2015; User Voice, 2016);
- That SCRA use appears to trigger underlying mental health issues and can adversely affect the recovery journey of problematic drug users (Ralphs et al 2017a; User Voice, 2016);
- That SCRA use represents a new form of problematic drug use for vulnerable groups who use them to escape difficult realities such as prison or homelessness (Ralphs et al 2017b);
- That there is a lack of appropriate drug treatment services for users of SCRAs who themselves see no point in engaging in treatment without an available substitute drug (such as methadone for heroin) (Ralphs et al 2017b).

- That many offenders first experience SCRAs in prison and are released with a dependency; and that probation providers are not always informed about this dependency and do not have the appropriate skills, knowledge and training to manage SCRA users effectively (CJJI, 2017).

The Approved Premises (APs) designation was introduced by the Offender Management Act (2007), replacing probation and bail hostels. APs are run by the National Probation Service and while there are specialist APs such as Psychologically Informed Planned Environment (PIPE) regimes for offenders with Personality Disorder, in the main, APs generally provide for high-risk offenders (often originally convicted for violent or sex offences) who have been released from prison on license.

The 21 Community Rehabilitation Companies (CRCs) were set up across England and Wales under the *Transforming Rehabilitation* agenda and associated Offender Rehabilitation Act (2014) and are responsible for the management of low to medium risk offenders, including released prisoners who were sentenced to less than 12 months of imprisonment.

2. Purpose

This scoping study considers the use of SCRAs following release from prison. Interviews were carried out with a purposive cross-sectional sample of newly released prisoners, and their staff, who were residing and working in APs in the North West region and CRCs in the North East. The study focuses on SCRA use – a range of substances most commonly referred to generically as 'Spice' amongst interviewees. The term 'SCRA' will be used throughout the report, though direct quotations will incorporate the terms used by the interviewees themselves.

The focus was to explore two major areas of policy interest. First, the potential for prisons to be acting as a space for the spread and transmission of SCRA use into the community. If SCRA use continues among ex-prisoners on release, this may have important implications for community drug treatment. Second, anecdotal evidence suggests that Approved Premises (APs) may, to some degree, be affected in a similar way to prisons, in terms of the level of disorder associated with SCRA use. Unlike prisons, however, SCRA possession in APs may not be an offence under the 2016 Psychoactive Substances Act.[1]

We also assessed the feasibility and acceptability of our research processes, to inform a larger-scale study. This included assessment of:

- The acceptability to staff and newly released prisoners of taking part in the study and talk about SCRA use, including numbers of people who dropped out or who required emotional support following the interview, and information collected in the qualitative interviews.

- The feasibility of conducting the site interviews and the variability in the quality of the data collected at the different sites, including the practical and logistical arrangements for undertaking interviews, length of the interviews and the facilities for conducting the interviews.

[1] All SCRAs became illegal to sell, make, import and export in April 2016 under the Psychoactive Substances Act but were only illegal to possess in prison. Amendments to the Misuse of Drugs Act in 2016 means that most, but not all, substances found in SCRAs have become Class B drugs and are illegal to possess. The changing nature of SCRAs however means that the legality or illegality of individual substances are often impossible to determine without chemical analysis

3. Methods

Data were collected on newly released prisoners using a self-report questionnaire. This included previous demographic background, social factors, and previous use of SCRAs in and outside of prison, as well as and offending history and willingness to participate in a subsequent interview. Those who were willing to be interviewed took part in a 30-minute interview to identify the nature of problems associated with SCRA use, perceived motivations for use, and use both inside and outside prison. Staff in CRCs and APs did not complete a self-report questionnaire, but took part in interviews of a similar length to those conducted with ex-prisoners, covering many of the same issues but also the impact on the CRC/AP environment and supervision.

Information sheets were distributed to all participants and written informed consent was received. Each participant was assigned a unique identifying number ensuring anonymity and confidentiality. Ethical approval was obtained from the National Research Committee of Her Majesty's Prison and Probation Service and reviewed by the University of York.

Data from the interviews were attributed to each of the interview groups (e.g. clients in Approved Premises, clients in the community attending the Community Rehabilitation Company (CRC) hubs and staff interviews) and were transcribed verbatim. A thematic approach was taken to frame the analysis. For each group, common and individual themes emerged from the data and were used with the support of quotes to demonstrate the findings.

4. Findings

4.1. Information from the self-report questionnaire

4.1.1. Sample description

A total of 30 released prisoners and 11 staff members were interviewed between November 2017 and January 2018. The 30 released prisoners represented 16 people living in Approved Premises (hostels) in the North West of England; and 14 people being supervised by a Community Rehabilitation Company (CRC) in the North East. Of these, 83% were male and 96% had English as their first language. 90% of the sample were of white ethnic origin, the remainder were Asian or of mixed ethnic background. 63% of the sample were single and had never been married, 16% were married or in a partnership and 20% were divorced or separated at time of interview.

4.1.2. Criminal justice background

30% of the sample identified themselves as first time offenders, the majority of the sample had been in prison between 1 and 25 times at time of interview with just over a third of the sample being on remand at time of interview (34%). Many had a long history of offending behaviour, with age of first incarceration in one interviewee being 13 years. Individuals had been released from prison up to six months prior to the date of interview. The majority of individuals disclosed information of their offence (see Table 1). In general, those residing in an AP reported previous offences that were more severe which characterized the high-risk nature of this offender group.

Table 1: Offence category by released prisoner group

Offence Category	**Clients in Approved Premises N=16 (%)**	**Clients attending the CRC N=14 (%)**
Sexual offence	6 (37.5)	0
Robbery/Violence/GBH/Threatening Behaviour	5 (31.5)	3 (21.5)
Attempted Murder	2 (13)	0
Breach of court order	1(6)	1 (7.5)
Possession and supply of class A	1 (6)	3 (21.5)
Shop lifting/burglary/theft	0	4 (28.5)
Fraud/money laundering	0	3 (21.5)
Did not disclose offence	1 (6)	0

4.1.3. Current living arrangements

The 16 ex-prisoners in the AP sample were by definition living in the AP. Accommodation for the CRC group included staying either with friends/family or a partner (42.9%), living in their own home (42.9%), in a hostel (7%) or no fixed abode (7%).

4.1.4. Previous history of SCRA use: Evidence from the self-report questionnaire

Figure 1 shows results from the self-report questionnaire on respondents' use of SCRAs before prison; whilst in prison; and once released into the community. Overall just under half of the sample had ever taken SCRAs. This comprised half of the 14 people in CRCs and seven of the 16 people in APs. Six ex-prisoners had used SCRAs in the community prior to their last period of incarceration. Twelve of the 30 respondents used SCRAs whilst in prison. On release, only four of the total sample continued to use SCRAs, three of them among the AP sample. Of those who reporting using SCRAs since release, three people reported 'one off use', with only one person reporting regular use of SCRAs two to three times a week. All of those who continued to use after release had been regular SCRA users whilst in custody. These figures clearly show that the peak use of SCRA in our sample was in prison; with far fewer respondents using either prior to custody or on release.

Regardless of whether they had used SCRAs themselves, most respondents were acutely aware of significant amounts of SCRA use in prison – with only the female respondents having little or no experience of SCRAs in prison. Whilst there were only a small number of female respondents,[2] this could indicate that SCRA use is not as prevalent in women's prisons.

4.2. Findings from the thematic analysis

4.2.1. Emerging themes: Released prisoners

A number of key themes were identified for the released prisoners. These included some broad topic headings including 'prison' and 'use and/or non-use after prison'. Within each theme a series of sub-themes re-occurred within the interviews.

The 'prison' theme incorporated the following sub-headings:

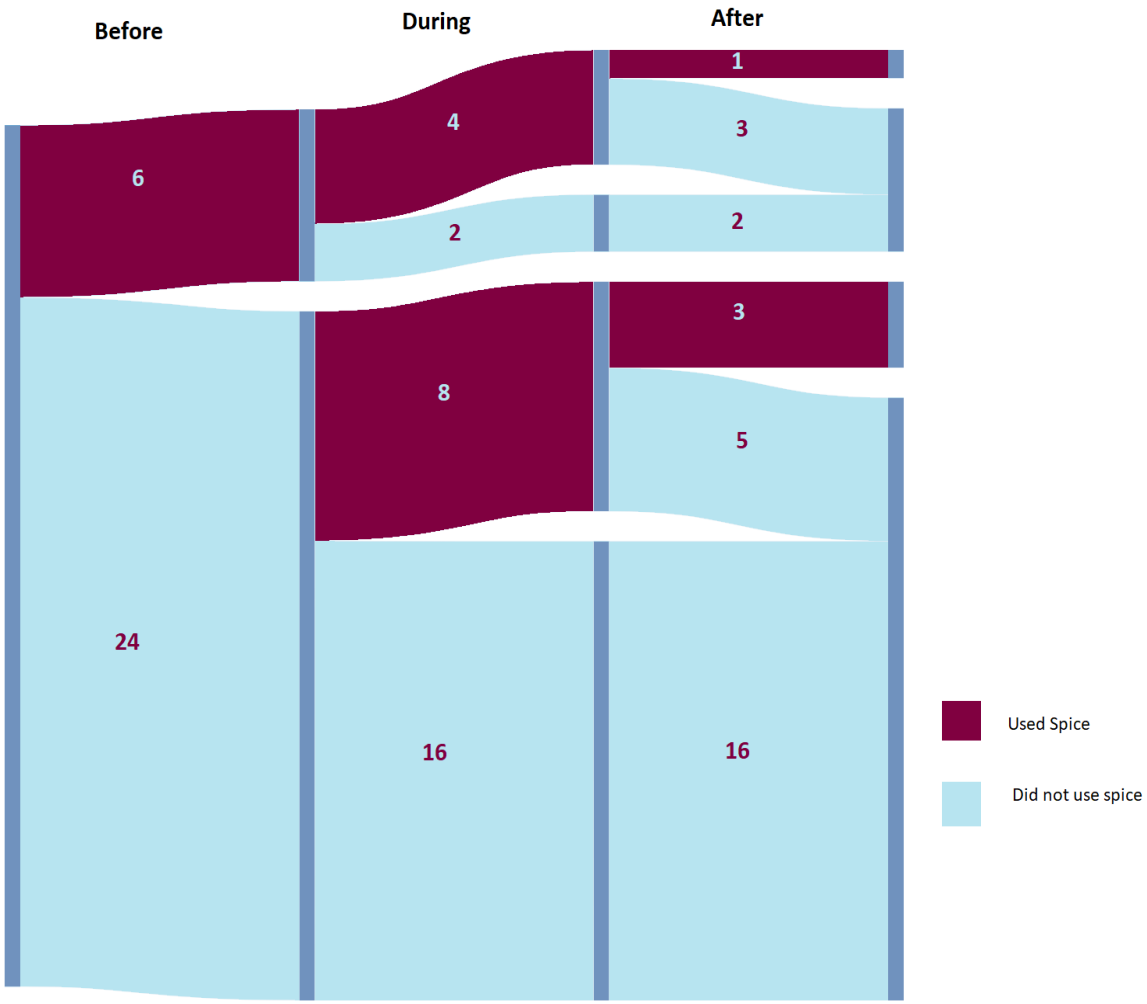
(i) Reasons for use
(ii) Reasons for non-use and/or discontinuation
(iii) Effects on SCRA users
(iv) Effect of SCRAs on the prison regime
(v) How SCRAs are getting into prison
(vi) The SCRA market within prison
(vii) The prison response

The theme 'use and/or none use after prison' incorporated the following sub-headings:

(i) Reasons for continuing
(ii) Reasons for stopping
(iii) Availability
(iv) Awareness of use in community
(v) Drug of choice in the community

[2] Five of the 30 respondents in the sample were women.

Figure 1: SCRA use before, during and after imprisonment



4.2.2. Reasons for SCRA use in prison

The most frequent reason (n=11) respondents gave for prisoners using SCRAs was that they were readily available in all the prisons they had been in (other than the women's prisons). SCRA use appeared to be a significant preoccupation for a high proportion of prisoners:

> *[b]ecause it's always in your face, your friends, yeah, you come onto a wing, you're walking down, people talk about Spice, Spice, Spice, Spice, right that's all people talk about* (CRC11).

> *Well, aye, as soon as anyone's door was open or on the landing or sink, man, they would be at everyone's doors, have you got Spice, have you got Spice, they just loved it.* (CRC06)

Another key reason suggested was that SCRAs helped to kill time and alleviate boredom (n=9). One respondent suggested that there was a direct correlation between a reduction in activities in prison and SCRA use.

> *I think because no-one does anything. No-one … like* [name of first prison] *doesn't have jobs for people. It took them two-month to get me inducted in the prison. Like I was in* [name of second

prison] *for nine days and I was inducted the second day I was in there … the third day I was in there they were giving me a job.* [name of first prison] *they just leave you.* (CRC10)

I think it's the people who have got nothing else to fill their time, I think it's boredom for a lot of them. I think that's what it plays down to. (CRC07)

Nine respondents talked about using SCRAs to cope with the pain of prison life: *"Because I just wanted the jail to hurry up and finish"* (CRC06); *"To take the bars away for a bit"* (AP03). The same number of respondents suggested the reason for such widespread use was the fact that SCRAs did not show up on drug tests when they first started coming into prison. Four respondents talked about just wanting to get high and used SCRAs as the most readily available drug to do this: *"I'm not happy unless I'm high, you know, it doesn't matter what it is …"* (CRC12); *"It just gets you smashed"* (AP03).

4.2.3. Reasons for not using SCRAs

Respondents who were not regular SCRA users were either those generally not particularly interested in drugs (n=7): "*I just don't … I can't get my head around drugs at all*" (CRC05); with a further three who did not like smoking any substance. In addition, five respondents had not enjoyed their first experience of SCRAs and therefore had not wanted to repeat it; and three said that whilst they liked other drugs, they did not like SCRAs.

For the first five or ten minutes I was just laid there. I could just feel my heart going, going, going, sat up on the bed and I went, what's going on here? I thought I was going to die. Five or ten minutes of whoa, breathe, calm down, you'll be alright (CRC10)

Spice, you know what it does to people. That's not really my cup of tea. (AP01)

Some respondents appeared to have been able to quickly recognise the potency of SCRAs and did not enjoy their effects in comparison to their drug of choice.

Spice is a different animal man… you know a person becomes a monster, that's the difference to them both, they're not even … I don't even know why they call them cannabinoids, yeah, they're not even in the sort of bracket. (CRC11)

It's not like cannabis. Cannabis is, it's slow, it comes to you in slow increments, but with NPS it's totally different. It's just like, bam it's in your face, it comes, de, de, de and it's all there and … it's a really, really, really, scary experience. For me, I'm glad it was a scary experience because I never did it again after that. (AP08)

Others were keen to just keep their 'head down' and get on with their sentence quietly:

Yeah, because it's not my thing. It really is not my thing. My intentions were, when I got in there, was to get in there, get it done, and get out. I didn't want to make life harder for myself or life harder for anybody. I just wanted myself to be back out. That's the way it was. And avoiding that did make my life easier, evidently. (CRC07)

4.2.4. How SCRAs were getting into prison

Respondents had numerous theories about how SCRAs were getting into the prisons.

Well, either up your bum or through a screw or through one of the workies isn't it, from outside the jail … and then bunged up, some people coming in bunged up… we get it sent in through letters. (CRC06)

Most respondents thought that SCRAs were coming in through prison officers (n=14).

I think it's got to be a screw, me, like because someone got caught with five ounces of Spice. How do you get five ounces into a prison? It just doesn't work does it? It had to be a screw. It had to be. (CRC10)

I'm aware there was one prison that I come to, they had over 120 grams found in one … near enough four kilos on one occasion, of Spice, and they believe it was the screws that was bringing it in. (AP07)

One respondent involved in the selling of SCRAs in prison gave a detailed account of how prison officers were targeted:

…most prison officers, you have to identify them, so in your private prison… we already know how much they're being paid … so we understood, we had to make them an offer which is respective of the risk they are taking. So, both Spice in the early days, it was a legal product, so they understood… the officers, if they did get a call [sic] *for legal highs they may lose their job but there wouldn't be any prison term involved, as opposed to bringing in say heroin or a mobile phone …so the risks for them were a lot lower and the profits were the same if not higher. So, initially a lot of officers, especially in private prisons … were willing to bring in the product.* (AP12)

Visits were also seen as a key route (n=10) with organised dealing arrangements comprising coercing visitors into bringing in SCRAs and paying them for doing so; or coercing other prisoners to take SCRAs off dealers purportedly coming to visit them and making them smuggle the drugs back onto the wing. These prisoners would then be rewarded with free SCRAs. The use of mobile phones and mobile banking technology was facilitating this process:

People were forcing them to bring Spice in on them visits and saying, listen, I'll get the Spice dropped at your home, I'll pay your visitor, make sure they bring the Spice in … And then they'd get him in the cell, put him on the mobile phone to their family, send them the bank details, they'll put the money in the bank and they'd get the thing. (CRC11)

Yes, they're getting paid by family members or friends on the outside and where the cash … bank transfers are getting done over private mobile phones which the lads are sneaking in or getting passed on over on visits, or getting brought in by members of staff… (CRC04)

Eight respondents mentioned seeing drones bringing in SCRAs, along with other drugs and contraband over the prison walls.

But now it's nothing really to do with visits… Since they started flying drones over and dropping half kilos of Spice, eight mobile phones, regularly, that's how it comes in. The last six jails I've been in… All it is, is drones coming over at night… (AP01)

Other workers, such as those working on the maintenance of the prison or in the gym, were identified as sources by four respondents and three specifically mentioned 'bunging' as a route in. Others described more simple methods such as the drugs being thrown over the wall (n=4) or pushed through a hole in the fence (n=1).

…it's staff, education staff, you get your plumbers, your electricians, they're all bringing it in and even prison officers, they're bringing it in. It's like hold on a minute, it's a prison you know? They're all in it for the money. (CRC04)

4.2.5. The value of the prison 'market' in SCRAs

Respondents were clearly of the view that there was a great deal of money to make through dealing SCRAs in prison and that the motivation to do so drove the market in this drug throughout the prison

estate. It appears that those prisoners generally interested in selling drugs had quickly realised that sizeable profits could be made selling SCRAs (a relatively cheap drug to purchase outside) inside prison:

> *Running alongside that is how cheap it is outside. An ounce, £100. And then you get a two-litre bottle of coke, get 28 caps, £50 a cap, £1400 for £100 ounce. That's if people are buying caps. Sometimes you get a Vimto cap which is slightly smaller, £50. And they do 40 caps, that's £2000 for your £100.* (AP01)

> *That's where the money's to be made in jail. There's people going and committing crime to go to jail with drugs inside of their body to sell in prison, earn the money whilst you're in prison and then come out more or less rich.* (CRC04)

> *So, once you have sourced the product … so you're paying …28 grams you're paying £100. That same 28 grams would get your £2800 in prison, so the profit mark-up is …that considered, it's worth taking a risk. You can afford to pay prison officers … you can afford to pay then off, have the stuff brought in and sell it because the profit margins are so high.* (AP12)

> *I know a guy that made £56,000 in a year … just off Spice*. (AP05)

Bullying and violence was mentioned because of the debts accrued by some prisoners through their purchase of SCRAs:

> *There's people dying and that man. Sit smoking pipes on the landing and just flop on to the floor and that and people getting stabbed up and done in left, right and centre in there, all the drugs, all the debts isn't it*. (CRC06)

> *A lot of people get into debt with it, and can't get out of the debt, so they get battered or they get told to do something for the debt. It's ruined the prison.* (AP05)

> *… the lads I was seeing they were running their debts up to between two and a half up to £700 and they were proper battering them for this money. Then they were contacting their families to send postal order to their friends or family, so it wasn't coming through the jail.* (AP09).

4.2.6. Effects of SCRAs on users

The physical effects of SCRAs on users were very obvious to users and non-users alike. Twenty-two respondents describing seeing SCRA users collapse after use and eight specifically described seeing users with vacant eyes staring in a zombie-like way:

> *It's filling people's heads full of cartoons, like they're not just with reality anymore because of Spice, and that's why they're like zombies, literally.* (CRC04).

> *They all looked like zombies, don't they? That's the dead giveaway.* (CRC07)

> *What would happen is they would start smoking it and then they would go into a kind of trance-like state, and they were just sitting there, and then sometimes I would see them and they … they didn't even know where they were…* (AP05)

Some respondents felt that SCRAs rendered users incapable of protecting themselves from theft or violence with anyone being able to enter their cells and assault them or steal from them when they were intoxicated.

> *Because after seeing them and how they were, I could imagine it's very easy for … so if you're in that state you could get the piss taken out of you … There's definitely an advantage factor there because when you're over you are completely out of your mind. So anything could happen. Anyone could say something, or you could do something, and you would never be none the wiser.* (CRC07)

Patterns of bullying including through 'Spice challenges,' were also widely discussed – and it was felt by some that it was again the weaker, younger, more vulnerable prisoners who were targeted in these challenges as they were willing to take the challenge to get free SCRAs. Several respondents described incidents where someone was goaded into taking a large amount of SCRAs in one go resulting in their collapse, which was then filmed for the entertainment of others.

> *People want Spice, they won't give it. He says act like a dog and bark. So, the kid's going around on his hands and knees barking like a dog. He gives him a bit of Spice. Do it again. This time he's barking on his hand and knees and there's all puddles and wood shavings all over him. Terrible, terrible.* (AP01)

> *It's £25 worth of Spice on a pipe, on one pipe …you have to suck it all up in one go and if they can still be standing … you've done the challenge, but nobody does the challenge, everybody collapses and starts body popping and freaking out and screaming and all sorts yeah. And then what everyone does pull their mobile phones out and they just record it and shove it on the internet.* (CRC11)

> *It's free for them. It's that freeness, because it hasn't cost them a penny. So like I say, they'll target lads who have nothing. They have no money coming in, no job to earn their own money. They're the type of individuals they will target.* (CRC07).

There were mixed views on the degree to which SCRAs were addictive. Some thought it was:

> *Yeah, people were addicted to it man, I didn't think you could be addicted to it, but people used to say if you don't take it you rattle…* (CRC11)

> *I was spending three or four hundred pound a week on it… It's more addictive than any other drug I've took.* (AP11)

Other respondents saw signs of addictive behaviour as prison-specific:

Interviewer: *"Would you say you're addicted to it or not?"*

> *Well, aye, well I don't know, because like in there you are but once you come outside it's totally different isn't it… once you didn't have it* [in prison] *you wanted it again and again and again.* (CRC06)

> *Aye, it's addictive in prison, aye, definitely. They'll do anything to get it. Anything.* (AP05)

Several respondents mentioned the new smoking ban and whether this would impact on SCRA use – either in terms of the form in which it came into the prison; the ways in which it was smoked; or indeed whether the ban would discourage SCRA use.

Interviewer: *"Do you think the tobacco ban is going to change things?"*

> *No. because they'll find a way to smoke it, they're already mixing teabags with the nicotine patches, and making smokes that way… so they'll find a way to get that and all. Tobacco's just become like Spice now, it will be contraband won't it, so they'll get into that too.* (AP05)

> *The only reason Spice is probably improving now is due to the smoking ban… as the tobacco has slowly but surely gone, and kids no longer have Rizlas, so they're smoking Spice in paper, Rizla size cut up, with PG tea bags and Spice stuck down with roll on.* (AP01).

> *…people could get in… called paper Spice, you know, where they either spray the paper, like an A4 sheet of paper or they dip it in the liquid.* (AP14).

4.2.7. Wider effects of SCRAs on prison regime

SCRA use was clearly highly visible due to its impact on its users (see above). It clearly also had significant consequences for all prisoners – users and non-users alike. Whilst most respondents did not themselves use SCRAs, they clearly thought that the majority of prisoners did, perhaps because its use was impacting so directly on their own prison life. For example, if a prisoner collapsed due to SCRA use, respondents talked about this resulting in alarms going off (n=3); followed by emergency lockdown of the wing and all prisoners being put in their cells (n=8). This could result in loss of valuable socialising during association or a delay in receiving a visit.

> *The general alarm would go off, which would bring staff from other house blocks or staff from other areas of the prison to deal with it. So it just squeezed everything. Affected the regime because obviously then they couldn't do bang up or open up or whatever. So it affected association. It affected everything… it meant that you didn't get opened up on time because they were dealing with some … if someone's fallen over on the Spice sort of thing.* (CRC05)

> *Yes, because obviously once something happens the full jail gets shut down … Like say if I'm waiting to go for visit or something and someone goes over, I won't get my visiting till about quarter to, half two and I should be down there at half one.* (CRC06)

Sixteen respondents had seen many ambulances arrive at the prison to deal with SCRA users: *"Yeah, I've seen four and five ambulances in the jail at the same time"* (CRC05). Several respondents felt that there was considerable panic around these events with officers not knowing what to do with a collapsing prisoner. One respondent felt this panic resulted from a lack of knowledge or experience on the officer's part; another felt that officers did not want to deal with the prisoners themselves and so called the health staff and/or an ambulance. There was some indication that health staff were also struggling with what to do:

> *I saw the doctor … the doctor was putting insulin into him … not insulin, adrenaline… Trying to get him and she was in there for ages and ages trying to bring him back around and I don't even know if he died or not. I can't remember but he was in a serious way, do you know, and he just collapsed, and he wasn't moving or nothing, and the doctor, she didn't know what to do, she was just hitting him with adrenaline, and trying to get him to come back around. It was horrible standing watching him because there's nothing you can do.* (AP05).

One respondent went as far as to compare the officers' response to SCRA emergencies with their response to other health emergencies. He thought that officers feared being criticised if someone died following SCRA use and therefore were quicker to respond to these emergencies than those involving natural causes. There was also some indication that officers were no longer calling ambulances:

> *Initially, they were phoning ambulances and all that, but it's just wasting ambulances' time … and then they end up, they'll just put you in your cell and lock the door and just keep a watch, keep an eye on you.* (AP05)

Several respondents (n=4) mentioned a problem of insufficient staff, to manage the increasing problems associated with SCRA use:

> *It was tough work for the staff, obviously, because it was sucking up resources like there was no tomorrow…it was always tight staff wise, and then this happens, and it just doubles everything up….* (CRC05)

> *Because it's every two seconds and they haven't got the staff to manage it.* (CRC04)

4.2.8. The increasing dominance of SCRAs in prison over time

Respondents in the AP sample had generally served longer prison sentences and as a result were able to provide an interesting perspective on the way in which SCRAs had come to dominate the drugs 'scene' in prison over time:

> *There's a Spice epidemic in the prison system and I mean I've watched it developed… Well what I saw as Spice started to take over, it's like a cancer, it just took over the prison system. And there was so much money to be made.* (AP01)

> *I'd never heard of it or anything. Obviously, cannabis was what most of the time was there, or you'd have other stuff like opiates or cocaine or heroin. Most of the time it was cannabis… Yeah, it's only over the last four years that there's been an epidemic of spice in the prisons.* (AP07)

> *I'd say over the last three to four years it's become big. The last two years it's everywhere.* (AP09)

Respondents were generally of the view that SCRAs had, at least to some extent taken over the trade in other drugs such as cannabis and Subutex.

> *Well, it's what everyone has now isn't it …You can get a lot of it, because it used to be Subutex … now its gone from Subutex to Spice … you can still get hold of subbies, but it's mostly Spice.* (CRC02)

> *Heroin used to be a big … basically, you used to get your cannabis, your heroin and your … it's that Subutex, things like that, you know, what people used to take. That was your basic drugs in prison and you hardly see heroin now, you know, it's all Spice.* (AP14)

4.2.9. SCRA use after prison

As noted earlier (see Figure 1), most respondents did not continue their SCRA use after prison. Some of these respondents were trying to give up all drug use; others had returned to their drug of choice – usually cannabis - or were stabilised on Methadone. Many saw SCRA as just prison drugs and saw little or no reason to continue to use after release as they were mainly used as a means of coping with prison life and therefore no longer necessary:

> *Because I don't like to take it usually, you know? I don't need it …I don't even know much about it… It's just when I go to jail.* (CRC02).

> *You see, the difference between the cannabis and the spice in prison is that the sniffer dogs can identify that quite easily, where it can't identify the Spice as well. So as soon as people come out you get those who still smoke the Spice, but the majority will then go onto cannabis because it's more freely available and it doesn't have the same side effects.* (AP15)

Fifteen of the respondents said they had not come across SCRAs since their release from prison. This group of respondents were generally those who were either trying to avoid drugs; or those who said they did not use drugs or mix with drug users more generally. Others were aware of SCRA use in the community but had not personally come across in contrast to its prevalence in prison:

> *It's just so easy to get, it's so easy to get in prison … I've never, I never even seen it since I've been out*. (CRC12).

> *I've only seen it once in the four weeks since I've been out … it was a guy in the town centre.* (AP08)

Several respondents who had seen SCRA use since their release linked that use to vulnerable groups in the community – particularly the homeless population (some of whom may be drug users and/or ex-prisoners) who were also a source for SCRAs.

> *When you're in jail like, aye, I need to stop this. But when they get out they just look for the same hit again don't they, it's stupid.* (CRC06)

I said to him, when you get out of prison, don't walk down [name] *Street 'cause that … he knows the homeless guy, so he knows everyone down there… Just walk around town, but obviously he didn't. He walked through [name] Street and that was it. He wound up in a hospital you know, so he didn't get to his probation. So obviously breached it and brought him right back.* (AP06)

Well for instance you've got homelessness, you've got dependency on all types of drugs because of various social problems. So, if you're living on a dead-end estate with no prospects most of the time people will take drugs to… I mean people use drugs to exist. (AP15)

All those people … there's 40 per cent more homeless people in the North West over the last year because of Spice … People do anything to get it. So, they're selling everything in their flats, their houses, or wherever they're living and then they have to go and live on the streets. (AP11)

I think what you've got is you've got like a hardcore element of people that smoke spice. That is their drug of choice … Outside of that people aren't bothered… You've got to go into [name] *city centre and see some of the homeless people there and they're the ones… Apart from that on the streets, it's just not around here anymore. It's not easily accessible.* (AP10).

There was an impression amongst respondents that SCRAs were not so readily available following the introduction of the Psychoactive Substances Act 2016:

Well I can think of one or two that would probably have a walk to the spice shop and get themselves a big bag of that rather than smoking the skunk … so I think they've took that option away which is a good thing. (AP07).

4.2.10. Continuing SCRA use on release

Four respondents did continue using SCRAs on release, three of whom were staying in the same Approved Premises at the time of the interview. They were using SCRAs in the Approved Premises as an alternative to cannabis, which could be smelt more easily and could therefore in their view more readily result in a breach of licence and return to prison: *"I smoke it because I can't smoke cannabis in here"* (AP10). This respondent went on to say that he would return to cannabis once he had left the Approved Premises; and that the Approved Premises provided a safe space to smoke SCRAs:

I'd never take it outside. If I wasn't in my room or in a safe environment, in an environment that I'm comfortable in and I can control that environment and everything I'd never smoke it. It's not a recreational drug like cannabis is. (AP10)

Some thought that if they smoked SCRAs in a managed way, they would not be causing any harm:

Well I got moved to an Approved Premises somewhere down that way about two week ago 'cause we were always smoking Spice, but it never had any effect on the staff, or the lads in here. People smoke it in their rooms, why's it going to affect anyone else?. (AP11)

These respondents also felt that staff at their Approved Premises were not enforcing a zero-tolerance policy to SCRA use:

…because there's no discipline around the rules and enforcement of the rules, a lot of people feel more freedom…people just feel free to smoke it on the premises… a real zero-tolerance policy should be a zero-tolerance policy. There's no point putting it on paper and not enforcing it, because in effect, people just turn around and say, well if they don't care we don't care. (AP12)

This contrasted with respondents in other Approved Premises:

But I think what it is, is that they're doing a massive zero tolerance on Spice. I think for most APs it's an automatic recall because there's such a dangerous element. (AP08)

Though others agreed that SCRA use was widespread in Approved Premises, particularly amongst those who they believed had developed an addiction in prison:

> *I think people are using in APs everywhere, 'cause people have got drug problems haven't they. They go up to, you know, addicts and all that.* (AP06).

> *They come out from prison and they're still chasing it do you know what I mean? It's crazy man. It's just taken over.* (AP05).

> *I have noticed lads who are not on cannabis… they're more of a zombie than a chilled-out mood. And I can tell with the staff, because they are genuinely scared, and I know a lad at the older hostel, his heart stopped… and he still went on it, and Spice, like, you know. But I can tell the staff are very observant, you know.* (AP13).

4.3. Findings from staff interviews

The issues relating to SCRA use in CRCs and APs were very different, primarily due to the semi-carceral nature of APs. Findings from the two sets of interviews are therefore reported separately.

4.3.1. Approved Premises (AP) staff interviews

Interviews were conducted with seven members of staff working in three of the Approved Premises included in the study. A range of seniority was represented: Senior Probation Officers responsible for managing the APs; Probation Service Officers, working with residents on their offending behaviour; and Residential Workers who were responsible for the day-to-day supervision of residents, including night shifts. This small sample was marked by their long service in probation. All had substantial previous experience of working offender supervision, many in APs. Three of the seven had worked in probation for over 13 years – mainly in hostel accommodation. Interviews were semi-structured and lasted between 20 and 30 minutes, covering a range of issues including current levels of SCRA use, impacts on users and staff and access to drugs. In the nature of such interviews, interviewees were able to introduce topics that they thought were of particular importance, and frequently did so.

4.3.2. Emerging themes: AP Staff

4.3.2.1. Levels of SCRA use in APs

There was an almost universal narrative of declining SCRA use, even in the context of considerable variation from month to month. Four of the interviewees directly connected the overall decline in use with the legal controls brought in by the 2016 Psychoactive Substances Act. For example:

> *Spice isn't as prolific as it used to be when it was legal. When it was legal they could go to the shop and buy it. It was absolutely rife in the APs – it was unbelievable. And it was such a problem. It was a massive problem* (28840)

Others referred to the difficulty of dealing with legally purchased drugs within the AP:

> *It was very…very kind of difficult to kind of enforce that or kind of deter residents from it, because their attitude would be, 'well, if it was so bad, why would they sell it in a shop'* (29312).

In looking back to the past, some staff were almost surprised to remember how bad it had been and only realised when asked about it that emergency services had not visited the premises as a consequence of SCRA use for some considerable time.

> *…people are still constantly off their faces…but the last time I can remember someone being seizure, unconscious, collapsed…seems to be a while ago* (29313).

Unsurprisingly, the control of the legal market brought about by the introduction of the Psychoactive Substances Act had been associated with clear changes in how drugs looked and how they were purchased. The fact that the 'head shops', petrol stations and corner shops that had sold SCRAs and other NPS products abruptly ceased to do so, meant that SCRA supply went underground and became part of the general supply of illicit substances. The colourful packaging and branding (Black Mamba, K2, Bombay Blue etc.) disappeared and was replaced by anonymous drugs sold in small, sealable 'dealer' bags like any other controlled drug.

> *…we'd find the proper packets, you know Black Mamba, Inhalation, or…I can't remember all the names of them now but there was various different ones and they'd be in little packets* […] *Whereas now they're like little…they call them snap bags, little plastic bags* […] *and wherever they're getting it from that's what the dealers put it in, these little bags. So whether people are…it's got more expensive or because they're getting less in these packets I don't know, but the people who I know have been using it in here, one of them we've had to get an ambulance to in the past when he was here last time. But this time, we know he's been dabbling again, but it's more like he's drunk. He's not fitting like he did last time* (29311).

However, despite the strong sense that things had been much worse in the past, none of the interviewees suggested that the problems associated with SCRAs had simply ceased. As pointed out above, the narratives of declining use were contextualised by references to considerable variation month by month:

> *At our hostel, you can go through fits and starts with it really. We kind of have it quite abundant* […] *and then it will die off for, it can be a few weeks, a few months, and then it'll start creeping back up* […]
>
> Interviewer: *And is there any reason for this ebb and flow, do you think?*
>
> *Sometimes it can be the offenders that we are getting in, especially if they've got a history of using it, or dealing in it, then that can be one thing. Also they do have a number of local drug dealers that are very, very close to the hostel and which, when that information suddenly gets shared out amongst residents that are interested in that, it can become quite rife* [29312].

Another interviewee said:

> *…you get one person using spice and suddenly you've got a hostel full and then you have other periods where no-one is using spice* [29313].

These views tallied with our experience of interviewing staff and offenders in APs. Sometimes we happened to arrive at a time when SCRA use was currently high and on other occasions people reported little or no use.

4.3.2.2. Effects of SCRAs on users

Similar to the accounts that released prisoners gave of SCRA use inside prison, AP staff provided dramatic descriptions of events that had occurred in the past.

> *He'd came out of his room and he'd gone across the whole top landing. He'd been doing flips and just rolling around and doing all sorts. And in the process, his jogging bottoms had come off. So he was absolutely naked* […] *he backed himself into a corner and he was screaming, just screaming* [28840].

Nudity was also referred to by another AP staff member who referred to users taking their clothes off to avoid overheating. A number of interviewees referred to psychotic symptoms or states, with one recalling the confusion they had experienced in encountering this type of SCRA intoxication for the first time.

> *One particular case I'm thinking of here, affecting his mental health that bad he thought he had little miniature mammals inside of him and eating him away and he's coming to me saying 'I need help because these things are eating me, inside me.' I'm thinking what will I do here, what's going on?* [29313]

There were frequent references to fitting but also references to vomiting, urinating, defecating and palpitations. Residents frequently came to the attention of staff because they or fellow residents were worried about their health. Nonetheless, when asked about the effects of SCRA use, the most frequent response was that individuals varied greatly in how the drug affected them.

> *Some residents are absolutely fine on it. They're okay - they just look under the influence - and some people it hits really, really hard* [28840].

> *So yeah, the effects of the drug have been massively varied from somebody looking slightly drunk and a little bit incoherent, to people being violently sick and looking like they're having a* grand mal *fit* [29311].

> *Now everyone wasn't the same. I mean, we would see two people having the same cigarette of it and they'd react in very different ways* [29551].

All the interviewees that referred to the length of the drug's effects concurred in saying that they lasted from 20 to 30 minutes.

> *It seemed to be sort of half an hour, 20 minutes, half an hour of a very intense high and then they would come out of it and be quite shaky and embarrassed, a lot of them, because I think they were absolutely out of it, and they weren't sure what they'd done and whatever* [29551].

AP staff referred to the dramatic way that people switched from very disturbed or physically extreme states to total normality, without any awareness of what had happened to them while intoxicated. In the early days of SCRA use, this had added to the bewilderment of staff working in the APs.

These events were upsetting for staff and residents and took up a lot of staff time – and frequently the time of emergency service workers. However, in the majority of these episodes they did not involve violence or aggression. One interviewee, despite describing numerous 'zombie' incidents, said that they did not have any aggression associated with SCRAs (29551). Workers were of course likely to feel intimidated by the presence of a very large, stationary, naked, high-risk offender standing outside the AP office, holding his penis (28840), but where the police were called (as in this instance), by the time they arrived, residents had often come out of their reverie. Nonetheless, one instance of aggression was described:

> *There were two of them actually, outside in the smoking shelter* […]. *So as I walked up to* [one of them], *he got up and he was under the influence of spice, and he tried to come for me. But he was walking over…he was walking sideways as if he couldn't get to me, because he was under the influence. So I turned around to walk in, he was still coming at me* […] *So I came into the office, just as I came into the office he tried pushing the door, so I held the door shut until the magnet lock came on. And he was outside and he was pushing on the door and he was kicking the door, trying to get into the office to get at me* [28840].

From reading staff accounts, it is clear that the bizarre nature of these men's behaviour made it very difficult for anyone to understand what they were trying to do and whether or not they presented a danger to themselves or others. Many appeared to be in a hallucinatory state whereby it was impossible for staff to know how they might react. In this respect, staff found the effects of SCRA to be very different from the effects of cannabis and were confused by the use of terms like synthetic cannabinoids.

> *I know it's a synthetic cannabis but it's so much stronger than cannabis. I don't know…it doesn't seem to relax people, it just seems to make them a bloody mess* [29311].

> *…when people were smoking cannabis, they'd leave the building to smoke cannabis and they'd come back and they wouldn't cause you any problems and they might retire to their bedroom or do whatever. But these fellows would come back clearly intoxicated and it looked to us more like some sort of hallucinogenic or LSD. That was our observation* [29551].

In conclusion, these accounts of the unpredictable, sometimes bizarre, but always short-term effects of SCRA use are very much in accord with those described in prison (Ralph *et al.*, 2017; User Voice, 2016) and more recently police custody (Addison *et al.*, 2017). Many, if not all, of the descriptions of more extreme behaviour related to the period of time before the PSA was introduced, when a range of substances were readily available in the community.

4.3.2.3. Who uses SCRAs?

The most common answer to this question was that a broad range of people were using SCRAs - at least at the peak in their use.

> *There's not a specific type, it's right across the board and anyone of them could taking spice and you don't find out until you see them…*[29313]

However within this general picture, there were some exceptions.

I have to say my experience is that it does go across the majority of our offenders […] *What I have noticed is, perhaps some of the more older, registered sex offenders that we have, they tend to stay away from it. But men that are in their 40s, 50s, 60s, sometimes 70s, perhaps have professional backgrounds, have never been involved in any kind of drugs, done a long stretch in prison, they will stay away from it. They don't get involved. But that's the minority* [29310]

There were also particular groups singled out by staff who were more likely to use. Problem drug users, with long histories of drug addiction were referred to by some interviewees as being likely to use SCRAs. More vulnerable residents were also forced or cajoled into using.

We've got a number of vulnerable residents here and even if they have no history of substance abuse, it's kind of very easy for some of them to almost be kind of pushed into it by more manipulative or controlling residents [29312].

I think you do have vulnerable residents and so somebody who will come in who's quite headstrong and who likes the spice and they will come in and start using it and start manipulating the more vulnerable ones to take it. I think quite honestly, some of them will come in and start selling it to the more vulnerable ones and that way, they're funding their spice use. [29313]

One interviewee also referred to a vulnerable resident who had been used to test SCRAs on while in prison.

Lastly, one interviewee referred to the stigmatised status of SCRA users:

There are certain drugs, aren't there, that are seen as okay, your coke use, your cannabis. I think it's…I wouldn't say it's on the same level as heroin, but I think if you're a spice head, you're sneered at a little bit. It's seen in the pecking order – this informal pecking order of drugs – it's down there, if you use that, you're laughed at.

4.3.2.4. Addiction

Two of the interviewed staff referred to the addictive nature of SCRA use.

We've had one guy in the past, absolutely unconscious, went to hospital, came back, smoked it again, unconscious again, back to hospital, recalled to prison. He came back here, 12, 18 months later and started smoking spice again and you just thing, 'why?' but I suppose it's like anything really, it's got that addictive substance in it [29313].

Another referred to a resident who had tried to stop using SCRA:

He said I've just stayed in my room, and it's like withdrawing from heroin, in fact I think it's…I know with heroin it can get out of somebody' system after three days and the body's clear […] *whereas this stuff, they can go three days, they're sweating profusely* […] *they need that drug in their system to function…*[29311]

4.3.2.5. Impact on staff/APs

There were two reports of the physical effects of SCRA fumes on staff.

I've – and I know a couple of other members of staff have - gone into rooms where there's been a very kind of strong cloud of spice as it were, and kind of had the effects on them to the point where I was feeling dizzy, sick, faint [29312].

This person reported feeling scared by the experience and had not feeling s/he could drive a car for an hour after the exposure.

While we were in the room sorting him [a 'virtually unconscious' resident] *out, the smell of spice really got on my, because I suffer from asthma, really got on my chest and made my chest bad for quite a while and the other person who was with me ended up getting a headache for three for four hours after* [29313].

However, staff more commonly spoke of how dealing with intoxicated residents used up a lot of their time and energy. Another common theme was fears concerning the potential for the death of one of the residents in their care. One of the Senior Probation Officers told us:

I have to say from the outset, I think the impact on staff is quite significant, especially is somebody collapses, because they…in terms of their duty to actually deal with that as a priority. If somebody was to die on premises, then you've got the Ombudsman and everything else […] *It's always, oh my God, did I do everything?* […] *And that is a high level of anxiety for staff who are working on hostels* [29310]

This AP manager went on to talk later in the interview about how these issues could most affect the lowest grade staff:

Some of these incidents happen on a night when I've got two members of staff being paid at the lowest grade. And they have to deal with the most serious events. It doesn't always sit very comfortably with me. I mean, I know they have access to an on-call manager but's the telephone contact. You can make decisions [as an on-call manager] *but you're not there to actually deal with things* [29310]

AP workers also spoke about this burden and gave a number of accounts of situations that could easily have resulted in the death of a resident, although no actual deaths had occurred while these staff had been working in the APs where staff were interviewed.

4.3.2.6. Drug policies in APs

There was a lot of discussion of drug testing in these interviews – most often, frustration with the fact that there was no reliable test for SCRAs, due to their changing chemical composition.

There used to be a test for it. They could test, but they used to change the chemical makeup to get around the test. So once a new test had come out they changed the chemical structure of spice, so the test was pointless. So we stopped doing it. It was a massive waste of money [28840].

I think that would be one thing that would help: if you could test for it, and then you could say, well definitely, but I understand that the nature of spice itself, it changes every week [29313].

Another member of staff referred to the recent prison test for SCRAs and the need for this to be made available in APs but there was general recognition that testing for SCRA was likely to be problematic.

There were some interesting differences in what action to take when it was established that a resident had been using SCRA. Some interviewees described an inflexible, 'zero tolerance' approach:

> *With drugs, they're just not allowed them at all. If people get drugs* [and they are found], *they'll receive warnings which could result in them being recalled* [28840].

Others took a very different approach:

> *We're not all, in football refereeing terms, we're not all red card, red card, red card. We want to work with these guys and we want them to move on from here and hopefully have gained something from the experience* [29313].

> *I mean, 'shock, horror: man uses drugs in hostel'- we're fairly realistic. We're not always sure the direct link between risk and drugs is that clear. It's there but I think we try and evolve it a little bit in terms of the enforcement quite clearly doesn't work, hasn't worked and won't work* [29551].

There were also interesting differences in approaches to cannabis testing, with one interviewee reporting escalating warnings for positive tests and another stating that the majority of the residents smoked cannabis and that there was therefore no point in testing for cannabis. Such differences may have reflecting varying AP specialist functions but if so, this was not entirely clear.

Only one interviewed member of staff referred to the need to criminalise the possession of NPS.

> *I'm not clear about some of it and I should be. But I believe if they have it in their possession, it's not a criminal offence, it's the supply that's the criminal offence. So I think I would like to see something around, if they have it in their possession, I could deal with it as a manager in the same way that I can deal with it if it's cannabis.*

Other respondents may have found the use of warnings and ultimate recall to prison as sufficient sanctions within the AP regime.

4.3.3. Interviews with CRC staff

Interviews were undertaken with four probation staff working in CRCs. This is a lower number than AP staff, which reflects the difficulty of finding time for interviews within the busy CRC hub sessions. Staff worked at computers when not supervising participants, and it was hard to predict whether and when a particular participant would attend. Two additional CRC staff members failed to respond to requests for telephone interviews.

Three of the interviewees had had long periods of service working in probation: 11, 16 and 19 years. One had been working for a year in the CRC where she was interviewed. Three were Probation Service Officers and one was a Probation Officer, working with higher risk offenders in an Integrated Offender Management Team (although this officer had also worked in CRCs). Two of the officers had worked in a 'Through the Gate' prison team and therefore had considerable insights into SCRA use inside prison.

4.3.4. Emerging themes: CRC Staff

4.3.4.1. Spice use in prison

Those that mentioned the level of spice use in prison said that it had worsened between 2015 and 2017:

> *I would say the last 12 months* [2016-17] *it got really, really bad, where people were like under the influence, it was affecting the staff, like the spice was affecting the staff, and officers were dropping like flies, do you know. So it was absolutely rife, you know* [29412].

One interviewee told us that 80 per cent of the prisoners on one particular wing of a nearby prison were using spice. In this context, it is interesting that another CRC staff member referred to some prisoners seeing spice use as 'part of being inside'. Reasons given for the increase in use included the low levels of prison officers in recent years and to cope with the pains of imprisonment.

> *He was a dangerous driver, went to prison, really struggled with prison and he said he'd never been to prison before, wasn't really a naughty person and said that he found it helped him cope in custody* [29411].

However, levels of SCRA use were not thought to be similar across the estate. There appeared to be a hierarchy of levels of use, with one prison 'rife' with SCRAs, another with very heavy use and a third where levels of use appeared to be much lower.

Interviewees gave familiar descriptions of zombie-like states, fits and naked prisoners jumping onto the wing safety nets.

> *But there was one guy one morning who was suffering the ill-effects of having taken spice and that was quite frightening, 'cos they'd been* […] *He was screaming and shouting like he didn't know where he was. He didn't know who he was. He had to be restrained on the floor 'cos he was just a risk to staff and that point* […] *it was quite sad really* [29413].

The frequency of these incidents had led to frequent lock-downs and restricted association, which had made the work of the 'Through The Gate' team very difficult. They were also upsetting for the staff involved.

The two officers that had recently spent periods of time working in prisons also referred to the intoxication of members of prison staff.

> *If they* [two members of the Through the Gate team] *interviewed somebody who had just smoked spice, the spice would be on the person's clothes, so if you did an interview, somebody who smoked it you would get the full impact of it as well.*
>
> [later in the interview:] *It's a real problem. I mean the two colleagues that interviewed the people…they were affected really badly and they said within five, six minutes of working away from that person they had a thumping headache, they felt spaced out, they felt nauseous, their face was bright red* [29412].

The same interviewee also referred to officers being affected, such as:

One officer got affected one week and she was off for the full week, and the first day she came back, within an hour she had been affected again and was going back home. She was just sat in the tearoom, just sobbing. She wasn't the type of person, do you know, who would show her emotions, but she was just sat there in this tearoom, just sobbing [29412].

This officer's time in this particular prison had clearly coincided with a very high level of spice use. She reported that five or six times a week a prisoner collapsed and an ambulance was called out. She described it as a 'massive drain' on NHS resources.

4.3.4.2. Spice use on release

The difference between the picture painted above and the levels of use officers described among their participants in the CRCs was surprisingly great. Few of these officers' supervisees reported having used inside and fewer still reported continuing use outside. One officer told us that about five of her supervisees had reported using inside although all had given up on release, because '*it* [the drug experience] *wasn't very nice*.' Another interviewee described how the post-release environment had led to a spice-using prisoner giving up on release:

[prisoner name], *he used it inside, and he was self-employed, and he stopped immediately on release because he moved back in with his mum and she was a control freak. So he stopped immediately on release and worked to build back up his business* [29411].

Another prison spice user had reportedly given up when he moved in with his girlfriend on release.

Two officers referred to prison spice users returning to their drug of choice on release.

[interviewer] *What happens to their spice use outside do you think, from our experience*?

In my experience, it [SCRA use] *reduces, it goes down, and they tend to return back to the drugs that they were using before they went into custody, but I think some of that's about the peers that they associate with* […] *Yeah, if you're a heroin addict and you go to prison, everybody's using spice, you give spice a go, you enjoy it, you start using that, you come back out and all your heroin using mates are offering you some heroin, they go back to using heroin* [29411].

Only two officers referred to continuing use on release from prison. One officer referred to an offender she had temporarily supervised, who'd told her that he had been *'smoking spice and using tablets*':

Like I said, he's not my case, so I don't know the full background, but I do know he's quite a prolific offender – shoplifting, all to fund his drug use.

[Interviewer]: And is he homeless, or has he got accommodation?

No, he's living in [name]. *It's a hostel* [29414].

Most of the information we gleaned from the CRC staff interviews on post-custodial SCRA use came from one interviewee who could remember three individuals from her caseload of about 80 over her

time in a particular CRC hub, who had used both inside and outside prison. These are presented as very short case-studies below.

Case study 1

[name of ex-prisoner] *said that he'd…he thought spice was a legal high, so…., and he smoked cannabis before, but that was it. He thought it was legal because of the term 'legal high' and he enjoyed it* [29411]

This ex-prisoner had used SCRAs at the weekend and his use was described as recreational. The officer had offered a referral to the local drug service but he had declined.

Case study 2

He was a dangerous driver, went to prison, really struggled with prison and he said he'd never been to prison before, wasn't really a naughty person and said that he found it helped him cope in custody. Turned back out and struggled to settle back in the community. So he struggled to resettle, he…it helped him cope outside […] *Unfortunately, one of the people who was selling it was in custody at the same time he was and got out at the same time, so he provided…he supplied it to him.*

[Interviewer] And how often...can you…do you know how often he was using?

Most days [29411].

[…] [Interviewer] Do you think he was a user before he got inside?

No

[Interviewer] He started using drugs inside prison, do you think, for the first time as far as you know?

Yeah. He said it as for the first time…and we did have quite an open conversation about it, and because he'd never come to the attention of the courts previously. […] *You know, he'd worked before, he'd held down a job, had a girlfriend*

Case study 3

[Name] *who was also a dangerous driver, and he smoked cannabis before he went into custody. In custody, was offered spice – comes from a nice middle-class family and couldn't cope with shared showers and open door toilets kind of thing, because really struggled with dignity aspect of it, and spice helped him cope.*

[Interviewer] Okay, and so was he quite a regular user would you say, or infrequent, or….?

I'd say weekends again.

[….] [Interviewer] Was he having any problems with it or just enjoying it?

He just enjoyed it he said, but I think he was lying to himself… [29411]

In conclusion on SCRA use post-release, it is important to recognise that the main finding was the surprising lack of reported SCRA use in prison. It may be that ex-prisoners did not want to report such use for fear of disciplinary action, although as one officer pointed out '*they don't really have anything to lose by saying "oh yeah, I did drugs in prison, it was easy to come by, yeah"*' – it would not be relevant to their current supervision. It may be that CRC staff did not, as a matter of course, ask people about their drug use in prison. There were conflicting views expressed on whether SCRA use inside prison would be officially reported to CRC staff on the prisoner's release. While one respondent described an efficient system of handing over information on substance use, another thought this rarely happened. A significant issue here, of course, is that in the majority of circumstances it may not be known by prison staff if a prisoner is using SCRAs, in which case there would obviously be no information to pass on.

Another important finding from this admittedly small sample of interviews is that those that did report using SCRAs inside tended to report giving them up on release – often because they regarded the drug as quite unpleasant, because they had a parent or partner to return to who would not countenance their continued use, or because they returned to their drug of choice.

Although unusual, reflecting the focus of this study, the four cases of continued use outside prison were explored in detail by the interviewers and the findings have been presented here. It is interesting that two of the four were using SCRAs at the weekend in a way that could be described as recreational (although in one case this label was challenged by the officer). One was a more typical long-term drug user with a long history of drug-related offending, for whom SCRAs formed part of his polydrug use. The other of the four was perhaps the most surprising and potentially the most concerning, involving a first-time prisoner who had not used before prison and who had a job and a girlfriend outside before his imprisonment; had begun using SCRAs because he struggled to cope inside and was using 'most days' on release. Research has previously shown that a proportion of opiate users have started their use during a prison sentence (Boys *et al.*, 2002). There is the suggestion here that a similar 'contamination' process could be occurring with SCRAs, although the unusual feature here is the lack of previous drug experience.

Finally on this issues, officers were asked about SCRA intoxication within CRC hub sessions. Any intoxication was quite rare and there was not a single report of the type of intoxication reported in prison and APs. Of course, any person who had taken a large dose of SCRAs would be very unlikely to make to the CRC hub.

4.3.4.3. Treatment

Two interviewees voiced the opinion that local drug services were not set up to treat SCRA users.

> [Interviewer] Do you feel that drug services – community drug services – are geared up to dealing with people with problems with spice?
>
> *No, not at all.*
>
> [Interviewer] Why would you say that?
> *It's a relatively new drug…*[29412].

Similarly in another interview:

[interviewer] What about drug treatment services? Are they well set up to deal with any…? So, you mentioned referring someone to a drug service. Do you think they're…they know what they're talking about when it comes to spice use and how to respond?

No

[interviewer] Why do you say that?

Because I think they've been so focused on opiate misuse that they just focus on that and they sort of forgot…well they haven't widened their knowledge. So that's my opinion anyway. [29411]

4. Discussion

This rapid, small-scale study has looked at the experiences and perceptions of 30 people recently released from prison and 11 members of staff working with this group. The study was not designed or of sufficient sample size to produce reliable information on a representative sample of ex-prisoners. Instead, its value lies in the insights these offender and staff interviews offer into SCRA use in the transition from prison to community, and the impact of this use on APs. It also offers learning in terms of the feasibility of larger scale studies in the CRC and AP environments.

This research has produced a range of findings relating to SCRA use in prison, many of which have resonance with the limited previous research, inspection and media reports. While the public impression – and the impression of many prisoners – is that everyone in prison is using SCRAs, this study suggests that this is not the case. Most of the interviewees had not used SCRAs and many that had done so had only used once or twice. There are clearly some prisoners who are able to seal themselves off from drug use, including SCRAs. This group knew about SCRA use but often only had indirect experience or knowledge, gleaned from the prison grapevine and the frequency of lockdowns and visits from emergency services. Nonetheless, the images of dramatic, public, extreme intoxication portrayed particularly in the media are borne out here. Vulnerable prisoners with no money or tradable possessions appeared to be particularly targeted for 'spice challenges', being given very high dose of SCRAs for free and the resulting pandemonium videoed on mobile phones. The violence surrounding SCRA-related debts is also verified as is the inadvertent intoxication of prison officers and other staff in prison, with associated illness, headaches and periods of time off work. Also, there was evidence from interviews with ex-prisoners and staff alike that SCRA use in prison could become highly compulsive with users for example returning to the drug despite being hospitalised on a previous occasion.

There were very marked differences between CRCs and APs. Clearly, these are very different types of provision aimed at very different target groups. While similar proportions of the two samples had used SCRAs during their last prison sentence, we cannot attach much importance to such small and (most likely), unrepresentative samples. Perhaps more important was the differences in impact of SCRA use in CRCs and APs and the corresponding differences in awareness of SCRA use. While staff in CRCs were aware of the situation in their region's prisons, their supervisees rarely reported using SCRAs inside to them. Nevertheless, seven of the 14 interviewed CRC attendees had used SCRAs during their last prison sentence. It seemed possible that CRC staff were not asking about SCRA use in prison, focusing instead on their immediate (and often pressing) needs in the community. It was also clear that none of the dramatic, public SCRA intoxication that happened in prison had occurred in CRCs. People attending CRCs were occasionally intoxicated but always in familiar and manageable ways. CRC staff were therefore not greatly attuned to SCRA use.

By comparison, as 'semi-carceral' institutions lying between prison and the community, APs shared a similar history of SCRA intoxication, with descriptions of bizarre behaviour, zombie-like or psychotic symptoms, nudity and collapse. A key finding here was the narrative of overall declining use – within a context of considerable fluctuation, as particular individuals or cohorts came through the APs. The view was expressed by a staff interviewee that black market SCRAs were lower strength than the original shop-bought legal highs, so that AP residents may still be using but the effects were less marked.

Another key issue here was the variation in use and the variation in approach across APs (some of which had specialist functions and only took people from associated target groups). Three of the four community SCRA users in our study were in one of the APs included in the study. Crucially, they reported using SCRAs in order to avoid positive drug tests and the warnings that would follow as possible precursors to reimprisonment. Very different attitudes appeared to have been adopted across the APs, with some taking a zero-tolerance approach to drug use, including cannabis; and others seemingly taking a more *laissez faire* approach to recreational drug use. There was very little evidence of anyone engaging in drug treatment for their SCRA use either in prison or on release with a view from staff that drug treatment was set up primarily for those with an addiction to opiates.

AP staff described significant and serious near-death incidents occurring within the APs and these seemed often to occur at night when more junior members of staff were on duty. AP staff expressed real concern that a death would occur while they were on duty and that they would be held responsible. There was frustration expressed about testing for SCRAs and the inability to know if someone had actually been using. One interviewee referred to the fact that the Psychoactive Substances Act did not cover possession of SCRAs in an AP. However, there is inevitably confusion here, in that most of the recognised SCRAs are now controlled under the Misuse of Drugs Act and possession therefore an offence. However, ultimately, without chemical analysis, it will be unclear if a particular substance contains substances controlled under the Misuse of Drugs Act or not.

One issue that emerged through the accounts, often implied rather than stated, was the suggestion that SCRA use was a stigmatised activity. A number of AP residents refused to take part in the interviews because they did not want to be associated with 'scum'. One of the AP workers referred to SCRA users being low down in the pecking-order and people using the phrase 'spice head.' In talking about SCRA use in prisons, non-users were often disparaging about the young 'druggies' they saw as comprising the 'spice heads'. To leave oneself vulnerable and unable to look after yourself in a prison setting was to breach traditional, masculine codes of behaviour and some experienced prisoners were likely to look down on such behaviour.

These considerations raise interesting questions about the status of SCRA use in future and the position it will eventually take in the wider illicit drug use repertoire. It is currently a drug (or group of drugs) popularly associated with imprisonment and homelessness. It seems quite possible therefore that 'spice head' will be a status that people will want to avoid and a type of drug use that people will seek to hide (with potential consequences for research and treatment). However, due to the dramatic and uncontrolled nature of some spice intoxication, and its use in the public spaces of the prison and the street, managing this 'spoiled identity' (Goffman, 1963) may not be an option available to many users.

4.1. Feasibility and future research

We assessed the feasibility and acceptability of our research processes to inform a large-scale study. This included an assessment of:

- The acceptability to staff and prisoners of taking part in the study and talking about SCRA use, numbers of those that dropped out or who required emotional support following the interview and information collected in the qualitative interviews.
- The feasibility of conducting the site interviews and the variability in the quality of the data collected at the different sites including the practical and logistical arrangements for making the interviews, length of the interviews and the facilities for conducting the interviews.

4.1.1. Acceptability to staff and prisoners

On the whole we found that released prisoners were willing to take part in the study. Six people (4 in one AP) declined to take part – the reason in all cases being that SCRA use was something that they did not do – as one stated, because it was for people who were '*scum*'. Of course, given the strength of feeling in some of these cases, the possibility should not be dismissed that they may have used themselves.

One person in the CRC sample refused to take part in the research because he 'didn't have the time to stay and talk'. While busy and somewhat chaotic, the atmosphere in CRCs was quite friendly and informal. Moreover, offenders were simply coming in for supervision, rarely knew anyone else at the hub session other than the staff, and then left again. There were therefore minimal potential sensitivities concerning talking to a researcher about SCRA use. It is possible that some AP residents saw the very fact of talking to researchers about the subject meant that they might get labelled as users. This carries implications for the way that information about any future study is passed on from AP staff to potential participants.

As we have found over many years of research, AP/CRC staff were willing and keen to relate their stories and experiences, although this was easier in an AP context and the topic had much more resonance for AP staff. AP staff wanted people to know about what they were experiencing and were also keen to receive feedback on the study's findings. At one site, email addresses of staff based at an AP not included in the study sample were given to a researcher as they were 'keen to take part'. In some instances, staff were too busy on the day to take part in the interviews (although the majority were available). Those who could not provide an interview were given the opportunity for a telephone interview and were contacted via email. This process resulted in two staff not replying to emails. This suggests that the best mechanism is perhaps to ensure that staff (where feasible) can be available on the day of interview.

While we had initially intended to offer a payment to CRC attendees for taking part in the study, this was not approved by the HMPPS National Research Committee. In retrospect, being unable to offer a payment did not seem to have a great impact. A more important issue was the low number of people attending sessions who had been recently released from prisons: most of the CRC participants were on community sentences. We therefore had to target the busiest CRC sessions in order to make the fieldwork trip worthwhile (and on a number of days we did not successfully complete any interviews).

No participants dropped out of the study having agreed to take part, suggesting that the process of questionnaire completion and interview were acceptable to those who agreed to take part. The research team identified some minor discrepancies in the self-report data collected particularly on drug use and then subsequently in interview that contradicted each other. For some people, talking about their previous drug use was problematic.

On the whole the data from prisoner interviews matched with what staff told us and who they knew were using on the premises. No-one (staff or released prisoners) required any emotional support following the interview although some members of staff did talk about their experiences of clear distress. We had to breach confidentiality (in accordance with the consent form) in one case where a participant reported feeling suicidal. The research spoke with this individual's CRC officer after the

interview and, with the participant's agreement, he was immediately taken to the local NHS mental health trust for assessment.

4.1.2. Practical and logistical arrangements

We were reliant upon staff within the APs and CRCs to support the interviews by way of advertisement, promotion and encouragement of clients who were willing to talk to the interviewer. In the APs, the extent to which this was organised varied across the sites and had a significant impact on the numbers of those interviewed (e.g. 5 vs 2 per day). Those interviews conducted in the APs were established in an interview room and interviews started early in the day to catch people before leaving the hostel for other appointments or tasks in the community.

The suitability of CRC hubs as an interviewing place was more problematic and might have impacted on whether people were willing to participate. The CRC hubs were held in open rooms with limited privacy. Other people were attending appointments in the same room; music was playing in the background, and CRC staff were present. In addition, the interviews were determined by those people that happened to attend on that day and whether they had the time to stay after their appointment to talk to the interviewer. This approach was therefore much more ad-hoc and may have impacted on the quality of the data collected – overall the CRC interviews were shorter in length than those conducted on hostel premises, perhaps because of the reasons above.

4.2. Study limitations

All of these findings must be interpreted within the limitations of the study, most importantly the small sample and the selection of interview sites. The study is therefore not representative. In the APs at some of the sites staff had helped to identify potential individuals to take part in the study. This selection of participants was therefore purposive and limited. We had only five females in the study so we cannot comment about use of SCRA use within the group.

4.3. Recommendations for future research

Existing research on SCRA use in prison populations has focused on a few prisons. While inspection reports provide invaluable information on the wider impact of SCRA use in other prisons, there is a pressing need for a study that looks at SCRA use across a larger number of prisons, employing a standardised methodology - and different types of prison. For example, very little is known about SCRA use in women's prisons. Such a study could be conducted within prisons, in the same way as previous research, or an attempt could be made to access a representative sample of people released from prison (in the same way that our study has used a released sample to reflect on SCRA use inside prison). We think this latter approach would be very hard to deliver across multiple prisons and difficult enough in a single prison. There is therefore a need for a multi-site study of SCRA use in prisons that would be conducted within prisons, using established methodologies.

Having undertaken this study, we think there is a pressing need for research into SCRA and other drug use in APs. The finding that some AP residents may be using SCRAs to avoid detection is concerning and the disparities in approach to testing for cannabis use also suggests the need for further exploration. Moreover, many of the people in these hostels have histories of serious offences and the need to get policy and practice right with this group seems imperative. A national study of APs would be

achievable, due to the ordered nature of these environments, the sufficient flexibility within regimes to fit in interviews and the availability of secure rooms for interview.

With regard to the central question of the spread of SCRA use into the community, this is clearly a question that goes well beyond APs – and indeed beyond the two samples included in this study. We were aware during this project that, even if a study were successful in accessing representative samples of offenders in APs and CRCs, others being supervised under Integrated Offender Management would be missing. An alternative approach to addressing the transmission issue would be to prospectively study a sample of regular SCRA users in prison (so far as they are identifiable) though to supervision in the community. This would be intensive work, with a likely high rate of sample attrition but on the other hand, it would be considerably aided by the community supervision of all released prisoners under the 2015 Offender Rehabilitation Act.

In thinking about future research in this area, we would lastly emphasise the need to contextualise SCRA use within other substance use, including drinking, and the function of that substance use. Particularly among those that seek intoxication to escape the pains of imprisonment - or simply the pains of consciousness - which substance delivers such an escape may ultimately be relatively immaterial. For those seeking relief from boredom and the pleasures of less extreme forms of intoxication, there may be less dangerous or problematic alternatives to SCRA use. Future research therefore needs to locate SCRA use within the wider context of other psychoactive substances and the relative advantages and disadvantages people associate with them.

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