On May 25, 2016, the UK Government introduced a nationwide automatic ban on substances referred to as legal highs or new psychoactive substances (NPS), which includes a wide range of already well-known substances (such as synthetic cannabis or “spice” and nitrous oxide, also known as laughing gas). The new laws—that criminalise the production, distribution, sale, and supply of NPS—automatically ban “in advance” any NPS. The UK government decided that, because it is impractical to introduce separate bans for every new psychoactive drug that enters the markets (with thousands of potential bans), the new law effectively bans everything that can be called a psychoactive substance.

The prison population is especially vulnerable to the impact of these substances, just as it is to any other health-related epidemic, in particular those that require substantial additional resources to mount any kind of effective response. NPS fall exactly into this category—additional searches are needed to prevent NPS entering the prison system, and when a prisoner or group of prisoners becomes intoxicated, as is being reported more commonly, the risk of violence towards themselves, to other prisoners, prison staff, and even visiting family and friends can increase.

The UK’s Prisons and Probation Ombudsman Nigel Newcome, who oversees the country’s penal system, says 39 deaths have been identified in prisons between June, 2013, and June, 2015, in which the prisoner was known, or strongly suspected, to have been using NPS before their death. The links to the deaths were not necessarily causal, but nor can they be discounted. Of these deaths: two have no official cause of death; two were the result of drug toxicity, and the drugs included NPS; six were the result of natural causes in which NPS might have played a part. In one case, for example, the prisoner died of a heart attack after taking NPS that might have triggered the attack. One death was a murder of a prisoner by another prisoner who was suspected of smoking NPS. The remaining 28 deaths were self-inflicted. Some involved psychotic episodes potentially resulting from NPS, and for others, NPS seemed to have exacerbated vulnerability.

Still, the acute effects of NPS are only one part of the story. The use of NPS can lead to a variety of mental health problems, including depression and self-harm. And these are only the medical problems; the knock-on non-medical effects of NPS use can be just as devastating, such as violence related to supply and demand of NPS, and prisoners (whether addicted or occasional users) building up huge debts to pay for these substances that they cannot repay. A report by the UK charity the Rehabilitation for Addicted Offenders Trust (RAPt) showed a seven times increase in the number of prisoners seeking help for NPS use in just 1 year, from 2014 to 2015.

RAPt, which helps people with drug and alcohol dependence both in and out of prison, say the problem is spiralling out of control. “The impact of new psychoactive substances, such as spice, in prisons continues to be deeply concerning,” says Mike Trace, CEO of RAPt. “The serious health problems that can result from smoking spice can be horrific and life changing, and there is preliminary evidence showing that people are becoming addicted to these new substances. And that’s not to mention the widespread violence caused by the lucrative market in prisons, and debts built up by users”.

The UK’s National Offender Management Service (NOMS), an Executive Agency which is funded by the country’s Ministry of Justice, has started taking action to deal with NPS, including the training of more than 100 specialist dogs to detect some of these substances, an internal prison radio campaign containing first-hand prisoner accounts to warn prisoners of the dangers and sanctions they face if using NPS, and extra training for prison governors and all their staff. The NOMS supports the new blanket ban of NPS legislation, claiming that it will make it easier, for example, for staff searching visitors to confiscate items. A Ministry of Justice spokesman told The Lancet Psychiatry: “We are working closely with health partners to tackle the harm of new psychoactive substances and other substance misuse, and to provide staff with the tools and information they need and ensure that all prisoners and visitors are aware of the very serious risks that substance misuse brings. This has included revisions to Prison Officer Entry Level training and working with Public Health England to develop a toolkit for clinical and operational staff and training to support it.”

However, RAPt have called for a dedicated drug recovery wing in every prison, where prisoners are committed to a drug-free environment, achieved through a combination of security, testing, and incentives alongside intensive programmes that work with prisoners with the aim of stopping drug use completely and remaining drug free. The charity says that only 30 of the UK’s 125 prisons have a drug recovery wing, and even in those the level of commitment and resources varies across institutions. “This is a fast changing new challenge and the prison service and drug treatment services are committed to working together to tackle it quickly and effectively,” says Trace. “Increased security and testing are important,
The NPS epidemic sweeping through prisons has also left prison officers and managers reeling as they struggle to get to grips with the catalogue of problems that these relatively new and abundant drugs are causing. “The Prison Officer’s Association continues to press NOMS and the Ministry of Justice for solutions to deal with the unprecedented level of legal highs in prisons,” says Glun Travis, Assistant General Secretary at the UK Prison Officers’ Association. “We believe the high level of violence and increase in self harm and self-inflicted deaths is as a result of prisoners being under the influence of these drugs. NPS are a growing problem and as a result of organised crime from within prisons the problem is getting worse. Prison authorities recognise the problem but seem helpless to combat it.” Travis adds that NPS issues have increased stress-related absences from work among officers, yet despite a lack of effective training or resources, “prison staff who are ill after dealing with NPS incidents are often questioned over their integrity”.

One prisoner, called Dan to protect his identity, finished his prison sentence in December, 2014. Thanks to RAPt’s support in a dedicated drug recovery wing, he conquered his addiction. Dan says: “It’s all spice in prison now. It’s only a very few hard core users who persevere with heroin or crack,” he explains. “With spice you are high all day and it doesn’t show up on drug tests and it’s easily available. On the wings I was on, about half the people were using spice.” He saw many people having what are known as “spice attacks”, saying: “It’s like they were having heart attacks, not knowing where they were, collapsing. Men would smoke half a gram in one go. They’d wander out of the cell, and the next thing they’d be on the floor or in health care.”

Public Health England (PHE), the UK agency which oversees public health, says that the appeal of legal highs stems from them being undetectable by conventional on-site testing, their ability to make time pass more quickly, and their easy availability. Although data are awaited for various NPS currently on the market, PHE claims that “in general, no specific pharmaceutical treatments exist for the adverse effects of NPS, so symptom-directed supportive care will inform the safe and effective management of acute presentations, underpinned by advice from the National Poisons Information Service and its online toxicology database and telephone enquiry service.” PHE also makes clear that: “It is essential that every prison establishment has an integrated response… the overriding principle is that staff should respond in a proportionate and relevant way to presenting behaviour or symptoms, irrespective of whether prisoners are suspected to be under the influence of NPS.”

Speaking at a special round table event in May, 2016, organised by the thinktank Reform at their offices in Westminster, London, Mr Newcomen, representing the Prisons and Probation Ombudsman Service, said: “Our work on NPS has added to the increased concern that these substances pose serious risks in prison.” He said there were five key areas that must be addressed: reduction of supply, reduction of demand, staff awareness, bullying and debt issues, and drug treatment services. He concluded: “Commendably, prison and health care services have begun to act on this learning. But there is a long, long way to go.”

Tony Kirby