



USER VOICE
ONLY OFFENDERS CAN STOP RE-OFFENDING

SPICE: THE BIRD KILLER

WHAT PRISONERS THINK ABOUT THE USE OF SPICE AND OTHER LEGAL HIGHS IN PRISON

MAY 2016

There are many things stopping the effective rehabilitation of people who commit crime, things that are well documented and that have been around for years: mental health issues, drug and alcohol addiction, prison overcrowding, lack of education or purposeful activity, ageing buildings, dwindling resources.

The use of so-called legal highs in prisons (and in society) is a relatively recent phenomenon and although widespread in the prison estate has been up to now not given the attention it needs or deserves, especially not from the perspective of people in prison.

The NHS, concerned by the increases in medical emergencies seemingly bought on by the use of legal highs, otherwise known as novel psychoactive substances (NPS), commissioned User Voice to use its unique access to the hard-to-reach voices of prisoners to create a clear picture of the extent and effects of these unknown substances on the minds and bodies of those incarcerated within the criminal justice system.

This User Voice-managed, distinctly peer-led inquiry has produced some startling evidence and although User Voice does not seek to offer opinion on the results, it can clearly be seen that our prisons are awash with NPS and it is causing widespread and devastating damage to users, while having the effect of diverting attention away from the perceived causes of NPS's popularity: boredom and lack of purposeful activity.

This is what much research undertaken to date has also concluded. But what do we actually mean by boredom? Is the answer to give prisoners more things to do to occupy their time? What we found was not that people were using spice because they were bored but mainly as a coping mechanism and to self-medicate, because the reasons why they are in prison in the first place have gone untreated.

So the response must be different. It's not an activity or academic-based intervention that's needed here, it's therapeutic. But prisoners are telling us there is currently a skills deficit.

This consultation relays from the horse's mouth that without providing an alternative coping mechanism, prisoners may continue to take risks with their own lives. Frequently referred to as 'bird killer' (in other words you can pass a sentence in a blur) users within prisons are left with little alternative but to tolerate the at-times horrific effects of usage.



MARK JOHNSON, MBE
FOUNDER, USER VOICE

SUMMARY

INTRODUCTION

User Voice's needs analysis consultation on NPS use in custody focused on the synthetic cannabinoid receptor agonists (SCRAs), also known as synthetic cannabis, spice and mamba. Though many SCRAs are now prohibited by the Misuse of Drugs Act, some remain unclassified. However, on 26 May 2016, the Psychoactive Substances Act came into force, which prohibits the production and supply of any psychoactive substances not specifically exempted. Possession of psychoactive substances will become an offence inside prisons, punishable by up to two years imprisonment.

Since 2011, there has been growing evidence that spice use has become a serious problem in British prisons. Research shows that drug-related problems and many other problems inside prisons (for example assaults and suicides) have risen to record levels, and there is evidence these are inter-linked. Spice seizures in prisons in England & Wales climbed from 15 in 2010 to an estimated 737 in 2014, and NPS-related deaths in prison reached 39 at the start of May 2016.

WHAT WE DID AND HOW WE DID IT

User Voice put the service user at the heart of the project as both researchers and participants. The main aim was to examine prisoners' views on the nature and extent of spice use and problems inside prison. The consultation involved a self-report questionnaire survey of 684 prisoners in nine prisons (8% response rate), and separate focus groups with pro-spice and anti-spice prisoners (a total of about 120 participants). Participation was voluntary, anonymous and confidential.

WHAT PRISONERS SAID ABOUT SPICE

One in three prisoners reported use of spice in the last month, making it the most popular drug. Last-month use of hooch, cannabis and heroin substitutes were each reported by about one in seven participants, while last-month heroin use was reported by about one in ten. The prevalence of last-month spice use was over three times higher than the lifetime level of use reported by the 2015 HMIP survey of prisoners in 2014, and, combined with our other findings, suggests that the use of spice has become normalised in British prisons.

The majority of survey participants estimated that between half and nearly all of their fellow prisoners had used spice in prison. Both prisoners and staff had developed a variety of methods for getting spice past prison security systems. The main causes of the thriving spice market in custody were prisoners' desire for 'mind-numbing' experiences (a 'bird killer'), combined with the huge amounts of money which can be made from selling spice inside prison.

When asked about the harmful consequences of using spice, a majority of participants indicated addiction, debt, violence, bullying and mental health problems, with up to half indicating physical health problems and self-harm. Addiction to spice involved craving, tolerance and an opioid-like withdrawal syndrome. Given the much higher price of spice in prisons, combined with prisoners' low incomes, such spice habits typically led to users getting into serious debts with dealers in prison.

Bullying and violence were often carried out upon users who had not paid their debts, but also upon prisoners who were 'off their heads' on spice – particularly vulnerable people such as the mentally ill – for purposes of entertainment or dominance. Mental health problems, physical health problems, and self-harm (ranging from bodily injuries to suicide) were perceived as arising both from the effects of using spice, and from the anxiety and depression associated with spice-related debts, bullying and violence. A host of spice-related health problems were reported, including overdose/poisoning, seizures and fits, palpitations, skin infections, paranoia and other psychotic symptoms.

However, survey participants also made reference to the positive effects of using spice, with the most common being relief from boredom and coping with bad feelings like anxiety and depression: "it's a bird killer", "a shit feeling is better than no feeling". In short, prisoners often had mixed feelings about the effects and consequences of using spice.

Three in ten last-month users of spice believed that their spice use was 'a real problem', and just over half of these indicated that they would be comfortable asking prison staff for help. Most prisoners indicated that they would ask staff to help a prisoner with spice problems only if it was an emergency. The main barriers to asking for help with spice problems were fear of adjudication and the formal recording of such requests. Only three in ten prisoners indicated that there were specific services for spice users in their prison, and the main responses concerning which services could help them to learn more about spice were information on the health effects of spice and support to stop using spice.

The top three reasons for using spice were reported to be ease of access (non-users), lack of drug testing (users) and alleviating boredom (both groups). Further key motives for using spice in prison: to replace existing drug habits; self-medication of health conditions not being dealt with by prison health services; coping with the stress and boredom of being in prison; and the pleasurable effects of using spice, including interaction with other spice users inside prison.

Regarding the prison and NOMS response to the spice problem, many prisoners believed that there was an urgent need both for more harm-reduction services and for peer-led interventions – such as training, advice and mentoring – particularly given their relatively greater understanding of spice problems compared with prison staff.

THANKS

User Voice would like to express thanks to NHS England for acknowledging that the perspectives of service users are fundamental to any strategy devised to address the changing scene of drug use in our prisons, and ultimately the safety of our prisoners and prison staff.

We thank the Prison Governors and Directors who agreed to take part.

And we thank all the prisoners who have shown trust in this process and told us about their personal experiences of novel psychoactive substances in prison in an incredibly open and honest way.

WHAT IS USER VOICE?

We believe that the fundamental issue that causes the stubbornly high rates of re-offending and all the other associated problems, including the uptake of novel psychoactive substances, is the 'us vs. them' culture.

Society feels frustrated by those who re-offend or continue to engage in anti-social or personally destructive behaviour, for not engaging with the rehabilitation services available. Yet the service users themselves do not trust the service providers, and feel marginalised by society, as evidenced by rehabilitation services which are often inaccessible and do not value their input.

Whatever the truth, we won't reduce crime unless we deal with this division. User Voice's core belief is that rehabilitation only happens when everyone in the criminal justice system shares responsibility for transforming the 'us vs. them' division into real collaboration.

Our role is to improve rehabilitation through collaboration.

The entrenched exclusion and mistrust of some of the people we work with can be a huge obstacle to service providers. A fundamental component of the way User Voice works is to aid collaboration through the use of rehabilitated ex-offenders because User Voice understands that people with convictions want to talk to people who have 'walked in their shoes' and experienced similar life events. In fact, all delivery staff at User Voice have personal, lived experience of the criminal justice system, which, for some, involved substance misuse. Working with ex-offenders gives us the special ability to gain the trust of, access to, and insight from people within the criminal justice system. It can be a powerful way of motivating those who often have little self-belief that they can overcome their perceived barriers and to get to the heart of their perceived problems. It can also lead to consultations like this one, where the truth about a socially impenetrable issue can be presented to an audience who may never have the opportunity to hear directly from those involved.

At User Voice we know that the criminal justice system needs to be improved. It is not delivering what it can deliver. We are optimistic that change is possible and we know that we have the experience and insight to contribute to making it better. We know that rehabilitation is possible and people with convictions can turn their lives into an active force for good in society. Our workforce is testament to this. Rehabilitation is the goal of all our work, a process that goes deeper than reducing offending, although that is a desired outcome.

INTRODUCTION

User Voice undertook a distinctly peer-led consultation within nine prisons across England to explore how current serving prisoners understood the phenomenon of novel psychoactive substance (NPS) misuse within prisons. Specifically, following a scoping exercise within one prison before this consultation began, we concentrated on one brand of NPS, *spice*, because this was deemed to be by far the most prominent brand used in custody, except for the Midlands, where we found black mamba to be the primary brand. The terms *spice* and *mamba* are therefore used throughout the remainder of the report, with *mamba* only being used when it is part of a prisoner's verbatim quote.

NOVEL PSYCHOACTIVE SUBSTANCES, LEGAL HIGHS, SPICE, MAMBA – WHAT ARE THEY?

Spice and Black Mamba were originally trade names for first and second generation synthetic cannabinoid products, one variation of a Novel Psychoactive Substance (NPS), produced by spraying a synthetic cannabinoid receptor agonist (SCRA) solution on to inert plant materials. They have now become popular slang terms for herbal products containing SCRA. Though often advertised as an alternative form of natural cannabis, *spice* is often significantly stronger with effects more similar to hallucinogens and sedatives than cannabis. Two generations of synthetic cannabinoids have been classified as Class B Schedule 1 controlled substances under the Misuse of Drugs Act (MoDA, 1971) in 2009 and 2013, but many are new strains that have not yet been classified and are therefore technically legal. However, this changed in May 2016, when the Psychoactive Substances Act becomes law. The Psychoactive Substances Act makes the sale of any substance with a psychoactive effect – which includes *spice* – an offence, with the exception of certain substances, which so far include alcohol, nicotine, caffeine and psychoactive medicines. Importantly for this piece of work, possession of NPS will not be criminalised – except in prisons.

Concentrating on *spice* specifically, several studies over the last five years have reported that it has a number of negative effects, which vary depending on the mixture that is consumed. The physical effects can include an irregular heart rate, decreased blood pressure, confusion and dizziness, short-term loss of consciousness, vomiting, seizures and loss of motor control. There have also been several case reports of *spice* users suffering from heart attacks and kidney damage (Measham, Linnell and Newcombe, 2015). The psychological effects include psychotic symptoms, paranoia, increased anxiety and hallucinations. Across all SCRA however, there can be widespread variation in effects, depending not only on dose but which of several SCRA was consumed. A recent study of 69 third-generation SCRA concluded that *“it is impossible to estimate the dose or to know the compound consumed when smoking commercial mixtures of synthetic cannabinoids”* (Finculescu et al., 2016).

WHO'S USING WHAT IN PRISON?

Several reports have highlighted that *spice* has become the number one drug (and therefore number one drug problem) in prisons in England & Wales over the last five years, outstripping both cannabis and heroin, which have been the predominant leaders within the prison market. Webster (2016) has summarized several recent trends in offending and the prison system, which may have impacted on this relatively recent phenomenon. These are outlined below.

England and Wales has the highest rate of imprisonment in Western Europe, followed by Scotland – almost 150 per 100,000 of the population. The prison population has remained relatively stable over the last year: 85,930 at 31 March 2016, about 200 lower than in March 2015 (Webster, 2016). However, compared with the previous year, the sentenced population increased by 3%, while the remand population fell by 15%. Since 2010, the prison service has suffered significant cuts, including a loss of 700 jobs and £900 million to the overall budget.

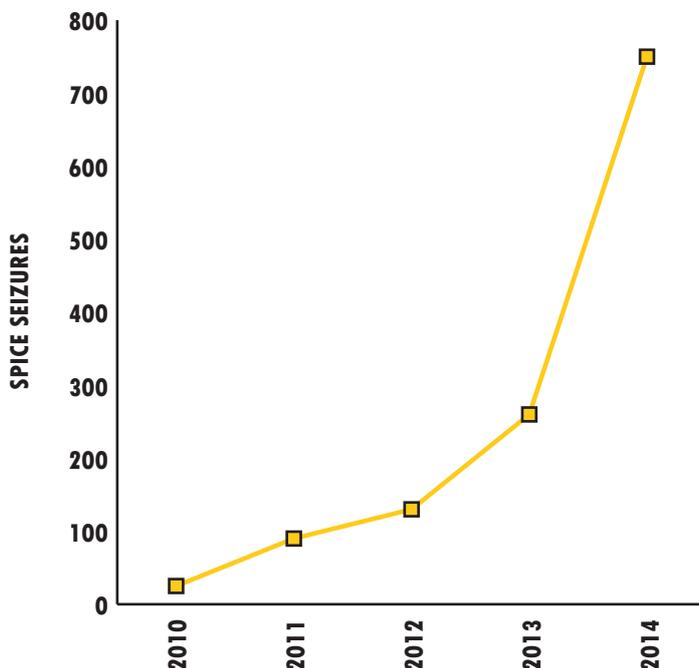
However, a number of serious problems have all reached high levels (often record levels) in prisons over 2015 and 2016, including suicide, murders, and attacks on staff. The Ministry of Justice recently reported that the number of suicides in prisons climbed from just over 50 in 2012/13 to a peak of 100 in 2015/16; and that the annual number of attacks on staff have reached almost 5,000 (up a third on the previous year). The increase in violence which featured in so many recent inspectors' reports appears to be borne out by a 15% jump in the number of proven adjudications in 2015 compared to the previous years. The number of releases on temporary licence (ROTL) fell by 26% in 2015. The stress levels of prisoners and staff are therefore likely to be high. McParlin (2015), the national chairman of the POA, the Professional Trades Union for Prison, Correctional & Secure Psychiatric Workers, stated that *"The spike in violence and the cuts are inextricably linked"*.

Suicides, violence and drug possession have all increased in prison to record high levels

A Parliamentary Question in November 2015 revealed that the number of incidents in which prisoners in England & Wales were found in possession of drugs increased fairly steadily from 1,248 in 2010 to 2,289 in 2014 and 2,255 in the first ten months of 2015. A Centre for Social Justice (CSJ; 2015) report also summarized recent research finding that around one in 14 prisoners said that they had developed a problem with illegal drugs *while inside*.

Many experts in the field believe that along with the budget cuts, spice use has played a major role in these upward trends of major problems of easy availability of drugs, violence, disorder and death (Webster 2016, HMIP 2015). According to the Ministry of Justice, spice seizures in prisons in England and Wales have increased exponentially since 2010, with their published data shown in the graph below.

SPICE SEIZURES IN PRISONS IN ENGLAND & WALES



The total figure for 2014 is an estimated one and there are no published figures, estimated or real, for 2016 but there is an obvious upward trend. A former governor is quoted in this CSJ report as stating that dealers throw multiple packages over the prison wall, because even if just one gets past security, it is worth it for the smugglers. He added that *“spice is raining over the walls. In some prisons they are finding two or three packages a week”*.

Spice use is a very real concern to those working within prisons and those managing them. A recent HM Inspectorate of Prisons (2015) report drew on 61 HMIP previous inspection reports published between April 2014 and August 2015, and used a total of 10,702 survey responses from these reports. These inspection findings were supplemented with findings from additional fieldwork conducted on 1,376 prisoners in eight prisons between June and November 2014. The resulting report states that spice was first identified by the inspectorate as a serious problem in December 2011 at the inspection of HMP Stamford Hill, but was not identified as a widespread issue until 2013 onwards. In the 2013-14 annual report (HM Chief Inspector of Prisons for England and Wales, 2014), synthetic cannabinoids were identified as a concern by HMI Prisons in over a third (37%) of male prisons inspected, rising to 64% in 2014-15 (HM Chief Inspector of Prisons for England and Wales, 2015).

A large proportion of adult male establishments inspected since 2013 reported incidents when emergency medical assistance had been required for prisoners as a result of spice use, making this a crucial area of concern for NHS England. The 2015 HMIP report commented that *“emergency ambulances had been called to attend to prisoners having fits, blackouts and other adverse symptoms... Prisoners and staff in more than one establishment used the term ‘mambulance’ to refer to ambulances called specifically to deal with people who had used ‘Mamba’*”. Titheradge (2016) reported for the BBC that 109 UK police forces, ambulance trusts and fire services were asked how many incidents they had been called out to at prisons and youth detention centres each year between 2011 and 2015. Of 91 services who sent back data, it was found that there had been a 52% rise in callouts, from 14,475 in 2011 to 22,055 in 2015. While we cannot state that this is spice related, it coincides with the rapid increase of spice use, and corroborates with prisoners’ views in this report regarding emergency callout rates.

Within the CSJ report, a prison director described NPS as *“genuinely the biggest issue we currently face from a prisoner health perspective. It is leading people to do very unpredictable things, even to self-harm”*. In May 2016, the Chief Inspector of Prisons told the Guardian that spice is having a *“devastating impact”* in British prisons, and highlighted its links with rising deaths in custody, self-harm and serious illness. On May 9th 2016, the prisons and probation ombudsman reported that there had been 39 deaths in prison linked to NPS such as spice, compared with the previous figure of 19 between 2012 and 2014.

However, spice has not been of major concern outside of the prison estate to date, which perhaps has meant it has received less attention within prison. HMI Prisons’ thematic survey of 1,376 prisoners in eight prisons (2015) found that 52% had used illicit drugs or medication in the two months before going into prison, notably cannabis (38%) and cocaine (29%) – compared with much lower rates of 6% for spice/black mamba and 5% for other NPS. It also reported that 26% said that they had taken either illicit drugs or medication in their current prison, with the top two drugs being cannabis (13%) and spice (10%). Spice was found to be the only drug whose prevalence of use was higher in prison than in the two months before prison.

Furthermore, the effects of spice use are very different for prisoners than users in the community (Zinberg, 1984). Prisoners’ social backgrounds and personality types, along with situational constraints and pressures seem more likely to make the effects of spice lead to aggression, bullying, psychosis, health harms and even death.





WHAT WE DID & HOW WE DID IT

Given this worrying profile of the impact of spice use and problems in our prisons, User Voice was commissioned by NHS England to explore spice use in nine prisons, from the perspective of those who were living within prisons *right now*. This study was to focus on the nature and extent of use, its effects and harmful consequences, the reasons for using spice, and the response of the prison service and the National Offender Management Service (NOMS) – an agency of the Ministry of Justice – to spice problems among prisoners. NHS England valued User Voice's peer-led methodology and its potential to unearth the true experiences of prisoners regarding this phenomenon.

In the seven years User Voice has been operational, we have learnt that service users prefer to speak to someone who has '*walked in their shoes*', someone who can personally empathise with their situation. User Voice is therefore unique in that all its frontline services are delivered by trained professionals who have lived experience of the criminal justice system (CJS).

Peer researchers have been employed by User Voice since its inception to engage with people in the system. It is our belief that they are better placed to ask personal questions than traditional researchers due to their lived experience and shared understanding.

However in this particular study, we did not only use User Voice peer researchers to conduct parts of this study, but also worked with current serving prisoners in English prisons to play an active part in the collection of data.

WHO WAS INVOLVED?

A letter was distributed directly from the NHS to category C prisons across England outlining the purpose and process of the study. Nine pilot sites were selected based on their geographic location to ensure that there was a representative national spread.

In all but one of the prisons, once initial contact had been made with establishments and a single point of contact had been selected, participants were recruited for two focus groups, one for those who use spice and one for those who do not.

The one remaining prison unfortunately informed us of an ethics policy and procedure within the last month we had available for data collection, which meant they were unable to be involved within the study. However, throughout the process we had recruited one extra prison that was particularly willing, so the total number of prisons remained at nine.

In exchange for participation, prison governors and directors were promised anonymity within the main report, therefore the results seen throughout are based on aggregated data from all nine prisons.

This piece of work had two main components, one predominantly quantitative, more focused on numbers, and one qualitative, getting richer information in discussion with people.

FOCUS GROUPS

Once group participants had been selected, the prison organised the groups to take place on one scheduled day. Groups were facilitated by User Voice staff only, and no prison personnel were invited into the room for the duration of the discussion. This, alongside some shared understanding of imprisonment and substance misuse between facilitator and participants, created an atmosphere of trust and acceptance.

Prisoners were assured of absolute confidentiality and anonymity, opening the door for more personal disclosure. All prisoners were able to leave the group if they chose to but none did, apart from when they had appointments, although some additional participants did come into the groups from time to time which makes exact numbers of those attending certain groups difficult to confirm.

The groups were structured around six key topics. To encourage participation, participants were encouraged to walk around the room and write their thoughts about the question under discussion at any time during the group. The six key topics were:

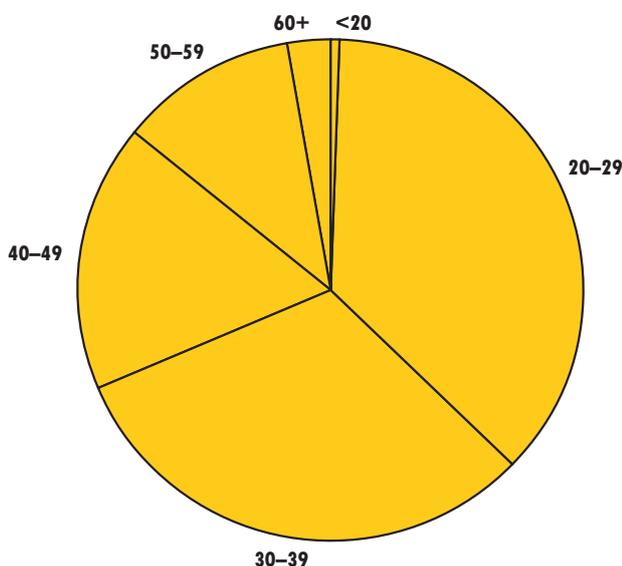
- There is a problem with spice / mamba in this prison
- People use spice / mamba because they like it
- Spice / mamba can lead to mental health problems
- Spice / mamba can lead to physical health problems
- The prison is actively trying to help people who use spice / mamba
- I would ask staff for help for a friend who was having a bad experience

SURVEYS

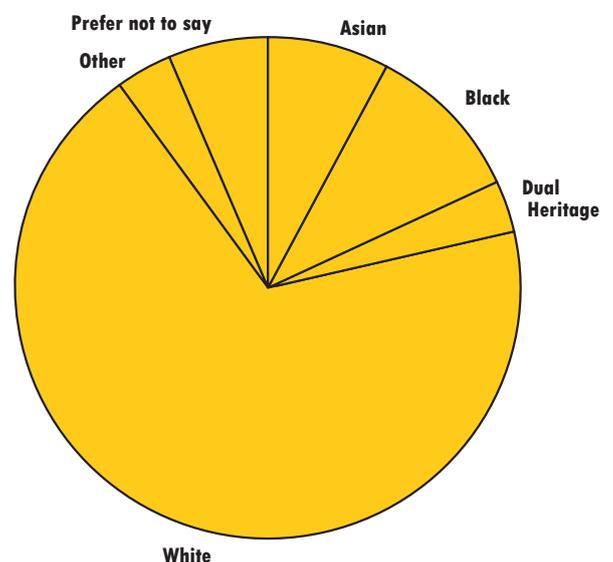
At the end of the focus groups, we asked if anyone would like to volunteer to assist in distributing and collecting surveys (to include talking through them with peers). Those who volunteered were given a short briefing on issues such as confidentiality, leading questions and the importance of sampling. They were subsequently given a pile of surveys, which had been co-designed with service users, to explore personal and perceived usage of NPS.

Of those who completed surveys, the majority (36.7%) were aged 20 to 29, and were of White British ethnic origin (68.6%). The age ranges and ethnicity can be seen in the following figures.

AGE OF PARTICIPANTS



ETHNICITY OF PARTICIPANTS



In utilising current serving prisoners, we were able to hear from those who might not ordinarily give their views and therefore gain a more rounded perspective on the problem and possible solutions. Prisoners involved were also able to enjoy the experience and gain new skills in the process. However, despite the initial training and enthusiasm, User Voice was not involved in the data collection process and relied heavily on the prisons to ensure that the prisoner volunteers were motivated and able to administer the surveys as planned. Unfortunately therefore we cannot be sure of the manner in which these were delivered and the message that was communicated about what would happen to them following completion.

WHO WE SPOKE TO

The table below outlines the levels of participation from each prison, in terms of the focus groups and the prisons.

PRISON	AREA	PEOPLE IN FOCUS GROUPS	SURVEYS COLLECTED	PRISON POPULATION
A	North East	13	187	1,348
B	North East	12	18	832
C	North West	14	39	644
D	West Midlands	23	84	1,605
E	East Midlands	9	133	1,006
F	East Midlands	14	35	581
G	South East	9	46	513
H	South East	15	25	1,252
I	London	12	115	1,310

DETAILS REGARDING PARTICIPANTS OF PRISON SURVEY AND FOCUS GROUPS

As is evident in the table, there was a wide range of surveys returned, from 18 to 133. There were various reasons given for this by prisons. The primary reason in the prisons where there were low returns was that internal staff were reported as being unable to dedicate time to supporting the study. It was often difficult to make contact with dedicated staff members, and as such gauge a time for data collection. Other reasons were given such as “prisoners do not wish to talk about spice” and “some of the service users who were given the surveys to distribute have been transferred or released on parole, or moved cells or gone in the seg[regation] etc. and as such the responses have been lost”. Indeed, three prisons stated that completed surveys had been lost, with one prison estimating the number lost was as many as 210.

The total number of surveys returned was 684 across the nine sites. Key quantitative findings from the survey are presented in tables and graphs and are supported by comments from prisoners in the focus groups – allowing them to relate their personal stories and experiences of spice use and spice problems in their prison. The final section of this report discusses the implications of our findings for prison policy and practice toward spice use.

+ UNUSUAL
PROFESSIONAL BEHAVIOUR

Training for
staff - ~~efficiency~~ +
quality.

employment
qualitative
Education

lowest

Other small work
lets
users see things in
community.
On my own
finding this

Relentless
Support for
Housing

Service users
to be more heard
in their sentence
plans

TRAINING IN
PSYCHOLOGICAL
THERAPIES.
BY DRIF JOLUON
PSYCHOLOGIST

Addressing NOMS
7 pathways to
reducing reoffending
with better sign-
posting & community partners

Cre
Mo
emp
for
with

MENTAL HEALTH
USERS BE BETTER
INVOLVED IN THEIR
SENTENCE PLANS?

Drug
Education

Continuing
and identifying
the users changing
needs.

Therapeutic
- skills recognition
- assets/qualities
- signposting

Better to

WHAT PRISONERS SAID ABOUT SPICE

We offer no interpretation of what people said, but simply present the findings directly as we received them from the service users themselves.

The findings will be presented below under the following headings:

- What drugs have people used in the last month?
- What did prisoners think about the use of spice?
- What happens when you use spice?
- Spice causes loads of problems, so why use it?
- What's being done about it in prisons?

WHAT DRUGS HAVE PEOPLE USED IN THE LAST MONTH?

As anticipated and pre-empted by previous reports, spice was the most popular drug used by participants in this survey, with last-month spice use being reported by as many as a third of those who responded (out of 625) as shown in the table below.

Spice is the most popular drug of choice in prison, eclipsing heroin and cannabis use, with 1/3 using in the last month

It was followed by hooch, cannabis and heroin substitutes, each of which was reported to have been used in the last month by about one in seven prisoners who completed the survey. Last-month heroin use was ranked fifth, being reported by one in 12 participants.

SUBSTANCE	USED	NOT USED
Spice	33%	67%
Hooch	15%	85%
Cannabis	14%	86%
Heroin substitutes	14%	86%
Heroin	8%	92%

Previous research has generally found that rates of self-reported drug use are likely to be underestimates and indeed, discussions about estimated usage within the more trusted confines of the focus groups ranged from 40% to a staggering 90%.

“I'd say about 90% of people in here are users”

“I'd say just in my wing, it's easy about 50%”

**“I'm saying 75%, he's saying 40%,
that's a big difference”**

Importantly, there was major variation in the prevalence of last-month use of spice between prisons, which ranged from 15% in Prison F to 71% in Prison H. The 33% was an amalgamated figure across all nine prisons.

However, even if the lowest of these usage estimates was accurate, this still paints a worrying picture. If extrapolated to the entire prison population (as of end March 2016), this equates to just over 28,000 prisoners using right now in our prisons. If we took the higher estimates given in the focus groups, this would, of course, be even higher.

Of those that had used in the past month (ranging from 43 using heroin up to 204 using spice), the table below shows how often respondents were using each of the substances.

SUBSTANCE	ONCE OR TWICE	ONCE A WEEK	2-3 TIMES A WEEK	ALMOST DAILY
Spice	31%	8%	15%	46%
Hooch	47%	20%	8%	26%
Cannabis	50%	11%	15%	24%
Heroin substitutes	29%	11%	14%	46%
Heroin	47%	6%	9%	38%

Frequency of use was high. Almost half of those who admitted using spice said they used it daily. This was the same for those using heroin substitutes, but less with other drugs. Around a quarter of hooch and cannabis users took their drug of choice daily and four in ten used heroin daily which represents a huge change to drug culture, and therefore to the services needed by prisoners.

“you speak to people that smoke it not that much... and it’s not a problem for them then, and they would say that. But then, there’s people who smoke too much of it, you can look at them and say ‘it’s a problem for them’”

Across the whole sample (548 to 625), daily or almost daily use of spice was indicated by 15%, compared with much lower overall rates of daily use of between 3% and 7% for the other four types of substance; while non-use in the last month was indicated by about two-thirds for spice users, and around nine in ten for the other four types of substance.

Daily or almost daily use of spice was admitted by 15% of our sample, which when extrapolated to the whole prison population accounts for almost 13,000 daily users.

How do these findings compare with other recent research into the use of spice and illicit drugs in British prisons? HMI Prisons’ thematic survey (2015) of 1,376 prisoners in eight prisons found that 26% of prisoners reported taking illicit drugs or medication in their current prison, notably cannabis (13%) and spice (10%).

Our peer-led data collection found 33% admitted using spice, compared to 10% in a 2015 HMIP report looking at the same thing.

It is important to note the clear difference that the HMIP survey focused on lifetime prevalence of drug use in prison, while the User Voice survey focused on last-month use. As such, we might expect the HMIP survey to have reported higher levels of use. However, figures for cannabis use were similar in both surveys (13% and 14%), while **figures for spice use were over three times higher in the User Voice survey (33%) compared with the HMIP survey (10%)** – despite our survey’s focus on last-month use rather than lifetime use. This may be attributable to different methodologies and samples, namely the peer-led approach eliciting more honest responses or it may reflect a real increase in spice use in prisons over the last two years. As the HMIP report concludes, urgent research is needed to assess trends in the use of spice and other drugs in our prisons – particularly if the effectiveness of coming legal changes and planned interventions is to be properly assessed.

In summary, the User Voice survey found that spice has overtaken cannabis, heroin, hooch and heroin substitutes as the most popular drug in prisons, for various reasons that will become clear over the presentation of our research findings:

“if you smoked cannabis on the outside then you are going to substitute that for spice in here”

“I think most of the people that smoked spice were previously people who used to smoke cannabis”

“I think heroin is a thing of the past within establishments with spice. People are not taking heroin no more”

Indeed, there are clear signs from other survey responses and focus group comments that spice use and experience is becoming normalised in many prisons. Although our survey found that one in three prisoners reported using spice in the last month (typically daily), it did not measure or report last-year use or lifetime use. Many more will have used in the last year in prison, and even more will have tried it over a year ago either in prison or in the community. To illustrate the potential difference between last-month and lifetime reported use, Singleton et al (2005) reported that in their study, 39% had used unauthorised drugs at some time in their current prison whereas 25% said they had used drugs in the past month (representing a 14% difference). Based on other research into drug use in prisons therefore, it can be estimated with some confidence that over half of prisoners in our survey had used spice in prison.

In addition, spice has become normalised along such dimensions of drug experience as availability, knowledge, attitudes, physical exposure, and social context – having friends who use spice, and the prison culture (see Measham, Newcombe and Parker 1994; Centre for Social Justice 2015). Evidence of normalisation is also presented in the following findings on prisoners’ views on the nature and extent of spice use in prison. Whether substance misuse services have caught up with change is unknown but as results demonstrated later, they suggest not.

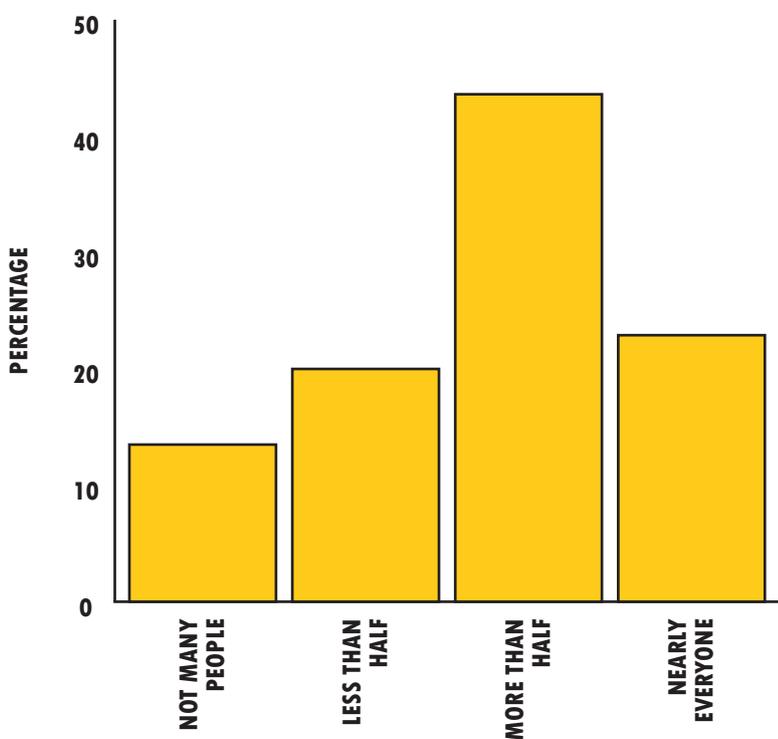
WHAT DID PRISONERS THINK ABOUT THE USE OF SPICE?

All survey participants were asked to estimate the level of spice use among their peers and 659 responded, their results are shown in the graph below. These results are higher than those given for personal use, suggesting even higher uptake overall. **Almost a quarter estimated that ‘nearly everyone’ used spice**, over four in ten estimated that ‘more than half’ used spice, one in five estimated that ‘less than half’ used spice, and just one in seven estimated that ‘not many people’ used spice.

Two-thirds of survey respondents believed over half of the prisoners in their prison used spice, with almost a quarter thinking this was “nearly everyone”

USE OF SPICE

HOW MANY PEOPLE DO YOU THINK USE SPICE AT THIS PRISON?



Again, there was substantial variation between survey participants in different prisons in their perceptions of the level of spice use among prisoners:

- The proportion of survey participants who estimated that ‘nearly everyone’ used spice in their prison ranged from almost one in ten in Prison F to over half in Prison B. The proportion who estimated that ‘less than half’ used spice in their prison ranged from zero in Prison B to just over a third in Prison G.
- The proportion of survey participants who estimated that ‘not many people’ used spice in their prison ranged from almost one in 40 at Prison C to over one in six in Prison A.

This variation was similarly demonstrated in focus groups.

**“Spice has taken over the drug culture in prison ...
It’s reached epidemic levels!”**

**“there is a problem in this prison with spice
because I know between 60 inmates on this
unit 50 people use spice”**

“The problem is it’s everywhere in the prison”

“it’s a real problem, like an epidemic”

The surveyed prisoners’ estimates of the proportion of spice users among peers at their prison were broken down into their status as a spice user or not. Out of 610 responses, we could see that non-users estimated lower overall usage with users being over twice as likely to estimate that nearly everyone was using spice in their prison (35% vs 16%). However, the most common estimate among both was that more than half of their fellow inmates were using spice (46% and 43%).

In short, overall, **last-month users of spice were more likely than non-users to estimate that use of spice in their prison was the norm** – about eight in ten users believed that at least half of their fellow inmates were using spice, compared with about six in ten non-users.

Furthermore, the proportion of participants estimating that nearly everyone used spice was 48% for daily users, dropping to 16% for non-users. We can see a positive association exists between prisoners’ frequency of spice use and their perceptions of the level of spice use in their prisons. This may be a function of the increased exposure of more frequent users of spice to other spice-using prisoners, and the relatively lower exposure of less frequent users and non-users to spice use in prison.

Focus group participants from several prisons concurred that although spice had now become the main drug in their prison, this was due to a variety of factors (such as legality, availability and similarity to cannabis), rather than simply being attributable to the specific effects of synthetic cannabinoids. Many believed that if spice had never existed, another drug would probably have emerged to occupy its niche as a substance that made prison life more bearable (discussed further in section 5.5.3):

**“if there wasn’t spice,
it’d be something else people would
be using to get people through their
sentence which has been a problem
throughout the whole system for years
but like someone else said about
them using heroin or using cannabis,
if they did stop this then it would be
something else. Because people can’t
cope with prison”**

Lastly, several prisoners expressed views that although the mind-numbing effects of spice were one reason for its widespread availability, another major reason was the large amounts of money which could be made from selling it to prisoners. In not one of the 18 focus groups undertaken was there an overlap between users and dealers, suggesting that dealers do not use personally.

Both drug-dealing prisoners and staff were regarded as having strong financial motives for getting spice into their prison, and there was wide agreement that spice had become the most valuable commodity inside prison, taking cash out of the economy:

“that’s the thing yeah, you’re paying £100 for loads of spice out there, on the internet, they get it to this jail, quick profit of £900 if they’re selling at £1000”

“Kilo is worth 50 grand”

“on the landing the other day there was someone selling spice for coffee because there’s more spice on one landing than there is coffee”

“When there’s chicken on Sunday lunch you can swap your piece of chicken on Sunday lunchtime for a five pound shot of spice”

“TV’s, Rizlas, money, food”

“It’s coming through the wall and it has to come through prison officers especially if there is so much money made out of it - supply and demand”

Both prisoners and staff were thought to have developed a variety of clever ways of getting spice past prison security systems, beyond the standard method of ‘plugging it’ (inserting it into the rectum before entering prison). New methods include having associates throw it over the wall inside dead birds, flying it into the prison yard attached to drones, and bringing it into prison in the form of saturated rice-paper:

“Most of it isn’t coming in parcels, it’s coming in people’s bums”

“The place is full of spice due to the lack of security... There’s no solution to that, you can send it. The screws are giving it to you at your door, they’re delivering it like mail and that’s very hard to stop”

“The supply chain, they can’t break, because there’s members of staff that bring it in. So when that’s a reality, then you know to tackle that is very difficult”

“obviously people want to use it, but also there’s hundreds of thousands of pounds in it. I know people who have put themselves in jail, put a load up their bum ... and for a fraction of what it costs in the street you can turn that into thousands of pounds in a very short period of time, and it’s big bucks involved. That is what it is about, it’s about money and nothing more. If it was about drugs, people would bring heroin in their bum wouldn’t they? Heroin dealers aren’t doing that. You can still get heroin in here but there’s a small amount of it. It’s spice, it’s cheap, it’s easy to move, if you really have to you can spray a piece of paper with it”.

This is exacerbated by the wages being described as low in most prisons and canteen prices being described as being higher inside than prices for the same goods outside.

“So they got to address the canteen issue and they got to address the issue with the phones. The blue phones are too expensive, the canteen is too expensive and this is why people start selling drugs because they want to try and get their canteen up, they want to save money to put extra money on their pin. The ramifications for that is there’s going to be a lot more users, reoffending rates going to go up and victims meaning people who are in prison, their families are victims”.

Lastly, from the comments of prisoners in the focus groups, it became clear that the main evidence on which survey participants based their estimates of the extent of spice use in prison included not just spice use among their associates, but also the appearance and behaviour of prisoners intoxicated by or withdrawing from spice:

“I've seen people walking around like they are doped up. They don't have a clue, like you're talking to them, and they are very pale”

“people are walking around as if they're on the moon”

“Patches on their skin, eyes are red, you know who smokes it”

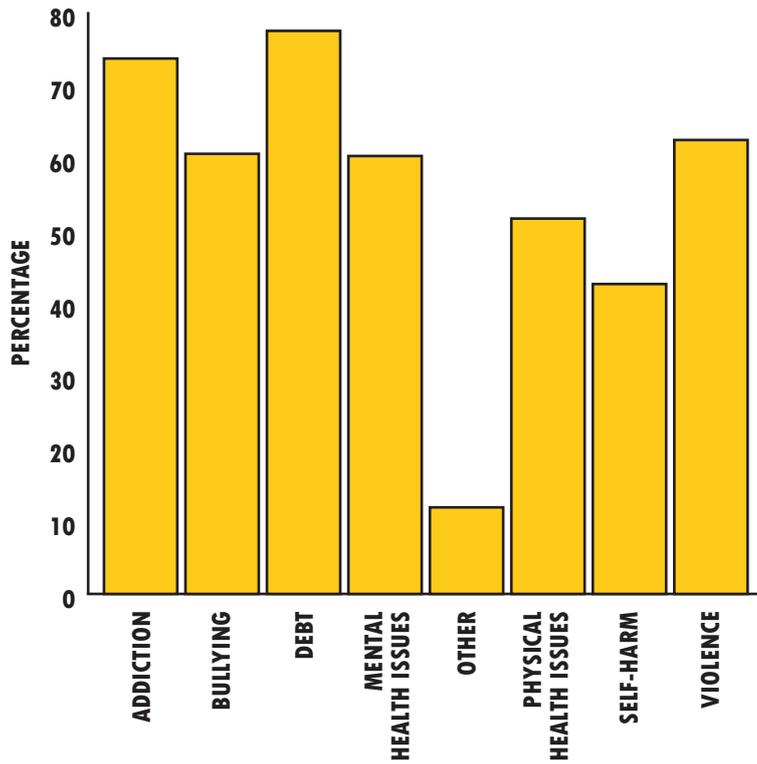
It also seems clear, given the intense hallucinogenic effects of many spice products, that new and occasional users can be just as badly affected as habitual users:

“what upset me more than anything was one young lad came in, completely sort of normal, and then within a week or two, he was walking around the corridor completely out of his face, he looked like he was going to fall over, he didn't know where he was”

WHAT HAPPENS WHEN YOU USE SPICE?

All prisoners were asked to indicate which of seven harmful consequences they believed were likely to follow from using spice and 636 responded. The top two consequences, indicated by over seven in ten, were the closely inter-linked outcomes of debt and addiction, which are addressed in the first subsection, followed by some discussion on the other key consequences of mental health, physical health, bullying and violence, and self-harm.

CONSEQUENCES OF SPICE USE



ADDICTION

There were consistent comments from prisoners in the User Voice self-report survey (77.4%) and focus groups that regular use of spice produced both psychological and physical dependence, as evidenced by the classic indicators of intense craving, rapid tolerance (having to increase the daily dose to obtain the desired effects) and withdrawal symptoms on sudden cessation of use.

“It’s like jail crack, people get dependent on it.”

“In my experience, spice is more dangerous than heroin.”

“I was taking it a lot up until about 6 weeks ago and suffered bad withdrawal including night terrors, uncontrolled sweating and night sweats etc.”

“You feel as if you are going to lose all your insides, the cramps are unbearable. You have the shakes and sweat man, you never knew you could sweat so much”

“I’d go like 4 or 5 days without any sleep”

Other common indicators of dependence reported were doing things to obtain and use spice that they would not usually do in relation to use of cannabis or recreational drugs – from acquisitive crime to sexual activity.

“Drinking a cup of piss for a pipe”

“I knew a guy that was upset ... and a guy took him into his cell... and rolled him a spliff with some spice and said go on smoke it, he did smoke it but he knew he couldn’t pay for it, so he had to suck his dick in order to pay for it.”

In addition, several prisoners commented that use of spice helped ‘heroin addicts to do their rattle’ – that is, use of spice reduced withdrawal symptoms among people with heroin/opioid habits who had ceased use of heroin or other opioids. This is suggestive of ‘cross tolerance’, which implies that use of spice may impact upon the brain’s natural opioid receptors and neurotransmitters (such as endorphins).

These accounts of dependence on spice among regular users have also been reported in other recent studies (such as Measham et al. 2015), and by case reports and studies in the clinical and scientific literature (for example Aurwater et al. 2013, MacFarlane and Christie 2015, van Hout and Hearne 2016).

Further research is urgently needed to confirm the clinical and behavioural features of any dependence syndrome.

DEBT

Compared to the cost of a gram of spice from a high-street headshop (averaging £10), the price in prison can be up to 10 times higher. Though the effects of most kinds of third-generation synthetic cannabinoids are initially intense, and have been described as closer to solvents or ketamine than cannabis, regular users develop tolerance to these effects and their habits can soon escalate to several grams a day, which inevitably leads to **users getting into debt with dealers**. 77.4% of survey respondents stated this was a consequence of spice use within prison, making it the most popular response to this question, and indeed it was discussed within the focus groups as well:

“Once in debt ... no canteen, straight to dealer”

“Debt - selling last of everything - no burn, no pin, no credit, no anything”

“Thieving from other prisoner’s cells to pay either their debt or buy more of the stuff”

“Swapping clothes and trainers for spice. Once in debt, they are being bullied and you watch it happen”

One difficulty raised was that debt and addiction causes a negative cycle whereby prisoners are unable to pay their debt due to being a user and subsequently being prevented from accessing private funds as part of the punishment of using: *“But I’ve been getting on basic and that so obviously I ain’t be able to pay it”*. This becomes inextricably linked with bullying (as discussed further in the next subsection), but specific quotes in relation to bullying due to debt have been included here:

“The prison is making a culture of debt, if you have suspicion of spice you lose your basics so you end up in debt for spice then it just continues, then more debt cause you have no money but you need spice”

“... basically, he’ll take the beatings, then other people will do stuff like what they do to chickens, make them fight to scrap the debt, fight him and they know they’re going to lose, and a bunch of other stuff like that, and it’s just a vicious circle where if that punishment wasn’t there, you’d be fine, you’d still smoke, you’d still smoke it, but it wouldn’t put you in the debt. When they punish you, it makes you more addicted to it, because they’re giving you loads”

“This workshop only pays £10 a week. So I’ve gone under three times in a weekend, that’s three £10, that’s £30 already, debt is just sky-high. They’ve put you in a deeper hole, if there’s not a decent person on there too, you get bullied”

“It’s people owing money out, people can’t pay for it because it’s so addictive when you smoke it, it’s moreish and when you haven’t got it you think ‘fuck it I’ll get it’, then you get it. Get it on the tick and then when you can’t pay for it people fuck you up in here.”

Thus, debts become the norm for most habitual spice users in prison, and the common failure to meet these debts results in the next two most commonly identified consequences: violence and bullying. The HMIP report (2015) noted that *“debt associated with synthetic cannabis use sometimes leads to violence and prisoners seeking refuge in the segregation unit or refusing to leave their cells”* (p8). One prisoner also gave the following personal insight into why spice-related violence and bullying were part of a wider change in the culture of prisoners:

“years ago, prisoners, we used to be together, but now it seems, prisoners are actually more than happy to make little of another prisoner. We don’t have the unity, we’re not united anymore, and spice is one of these problems where prisoners want to make little of other prisoners”

MENTAL HEALTH

Mental health problems mainly involved psychotic reactions to using spice, especially among prisoners with existing mental disorders such as schizophrenia – though even **prisoners with no mental health issues reported psychotic experiences from spice use historically only associated with powerful hallucinogens like ketamine and LSD**. 60.2% of the survey respondents identified this as a consequence of using spice. Stories about spice-related paranoia and other bizarre delusions, along with accounts of serious disorientation and confusion, were provided by many prisoners within the focus groups, where they felt they could disclose this information:

“They’ve actually seen people come out of their cells, run along the landing and go straight towards the gates right, because they think they can go through the gates ... [or] run towards a wall and actually think they can run through wall, which obviously would replicate something like LSD or maybe PCP, like an angel dust type with that trippie type thing, you know?”

“They’re dealing with a paranoia where they just start thinking that people are talking about them, the world’s against them, people coming to kill them and so forth”.

“There was a lad eating his own sick out of a bowl dipping bread in it”

“I seen a guy drinking toilet water and eating fucking salt”

“When I had my last experience of spice I felt my brain was being ripped out”

Past research has consistently shown that the majority of prisoners already have mental health problems and that many exhibit self-harming, but these are undoubtedly exacerbated both by the effects of spice use (notably psychosis) and the experience of debts, violence and bullying (notably depression and anxiety).

BULLYING

Responses from participants in the survey and focus groups suggested that bullying and violence were closely related, visited not just upon users who had not paid their debts, but also upon users who were 'off their heads' on spice – particularly vulnerable people (such as the mentally ill). **Bullying often involved the use of spice, notably 'spiking' and giving other prisoners 'over-loaded spliffs', typically for such purposes as entertainment, relieving boredom or expressing dominance:**

“People get themselves into so much debt that they get themselves put down in the block to try and hide from it and from the violence. Then they try and get themselves shipped out to another prison to get away from the debt cause it's that bad”

“There is loads of violence due to it kicking off over debt and spice”

“people are being bullied into using spice or they are spiked, and keep falling for it time and time again because they are so desperate for a smoke”

“I'll tell you what people are doing, people are stitching other people up because they think it's funny. They think it's funny to watch a man drop to his knees, shake uncontrollably on the floor, go white as a ghost, nearly kill himself”

“It's for entertainment, it is a laugh”

“when somebody is incapacitated, you know they can be targeted, in a very derogatory fucking horrible way” .

“Licking someone's cock for a pipe”

“The greediness of the drug destroys that as well, even when you're not on basic. The greediness of the drug will destroy that eventually. But recently, I've just been going back to the free pipes, where people give you a pipe for free, you don't have to pay for it, but you're going under on it, and they're gonna torture you. They're going “oooooh”, or shaving hair off, or put hair removal cream or shave bits in me eyebrows, or shaving bits like this.”

“I was spiked one day ... came back, and was just lunch-time, lit up me fucking burn, ... fuck you would want to see the trip I got ... I only had maybe 2 or 3 puffs, and I knew there was something fucking wrong straight away. No I actually didn't remember the screws all coming in”

There were also reports of cannabis being secretly added to spice in order to extract amusement from the spiked inmate testing positive on MDT and then having their privileges removed:

“Someone put weed in my spice, did a piss test and I was expecting it to come back negative but it didn’t, it cost me an extra 2 years, so I didn’t get parole“

“People do it to bully other prisoners, put weed in the spice and then they get caught”

PHYSICAL HEALTH

About half of survey participants indicated physical health problems, and just over four in ten indicated self-harm. Other negative consequences were also mentioned by more than one in eight prisoners. **A variety of physical health issues were reported by users and non-users, stemming both from the immediate effects (high/buzz) of spice on the brain and body, and from the rising toxicity associated with regular use:**

“It’s dangerous - it’s caused me to have slight loss of sensation in my hands and suffer from unbearable paranoia at times”

“I know people who have stopped smoking it months ago and think they’re still getting palpitations, I know they’re not healthy either and they’ve been free of it for a couple of months... Still having palpitations and, er, the paranoia. The physical and mental side effects”

“I’ve seen some mental things, a geezer was under a bed screaming like an animal yeah fitting, foaming at the mouth and everything because they give him a brand bong”

“There was a boy ... him and his pal, they’d brought a gram packet each. Two different packs and they’ve put it all in one joint yeah. They’ve both had 3 puffs. One of them’s gone straight over and killed him, stone dead yeah. The other one, he’s had a bad seizure what’s it called a stroke, brain damage”

“You end up with a skin disorder cause it’s designed for animals, you get nasty rashes, ulcers on your skin but you still smoke spice”

“There is a guy on my wing, he hasn’t been able to take a piss since he stopped using 6 weeks ago, he has a piss bag or wears nappies”

“It makes you physically weak, some people can’t breathe properly, really sweating so much, soaking with sweat, feet sweat so much, they like squelching in your shoes”

Some prisoners also reported their experiences of deaths among users in prison – from toxic reactions, accidents, suicides and murders – and their beliefs that these had not been reported (in other words covered up or classified under some other heading):

“You know there is many deaths that have happened here, within the prison nationally”

“The amount of people I see die from it, and serious mental health issues, there’s only one way you’re gonna go”

“Some guy on the outside had a heart attack and died cause the ambulance didn’t turn up in time cause it was here on a code blue cause of a someone going under due to spice”

“Someone died on Friday night, from rice (spice)”

“The guy that died on B wing died through dehydration, spice-related incident ... apparently he was smoking spice and, er, he’s in a cell with no taps no toilet no nothing ... it’s all electric and he was banged up. He was screaming at the light to try and get water and it was dehydration”

“One of me mates he hung himself in woods, one of me mates cut his throat in jail, one of them fell from hallway down stairs broke all his legs. One of me mates banged another fella, just for the spliff he killed him on the landing in Lancaster”

It was also clear from comments made by several prisoners that **the physical harm caused by using spice did not deter them from continued use**, both because they liked the effects so much or because they could not face the intensely unpleasant withdrawal symptoms.

“Going under probably two times a day, he was throwing up constantly, said why don’t you want to stop smoking it, it will be the best thing, nah I like it too much”

Indeed, it is relevant to note that using prisoners openly admitted that they had no idea what spice contained, and what it might do to their bodies, and only had personal and others' experiences to draw upon. This was a prevalent theme throughout the focus groups, that it was accepted that this was an unknown entity, but that it would not stop the usage.

“I don't have a clue what it is”

“I've heard a couple of things yeah, that it's used to tranquilize fish through transportation”

Non-users also raised concerns about the effects of spice users' habits on them and their physical health, notably: having to put up with the unpleasant chemical smell when other prisoners smoked it, having to put up with the strange and sometimes aggressive behaviour of users intoxicated on spice, and the possible impact of passive smoking of spice on their physical and mental health:

“It stinks man, I can't take the smell”

“when you go into the landing it really stinks”

“I'm concerned that it could affect us, that's why I'm paranoid cause I don't know what my body could take”

Lastly, the physical health problems which follow from using spice arise primarily from its damaging effects on the brain and kidneys (Measham et al. 2015), but a growing number of injuries and request for medical help can also be attributed to violence and bullying.

“There was a day where 17 ambulances got code blue to here”

“57 ambulances came to this wing in one month”

“Selling all their canteen for one evening's smoke; getting into debt, making themselves ill, physically, mentally, destroying their health, being bullied for being in debt ... Thieving from other prisoners' cells to pay either their debt, or buy more of the stuff”

“I've been over there in B wing and in 10 days 2 people got cut and that's to do with debt”

SELF-HARM

Self-harm – from intentionally injuring oneself to attempting suicide – was reported as a negative consequence of spice use by four in ten prisoners in the survey. Self-injuries discussed during the focus groups included damage inflicted while intoxicated on or withdrawing from spice, and self-inflicted damage arising from the anxiety and depression associated with spice-related debts, bullying and violence:

“When on spice I feel more likely to commit suicide and self-harm but still like the buzz”

“I had 2 puffs then I wanted to jump out the fuckin window”

“It’s a new class A drug, a lot of people abuse it and having spice attacks, think about killing themselves”

The five consequences reported by a majority of survey participants are generally in line with those identified by the HMIP report (2015) and other recent research in prisons, suggesting that prisoners have fairly accurate perceptions of the consequences of spice use (as they did with their estimates of the extent of spice use). They also reflect the growing awareness among researchers and professionals in the drugs field that one of the most serious harmful consequences of regular spice use is the development of an opioid-like dependence and withdrawal syndrome, which leads habitual spice users into a nightmarish web of other problems, including debt, crime, and violence (for example Macfarlane and Christie 2015; Measham, Linnell and Newcombe 2015; Van Hout and Hearne 2016). Regular spice users have been aware of its heroin-like addictiveness for far longer, with users in northern England calling it ‘green crack’ or ‘herbal smack’ (Measham et al., 2015).

A number of focus group participants expressed concern over the looming consequences of the forthcoming Psychoactive Substances Act, which will prohibit the supply of spice and make it an offence to possess in prison:

“I think it’s like a new crack cocaine. New class A drug, and obviously the value is going to go up on it when they ban it this year. It will go up in value, more buyers, price will go up, violence will increase cause you can’t afford it”

The impact of the Psychoactive Substances Act on spice use and problems in our prisons requires immediate and careful research, because it is likely that prices will rise and quality will vary more, and more prisoners will lose parole and privileges for possession. Also, if government decides to ban a third generation, the remaining ones will be ‘bottom of the toxic barrel’ and are likely to be even more harmful than current spice products.

Confirming our findings, several studies of spice users have reported significant levels of both mental health problems (such as Papanti et al. 2013, Amsterdam et al. 2015) and physical health problems (Kazory & Aiyer 2013, Law et al. 2015, Tait et al. 2015). However, **the literature on the consequences of spice use in the community has not identified bullying and self-harming as salient issues, and these two consequences may be specifically linked to the use of spice in a prison context and culture**, as demonstrated by some of the focus group quotes presented above.

IT'S NOT ALL BAD

Naturally, not everyone agreed with the consensual view that spice use typically led to a range of harmful consequences, and several prisoners commented on the **beneficial effects** of using spice – notably relieving boredom or getting temporary relief from bad feelings like anxiety and depression, which are discussed later.

“Makes you healthy, allows you to be yourself, enables you to think clearly and make positive judgements”

“when you're at a comfortable high, the feeling is off this earth”

One particularly beneficial effect of spice identified by some prisoners was its capacity to help heroin users 'come off' by **reducing withdrawal symptoms** (the 'rattle' or 'turkey'), as discussed in reasons for using spice section.

“It stops the rattle 100%”

“I met a friend who I grew up with when I come here, he's gone now and erm he had a bad heroin addict, heroin problem. He had a bad heroin problem and he said to me he got off gear by smoking spice and he doesn't smoke gear no more so good has come out of it for him in a sense that he don't smoke gear no more but he's got a spice habit but the spice habit is not as bad as the heroin”.

GETTING HELP

Prisoners who had used spice in the last month were asked several questions within the survey about spice-related problems, their views on seeking help, and what services were available for spice users in their prison.

First, spice-using participants were asked if they perceived their use of spice as problematic and out of 247 people, the responses were evenly split. **Three in ten believed that their spice use was a 'real problem'**, and just over a third each believed that their spice use was not a problem (36%) or indicated that they did not know (34%).

Survey participants were further asked if they would try to use first aid to help a spice user. Four in ten prisoners (out of 507) indicated that they would try (39%), although the majority (six in ten) indicated that they would not try – 32% because they wouldn't like the responsibility, and 29% because they would not how.

The use of first aid was raised in the focus groups as well. Although there was a concern amongst some participants that support should not go as far as first aid, as it could lead to being blamed if anything were to go wrong.

**“Try to avoid as much contact as possible,
cause you can get stitched up”**

**“You know if you did help and put them in the
recovery position and shot off to get staff, but he died,
are you in trouble for trying to help put him
in the recovery position”**

“I don't care, I wouldn't want death on my conscience”

Survey participants were also asked if there were any specific services for spice users in their prison:

- Just over six in ten (out of 545 participants) indicated there was information on the health effects of spice
- Almost half of those who responded (out of 545) indicated there was support to stop using spice
- Over a third (out of 527) indicated there was guidance on keeping safe when using spice
- 34% of 517 people who responded said there was information about keeping others safe who are using spice

SPICE CAUSES LOADS OF PROBLEMS, SO WHY USE IT?

With such high admittance of usage and high estimates of others' usage, the next logical question for User Voice to explore was the *reasons* for usage.

Survey respondents were asked why they thought 'people used spice in prison' and were presented with a list of ten options, as well as a space for any 'other' thoughts. These ten reasons were selected for the survey following a series of focus groups in prisons, and the majority do not represent anything especially new in terms of studies into drug use in custody, but they are however being looked at with a lens on spice use specifically as opposed to more traditionally used drugs.

Participants were able to give as many answers as they wanted to, and the table below outlines the responses of both users and non-users. The most popular reason given by non-users was the ease of access to the drug, whereas for users it was due to a lack of testing. It was reassuring that **few respondents thought that NPS use was safe**, with only 14 people in the user group stating this as a reason. Users gave substantially more reasons for usage, highlighting that a one-dimensional approach to tackling the problem is not likely to be effective.

REASON	NON-USERS (OUT OF 415)	USERS (OUT OF 202)
Because it's easy to access	15%	59%
To alleviate boredom	14%	54%
Because it's cheap	8%	39%
To cope	13%	41%
Because it's fun	9%	45%
Because it's legal	5%	22%
Because it's safe	1%	7%
Because everyone does it	8%	39%
Because there is no test for it	14%	69%
To replace other drugs	10%	34%
Other	4%	15%

Within the 'other' category, the majority of reasons aligned well with what was already listed in the predetermined categories, such as *"To relieve stress"*, *"Bored due to the lack of purposeful activity"*, *"To get high as to not have to deal with no release date"* and *"Cannot be detected!!!"*, but there were further insights including, *"because the doctor's a joke people have to self-medicate"*, *"To fit in and look good"*, *"You get spiked there's that much about"* and *"There should be better mental health [provision]"*.

The fact that there is no suitable test for NPS was not only a popular response in the survey but was raised repeatedly within focus groups suggests that if and when a test is manufactured, there might be a reduction in usage.

“There is no test so you can smoke it without getting caught, it’s like you are beating the system, there is no test for it, so you won’t get punished or lose days or anything”

“It’s certainly out of the lifers and that. I’m a lifer, and let me tell you, if it was a choice between having to worry about an MDT [Mandatory Drugs Test] for 28 days or that, you’re gonna smoke spice because you’ve not got too much to lose as a lifer”.

“You use spice cause it’s there, you smoke weed on the outside then come in here and you can’t smoke it cause of the MDT but you need something and then you are offered spice”

“The prison causes the problem cause of the MDTs”

“When you come in here and you can’t have your drug of choice cause of MDTs then you will happily take spice. You don’t think about if it’s a good or a bad batch, you don’t think about how it might make you feel, if you shit your pants or vomit your insides up. You just want to get that buzz, that’s all you want, fuck everything else”

However, as some of our focus groups respondents commented, this reduction will be limited considering how widespread the problem has now become.

“I think it started because it came in and it looks like weed, people take it, there’s no test – this is what it basically started like. They get it in, because there is no test for it, it looks weed and then before you know it they’re hooked on it. That’s how it started, even if a test comes out now it will knock a little bit on the head I think but I won’t stop.”

“They only use it cause they don’t get traced, it’s become a habit”

“It is so much of an epidemic in jail now. There’s too much of it going on in jail. They’re never going to stop this stuff now mate, ever”

Further, it could be argued that Mandatory Drugs Tests (MDTs) will only change the specifics of the problem, rather than address it at its root, argued by the following focus group participant who has been in prison since MDTs were introduced in 1995. This is based on an understanding of what has happened in the past, where drugs tests have altered the culture of drug use in custody.

“I’ve been away 20 years and it was puff and when they bought out the MDT for the puff, people transferred onto the H because it come out your system quicker as you know, you’ve been in jail yourself. 28 days for the puff, 3 days for the heroin. People started to put it out it’s only a jail thing, went out of jail with raging habits. Caught back into... I think to be honest the support that’s given and things that are put in place. It’s no fault of the government so much because there’s funds available, but on the ground level the people who are running the jails are not willing to acknowledge it, and not doing anything about it. And now there’s been deaths, and where the NHS is involved because they get regular people taken to hospital”.

However, even the Prison Service Order (PSO) outlining the guidelines of Mandatory Drug Testing acknowledges that this does not solve drug use in custody on its own, although it does provide a picture of usage. Looking at our qualitative data, it is clear that the psychosocial antecedents for using drugs in custody will exist regardless of whether a test is produced or not, and will continue to manifest in substance misuse.

“Even when I get cramps, shits, sickness, everything but I still can’t wait to get behind my door and get high, there is nothing like it. It’s worth having all the cramps, sweats and stuff”

“It’s an escape mechanism as well, it makes me feel free. A lot of people say ‘when I look at you, you’re dying on your own vomit’, but I can’t remember that, and I’m stoned and I’m happy, I’m in my happy place”

Reasons particularly well represented by our survey and focus group participants are:

- Existing habits
- Self-medication
- Coping strategies
- Boredom
- Enjoyment

We recognise that as with consequences, these reasons are intrinsically interlinked, although we have tried to separate them for ease throughout the remainder of this section.

EXISTING HABITS

While available literature concurs that drug users are highly prevalent within the prison community, there is disparity over how many. HM Inspectorate of Prisons (2012) have published data stating 29% of new prisoners have a problem with drugs on arrival to custody, whereas (Ramsey, 2003) suggests that this is as many as 55%. Arrival to custody can be quite a traumatic experience (DeVeaux, 2013), and when combined with ease of access to a mind-altering substance, may provide a temptation for many with an existing predisposition to use substances. This is especially the case when it is introduced as a drug with similar effects to their drug of choice in the community. This was a consistent finding across all establishments within focus groups, and 34% of survey respondents who admitted using within the last month (out of 202) ticked "to replace other drugs" as one of the reasons for spice use.

"People said it was just like weed, that's how I tried it"

"They are drug addicts in the first place"

"I don't take any other drugs except cannabis, and I smoked it for 25 years. So when I come inside, it was very easy, that was the replacement for it, it was spice" (Prison C)

"One of the reasons that a lot of people start smoking for the first time in prison is because you are so used to getting high off something on the outside, when they come to prison it's harder for them to get hold of a lot of other things. It's harder for them to get hold of anything else, and that's why most people turn to spice."

"My drug choice is alcohol and if I could get alcohol every day in here and get me through my sentence in oblivion and I wanted to I was still in addiction, I'd want a drink every day to forget about prison. The days would go quick, I'd not think of no consequences and I'd get through my sentence that way".

"A lot of these guys come in and they're actually users on the outside, other drugs, and they come in and can't find the other drugs that they're used to ... and it's cheaper and easy to get so they just go for it, anything they can to get a high from they just use it".

Importantly, as stated earlier, a large majority of the respondents in the survey stated that spice use had led to addiction problems in prison, and given what we understand about usage, for some this will be a new addiction and for others will be a replacement to an existing one.

“I went a few weeks without it and it was horrible yeah”

There were mixed feelings about using spice in the community following release from custody. Some felt they would no longer need to use it, some stated they would revert to their drug of choice once they were outside of the eyes of the Prison Service and others stated it would be viewed as shameful within their communities. The epidemic certainly appears to be a prison-specific one:

“There’s weed smokers out there that would never touch spice unless they were in prison, because when they are in prison it’s easy to get”

“Do you know the amount of people I’ve heard say ‘I won’t touch this when I’m out of here. Once I leave the gate, its left my mind’. Well at the same time my brother, it’s a physical addiction. It’s a physical rattle, so if your telling me that you’re going to walk out, and feel free and sweet, crack on pal, go and deal with it out there. ‘Cause you’re not going to walk out a new person”

SELF-MEDICATION

Public Health England published a paper in 2013 that stated some prisoners use prescription medications while in custody to replace illicit drugs or to manage the withdrawal symptoms. Within this study, we found prisoners were actually managing legitimate health concerns with synthetic cannabinoids when they felt they could not access the healthcare services they needed.

Predominantly this related to medicating mental health concerns, such as depression or anxiety. It is a known fact that the prevalence of psychiatric morbidity is higher in prison than the general population (Singleton et al, 1999), and this is steadily growing (Bradley, 2009). Specifically, research has shown that inmates exhibit higher levels of anxiety and depression than the general population, along with lower levels of self-esteem (Castellano and Soderstrom, 1997).

“Undiagnosed mental health issues get no help nothing so it seems a good idea and stops the demons”

“I know people who smoke spice daily, it affects them if they don’t take it. They get depressed and that but when they have spice they are ok”

“There’s also people that can’t bang up without a spliff, they need a spliff to bang up with. I dunno if that’s just psychological but they won’t be able to get to sleep, they’ll be up till 3 or 4 in the morning because they haven’t had a joint. And if they’ve had a joint they can relax, watch telly and go to sleep at 11 o’clock”.

“I don’t think it has causes me any problems, even though the last joint was bad, Before I would have bad dreams, but since then I have good dreams and I haven’t felt as depressed”

“It made me chill, and stopped me feeling depressed and suicidal, so that’s a good thing innit”

“Just makes me feel really calm and out of it. I don’t feel anxious at all just relaxed”

Having a calming influence was a reason given for the use of heroin and cannabis in previous studies about the use of drugs in prisons, that they exerted a calming influence over prisoners (Wheatley, 2016), however, as shown within the consequences section, spice is not organic, and their effects can be, for some, the opposite of calming.

One particularly disturbing quotation has been selected to link this subsection on self-medication with the next on coping strategies, since it has links with both. This one participant commented that without using, he was left feeling empty, whereas when he used, he felt bad. His ‘balance sheet’ is negative in both directions, meaning that neither choice (to use or not use) is an attractive one.

“A fucking shit feeling is better than no feeling”

USING SPICE TO COPE

Heavily related is the fact that prisoners are often managing complex personal problems, which have been shown to more frequently include family-related disruptive and abusive experiences than non-prisoners. The stress of imprisonment can lead to the psychological symptoms from earlier traumas returning unless adaptive coping mechanisms are employed (Picken, 2010). Coping strategies refer to the efforts made to “*master, reduce or tolerate the demands created by stress*” (Weiten et al., 2011, p. 84).

However, not only do the well-researched ‘pains of imprisonment’ (Sykes, 1953) interact with ‘imported vulnerabilities’ to maladaptive behaviour (Leibling and Maruna, 2005), but prisoners have been found to fundamentally lack adequate coping skills in addressing their personal problems (which is, for some, an antecedent of their offending). As such, the coping strategies typically identified among criminal populations include avoidance and short-term solutions to problems with little thought to consequences, which can involve the use of illicit substances.

Prison was described as being a stressful place by a number of focus group participants, in relation to both the physical environment and 41% of the users in the survey commented that they believed it was to help cope, along with 13% of the non-users.

“The jail stresses you out. For you to go to the server, you have to go through 3 gates yeah”

“You’re banged up for 23 hours so you take it to get out your head cause nothing else to offer support”

“It’s a vice innit, it affects everybody. Some people it’s coffee, some people it’s burn, some people it’s subby [subutex]. Everyone has a vice. Some people just like doing it, it’s how they like to cope with their issues”

Within the ‘other’ section of the survey, some respondents wrote about what they thought led to usage. Three particularly relevant comments have been included.

“They love what it does to them as they’re in a lot of mental pain inside it takes them away for a while to stop the pain and it’s everywhere”

“There is no gym or any other activities to keep you occupied (my experience). No TV or radio [when on basic regime]”

“Stress, inmates are left to their own devices to deal with their problems as you don’t get proper help to deal with their situations. Staff don’t really care here and staff are the ones who bring it in and hand it to inmates”

Others spoke about how it can make them feel less volatile, which helps with the frustrations of prison life.

“It slows them down, droopy, it makes them passive, to whatever’s going on”

“You can be really pissed off or feeling anxious, then you have your spice and you start to feel better. It’s a downer, makes you feel better”

“It puts people in a passive frame of mind”

For many focus group participants, there were comments about spice being useful to help them cope and while away the time. The phrase ‘bird killer’ was used in almost all focus groups and was said to be a common reason for usage. It has been recorded elsewhere that ‘time slows down in prison’, allowing time to ruminate and ponder on life (Crewe, 2012), which is something that some do not appreciate or want to make use of.

“It kills time if you use spice, takes your mind away, it’s like a bird killer. Your problems disappear cause you don’t think about them”

“Yeah, escapism”

“I just do it as an escape. Every time someone gives it to me to smoke it, I will smoke it. I don’t need to go chasing for it because it’s there. It’s in front of you, it’s under your nose”

BOREDOM

Many prisoners want to 'kill time' not because they are struggling to cope psychologically, but because they simply feel bored. Another of Ben Crewe's (2012) findings was that prisoners were just pervasively bored and this was absolutely a prevalent feature within our groups and within the survey also, where over half of the users (54%) noted this was a reason for use, the second most popular reason behind the lack of testing. This has been referred to for decades within criminological literature as 'mindscapeing' (Cohen and Taylor, 1976), the act of finding another activity to remove oneself from one's current situation.

“Helps people fly through their bird man, that’s what it does, they’re just monged out, they don’t know what they’re doing”

“They’re bored out of their head, come out at lunch, graft a spliff, fall asleep til 4, come out, graft another one, come back, smoke and that’s the day gone”

“Because it passes the time”

“When you’re banged up at dinner time, that two hours behind your door you’re trying to do things that you’re not doing when you’re not, you know what I mean. You’re trying to write a letter or you’re cleaning your pad or – you know what I mean, you’re trying to do things that you’re trying to fit into your time, but if you’ve got loads of time, you want to do something to take that time away.”

“I used it ‘cause I was bored, just wanted get out of it”

“It takes away the boredom, you just get out your face, then you don’t feel anything”

The extent of 'purposeful activity' offered to prisoners has undoubtedly suffered in recent years with the budget cuts imposed on prisons restricting both the amount of time prisoners can have out of their cells and the courses on offer for personal betterment. One survey respondent did write this on his paper, following the question about reasons for usage:

“Probably through staff shortages causing long periods of lock-up. Plus a single cell converted to a double with less than 1 square metre usable space per person”

Furthermore, some purposeful activity offered is repetitious factory style work with no opportunity for skill or personal development and therefore it is questionable whether it is actually purposeful. This was a dominant conversation within the focus groups, with just a selection of quotes to illustrate.

“There’s no interaction in here. You’re behind your door 24/7 with no work. I been behind my door on basic for 8 weeks and they’re not even getting me a job”

“That’s how people do get onto spice, they’re behind their door with nothing else to do, and they start smoking spice because they’re bored and they’re not getting no gym”

“There is nothing for people to do, if you give people occupied things to do, they won’t be smoking as much as they are smoking now”

“You go and play football or whatever, you aren’t going to be smoking in those 2 hours, because you are playing football”

“I’m not ready to stop smoking until I get out of this jail, because it’s just killing my brain away, boredom, just walking round the landings mate, doing fuck all”

The irony of this is sadly that a punishment for using (or suspicion of using) is to be placed on a basic regime which prohibits further social interaction and purposeful activity. It also prohibits the use of televisions and therefore allows for even less to do, and potentially creates a cycle whereby it is difficult to be without it.

“You’ve got no TV now, so you’re going to smoke it to keep your head going”

“But at the same time it becomes an addiction. So a couple of points on that as well, I think so. So it starts off to relieve boredom, I disagree a bit but I agree with you, and at the same time, at the start maybe you like it or you like the buzz but later on when you’re trying to come off it, like you said you have to go back to it, lapsing onto it, you know, some people I’ve spoken to, they want to get away from it but they can’t, it hurts. You’ve seen them sweating and whatnot, d’you know”

ENJOYMENT

It was interesting that only 9% of the non-users in our survey but almost half (45%) of the users thought that people were using because they enjoyed it.

“I just sat there like that buzzing for a little while and then you let it wear off and it’s lovely. I don’t know I can’t explain it”.

For some this was related to personality types and past experience of drug use, leading them to more serious usage.

“Some people like to, as you say, play on the edge. I think it was happening many years ago with an ecstasy tablet, Leah Betts, when she overdosed on that tablet. People heard about the tablet that she took, they named the pill after her, people still was taking it even though they was aware that she died from it. So obviously I think that’s the same case within the prison system with spice. If some people are fitting, then people know it’s a strong strand. And some people think that they can er, they can cope with that strong strand and then they take strong stand and realise that they can’t cope when they have a fit themselves. So you’re always going to have someone who tempts fate”

“you know there’s stuff that’s going around where you just smoke it and it’s mediocre. I actually prefer the head banger because it’s putting me in a place where... I dunno, since I’ve been 16 years old I’ve always got off my head on anything and everything but I dunno I know it’s dangerous this strong stuff that’s going about but I dunno it seems a nearly sadomasochism type but I quite like going to the edge”

Some users did differentiate between enjoying the drug itself and enjoying the ‘buzz’ it gave them.

“Most people don’t smoke it because they like it, they smoke it because they get a buzz, like with any other drug”

“I use it but I don’t enjoy, I just like to get high, like the feeling of being high”

One element of enjoyment may be related to social interaction, which for many is lacking in prison, especially with those who matter to them, such as family. This lack of quality interaction is one of the well-established 'pains of imprisonment' (Sykes, 1958), something therefore that prisoners will seek to overcome, even if this does mean using illicit substances.

“You get a group of people together, they don't know each other that well, and 'cause of that mamba, that mamba is their connection”

“I think a lot of people take it just because someone else takes it and they get in that little gang and they think, 'well I will start taking it' eventually they all start taking it.”

“If your group of friends smoke it, and you don't want to smoke it, if you're around them constantly, one day you're just going to give in, aren't you”

There were numerous suggestions that the social interaction is not always positive and that NPS was leading to bullying and the most vulnerable prisoners being used as entertainment, through being offered unsafe quantities of the drug to 'trial'. Several groups considered that there was peer pressure to use, and even jealousy following a successful effort in becoming clean.

“There is jealousy cause you have been clean and your mate hasn't. That's what happened to me on the wing. When they knew I had packed it in and I'd be outside my door, they'd be outside and I'd just sprayed air freshener inside and outside. I've closed the door and come in and I've put the air freshener in and I've forgot something. I open the door and do you know what, it absolutely stank. What they've done, they've come outside my door and smoked outside my door”

WHAT'S BEING DONE ABOUT IT IN PRISONS?

There is little argument that prisons are challenging environments in which to live and work. Certainly in the wake of the drastic cuts following the economic downturn in 2008, prisons have suffered dramatically. In his last annual report, the former chief inspector of prisons, Nick Hardwick, described prisons as “*places of violence, squalor and idleness*” and confirmed that in line with the tough decade we leave behind, English and Welsh prisons were in their “*worst state in 10 years*”. On May 24th 2016, the Justice Secretary, Michael Gove, announced that an extra £10m is to be pumped into English and Welsh prisons to tackle the rising tide of violence and suicides.

The staff shortages, restricted regimes and operational pressures that were imposed in the economic crisis have coincided with increasing use of NPS, increase in violence and increase in instances of self-harm. In practice, this has left a limited number of (often new and inexperienced) prison officers to manage a growing and unfamiliar problem, and preventing them from doing other work, something the focus group participants were keen to emphasise:

“Guys will literally become violent against both the officers and healthcare staff. Sometimes, two times a week, you have a physical fight, inmates against inmates or inmates against staff”.

“And the violence. When they take it, that person is in a different frame of mind ... one minute they could be the nicest person to be around but when they take it they're like a monster”

“It's strain on the system, cause it takes officers away from what they should be doing”

“there isn't enough staff here to do everything, and the staff that are here are too busy dealing with spice for anything else”

It is little surprise therefore that staff sickness levels are at a worryingly high rate (Kinman, Clements and Hart, 2014). Some of the non-using prisoners felt a sense of frustration that their time in prison was so affected by the officers having to deal with the problems caused by spice.

“It affects the regime of the prison. I have first-hand experience to say it affects the regime of the prison. We're banged up earlier, it take away staff from what they're supposed to be doing. Healthcare appointments get cancelled as those nurses are dealing with those on spice. People end up in hospital and officers end up doing bed watch and they're not in the main wing”

“When people smoke mamba and do bad things, they take it out on the rest of the jail. The screws bang us all up. They start demanding what they want, a telly, or this job, and the screws just give it ‘em just to keep them quiet”

“I went in to him on Friday, and he said ‘oh sorry you’re going to have to go and sit in your pad for 10 minutes, there’s been an incident’. And then he come and got me, and just as we were about to set off he said ‘you’re going to have to go back’, and I said ‘you’ve lost control of the jail haven’t you, you can’t even move a prisoner from one wing to another without it going wrong’ and he went ‘yeah’. He admitted it.”

Until relatively recently, in 2015, there was limited direction from National Offender Management System (NOMS) to guide officers and senior prison management in tackling spice use, primarily because it was little understood. This has led to inconsistent approaches being taken by not only different prisons, but different staff members within the same prison. This is heightened by the existing conflict custodial staff members have of having a duty of care alongside a duty to security services.

“Some officers want to shut down the regime other officers will just deal with the problem ... some just aren’t really sure what to do so they shut down the wing. Whereas officers who’ve been around a long time will go in the cell, have them and healthcare in the cell, with the fella who is having the attack”

However, in early 2015, guidance was provided to prison governors as to the powers they had to challenge the NPS epidemic in terms of additional punishments, which is the same for both users and dealers. Alongside this guidance, prisoners were to be overtly warned about the consequences they faced if they either possess or used the drugs. Additionally, as stated earlier, the Psychoactive Substances Act (2016) outlaws the production and supply of NPS, as well as intent of those in prison to use knowingly, and can lead to punishment of ‘up to 2 years in prison for possessing a psychoactive substance in a custodial institution’. The message is transparent, that NPS use will be punished. Indeed, at the time of these changes in early 2015, the then Justice Secretary, Chris Grayling, made the following statement: *“Prisoners should be very clear – if they think they can get away with using these substances, they need to think again”*.

In line with this, prisoners in focus groups spoke about the way NPS use was dealt with at their establishments almost exclusively in terms of punitive sanctions, such as segregation, added days or being demoted to basic regime for using.

“I think they’re more interested in punishing them, they think that punishing them will help. But no one gives a shit”

“Do you know what the staff do, when someone had an episode the other week? Went in, he is fitting on the bed, he just did that with his telly ‘you won’t be needing this’ because he was going on basic”

“Basics for suspicious, no canteen, nil pay, no private cash. You end up in debt to get your tea and coffee”

Very importantly, punishment can equally be given for suspected, rather than proven use, which can in some cases be dangerous, as articulated by several people within our focus groups.

“there are some individuals or some prisoners in this thing, or quite a few in fact, are actually put on basic adjudications because they look... because they’ve got red eyes they assume they’re on anything. How many prison officers are not medically qualified to make any such judgement on the subject”

“I said someone’s passed out we need paramedics over here. Two minutes later about 8 OMU officers come over. It was like 5, 10 minutes before paramedics come over. And they were saying it was all spice, wasn’t, yeah he’d had an epileptic fit. And they were actually saying yeah I’ve got there because the guy next to him... I said do you know him, he said yeah, I said I thought he’d gone over, he said he’s epileptic.”

“Yeah that’s what happened, I’d had some Valium, they put us in the pad, and then the nurse has come, and she’s fucking just felt me hand like that, and said yes he’s been on spice, and they took my food, and then I ended up getting 10 extra days for it, I hadn’t even smoked spice.”

Relatedly, there was extensive criticism of the lack of training prison officers had been given by the Prison Service, especially with regard to NPS, but also to pro-social modelling and communication with prisoners, which are interrelated.

“Staff in here, they laugh at you because they’re only young. Early 20s, if that. Just coming out of training or summat”

“I think they need a training day, so they can catch up with what’s going on in the jail, and since I’ve been here I haven’t seen one and I’ve been here a year”

“If there was more engaging with prisoners, more training for prison officers. They’ve just come out of Asdas this lot ... you’ve got people giving you life skills when they haven’t got the life skills, they’re 21 years old”

Further, some of the practices discussed regarding the initial treatment of NPS users was concerning and suggested the need for some wider training on care of those under the influence.

“Not yesterday but the day before, 2 lads went under on C wing, they got tied up, stripped down naked and put on the bed”

In a number of cases prisoners were under the impression that medication was being withheld from them as a punishment for either suspected or proven spice use. It is possible that the reason for the removal or alteration of prescribed medication is safety related, since there is a significant issue of ensuring prescribed medication will not prove to be injurious to health when taken in conjunction with spice. However, if this is the case, it is not being communicated successfully with prisoners, leading to a sense of resentment and a lack of unity. This area certainly warrants further exploration, if only to identify more effective means of communication between healthcare and prisoners.

“[there was a] guy who was on paranoid schizophrenic drugs and they took him off it, because they’re suspecting him of spice, so he took the spice and he’s fucking going mental, smashing up his cell, they’ve took him to court 3 times and he owes the prison like £1,400.

“If you go to them and say I’m using, they automatically go to that methadone and say stop his methadone because he’s using. So you can’t approach them to say I’m using drugs because they’ll stop the methadone”

“I’ve been on methadone since August last year. I went up to 40ml then I detoxed down to 20 and I’ve been on 20ml for about 4 months. So I detoxed straight down, it’s all off me own back, I ain’t got to do it. I come down to 15 Friday, went in to get my meth Saturday and they said nah you can’t have it. I walked in there stoned out me head and my blood pressure was through the roof ... And then they refused me my meth that day”

“One guy was rude to an officer so he got banged up and didn’t get his medication. He had spice, cause he couldn’t get his meds, he sees blood, knives, guns. He had a fit, he woke up and went running after 4 officers, he didn’t have a clue why he was in prison”

It is vital to once again consider the reasons why respondents in this study are using spice. Reasons given are consistent with other research, which has looked at drug use within prisons, and include “*boredom*”, “*relaxation*” and as a means of “*block[ing] out current situation*” (Bullock, 2013). And very clearly within the focus group data, to “*alleviate the everyday pains of imprisonment*” (Crewe, 2005, 477). Few reasons given could be categorised as wanting to flaunt the rules or ‘get away with something’. For this reason, the appropriateness of punishment as the dominant response to the use of this drug is worth questioning.

“the screws think that being banged up all day is our punishment. It’s not. Being away from our families, that’s our punishment. You don’t need to be banged up all day to be punished”

Punishment in this sense can heighten the ‘pains of imprisonment’ (Sykes, 1958) that prisoners often mask through illicit drug use, as discussed previously. Further deprivation of liberty, goods and services, and autonomy can cause further problems to those who are already lacking in effective coping mechanisms.

“Officers degrade you by treating you like an animal if there is a suspicion that you are using spice”

“It’s going to make him use more”

“In this prison if you use them you should be helped, it’s a disease, it’s an illness. And unfortunately that mentality of punishing comes from the top level”

“obviously we’re sentenced, our friends and our families are also doing a sentence because we’re not there with them. It’s just ridiculous, ridiculous you’ve got red eyes so you can’t touch your family for three months”

“Know what I mean, it’s not helping people that, it’s putting them, leaving him in prison where there’s more spice, he’s just gonna keep smoking it. They’re not saying, they’re not going to the judge and the judge saying ‘right, he needs help, get him to go to meetings, every day, or every week, go to a meeting about getting off spice or what to help with spice’, they’re going ‘right here’s 10 extra days and a bit’”

Without providing an alternative coping mechanism, prisoners may continue to take risks with their own lives as a means of escapism.

“It’s no good saying to someone “don’t smoke that, it’s dangerous”, well he knows that. You’ve gotta come back with something constructive”

“I’ll be really straightforward with you, I’ll tell you why the first day I come here yeah, I heard about someone passing away. It was linked with the spice and something else. Gone away, come back here like 2 months later yeah, and the situation is worse. I haven’t seen the prison doing anything to help them”.

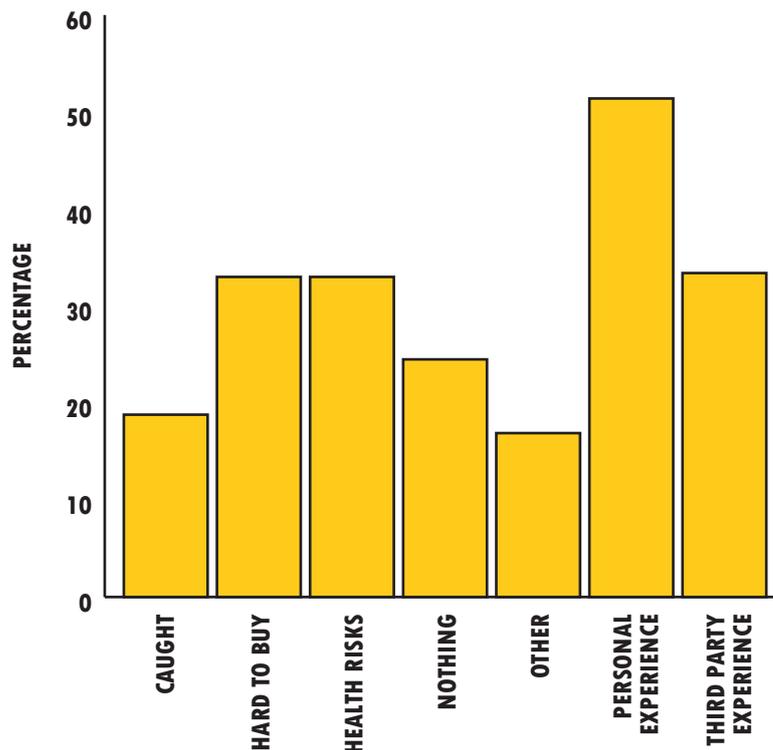
Survey participants were also asked what they believed would prevent prisoners from using spice and the results can be seen in the graph below. The main response, given by just over half (out of 658), indicated personal experience. About a third indicated third-party experience, health risks, and making it hard to buy, and about a quarter indicated ‘nothing’, with about one in six indicating other factors.

Interestingly, the least popular of all the pre-defined categories is “being caught”, with 19% of those answering in this way. This suggests that a strategy dominated by catching more users perhaps needs more consideration. Especially since nearly a quarter stated that nothing would put them off. The most popular answers for this question were having a bad personal experience personally, or witnessing it, although we have seen from the focus group data that many users feel they would rather take those risks than go without spice.

Prisoners within the focus groups concurred with this reasoning and felt that the current strategy was not beneficial to many of their peers. This is also evident in the quantitative results, which showed that over half were affected by the current punitive strategy.

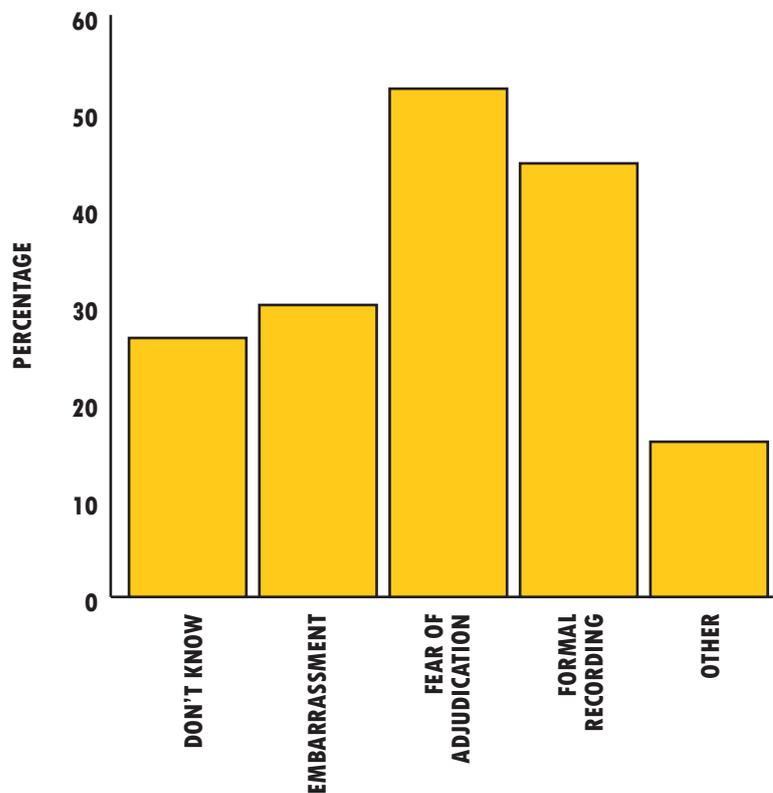
What appears to be missing from the current approach (to the outsider) is a therapeutic approach to understanding personal reasons for use and what positive work can be done to prevent it.

PREVENTATIVE FACTORS TO SPICE USE
WHAT WOULD PUT PEOPLE OFF USING SPICE?



BARRIERS TO ASSISTANCE

WHAT DO YOU THINK PUTS PEOPLE OFF ASKING FOR HELP ABOUT THEIR SPICE USE?



“So within prison they have this iron fist policy that if you take drugs right you’re going to go down the block and you’re going to do CC. That’s not helping anyone, that person needs help so the help that he’s going to need is some type of therapy, some type of course. Mentoring, people around him, drug-free wing. These are infrastructures that need to be put in place for that type of person. Because someone who has been taking drugs for years, gets thrown in a cell with nothing. They’re just going to tear themselves to pieces. And then when he comes back out of that cell, he’s just going to go back to taking drugs because he’s been treated like an animal. The prison system has to recognise that people taking drugs are not criminals, they’ve got an illness and they need to be helped rather than punished”.

“Only ‘cause the nurses are only thinking of spice yeah, they look down their nose, they come in like ‘yeah spice’, and get off. They’re not willing to sit down and say ‘what’s your problem?’, ‘do you need that?’, know what I mean?”

This is not to misunderstand the importance of punishment in the right contexts, such as for those importing drugs to sell for personal financial gain, but there has been little effectiveness to date when looking at punishing the users for taking drugs in prisons through time.

“In this prison I would say prison staff know and us guys know approximately rule of thumb how many people do it in this prison, ok? If they bring in an MDT to prove them people up that’s not going to solve the problem”

Also, there was discussion about those in senior positions not understanding the difficulties of addiction and tackling drug abuse.

“lapses are a normal part of recovery, but this just goes down to absolute fucking ignorance of governors in this prison because they don’t understand addiction”

“Put it this way, if I was on the outside and I had a sniff problem, how would people feel ‘bout me moving next door to a coke dealer. In the same way, if there’s a lot of spice about and you’re trying to get off it then effectively you might be on a wing in a cell next to someone who’s got it. Might offer it to ya”

Furthermore, punishment can hinder prisoners’ personal journey, since the new measures have made many reluctant to talk and access help with NPS, and even prohibits the involvement of independent services due to suspicion, which could potentially make a useful resource somewhat redundant.

“Why would you go and grass yourself up? It says on that TV station that if you’ve got a problem, go and speak to an officer, but they’ll be watching you”

“no one is going to go to someone and say that they do it. They’re going to keep it to themselves, that’s where the breakdown is going to be”

“People are scared that healthcare are going to tell the officers”

“See they did that to me but I was in denial on the 21st of November and I was like no no I’ve got no problem thinking I’m going to get screwed and they even explained to me that time that look we are working independent from the prison and I wasn’t believing them”

[when asking for help] “They didn’t do fuck all. They sacked me, outside adjudication, closed visits, took my telly, took my kettle”

Confidentiality is certainly a difficult concept within the current prison system, where security is everyone’s responsibility, including the therapists. However, this is a crucial element of any successful therapeutic relationship and client journey, which makes recovery in prison more difficult.

Results from the survey were more positive. Last-month spice users who saw it as ‘a real problem’ (out of 58) were also asked if they would be comfortable asking for help to manage their spice use, and just over half (52%) indicated that they would. In addition, all participants were asked if they would be comfortable asking a member of staff for help to manage the spice use of other prisoners, and just under half (45%) indicated that they would only do so if it was a real emergency, while almost a third (32%) indicated that they would not be at all comfortable, and almost a quarter (23%) indicated that they would be happy to ask.

TOWARDS A BETTER FUTURE

Several suggestions were put forward by participants in focus groups in relation to how spice use could be stemmed. As hinted at in a previous section, there is little support for punishment being an effective strategy.

Adopting a more collaborative, strengths-based approach whereby there is a positive reason to stop using was discussed in all groups. This is consistent with wider rehabilitative theory which is beginning to recognise that adopting a strengths-based approach (rather than the pervasive and dominant deficit-based approach) will be more inspirational to prisons and will more likely lead to more permanent change (Ward and Maruna, 2007).

[P]ositive emotions broaden one's awareness and encourage novel, varied and exploratory thoughts and actions (which build skills over time). Negative emotions, on the other hand, mostly prompt narrow survival-oriented behaviours. When we go out of our way to make offenders miserable, both they and we suffer the consequences (Porporino 2010: 80).

For prisoners to have a reason to change, something to look forward to, or something in their lives that is valuable, this has the potential to be powerful in terms of the battle against spice use. The impact of certain punishments was commented on, with some saying that the jobs they held in prison were not jobs they felt had any potential in terms of personal growth or development, so were not important enough commodities to be used within sanctions.

“If I mess this up, I lose everything, people need to start thinking like that. But because people are going to the workshops for £7 a week ...”

“Need to give them something to look forward to, to work towards. If you tell people that if they have a piss test and they'll take away the conjugal visit, that would stop it right away”

“What they need is a mamba team, people who understand it, going from wing to wing saying ‘what would it take for you to come off? What future goals have you got? If you come off the mamba what can we do to put the goals in place?’”

“Give them an incentive, give them an incentive to do something, to change.”

“Some of us might want to do things like do a course or learn to do bricklaying or you know get a decent job, but they don't help you mate”

“There aren't no courses available in them workshops to help you get a job when you go outside but they'd rather you be at work for 2 pound a day rather than you doing something active to stop yourself from using drugs.”

Further, it was highlighted that even despite the confines of the prison environment, there was potential for more inclusive, non-labelling methods of educating prisoners in the dangers of NPS use and harm minimisation. This may go some way to removing the fear of accessing help due to being personally suspected of using, as well as the difficulties for staff in balancing the dichotomous roles of security enforcer with rehabilitator.

“Why can’t there be regular workshops without any sort of certificate or without saying these are the users and these are the non-users. General workshops giving education and knowledge which will hopefully lead on to understanding and making right choices. We got spaces available up at chapel or even small groups in a room like this. Put them on regularly. Have people like yourself come from outside, come in. Just say that it’s open to everybody, therefore, because in prison people don’t want to be pigeonholed, and if they’re up to no good they don’t want to be detected, which is understandable”.

Similarly, there was a call for more mutual aid fellowships whereby prisoners could run their own recovery programmes, such as Alcoholics and Narcotics Anonymous, known to be successful in the community. This is something also mentioned within the National Drugs Strategy (2010) as essential for helping prisoners to combat addictions.

“Someone needs to start spending money somewhere and substance misuse support needs to be made present in prison because there is no presence. There are no open forums, there are no big meetings where inmates are invited to go speak to you know erm people with substance misuse. We need them to have a presence in the chapel once a month. We need to know that they exist”.

However, it was raised that the existing prison regime may need some alterations if it is to successfully implement these interventions.

“The AA groups in here, if you haven’t got a movement slip you can’t leave the wing so if someone stops using for 5 years and they don’t go to the meetings anymore, if they have a relapse. They’ve got to try and get an appointment with RAP’s which can take weeks if they can see them. Then try and get put on the list and get off the wing. I could speak to someone tonight and they say I’m really struggling, come to the meeting with me. They won’t leave the wing because I can’t take him to the meeting because he hasn’t got a movement slip.”

Several prisoners believed that there was an urgent need for both more harm-reduction services and peer-led interventions – such as training, advice and mentoring – to assist prisoners with spice-related problems, particularly given their relatively greater understanding of and response to spice problems compared with prison staff. Indeed, though participants in some prisons reported that there was help available for prisoners with spice problems from a substance misuse service or general health services, a large proportion of comments on this issue within focus groups concerned the lack of any help from prison staff:

“Gone away, come back here like 2 months later yeah, and the situation is worse. I haven’t seen the prison doing anything to help them. There’s no like notices or notice boards”

“Staff don’t have a clue, they just tell you sit in your pad on your bed”

“You suffer on your own. There’s no help”

“the prison service itself is in denial about what’s going on. So until somebody’s willing to change that, the problem’s going to get worse”.

Many stories and views were given to support these beliefs, and several prisoners gave accounts of the informal advice and help they had recently been giving to spice users – often because they saw staff as not responding to problems at all or only to major emergencies, potentially due to staffing levels.

“In my pad, there’s an extra chair, a lot of lads come and speak to me. I’ll make myself a coffee and ask them if they want one. Sometimes they have deep issues. As soon as they’ve spoken to me, they’ve forgotten that they were thinking of getting spice. Informal works”

“I’ve seen somebody crying, so upset, saying how they don’t know what’s going on, and I’ve brought them in and sat them down and give them a cup of coffee, and explained to them, it’s all in your mind, you’ve induced it yourself, just remember that you’ve induced it yourself, it’s all in your mind, get the coffee down you, think good things, and you’ll be alright”.

As discussed already, another obstacle to seeking help from staff for spice users who have become ill or who are acting dangerously is that doing so could be regarded as ‘grassing’ or ‘snitching’. Comments from several prisoners made it clear that they had the knowledge, attitudes, personality and other characteristics required for setting up and delivering peer-led interventions and mentoring.

“The amount of people we’ve carried back to their cell when they’re on the landing walking into walls. We’ll carry them back to their cell and sit them down in there for an hour. We wouldn’t run down the office and say that someone’s walking into walls out there. We’ll try and do it ourselves but like I said if they was on the floor obvs you’d put them in the recovery position or you got to get a member of staff.”

“I have sensed then from a harm-minimisation point of view, while I can’t condone using any drugs, I would prefer that person I’m working with to be using solid or skunk rather than using spice. From a harm-minimisation point of view, because they know how they’re going to act on it. They know their limits and yeah, it’s harm minimisation for me”

“I’ve seen it where people have been in a bad way but they haven’t been actually fitting but they’re in trouble and they’ve asked for help and a man’s had to go and ... give them a bit of water... let them just calm down. Talk them out of it, because sometimes they’re having a panic attack ... some people they’re good, they know how to obviously bring the situation down saying you’re going to be alright, give it 5 minutes you’re going to feel a lot better.”

More proactive use of prisoners within any strategy to tackle NPS use was a common theme. And moreover, focus group participants commented on how much they enjoyed the focus groups for this study, and the opportunity to be honest and reflect on personal use with no staff or fear or repercussions. Overwhelmingly, prisoners agreed that they should be considered as part of the solution, not just part of the problem.

“I reckon if the jail yeah, had some, I don’t know, ten inmates, that were part of a little drugs team there yeah, that would go round, think about it, if an officer comes to you and asks do you smoke, what are you going to say to them? So say for example, I come to you, one to one, sit down and say bruv, are you finding it hard? You’d open up more to me than you would an officer”

“The only way you’ll stop this is giving the lads the power to enforce. There’s a lot of caring lads on our wing. You give us the power to go and enforce stuff, you can only stop things by leading by example”

“Prisoners will definitely listen more to prisoners than they will to staff, a million per cent”

“If I was a mamba smoker and I had a non-mamba smoker come to be to tell me about mamba I’d be sparking, ‘Get out of my face, I don’t know you’, people are doing their sentences their way”

“When I was a substance misuse orderly I wrote an NPS workshop, I got the manual for it in my cell today. So I wrote a workshop about all different NPS’s that I trained the other peer supporters on and we was going to deliver it to the other inmates. That was inmates helping other inmates and they didn’t even take that up. They had every chance to take it up and the manager didn’t take it up. And it wasn’t down to there being something wrong with the workshop because the workshop was fine, it was down to the fact that they couldn’t find the time of day to do it”.

This quote has been chosen to conclude the findings section, and epitomises the importance of service user involvement and a collaborative and solution-focused approach.

“In a sense this community is our community, whether we like it or not, and it’s our problem as much as everybody else’s. So the system or the people that have got the resources or you know the positions to make a difference, have to bring us on board and find a way where it’s not like isolating those who are using, isolating those that are selling and looking at it that way but looking at it to make changes happen where everyone is involved but firstly acknowledge that it’s a serious problem”.





SO WHAT DOES ALL THIS MEAN?

Spice use in prison and the impact it is having on the Prison Service is certainly newsworthy. Escalating violence, medical emergencies and increasing rates of self-harm and suicide have all made headlines over the past year, with a number of high profile organisations producing reports to draw attention to this growing crises.

But until now, the voices of those living in the midst of the problem have not been heard.

This piece of work has enabled us to not only ask prisoners about their personal experiences of spice but also their views on how it might be addressed.

Our findings have largely corroborated with work done previously, notably the 2015 HMIP report, in terms of health consequences, debt, violence and the perceived lack of provision. However, there were also some key differences, notably with regard to how to solve the problem. This was how we have chosen to close this report, with a set of recommendations based entirely on prisoner insight.

1.

Prisoners are not using because they want to break rules. They are using because they are self-medicating and attempting to cope with a range of psychosocial problems.

We recommend that a more therapeutic approach is sought for tackling the underlying reasons behind prisoners' decisions to use spice (or any drug), rather than punishing them for making such a risky decision.

2.

Prisoners are not seeking help primarily because they fear repercussions of identifying themselves as users but also because they do not know what help is available for this non-traditional substance.

We recommend an evaluation of whether substance misuse services are still appropriate now that spice has been identified as the number one drug in prison, and in turn, how these services are communicated to prisoners with particular attention on the confidentiality bounds in place.

3.

Prisoners do not trust staff, but do have some trust in each other and ex-service users who have walked in their shoes.

We recommend making better use of peer-support services within prison, a resource that is widely available. While this is a relatively cost-effective exercise, to function properly peer supporters will need adequate training and institutional support.

4.

Prisoners are dealing spice because it is a comparatively easy way of making money in an otherwise 'poor' environment

We recommend that there is a review of prisoner salaries to ensure that they are appropriate in line with canteen prices, especially for those who do not have private funds or the social networks outside to provide them.

5.

Prisoners do not feel that prison officers have been provided with the appropriate training needed to deal with this crisis

We recommend a roll-out of training for staff to help them feel more equipped to manage this complicated phenomenon, not just in relation to the NOMS guidelines on punishment but also in relation to harm minimisation and the underlying nature of addiction.

6.

Non-using prisoners feel aggrieved that essential resources for regular prison functioning are being taken away due to the urgency of some spice-related situations

We recommend focusing some energy on non-users and positive reasons not to use, rather than concentrating on punishing those who do. This includes working towards personal, physical or professional goals, as for many currently, there is little to lose through using.

Service users responded openly and honestly about their experiences. Most enjoyed being given the opportunity to have their voices heard on a subject that they have a wealth of personal insight. **We believe this could be the start of a process of increased collaboration between service users and service providers, where they are actively involved in defining and implementing the solution to benefit both themselves and their peers.**

REFERENCES

- ACMD (2014). Third generation synthetic cannabinoids. Report to Crime Prevention Minister from Advisory Council on the Misuse of Drugs
<https://www.gov.uk/government/publications/third-generation-synthetic-cannabinoids>
- Amsterdam J, Brunt T, Brink W (2015) The adverse health effects of synthetic cannabinoids with emphasis on psychosis-like effects. *Journal of Psychopharmacology*, 29, 245-263.
<http://jop.sagepub.com/content/29/3/254.abstract>
https://www.researchgate.net/publication/270966118_The_adverse_health_effects_of_synthetic_cannabinoids_with_emphasis_on_psychois-like_effects
- Auwarter V, Dargan P, Wood M (2013). Synthetic cannabinoid receptor agonists. IN P Dargan & D Wood, *Novel Psychoactive Substances: classification, pharmacology and Toxicology*. London: Academic Press
- Blackman, S. & Bradley, R. (2016). *From Niche to Stigma - Headshops to Prison: exploring the rise and fall of synthetic cannabinoid use amongst young adults*. *International Journal of Drug Policy*, submitted for publication May 2016.
- Centre for Social Justice (2015). *Drugs in Prison*. London: CSJ, March 2015. http://centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJJ3090_Drugs_in_Prison.pdf
- DrugScope (2014). *Down a stony road: street drugs survey*.
www.drugsandalcohol.ie/23282/1/DownAStonyRoadDrugTrendsSurvey2014.pdf
- Duncan C, Peers E (2015). Adverse events associated with the self-reported use of synthetic cannabinoids: a retrospective case series review. *North Metropolitan Health Service, Department of Health, Government of Western Australia*
- Emanuel C, Ellison B, Banks C (2010). Spice up your life: screening the illegal components of 'Spice' herbal products. *Analytical Methods*, 2 (6), 614. [doi:10.1039/c0ay00200c](https://doi.org/10.1039/c0ay00200c).
- Fantegrossi W, Mora N J, Radomska-Pandya A, Prather P (2014). "Distinct pharmacology and metabolism of K2 synthetic cannabinoids compared to Δ⁹-THC: Mechanism underlying greater toxicity?". *Life Sciences*, 97 (1), 45–54.
- Frinculescu A et al. (2016). Variation in commercial smoking mixtures containing third-generation synthetic cannabinoids. *Drug Testing & Analysis*, DOI 10.1002/dta.1975.
- HM Chief Inspector of Prisons for England and Wales (2015). *Annual Report 2014–15*. House of Commons, 14 July 2015. https://www.justiceinspectorates.gov.uk/hmprisons/wp-content/uploads/sites/4/2015/07/HMIP-AR_2014-15_TSO_Final1.pdf
- HM Inspectorate of Prisons (2015). *Changing patterns of substance misuse in adult prisons and service responses: A thematic review*. December 2015. <https://www.justiceinspectorates.gov.uk/hmprisons/wp-content/uploads/sites/4/2015/12/Substance-misuse-web-2015.pdf>
- Kazory A, Aiyer R (2013). Synthetic marijuana and acute kidney injury: an unforeseen association. *Clinical Kidney Journal*, 6, 330–333.
<http://ckj.oxfordjournals.org/content/6/3/330.full>
- Law R, Schier J, Martin C, Chang A, Wolkiun A (2015). Notes from the field: Increase in reported adverse health effects related to synthetic cannabinoid use — United States, January–May 2015. *Morbidity and Mortality Weekly Report*, June 12, 2015, 64(22): 618-619
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6422a5.htm>
- Linnell M, Newcombe R (2015). *New psychoactive substance use in Blackburn with Darwen. Report to Blackburn with Darwen Borough Council*, July 2015.
- Macfarlane V and Christie G (2015). Synthetic cannabinoid withdrawal: A new demand on detoxification services. *Drug and Alcohol Review*, 34, 147–153.
<http://www.ncbi.nlm.nih.gov/pubmed/25588420>
- MacGregor S, Payne J (2013). Synthetic cannabis: prevalence of use among offenders, perception of risk and negative side effects experienced. *Criminal Justice Bulletin*, series 11, 1-10; March 2013. <https://ncpic.org.au/professionals/publications/bulletins/synthetic-cannabis-prevalence-of-use-among-offenders-perception-of-risk-and-negative-side-effects-experienced/>
- McKeganey N et al. (2016). Meeting the needs of prisoners with a drug or alcohol problem: No mean feat. *Drugs: Education Prevention and Policy*, May 2016.
DOI: 10.3109/09687637.2016.1150965.
https://www.researchgate.net/publication/302916819_Meeting_the_needs_of_prisoners_with_a_drug_or_alcohol_problem_No_mean_feat
- Measham F, Moore K, Newcombe R, Welch Z (2010). Tweaking, bombing, dabbing and stockpiling: the emergence of mephedrone and the perversity of prohibition. *Drugs and Alcohol Today*, 10/1, 14-21 (2010)
<http://www.canadianharmreduction.com/sites/default/files/MeashamDAAT2010.pdf>
- Measham F, Newcombe R (2016). From High Street to Side Street: a case study of the transition from 'headshops' to an unregulated street trade in synthetic cannabinoids in a Northern town. *International Journal of Drug Policy*, 2016 – in press.
- Ministry of Justice (2015). *National Offender Management Service Annual Report 2014/15: Management Information*. 30th July 2015 [including MDT figures]
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449925/mi-addendum.pdf_-_Adobe_Acrobat_Pro.pdf
- Newcombe R (2012). Synthetic cannabinoids: Black Mamba and its cousins. HIT Hot Topics Seminar, Warrington, June 2012 <http://hithottopics.com/flash/russell2012.swf>
- Newcombe R (2015). NPS Taxonomy: a framework for classifying new psychoactive substances'. ESRC Seminar Series - New Drugs: Drug Markets in Transition, Durham University (March 2015).
https://www.researchgate.net/publication/274139239_NPS_Taxonomy_a_framework_for_classifying_new_psychoactive_substances_%28NPS%29
- Papanti D et al. (2013). "Spicephrenia": a systematic overview of "Spice"-related psychopathological issues and a case report. *Human Psychopharmacology Clinical & Experimental*, 28, 379–389.
<http://onlinelibrary.wiley.com/doi/10.1002/hup.2312/abstract>
- Prisons and Probation Ombudsman for England & Wales (2015). *Learning Lessons Bulletin: Fatal incident investigations issue 9 – New Psychoactive Substances*. July 2015. www.ppo.gov.uk
- Prison Performance Digest 2014/15, Prison Service Key Management Information: Mandatory Drug Testing - Percentage of prisoners testing positive for drug use from all randomly tested prisoners, 1998/99 to 2014/15.
- Prison Reform Trust (2014). *Prison: the facts*. Bromley Briefings, Summer 2014. <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Prison%20the%20facts%20May%202014.pdf>
- Prison Reform Trust (2015). *Prison: the facts*. Bromley Briefings, Summer 2015.
<http://www.prisonreformtrust.org.uk/Portals/0/Documents/Prison%20the%20facts%20May%202015.pdf>
- Public Health England (2014). *New psychoactive substances: Protecting and improving the nation's health - A toolkit for substance misuse commissioners*.
<http://www.nta.nhs.uk/uploads/nps-a-toolkit-for-substance-misuse-commissioners.pdf>
- RAPT IT (2016). *New Psychoactive Substances in prisons aren't going away – we need to work together to address it*. May 3, 2016 <http://rapitblog.rapt.org.uk/?p=475>
- RAPT (2015). *Tackling the issue of New Psychoactive Substances in prisons*. RAPT Research & Policy Briefing Series, No. 4, September 2015.
<http://www.rapt.org.uk/sites/default/files/16/RAPT%20Research%20and%20Policy%20Briefing%20Number%204%20v10%20AW%20edit%20-%20%281.9.2015%29.pdf>
- Scott M (2015) *NPS Medway Insights Report*, Herne Bay: Tonic.
- Tait J, Caldicott D, Mountain D, Lenton S (2015). A systematic review of adverse events arising from the use of synthetic cannabinoids and their associated treatment. *Clinical Toxicology*, 54 (1).
<http://www.tandfonline.com/doi/full/10.3109/15563650.2015.1110590>
- Uchiyama N, Matsuda S, Kawamura M, Kikura-Hanajiri R, Goda Y (2013). "Two new-type cannabimimetic quinolinyl carboxylates, QUPIC and QUCHIC, two new cannabimimetic carboxamide derivatives, ADB-FUBINACA and ADBICA, and five synthetic cannabinoids detected with a thiophene derivative α-PVT and an opioid receptor agonist AH-7921 identified in illegal products. *Forensic Toxicology*, 31, 223–240. [doi:10.1007/s11419-013-0182-9](https://doi.org/10.1007/s11419-013-0182-9).
- University of Leicester (2015). *The Psychoactive Substances Bill, Law Enforcement and NPS in Prison: Problems and Solutions – Briefing Paper*. Tuesday 15th September 2015
<https://newdrugseminars.wordpress.com/briefing-papers/psychoactive-substances-bill-law-enforcement-and-nps-in-prison/>
- Van Hout M & Hearne E (2016). User experiences of development of dependence on the synthetic cannabinoids, 5f-AKB48 and 5F-PB-22, and subsequent withdrawal syndromes. *International Journal Mental Health & Addiction*, DOI 10.1007/s11469-016-9650-x (online 21 March 2016, 1-15).
<http://link.springer.com/article/10.1007/s11469-016-9650-x>
- Parliamentary Questions about drug use in prisons
Parliamentary Questions – Prisons, Drugs, Commons
209374: To ask the Secretary of State for Justice, how many incidents of confiscation of (a) mephedrone, (b) BZP, (c) spice and (d) ketamine there were in prisons in England and Wales in each year since 2010. Answered by: Andrew Selous, Parliamentary Under-Secretary of State for Justice, 21st October 2014. www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2014-09-26/209374/
- Parliamentary Questions – Prisons, Drugs, Written question 17639: To ask the Secretary of State for Justice, how many prisoners have been found (a) in possession and (b) under the influence of drugs in each of the last five years in each region. Answered by: Andrew Selous, Parliamentary Under-Secretary of State for Justice, 03 December 2015.
<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2015-11-25/17639/>
- Parliamentary Questions, Hansard: To ask the Secretary of State for Justice, what the change has been in the amount of illegal drugs seized in prisons between 2000 and 2015. Answered by Andrew Selous, Parliamentary Under-Secretary of State for Justice, 11 January 2016.
<http://www.theyworkforyou.com/vote/?v=1&id=23622297&ret=%2Fwrans%2F%3Fid%3D2016-01-05.20933.h&testing=true>
- Prison reform: Prime Minister's speech. 8th February 2016
<https://www.gov.uk/government/speeches/prison-reform-prime-ministers-speech>

NEWSPAPER AND WEBSITE ARTICLES

'Gangs and drugs fuelling upsurge in prison violence', BBC News, 13 January 2015
<http://www.bbc.co.uk/news/uk-30783075>

'Prison drug seizures increasing, Ministry of Justice says', BBC News, 17 January 2015
<http://www.bbc.co.uk/news/uk-30859350>

Zacharanda S (2015). A New Synthetic Drug Is Making British Prisoners Violent and Psychotic.
http://www.vice.com/en_us/read/fake-weed-mamba-in-uk-prisons-596 April 15, 2015

'Legal highs smuggled into Midlands prisons in letters'. BBC News, 7 April 2016.
<http://www.bbc.co.uk/news/uk-england-birmingham-35989295>

'Revealed: Survey of Scots prisoners finds almost half take illegal drugs inside' Herald Scotland, May 2016 http://www.heraldscotland.com/news/14478240.Revealed__almost_half_of_Scots_prisoners_taking_illegal_drugs_in_jail/?ref=twtr

'Wormwood Scrubs staff walk out over prison flooded with drugs and weapons' Independent, 6th May 2016. <http://www.independent.co.uk/news/uk/home-news/wormwood-scrubs-staff-walk-out-over-prison-flooded-with-drugs-and-weapons-a7016536.html>

'Slapped for spice: how synthetic cannabis is wreaking havoc behind bars' Guardian 7th May 2016.
<http://www.theguardian.com/society/2016/may/07/slapped-for-spice-how-synthetic-cannabis-is-wreaking-havoc-behind-bars> [from kidney damage to psychosis and strokes]

'Spice: Americans turn to dangerous 'synthetic marijuana' to evade drug tests' Guardian, 8th May 2016 <http://www.theguardian.com/society/2016/may/08/spice-synthetic-marijuana-drug-screenings-tests>

'Number of prison deaths linked to legal highs rises steeply' Guardian, 9th May 2016. <http://www.theguardian.com/society/2016/may/09/number-of-prison-deaths-linked-to-legal-highs-rises-steeply>

'Legal highs linked to at least 39 prisoner deaths in just two years'. Daily Mail, 9th May 2016.
<http://www.dailymail.co.uk/news/article-3581467/Legal-highs-linked-39-prisoner-deaths-just-two-years.html>

'Prisons get urgent £10m to tackle suicide and disorder'
http://www.theguardian.com/society/2016/may/24/prisons-urgent-funds-tackle-suicide-disorder?CMP=Share_iOSApp_Other

'Prisoners injured after taking drone dropped legal highs' ITV News, 10th May 2016. <http://www.itv.com/news/central/2016-05-10/prisoners-injured-after-taking-drone-dropped-legal-highs/>

Daly M (2016). Britain's Synthetic Weed Problem Is Only Getting Worse. Vice, 12th May 2016 http://www.vice.com/en_uk/read/synthetic-cannabinoids-addictive-as-heroin-spice-prison

Webster R (2016). Deaths from legal highs. 13th May 2016 <http://us2.campaign-archive2.com/?u=f3b97d02b5235c9e7c9b3a65b&id=0c221b9e60&e=17832284ea>

'Haverigg prison legal high drug death 'almost inevitable'', 20th May 2016.
<http://www.bbc.co.uk/news/uk-england-cumbria-36340005>

BLOGS

Clinks (2016). The rehabilitative prison: what does 'good' look like?
http://www.clinks.org/sites/default/files/basic/files-downloads/clinks_rehabilitative-prison_final-web.pdf

Webster R (2015). Prison drug markets. January 26th 2015, <http://www.russellwebster.com/whos-taking-drugs-into-prison/>

Webster R (2016). What does a good prison look like? 10th May 2016 <http://www.russellwebster.com/what-does-a-good-prison-look-like/>

Webster R (2016). Michael Gove says public prisons can succeed. May 14th 2016 <http://www.russellwebster.com/michael-gove-public-prisons/>

Webster R (2016). 11 things I learnt from the 2015 offender statistics. 15th May 2016. <http://www.russellwebster.com/11-things-i-learnt-from-the-2015-offender-statistics/>

Webster R (2016). How can we make our prisons safer? May 21st 2016
<http://www.russellwebster.com/prison-safety/>

Webster R (2016). The difficulties of a split probation system. 23rd May 2016.
<http://www.russellwebster.com/the-difficulties-split-probation-system/>

Webster R (2016). Unlocking prison performance. 24th May 2016
<http://www.russellwebster.com/unlocking-prison-performance/>

USERVOICE
ONLY OFFENDERS CAN STOP RE-OFFENDING

**FOR MORE
INFORMATION
PLEASE CONTACT:**

User Voice
20 Newburn Street
London SE11 5PJ
Tel: 020 3137 7471

Email: info@uservoice.org
Website: www.uservoice.org

© User Voice 2016

Lock it
Prove it

Lock it
Prove it