



Illicit drug use in prisons

Kieran Lynch Criminal Justice Programme Manager.PHE (Acknowledgements:

Dr. George Ryan Criminal Justice Clinical Lead for PHE)





Key Themes

The drugs

The people

Update on Opiate Substitute Treatment

New psychoactive substances





The drugs

52% of prisoners will have used drugs in two months prior to being imprisoned

In community under 30s more likely to use drugs (64%), in prison 30-39 year olds (31%)

In community and prison cannabis is the most popular drug - 38% and 13% respectively

Cocaine use prior to prison double that of heroin - 29% and 15% respectively

Heroin use in prison twice that of cocaine - 7% and 4% respectively

8% of illicit drug users developed the problem while in prison





The drugs - continued

Diverted medication use prior to prison 10%, compared to 18% whilst in prison

Diverted medication and illicit drug use in prison are equal - 18%

Women more likely to use diverted medication than illicit drugs

7% of prisoners with a problem with diverted medication developed the problem in prison





The people

14% of prisoners incarcerated for a drug offence

Reconviction rates more than double for those using drugs in 4 weeks prior to prison compared with prisoners who had never used drugs - 62% vs 30%

In the week following release men 29 times more likely to die than their peers - women 69 times more likely-historical data, prior to introduction of the Integrated Drug Treatment System

59% of these deaths were drug related





The people - continued

58% of women used Class A drugs in 4 weeks prior to prison - 43% of men

Daily spend on heroin for women £50 - for men £30

66% of women commit offences to get money for drugs - 38% of men

48% of women prisoners commit an offence to get drugs for someone else - 22% of men

Men who return to live with their partners are less likely to use drugs and reoffend - the opposite is true for women

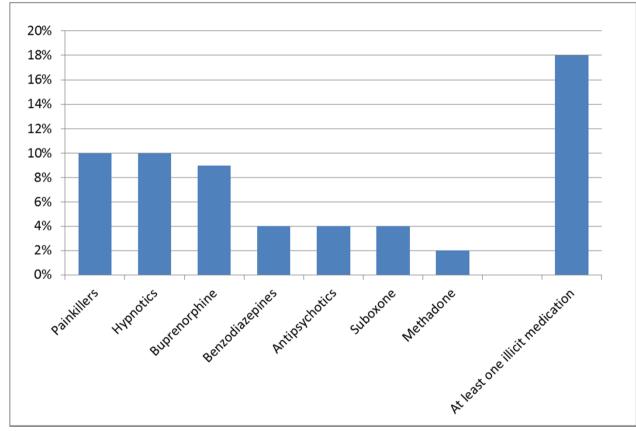
Women comprise 5% of prison population, but account for 26% of self harm





Illicit medication use in prison, by type of medication (excluding over the counter

medication)*



^{*} The total of all types of drug is greater than 100% as prisoners could report having taken more than one drug.





Opiate substitute treatment [OST] in prison:

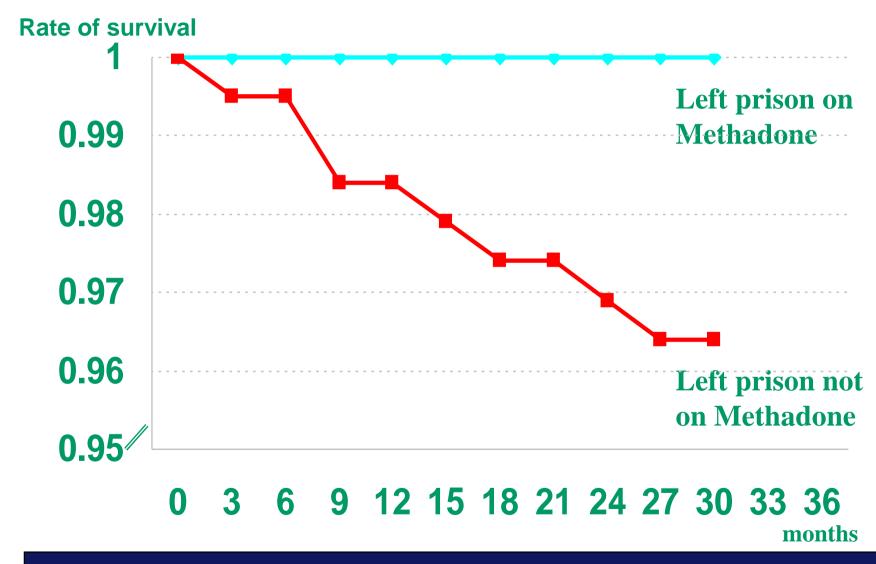
Encourages engagement with treatment services in prison and following release

Reduces drug-related death following release

Provision of naltrexone to support abstinence

Provision of naloxone to treat overdose

Death rates of drug users leaving prison Dolan et al 2005 (23)



No-one died in the Methadone group. 17 people died in the non-Methadone group





The challenge of new psychoactive substances [NPS] use in English prisons

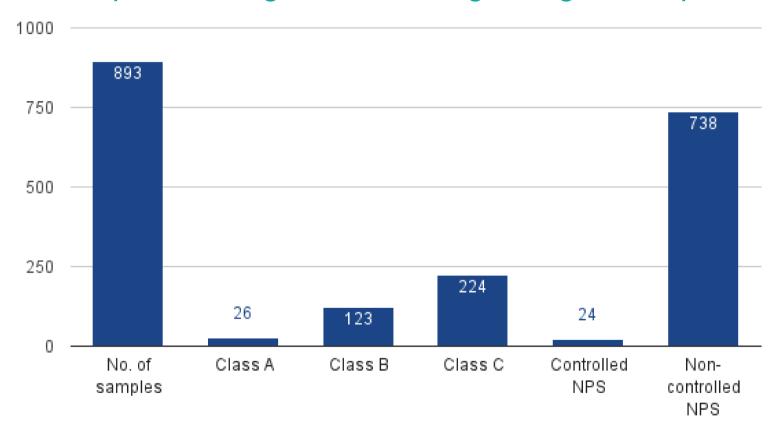
Prevalence

Effects on prison regime

Clinical effects of synthetic cannabinoids

Response to NPS use in prisons

Samples of drugs seized being brought in to prison

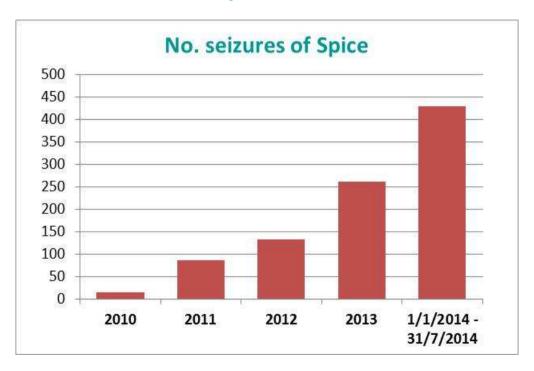






Evidence for use of synthetic cannabinoids in prisons

| Year | Seizures of Spice |
|------------|-------------------|
| 2010 | 15 |
| 2011 | 86 |
| 2012 | 133 |
| 2013 | 262 |
| 1/1/2014 - | |
| 31/7/2014 | 430 |
| Total | 926 |



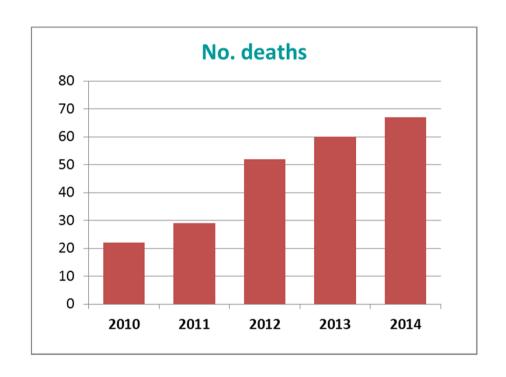
Seizures in prison of ketamine, benzylpiperazine and mephedrone totalled 21 in the same period





Deaths due to NPS (Office for National Statistics)

| Year | No. deaths |
|-------|------------|
| 2010 | 22 |
| 2011 | 29 |
| 2012 | 52 |
| 2013 | 60 |
| 2014 | 67 |
| Total | 230 |



Not including amphetamines, ecstasy and its variants (PMA/PMMA)





NPS in English prisons

34% of prisons reported problems with NPS in 2013/14 - rising to 64% in 2014/15

Popular because undetectable by routine testing, relatively cheap, to relieve boredom and perceived not to be illegal

People committing offences to be sent or recalled to prison in order to smuggle NPS to prison





NPS in English prisons

Mainly young white males - though emerging problem in some female prisons

Increased problems with debt and bullying

Increased violence

"Spice pigs" or "Mamba muppets"

NPS involved in 19 deaths in custody between 2012 and 2014, according to Prisons and Probation Ombudsman report in July 2015

Prison Officers' Association wrote to the Chief Coroner for England and Wales in September 2015 to express concern about NPS-related deaths in prison





NPS in English prisons

Increased involvement of organised crime groups supplying synthetic cannabinoids (SC) to prisons

SC price in prison 10 times that in the community - heroin 3 times more than community price

Dealers will tolerate large seizures as profits so high e.g. £1,500 per week in one Young Offenders Institution





NPS in English prisons - other considerations

Affected by data collection not keeping pace with changing patterns of drug use and routine drug testing not detecting NPS

Police not making the connection between organised crime groups and supply of NPS to prisons

Inadequate legislation





Synthetic cannabinoids - Class B (Where classified)

Desired effects (Cannabis receptor full agonists):

Relaxation, euphoria, disinhibition, feeling energised, altered consciousness

Users:

Prisoners, workers subject to drug testing, students, graduates

Mode of use:

Smoked in joints or inhaled through a bong, rarely ingested or snorted

Adverse effects:

Seizures, paralysis, psychosis, extreme bizarre behaviour, tachycardia, aggression-compounded by "superhuman strength"

Wide-ranging, *unpredictable* and may be long lasting





Synthetic cannabinoids - Class B (Where classified)

Treatment:

Acute: Symptom directed supportive care - may be a medical emergency

Chronic: Psychosocial support, pharmacotherapy where appropriate for enduring symptoms

Medical uses

None

"Traditional" cannabis used as antiemetic, appetite enhancer, pain relief ? Potential treatment for refractory childhood epilepsy





Response to increased NPS use in prisons

Regulations for supply, possession and use - Ministry of Justice January 2015

Poster campaign by National Offender Management Service - aimed at prisoners and visitors

Psychoactive Substances Bill before parliament –may become Law in 2016

Disparate measures put in place by different establishments

Consider an amnesty in response to adverse events

Training events across the English regions

Toolkit on NPS in prisons-with an associated training package

Will the ban on smoking reduce the use of spice?