**THE SPICE TRAIL: TRANSITIONS IN SYNTHETIC CANNABIS RECEPTOR AGONISTS (SCRAS) USE IN ENGLISH PRISONS AND ON RELEASE**

**Sharon Grace\*[[1]](#footnote-1), Charlie Lloyd[[2]](#footnote-2) and Amanda Perry[[3]](#footnote-3)**

**Abstract**

Since 2010, Synthetic Cannabinoid Receptor Agonists (SCRAs) have dominated concerns about drug use in prison; particularly as their use increases in custody and has profound impacts on users, non-users and prison staff. However, far less is known about whether SCRA use continues on release, when ex-prisoners are under the supervision of Community Rehabilitation Companies or resident in Approved Premises. This study, the first of its type, examined experiences of SCRAs amongst recently released ex-prisoners and found that, most often, use discontinues on release, suggesting that SCRAs are seen predominantly as a ‘prison drug’ or, for those continuing use, as a way to avoid a positive drug test and/or breaching their licence whilst living in an Approved Premises. Awareness of SCRA use among their clients differed notably between Community Rehabilitation Company staff and Approved Premises staff; with the former having far less awareness and thus, also far less experience of the associated problems for supervision of their clients.

**Key words: NPS, Spice, Synthetic Cannabinoids, prison, drugs, probation**

**Introduction**

A high proportion of prisoners have histories of problem substance use (e.g. Liriano and Ramsay, 2003; HM Inspectorate of Prisons, 2015). 42% of female prisoners and 28% of male prisoners reported that they had a drug problem when they arrived in their current prison (HM Chief Inspector of Prisons for England and Wales, 2018, p26). Thus prisoners can import vulnerability to drug use, but in addition, ‘a low trust, overcrowded, stressful and often hostile environment can *[also]* encourage drug use in prison’ (Wheatley, 2016, p207). Prisoners use drugs for a variety of reasons: as a form of coping with prison through self-medication; to fill the empty hours; to create social networks through drug using associates; to acquire and enhance status and power (particularly if dealing as well as using); and, again if involved in dealing, for economic gain (Tompkins and Wright, 2012; Wheatley, 2016).

However, until recently most evidence suggested that prisoners reduce their drug use whilst in custody largely due to the relative lack of drug availability in prison (Bellis, Weild, Beeching, Mutton and Syed, 1997; Bullock, 2003; Crewe, 2005; Tompkins and Wright, 2012). Recent findings (HMIP, 2015) show that reported use of most illicit drugs dropped considerably on entry into custody (cannabis from 38% to 13%; heroin from 15% to 7%). For those not prescribed opioid substitute drugs in prison, tolerance to opioid drugs therefore falls whilst in prison (Strang, McCambridge, Best, Beswick, Bearn, Rees and Gossop, 2003). This can make users vulnerable to overdose on release particularly, several UK studies suggest, in the first two weeks of release (Seaman, Brettle and Gore, 1998; Bird and Hutchinson, 2003; Merrall, Kriminia, Binswanger, Hobbs, Farrell, Marsden, Hutchinson and Bird, 2010; Singleton, Farrell and Meltzer, 2003; Farrell and Marsden, 2008). Not surprisingly therefore this risk has been a focus of policy and practice in terms of managing prisoners’ and ex-prisoners’ drug use – through, for example, a call for wider availability of opiate substitute medication in custodial settings (Marsden, Stillwell, Jones, Cooper, Eastwood, Farrell, Lowden, Maddalena, Metcalfe, Shaw and Hickman, 2017); and holistic, effective drug treatment services both in custody and continuing on release (McKeganey, Russell, Hamilton-Barclay, Barnard, Page, Lloyd, Grace, Templeton and Bain, 2016).

For similar reasons, research on transitions of prisoners’ drug use pre, during and post custody has traditionally also been centred on Class A drug use, predominantly heroin. However, since around 2010, a new group of drugs has come to dominate both research interest and policy and practice concerns – Novel Psychoactive Substances (NPS); and in particular Synthetic Cannabinoid Receptor Agonists (SCRAs). In contrast to evidence of reduction of use of heroin and cannabis as discussed above; SCRA (‘Spice/Black Mamba’) use pre- and post-reception into prison increased from 6% to 10% (HMIP, 2015). A National Offender Management study in the same year (NOMS, 2015) found that among prisoners preparing for release, urine tests showed SCRA use to be twice the level measured on admission to prison (16% vs 8%). Psychoactive substances were also present in 60% of positive drug test samples in 2017/18 (HMPPS, 2019).

Other research has further borne out this picture, with high levels of SCRA use reported in a survey of prisoners in nine prisons (UserVoice, 2016). In this survey of 625 prisoners, a third (33%) reported the use of SCRAs/Spice within the last month compared to eight per cent reporting heroin use; 14% using heroin substitutes; and 14% cannabis. Psychoactive substances were found in 4,667 incidents in the 12 months to March 2018, more incidents than any other drug category in this time period and an increase of 2% compared with the previous 12 months (Her Majesty’s Prison and Probation Service, 2018). Nor is the United Kingdom alone in facing this new challenge. A recent ‘trendspotter’ report from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2018) suggests that Novel Psychoactive Substances, and in particular SCRAs, are a growing concern in eight European countries mainly located in the North and East of Europe[[4]](#endnote-1).

It has also become evident that SCRAs present particular challenges in criminal justice settings where their use can contribute to the draining of already considerably limited resources particularly in terms of staff time responding to medical emergencies; alongside issues of debts, bullying, violence, overdose, self-harm and suicides (HMIP, 2015; Ralphs, Williams, Askew and Norton 2017; User Voice, 2016). Most seriously, between June 2013 and September 2016, 79 deaths occurred in English and Welsh prisons, where the deceased was known or strongly suspected to have taken NPS before death, or where their NPS use was a key issue during their time in prison. Of these 79 deaths, 56 were self-inflicted (Prison and Probation Ombudsman (PPO), 2017a).

Previous research studies and inspection reports have shed light on key concerns about SCRA use[[5]](#endnote-2) amongst vulnerable populations more generally. In particular, it appears that such drug use is ‘problematic’ in that SCRAs are often used to escape difficult realities such as homelessness, which is frequently experienced by released prisoners (Ralphs, Gray and Norton, 2017; EMCDDA, 2018). SCRA users appear to present significant challenges to agencies attempting to engage, help or process users due to both their volatile behaviour and agencies’ lack of appropriate knowledge and experience to effectively manage this behaviour - for example when in police custody (Addison, Stockdale, McGovern, McGovern, McKinnon, Crowe, Hogan and Kaner, 2018). In addition, SCRA use appears to trigger underlying mental health issues and can adversely affect the recovery journey of problematic drug users more widely (Ralphs et al 2017a; User Voice, 2016). Compounding this, there is a lack of appropriate drug treatment services for users of SCRAs who themselves see no point in engaging in treatment without a substitute drug (such as methadone for heroin) being available (Ralphs et al, 2017b). It has also been suggested that many prisoners first experience SCRAs in prison and are then released with a dependency; but that probation providers are not always informed about this dependency and do not have the appropriate skills, knowledge and training to manage SCRA users effectively (Criminal Justice Joint Inspectorate, 2017; HMIP, 2019). In addition, the PPO has also raised concerns that ‘the implications for NPS for the AP estate have not yet been fully understood or addressed by the National Probation Service’ (PPO, 2017b, p1; see also HMIP, 2019). Ralphs et al call for more research to inform criminal justice practice both in and outside of custody:

[T]he consumption of synthetic cannabinoids presents particular problems for the offender population and the management of them, both within and beyond the prison environment… further research is required to understand the impact of NPS in local approved premises and custodial settings. (2017b, p28).

However, despite such concerns, to our knowledge, no previous research has been undertaken to specifically examine transitions in the use of SCRAs (EMCDDA, 2018); and in particular use by ex-prisoners on release from prison across a range of prisons and probation/ Community Rehabilitation Company (CRC) areas. This study was therefore undertaken to explore the extent to which SCRA use in prison continues among released prisoners under supervision and thus provides the first evidence of this kind. The study was also designed to explore the particular impacts of SCRA use in Approved Premises[[6]](#endnote-3) (APs), which as supervised residential facilities, can be seen as ‘semi-carceral’ institutions, with the potential to experience similar problems to prison in terms of the level of disorder associated with SCRA use.

**Methodology**

The study comprised a mainly qualitative exploration of SCRA use among ex-prisoners being supervised in APs and by CRCs[[7]](#endnote-4). Forty-one semi-structured interviews were undertaken with ex-prisoners and probation and CRC staff. This article focuses on the findings from these interviews centred on pathways of SCRA use evident among our sample to ascertain if SCRAs are predominantly a ‘prison drug’; or whether patterns of use suggest more intransigent habits which continue beyond incarceration; and which might have implications therefore for agencies supervising prisoners on release[[8]](#endnote-5).

Fieldwork was conducted during late 2017 and early 2018 in four North-Eastern CRC Hubs[[9]](#endnote-6) and four APs in the North West of England. The focus on these two areas stemmed from ready access to these sites, brought about with the help of policy-makers in Her Majesty’s Prison and Probation Service (HMPPS). Within these sites, the staff and ex-prisoner interviews were both convenience samples, with the research team relying upon CRC and AP staff both to identify potential participants and to volunteer themselves. Those attending the CRC hub on the day of fieldwork who had been released on license or post-sentence supervision were invited to participate by a member of the CRC team; and those residing in APs (all of whom were released from prison) were invited by AP staff in a similar way. Staff on duty were also invited to participate in an interview. Using CRC and AP staff to identify participants clearly prevented the research team from adopting a more purposive approach to sampling. Ideally, ex-prisoners with a history of SCRA use would have been targeted for interview. However, the CRC hub sessions involved groups of supervisees milling around in quite public spaces. We therefore did not consider it ethical to enquire about SCRA use – or other sensitive issues – prior to interview. In the APs, which were much more secure environments and where staff needed to plan to make people available for interview, we would have had to rely on AP staff to screen potential interviewees for a history of SCRA use and this was not ethically acceptable. More positively, we were also interested in exploring why people did not use SCRAs inside prison (whether or not they had used prior to incarceration). This proved to be an interesting (and original) area to explore. Another potential issue with this approach to sampling is that CRC and AP staff could have approached a more compliant group or excluded particularly difficult ex-prisoners. The CRC hub environment militated against such selectivity. Researchers arrived prior to the commencement of hub sessions, and CRC staff notified the researchers if they had someone on their list who had been recently released from prison. Staff then asked these ex-prisoners if they would like to take part in the research. There was little or no scope for them to target or exclude particular people. Two of those approached by staff declined to take part due to pressures of time. There was more scope for selectivity on the part of AP staff. Nonetheless, in some of the APs, lists of residents were viewed and there was no evidence of targeting other than that dictated by the pragmatics of who would be available at a particular point in time. It would have been easier for AP residents to self-exclude prior to the researcher’s arrival. This may have happened but, given the qualitative nature of this study and the cross-section of AP interviewees we managed to access, it is highly unlikely that self-exclusions would have appreciably influenced this study and its findings.

Those under supervision who consented were asked to complete a questionnaire on demographic background, social factors, use of SCRAs in and outside of prison and offending history. They then took part in a 30 to 45-minute interview to discuss SCRA use and any associated problems; perceived motivations for use; and use both inside and outside prison. Both users and non-users of SCRAs were included in the sample, so it was possible to gather data from those who did not use the drug and to explore their reasons for not doing so. Staff in CRCs and APs took part in interviews of a similar length, covering many of the same issues as well as the impact on the CRC/AP environment and supervision.

SPSS was used to produce descriptive statistics from the questionnaire. All the interviews were independently fully transcribed verbatim, and a thematic approach was taken to frame the analysis (Braun and Clarke, 2013). While the main themes were clearly driven in a deductive way from the interview schedule, some sub-themes were emergent and inductive, reflecting the importance ascribed to them by interviewees. Common themes and sub-themes were independently identified by the three researchers and then jointly agreed upon. These agreed themes then formed the basis of the thematic analysis. Key main themes included: reasons for use/non-use; reasons for continuing or stopping use in prison and on release; effects on users and on the prison/AP regime; and availability of SCRAs both in prison and the community.

**Limitations of study**

Our findings must be interpreted within the limitations of the study - most importantly the small nature of the sample and the selection of interview sites. The study is not representative, as the selection of participants was purposive and limited. For example, we had only five females in the study, so we cannot comment in detail about SCRA use within this group.

**Ethics**

Ethical approval was obtained from the HMPPS National Research Committee and the Department of Health Sciences Ethics Committee at the University of York.

**Characteristics of sample**

A total of 30 released prisoners and 11 staff members were interviewed. 25 of the 30 released prisoners were men and five were women. They comprised 16 people living in APs in the North West of England; and 14 people being supervised by a CRC in the North East. They ranged in age from 23 to 66 years with an average age of 40 years. Most were single or divorced (n=25) and white (n=27); with two interviewees describing themselves as Asian/Asian British and one as from a mixed ethnic background. 17 of the 30 released prisoners reported having used drugs other than Spice and 11 of these had had some form of treatment for that drug use.

Interviewees had been released from 13 different prisons (predominantly Category C prisons in Northern England) in the six months prior to the interview. Several of these prisons had featured in recent newspaper stories about the problem of spice use in custody. Respondents had been in prison between 1 and 25 times at time of interview with a third identifying themselves as first time offenders. Many had a long history of offending behaviour with age of first incarceration in one example being 13 years. The majority of individuals disclosed information of their offence (see Table 1). In general, those residing in an AP reported previous offences that were more severe which characterizes the high-risk nature of the AP population.

[Table 1 near here]

**SCRA use before, during and after imprisonment**

Figure 1 shows results from the self-report questionnaire on respondents’ use of SCRAs before prison; whilst in prison; and once released into the community. Overall just under half of the sample had ever taken SCRAs. This comprised half of the 14 people in CRCs and seven of the 16 people in APs. Six ex-prisoners had used SCRAs in the community prior to their last period of incarceration. Twelve of the 30 respondents used SCRAs whilst in prison. On release, only four of the total sample continued to use SCRAs, three of them among the AP sample. Of those who reporting using SCRAs since release, three people reported ‘one off use’, with only one person reporting regular use of SCRAs two to three times a week. All of those who continued to use after release had been regular SCRA users whilst in custody. These figures clearly show that the peak use of SCRA in our sample was in prison; with far fewer respondents using either prior to custody or on release. However, regardless of whether they had used SCRAs themselves, most respondents were acutely aware of significant amounts of SCRA use in prison – with only the female respondents having little or no knowledge of SCRAs when in custody. Whilst there were only a small number of female respondents (n=5) this could indicate that SCRA use is not as prevalent in women’s prisons.

 [Figure 1 near here]

**SCRA use prior to imprisonment**

As stated above, six interviewees had used SCRAs in the community prior to their last period of imprisonment. These tended to have been single or occasional experiences. One AP interviewee had tried spice with his wife.

I didn’t even really get an effect, if I’m honest with you and we bought it out the shop, me and my missus, when it was legal. (AP05)

Others had tried Spice but not liked it and therefore ceased to use. However, one AP resident reported having ‘got into it’ and smoked ‘three packets a day.’ When asked what impact this had had on him, he said that this had directly led to him getting sectioned.

**Reasons for and impact of SCRA use in prison**

Our findings around reasons for and impact of SCRA use in prisons resonate closely with those found in other prison-focused studies (e.g. Ralphs et al, 2017a; User Voice, 2016) and as such are only briefly summarised here. Key reasons for use included ready availability of SCRAs which fulfilled prisoners’ desires to get high on whatever was around; alleviation of boredom often due to lack of purposeful activity; a way to cope with the pains of prison life; and because, when first introduced, the drugs did not show up on drug tests. The reasons offered suggest that SCRAs may serve specific prison-related functions that might not necessarily relate to life in the community.

The physical effects of SCRAs on users were obvious to users and non-users alike; including collapse after use and users staring with vacant eyes in a zombie-like way. Some respondents felt that SCRAs rendered users incapable of protecting themselves from theft or violence with anyone being able to enter their cells and assault them or steal from them when they were intoxicated. Patterns of bullying including ‘Spice challenges[[10]](#endnote-7)’ were also widely discussed – and it was felt by some that it was the weaker, younger, more vulnerable prisoners who were targeted in these challenges as they were willing to be so to get free SCRAs. There is a clear indication in these findings that users of SCRAs can be amongst the most vulnerable in the prison population and the use of these drugs can render users even more vulnerable both whilst intoxicated and due to the debts and bullying associated with frequent use of the drug.

**Reasons for not using SCRAs in prison**

Due to including non-users in the sample, it was possible to explore the reasons why respondents did not engage in SCRA use. Those who were not regular SCRA users were either those not particularly interested in drugs (n=7): ‘I just don’t … I can’t get my head around drugs at all’ (CRC05); with a further three who did not like smoking any substance.

Three other respondents said that whilst they liked other drugs, they did not like SCRAs and their effects:

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

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

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

In addition to those who had never tried SCRAs, five respondents had not enjoyed their first experience of SCRAs and therefore had not wanted to repeat it:

For the first five or ten minutes I was just laid there. I could just feel my heart going, going, going, sat up on the bed and I went, what’s going on here? I thought I was going to die. Five or ten minutes of: ‘Whoa! Breathe! Calm down, you’ll be alright!’ (CRC10)

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

Spice is a different animal man… you know a person becomes a monster. (CRC11)

It’s not like cannabis…For me, I’m glad it was a scary experience because I never did it again after that. (AP08)

These findings suggest that it was not inevitable that prisoners would use SCRAs, even if they tried it once or were users of other drugs. The EMCDDA reports similar anecdotal reports that even prisoners with long histories of drug use might avoid SCRAs in prison due to witnessing adverse effects or because of the ‘poor reputation’ these drugs have outside of a prison setting (2018, p8). Avoidance of SCRAs might also centre on them not serving the same prison-based purposes as depressant type-drugs in helping prisoners relax and pass time through sleeping (Tompkins and Wright, 2012).

**Reasons for SCRA use on release**

Four respondents continued using SCRAs on release, one was attending a CRC hub and three were residing in the same AP. This section focuses in some detail on this important group.

The single CRC interviewee who reported spice use since release said that he ‘only used it now again…I can take it or leave it.’ He also referred to the decreased availability of spice now that it was not being sold from shops, following the introduction of the Psychoactive Substances Act (PSA) 2016.

The three AP residents all said that they were using SCRAs as an alternative to cannabis which ‘stinks from a mile away’ (AP10) and could therefore be readily detected and result in a breach of licence and return to prison: ‘I smoke it because I can’t smoke cannabis in here’(AP10). This interviewee also referred to the lack of a drug test for spice (at least at the time of interview). This chimes with Ralphs et al’s (2017b) findings which suggest that SCRAs remain popular in supported accommodation for the same reasons as in custody - their non-detectability with regard to Mandatory Drug Tests and the lack of smell.

Reflecting this ‘substitute drug’ status, this same respondent said that he would return to cannabis once he had left the AP:

I’m a cannabis smoker. Yeah, once I leave the hostel, I wouldn’t smoke spice. I’d just smoke cannabis… (AP10)

Of the other two, one said that he had recently ceased using SCRAs altogether (alongside all other drugs) and the other reported only using if he got bad news of some type and needed a ‘short-term solution’ to the problem. It was notable that none of these AP residents viewed SCRA use as a current problem that was affecting their lives negatively.

There was an emphasis on the importance of using SCRAs in a controlled way and in a safe environment:

…obviously you don’t want to get caught…so you wait ’till after 11 o’clock curfew and then you’ve got your own little space and your own time. Yeah. So, I wouldn’t…like I’d never take it outside *[the AP].* If I wasn’t in my room or in a safe environment, in an environment that I’m comfortable in and I can control that environment and everything, I’d never smoke it. It’s not a recreational drug like cannabis is. (AP10)

In this way, their SCRA use went undetected and did not affect others: as one of the other interviewees said:

People smoke it in their room, why’s it going to affect anyone else? (AP11)

The importance of using in their bedrooms after curfew was linked to the unpredictability of SCRAs in comparison with cannabis (‘like a game of roulette’ – AP10). Two spoke of the importance of using in moderation, with one describing a titration process whereby he smoked a small amount of the drug and then paused to test its strength before taking any more. This unpredictability was also associated with the illicit market:

As with any traditional drug, once it became illegal, a lot of people realised that the product of spice had become a lot more volatile. (AP12)

Following the PSA 2016, not only was the drug more unpredictable but availability had dramatically declined. To buy their drugs, these AP residents had to go to large city centres, where the drugs could be purchased from the street homeless.

One of the three stated that staff at their AP were not enforcing a zero-tolerance policy to SCRA use:

They can either drug test everyone on a daily basis and recall anyone who tested positive, but then the hostels would be empty and everybody would be in jail, so what they do is they turn a blind eye…(AP12)

Some of the AP interviewees who did not report using themselves also stated that SCRA use was widespread in APs particularly amongst those who they believed had developed an addiction in prison:

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

This contrasted with respondents in other APs:

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

One interviewee spoke about how there had been a change in his AP, which previously had adopted a zero tolerance approach to all drugs, but now avoided recalls to prison for ‘silly things’ such as cannabis and SCRA use.

There was an interesting juxtaposition between SCRAs and cannabis. Some interviewees spoke about APs and individual members of staff taking a relaxed approach to cannabis.

You can smell it everywhere […] someone will come back their eyes are like that [*indicated half shut*], they’re proper chonged *[stoned]* out their head. (AP09)

…they’re blasted and the staff ain’t bothered, do you know what I mean? In here they’re all smoking skunk. You can smell it. (AP06)

Another interviewee referred to an AP he had been in where a particular member of staff had suggested to residents that if they were going to use drugs, they should smoke cannabis as ‘at least you know what you’re getting’ (AP13). It therefore seemed that in some APs there was a purposefully relaxed attitude to cannabis use and there was the suggestion that these tended to be the APs that did not have problems with SCRAs. As a non-using resident pointed out

I don’t think people would use spice out of choice to be honest with you, I think they prefer skunk to spice…. (AP06)

Whereas in APs with stricter regimes (at least with regard to cannabis use), such as that housing the three SCRA users referred to above, SCRA use was more attractive because it could be kept hidden.

Finally, it should be noted that not only was SCRA use on release fairly unusual in this small sample but where it did occur, it was largely unproblematic: the AP three seemed intent on returning to cannabis use once they left the AP and the CRC interviewee had only used occasionally and seemed to be in control of his use.

**Reasons for not using SCRAs on release**

Most respondents therefore, did not continue their SCRA use after prison. Some of these respondents were trying to give up all drug use; others had returned to their usual drug – most frequently cannabis - or remained stabilised on Methadone. Importantly, it was equally clear that for most, SCRAs were not their drug of choice, but were instead regarded as ‘prison drugs’ which they saw little or no reason to continue to use after release. This appeared to be because SCRAs were mainly used as a means of coping with prison life (Tompkins and Wright, 2012) whilst avoiding positive drug tests; and were therefore no longer so desirable on release:

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

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

Availability of SCRAs was also a clear factor with 15 of the respondents saying they had not come across SCRAs since their release from prison. This group of respondents were generally those who were either trying to avoid drugs; or those who said they did not use drugs or mix with drug users more generally. Others were aware of SCRA use in the community but had not personally come across it in contrast to its prevalence in prison:

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

I’ve only seen it once in the four weeks since I’ve been out.(AP08)

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

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

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

This links into Ralphs et al’s research (2017b) who found a high use of the drug amongst the homeless population. Homelessness was also directly linked by one respondent to addiction to SCRAs continuing on release from custody:

87 per cent of people who come out of [*name of prison*] are addicted to Spice and they keep that addiction right… I only got out in August and they got out maybe after me. But then you see the big sleeping bags and that… and with a pipe and I’m thinking, why are you homeless?... And you think, fucking hell, why didn’t you just get off it, you idiot? (CRC11)

Akin to the CRC interviewee who had used occasionally after release, there was an impression amongst respondents that SCRAs were not so readily available following the introduction of the PSA 2016, which made the supply of psychoactive substances illegal in the UK:

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

It would appear therefore that SCRAs, whilst not as readily available generally in the community, could be sought out relatively easily amongst vulnerable populations such as homeless people in certain city centres. Furthermore, a minority of, perhaps addicted, prisoners knew that this was the place to seek out the drugs in order to continue use on release. This suggests that ensuring prisoners are released into safe accommodation would be a protective factor in terms of restricting their exposure to continued SCRA use (HMPPS, 2019); that, conversely, everything possible should be done to avoid releasing prisoners without such safe accommodation; and that probation services should play a key role in accessing such accommodation (Madoc-Jones, Hughes, Gorden, Dubberley, Washington-Dyer & Ahmed, 2018).

**Approved Premises staff perspectives**

Interviews were conducted with seven members of staff who worked in three of the APs included in the study. A range of seniority was represented: Senior Probation Officers; Probation Service Officers; and Residential Workers. When asked about users of SCRAs in APs, most thought that a broad range of people were using them - at least at the peak of their use.

There’s not a specific type, it’s right across the board and any one of them could *[be]* taking Spice and you don’t find out until you see them. (AP2/Staff4)

However, particular groups of residents were singled out by staff as those more likely to use: in particular problem drug users, with long histories of drug addiction. As in prison, there was evidence that the more vulnerable AP residents were also forced or cajoled into using.

I think you do have vulnerable residents and so somebody who will come in who’s quite headstrong and who likes the Spice and they will come in and start using it and start manipulating the more vulnerable ones to take it. I think quite honestly, some of them will come in and start selling it to the more vulnerable ones and that way, they’re funding their Spice use*.* (AP2/Staff4)

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

We had one a while back…because he was so vulnerable, other prisoners were using him to test the Spice on…and that was written in the paperwork. (AP2/Staff4)

Staff thought that there were some certain groups who were less likely to use, but that these were the exception:

I have to say my experience is that it does go across the majority of our offenders […] What I have noticed is, perhaps some of the more older, registered sex offenders that we have, they tend to stay away from it. But men that are in their 40s, 50s, 60s, sometimes 70s, perhaps have professional backgrounds, have never been involved in any kind of drugs, done a long stretch in prison, they will stay away from it. They don’t get involved. But that’s the minority. (AP2/Staff1)

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

Spice isn’t as prolific as it used to be when it was legal. When it was legal they could go to the shop and buy it. It was absolutely rife in the APs – it was unbelievable. And it was such a problem. It was a massive problem. (AP1/Staff1)

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

At our hostel, you can go through fits and starts with it really. We kind of have it quite abundant … and then it will die off for, it can be a few weeks, a few months, and then it’ll start creeping back up…Sometimes it can be the offenders that we are getting in, especially if they’ve got a history of using it, or dealing in it, then that can be one thing. Also they do have a number of local drug dealers that are very, very close to the hostel and which, when that information suddenly gets shared out amongst residents that are interested in that, it can become quite rife. (AP2/Staff3)

…you get one person using Spice and suddenly you’ve got a hostel full and then you have other periods where no-one is using Spice. (AP2/Staff4)

AP staff provided dramatic descriptions of events that had occurred in the past.

He’d came out of his room and he’d gone across the whole top landing. He’d been doing flips and just rolling around and doing all sorts. And in the process, his jogging bottoms had come off. So he was absolutely naked … he backed himself into a corner and he was screaming, just screaming.(AP1/Staff1)

A number of interviewees referred to psychotic symptoms or states, with one recalling the confusion they had experienced in encountering this type of SCRA intoxication for the first time.

One particular case I’m thinking of here, affecting his mental health that bad he thought he had little miniature mammals inside of him and eating him away and he’s coming to me saying ‘I need help because these things are eating me, inside me.’ I’m thinking what will I do here, what’s going on? (AP2/Staff4)

AP staff referred to the dramatic way that people switched from very disturbed or physically extreme states to total normality, without any awareness of what had happened to them while intoxicated. In the early days of SCRA use, this had added to the bewilderment of staff working in the APs. These events were upsetting for staff and residents and took up a lot of staff time – and frequently the time of emergency service workers. These accounts of the unpredictable, sometimes bizarre but always short-term effects of SCRA use are very much in accord with those described in prison (Ralph et al., 2017a; User Voice, 2016) and police custody (Addison et al, 2018). However, it is important to note that many, if not all, of the descriptions of more extreme behaviour related to the period of time before the PSA was introduced, when a range of substances were clearly more readily available in the community. It is equally important however, to acknowledge that staff felt ill-equipped to manage these events and did not have sufficient knowledge as to how to most effectively intervene; echoing concerns expressed by the Chief Inspector of Probation who, in her annual report, bemoaned the lack of any national work underway to develop an intervention programme for probationers using SCRAs (2019).

Staff were also asked about AP policies and practices with regard to SCRAs. There was a lot of references to drug testing – most often, frustration with the fact that there was no reliable test for SCRAs, due to their rapidly changing chemical composition over time.

There used to be a test for it. They could test, but they used to change the chemical makeup to get around the test. So once a new test had come out they changed the chemical structure of spice, so the test was pointless. So we stopped doing it. It was a massive waste of money (AP1/Staff1).

Reflecting the AP resident interviews described above, there were some marked differences in the action that staff said would be taken once it was established that a resident had been using SCRAs. Some described an inflexible, zero tolerance approach:

With drugs, they’re just not allowed them at all. If people get drugs *[and they are found]*, they’ll receive warnings which could result in them being recalled (AP1/Staff1).

Others took a very different approach:

We’re not all, in football refereeing terms, we’re not all red card, red card, red card. We want to work with these guys and we want them to move on from here and hopefully have gained something from the experience (AP2/Staff4).

I mean, ‘Shock, Horror: Man Uses Drugs in Hostel!’- we’re fairly realistic. We’re not always sure the direct link between risk and drugs is that clear. It’s there but I think we try and evolve it a little bit in terms of the enforcement quite clearly doesn’t work, hasn’t worked and won’t work (AP3/Staff1).

There were also important differences in approaches to drug testing specifically for cannabis, with one interviewee reporting escalating warnings for positive tests and another stating that the majority of the residents smoked cannabis and that there was therefore no point in testing for it.

**CRC staff perspectives**

Four members of CRC staff were interviewed. Three of the interviewees had had long periods of service working in probation – from 11 to 19 years and, in contrast, one had only been working in the CRC for a year. Three were Probation Service Officers and one a Probation Officer. Very few of these officers’ supervisees had reported to them SCRA use inside and fewer still continuing use outside. One officer told us that about five of her supervisees had reported using inside but all had given up on release, because ‘it [*the drug experience*] wasn’t very nice’ (CRCStaff3). Another interviewee described how the post-release environment had led to a Spice-using prisoner giving up on release:

[*prisoner name*], he used it inside, and he was self-employed, and he stopped immediately on release because he moved back in with his mum and she was a control freak. So he stopped immediately on release and worked to build back up his business. (CRCStaff4)

Another prison SCRA user had reportedly given up when he moved in with his girlfriend on release; and two officers referred to prison SCRA users returning to their drug of choice on release.

Probably go back to their drug of choice, because obviously, they know where to get it, they know what’s in it, they know who their dealer is… (CRCStaff3)

In my experience, it [*SCRA use*] reduces, it goes down, and they tend to return back to the drugs that they were using before they went into custody, but I think some of that’s about the peers that they associate with … Yeah, if you’re a heroin addict and you go to prison, everybody’s using Spice, you give Spice a go, you enjoy it, you start using that, you come back out and all your heroin using mates are offering you some heroin, they go back to using heroin. (CRCStaff1)

Only two officers referred to continuing use on release from prison. In fact, most of the information we gleaned from the CRC staff interviews on post-custodial SCRA use came from the interviewee quoted above who recalled three individuals from her caseload of about 80 over her time in a particular CRC hub, who had used both inside and outside prison:

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

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

[*Name*] who was also a dangerous driver, and he smoked cannabis before he went into custody. In custody, was offered Spice – comes from a nice middle-class family and couldn’t cope with shared showers and open door toilets kind of thing, because really struggled with dignity aspect of it, and Spice helped him cope. (CRCStaff1)

Findings from this small sample of CRC staff indicate that that those supervisees that did report using SCRAs inside tended to report giving them up on release having used them to cope with their prison sentence. They often gave up because they regarded the drug as quite unpleasant; because they had a mother or girlfriend to return to who would not countenance their continued use (emphasising the significance of informal social control (Laub and Sampson, 2003)); or because they returned to their drug of choice. Of the four cases[[11]](#endnote-8) of continued use, two were using SCRAs at the weekend in a way that could be described as recreational (although in one case this label was challenged by the officer). One was a more typical long-term drug user with a long history of drug-related offending, for whom SCRAs formed part of his poly-drug use. The other of the four was perhaps the most surprising and potentially the most concerning, involving a first-time prisoner who had not used before prison and who had a job and a girlfriend outside before his imprisonment; had begun using SCRAs because he struggled to cope inside and was using ‘most days’ on release. Research has previously shown that a proportion of opiate users similarly started their use during a prison sentence (Boys et al., 2002). There is the suggestion here that a similar ‘contamination’ process could be occurring with SCRAs particularly amongst those prisoners struggling most to cope with prison life. However, it should be emphasised that there was no such suggestion from the ex-prisoner interviewees, among whom post-release use was uncommon and relatively trivial. The difference here might relate to this probation officers drawing on a much larger sample of people, suggesting that such ‘contamination’ may be rare.

These findings suggest that there are very marked differences in the impact of SCRA use in CRCs and APs and correspondingly differences in staff awareness of that drug use. While staff in in CRCs were aware of the situation in their region’s prisons, their supervisees rarely reported using SCRAs. Nevertheless, seven of the 14 CRC attendees had reported SCRA use. It seems possible therefore that CRC staff were not asking about SCRA use, focusing instead perhaps on their client’s most pressing needs on release. It was also clear that none of the dramatic, public SCRA intoxication events occurring in prison and in APs had occurred in CRC supervisions. CRC staff were clearly not greatly attuned to SCRA use.

**Discussion**

This article has reported on the experiences and perceptions of 30 people recently released from prison and 11 members of staff working in the APs or supervising released prisoners through CRCs and is the first research of its type. The study’s main worth therefore lies not in the representativeness of the sample but in the new insights these offender and staff interviews offer into SCRA use in the transition from prison to community, and the impact of this use on CRC/AP management of released prisoners.

The findings relating to SCRA use in prison have clear resonance with previous research and inspection report findings with experiences of extreme and frightening intoxication; vulnerable prisoners targeted for ‘Spice challenges’; and violence surrounding SCRA-related debts all in evidence. However, while the public impression – and the impression of many prisoners – is that everyone in prison is using SCRAs, this study suggests that this is not the case. Most of the interviewees had not used SCRAs and many that had done so had only used once or twice. There was evidence that some prisoners, even experienced users of other drugs, deliberately avoided SCRAs in prison. Contrastingly, it was also clear that those who used SCRAs in prison were most likely also to be users of other drugs. A larger study that looks at SCRA use across a number and range of categories of prison could usefully explore patterns of use in more depth and, for example, could improve our understanding of SCRA use – or non-use - in women’s prisons and the reasons behind different patterns of drug use in men and women’s prisons.

There was clear evidence that SCRA use was most frequent and harmful amongst more vulnerable prisoners and ex-prisoners and that engaging in that use increased their vulnerability further. Development of policy and practice in dealing with SCRA use could focus on this group of users who may well be amongst those also at increased risk of self-harm and suicide (PPO, 2017a). Such policy and practice might usefully incorporate peer support from those prisoners and probationers who, for a variety of reasons, were able to resist the temptation of SCRAs whilst inside and/or on release.

A central aim of the study was to explore whether SCRA use, so prevalent in prison, continues when prisoners are released back into the community. We found little evidence of continuation of use, with the majority of prison SCRA users stopping use on release for a variety of reasons: either because they returned to their drug of choice (predominantly heroin or cannabis); because they responded to informal social pressure from family or friends to discontinue use; or because SCRAs were not so readily available in the community – partly perhaps due to changes in their legality following the implementation of the PSA 2016 – meaning that they had to be specifically sought out on the black market rather than conveniently purchased at a local store. Those that did continue to use only used occasionally and, at least at time of interview, did not report any significant problems associated with their use. It would appear therefore that at least among our sample, SCRAs were seen predominantly as ‘prison drugs’ and were largely rejected on release when their function was perhaps no longer so relevant and their availability not so immediate.

The study was also designed to explore the particular impacts of SCRA use in APs which as ‘semi-carceral’ institutions, might experience similar problems to prison in terms of the level of disorder associated with SCRA use. There was clear evidence of volatile behaviour with SCRA users resident in APs, though often these issues had reduced again, it was thought, due to less easy availability following the PSA 2016. Three of the four community SCRA users in our study were living in one of the APs included in the study. Contrary to common media portrayals of SCRA users being out of control, the three SCRA-using AP residents reported using SCRAs in order to avoid positive drug tests (as was also the case in prison) or because they thought they would be more easily caught smoking stronger smelling cannabis and therefore would risk warnings or breaches that might lead to reimprisonment. An important, if to some degree tentative, finding from this study is the considerable variation across APs in policies, practices and attitudes regarding SCRAs – and how this variation appeared to affect drug use. While this is a small study, it did include fieldwork in four APs and interviewees also spoke about their previous experiences in other APs. The suggestion is that APs that had hard-line, ‘zero tolerance’ approaches to drugs appear to have had more problems with SCRAs, driving would-be cannabis users in the direction of SCRAs; whereas those that turned a blind eye to cannabis use, in particular, had less problems with SCRAs. A large-scale study into SCRA and other drug use in APs is needed in order to explore this potential relationship further.

Future research might focus on SCRA using prisoners on release, tracking their drug use in the community and including prisoners who are not released into safe accommodation and/or suffer periods of homelessness. A multi-site study which includes the women’s and youth custody estates would also be valuable. Finally, research focused on the use of SCRAs in APs might usefully explore the impact of differences in drug policies and practices and also locate SCRA use within the wider drug using behaviours of AP residents.

**Funding**: This article presents independent research funded by the National Institute for Health Research (NIHR) Policy Research Programme (grant number PR-X06-1014-22005). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

1. Corresponding author, Department of Social Policy and Social Work, University of York, YO10 5DD. Email sharon.grace@york.ac.uk [↑](#footnote-ref-1)
2. Department of Social Policy and Social Work, University of York [↑](#footnote-ref-2)
3. Department of Health Sciences, University of York. [↑](#footnote-ref-3)
4. Germany, Hungary, Latvia, Lithuania, Poland, Slovenia and Sweden. [↑](#endnote-ref-1)
5. SCRAs are a range of substances which are most commonly referred to as ‘Spice’ and this was also the term generally used by interviewees. [↑](#endnote-ref-2)
6. APs were introduced by the Offender Management Act (2007), replacing probation and bail hostels. APs are run by the National Probation Service and generally provide accommodation for high-risk offenders (often originally convicted for violent or sex offences) who have been released from prison on license. [↑](#endnote-ref-3)
7. The 21 CRCs were set up across England and Wales under the Offender Rehabilitation Act (2014) and are responsible for the management of low to medium risk offenders, including released prisoners who were sentenced to less than 12 months of imprisonment. [↑](#endnote-ref-4)
8. A full report of the findings has been published separately (see Lloyd, Perry and Grace, 2018). [↑](#endnote-ref-5)
9. CRC Hubs are held in normally community buildings where clients meet with their offender management for supervision. [↑](#endnote-ref-6)
10. Spice Challenges comprise persuading someone to take a large amount of SCRA at once. Fellow prisoners then watch, and frequently film, the prisoner under the influence of the drug for their entertainment. [↑](#endnote-ref-7)
11. It should be noted that these cases were part of this CRC staff member’s caseload and not our own study sample.

**References**

Addison, M., Stockdale, K., McGovern, R., McGovern, W., McKinnon, I., Crowe, L., Hogan, L. and Kaner, E., (2018) ‘Exploring the intersections between novel psychoactive substances (NPS) and other substance use in a police custody suite setting in the north east of England’. *Drugs: Education, Prevention and Policy*, 25(4), pp.313-319.

Bellis, M., Weild, A., Beeching, N., Mutton, K., & Syed, Q,. (1997) ‘Prevalence of HIV and injecting drug use in men entering Liverpool prison’. *BMJ* 315:30

Boys, A., Farrell, M., Bebbington, P., Brugha, T., Coid, J., Jenkins, R., Lewis, G., Marsden, J., Meltzer, H., Singleton, N. and Taylor, C. (2002) ‘Drug use and initiation in prison: results from a national prison survey in England and Wales’. *Addiction*, 97(12), pp.1551-1560.

Bird, S.M. and Hutchinson, S.J. (2003). ‘Male drugs-related deaths in the fortnight after release from prison: Scotland, 1996-99’. *Addiction*, 98, p.185-90.

Braun, V and Clarke, V (2013) *Successful Qualitative Research: A Practical Guide for Beginners*. London: Sage

Bullock, T. (2003). ‘Changing levels of drug use before, during and after imprisonment’. In: Ramsay, M. (ed): *Prisoners’ drug use and treatment: seven research studies*. Home Office Research Study 267. London: Home Office.

Crewe, B. (2005). ‘The Prisoner Society in the Era of Hard Drugs’. *Punishment and Society*, 7(4), p.457-481.

Criminal Justice Joint Inspection (2017) *New Psychoactive Substances: The Response by Probation and Substance Misuse Services in the Community in England: A Joint Inspection by HM Inspectorate of Probation and the Care Quality Commission*. London: CJJI.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2018) *New Psychoactive Substances in Prison: Results from an EMCDDA trendspotter study*. Lisbon: EMCDDA. Available at

<http://www.emcdda.europa.eu/system/files/publications/8869/nps-in-prison.pdf>. (Accessed 19 September 2018).

Farrell, M. and Marsden, J. (2008). ‘Acute risk of drug-related death among newly released prisoners in England and Wales’. *Addiction*, 103 (2), p.251-5.

HM Chief Inspector of Prisons for England and Wales, (2018) *Annual Report 2017-18.* Available at:

https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/07/

6.4472\_HMI-Prisons\_AR-2017-18\_Content\_A4\_Final\_WEB.pdf. (Accessed 11 April 2019).

Her Majesty’s Inspectorate of Prisons (2015). *Changing Patterns of Substance Misuse in Adult Prisons and Service Responses: A Thematic Review.* London: HMIP.

Her Majesty’s Prison and Probation Service (2018) *Annual Digest 2017 to 2018: Chapter 9 tables: finds in prison.* London: HMPPS. Available at [https://www.gov.uk/government/statistics/annual-hm-prison-and-probation-service-digest-2017-to-2018. (Accessed 13 August 2018](https://www.gov.uk/government/statistics/annual-hm-prison-and-probation-service-digest-2017-to-2018.%20%28Accessed%2013%20August%202018)).

Her Majesty’s Prison and Probation Service (2019) *Prison Drug Strategy*. London: HMPPS. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/792125/prison-drugs-strategy.pdf>. (Accessed 9 April 2019).

Her Majesty’s Inspectorate of Probation (2019) *Report of the Chief Inspector of Probation*. London: HMIP. Available at: <https://www.justiceinspectorates.gov.uk/hmiprobation/inspections/report-of-the-chief-inspector-of-probation/>. (Accessed 31 March 2019).

House of Commons Home Affairs Committee (2013) *Drugs: Breaking the Cycle. Ninth report of the session 2012-13.* London: House of Commons.

Laub, J.H. and Sampson, R.J., (2003). *Shared beginnings, divergent lives: Delinquent boys to age 70*. Harvard University Press.

Liriano, S. and Ramsay, M. (2003) ‘Prisoners’ drug use before prison and the links with crime’, in Ramsay, M. (ed) *Prisoners’ Drug Use and Treatment: Seven Research Studies*. Home Office Research Study 267. London: Home Office.

Lloyd, C., Perry, A. and Grace, S. (2018). *Spice use among offenders supervised in Approved Premises and Community Rehabilitation Companies: a preliminary qualitative study.* York: The Kings Fund/University of York. Available at: https://www.york.ac.uk/healthsciences/research/health-policy/research/health-policy-projects/prepare/reports/

Madoc-Jones, I., Hughes, C., Gorden, C., Dubberley, S., Washington-Dyer, K., Ahmed, A., Lockwood, K. and Wilding, M., (2018). ‘Rethinking preventing homelessness amongst prison leavers’. *European Journal of Probation*, 10(3), pp.215-231.

Marsden, J., Stillwell, G., Jones, H., Cooper, A., Eastwood, B., Farrell, M., Lowden, T., Maddalena, N., Metcalfe, C., Shaw, J. and Hickman, M. (2017). ‘Does exposure to opioid substitution treatment in prison reduce the risk of death after release? A national prospective observational study in England’. *Addiction*, 112(8), pp.1408-1418.

McKeganey, N., Russell, C., Hamilton-Barclay, T., Barnard, M., Page, G., Lloyd, C., Grace, S., Templeton, L. and Bain, C. (2016). ‘Meeting the needs of prisoners with a drug or alcohol problem: No mean feat’. *Drugs: Education, Prevention and Policy*, 23(2), pp.120-126.

Merrall, E.L., Kariminia, A., Binswanger, I.A., Hobbs, M.S., Farrell, M., Marsden, J., Hutchinson, S.J. and Bird, S.M. (2010) ‘Meta‐analysis of drug‐related deaths soon after release from prison’. *Addiction*, 105(9), pp.1545-1554.

National Offender Management Service (2015) *North-West ‘Through the Gate Substance Misuse Services’ Drug Testing Project.* Cambridgeshire: NOMS/LCG Ltd. Available at <https://www.rcpsych.ac.uk/pdf/HMPPS-Final-PHM-Report-Version-5_2017.pdf> (Accessed 19 September 2018).

Prison and Probation Ombudsman (2017a) *Annual Report 2016-17*. London: Prison and Probation Ombusdman. Available at <https://s3-eu-west-2.amazonaws.com/ppo-prod-storage-1g9rkhjhkjmgw/uploads/2017/07/PPO_Annual-Report-201617_Interactive.pdf>) (Accessed 13 August 2018).

Prison and Probation Ombudsman (2017b) *Learning Lessons Bulletin: Fatal Incidents Investigations, Issue 14: Approved Premises – Substance Misuse*. London: Prison and Probation Ombudsman. Available at <https://s3-eu-west-2.amazonaws.com/ppo-prod-storage-1g9rkhjhkjmgw/uploads/2017/11/PPO-Learning-Lessons-Bulletin_AP-deaths-substance-misuse_WEB.pdf>) (Accessed 13 August 2018)

Ralphs, R., Williams, L., Askew, R. and Norton, A. (2017a) ‘Adding Spice to the Porridge: The development of a synthetic cannabinoid market in an English prison’. *International Journal of Drug Policy*, 40, p.57-69.

Ralphs, R., Gray, P. and Norton, A. (2017b) *New Psychoactive Substances in Manchester: Prevalence, Nature, Challenges and Responses.* Manchester: Manchester City Council/MetroPolis

Seaman, S.R., Brettle, R.P., Gore, S.M. (1998). ‘Mortality from overdose among injecting drug users recently released from prison: database linkage study’. *British Medical Journal*, 316, p.426-28.

Singleton, N., Farrell, M. and Meltzer, H. (2003) ‘Substance misuse among prisoners in England and Wales’. *International Review of Psychiatry*, 15(1-2), pp.150-152.

Strang, J., McCambridge, J., Best, D., Beswick, T., Bearn, J., Rees, S. and Gossop, M. (2003) ‘Loss of tolerance and overdose mortality after inpatient opiate detoxification: follow-up study’. *British Medical Journal*, 326, p.959-960.

Tompkins, C. and Wright, N. (2012) ‘”I wanted a head change” – motivations and influences on men’s illicit drug-using practices in prison’ in Wouters, M; Fountain, J. and Korf, D.J. (eds) *The Meaning of High: Variations according to drug, set, setting and time*. Leugerich: Pabst Science Publishers.

User Voice (2016). *Spice: the Bird Killer. What Prisoners Think about the Use of Spice and Other Legal Highs in Prison.* London: User Voice.

Wheatley, M. (2016) ‘Drug misuse in prison’ in Jewkes, Y., Crewe, B. and Bennett, J. (eds.), (2016) *Handbook on prisons*. London: Routledge.

**Table 1: Offence category by released prisoner group**

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

**Figure 1: Patterns of SCRA use before, during and after imprisonment**

 [↑](#endnote-ref-8)