

# Learning lessons bulletin

## Fatal incident investigations issue 9

# New Psychoactive Substances

**This Learning Lessons Bulletin examines deaths of prisoners where the use of 'NPS' type drugs was suspected.**

The use of New Psychoactive Substances (NPS) is a source of increasing concern, not least in prison. As these substances are not allowed in prison, and also because they are difficult to test for, it is possible that in addition to the cases in this bulletin there were other prisoners who had used such drugs before their death.

NPS cover a range of substances, and the precise health risks are difficult to establish. However, there is emerging evidence that there are dangers to both physical and mental health, and there may in some cases be links to suicide or self-harm. Staff and other prisoners may be at risk from users reacting violently to the effects of NPS.

Trading of these substances in prison can also lead to debt, violence and intimidation. Once again, this creates the potential to increase self-harm or suicide among the vulnerable, as well as adding to the security and control problems facing staff.

I hope, by sharing the lessons from the few deaths where we know that use of NPS was a factor, this will support efforts in prison to address the threats they pose and help educate prisoners about the risks involved.



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## Background

This report looks at 19 deaths in prison between April 2012 and September 2014, where the prisoner was known, or strongly suspected, to have been using NPS type drugs before their death. These cases were identified based on whether use of NPS was included in our fatal incident report; therefore these are the cases where we considered there were sufficient grounds to believe that NPS were used and were a relevant factor in the death. NPS are difficult to define precisely<sup>1</sup> but, in broad terms, refer to drugs intended to imitate the effects of controlled drugs of three main types: cannabis, stimulants, and hallucinogens.

In this report, we focus on the synthetic cannabinoids: chemicals manufactured to imitate the effects of cannabis. The drugs are generally odourless, and with hundreds of variations in chemical make-up, their use is proving difficult to detect and to manage. Synthetic cannabinoids are known by and sold under a range of 'brand' names, including 'Spice' or 'Black Mamba'.

NPS type drugs are also sometimes referred to as 'legal highs', or 'new drugs', but these terms can be misleading. Not all are legal or new, and their psychoactive effects are unpredictable. Hundreds of compounds used in the drugs are now banned; although this currently lags behind the pace at which new and altered compounds emerge.

Even when legal in the community, possession of NPS is against Prison Rules. At the beginning of 2015, the National Offender Management Service (NOMS) issued guidance to prison governors about how to manage the threats posed by NPS using the existing security and discipline systems. This included using adjudications, loss of privileges and targeted searching similar to the way in which more traditional drugs are controlled.

NOMS is also working on new communications targeting prisoners, staff and visitors with key messages about the drugs. In addition, there has been some success in training drug dogs to detect NPS, and such specially trained dogs are expected to be used more. There are also proposals to buy X-ray 'body scanners' for prisons to screen for drugs concealed in body cavities.

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<sup>1</sup> See the 'Business as usual?' report by DrugScope for a fuller discussion and definition of NPS. <http://www.drugscope.org.uk/resources/New+psychoactive+substances>

## Behaviour and health risks

More than with 'traditional' drugs, the strength and effects of NPS are unpredictable. Apparently identical packets of synthetic cannabinoids can vary considerably in strength and effect. There have been reports of prisoners, including at least one of the men who died, being given 'spiked' cigarettes by others who wanted to test new batches of NPS, as a way of gauging the effect before taking it themselves. The Ombudsman has also recently investigated a complaint from a prisoner who alleged he had lost his enhanced Incentives and Earned Privileges status and his prison job after he smoked a cigarette, given to him by another prisoner, which had been spiked with NPS.

Some PPO fatal incident investigations have found examples of erratic, violent and out of character behaviour when prisoners had been using NPS. Use of NPS is one possible cause of erratic behaviour, but staff should always consider other possible causes too, such as mental and physical health problems. One man's prison record was very positive; his behaviour was described as 'exemplary', and he was due to be assessed for suitability for an open prison. One day, he became uncharacteristically angry and shouted at a doctor. Early the next morning, he was found to have hanged himself in his cell. After his death, a close friend told our investigator that the man had recently begun smoking synthetic cannabis frequently. He had also got into debt as a result, and had apparently been forced to sell personal possessions to pay his debts.

Other prisoners suspected of taking NPS were found incoherent and unable to stand up properly. With the changing chemical compositions, the health risks are hard to predict. There are published reports of patients needing emergency treatment for heart problems, high blood pressure, psychosis and seizures following NPS use. Our investigations found that some prisoners showed similar symptoms, including raised pulse rates, sweating and vomiting. There were also cases where the prisoner collapsed, or experienced something like a psychotic episode. Mr A became very unwell at work after smoking NPS. He was physically sick and behaving very strangely, and then died of a heart attack later the same day.

Another prisoner was found heavily intoxicated and admitted to having taken synthetic cannabis. A nurse checked him and admitted him to the healthcare centre for observation. He had to be helped to walk there. Initially, he went to sleep, but later he repeatedly rang his cell bell, spat at the observation panel, behaved aggressively towards staff, and flooded his cell. He subsequently apologised for his behaviour and cleaned up the cell. He went back to his wing. About a month later, he killed himself.

In addition to using NPS, many of the prisoners who died were also taking other drugs. Some were on prescribed medication, and some were taking other illegal drugs or illicitly obtained medications. It is impossible, both for the prisoner and those providing medical care, to predict the consequences of such combinations.

### Case study 1

Mr A became suddenly unwell at work. Other prisoners said it was clear he had taken something – at first he was pale and withdrawn, then agitated and began wandering around. Staff saw him vomit in a corridor as he left work, and called an ‘amber’ (a non life-threatening emergency) alert over the radio. Mr A then ran away from the officers into the association area, where he paced up and down, holding his head, and then crouched down on his haunches.

A nurse, a mental health worker and then a GP all came to check Mr A. He refused to allow them to examine him and became aggressive and swore at them. The nurse knew Mr A from previous consultations and was aware he was acting out of character. The staff said he looked pale, sweaty and short of breath, but, as far they could tell without examining him, he appeared to be stable. Staff helped him back to his cell, and he admitted he had smoked synthetic cannabis. An ambulance was called.

When it arrived, a nurse persuaded Mr A to allow the paramedics to examine him and the prison healthcare team returned to their work. At first, Mr A agreed to go to hospital but then refused when

officers told him he would be handcuffed. No one told healthcare staff that he had not gone to hospital and no one arranged healthcare checks. Due to his erratic behaviour, he was locked in his cell.

When an officer went to check Mr A, he was on the cell floor, struggling to breathe, and his eyes were glazed. The officer went to get a manager who went back to see Mr A; only then was an ambulance called. The officers attempted cardiopulmonary resuscitation. Two ambulances attended but Mr A could not be revived. The inquest concluded that he had died from natural causes (a heart attack) hastened by the use of a synthetic cannabinoid.

For some people, it appears that NPS can be a trigger for self-harm. Whether taking NPS was a direct causal factor in self-inflicted deaths is very difficult to establish. In most such deaths, we can only ever hope to make informed judgements about the individual motivation.

To add to the difficulty, in some of the cases we investigated, we only had hearsay evidence that prisoners were using NPS type drugs. However, we have seen a small number of self-inflicted deaths among prisoners believed to be using synthetic cannabis, where their actions were unexpected and seemingly unplanned. In one case, Ms B had been in prison over a year, without any history of self-harm in this or previous sentences. There was no indication that she was at risk of suicide.

### Case study 2

Ms B had several long-term medical conditions and had frequent contact with the prison healthcare team and hospital consultants. Staff knew her well and she had been to prison before. She had served 19 months of her current sentence. She had no history of self-harm, and had not shown any sign that she might hurt herself. Others described her as ‘bubbly’, fun-loving, and well liked. Officers said she was articulate and comfortable about letting them know when she had a problem.

Those who saw her on the day of her death said

she seemed as normal, with a 'big smile' on her face and she had been joking with other prisoners. Early in the afternoon, officers said they heard singing coming from her cell, but this changed to a loud and aggressive noise. The officers went to investigate. At first they thought she was having a bad dream - the cell was dark and Ms B was in bed. Ms B had made a very deep cut in her arm, severed an artery and lost a lot of blood. Despite a swift emergency response, Ms B died in hospital later that day.

After her death, some prisoners said that Ms B had been using NPS and cocaine. Though the toxicology report did not reveal any traces of illicit drugs, cocaine does not remain in the body long and there is no robust test for NPS. The clinical reviewer considered that the drugs might have triggered a rapid onset psychotic episode, which led Ms B to self-harm. Otherwise, her actions were entirely out of character.

## Debt and bullying

As well as the direct physical and mental effects of taking drugs, there are associated problems of debt and bullying. While NPS are relatively inexpensive in the community, the illicit and restricted supply in prison attaches a premium. Combined with the limited resources of many prisoners, frequent use of NPS often results in prisoners getting into debt with the prisoners who supply the drugs.

We have seen examples of this in our investigations. In some cases prisoners had been assaulted or reported being bullied to repay debt. In one case, other prisoners said the man had sold his clothes and games console. In another, a man asked his family to send money to another prisoner to pay for his drugs. Clearly without a robust test, it is difficult to prove prisoners are using NPS. However, the issues and warning signs of debt and associated bullying are the same for NPS as they are for other drugs.

We have explored these issues and their links with self-inflicted deaths in previous Learning Lessons materials, including: 'Self-inflicted deaths of prisoners - 2013/14'<sup>2</sup> and 'Violence reduction, bullying and safety'.<sup>3</sup> Prison staff need to react robustly to suspected bullying, and be alert to the potential risk of suicide or self-harm.

## Case study 3

Mr C was serving a life sentence and had been in prison almost a decade. He had a life-long history of self-harm which continued in prison. Throughout his sentence, he took illicit drugs and, on a number of occasions, had problems with other prisoners because of unpaid debts. The last time he transferred to a different prison, he told reception staff that he used heroin daily. Although a drug test was negative, he had clear track marks from injecting drugs.

His self-harm was known to be linked, at least partially, with his drug use. A few months before his death, he had swallowed a large number of razor blades and threatened to kill his cellmate. He was taken to hospital. He later told prison staff that he had harmed himself because he was being threatened over about nearly £300 of debt for synthetic cannabis and Subutex (a semi-synthetic opiate). After he returned from hospital, staff continued to be concerned about him, but no one began ACCT procedures, which are designed to support prisoners at risk of suicide or self-harm.

The threats against Mr C apparently continued, but no effective action was taken to protect him. The prison tried to transfer him to a prison closer to his family, but could not find a suitable place. He stopped leaving his cell, and effectively placed himself in segregation for the several months before he took his own life.

The prison was aware that there was a problem with widely available NPS and with associated violence. These issues had also been raised by HM Chief Inspector of Prisons at a recent inspection. However, the prison had no local action plan to reduce the supply, and no strategy to support prisoners threatened by others because of drug debts.

<sup>2</sup> Learning Lessons from PPO Investigations: Self-inflicted deaths of prisoners - 2013/14, March 2015

<sup>3</sup> Learning from PPO Investigations: Violence reduction, bullying and safety, October 2011

## Lessons to be learned

**Lesson 1** – Prison staff should be given information about NPS, and be aware of the signs that could indicate a prisoner is taking them.

**Lesson 2** – Governors need to ensure that NPS are addressed by effective local drug supply reduction and violence reduction strategies.

**Lesson 3** – Drug treatment services should identify prisoners with substance misuse issues arising from the use of NPS, and then treat and monitor them appropriately.

**Lesson 4** – Given the association of NPS use with debt and bullying, Governors should ensure that:

- a. all information indicating bullying and intimidation is fully co-ordinated and investigated;
- b. alleged perpetrators are appropriately challenged;
- c. apparent victims are effectively supported and protected with meaningful long-term solutions, which address their individual situation;
- d. the impact on the risk of suicide and self-harm is taken into account for apparent victims.

**Lesson 5** – The Prison Service should put in place an education programme for prisoners outlining the effects and risks of using NPS.

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The Prisons and Probation Ombudsman investigates complaints from prisoners, young people in secure training centres, those on probation and those held in immigration removal centres. The Ombudsman also investigates deaths that occur in prison, secure training centres, immigration detention or among the residents of probation approved premises. These bulletins aim to encourage a greater focus on learning lessons from collective analysis of our investigations, in order to contribute to improvements in the services we investigate, potentially helping to prevent avoidable deaths and encouraging the resolution of issues that might otherwise lead to future complaints.

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