

Exploring Novel Psychoactive Substance (NPS) use and its consequences for police practitioners and substance users in the North East of England

This study aimed to understand the link between NPS use and offending behaviour via qualitative, experiential accounts obtained from police staff and NPS users based in the North East of England. The study was funded by N8 PRP 1st April 2016 – 30th April 2017.

Negative behavioural consequences of NPS use meant that NPS users frequently transgressed the law, were arrested and detained in police custody suites. The focus of our work was to find out how NPS use was impacting on police staff and also users within a custody suite setting. Interviews were undertaken with police staff and NPS users between June 2016-Sept 2016 after the Psychoactive Substance Act (May 2016).

KEY FINDINGS

POLICE CUSTODY STAFF

- Staff were concerned about NPS and how to manage and treat the user
- Their experiences of users were that they could be extremely volatile in custody and this impacted on police staff/allocation of resources
- Staff were concerned with managing risk to themselves and the user
- NPS could cause unpredictable effects so users were still frequently transferred to A&E due to health concerns – creating a further resourcing challenge.
- Staff expressed concern about polysubstance use (e.g. alcohol) and NPS
- Concern was expressed about the vulnerability of some NPS users
- The custody nurse was viewed as a valued asset

NPS users

- NPS use increases risk taking behaviour and exposure to risk
- Users felt NPS is highly addictive and linked to rapidly deteriorating health
- NPS is impacting on the mental health of users
- Users are not clear about where to go to access support reducing NPS use
- Users reported being receptive to support with NPS in a custody suite setting

Introduction

Novel Psychoactive Substances (NPS) are a range of plant-based/synthetic substances that mimic the effects of other well-known illicit substances (e.g. cannabis and cocaine). NPS encompasses a diverse range of: plant-based substances (e.g. salvia divinorum); and synthetically produced drugs derived from cannabinoids (e.g. Spice), cathinones (e.g. mephedrone) and piperazines (e.g. BZP) (Winstock & Wilkins, 2011; Zawilska and Andrzejczak, 2015). Initially called "legal highs" (prior to May 2016), most of these substances fell outside of existing drug legislation which could account for their notable rise in popularity (many were legal to supply or consume providing they were marketed as "not fit for human consumption"). Both the speed of change in this drug market and an increase in reported associated harms of NPS have meant that they are of concern to local, regional and national bodies (Measham, 2011).

Whilst controlling the supply of NPS is challenging, negative behavioural consequences of NPS consumption mean that the users of these substances also frequently transgress the law, are arrested and detained in police custody suites (Winstock & Wilkins, 2011). As such, police staff (and other emergency responders) report a rapidly increasing workload due to NPS use but also a lack of confidence about identifying precisely *what* substance has been used and its likely effects, possible interactions with other substance use (see Public Health England, 2016) and thus what the implications are for staff and detainee safety in the custody suite setting. This is compounded by the significant presence of other factors influencing behavioural disturbances in this setting such as undiagnosed mental disorders (McKinnon et al., 2016).

There is a need for sensitive exploratory work to understand the impact of NPS use on police and the wider criminal justice system from the perspective of staff and users. This study provides insights into the impact on current policing practice of NPS use. It also considers the impact that the fast changing culture of NPS use has on their day-to-day work as first responders in the criminal justice system. We also explore with NPS users the immediate behavioural impacts and wider consequences of NPS use. We explore how police custody suite interactions are viewed and managed by a range of police staff and detainees.

Methods

We conducted in-depth interviews with 15 police staff and 25 self-identified NPS users during the 12 month study period. The interview process was structured via topic guides but emergent (unforeseen) issues were explored further in subsequent interviews. Recruitment of interviewees continued until data saturation was judged to have occurred, that is no new issues arose during interviews. All interviews were audio-recorded and fully transcribed and the narrative accounts were used to enable thematic analysis (in Nvivo) of key issues for participants.

Findings

Staff reported being challenged to handle some of the most volatile, vulnerable, and demanding members of society whilst administering their duties. Unlike other police positions, their key role was the welfare of these people as they either entered into the criminal justice system or were released back into the community. Officers generally considered themselves to be well equipped through their general training, knowledge, and experience on the job to deal with a wide range of issues and

behaviours as part of their role. The detention officers felt confident in dealing with people who presented under the influence of alcohol, heroin, cocaine, and other substances. However, NPS presented a whole new challenge. Those attending custody having consumed NPS displayed unusual behaviours, and there was a greater intensity to their behaviour than with other substances:

Some of them come in kicking and screaming, and kicking off. Some of them come in quite calm, but get worse as they've been in here ... They're absolutely horrendous. I've seen people hallucinating, screaming, sweating, violent, extraordinarily strong for their size." [NPSDO2]

Some officers describe how many users were in such a high state of intoxication that it could be difficult to ascertain what had been consumed. Therefore, other processes, particularly the on-site custody nurse, formed a crucial part of the risk assessment process. In particular, having the nurse within a custody environment 24 hours a day / 7 days a week, was described by all detention officers as being very important in monitoring and managing risk. This was particularly important in relation to NPS as the substances described and the behaviours users demonstrated were both new, unexpected, and unpredictable, leaving staff unsure as to the best way to care for the respective detainee. Staff were not medically trained and were faced with other pressures, for example, having to deal with, care for and manage other detainees presenting with complex needs. This officer gives an insight into the processes and the pressure that staff were under:

'It's a lot more stress, because we aren't medically trained. We've got a Level 3 First Aid ... We've got one custody nurse and she's great and she'll go round [but we are a 50 cell complex with other health issues] you've got such a massive strain and stress that [NPS] then on top - it's like the cherry on the cake. Because they're so unknowing, you don't know what's in them, what they've took and there's that many different varieties, you just - with heroin and cocaine and stuff, because you know what it is, you know how to treat it, you know what to look out for, you know the symptoms and you know the dangers of it. With this, you don't know, so we try to edge on the side of caution and send them to hospital or the nurse" [NPSDO12]

Dealing with problematic users could be time consuming for the officers involved and therefore costly. Custody staff described the different levels of monitoring that they provide: from constant monitoring on CCTV, 15 minute checks, and in some cases an officer or even two officers remaining with the detainee. Many of the detention officers were concerned about the risk that NPS use posed for the user, the organisation, and also for themselves and their professional career. As one custody officer describes: 'There's no other thing that I can think of, that is as serious, and as acute, so quickly.' [NPSDO3]. The impact of NPS use affects other emergency responders. Detention officers discussed who should be responsible for people when they are using these substances, and whether custody was the right place for them:

It seems that every night shift we do, there's an ambulance called. It's the fear that we don't know what they've taken... And then they start exhibiting, crying one minute, very aggressive the next. You don't know who you're getting. It's obviously affecting the mind and the emotions. And they're very unpredictable, difficult to deal with, and sometimes they're just so out of it, that an ambulance seems like the only thing that we can do ... [NPSDO5]

Many of the officers saw the issues that users faced were part of broader social issues, including deprivation, homelessness, and cuts to services: ‘the problem is NPS is it’s not a symptom it’s the solution in their eyes, the symptoms are things like homelessness, poor upbringing, deprived backgrounds’ [NPSDO14].

Experiences of being in custody for reasons linked to NPS were mixed, as discussed by users. For some, managing NPS withdrawal in custody was quite upsetting and traumatic. This was exacerbated by feelings of disorientation and noise. This female user felt stressed in custody and requested something to try and help her to bring her feelings and symptoms under her control:

‘I will ask for things like blues or even yellows¹ [...] To calm me down so I can get some sleep because police stations are noisy. They don’t seem to get the whole grasp of addictions. [...] If you haven’t got any legal highs in your system then it is like a war zone going on inside your body because one wants to be sick, one wants to have a sh*t and the other is telling you to shout. The other one saying, “I need to get to sleep.” Sweat - It is just not nice.’ [NPSUR16, FEMALE, Female]

The issue with NPS was further compounded due to the lack of recognition or knowledge of NPS as an addictive substance: officers described having been told by the custody nurse and treatment staff that NPS was *not* addictive. There was also evidence of a lack of a specific care pathway in place for NPS users. For many officers there was still things about NPS that were unknown, and more information was welcomed, particularly around signposting treatment routes.

Conclusions

Our research showed that NPS were having a striking effect on custody, adding pressure on already overstretched police staff and to existing challenges around fulfilling role requirements. Police staff in this study perceived particular sub groups of NPS users to be extremely volatile but also reported that managing risk to themselves and users within this pressurized environment was increasingly challenging. Officers generally tended to associate different levels of risk with different types of user; young people and poly drug users were identified as being the most ‘at risk’ individuals both to themselves and for others. Users were frequently transferred to A&E from custody suites, creating further resourcing challenges. Users themselves linked substances to persistent poor health and criminal activity. Custody suites have been developing resources to help respond to NPS use and a key role that was identified was the custody nurse, who was viewed by many participants to be a great asset for police staff and also to NPS users.

The intersections between NPS and other substances (including alcohol and heroin) was explored with police staff and users who had experienced being in custody suites; specifically around similarities and differences in treatment, management and how these substances were viewed and responded to by police staff and substance NPS users. Police staff reported feeling less knowledgeable about how to manage and respond to the needs of NPS users compared to other substance users (e.g. alcohol, heroin). Risk was perceived as being heightened when it was not known what type of substance had been used or when it was associated with other substance use. Officers recognised the vulnerability

¹ Benzodiazepines

of users more generally in terms of exploitation, but also recognised that it was the nature of NPS and the unpredictability of the user's behaviour that caused them most concern. Overall, users themselves found custody a stressful place to be in, but expressed an interest in accessing treatment in or via this setting.

Implications for further research

The literature around NPS is still in its early stages of development; our data showed that emergency services (e.g. police, the ambulance system and A&E staff) and 3rd sector organisations are still responding to the changes brought about after the Psychoactive Substances Act in May 2016 by developing partnership working and care pathways. Further research should examine ways to support and evaluate these practices across emergency responders, as well as considering brief intervention work within custody.

Further research is suggested to specifically explore the impact of NPS on long term health, as well as costs to services, and a focus on treatment to reduce NPS use and linked recidivism. This will help to relieve some of the impact NPS is having on police staff in custody and NPS users.

We also emphasize the importance of clearly quantifying the challenges posed to public health (Evans-Brown and Sedefov, 2017). As stated by the EMCDDA (2016: 9), what is of concern to public health is that some of these psychoactive substances are so new that there is a limited evidence base around risk, and it is this that would also be deployed as 'one of the primary justifications for punitive control measures'.

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