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Navigating Custodial Environments: Novel Psychoactive Substance Users Experiences of Stigma

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Introduction

There are over 700 varieties of Novel Psychoactive Substances (NPS) in circulation globally that are being tracked by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2021). These NPS are monitored for levels of harm through 'event-based data, toxicovigilance, signal management, and open-source information' and, depending on results, varieties of NPS can be subject to intense monitoring and public health alerts (EMCDDA, 2021). NPS are synthetic, plant-based substances that mimic the drug-induced effects of traditional illicit substances categorised as depressants, stimulants, cannabinoids and hallucinogenics (Evans-Brown and Sedefov, 2017; Zawilska, and Andrzejczak, 2015; Winstock and Wilkins, 2011). They are usually mass produced and can quickly be adapted by altering the chemical formula slightly to circumnavigate drug control laws and crime prevention strategies – so much so that as soon as a variant is identified by law enforcement organisations there are usually already several other variants prepared ready for distribution (Zawilska, and Andrzejczak, 2015). This amoeba like characteristic to NPS is further compounded through aggressive modern marketing techniques that utilise branding, imagery and colourful packaging, to further complicate the tracking of derivative versions of NPS (Addison et, al. 2018). Names such as Pandora's Box, Pandora Returns, Pandora's Explosion (in the UK) imply an association to the original 'Pandora' stimulant but certainty about the 'type' and toxicology of substance acquired is ambiguous to say the least (Winstock and Wilkins, 2011; White, et al., 2019); with some varieties been found to have traces of heroin, rat poison, or bulking agents (White, et al., 2019; Addison et al., 2017.

NPS can be ingested by injecting, smoking and via liquids; they are particularly problematic because of the fluctuating levels of potency, quantity and frequency of use (Addison et, al., 2017; White et, al. 2019). In light of the complexity surrounding NPS and the people who use these drugs, managing and controlling NPS presents a complex set of challenges to health and social care providers, emergency services, and staff working in custody settings. Arising

out of this context, the aim of this chapter is to discuss the everyday experiences of people who use NPS as they try to navigate different custodial settings: a busy city centre police custody suite and a Category C prison both based in England. In particular, we focus on how staff construct understandings of NPS users through mechanisms of stigma, and how this creates a barrier to healthcare for these individuals.

In England and Wales until May 2016, NPS were legitimately available to purchase in 'headshops' found on local highstreets, as well as in petrol stations and takeaway shops (Addison et al., 2017; Irving and Soppitt, 2015). People who used NPS crossed the social spectrum, attracting individuals who were curious and were first time users, as well as more experienced people who were looking to try, or switch, to the latest psychoactive substance. The social and health related problems surrounding NPS have been well documented: they tend to be much stronger (White et al., 2019) cheaper, easier to access, and linked to low-status volume crime (Home Office, 2016). Reports from Accident and Emergency Units, as well as police and prison custody, highlighted unpredictability and violent behaviour as presenting factors of individuals who had consumed NPS (White et al., 2019; Home Office, 2016). As such, the Novel Psychoactive Drugs Act came into force in 2016 making it illegal to produce, sell or distribute NPS to others, or possess NPS in custodial settings (HM Government 2015. NPS are now controlled as Class B substances and can lead to a maximum sentence of 5 years for possession, 14 years for possession with intent to supply, or a maximum 14 years for supply and/or production (HM Government, 2016). This has generally been enough to deter a large swathe of the population who might have been tempted to try NPS out of curiosity and perceived 'legitimacy' (Addison et al., 2017) as a 'legal high'.

However, a vulnerable subset of the population who were already established users (for example amongst: street homeless, prisoners, and those in temporary accommodation), in particular, continue to use NPS despite changes in legislation in England and Wales, precisely because NPS are cheaper and stronger than more traditional illicit substances like cannabis, heroin, and ecstasy (Addison et al., 2018). Dame Carol Black's most recent independent review of drug use in England and Wales (2020) shows that drug-related deaths amongst 'rough sleepers' are now at the highest since records began. DrugWise (2021) highlights that NPS can now be acquired illegally through shops and the internet (i.e., Dark Web) more so than any other illicit substance. Black (2020) also reports how long-term drug

use is highly correlated to poverty, and that dependent drug users move in and out of prison settings with little scope for success in recovery or achieving meaningful employment.

In the current social climate, the Office for National Statistics (ONS 2020) report on Drug Use in England and Wales year ending 2020 that around 115,000 adults had used NPS in the last year, with 71% of these people aged between 16–24 years old. ONS go on to report that this is a far greater percentage of young people who use NPS compared with other drug types: cannabis: 45%; powder cocaine: 38%; ecstasy: 54%. With the loss of many protective factors (such as stable employment, social capital, and investment in health and social care services), Black reports that the current social context in England and Wales, where the 'cost to society of illegal drugs is around £20 billion per year, but only £600 million is spent on treatment and prevention' (2020: 3), and to which we would also add the parallel pandemic of COVID-19 and existing health inequalities (Bambra et al. 2021), culminates in the 'perfect storm' impacting on the most vulnerable and marginalised in society.

In this chapter we focus on mechanisms of stigma inflicted on users located in custody settings, which we frame as part of the dynamism that keeps this 'storm' increasing in volatility, to show how stigma can have harmful and painful outcomes for vulnerable individuals and can translate into barriers to health and social care services in these settings. Custody environments are highly pressured and controlled spaces, depending on regimen, structure, and adequate resourcing to function properly (Addison et al., 2017; 2018; McGovern, et al., 2020). Our research shows that NPS had a striking effect on both police custody and prison environments, which we discuss in our findings. The Chief Inspector of Prisons warned "Synthetic cannabis is "destabilising" some UK prisons and the situation among inmates is getting worse, not better" (BBC News, 2016). We discuss the stigma associated with substance use, in particular, the way in which NPS use is recognised, understood, and managed by staff working in the criminal justice system. To do this we draw on research findings from two qualitative studies from 2016 and 2018 which included interviews with staff from a busy city centre police custody suite and a Category C men's prison. We focus on the custody environment in particular because of a high density of NPS users, and propensity to try to use, as well as the opportunities and failures to act upon 'teachable moments' (Addison et al., 2017) to intervene with NPS usage.

Theorising Stigma in the Context of NPS use

In this section we discuss mechanisms of stigma that situate people who use NPS as 'revolting subjects' (Tyler, 2013), and how these operate within and through distinctions made to other kinds of substances and the people who use them, for example heroin and alcohol. Stigma attached to NPS use is particularly wounding in the current social context because i) people who use NPS tend to be already highly vulnerable, experiencing marginalisation and multiple co-occurring stressors (Winstock and Wilkins, 2011; Chang et al., 2016), and ii) NPS is perceived as a low status drug, located at the bottom of a moral economy of drug use (Wakeman, 2016; Addison, et al., 2018).

Goffman (1963) sets out the structural preconditions of stigma, of particular interest to our research is the stigma directed towards those inferred as having *'weak will'* due to their use of drug use and/or addiction: for Goffman this person is viewed as 'less' by others, they are tainted, or discounted. Stigma can be seen as a negative social response to a perceived flaw and involves mechanisms such as labelling, stereotyping, separation, and discrimination (Stuber, Meyer & Link, 2008, np; Link & Phelan 2001, np). These mechanisms can be deployed by those of higher social position to create and maintain a downward comparison to stigmatised individuals/groups. This legitimates and perpetuates social control and a need for separation between "us" and "them". In Goffman's work, stigmatised populations include those with mental health challenges, people who have offended, and drug users; notably, the degree of social disapproval towards drug addiction is high. Using data from across 11 countries, Room (2005:4) highlights that the attitude amongst the general population towards perceived drug addicts shows more disapproval and stigmatisation than towards those who have a criminal record for burglary. Furthermore, both drug addiction and criminal record for burglary were met with greater social disapproval than chronic mental health disorders, homelessness, and unemployment (Room, 2015:145).

This social disapproval goes further - Goffman argues that once a person is reduced in the mind of another they are de-humanised and discriminated against: "the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often un-thinkingly, reduce his life chances" (1963:14). There is a relationship between the person who is stigmatised and the one doing the stigmatising in that

attributes are defined as 'undesirable' depending on the other person, and also in relation to place, and space. Stigma is repeatedly directed towards people who use drugs or have committed a crime because these are seen by the general public (and also within the criminal justice system in England and Wales) as having made a 'rational *choice*' to do so; the person has either weighed up the perceived benefits and risks or is too 'weak willed' to stop themselves from doing so. This rhetoric of the agentic, choosing individual is dominant in neoliberal society, despite evidence to show that other social determinants such as employment, housing, education and access to healthcare are influential in the everyday lives of people – widening social inequality and actually constraining 'choice' (Bambra, 2016; Garthwaite et al., 2016; Addison et al., 2019). Dame Carol Black's recent review of drugs reports (2020, 2021) specifically highlight a link between poverty, drug use, and subsequent criminal behaviour demonstrating that the pervasive and stigmatising construction of drugs users as people who make 'bad choices' is problematic, misleading, and harmful.

Alongside the continued increased level of drug use, there is also the problem of stigmatisation from wider society. Goffman's (1963, np.) notion of a 'spoiled identity' i.e. disapproval from society, can be used to understand the stigma people face when entering the criminal justice system and gaining the label of a 'criminal'. This can go one of two ways; it can deter people who have offended from facing further stigmatisation by avoiding the temptation of taking drugs, with some frequently taking an oppositional stance against using NPS, such as 'spice' (Addison, et al. 2017). Goffman (1963: 19) argues that stigmatised people strive to adjust their perceived spoiled identity to gain a new social identity, which offers normal "acceptance." The other option is accepting that their identity is already 'spoiled' and consuming drugs as a result of this, or alternatively, giving into the intense pressures of being incarcerated for which the drugs offer some relief: 'spice' is often referred to by prisoners as 'bird killer' ('bird lime' is Cockney rhyming slang for 'prison time') in that they believe it helps their sentences go faster by relieving the boredom of prison life and inducing relaxation (Baker, 2015; User Voice, 2016).

Unsurprisingly, there is a significant level of stigma towards people who use drugs from the wider public. This stigma takes a variety of different forms; to begin with there is a large amount of opposition to public policies aimed towards helping people who are addicted to drugs, compared with policies aimed towards helping people with mental illnesses, reflecting

the negative attitudes towards drug addicts (Barry et al., 2014). Sympathetic views may result at least in part form societal ambivalence about whether to regard substance abuse problems as medical conditions to be treated or personal failings to be overcome. Addiction is often viewed as a moral shortcoming with the illegality of drug use reinforcing this. It is likely that socially unacceptable behaviour accompanying drug addiction (for example, reckless behaviours and crime) heightens society's condemnation. For instance, upon entering the prison setting, prisoners are subjected to negative social evaluation from the wider public (Room, 2005) due to the 'criminal' label being condemned by the rest of society for being outside of societal norms and values. This marginalises and excludes prisoners from the rest of society and, arguably, leads to people who use drugs seeking out similar others to form a supportive counterculture and consolidate social capital. For Room (2005), this counterculture is a form of 'secondary deviance' which further marginalises people who use drugs.

The level of social disapproval experienced by people who use drugs is also dependent on the type of drugs taken, for instance - heroin use is more stigmatised more than cannabis use (Wakeman, 2016). NPS use appears to rank 'lower' than other types of drug use and attract more social disapproval – including amongst other drug users (Addison et al., 2017; Ahern, 2006; Chang, et al., 2016). Press portrayals of 'spice zombies' as 'threatening' or 'disgusting' presences both dehumanise and ignore the complexities of the user's life: equating 'drugs' with personal failure whilst simultaneously ignoring any structural inequalities, such as poverty, material deprivations and social injustice (Stockdale, 2017). This, in turn, desensitises the public's opinion towards the systemic, symbolic, and sometimes physical violence directed at them. Olsen et al. (in Room, 2005) reported that respondents from their survey felt that illegal drug users, tobacco smokers, and 'high' alcohol users should all receive less priority in health care; often believing that users behaviour contributed to their own illnesses. Barry et al., (2014) concluded that people were more likely to view discrimination against persons with drug addiction as "not a serious problem," compared with discrimination against persons with mental illness (63% vs. 38%). Research suggests that when substance users do seek care, they often experience discrimination in health care settings and the quality of care received is less than a non-substance user would receive (Miller et al., 2001; Chang et al., 2016). This idea is perpetuated through society and often this marginalisation can affect NPS users' health status through preventing them from

accessing the healthcare they are entitled to: this can lead to the exclusion of substance users from public service provision (Room, 2005).

Imprisoned persons are frequently stigmatised by the criminal justice system and the wider public, but they are often subjected to stigma from fellow prisoners and detainees too. This can include those inmates who use and do not use drugs. As users often experience stigma from one another, due to different drugs having their own level of social acceptance, creating a hierarchy between users (Palamar et al., 2012). For example, steroid users have been noted to stigmatise the use of psychoactive illegal drugs because such substances are used to get "high" instead of a means to improved health and physical fitness (Simmonds & Coomber 2009; Monaghan 2002, as cited in Palamar et al., 2012). In 2015, The Ministry of Justice introduced a 'crackdown' on NPS supply and use in prisons, involving new penalties for prisoners who use these substances. This compounded the ideology that drug addiction is a *choice* and that users merely 'lack self-control' (Room, 2005: 8); creating a wider societal symbolism of deviation, which is seen as a sign of character weakness to the wider public.

This, combined with the criminalisation of drug use in England and Wales, reinforces the assumption that prisoners and detainees make rational choices through calculating the increased risk of punishment. These problem representations perpetuated by government bodies, reinforces the stigma and shame around drug addiction, with the government historically implementing 'just say no' policies on drugs, rendering drug use socially unacceptable and reinforcing the idea that addiction is rooted in 'bad choices' rather than structural and systemic inequality. These ideas are propagated despite drug addiction being classified as a health disorder, similar to various other chronic diseases (Room, 2005). It can be said that the state 'weaponises' stigma (aided by political and media voices) to point at the supposed 'moral deficits' of those deemed culpable for their own 'troubled and troubling' condition (extreme poverty, lack of shelter, disability, work incapacity, migration status etc.) (Tyler, 2013, 2020; Crossley, 2018) and deflect collective responsibility towards the individual.

Methodology

This chapter builds on research findings from two qualitative projects within one police force with a busy city centre and suburban custody suite, and one prison identified as having 'very

serious issues' in relation to NPS which impact on the health of prisoners, the safety of the prison, and are framed as a drain to local resources e.g., the ambulance service (HMP Inspectorate Report, December 2015). Whilst the findings might not be generalisable across custody this is an opportunity to discuss emerging themes in relation to the impact of NPS on custody staff and mechanisms of stigma.

Both project's data collection took place after the Psychoactive Substances Act was enacted in May 2016. The police custody project took place June - September 2016 and involved qualitative, in-depth, face-to-face semi-structured interviews with 25 NPS users & 15 police staff. Police custody staff were invited to take part via email and recruitment leaflets, interviews took place in the police custody suite and their time to take part in the research was supported by senior officers. The prison project took place from April – August 2018 and involved semi-structured interviews with 10 NPS users & 13 prison staff. Prison staff were recruited through the Head of Reducing Reoffending and the Head of Drug Strategy and Healthcare Provision and were drawn from a range of roles: six were prison officers, five had supervisory/managerial roles, and two were strategic head of functions.

The interview process was structured via topic guides, with any emergent issues explored further in subsequent interviews. All participants were provided with detailed information about the study and gave informed consent. Participants had the right to withdraw from the study for 28 days after the interview took place. Anonymisation took place at transcription stage and all names removed. It is important to note that for both studies the police and prison staff are describing interactions with people who they *believed* to have taken NPS. All interviews were audio-recorded and fully transcribed and the narrative accounts were used to enable thematic analysis of key issues for participants.

Findings

Custody staff perceptions of NPS users

In our studies prison and police custody staff often demonstrated experience and familiarity with how to manage and interact with people who used more traditional illicit substances like heroin and cocaine, as well as licit substances like alcohol. When asked about their perceptions of people who use NPS custody staff highlighted a particular gap in their

knowledge and experience which impacted their confidence to interact with NPS users – they were unsure what substance had been consumed or what the effects would be. There did not appear to be a distinct 'type' of user: "there doesn't seem to be any sort of like rhyme nor reason nor age" [Prison Officer 02].

Whilst it was noted that some users might not be 'typical' or dependent drug users, the majority were described as engaging in long term alcohol and drug use (typically polysubstance use).

> They're generally not people that we haven't seen before. There's very few, in my experience [detainees new to custody]. Because of legal highs, I would think it tends to be those who are more prone to offend while on drink or drugs anyway. [Police Custody Sergeant 02]

Custody staff felt that prisoners and detainees were motivated to use NPS because they were cheaper or more easily available. Staff did not perceive NPS to be a primary drug of choice *per se,* rather, users were viewed to consume NPS out of desperation to alleviate withdrawal, boredom, and mental health issues:

> they're just generally using everything … everything they can get their hands on. Well, any street drug. [Police Custody Detention Officer 07]

Prison officers noted a difference between people on their wing who took NPS and those who did not take substances or took substances other than NPS. Interestingly this officer describes the difference when a prolific user of NPS stopped using the substance, noting the difference after they have been 'clean' for four weeks:

> Prison Officer Head of Function 06: he's a bit of a success at the moment … it's real good to see, and even he thinks that he's in a lot better place, yeah, he looks like a person should look, he's not all dishevelled, unshaven, unwashed, clothes dirty, he's a proper human being, so to speak. You know, he gets up in the mornings, he has a wash, he has a shave, he puts clean clothes on, and he takes pride in the fact that he's cleaned his cell, and you know that he's nicely turned out.

> Researcher: are [you saying] people who are using NPS, they don't take that care about their appearance, or their cell ...
>
> Prison Officer Head of Function 06: No [they don't], not in any way, they're completely unshaven, they lose weight, they don't care about how crumpled and dirty their clothes are, um a majority, because of the fact they've been found to have been under the influence, they haven't really worked so all they do is lay in their bed all day, and when you try to get them interacting with the drugs workers, doing an awareness course, but if they are so far down, they just are not interested … and it's trying to get through to those people, that we have to, we get through to some, but you'll never get through to them all.

In the conversation above it is noteworthy how the prison officer describes the change in the person since stopping using drugs, that they were more like a 'proper human being' when 'clean' of the substance. On clarifying this the prison officer describes users as being 'so far down' and describes both their 'dirty' physical appearance as well as a 'lazy' attitude and being uninterested in interaction with support workers as evidence of this.

Pressure Cooker: Resentment from staff

The environment within police and prison custody was highly pressurised. Staff were dealing with prisoners and detainees who presented multiple complex needs as well as unpredictable and volatile behaviour. The staff had a duty of care to keep all inmates and detainees safe and secure by following protocols and procedures which staff recognised, however, both police custody and prison staff described resentment towards the impact that NPS use had on their daily routines; the additional stress and strain it placed on an already difficult role operating in conditions where resources were already over-stretched:

> They've no concept quite often of where they are, who they are, no matter about where they are, or what they're doing or why, and they don't understand the process and they are constantly wanting or needing something if they're not self-harming or tying things round they're neck, things that need urgent attention … there seems to be

> a cycle of questions and cycle of neediness, they don't want to be left they want someone to be there to talk to all the time. Unfortunately we don't have the time to sit with them all day, in some ways it would be pointless because you having the same old conversation, it's a loop, they ask the same old questions you give the same old answers, goes round and round and round and that's just the state there in at the time, they just can't get out of the cycle of what there thinking, and that's obviously the effect, they're not coherent … they do take up a lot of time. [Police Custody Detention Officer 15]

Prison staff discussed dealing with prisoners who had used NPS and needed attention drew attention to how NPS created disruption to prison life and routines. Staff describe being stretched and fatigued from what was a time-consuming interaction, frequently impacting on their scheduled breaks, and adding to their daily duties:

> Yeah, umm...as a damned nuisance - it's usually when I'm on ground patrol, and I'm just enjoying a cup of tea, and a break, and it's Code Blue [difficulties breathing] ... we go down to workshop … and this was the one that was being awkward, we thought, we're gonna have to summon some more staff in a minute if we want to get him back to his [cell] ... and they [the other prisoners] were all laughing at him, and he was playing the goon … then he came 'round enough, to see a bit of sense and we were actually able to walk him back to the wing so umm ... I find ... when I see them like that, I don't fear they are going to come to any harm uhh, they may be a nuisance, but we're gonna get him back to the wing, put him in his cell, somebody else will do the paperwork, job done. Umm, but when it gets a bit of a nuisance ... I don't exactly lose patience with them [but I have the thought] "oh it's another blessed one of these things, I'm sick of these things". [Prison Officer 04]

NPS use, unlike other drugs that may be used in prison and police custody, produces unpredictable reactions amongst individuals. When prisoners or detainees had consumed NPS any adverse reactions had to be prioritised by custody staff to prevent them coming to serious harm – the importance then of managing reactions to NPS outstripped that of other drugs. This is demonstrated in a discussion with a prison officer who noted that even though they

might get a 'whiff of cannabis' as they walked the landings, they knew that the user was unlikely to have a reaction or need help. In contrast, NPS users' reactions could be unpredictable, and they typically needed an urgent response due to difficulties in breathing (code blue), as highlighted here:

> yes, I think, the only real noticeable difference is, with NPS, you can't ignore it ... if there's a Code Blue … then everything stops, sometimes it's very disruptive to the normal regime. [Prison Officer 04]

Similarly for police custody staff, NPS use is seen as more labour intensive due to the behaviour of the person who had taken them:

> I mean, we've got a duty of care to make sure they're safe, and that's the real problem. If they are being violent, we can just shut the door and leave them in there to monitor them on CCTV; that's not a problem. We get that quite common with drugs. The problem comes if they start harming themselves; if they tie things around their neck, or bang their heads on the wall, or even fall over by accident, then we have to enter the cell and stop it – untie whatever's round their neck, or stop them banging their head – that's when it becomes a problem, because it puts officers and staff at risk. It's also resource intensive; we might have to handcuff them, we might have to leave an officer with them on close proximity supervision, and it's just very resource intensive. And it's possibly dangerous for us, and dangerous for the individual that we're trying to restrain'. [Police Custody Detention Officer 02].

For many staff, both across police and prison custody, watching the way a person behaved when taking NPS – and noting a transformation from a 'placid and polite' person to someone different when they used substances. This prison officer notes the consequences when there was a medical emergency with the person in their care often had a long-lasting impact on staff:

> I've seen people here, a prisoner who has been normally quite placid and polite to staff, swearing, fighting staff, even when there might be four or five staff there with them, for their own safety, um, that they still want to fight. I've had one instance [I

> attended] and they were just about to get the de-fib [defibrator] machines, because they thought he had gone into cardiac arrest ... there were hardly any pulse. It was, it was very serious at that point, thankfully he started then to, sort of, recover a bit … but he came so close to death that day and I think it's one of those things that I'll never forget about it. [Prison Officer Head of Function 06]

Mechanisms of Stigmatisation: The Agentic, Rational Actor

Staff from police and prison custody were under mounting pressure to do more with less and saw NPS users as a serious drain on their time and already over-stretched resources. Staff felt unhappy, angry, and at times resentful, towards NPS users as a result. Many prison and detention officers saw NPS use as a rational and free choice made by the individual, and thus felt justified blaming and stigmatising people who did use NPS that could potentially have serious health side effects. Staff rarely understood motivations for drug use generally, and NPS use was considered baffling. Many of the staff framed their stigmatisation and resentment towards NPS users via a logic that predicated that if people did not use NPS then the circumstances within the custody settings would not be so fraught and this would alleviate pressure.

Some detainees were described as ‘addicted’ to NPS; however, a number of custody staff were dubious about its addictive potential and drew upon a rhetoric of ‘rational choice’ instead:

> We've got a couple of lads that come through who are addicted to legal highs, or that they tell us they're addicted to legal highs. Whether you can be addicted to whatever is in these, I don't know. I guess you probably could if you're taking them as frequently as that. [Police Custody Detention Officer 01]

At the time healthcare advice was that these substances were not addictive and so there was little support for the rehabilitation of users. However, this information was conflicting with real life experience from staff dealing with users who were witnessing what looked to be signs of withdrawal. This detention officer describes the complexity around this – they are witnessing someone in pain, unable to help with the physical symptoms of withdrawal.

Whilst feeling sorry for the person, the officer also discloses that they think the NPS user has brought it upon themself:

> from the drug rehabilitation side of it, they don't see legal high as an actual drug to be addicted to but that's serious cos you see the rattling signs, the sweats, the shakes, the pains they go through … the ones who are genuinely serious you can see the pain they're in, and as much as they say we're not human, we are human and you do feel really quite sorry for them, even though they've brought it on themselves [Police Custody Detention Officer 14]

Within a prison environment it was also seen as a choice, although some staff thought there was a possibility that there may be a physical addiction, those who used NPS were still seen to have *chosen* to take it:

> they're choosing to take it you know, there is a choice element there, you know, yes they're addicted but, sometimes, you know, I mean I've, when I have had the chance to be able to put prisoners down in the seg, [segregation unit] on it, and within you know a week or so, you can see a complete change in them, you know, when they come off it … they start to look healthier, I mean, we had a lad down there who was always under the influence, um and ... it's taken him a long time, but he, I mean he's transferred now, but he, he just looked so healthy, and I did his last seg review before he was transferred and I said 'you're just a completely different character' and he says 'Miss, my head is my own … for the first time in a long time'... umm, but if we put him back on the unit, he'd have gone straight back to it. [Prison Officer Head of Function 05]

Again, staff describe this transformation and change – whereby the user is seen as a human at times, especially when they are not using the substance, but then dehumanised at others. This is reflected in the management of NPS in both prison and police custody which is typically short-term in relation to controlling the immediate situation presented – not necessarily in relation to long term care or treatment or support of the person. Longer-term solutions in prison were predominately around physically removing a user from the wing where the

source was available or placing in segregation (which will be discussed in more detail later in this section). However, some of the officers did see 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' [Police Custody Detention Officer, 14].

Vulnerability of NPS Users

Prison staff also noted that vulnerable prisoners were sometimes spiked with the drug/given it to either test its potency for entertainment or to cause disruption in the prison.

> I think, very early on ... people were getting spiked, because they ... they wanted to see other people's reactions, and they wanted to mock them... or make them look stupid ... which they often do when they've ... 'cause they do, they do act like goons, I know their reactions in workshop is uh, you know they have a good laugh over it all ... [Prison Officer 04]

Here we see staff show sympathy towards some users of NPS and a recognition toward the vulnerability of these people within a prison environment. However, these feelings are held in conjunction with feelings of disdain whereby there was a transference of contempt towards the other prisoners who exploit them. There is also the recurring sense of weariness and frustration from staff that there are limited options available to deal with the problem, again we see a response limited to the restriction of the vulnerable person routine or moving the person to a different wing as a means to protect them.

> One of the, the worst things I think for prisoners is they've been using the more vulnerable prisoners, and they've actually been testing it out on them. And these prisoners are addicted, to, to the [N]PS so they'll gladly take it for free ... and some of them have reacted really badly. One particular case I remember is a lad, and they were just, well they would have died, if we hadn't done what we did with him ... we put him into [NAME] Wing, and he had a restricted regime,

> where he was restricted from anywhere else, umm, and it eventually worked for him ... but uhh, he would have died. [Prison Officer Head of Function 05]

Segregation and Violence

It was noted that the segregation unit is not the best place for prisoners to be, but there is a lack of other options when their behaviours are posing a risk to themselves and to others

> I mean, in the extreme cases, I mean...it's not ideal, but both of those individuals [who used NPS] were actually located on the segregation unit because of the risk that they posed to themselves … but [also] the risk that they posed to staff and other prisoners as well ... the segregation unit isn't the right place for them, you know, from a mental health point of view but the overriding thing is the risk that they pose to themselves and others. [Prison Officer Head of Function 05]

There are also other issues observed by staff within the prison setting. One of these being in relation to the violence that can occur in order to obtain drugs. It is interesting that the sexual violation and violence staff describe here is attributed to the drug use – it is what NPS does to a person.

> I actually dealt with a nasty incident one weekend, on one of our wings, where they'd actually, they thought a prisoner had some drugs secreted [in his rectum] and all the member of staff on that wing saw was a prisoner dragging another prisoner, lifeless across the landing … they'd actually forced him to have spice. They then, what they call spooned him to get what they thought he had. So, it is sexual assault. And they'd left him with like, stuff all around his head, coloured all over his face, with his pants round his feet, and the spoon still stuck out of his anal area on the landing....and that's you know, what it does. [Prison Officer Head of Function 05]

There is a further issue in relation to a prisoner being vulnerable to violent attacks or retribution due to the disruption they cause by their drug use. If a user has ‘gone under’ and a Code B emergency is called, then this disrupts movement around the prison. When prison staff leave to attend to the user then activities may be cancelled, equally if healthcare staff

attend then other prisoners may be delayed in receiving their prescribed medication (which may include drugs to help manage their drug addictions). As this prison officer describes:

> [if a prisoner is taken by ambulance] we need to send two staff with them, if they become violent, we have to look at the safety and security of the ambulance, so we might need to send a third person, if that then person stays out, that's four staff every 24 hours, sat there, looking after him. It has a big impact on the rest of the regime, because you can't run the regime and the prisoners end up being locked behind their cells, in their cells, which then leads on to effectively them getting bored, and causing trouble, it just has a complete knock-on effect of the whole way down the line. Um, and you know, staff don't want to be sat out, just because someone has taken a drug of their own accord, you know, it's work that we could be doing with them in here, that will help, a lot more. [Prison Officer Head of Function 06]

Whilst the disruption to prison routine may result in revenge violence towards the user from other prisoners who had their routine altered or their own medication delayed. The same disruption to service provision was felt by police custody staff. NPS users often required more intensive care and supervision than other people in the custody suite due to the impact of the substance on their behaviour. This often meant less support available to other people (who may by vulnerable or have other health care needs) in the custody suite at that time:

> '[its] very, very labour intensive in how we would deal with that person all the way through. But you've got to remember that I've also got to deal with everybody else as well.' [Police Custody Detention Officer 03]

Tougher measures

Within the prison estate tougher punitive measures were enacted for prisoners who used NPS. For this prison anyone who had used a substance (it was not possible to identify what that substance was/if it was NPS) and had a reaction whereby they were unconscious, and staff were called then, in addition to a referral to the drug and alcohol recovery team, they would be returned to their cell and all personal items (including pictures/photos and drawing) would be removed, privileges would be withdrawn, and they would face additional time added to

their sentence. This prison officer explains what the prisoner is faced with when they come round from taking NPS:

> I think that they're blinkered ... they [SIGH] what inmates seem to go for is somethings that they want in the here and now... they'll go for, they'll do it, regardless of any consequences ... and they don't think, like you and I would, 'oh I better not do that because'. So what happens is, they have their hit, they get taken back, they get seen by healthcare, they get taken back to their cell eventually, and then when they come around ... and come to their senses, if they do, well as much as they can and "ooh hang on, me tele's gone"; they've had their tv removed from their cell, "oh I had a magazine there, all of the magazines have gone"; any paper in the cell, would have been removed in case it's been impregnated. So, they've got nothing to read, they've got no tv, but it doesn't stop there - they could well end up in front of a judge, get extra time. In the meantime, they've lost a lot of their spending ability on canteen ... they'll have lost a lot of ... they get all sorts of things knocked back on ... instead of having a two-hour visit, they've got a one-hour visit and so it goes on. So, for that one hit, it's been very expensive for what it is, to them, so, you can't tell me they don't enjoy all of these other things. So, they've gone into taking that, stuff without thinking they were going to lose all of that. [Prison Officer 04]

Again, the emphasis is on the person making a choice to use or not to use NPS or other illicit substances within the prison, if they chose to use then they would face certain consequences. At the time of the research project further measures were being trialled which involved contacting the prisoner's family if they were found either as a code blue from using NPS or if they failed a mandatory drug test. This went further for prisoners who had children at home:

> If that person uses multiple times and has children, then I will notify social services because I don't want them to be a danger to children, their own children or any other children, when they're released ... so I make social services aware, what they do with that, that information, is up to them. And the prisoner is told that social services were informed, they're told that their family will be informed ... so it's made quite clear from the outset from when they come in here, that these are the actions that will happen if you fall into one of these areas. [Prison Officer Head of Function, 06]

Reflections

Custody staff and other people who use drugs discuss NPS use in derogatory ways, reproducing mechanisms of stigma that pathologise NPS users as repellent 'kinds of people'. What is more concerning to us is that our research found that this differentiation of NPS users can affect how people who use NPS access and experience treatment within custodial settings, for example: in their healthcare plans and provisions when withdrawing from NPS; the administration of harsher punishments for NPS use in prisons; and the ways in which NPS users are treated by other substance and non-substance using prisoners. As such, mechanisms of stigma within custodial settings had a demonstrably negative impact on the health and wellbeing of people who use NPS. What is more, additional work created by managing the care of NPS users generated greater pressure on already overstretched staff - within custody environments.

Furthermore, NPS users were frequently transferred to A&E thus creating further resourcing challenges. Both police and prison staff perceived NPS users to be extremely volatile and reported that managing risk to themselves and users was increasingly challenging. In such a pressurised context, custody staff held the NPS users accountable for the strain they felt and utilised the rhetoric of drugs users making 'bad choices', rather than an alternative explanation being rooted in chronically under-funded infrastructure within custody and wider social and health inequalities impacting on continued use of NPS amongst these individuals.

Conclusion

Returning to Dame Carol Black's Review of Drugs, with a focus towards prevention, treatment, and recovery, she writes that the 'Government faces an unavoidable choice: invest in tackling the problem or keep paying for the consequences' (HM Government, 2021). This means adopting a 'whole-system' approach which starts with proper investment in treatment and recovery services. To facilitate the success of these care pathways for people who use drugs, the social determinants of health need to be tackled and invested in. For Black, this means the Ministry of Justice and the Home Office, as well as the Department of Health and Social Care, Department for Work and Pensions, and the Ministry of Housing, Communities and Local Government all working together to provide better housing, better employment

opportunities, better outcomes from the criminal justice system, and opportunities for education and training.

We would add that social relations that inscribe stigma onto people who use drugs need to be recognised as harmful; mechanisms of stigma lower self-esteem, impact on mental health, and obstruct access to health care services. This cannot continue – this is a call to action to health and social care providers, as well as those in the provision and management of custody settings, to reflect on and stop practices within their organisations that perpetuate the stigmatisation of people who use drugs. This begins with proper investment in the infrastructure of these settings to alleviate pressure on custody staff and adopt a 'whole-systems' approach to offender management and recovery from substance use. Only then can we hope to see people who use drugs weather the storm.

Ethical Approval

Ethical approval for this study was acquired through the Newcastle University Faculty of Medical Sciences Ethics Committee (REF: 01085/2016). Ethical Approval was also acquired through York St John Health Sciences, Sport, Psychological and Social Sciences and Business Research Ethics Committee reference Stockdale_23032018 on 23/03/18 and The National Research Committee, HM Prison and Probation Service April 2018.

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References

Addison, M., E. Kaner, L. Spencer, W. McGovern, R. McGovern, and A. O'Donnell. 2020. Exploring pathways into and out of Amphetamine type stimulant use at critical turning points: A qualitative study. *Health Sociology Review* 30 (2): 111–126.

Addison, M., E. Kaner, P. Johnstone, F. Hillier-Brown, S. Moffatt, S. Russell, B. Barr, P. Holland, S. Salway, M. Whitehead, and C. Bambra. 2019. Equal North: How can we reduce health inequalities in the North of England? A prioritisation exercise with researchers, policymakers and practitioners. *Journal of Public Health* 41 (4).

Addison, M., H. Brown, A. Brennan, S. Coulton, L. Crowe, E. Gilvarry, H. Hickman, E. McColl, R. McGovern, C. Muirhead, D. Newbury-Birch, and E. Kaner. 2018. ACCEPT: A pilot feasibility trial of alcohol screening and brief intervention in the police custody suite setting. *Alcohol and Alcoholism* 53 (5): 548–559.

Addison, M., K. Stockdale, R. McGovern, W. McGovern, I. McKinnon, L. Crowe, L. Hogan, and E. Kaner. 2017. 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): 313–319

Ahern, J., Stuber, J., & Galea, S. (2007). Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence*, 88(2-3), 188-196.

BBC News (2016) 'Legal highs 'destabilising prison', chief inspector warns' Available at: https://www.bbc.co.uk/news/uk-36184617 (Accessed 02/11/21).

Bambra, C. 2016. *Health divides: Where you live can kill you*. Bristol: Policy Press.

Bambra, C. 2018. First do no harm: Developing interventions that combat addiction without increasing inequalities. *Addiction* 113 (5): 787–788. https://doi.org/10.1111/add.14116.

Bambra, C., Lynch, J., and Smith, K. E. 2021. *The unequal pandemic: Covid 19 and health inequalities*. London, Policy Press.

Black, C. (2020) 'Independent Report – Review of Drugs Phase One Report'. Available at: https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary [Accessed 9/7/21].

Black, C. (2021) 'Review of drugs part two: prevention, treatment, and recovery'. Available at: https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery [Accessed 9/7/21].

Chang, J., Dubbin, L., and Shim, J., (2016). 'Negotiating substance use stigma: the role of cultural health capital in provider-patient interactions'. *Sociology of Health and Illness*, 38: 90-108.

Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness. *Psychiatric Services*, 65(10), 1269-1272.

Chang, J., L. Dubbin, and J. Shim. 2016. Negotiating substance use stigma: The role of cultural health capital in provider-patient interactions. *Sociology of Health and Illness* 38: 90–108.

Crossley, S. 2018. *Troublemakers: The construction of 'troubled families' as a social problem.* Bristol: Policy Press.

Drug Wise. 2021. *New psychoactive substances*. Available at: https://www.dru gwise.org.uk/new-psychoactive-substances/. Accessed 10 November 2021.

European Monitoring Centre for Drugs and Drug Addiction. 2021. *European Drug Report: Trends and Developments*. Luxembourg: Publications Office of the European Union
Evans-Brown, M., & Sedefov, R. (2017). New psychoactive substances: driving greater complexity into the drug problem. *Addiction*, 112(1), 36-38.

Garthwaite, K., Smith, K.E., Bambra, C., Pearce, J. (2016). 'Desperately seeking reductions in health inequalities: Perspectives of UK researchers on past, present and future directions in health inequalities research' in *Sociology of Health and Illness*, 38(3): 459 – 478.

Goffman, E. (1963). *Stigma: notes on the management of spoiled identity*. Touchstone, Simon & Schuster Inc: New York.

HM Government. 2021. *From harm to hope: A 10-year drugs plan to cut crime and save lives*. London HM Government.

HM Government (2016). New crackdown on dangerous legal highs in prison, Available at: https://www.gov.uk/government/news/new-crackdown-on-dangerous-legal-highs-in-prison [Accessed 9/7/21]

HMP Inspectorate Report (December 2015). *Report on an unannounced inspection of HMP Wealstun by HM Chief Inspector of Prisons 17-28 August 2015*. Available: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2015/12/Wealstun-web-2015.pdf [Accessed 02/11/21]

Home Office (2016). 'Psychoactive substances ban 6 months on: almost 500 arrests and first convictions' [Accessed 18/10/21] Available at: https://www.gov.uk/government/news/psychoactive-substances-ban-6-months-on-almost-500-arrests-and-first-convictions

Irving, A., C. Parker, and S. Soppitt. 2015. A whole city response to the use of Novel Psychoactive Substances (NPS) by young people in Newcastle-upon-Tyne. Newcastle Upon Tyne: Northumbria University.

Link, B. G. & Phelan, J. C. (2001). Variations in the definition of stigma & challenges to the stigma concept. In. Conceptualizing stigma. *Annual Review of Sociology*, 27: 363-385.

McGovern, R., Crowe, L., Addison, M., Hickman, M., Kidger, J., McColl, E., Newbury-Birch, D. and Kaner, E. (2020). Containment and care? A qualitative interview study

exploring police custody staff views about delivering brief alcohol interventions to heavy drinking arrestees. *Drugs: Education, Prevention and Policy*, 27(6): 436-444.

Miller, N. S., Sheppard, L. M., Colenda, C. C., & Magen, J. (2001). Why physicians are unprepared to treat patients who have alcohol-and drug-related disorders. *Academic Medicine*, 76(5): 410-418.

Norton, A. (2016). 'Spicing up the subject' The recorded experiences of prisoners and prison staff on the subject: New psychoactive substance use in a North West Prison', *The Howard League for Penal Reform, John Sunley Prize winning masters dissertation* https://howardleague.org/wp-content/uploads/2017/01/Spicing-up-the-subject.pdf (accessed 02/11/21)

Olsen, J. A., Richardson, J., Dolan, P., & Menzel, P. (2003). The moral relevance of personal characteristics in setting health care priorities. *Social Science & Medicine*, 57(7): 1163-1172.

Office for National Statistics. 2020. Drug misuse in England and Wales: Year ending March 2020, Available at: https://www.ons.gov.uk/peoplepopulatio nandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yea rendingmarch2020. Accessed 11 November 2021.

Palamar, J. J., Kiang, M. V., & Halkitis, P. N. (2012). Predictors of stigmatization towards use of various illicit drugs among emerging adults. *Journal of Psychoactive Drugs*, 44(3): 243-251.

Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review*, 24(2): 143-155.

Simmonds, L. and Coomber, R. (2009). Injecting drug users: A stigmatised and stigmatising population. *International Journal of Drug Policy*, 20(2): 121–30.

Stockdale, K.J. 'Spice and police custody: there must be a better way'. *The Conversation*, 10th May 2017.

Stuber, J., Meyer, I. and Link, B. (2008). 'Stigma, prejudice, discrimination and health'. *Social Science & Medicine,* 67(3): 351–7.

Tyler, I. 2013. *Revolting subjects: Social abjection & resistance in Neoliberal Britain*. London: Zed Books.

Tyler, I. 2020. *Stigma, the machinery of inequality*, London: Zed Books.

Tyler, I., and T. Slater. 2018. Rethinking the sociology of stigma. *The Sociological Review* 66 (4): 721–743

User Voice. (2016). 'Spice: The bird killer - What prisoners think about the use of spice and other legal highs in prison' https://www.uservoice.org/consultations/spice-use-in-prison/ (Accessed 02/11/21).

Wakeman, S. (2016). 'The More Economy of Heroin in "Austerity Britain"' in *Critical Criminology*, 24: 363 – 377.

Winstock, A. and Wilkins, C. (2011). 'Legal Highs": The challenge of new psychoactive substances' in *Series on Legislative Reform of Drug Policies*, 16: 1-16.

White, J. C., Wood, D. M., Hill, S., Eddleston, M., Officer, J., Dargan, P., Dunn M. and Thomas, S. (2019). Acute toxicity following analytically confirmed use of the novel psychoactive substance (NPS) methiopropamine. A report from the Identification Of Novel psychoActive substances (IONA) study. *Clinical Toxicology,* 57(7): 663-667.

Zawilska, J. B. and Andrzejczak, D. (2015). 'Next generation of novel psychoactive substances on the horizon – A complex problem to face'. *Drug and Alcohol Dependence*, 157: 1-17.