10. New Psychoactive Drugs in European Prisons

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Introduction

Drugs play a major role in prisons. It has been shown that illicit substance use, especially the use of new psychoactive substances (NPS), is more prevalent among people entering prisons and other closed settings than in the general population; and poor substance use-related health outcomes after release from prison are common. How do prisons and other detention centres deal with the prevalence of people who use drugs and people who use NPS?

NPS are defined by the United Nation Office on Drugs and Crime (UNODC) as "substances of abuse, either in a pure form or a preparation, that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic Substances, but which may pose a public health threat" (UNODC, 2020).

According to the respondents of the EU-funded project 'NPS use in European prisons – Assessing prevalence and providing a comprehensive strategy for effective prevention and intervention' (Auwärter et al., 2022), all substances are almost always available in prison settings. The substances mentioned in the study are NPS, cannabis, cocaine, heroin, ecstasy, amphetamine, alcohol, heroin and methamphetamine. Furthermore, drugs such as Subutex, Lyrica, Tilidin and Ritalin are also traded for non-medical use. The most common form of NPS use in prison is inhalation (smoking). However, there are also cases where NPS is prepared as tea or used nasally. Due to their nature, NPS can be used anywhere, i.e. in the cell, at work, as well as during sports or group activities (Auwärter et al., 2022).

The use of NPS in European prisons has become a serious health and social problem with numerous life-threatening poisonings and other health-related hazards in the last years.

Since approximately 2004, NPS has become widely available across the globe, distributed via the Internet, head shops and even at gas stations. They have been marketed as bathing mixtures, air freshener, fertiliser pills or herbal incense – and function as a substitute for cannabis and other

common drugs (Dresen et al., 2010). Known under the names "Spice", "K2", "Moon Rocks", "Ninja", "Mr. Nice Guy", "Outer Space" or "Smoking Santa", just to name a few (for more see Kemp et al., 2016, p. 242), these drugs are often declared as *not for human consumption* to disguise their actual purpose. Elementary components of NPS, however, are highly potent chemic compounds that originate from pharmaceutical research. This has given them their name "Research chemicals".

Especially in closed environments like penitentiaries, NPS pose a serious threat to staff and people living in prison (PLIP) due to the risk of causing violent behaviour (acute violence under the influence of drugs and structural violence in the context of supply chains and by PLIP forced by other PLIP to 'try' new substances) (HM Inspectorate of Prisons for England and Wales, 2015a). Altogether, NPS use in prisons leads to increasing health costs and a higher number of drug-related deaths. Across European countries, the number of NPS-induced deaths is difficult to quantify and likely underreported (EMCDDA, 2018). Between June 2013 and September 2016, in England and Wales, NPS use was linked to 79 prison deaths, 56 of which were self-inflicted (Prison and Probation Ombudsman, 2017). This suggests that NPS can play a significant role in intensifying pre-existing mental health problems or fostering negative mental conditions that increase the risk of self-harm (EMCDDA, 2018). From a European perspective, tools for the assessment of the severity of the problem and 'best practice' measures to reduce NPS use in prisons are therefore needed.

All substances are more difficult and expensive to access in prison than in the community. Most of them are detectable in drug testing, which is a control measure often implemented in prison. The initial undetectability of NPS in routine urine testing is thought to be one of the main reasons for the use of NPS inside prison, in addition to their higher availability and easier way to conceal into prison (EMCDDA, 2018).

The use of NPS has emerged as a significant concern in prisons across several European countries during the 2014-2015 period. However, the use of synthetic cannabinoids was initially identified in England and Wales during the 2010-2011 period (User Voice, 2016). An exploratory study conducted in European countries in 2017 found signs of NPS use in prison in 24 countries (see figure 1; EMCDDA, 2018). Among NPS, synthetic cannabinoids were most often reported. Other NPS commonly used in prison were synthetic cathinones, synthetic opioids and new benzodiazepines (EMCDDA, 2018). Anecdotal information was reported on the use of

nitazene, a highly potent group of synthetic opioids in prison, likely associated with overdoses (EMCDDA, 2024).

Epidemiology of NPS use in European prisons

The primary substances of abuse utilised by PLIP are cannabinoids and synthetic cathinones. Recent use of NPS among PLIP before imprisonment ranges from 21% in Finland to 0.1% in Spain (both synthetic cathinone use). Countries reporting prevalence of recent use of NPS was 6.4% in Luxembourg, 5.6% in Lithuania, 2.5% in Spain (synthetic cannabinoids) and 1.5% in Belgium. Czechia reported data on current use of synthetic cannabinoids and cathinones: 1.1 % and 2.0% respectively (Montanari et al., 2024).

Figure 1: Reported use of new psychoactive substances (NPS) in prison, 2018 (EMCDDA, 2018).

Drugs and drug use in prison

The following data have been generated within the EU-funded project 'NPS use in European prisons – Assessing prevalence and providing a comprehensive strategy for effective prevention and intervention' (Auwärter et al., 2022). This project applied an interdisciplinary approach using comprehensive urine analyses and qualitative social research. On the basis of the type of drugs detected and the results of qualitative structured interviews conducted with employees in the penal system and focus group interviews with PLIP, a strategy including modular trainings for penal system professionals as well as PLIP was developed to reduce NPS use and related harms. To assess the actual subjective significance and spread of NPS use in prisons from different countries and regions, professionals from these institutions have been interviewed. Additionally, researchers have been talking to PLIP via focus group interviews in order to receive first-hand information on the significance, using patterns and prevalence of NPS in the respective prisons. Some of the results are presented here. The main reason given by PLIP for using NPS is the escape from the everyday prison life described as boring and routine (EMCDDA, 2018). As can be seen from the following quote, drug use serves above all to establish normality and pleasure:

> "And when you consume that, I can at least say that for myself, so when I consumed that, you actually feel normal again, ne? So you feel... Yeah, I don't know. It's like, ne, when you've consumed then, you've laugh again, you've look forward to something again." (Auwärter et al., 2022, JVA-Y focus group, para. 18).

However, drugs are not only used to escape everyday prison life, but also to cope with circulating thoughts or personal problems. Furthermore, the respondents stated that they use drugs because of their drug use history or in rare cases out of curiosity. The reasons for the use of NPS are on the one hand the availability and the lower costs of the substances, since these can be procured more easily and by their high potency small dosages are sufficient. On the other hand, the use of NPS often remains undetected by prison authorities. This is due to the fact that NPS are usually odourless and can only be detected with great effort. This means that, for example, people on day release and people with treatment conditions according to § 35 BtMG (the German Narcotics Act) are more likely to use NPS. As a rule, NPS are used for the first time in prison. Outside the prison, ‚clas-

sic‘ drugs are preferred. Many of the interviewees had negative experiences with overdoses either personally or witnessed by fellow PLIP, friends and acquaintances. These experiences range from physical and psychological effects such as circulatory problems, loss of speech, perceptual disturbances or/and temporary memory loss to unconsciousness. One PLIP reports on an emergency he witnessed:

> “A very blatant impression was [...] when we went to eat out and the door opened and one of us was totally trembling. He was totally cramping and everything was lying on the floor, the food. So we wanted to collect, collect the cruets. And it had all tipped over on the floor and he was totally beside himself, shaking. And then, of course, they took him directly and took him away. That was one thing. Several times, for example, I saw people lying on the floor, completely motionless. I experienced that several times. Those are such lasting impressions.” (Auwärter et al., 2022, JVA-Y focus group, para. 113).

From the perspective of a PLIP who used NPS himself and has experience with overdoses, the high potential for addiction becomes clear:

> “And yes, it was a deterrent too, but I’ll be honest, the first thing I thought about [...] was, ‘How am I going to get into my cell? I have to consume.’ And that’s bad, right? Now that I think about it and talk about it, it’s totally extreme. Hard to explain this to someone from the outside.” (Auwärter et al., 2022, JVA-Y focus group, para. 119).

However, the risks associated with NPS extend beyond their high dependence potential. The high potency of these substances, coupled with the risk of an overdose, and the relatively short duration of their effects (15 to 20 minutes) also contribute to the overall risk profile. Additionally, the strong craving and rapid tolerance formation that often accompany NPS use further complicate the situation. Furthermore, people who use NPS describe severe withdrawal symptoms that are worse than heroin withdrawal. In addition, many people who use NPS have little knowledge about the substances and in some cases do not know exactly what they are actually using. This is also shown by the fact that most of the interviewees talk about “Spice”, no matter which NPS they mean. Nonetheless, the intoxicating that is perceived as unpleasant (“cracking up”) leads to a greater awareness of the dangers of NPS and even to the decision not to use them (anymore). In addition to the health risks, other motives against the use of NPS, as well as drugs in general, have been identified. These include the fear of losing

certain privileges, such as the ability to leave the premises, the ability to watch television, and participation in leisure activities. Furthermore, there is a concern about losing employment or access to self-help groups, as well as becoming isolated and excluded from social activities and having one's access to personal funds restricted. Other sanctions include letter spears/copies and if drugs are found, criminal charges are filed. In general, the greater the number of prison conditions that PLIP has alleviated, the greater the fear of losing these conditions due to drug use.

The subsequent treatment of PLIP is subject to criticism: instead of help, they are subject to pressure and punishment, as the following interview sequence illustrates:

> "The only thing I actually felt was the pressure from the staff, who were telling me, or also from prisoners who came to the window: "Listen, you've messed everything up for us." Sure, lots of them came to me and said, "How can I help?" There were some, but basically, I just felt pressure. I couldn't really get out of it, right? You have the TV and other things that would have helped, like actually talking to the staff or anyone else. I'm not blaming anyone, but it was just punishment." (Auwärter et al., 2022, JVA-Y focus group).

The sanctions imposed, such as a TV ban or isolation, as well as the staff's treatment of people who use NPS or among the PLIP themselves, considerably worsen the situation. It is evident that the primary need of people who use NPS is for assistance and guidance. This may be provided in various forms, including verbal communication, encouragement, and engaging activities that are perceived as meaningful. However, this contradicts the conditions in prison, which increases the pressure to use again. This is also intensified when prison staff subsequently treat the person who use NPS with low esteem and contempt.

The impact of NPS is described as follows:

> "I can tell you this much, all these NPS, these legal highs have really changed our lives in custody drastically in a negative way. They pose a huge danger." (Auwärter et al., 2022, JVA-Y focus group, para. 19ff.).

Whereas NPS played a very big role, especially in 2017/18, and had a significant impact on life in correctional facilities. In 2017/18, some correctional facilities experienced multiple emergencies with emergency room visits during the day due to NPS use. Since approximately 2019, the number of emergency room visits has decreased significantly. This can be explained

partly by the fact that NPS use has decreased overall and partly because NPS are less potent. In addition, PLIP have either learned a safer way of dealing with the substances or have stopped using them and are more likely to resort to 'classic' drugs as a result of their experience of use.

Evaluation of the (social work) services

The services mentioned by PLIP in connection with drug use are include drug counselling, various leisure activities such as sports, especially soccer, music and newspapers, social skills training, substitution therapy, self-help groups, therapy preparation courses and information events.

Overall, the services available in correctional facilities are rated as helpful. PLIP positively emphasize services where they can discuss their own problems and issues, as well as services that offer them the opportunity to reflect on their own actions, behaviour and thinking: for example, social competence training, although not directly related to drug use, is used to reflect on one's own addictive behaviour. The personality of the social workers is a significant factor in relation to the services they provide. They should be as open, relaxed and not too serious/conservative as possible, because *"there should also be a bit of fun, otherwise you lose interest in the whole thing"* (Auwärter et al., 2022, JVA-Z focus group, para. 28). In addition, it is essential to consider the diversity of the offered activities in order to provide a balance to the otherwise routine and monotonous prison environment. Even though recreational activities are predominantly evaluated positively, one focus group made the following statement: *"A lot of people do it, but I don't think most of them are that keen on participating in recreational activities"* (Auwärter et al., 2022, JVA-X focus group, para. 253f.). However, a more detailed explanation is not given at this point. The possibility of substitution in prison is rated positively, although the conditions attached to it, such as regular urine checks and doctor's visits, are criticized for taking place during working hours and thus complicating and hindering everyday (work) life.

Another topic is therapy for the treatment of dependency disorders. This option is of interest to PLIP, among other things, because according to § 35 of the German Narcotics Act (BtMG), execution of the sentence can be postponed if therapy takes place instead. Therapy while living in prison is only feasible within a correctional centre; however, this is not a common practice. There are therapy preparation courses/groups for this purpose.

On the one hand, these prepare the PLIP for therapy, and on the other hand, they serve to test motivation and make it clear whether PLIP is genuinely interested in therapeutic treatment or is merely using it to get out of prison earlier. This is measured, among other things, by compliance with the prison rules. The social workers have to give an opinion on this. The criticism here is the large amount of bureaucracy involved.

In general, the resources allocated to therapy, including personnel, time and space, are perceived as insufficient. One interviewee even described the socio-educational services as a waste of time, serving only to present the prison in a positive light. However, this is an isolated opinion and contrasts sharply with all the other interviews, which clearly show how great the need is for supportive discussions and that the inadequate services are accompanied by a feeling of powerlessness or inability to act on the part of the PLIP. Often, personal problems cannot be solved independently and lead to a heavy burden, which is often met with drug use. In this context, social workers are seen as the only help with whom one *"can also talk openly about everything."* (Auwärter et al., 2022, JVA-Y focus group, para. 187). In this context, it should be noted that drug use tends to be kept secret, as this makes it more difficult for PLIP to be released and to leave prison (see chapter 4.1.1). It was also mentioned that open discussion of personal problems in self-help groups is only possible to a limited extent, for fear of negative consequences from fellow PLIP. Interest in existing services is so high that they often involve long waiting times, which runs counter to PLIP desire for immediate help. Some of the prisons distribute information flyers on the subject of NPS during the admission interview. However, these are misused by the PLIP to make cigarette filters. At this point, it becomes clear that the flyers do not fulfil their purpose of education and prevention, as they are not appealing to the PLIP (see Auwärter et al., 2022, JVA-Y focus group, para. 177ff.).

On the basis of the criticism of the prison services given here, it is not surprising that PLIP would like to have more opportunities to talk with others:

> "For us addicts, it is often much more effective and much more helpful to simply have someone or especially also like-minded people who have, however, managed to jump ship, sitting in front of us, and to simply be able to talk to them." (Auwärter et al., 2022, JVA-Y focus group).

From this quotation, it is evident that the PLIP necessity for communication is significant. The most beneficial contributions are from individuals

who have previously used NPS, as they are best positioned to comprehend the PLIP situation. In general, it is said that regularity, uniform administrative procedures and easy access to the offers are necessary to create trust and openness among each other and to work out and pursue individual goals. Furthermore, there would be a need for more education and prevention as well as substitution services. Drug trafficking in prison should be further curbed. Addiction should not be in opposition to the granting of privileges, but should ideally be alleviated by them. One way of providing relief could also be to adjust the prices for consumer goods and telephone calls, as these are very high. On the one hand, this would give people the opportunity to use telephone help services or to call friends in order to be better able to deal with personal problems. On the other hand, the acquisition of a game console, for example, could counteract boredom. It could also help if people who use drugs were decriminalized, and drugs even legalized. Finally, two fundamental wishes for change are expressed: addiction should be recognized as a disease and thus have less of a punitive effect.

Distribution of NPS in prison

As mentioned earlier, basically all substances are available in prison. The difference in the distribution of NPS and 'classic' drugs lies in the substances themselves. Due to their high solubility, potency, and lack of odor, NPS are relatively inconspicuous when brought into a prison setting.

> "Really, so when you're researching causes of how this gets in, ne, it goes to the easiest ways. So they always come up with the easiest things and the easiest way that this gets in here." (Auwärter et al., 2022, JVA-Y focus group, para. 80).

The most common way described is through the mail: *"[NPS] you can clearly even say percentage wise already, 99 percent it goes through the mail channels."* (Auwärter et al., 2022, JVA-Y focus group, para. 85). NPS can be applied in dissolved form to paper, which is later rolled into a cigarette. A health risk associated with NPS in this form is the possibility of 'hot-spots' – areas on the paper with a higher concentration of the active compound, which may be linked to a greater risk of overdose (EMCDDA, 2018). A recent study by Akca et al. (2024) analysed non-judicial paper samples from 12 English prisons between 2018 and 2020. The results showed that

SCRA (synthetic cannabinoids receptor agonist) was the most common drug group found in drug-impregnated papers.

In some correctional facilities, for example, oranges filled with NPS, carcasses of birds, as a package with fishhooks attached, or the like are thrown over the wall (EMCDDA, 2018). These are collected by PLIP and further distributed either during the next yard run or by PLIP working outside. In recent years, there has been a rise in reports of 'drone' deliveries of NPS-packages to prisons in Germany, Poland, and the United Kingdom. Furthermore, prison canteens have been mentioned as a common source of supply. Pre-packaged items like coffee, instant noodles, and crackers were often used to conceal NPS (EMCDDA, 2018). Another form of distribution are groups of people, mentioned here are prison employees (judicial officers, administrative staff, operational staff, etc.), lawyers, self-employed PLIP, loosened PLIP (exits) and visitors. The handover during visits takes the following form:

> "There is one method in any case, if I am now sitting at the visit and someone pulls there, for example, has a gummy bear or something. And then he fetches it, opens it, takes one out himself and puts something in it at that moment, and then the person also fetches a jelly baby, takes it with him and then leaves it in his mouth, because they're usually not allowed to check in the mouth, a doctor has to be there. So things halt. Already disgusting variants so. That one drinks a sip of coffee then, that plops in there from his mouth and the other drinks that then and so." (Auwärter et al., 2022, JVA-Z focus group, para. 15ff.).

In order to facilitate NPS into prison, PLIP who are permitted a certain degree of autonomy and those who have been granted some degree of liberty engage in the practice of body packing. There are two additional methods of body packing: firstly, small packets are sewn into the clothing, and secondly, important documents are soaked in NPS.

Weaker PLIP are exploited for distribution, especially of NPS: NPS-soaked letters are addressed to them, then they are coerced to distribute them. As illustrated in the following quote, the main players stay in the background:

> "The people who really hold it in their hands, all this spreading of the crap, yeah, they don't even need to put themselves in the middle, they can, act in the background through all this shit." (Auwärter et al., 2022, JVA-Y focus group, para. 222f.).

Profit is a key factor driving NPS into prisons. The higher prices compared to outside environments attract organized crime groups seeking to profit from this illicit market (EMCDDA, 2018). In general, the circle of active dealers is very small and based primarily on mutual trust. In most cases, there is a primary operator who has an external contact. This individual's primary concern is the availability of the substances. Then there are two to three PLIP who distribute the drugs in the prison. The circle is kept small so that the risk of exposure is low and if one is caught, only he can be prosecuted. All those involved have a benefit that goes beyond the monetary. It is often the case that communal areas (e.g. workrooms, kitchen, sanitary facilities) are used as hiding places for drugs, which makes it difficult to assign personnel to locate them. The handover takes place in places without cameras, such as in the hallways, while walking around the yard, or in the closet. Another method is to pass parcels from window to window with the help of a pendulum.

Interventions targeting the use of NPS in prison

The rapid emergence of novel products means that developing supportive health intervention responses is challenging, in particular for the prison context (Pirona, 2017). Only anecdotal reports on the responses to NPS in European prisons are currently available, and many countries report a lack of appropriate responses.

Some countries report that existing approaches in reducing drug use and associated harm among PLIP have been adapted to incorporate NPS. Other countries have started to develop specific interventions to respond to NPS problems in the prison setting, mainly focusing on synthetic cannabinoids.

Information initiatives and booklets, workshops or training modules focusing on NPS use in prisons have been provided or are currently under development for prison staff in Germany, France, Hungary, Ireland, Poland, Slovenia and the United Kingdom (EMCDDA, 2022). Interventions providing information on drug prevention and risks are usually delivered in group settings. Most European countries have education and training activities for PLIP and prison staff. Training activities focus on two main areas: drug use and associated risks, and psychological and social development. Key objectives include raising awareness of drug use and related risks, learning how to deal with emergency situations (e.g. overdoses, effects of

NPS use) and reducing harm (e.g. multiperson use of injecting equipment) (EMCDDA, 2022).

In the United Kingdom, a wide-ranging programme has been undertaken to counteract NPS use in prison. Among the measures implemented are legislative changes; a smoking ban; the development of new drug tests; information campaigns for PLIP; a national strategy and action plan to respond to PLIP under the influence of NPS; and a new toolkit to support prison healthcare and custody staff to address NPS in prison (Public Health England [PHE], 2015). The toolkit is an adaptation of an existing toolkit on responses to NPS in the community (Abdulrahim & Bowden-Jones, 2015) and aims at providing guidance for the interventions targeting NPS use and related problems in prison. One of the key principles of the toolkit is the delivery of support based on observed symptoms ('treat what you see').

As with responding to drug problems in general, partnerships between prison health services and providers in the community may prove particularly important in supporting the delivery of health education and treatment interventions for NPS use and related harms in prisons and in ensuring continuity of care upon prison entry and release (EMCDDA, 2022).

The majority of countries have not yet implemented any specific strategies to reduce NPS supply in prisons. Most countries employ standard drug control measures, such as cell searches and visitor checks, the use of sniffer dogs and infrastructural changes. Several countries have implemented stricter regulations to combat NPS supply in prisons, e.g. Poland, where PLIP are no longer permitted to receive food packages sent by third parties and are only allowed to purchase food through the prison canteen service. Hungary is considering a similar measure, along with restrictions on tobacco and toiletries. The Serious Crime Act of 2015 criminalized throwing objects over prison walls in the UK. To minimize the risk of PLIP receiving letters containing NPS, some German prisons restrict them to receiving photocopies only (EMCDDA, 2018).

The EU drugs strategy 2021-2025 includes prison as a strategic priority, with the objective of addressing the health and social needs of people who use drugs in prison settings and after release. A multi-faceted strategy involving stronger cooperation with law enforcement agencies, sharing and processing information, tackling corruption, using intelligence and drug testing can significantly reduce the availability of illicit substances in prisons (Council of the European Union, 2020).

Effective Management of NPS in Prisons

The effective management of NPS in prisons is based on the recommendations outlined in the Public Health England (PHE, 2017) toolkit. The toolkit emphasises the importance of accurately determining the prevalence, patterns of use and effects of NPS in order to develop effective strategies for addressing the issues associated with these drugs. Focus groups might be helpful to shed light on the concrete motives and patterns of use in conjunction with external organisations (NGOs).

It is essential that every penitentiary institution has an integrated response, with custodial, health and psychosocial staff taking a joint approach to managing all aspects of the problems associated with the use of NPS and other substances in prisons.

This can be supported by multi-lingual, multimedia campaigns directed at PLIP and visitors, describing the health and social consequences and the sanctions for possessing and using NPS.

The overriding principle is that penal staff should respond in a proportionate and relevant way to behaviour or symptoms, irrespective of whether a person is suspected to be under the influence of NPS.

Prison healthcare providers should follow existing guidance that the appropriate response is to address the presenting symptoms rather than the specific drug suspected to have been used i.e. „treat what you see".

Where there are questions about PLIP mental capacity when under the influence of NPS, staff should apply the principles set out in the National Health Service (NHS, 2022) choices consent to treatment guidance.

In general, no specific pharmacological treatments exist for the adverse effects of NPS, so symptom-directed supportive care will inform a safe and effective management of acute cases, underpinned by advice from the National Poisons Information Services were existing and accessible.

The decision on sending for an ambulance will depend on a number of factors including the prison location, healthcare staffing and resources and the use of locally agreed protocols.

The German prison of Wittlich in the state of Rhineland-Palatinate is trying to combine repression and counselling/supporting services. On the one hand, the prison is equipped with a drug detection device – a portable explosives and narcotics trace detector (IONSCAN 600) to detect NPS, and on the other hand, the institution is educating staff to support people using NPS.

Conclusions

The prevalence of NPS within prison settings represents a significant challenge. Despite efforts to curb substance abuse, the unique characteristics of NPS pose a considerable obstacle. These include their discreet use and the initial ability to evade detection through routine testing, which contribute to their widespread use.

So, how do prisons deal with the prevalence of drug use and use of NPS? Prisons have encountered difficulties in effectively addressing the issue of NPS use. Traditional drug prevention and intervention strategies may not be sufficient to combat the rapid evolution of NPS. There is a need for more comprehensive and innovative approaches that address the underlying factors contributing to NPS use, such as boredom, stress, and lack of opportunities for rehabilitation.

Many countries have yet to implement targeted strategies to reduce the supply and use of NPS within prison environments. Despite the valuable contributions of social workers and other prison staff, including drug counselling and education, the perceived insufficiency of resources often hinders the effectiveness of these interventions. Information initiatives and workshops have been implemented, with interventions typically provided in group settings.

Partnerships between prison health services and community-based providers may prove particularly valuable in supporting the delivery of health education and treatment interventions for NPS use and related harms in prisons, as well as ensuring continuity of care upon prison entry and release. The UK's comprehensive approach, including legislative changes, smoking bans, and new drug testing, provides a model for other countries to consider. The PHE (2017) toolkit offers practical recommendations for the management of NPS in prisons. It is imperative that prisons adopt a novel approach, shifting away from a dependence on punitive measures and towards a prioritisation of comprehensive support and treatment for individuals encountering addiction. This will necessitate the implementation of evidence-based addiction treatment programmes, harm reduction strategies and supportive services that address the underlying causes of drug use, as well as verbal communication, encouragement and meaningful engaging activities. The involvement of peer support programmes involving former people who use NPS will also be of significant benefit, as they are best equipped to empathise and offer effective guidance.

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