HM Prison &
Probation Service

DiPP

Drugs in Prisons and Probation Guide

OFFICIAL

HM Prison &
Probation Service

Contents

Introduction to The DiPP

What is The DiPP?

The DiPP (Drugs in Prison and Probation) is a suite of information products on some of the different drugs which are often misused by our service users. To manage the risks associated with drug misuse, it is important that **all staff** have access to information on each drug. The DiPP puts useful information from a wide range of academic sources and subject matter experts into one easy-to-read document.

What information is included?

The DiPP contains:

- **Drug Factsheets** - these provide descriptions of the drugs, as well as information about: common forms, positive and negative side effects, what to do in the event of an overdose, how to treat dependency, harm reduction tups and legality
- **Emergency Response Information**
- **COVID-19 Update** - useful guidance and information on the additional dangers of substance abuse for those considered clinically vulnerable or infected with COVID-19
- **Index** - list of internal (HMPPS articles) and external (academic and medical insight) resources

Why now?

As we navigate through the current pandemic, our organisation continues to be faced with difficult and often very challenging circumstances. In addition, there is a growing evidence base that the pandemic has had a significant impact on the drug network in the UK. By extension, there is likely to be an equally significant impact on the supply, demand and price of drugs in our organisation.

Drug Supply

Global supply routes have been affected by lockdown measures and this has caused a knock on effect on the supply of illicit drugs, Some drugs may be less available as their normal method of transport across national borders have been restricted.

Drug Demand

One effect of varying drug availability is in the quantity of drugs being taken. Fewer drugs may be being taken due to social distancing measures. On the other hand, more drugs might be consumed due to boredom or anxiety associated with current restrictions. Demand in prisons might increase or decrease due to COVID-19, but drug reduction teams should use the pandemic as an opportunity to target individuals to keep demand low.

Drug Price

Regionally, there have been anecdotal reports of increases in the price of Spice in the community. This may be due to changes in the supply or demand of drugs seen as the pandemic has developed. **Changes in the prices of drugs in the community have the potential to change the price of drugs in prison.** If some drugs become more expensive, some prisoners may not be able to afford to buy their usual dosage. This may result in withdrawal, experimental drug use of other substances or increased prisoner debt. Any of these scenarios have the ability to threaten the good order and stability of a prison.

HMPPS Response

Our response to managing the spread of COVID-19 may also have impact on drug use in prison and probation. The universal suspension of Mandatory Drug Testing (MDT), reduced staffing levels, lower levels of cell and body searches and disruption to adjudication processes may contribute to changing patterns of drug use. Incidents of widespread drug use and an increase in 'hooch' production have already been reported. As conveyance of illicit drugs is disrupted, drug users may potentially experiment with more accessible prescription medication. Lastly, it is possible that due to reduced supply and increased demand of different drugs, there will be additional reports of prison manufactured substances.

How The DiPP works

On accessing The DiPP, you will be able to navigate to your particular area of interest using links within the contents page. Each page will contain hyperlinks within it linking in relevant internal and external guidance. The DiPP can be used in the following ways across both prison and probation sites:

- As part of a **staff induction** pack for new joiners
- To help **raise existing staff awareness** for the different drugs commonly found in prison
- As a reminder document in **staff training session/briefings** etc.
- To **provide direction** to those who want to develop their understanding further.

The DiPP is a live document which will be updated continuously by Security Risk Unit when new, relevant information comes available. You can also request information you would like to see included within The DiPP and provide feedback. This can be done by contacting: securityriskunit@justice.gov.uk

Handling Conditions

This version of The DiPP is marked as **Official**. The pages which are marked as **Official** can be printed and disseminated to staff areas for staff consumption. Please encourage your colleagues to download a copy of The DiPP for regular review.

OFFICIAL

HM Prison & Probation Service

DRUG FACT SHEET

SYNTHETIC CANNABINOID RECEPTOR AGONISTS (SCRAs) / 'SPICE'

WHAT ARE THEY?

SCRAs (aka "synthetic cannabis", "fake weed", "psychoactive substance", "PS", "NPS", "Spice", "K2", "Black Mamba", "Bliss", "Bombay Blue", "Genie", "Skunk", Yucatan Fire" and "Zohai") are man-made mind-altering chemicals designed to act like the main psychoactive chemical in cannabis (THC).

However, SCRAs and THC are very different drugs and are only linked in that they bind to the same receptor in the brain. The effects of SCRAs are sometimes very different, unpredictable, often much stronger and even life threatening.

The Drug Enforcement Administration has made many of the active chemicals found in SCRAs illegal. However, manufacturers try to avoid these laws by using different chemicals in their mixtures. As a result, chemicals can vary from batch to batch, so different packets can produce different effects even if the name and branding on the package looks the same.

The low cost and high demand in prison means selling SCRAs is lucrative business for criminals within our prisons.

HOW ARE THEY USED?

The powdered chemicals are mixed with solvents. Products used for recreational purposes are typically an inert herbal product sprayed with one or more SCRAs to be smoked. Oral, powder and injectable SCRA preparations have also been reported. In addition, SCRAs may be sold as an e-liquid for vapes or be brewed as a tea. They are often sold in colourful, branded packets.

Furthermore, SCRA soaked paper is a popular preperation method. Recent intelligence from HMPPS suggests certain toiletry products (e.g. T-Gel Anti Dandruff Shampoo and Just for Men hairdye) are being misused. There is intent to use the solvents present in these products as solvents allow SCRAs to be dissolved onto paper. This paper can then be smoked, with only a fingernail sized piece required to achieve a high.

EFFECTS

DESIRED EFFECTS:

- Relaxation
- Euphoria
- Disinhibition
- Feeling energised
- Altered consciousness

ADVERSE EFFECTS:

Acute:

- Convulsions
- Vomiting
- Transient loss of vision and speech
- Reduced levels of consciousness
- Anxiety
- Aggression
- Extreme bizarre behaviour
- Amnesia
- Confusion
- Panic attacks
- Auditory and visual hallucinations
- Paranoia
- Delusions
- Psychosis

Chronic:

- Psychosis
- Cognitive impairment
- Catatonic states
- Dependence
- Persistent vomiting

WITHDRAWAL:

- Gastrointestinal cramps
- Nausea
- Tremor
- Hypertension
- Tachycardia
- Coughing
- Headache
- Craving
- Anxiety
- Restlessness
- Irritability
- Depression
- Suicidal ideation

Chronic use may lead to tolerance, which may develop more quickly than for natural cannabis. Withdrawal symptoms can follow prolonged and frequent use and for some users these symptoms may be severe and intolerable leading to continued use.

EMERGENCY TREATMENT

STEPS IN CASE OF AN OVERDOSE:

- Ensure personal safety first - do not take samples or disturb any substances as this could lead to accidental exposure
- Call 999 and ask for an ambulance
- Check person's breathing, pulse and that nothing is blocking airways - tilt their head back to keep airways open
- Place person in recovery position
- Try to keep person calm
- Stay with person until ambulance arrives

TREATMENT

Acute:

- Symptom-directed supportive care
- Medication may be required for agitation convulsions, or psychosis
- Detoxifcation
- If symptoms are persistent or severe, transfer to hospital may be necessary

Chronic:

- Psychosocial and other appropriate support
- Pharmacotherapy, where appropriate, for enduring symptoms

HARM REDUCTION

Mixing SCRAs with alcohol or other drugs can be especially dangerous. It can increase the risks of both drugs and can lead to a greater risk of accidents or death.

Because SCRAs can overstimulate the serotonin system, it is important to avoid mixing them with antidepressants, as they both stimulate serotonin activity in the brain. This can lead to serotonin syndrome, causing high fever, rapid pulse, sweating, agitation, confusion, convulsions, organ failure, coma and even death.

LEGALITY

While many SCRAs were once legal, under of the Psychoactive Substances Act (2016) it is now illegal to produce, supply, or import them for human consumption – including for personal use. Possession for personal use is not an offence, unless in prison. Some SCRAs are controlled as Class B substances under the Misuse of Drugs Act (1971).

OFFICIAL

HM Prison & Probation Service

DRUG FACT SHEET

FENTANYL & SYNTHETIC OPIOIDS

WHAT ARE THEY?

Synthetic opioids are designed to provide pain relief, mimicking naturally occurring opioids such as codeine and morphine. They include drugs like tramadol and fentanyl. They may prescribed for patients with severe pain, often cancer patients. Due to their high potentency, only a small amount is required to produce a given effect.

TYPES OF FENTANYL

Fentanyl is 50 times more potent than heroin and 100 times more potent than morphine.

<u>Pharmaceutical fentanyl</u>

- Primarily prescribed to manage acute, chronic or severe pain
- Available in a number of formats such as patches, lozenges, nasal spray and tablets/capsules.

<u>Non-Pharmaceutical Fentanyl</u>

- Can be manufactured for use in the illegal drug market and is developed, mainly, in China.
- Is increasingly being found in illicit drugs, often counterfeit drugs. Has been found in drugs such as heroin and cocaine, or pressed into pills.

Fentanyl use within the UK is low, however, its toxicity and ease in which it can be imported make it a high risk of significant harm should demand increase.

HARM REDUCTION

While many people suffer consequences from unknowingly using fentanyl, others intentionally mix it with other substances to increase the high and for other reasons. This greatly increases the risk of overdose and can also increase the risk of addiction. It is particularly dangerous to mix fentanyl with:

- Other Opioids
- Benzodiazapines
- Amphetamines
- MDMA
- Alcohol
- Ketamine
- DXM
- MAOIs
- Cocaine
- GHB/GBL
- MXE
- SSRIs

EFFECTS

DESIRED EFFECTS:

- Relaxation
- Euphoria
- Disinhibition
- Feeling energised
- Altered consciousness

ADVERSE EFFECTS:

- Analgesia
- Disorientation / Dizziness
- Drowsiness
- Fatigue
- Sedation
- Nausea / Vomiting
- Clammy skin
- Respiratory depression (leading to apnea in higher doses, often while asleep)
- Suppression of cough reflex
- Slow heart rate
- Constriction of pupils (miosis)
- Impaired gastrointestinal motility

WITHDRAWAL:

- Runny nose
- Dehydration
- Excessive secretion of tears
- Restlessness
- Inability to concentrate
- Insomnia
- Uncontrollable yawning
- Excessive sweating
- Muscle aches and spasms
- Aggression / Irritability
- Mood swings

Withdrawal should be medically supervised with potential access to opioid substitutes such as buprenorphine or methadone.

EMERGENCY TREATMENT

Naloxone can be adminsistered to someone suffering an overdose. This is an opioid antagonist that can reverse the effects of opioids, and prevent death if used soon after an opioid overdose.

STEPS:

- Ensure personal safety first - if presence of a synthetic opioid is suspected, do not take samples or disturb the substance as this could lead to accidental exposure.
- Call 999 and ask for an ambulance
- Check person's breathing, pulse and that nothing is blocking airways - tilt their head back to keep airways open
- Place person in recovery position
- Inject naloxone into thigh or upper arm muscle
- Wait with person until ambulance arrives, safely dispose of naloxone kit to paramedics

OTHER TREATMENT

Treatment for opioid dependency includes psychosocial approaches and pharmacological treatment, such as:

- Detoxification
- Abstinence-based treatment
- Substitution maintenance treatment
- Medications such as buprenorphine and methadone may be prescribed, which work by binding to the same opioid receptors in the brain as fentanyl, reducing cravings and withdrawal symptoms.

OFFICIAL

HM Prison & Probation Service

DRUG FACT SHEET

BENZODIAEPINES

WHAT ARE THEY?

Benzodiazepines (aka “benzos” or "downers") are a class of agents that work in the central nervous system (CNS).

They are used to treat a range of psychological and neurological disorders due to their calming effect. Disorders they can treat include:

- Insomnia
- Generalized anxiety disorder (GAD)
- Seizures
- Alcohol withdrawal
- Panic attacks (but long-term use is not recommended to treat panic disorders).

Common benzodiazepines include:

- Diazepam (aka 'Valium', 'Blues')
- Temazepam (aka 'Temis')
- Etizolam
- Alprazolam (aka 'Xanax', 'Xans', 'Bars', 'Snappers')
- Pyrazolam

Many of the drugs on the UK market are illicitly manufactured ‘fake’ pills.

HARM REDUCTION

Benzodiazepines are effective for short-term use, but not recommened for long-term use. This is because they alter the production of natural chemicals (e.g. dopamine and norepinephrine), causing the brain to physically adapt and unable to produce these chemicals on its own. This can lead to physical dependence (becoming reliant on the drugs to feel normal).

Due to one of the side-effects being CNS depression, users are advised not to take benzodiazepines with other CNS depressants, e.g. opioids, gabapentinoids and alcohol. Most deaths from benzodiazepine overdose are from respiratory depression as a result of mixed overdoses with other depressants.

Pills taken orally typically take around 45 minutes to take effect, therefore, it is important to take them slowly and not lose track of dosing.

EFFECTS

DESIRED EFFECTS:

- Relaxation
- Euphoria
- Physical euphoria
- Visual effects

ADVERSE EFFECTS:

Acute:

- Motor control loss
- Vomiting
- Reduced levels of consciousness
- Respiratory depression
- Dizziness
- Lethargy
- Decreased heart rate.

Chronic:

- Amnesia
- Anxiety
- Dependence
- Withdrawal

WITHDRAWAL:

- Increased anxiety
- Agitation
- Confusion
- Panic attacks
- Can lead to acute psychosis in vulnerable people

Withdrawal should be medically supervised, usually by substituting with a longer acting benzodiazepine (such as Diazepam) and tapering the dose over an extended period.

Evidence shows benzodiazepines with a short elimination half-life cause a more severe withdrawal than those with a longer elimination half-life (elimination half-life describes the length of time until the concentration of the drug in the body is reduced by one-half).

EMERGENCY TREATMENT

STEPS IN CASE OF AN OVERDOSE:

- Ensure personal safety first - do not take samples or disturb any substances as this could lead to accidental exposure
- Call 999 and ask for an ambulance
- Check person’s breathing, pulse and that nothing is blocking airways - tilt their head back to keep airways open
- Place person in recovery position
- Try to keep person calm
- Stay with person until ambulance arrives

TREATMENT

If dependent on benzodiazepines, it is crucial to not suddenly stop therapy 'cold turkey'. Stopping cold turkey can result in tremors, muscle cramps, and life-threatening seizures. Therefore, it is important to taper off benzodiazepines slowly with professional help.

Acute:

- Symptom-directed supportive care
- Medication may be required for agitation and/or convulsions
- If symptoms are persistent or severe, transfer to hospital may be necessary

Chronic:

- Psychosocial and other appropriate support
- Pharmacotherapy, where appropriate, for enduring symptoms

CLASS: C

Benzodiazepines are **class C** drugs. Possession without a prescription, or supply or production without a licence, is illegal.

OFFICIAL

HM Prison & Probation Service

DRUG FACT SHEET

STIMULANTS & EMPATHOGENS

WHAT ARE THEY?

Stimulants (sometimes called "uppers") is an overarching term that covers many drugs, including those that increase activity of the central nervous system and the body, drugs that are pleasurable and invigorating, or drugs that have sympathomimetic effects.

Empathogens, or entactogens, are a class of psychoactive drugs that increase an individual's feeling of empathy and benevolence towards others. They increase feelings of being socially accepted by and connected to others. They cause the release of dopamine and serotonin in the brain.

DIFFERENT TYPES

Stimulants

- Cocaine (aka "Coke", "Charlie", "C", "Crack")
- Amphetamines (aka "Speed", "Whizz")
- Methamphetamine (aka "Ice")
- Methylphenidate (prescribed medication used to treat ADHD and narcolepsy e.g. Ritalin)
- Khat
- Pseudoephedrine
- MDPV / MDPHP (aka "Monkey Dust")
- Nicotine
- Caffeine

Illicit stimulants usually are snorted, swallowed, smoked or injected. Prescribed stimulants are usually taken orally, and the duration of effects differs depending on the type.

Empathogens

- MDMA (aka "ecstasy", "E", "Mandy", "Molly")
- MDA
- Mephedrone (aka "Meow Meow", "M-Cat", "Bubble")
- Ethylone

Empathogens such as MDMA are usually found in pill, crystal or capsule forms. They are most commonly swallowed, but can be snorted or shelved (used rectally).

EFFECTS

DESIRED EFFECTS:

- Energy
- Euphoria
- Confidence
- Friendliness / playfulness (specifically Empathogens)

ADVERSE EFFECTS:

Acute:

- Hyperthermia
- Hyponatraemia (women especially)
- Tachycardia
- Hypertension
- Serotonin syndrome
- Collapse
- Convulsions
- Hallucinations
- Headache
- Rise in body temperature, which can lead to overheating
- Sweating, reduced urine production, and thirst
- Kidney injury

Chronic:

- Cognitive impairment
- Neurotoxicity
- Depression
- Increased suicide risk

WITHDRAWAL

In most cases, stimulant withdrawal does not produce life-threatening effects, but it can be difficult to cope with emotionally and physically.

When using empathogens, a "crash" followed by withdrawal symptoms is common. Roughly six hours after using MDMA and similar empathogens, a crash of withdrawal symptoms follows, which may last for days or weeks. Users can develop a tolerance, requiring them to take higher doses to achieve the same effect.

EMERGENCY TREATMENT

STEPS IN CASE OF AN OVERDOSE:

- Ensure personal safety first - do not take samples or disturb any substances as this could lead to accidental exposure
- Call 999 and ask for an ambulance
- Check person's breathing, pulse and that nothing is blocking airways - tilt their head back to keep airways open
- Place person in recovery position
- Try to keep person calm
- Stay with person until ambulance arrives

OTHER TREATMENT

Acute:

- Symptom-directed supportive care while awaiting transfer to hospital for more specific treatment, such as cooling or management of dehydration and hyponatraemia

Chronic:

- Psychosocial support
- Symptomatic support

HARM REDUCTION

Stimulants

- Amphetamines taken with some antidepressants can rise blood pressure, which can lead to irregular heartbeat, heart failure and stroke
- Amphetamines or Methamphetamines taken with alcohol, cannabis or benzodiazipines place the body under a lot of stress as it has to deal with conflicting effects of each drug, which can lead to overdose
- Methamphetamines taken with Amphetamines or MDMA can place enormous strain on the heart and other parts of the body, which can lead to stroke

Empathogens

- Using empathogens with other drugs can be dangerous, particularly drugs that increase serotonin in the brain (e.g. antidepressants and other empathogens). High serotonin levels can lead to serotonin syndrome, a serious condition with symptoms such as confusion, agitation, sweating, increased heart rate, muscle spasms, and can be fatal.
- Using empathogens on a regular basis may release and deplete serotonin before it has a chance to build back up. Experiencing low serotonin levels can lead to depression and depressive symptoms

OFFICIAL

HM Prison & Probation Service

DRUG FACT SHEET

GABAPENTINOIDS

WHAT ARE THEY?

Pregabalin and gabapentin (gabapentinoids) are prescription only medicine. They are traditionally used to treat epilepsy, but have increasingly been prescribed for neuropathic pain (which is the result of damage to nerve tissue). They can also be used to treat anxiety.

The drugs can bring about an elevated mood in users but can also have serious side effects, particularly when used in combination with other drugs.

They are manufactured as either white, yellow or orange capsules and tablets. A common brand name for pregabalin is Lyrica®. A popular brand name for gabapentin is Neurontin®.

CLASS: C

Gabapentinoids were **reclassified** as **class C** controlled substances after rising numbers of fatalities linked to the drugs. The change means it will be illegal to possess them without a prescription and to supply or sell them to others.

HARM REDUCTION

Due to one of the side-effects being central nervous system depression, users are specifically advised not to take gabapentinoids with other central nervous system depressants, such as opioids, benzodiazepines or alcohol.

They are especially dangerous when mixed with opioids (such as heroin). They may be sought after as they enhance effects and reduce withdrawal symptoms of opioids. In 2015, 79% of 137 deaths in England and Wales assoaciated with gabapentinoids also involved opioids.

EFFECTS

DESIRED EFFECTS:

- Relaxation
- Euphoria
- Physical euphoria

ADVERSE EFFECTS:

Acute:

- Motor control loss
- Vomiting and/or diarrhea
- Respiratory depression
- Reduced levels of consciousness
- Loss of speech
- Dizziness
- Lethargy
- Decreased heart rate

Chronic:

- Amnesia
- Anxiety
- Dependence
- Withdrawal

WITHDRAWAL

- Increased anxiety
- Agitation
- Confusion
- Panic attacks
- Can lead to acute psychosis in vulnerable people
- Suicidal thoughts

Withdrawal should be medically supervised. Due to the possible risks of withdrawal symptoms, it is not recommended to stop medication suddenly.

EMERGENCY TREATMENT

Unlike opiates, there is no antidote that can be administered in the case of an overdose. Because of the drugs' long half-life, immediate medical attention is needed to manage any complications. Most overdoses occur as a result of combining gabapentinoids with other substances, but overdoses purely from gabapentinoids can occur.

STEPS IN CASE OF AN OVERDOSE:

- Ensure personal safety first - do not take samples or disturb any substances as this could lead to accidental exposure
- Call 999 and ask for an ambulance
- Check person's breathing, pulse and that nothing is blocking airways - tilt their head back to keep airways open
- Place person in recovery position
- Try to keep person calm
- Stay with person until ambulance arrives

TREATMENT

Abruptly stopping gabapentinoids can increase the likelihood of seizures, so it's important to seek treatment.

Acute:

- Symptom-directed supportive care
- Medication may be required for agitation, convulsions, or psychosis
- If symptoms are persistent or severe, transfer to hospital may be necessary

Chronic:

- Detoxification
- Psychosocial and other appropriate support
- Pharmacotherapy, where appropriate, for enduring symptoms

OFFICIAL

HM Prison & Probation Service

DRUG FACT SHEET

CANNABIS

WHAT IS IT?

Cannabis (aka "Marijuana", "Weed", "Pot") refers to a group of three plants with psychoactive properties, known as Cannabis sativa, Cannabis indica, and Cannabis ruderalis. When the flowers of these plants are harvested and dried, you're left with the most widely used illegal drug in the UK.

Cannabis contains tetrahydrocannabinol (THC), cannabidiol (CBD) and other related drug chemicals; the major psychoactive effects are caused by THC. THC activates cannabinoid receptors in the brain. The brain contains naturally occurring cannabinoids (endocannabinoids) and THC acts on the same receptors that would normally be responsive to these chemicals.

Cannabis use within prisons is prevalent, however, as with many drugs, it has been superseded by the the synthetic version.

HOW IS IT USED?

The most common form is herbal cannabis (aka "Weed", "Hash", "Dope", "Chronic", "Bud"). It is mainly consumed through smoking (usually mixed with tobacco) or eating.

Recently, within the community, there has been a rise in the production and use of concentrated cannabis or Butane Hash Oil/BHO (aka "Shatter", "Glass", "Wax"). BHO can be made in many ways, ranging from home extraction using ready-available solvents to complex extractions using more sophisticated equipment. At its most straightforward, butane can simply be used to dissolve cannabis plants (a process known as "blasting"), and the resulting liquid can be left to evaporate, or heated to remove the solvent. The desired effect of this process is that the THC within the cannabis flower is extracted. BHO can contain up to 80 or 90% THC content, compared with 10-25% for cannabis flower, making it a highly potent product.

EFFECTS

DESIRED EFFECTS:

- Pain relief
- Relaxation
- Sleep promotion
- Euphoria
- Feeling giggly

ADVERSE EFFECTS:

Acute:

- Nausea
- Vomiting
- Rapid changes to heart rate and blood pressure
- Dry mouth and throat
- Can affect memory
- Confusion, anxiety or paranoia - some people can experience panic attacks and hallucinations (this is more common with stronger forms of cannabis such as "Skunk" or "Sinsemilla")
- Loss of consciousness
- Impaired driving skills
- Increased/decreased appetite
- Seizure-like activity

Chronic:

- Increased tolerance
- Dependence
- Brain development / ability to learn and concentrate (espeically for people who start using in teens)
- Increased risk of developing a psychotic illness, such as schizophrenia
- Increases the risk of a relapse for people who already have schizophrenia, and it can make psychotic symptoms worse
- Respiratory problems (espeically if used with tobacco)

WITHDRAWAL

- Cravings
- Difficulty sleeping
- Mood swings
- Irritability
- Restlessness.

Smoking cannabis with tobacco can lead to nicotine addiction. Cutting down or stopping can lead to withdrawal from nicotine as well as cannabis.

EMERGENCY TREATMENT

STEPS IN CASE OF AN EMERGENCY:

- Ensure personal safety first - do not take samples or disturb any substances as this could lead to accidental exposure
- Call 999 and ask for an ambulance
- Check person's breathing, pulse and that nothing is blocking airways - tilt their head back to keep airways open
- Place person in recovery position
- Try to keep person calm
- Stay with person until ambulance arrives

HARM REDUCTION

Tobacco:

Taking cannabis with tobacco increases risk of nicotine addiction, and all the serious harmful effects to the lungs and heart associated with tobacco (such as cancer and coronary heart disease). Some ways to reduce harm:

- Smoking cannabis with filters to remove a substantial quantity of particulates otherwise inhaled with unfiltered tobacco
- Smoking cannabis without tobacco to reduce harm to the lungs (although this does not eliminate harm entirely)
- Using a vaporizer to avoid potential harm of smoke inhalation (although this does not eliminate harm entirely)
- Eating cannabis foods or using other means of taking cannabis orally can avoid harmful effects from smoking. However, greater care is needed to prevent an overly strong experience, especially as it can take an hour or more after initial ingestion for effects to become fully apparent.

Combinations to avoid:

- Mixing cannabis with other drugs makes effects on the body and mind harder to predict and manage
- Using cannabis with alcohol can make someone more likely to feel sick and dizzy and suffer other negative side effects
- Combining cannabis and cocaine can increase likelihood of agitation and paranoia that comes with both drugs.

HM Prison & Probation Service

EMERGENCY RESPONSE

THE KISS PRINCIPLE

KEEP IT SIMPLE, STUPID

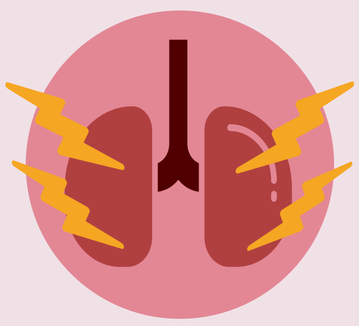
Remember the K.I.S.S principle (Keep It Simple, Stupid) when responding to an emergency

Remember to 'treat what you see'

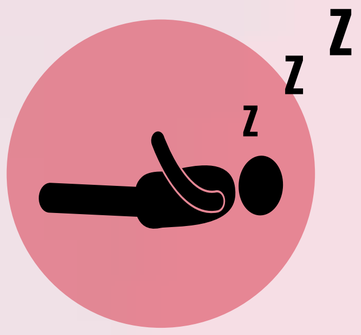
Remember to not waste time

WHAT TO LOOK OUT FOR?

If someone is having a negative reaction to or an **overdose** on drugs, they may show some of these symptoms:

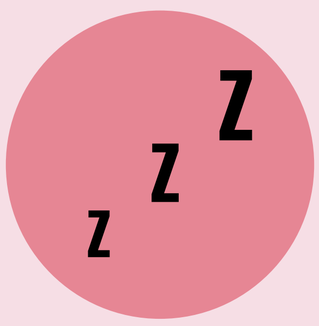


NOT BREATHING / RESPIRATORY DISTRESS



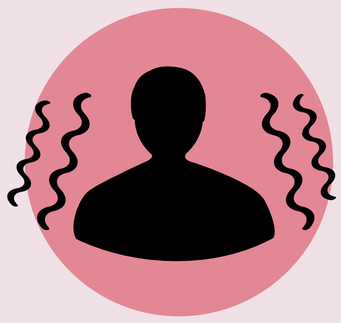
UNCONSCIOUS

You may not be able to wake them up or they may not be responsive to shouting or shaking of the shoulders



DROWSY

DEEP SNORING / 'GURGLING' NOISES



FITTING / CONVULSING / SEIZURING

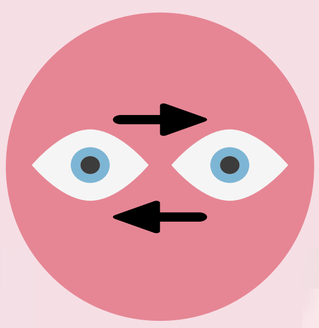
NAUSEA / VOMITING

OVERHEATED / DEHYDRATION

ANXIOUS / TENSE / PANICKY

RAPID HEARTBEAT

CONFUSION



INVOLUNTARY EYE MOVEMENT

BLUE TINGE

This may be to the lips, nails or other extremities

HM Prison & Probation Service

EMERGENCY RESPONSE

THINGS YOU SHOULD DO:

STAY CALM

ENSURE PERSONAL SAFETY FIRST

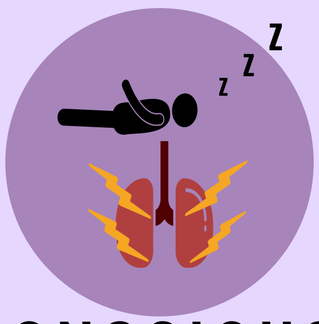
Do not take samples or disturb any substances as this could lead to accidental exposure

TRY TO FIND OUT WHAT HAS BEEN TAKEN

STAY WITH INDIVIDUAL AND KEEP THEM CALM

Be reassuring, do not scare them or chase after them. Stay with them until ambulance or other support arrives.

WHAT TO DO IF THE INDIVIDUAL IS:



UNCONSCIOUS OR NOT BREATHING

- Immediately call a **code blue** - request the health team and an ambulance
- Check breathing, pulse and that nothing is blocking airways - tilt their head back to keep airways open
- Place them into the recovery position (see page 14 / refer to 'Emergency First Aid' training)
- Stay with them until the ambulance arrives

FITTING / CONVULSING / SEIZURING

- Immediately call a **code blue** - request the health team and an ambulance
- Clear the area of any nearby harmful objects
- Loosen any tight clothing
- Cushion their head
- Do not to put anything in their mouth or to try and restrict their movement
- Once fit has finished, check breathing and put them in the recovery position (see page 14 / refer to 'Emergency First Aid' training)
- Stay with them until ambulance arrives

EXTREMELY DROWSY

- Sit them in a quiet place and keep them awake
- If they do not respond or become unconscious, immediately call a **code blue** - request the health team and an ambulance, then place them in the recovery position (see page 14 / refer to 'Emergency First Aid' training)
- Do not scare, shout at or shock them
- Do not give them coffee to wake them up
- Do not put them in a cold bath to “wake them up” – this wastes time and risks drowning

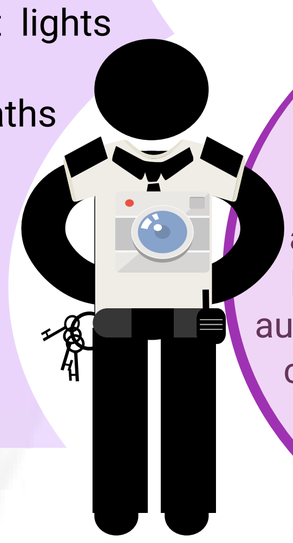
OVERHEATED AND / OR DEHYDRATED

- Take them somewhere cool and quiet
- Get them some cold water and get them to sip it **slowly**
- Give them salted foods (e.g. crisps or peanuts) to replace salts lost through sweating
- Fan them to cool them down
- Stay with them until symptoms subside
- If symptoms persist or worsen, call an ambulance

ANXIOUS / TENSE / PANICKY

- Sit them in a quiet and calm room
- Keep them away from crowds, bright lights and loud noises
- Encourage them to take slow deep breaths
- Stay with them

Tell the ambulance crew everything you know about the drugs taken, it could get the individual the right treatment faster and could save their life.



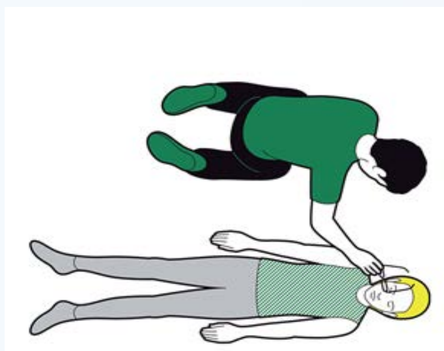
Body Worn Video Cameras allow "for more detailed examination of the events leading up to and management of incidents". However, always consider any sensitivities of the circumstances". Following a risk assessment, "maintain audio capture" but "consider non-intrusive capturing of the medical intervention."

Quotes from **PSI 04/2017 - SECURITY MANAGEMENT Body Worn Video Cameras**

HM Prison & Probation Service

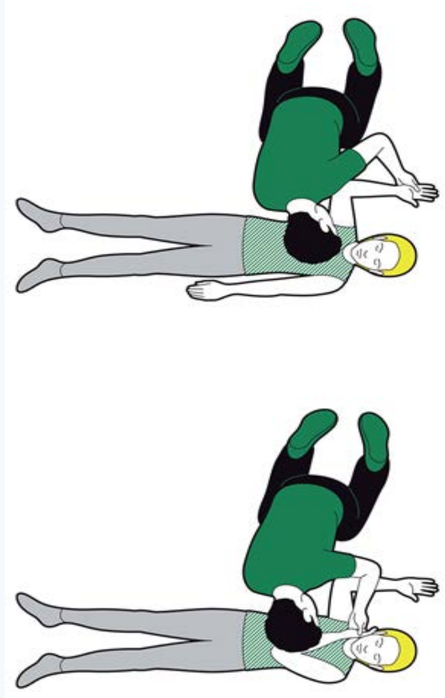
RECOVERY POSITION STEPS

These are the steps of putting someone in the recovery positions, as advised by ST JOHN AMBULANCE)



STEP 1

If you find someone collapsed, you should first perform a **primary survey**. If it shows that they are unresponsive but breathing, put them in the recovery position.



STEP 2

- Kneel by individual and straighten their legs
- Remove any glasses or bulky items in their pockets
- Do not search their pockets for small items

STEP 3

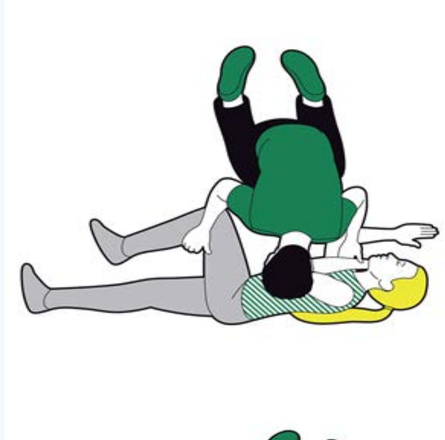
Place the arm that is nearest to you at a right angle to their body, with the elbow bent and their palm facing upwards

STEP 4

Bring their other arm across their chest and place the back of their hand against the cheek nearest to you. Hold it there

STEP 5

With your other hand, pull their far knee up so that their foot is flat on the floor



STEP 6

Keeping the back of their hand pressed against their cheek, pull on the far leg to roll them towards you on to their side. You can then adjust the top leg so that it is bent at a right angle

STEP 7

Gently tilt their head back and lift their chin to make sure their airway stays open. You can adjust the hand under their cheek to do this

HM Prison & Probation Service

PPE

United Nations Office on Drugs and Crime (UNODC) Laboratory and Scientific Services (LSS) has developed guidelines for the safe handling of substances and management of exposure risk for law enforcement and customs officers during the COVID-19 pandemic. This guidance can be applied to the prison system.

Based on the nature of prison operations, the potential for officers to be exposed to COVID-19 when carrying out their duties has increased significantly. Avoiding secondary exposure and cross-contamination are important measures in infection control.

Please see the UNODC LSS guidance document linked here. It contains information about:

- How to correctly put on and remove gloves
- How to correctly put on respiratory protection (i.e. masks)
- How to correctly put on eye protection
- How to decontaminate following skin exposure to a chemical

HM Prison & Probation Service

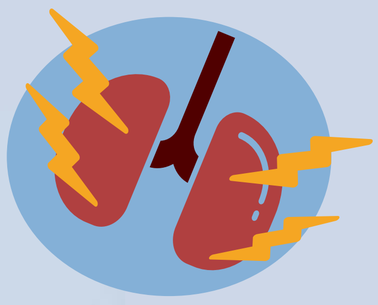
COVID-19's Impact on Drug and Alcohol Users

Government guidance states that "people who misuse or are dependent on drugs and alcohol may be at increased risk of becoming infected, and infecting others, with coronavirus (COVID-19)".

Some risk scenarios outlined are:

- There is a **heightened risk** in the combination of COVID-19 (a respiratory virus) and drugs that have an **impact on breathing**, used either alone or in combination. There is the "risk of exacerbation of breathing impairment from COVID-19 due to use of drugs such as opioids, benzodiazepines and pregabalin". That is, any negative impact on the respiratory system due to COVID-19 could be made worse by drug use.

- Some people may be of heightened vulnerability to the effects of COVID-19 "because of reduced immunity from poor health, drug and alcohol use, or medication for other conditions". That is, some individuals' **respiratory function may already be compromised by drug use and/or smoking.**



- Additionally, drug and alcohol users may be **more at risk from illness or complications related to COVID-19** "if they are also categorised as clinically vulnerable". For instance, if they suffer from a respiratory related illness, such as chronic obstructive pulmonary disease (COPD). For a full list of those categorised as clinically vulnerable, please refer to the guidance.

HM Prison & Probation Service

INDEX