Irish Prison Service

Novel (New) Psychoactive Substances (NPS)
Information for Irish Prison Service Staff

April 2017
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Introduction

The increasing use of Novel (New) Psychoactive Substances (NPS) within the Irish Prison Service (IPS), in particular the Open Centres, is presenting prison staff with a significant set of new challenges. This document supports discipline and healthcare staff by providing information about the extent of NPS use as is currently known and about the properties of the various categories of NPS, and by providing advice on how to manage the problem from a clinical and operational perspective.

The information provided on NPS in this document is not exhaustive and is intended only to provide a brief overview of the most common NPS.

What are NPS?

- New / Novel Psychoactive Substance (NPS), can also be referred to as “Legal Highs” or “Head Shop Products”, and are substances of abuse.
- NPS have been defined by the United Nations Office on Drugs and Crime (UNODC) as “substances of abuse, either in a pure form or a preparation, that are not controlled by international drug conventions, but which may pose a public health threat”.
- In general, NPS is an umbrella term for unregulated (new) psychoactive substances or products intended to mimic the effects of controlled drugs.
- They refer to a number of drugs with stimulant or psychoactive effects which have not been encountered as drugs of abuse or recreational drugs until recent years. They produce their effects by stimulating or depressing the central nervous system and affecting mental functioning or emotional state.
- They are Marketed/Sold as “legal highs”, “research chemicals”, “designer drugs”, “food supplements” or “medicines”.
- The term "new" does not necessarily refer to new inventions but to substances that have newly become available in specific markets, as drugs of abuse
- Not legal or ‘high’ inducing
- Significant variations in use of NPS across the country and across the IPS institutions.
- NPS present a challenge to treatment services in the community and prisons.
NPS Market

- **NPS**: often presented in bright, attractive packaging, sold in head shops and online. Often labelled as “not for human consumption” and are offered as a legal alternative to controlled drugs.

Also sold as:

- **Research Chemicals**: sold online in the guise of being used for scientific purpose.

- **Designer drugs**: often passed off as drugs such as MDMA or Heroin

- **Medicines**: can be diverted from patients or illegally imported. Sold on illicit drug market by dealers.

Anonymous access to the internet, to hidden services such as “Silk Road” and Dark Net, allows black market drug dealing to occur.
NPS - overview

- The UN has reported that up to Dec 2015, more than 640 substances have been reported and new NPS continue to emerge at an average rate of one substance per week.

- During 2015, 98 new NPS were identified for the first time, and more than 560 substances are now being monitored, of which 70% were detected in the last 5 years.

- The majority are synthetic cannabinoids (replacement for cannabis) and cathinones (replacement for stimulants).

- Synthetic opioids (particularly fentanyl) have recently emerged – these are very potent and acetyl fentanyl is 5-15 times more potent than heroin.

- The unprecedented emergence of potentially dangerous, and fatal, psychoactive substances poses a serious threat to human health and wellbeing.

- In 2015, the Chief Inspector for Prisons in England and Wales described NPS as “the most serious threat to the safety and security of jails”
Links between NPS use and fatal outcomes

- NPS implicated in a number of recent deaths in Dublin and Cork.
- Data from the Irish National Drug Related Deaths Index, shows that deaths where NPS were implicated increased to 13 in 2013, compared to 5 deaths in 2012 and 7 in 2011.
- There were 64 NPS deaths in prisons in England and Wales between June 2013 and April 2016, where the person was known, or strongly suspected, to have been using NPS before their death.
- Of the self-inflicted deaths, some involved psychotic episodes potentially resulting from NPS, in other cases NPS increased vulnerability, while other deaths resulted from natural causes in which NPS played a part and there were two homicides where a person suspected of taking NPS killed another.

There are anecdotal reports linking the increase in violence, and deaths, in English prisons to the use of NPS.
The Law

- The Misuse of Drugs Act 1977, the Misuse of Drugs Act 1984 and the Misuse of Drugs Act 2015 are the acts of the Oireachtas regulating drugs in Ireland. The Acts define the penalties for unlawful production, possession and supply of drugs.

- Under the Criminal law (Psychoactive Substances) Act 2010 the sale or supply of substances for human consumption which may not be specifically proscribed under the Misuse of Drugs Act, but which have psychoactive effects, will be a crime. This legislation exists alongside Misuse of Drugs Act and HPRA regulations.

- NPS are controlled under Schedule 1 and Schedule 2 of the Act.

- In November 2011, the Misuse of Drugs (Amendment) Regulations 2011 was enacted, which further extended the range of banned substances.

- Further substances were controlled by S.I. No 323/2014 – Misuse of Drugs (Amendment) Regulations 2-14

Unfortunately the controls put in place have not eliminated the use of NPS and they are still in use in the illicit drug market.
Prevalence

- An EU 2014 survey of 13,000 young adults aged 15-24, reported that 8% had used NPS at least once.

- 22% of young people in Ireland had used NPS at least once (highest); 9% of young people in Ireland had used NPS in the last year.

- In Ireland, there has been a 200 fold increase in the seizures of NPS from 2008 – 2013.

- NACDA (2016) reported from 2014/2015:
  - Overall lifetime usage of NPS in Ireland is at 3%; lifetime prevalence is highest in the 25-34yrs age bracket at 6.8%
  - The 15-24yrs shows the highest prevalence of use in the last 12 months, and the last month, with 1.9% and 0.2% respectively
  - Males show a higher usage across the board, with the most significant difference seen in the 25-34yrs age bracket (9.8% vs 3.9% in females for lifetime prevalence)

- IPS:
  - There is limited information on the prevalence of NPS in the IPS.
  - Staff (operational and healthcare) in IPS (Open Centres mainly), have expressed concern about suspected use of Synthetic Cannabinoid (SC) use
  - Recent survey in one Open Centre reported that NPS are the most commonly misused substance with 23% respondents reporting that NPS are the most harmful drugs in that community.

- UK Prisons:
  - An analysis of seized samples carried out in the UK identified that of 893 samples tested, 85% (762) were NPS
  - In UK, HM Chief Inspector of Prisons, stated in September 2015 that two-thirds of prisons reported having a “significant issue” with NPS in 2014-15, compared to one-third in 2013-14
1. Synthetic Cannabinoids (SC)
   Include a large number of drugs, the best known and most widely used being Spice and Black Mamba

2. Depressants:
   Include such drugs as GHB (gamma hydroxybutyrate), GBL (gamma butyrolactone) and ketamine

3. Stimulants:
   Includes drugs such as Mephedrone (Synthetic Cathinone), Ecstasy (MDMA (3, 4-methylenedioxyamphetamine)), and Ecstasy variants such as PMA (paramethoxyamphetamine) and PMMA (paramethoxymethamphetamine)

4. Hallucinogens:
   Include drugs such as LSD (lysergic acid diethylamide) and assorted tryptamines and phenethylamines

Project NEPTUNE (March 2015) which has been developed to improve clinical practice in managing harm resulting from NPS use, divides these drugs into four main categories.

The current evidence indicates that the majority of NPS used in the Irish Prison system are likely to be synthetic cannabinoids.
Summary of NPS categories

1. **Synthetic Cannabinoids (SC):** Spice, Black Mamba.
   
   Mimic effects of THC but without modulating anxiolytic and antipsychotic effects of CBD found in cannabis

2. **Depressants:**

   Ketamine: is classed as a dissociative, main effect is to cause feeling of detachment. Acts as stimulant at low doses and hallucinogenic at high doses.

   GHB, GBL: Have inhibitory and relaxing effect on the brain.

3. **Stimulants:**

   Synthetic cathinones are structurally related to amphetamine, methamphetamine and MDMA. Defined as stimulants with amphetamine and cocaine like properties.

   I. Mephedrone (Bubbles, Miaow, Top Cat) – most commonly used synthetic cathinone in UK.
   
   II. Ecstasy.
   
   III. “Bath salts” is term used mainly in US to refer to a number of synthetic cathinones.

   IV. Approx 30 synthetic cathinones, most commonly used for recreational purposes include MDPV, butylone, ethylone, methylene.

4. **Hallucinogens:**

   i. Tryptamines
   
   ii. Phenethylamines - Methamphetamine and 2C Family
   
   iii. Lysergamides

   These drugs cause hallucinations, cause users to feel relaxed and happy or agitated and confused.
Synthetic Cannabinoids (SC) in prisons

Recent survey in one IPS Open Centre reported that NPS are the most commonly misused substance, with 23% respondents reporting that NPS are the most harmful drugs in that community.

HMIP reported in Dec 2015 that SC form the only category of drugs whose use by prisoners is higher in prisons than in the community.

Suggested reasons for popularity of SC in prisons:

- Undetectable by conventional on-site testing (work continuing to develop testing for many of these drugs)
- Not easy to detect and considered easy to smuggle into prisons (laced onto herbal products),
- Presented as well labelled products (plant food)
- Added to food products (cake, biscuits etc.)
- Relative affordability
- The unpredictable effects of SC may be an attractive feature of these drugs to some prisoners who wish to experiment or be more adventurous with their drug use
- Perception that they are “legal”
- Used as a coping mechanism or to alleviate boredom
**Synthetic Cannabinoids**

**Street Name**
Commonly known as: Spice, Black Mamba, K2, Amsterdam Gold, Kronic, Annihilation, Tai High, Hawaiian Haze and Bombay Blue Extreme.

**Presentation**

Many different substances with differences in potency. Products sold may contain different products. The chemicals are mixed with or sprayed onto herbs such as Lemon balm, Mint and Thyme. This powder is then dissolved in a liquid solvent, mixed, dried and sold as Designer Drugs or Legal highs.

**Mode of use**
Smoked in joints or inhaled through a bong, rarely ingested or snorted.

**Mode of action**
SCs contain a wide range of chemicals which stimulates the brain’s receptors in a variety of ways.

**Onset and duration of action:**
Usually within minutes of smoking. Longer if consumed orally.
Length of effect varies; effects gradually diminish over 6 hours.
Effects
Cause relaxation, euphoria, disinhibition, feeling energised, altered consciousness.

These chemicals have similar effects to THC, which is the main component of cannabis. However, the SC’s exert effects 2–100 times greater than THC.

Adverse effects
Vary greatly, include
- Convulsions
- Paralysis
- Psychosis
- Aggression
- Tachycardia and other CV effects
- Acute kidney injury
- Hyper/hypoglycaemia
- Anxiety
- Panic attacks
- Bizarre behaviour
- Hallucinations
- Changes to mood, perception, memory, thinking, attention

Acute effects can last up to 5 days

SC toxicity is characterised by
- Psychosis
- Seizures
- Tachycardia
- Hypertension
- Hyperthermia
- Agitation
- Combativeness
- Acute kidney damage
Chronic effects (long term)

- Psychosis
- Aggression
- Cognitive impairment
- Dependence
- Withdrawal symptoms on reduction/cessation of use

Psychosis: A particular type of psychosis has been associated with the use of Spice – “Spiceophrenia”

The evidence indicates that the levels of psychoses associated with SC are much higher than with cannabis (11% v 2%).

The long term effects are unknown.

Other information

While many SC are classed as controlled drugs in Ireland, the laboratories that manufacture these drugs frequently modify the chemical compounds and produce streams of new SC, that are not legally controlled or detectable by laboratory tests.

Treatment

Acute: Symptom directed supportive care. May require medication for agitation, convulsions or psychosis. Transfer to hospital may be necessary if symptoms severe or persistent.

Chronic: Psychosocial and other appropriate support. Pharmacotherapy where appropriate for enduring symptoms.
Depressants/GHB, GBL

Street Name

Gina Gamma-O, Blue Verve, Liquid E, Liquid Ecstasy

Presentation

(GHB sold for therapeutic uses)

Liquid – packaged and sold in small plastic soya sauce containers

Mode of Use

Usually orally, mixed with a drink due to its salty taste, occasionally snorted, rarely injected

Effects

Euphoria, relaxation, hypnotic, hallucinogenic, disinhibitive.

Adverse Effects

Acute:

- Overdose, risk increased if taken with other depressant drugs such as alcohol or benzodiazepines.
- Drowsiness
- Cardiac effects
- Respiratory effects
- GI effects
• Hypothermia

Chronic:
Chronic effects include severe dependence

Other information
Has HIGH abuse potential. Emerging in Dublin as part of “Chem- sex” scene. Easy to order on line. Withdrawal symptoms including seizures and hallucinations occur a few hours after last dose and become severe by 24 hours. Five patients required hospital admission for medical detox in last 6 months needing specialist care, including access to ICU.

Treatment
Acute: Symptom directed supportive care, especially respiratory support and airway protection.
Chronic: Motivational interviewing, relapse prevention, psychosocial support.
Benzodiazepines and Baclofen may be used to treat withdrawal symptoms.
Ketamine: classed as a depressant/dissociative

Street Name
Ket, Special K, Kit-Kat, Super K, Cornflakes

Presentation

Mainly in powder form, also a liquid and as powder of fine crystal (crushed for insufflation), usually white or transparent but can also be off-white or brown. Ketamine is sometime sold in tablet form (on occasion falsely sold as ecstasy). Also can be dissolved for injecting resulting in faster and more potent effect.

Mode of use

Snorted, rarely orally or injected.

Mode of action

Dissociative drugs can distort perceptions of sight and sound and create feelings of detachment or dissociation from the self and the environment; these mind-altering effects are not hallucinations.

Onset and duration of action:

Ketamine has a plasma half-life of 2–4 hours. Peak plasma concentrations are reached within a minute when ketamine is injected intravenously, 5–15
minutes when injected intramuscularly or snorted, and 4–6 hours when taken orally.

Effects

Used to achieve dissociation. Intended detachment, perceptual disorders, auditory and visual hallucinations. Effects auditory, visual and painful stimuli.

The perceptual and mood changes differ depending in age, dose, route of administration and previous experience.

Adverse Effects

Acute:
- Nausea
- Slurred speech
- Dizziness
- Collapse
- Agitation
- Accidental injury – person does not recognise that they are at risk of personal harm and may suffer serious injury.
- Increased heart rate
- Visual hallucinations

Chronic:
- Ulcerative cystitis
- Psychosis
- Dependence
- K-cramps

High doses can cause extreme states of dissociation and visual and auditory hallucinations may last a number of days.

Other information

Ketamine was initially developed as an anaesthetic for surgery, but then became used for recreational purposes.
**Treatment**

Acute: Symptom directed supportive care until symptoms resolve

Chronic: Motivational interviewing, relapse prevention, psychosocial support, bladder monitoring, pain management
Stimulants – Synthetic Cathinones: Mephedrone

Street Name

Mephedrone: Bubble(s), Miaow, Meow Meow, Mcat, Top cat, Mad dog Roxy, Toot, Drone, Spice E, 4-MMC, Rush, Moonshine, White magic.

Mephedrone is not a new drug but has been used as a recreational drug since 2007.

European seizure data for 2014 indicates that 60% of seizures were SCs and 16% were synthetic cathinones.

Presentation

Mephedrone is sold as white or off-white crystalline powder, with light yellow hue. Has distinctive unpleasant smell. Often sold in small plastic bags (as plant food), but also sold as tablets pressed from the powder or capsules containing the powder.

Mode of Use

Snorted or swallowed (usually wrapped in a cigarette paper (bombing) or added to a drink (whizzy water) drink due to its bad taste. Also used by “dabbing” (rubbing on the gum), rectally, by smoking, or injected.

Mode of action: Cathinones act as CNS stimulants, but are generally less potent than amphetamines.

Onset and duration of effects:

Onset is linked to route of administration:
Within a few minutes through nasal insufflation or iv injection
15-45 mins following oral ingestion (onset delayed in presence of food)
Rectal administration has faster onset of action and effects require lower dose.
Duration of effects linked to mode of use:

Effects last 2 -3 hours following nasal or oral use, shorter duration where ingested through nasal insufflation, 15 - 20mins following iv use.

Effects

Euphoria, energy, elevated mood, increased concentration, talkativeness, wakefulness, increased sensuality, improved sexual performance (“The ego of cocaine and the loved-up feeling of ecstasy”).

Also stimulation, enhances appreciation of music, mood elevation, and reduced hostility.

At higher doses, perceptual distortions or hallucinations.

Adverse Effects

Acute effects include

- Stroke
- Violent behaviour
- Suicidal ideation
- Seizure
- Catatonia
- Headache
- Increased heart rate
- Psychosis
- Tremor
- Jaw clenching/teeth grinding

Long term effects include

- Psychosis
- Depression
- Anxiety
- Cognitive impairment
- Dependence
**Other information**

In relation to association with suicide, it was reported in 2014 that there was a high level of association of cathinones with violent suicide (hanging), compared to other NPS. Snow Blow is used as a generic name for synthetic cathinones. However, those buying Sno Blow may think they are buying mephedrone, but may be something else. Worrying reports in 2015 of an increase in the number of persons presenting at A&E with adverse effects having used Sno Blow. Use of Sno Blow resulted in high risk of injecting behaviour and acute psychotic episodes. This increase in injecting behaviour resulted in an increase in the rates of HIV among injecting drugs users and in particular homeless IVDUs.

**Treatment**

**Acute:** Symptom-directed supportive care, managing agitation, convulsions, hypotension, hypertensions and rhabdomyolysis. Transfer to hospital may be necessary if symptoms severe or persistent.

**Chronic:** Motivational interviewing, relapse prevention, psychosocial support, antipsychotics, treatment of any co-morbid conditions.
Stimulants/Ecstasy and variants

Street Name
E, Molly, Mandy, MD

Presentation

Term Ecstasy used for pressed tablets or capsules (pills, beans, Es, Bickies, bangers) containing a dose of MDMA. Users may also refer to such products by the variable ‘branding’ colour, shape, imprinted logo with which manufacturers make them distinguishable (e.g. ‘White Doves’, ‘Yellow Superman’, ‘Apples’, ‘Pink Hexagons’)

Crystals and powders – often referred to by users as MDMA or pure MDMA, as opposed to the tablet form, which is referred to as ecstasy.

Mode of use

Bombing crystals or powder is most common - dose can be wrapped in tissue or cigarette paper for swallowing may be called a “bomb” or “parachute”

Also swallowed in tablet form and, rarely, dabbed.
Mode of action:
MDMA and similar substances display stimulant and hallucinogenic effects and share properties that are sometimes referred to as ‘entactogenic’ or empathogenic (combination of a psychostimulant effect with highly unusual changes in consciousness, leading to euphoria and an intense love of self and others)

Onset and Duration of Action:
MDMA is rapidly absorbed. Typically takes 20 – 60 mins to take effect, reaches peak effects between 60 – 90min, lasting up to 5 hours.
Onset of action of similar substances varies – some felt within 10-12 mins of oral consumption.
Duration of effect also varies considerably between users, with effects peaking after 30 – 45mins, lasting up to 3 hours.
Onset of action of PMA is significantly later, leading to risk of overdose

Effects
Energy, euphoria, empathy.

Adverse effects
Acute adverse effects:
- Hyperthermia
- Hyponatraemia (women especially)
- Increased heart rate
- Increased blood pressure
- Collapse
- Convulsions
- Hallucinations
- Sweating
- Headache
- Kidney injury
- Serotonin syndrome
Chronic adverse effects

- Cognitive impairment
- Neurotoxicity
- Depression
- Increased suicide risk

**Treatment**

Acute: Symptom directed supportive care while awaiting transfer to hospital

Chronic: Psychosocial support, symptomatic support.

Avoid Monoamine Oxidase Inhibitors (MAOIs) and Selective Serotonin Reuptake Inhibitors (SSRIs)
Hallucinogens/ Phenethylamines – Methamphetamine

Street name

Crystal meth, Crystal, Crissy, Tina, Crank, Ice, Glass

Presentation

Sold as crystalline solid (Ice, Crystal meth) or powder

Mode of use

Orally, sublingually, buccal, rarely snorted

Effects

Euphoria, mild stimulation, altered sense of space and time, visual distortion, enhanced appreciation of music, intensified sensual or sexual feelings

Adverse effects:

Acute:
- After euphoria – drowsiness, impaired judgement/learning, decreased concentration
- Severe Hyperthermia
- Personality changes
- Acute paranoid psychosis
- Tremor
- Renal failure
- Heart attack
Chronic effects:
- Tolerance develops
- Dependence (rare)
- Pulmonary hypertension, oedema in lungs
- Skin and mouth effected, causing teeth and gums to decay, leading to “Meth mouth”
- Flashbacks
- Persistent perceptory disorders.
- Auditory and visual hallucinations
- Delusions of persecution
- Reports of “Meth Psychosis”
- 5 – 15% fail to make complete recovery in long term.
- As the rate of use increases, paranoia occurs more rapidly in session of use.

**Treatment**

Acute: Symptom directed supportive care until symptoms resolved

Chronic: Supportive – dependence is rare
Hallucinogens/ Phenethylamines - others

Street name
N-Bomb, Mescaline – Peyote, San Pedro, Peruvian Torch, Bees, Nexus

Mode of use
Orally, sublingually, buccal, rarely snorted

Effects
Euphoria, mild stimulation, altered sense of space and time, Visual distortion, enhanced appreciation of music

Adverse Effects
Acute:
- Dysphoria
- Paranoia
- Panic
- Tremor
- Tachycardia
- Hyperthermia
- Personality changes

Chronic effects:
- Dependence (rare)
- Flashbacks
- Persistent perceptory disorders.

Treatment
Acute: Symptom directed supportive care until symptoms resolved
Chronic: Supportive – dependence is rare
Hallucinogens: Phenethylamines - 2C Family

Street name

2C Family – General name for family of psychoactive phenethylamines - includes 2C, 2C-B and analogues, 2C-E and analogues, 2C-I and 2C-I derivative – 2C-I-NBOMe, known as 251, 2C-B -Fly (Bromo –Dragonfly – described as “just too powerful” due to duration and potency)

Presentation

Tablet or powder form

Mode of use

Orally

Use of 25I-NBOMe is typically sublingual and buccal, but nasal (insufflation and absorption of liquid solutions), oral, injection (intravenous and intramuscular), rectal and smoking have also been reported.

Max intensity and worse side effects when snorted
Effects

Aphrodisiac and synaesthesia effects (i.e. person experiences one sensation in another modality e.g. experience colour as touch).

2C-I-NBOMe is 16 times more potent than 2CI.

Adverse effects

- Acute renal injury
- Increased temperature
- Aggression
- Paranoia
- Vivid hallucinations both closed eye and open eye hallucinations

Other information

Implicated in deaths in Cork in 2015

Treatment

Acute: Symptom directed supportive care until symptoms resolved

Chronic: Supportive – dependence is rare
Hallucinogens/Tryptamines

Street name
Mainly known as magic mushrooms, Mushies, Shrooms, Ibogaine and Psilocybin (Magic mushrooms), also DMT (Dimitri, Spice), AMT, DiPT (Foxy) and 5-MEO-DiPT (Foxy- Methoxy), Liberty Caps, Libs (most common wild species of magic mushroom)

Presentation

Mushrooms – fresh or dried
DMT: White yellow of brown DMT crystals or powder

Mode of use
Orally or sublingually/buccally, often through small blotter paper portions or ‘tabs’, which are held in the mouth to allow absorption through the oral mucosa.

Smoking (DMT)
Mode of action:
Amphetamine type substances. Agonism or partial agonism of 5-HT2a serotonin receptors.
Ibogaine has additional pharmacological effects beyond 5-HT2 receptors

Onset and duration of action:
Onset of effects varies, ranging from a few moments to hours. DMT has an almost immediate effect. Effects of other hallucinogens may not be reached for up to 6 hours after ingestion, posing a risk of overdose because of mistaken belief that the first dose had no effect.

Duration of action of hallucinogenic drugs ranges between minutes and days, depending on the substance used. DMT’s effects appear in under a minute and may peak within 5 minutes, with minimal adverse after-effects (come-down).

Hallucinogens of intermediate duration include 2C-B, with effects lasting 2–3 hours. Very long-acting hallucinogens include Ibogaine, with effects of one or more days.

Effects
Euphoria, mild stimulation, altered sense of time and space, enhanced appreciation of music, visual distortions, intensified sensual or sexual feelings.
Effects highly variable, produce difference effects in different people at different times.
DiPT: Predominantly auditory perceptual changes.

- Severe GI symptoms – nausea, vomiting, diarrhoea with severe pain.
- Disorientation
- Frightening hallucinations
- Dysphoria, paranoia, panic, tremor, tachycardia, hyperthermia (can be severe), depersonalisation
- Fear and paranoid delusions – may lead to erratic behaviour and potential aggression against self or others
Other information

Hallucinogenic drugs tend to be used relatively infrequently. Typically used by people who use other drugs.

Limited understanding of hallucinogenic drugs.

The structure–activity relationships of hallucinogens are complex, and differ between the various drugs. This means that hallucinogen NPS appearing on the market may be structurally similar to other NPS, or to other well-known hallucinogenic drugs, but may have different levels of potency, effects, duration of effects and risks.

Treatment

Acute: Symptom directed supportive care until symptoms resolved

Chronic: Supportive – dependence is rare
Hallucinogens/Lysergamides

Street name
LSD, Acid, A tab, Blotter, Geltabs, Windowpane, Microdots

Presentation
(Pink elephant blotters containing LSD) (Five doses of LSD, often called a “five strip”)
Tablets

Mode of use
Orally or sublingually/buccally, often through small blotter paper portions or ‘tabs’, which are held in the mouth to allow absorption through the oral mucosa. Rarely snorted.

Mode of action: Stimulant with similar actions to amphetamine sulphate.

Onset of action
Effects of LSD appear approximately 60 minutes after oral ingestion
LSD is longer-acting hallucinogenic with a duration of 8–12 hours
**Effects**
Euphoria, mild stimulation, altered sense of space and time, visual distortion, intensified sensual and sexual feelings

**Adverse effects:**
- Dysphoria
- Paranoia
- Panic
- Tremor
- Tachycardia
- Hyperthermia (can be severe)
- Depersonalisation

**Treatment**
Acute: Symptom directed supportive care until symptoms have resolved, including airway management. Observe for at least 4 hours after exposure.
Chronic: Supportive - dependence is rare
Challenges for healthcare staff

- As with all illicit drug use in prison, the covert nature of NPS use, the unpredictable effects of the drugs and the possible delay in seeking medical help all combine to have a significant impact on healthcare staff.

- Some of the extreme effects of SC e.g. (convulsions, bizarre behaviour, temporary paralysis, rapid heart rate, aggression and psychosis) require an immediate response and may require transfer to hospital.

- The adverse effects of SC use can be long lasting, and operational and healthcare staff may have to manage the consequences for months following the initial presentation.

- Some prisoners who use SC may not see themselves as having a problem with their use, so may be reluctant to engage with substance misuse teams or take measures to reduce or discontinue their use of the drugs, but they should be given every encouragement and support to do so.

- It may be necessary to withhold prescribed medications where SC use is suspected. Particular caution is required with some antipsychotic drugs but these decisions will need to be made on a case-by-case basis.

- In general, no specific pharmacological treatments exist for the adverse effects of NPS, so symptom-directed supportive care will inform the safe and effective management of acute presentation.

- Prison healthcare providers should follow existing guidance that the appropriate response is to address symptoms rather than the specific drug.

- The mainstay of longer-term treatment will be the appropriate clinical and psychosocial support as described in the Project NEPTUNE guidance document. Substance misuse services may need to adapt their current treatment practices in order to better address the needs of people using NPS. However, major changes in existing therapeutic approaches should not be necessary.


Further Guidelines on Clinical management of NPS in prisons are being developed.
Challenges for operational staff

The Increasing prevalence of NPS in some IPS prisons is placing additional demands on staff resources in terms of supply disruption, searching and detection activities.

Additional implications for operational staff include the need to restrain and control prisoners behaving abnormally or dangerously.

In addition,

- The need to transfer prisoners to hospital
- The need to manage long-term challenging or aggressive behaviour

clearly have implications for operational staff.

Guidance on the operational management of those who use NPS, including in relation to Control & Restraint, are being developed.
Management of NPS in prisons

Establishing accurate data on the prevalence, use and effects of NPS remains crucial to determining successful management of the problems associated with these drugs.

It is essential that every establishment has an integrated response, with operational and healthcare staff taking a joint approach to managing all aspects of the problems associated with NPS in prisons.

This integrated response should be underpinned by an information campaign directed at prisoners and visitors, describing the consequences of using NPS.

The overriding principle is that staff should respond in a proportionate and relevant way to presenting behaviour or symptoms, irrespective of whether prisoners are suspected to be under the influence of NPS.
References and Further Reading


4. EMCDDA – European Monitoring Centre for Drugs and Drug Addiction: www.emcdda.europa.eu


10. www.KFX.org.uk – good search engine to identify drugs


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