

# Joint briefing: Managing nicotine withdrawal in police custody

[www.ash.org.uk](http://www.ash.org.uk) | [www.ncsc.co.uk](http://www.ncsc.co.uk) | [www.gov.uk/phe](http://www.gov.uk/phe)

This briefing is designed for police custody officers. Its purpose is to share good practice around managing nicotine withdrawal of detainees whilst they are in police custody. It covers the following:

- Effects on detainees of short term abstinence from cigarettes.
- How nicotine cravings can affect detainees' behaviour and ability to participate appropriately in interviews.
- Provision of Nicotine Replacement Therapy (NRT) as a safe way to help manage nicotine withdrawal symptoms.

## Overview

Tobacco is the single biggest cause of preventable death in the UK and is responsible for 100,000 deaths every year.<sup>1</sup> Whilst smoking prevalence in the general population is around 19%, it is significantly higher in some groups.<sup>2</sup> **It is estimated that over 60% of arrestees smoke.**<sup>3</sup>

People are more likely to smoke if they have no educational qualifications, mental health problems or are unemployed. These characteristics are more prevalent in the detained population, hence smoking is much more prolific.<sup>4</sup>

Smoking has been prohibited in enclosed public and work spaces under [Smokefree Legislation](#) since July 2007. Whilst at times it may be possible to escort detainees outside to smoke, inevitably this will not always be possible or practical. Given the high rates of smoking amongst detainees it is important to consider the consequences of, and solutions to, nicotine withdrawal.

## Short term abstinence and withdrawal symptoms

Nicotine is an addictive chemical contained in tobacco smoke. In itself nicotine is not particularly harmful, unlike the tar and carbon monoxide in tobacco smoke that are harmful. In short, people smoke for the nicotine and die from the carbon monoxide and tar.

Many people smoke in the belief that it reduces stress and anxiety, although in reality what they are experiencing is a relief of withdrawal symptoms that mimic feelings of anxiety.

Most smokers are used to taking regular doses of nicotine from each cigarette, so when they do not smoke, their nicotine levels drop and they experience physical and psychological symptoms. Once in the body, nicotine is broken down quickly and as a result **smokers can start to experience withdrawal symptoms within 30 minutes of their last cigarette.**<sup>5</sup>

The symptoms experienced by smokers during withdrawal are sometimes extreme and further exacerbated in stressful situations and when they know that they cannot smoke. The most often reported common symptoms of withdrawal are:

- strong overwhelming urges or cravings to smoke
- irritability
- low mood
- disturbed sleep
- constipation
- impaired concentration
- restlessness
- light-headedness
- increased appetite

Given that the average length of stay in custody is approximately 10 hours, but can be over 48 hours, **it is likely that any smoker who is arrested will experience nicotine withdrawal while in custody**. In addition, the effects of withdrawal from any substance, including nicotine, are likely, “*to be exacerbated by the circumstances of acute enforced detention*”.<sup>6</sup>

**Nicotine withdrawal can have a severe impact on the individual and may well affect the behaviour and ability of a detainee to participate appropriately in interviews.**

Withdrawal from nicotine can, for example, trigger uncharacteristically confrontational behaviour and result in difficulties answering questions. It is worth noting that the effects may be more severe in someone also suffering from a mental health condition (See appendix A).

## Reducing Nicotine Cravings

**Nicotine cravings and other withdrawal symptoms can be easily and safely managed through the use of Nicotine Replacement Therapy (NRT).** Regular use of NRT allows users to obtain small, steady doses of nicotine to relieve the symptoms of withdrawal. Currently available NRT products include:

- Nicotine gum
- Nicotine inhalator
- Nicotine lozenge (including mini-lozenges)
- Nicotine microtab
- Nicotine mouth spray
- Nicotine nasal spray
- Nicotine oral strip
- Nicotine patches

**Medicinally licensed NRT products are safe** and can be sold in shops over the counter. NRT does not need to be prescribed by a medical professional, and as such can be provided by police officers, forensic medical examiners, healthcare professionals, custody officers or other appropriate adults.

Whilst custody officers might have concerns about providing medication, it is worth noting that symptoms of overdose associated with NRT use are rare. Smokers are used to regulating their doses of nicotine from cigarettes.

Even when combining different types of NRT, smokers are unlikely to give themselves doses of nicotine that are higher than they receive from smoking. However, in the very rare circumstance that an individual does have too much nicotine, it will simply result in similar feelings to when a smoker has a ‘stronger’ cigarette or smokes a cigar, i.e. nausea and light-headedness. These feelings can be stopped by discontinuing the use of NRT.<sup>7</sup>

## Recommendations for custody suites on stocking and supplying NRT

There are no official recommendations on the provision of NRT products. However, HM Inspectorate of Constabulary and HM Inspectorate of Prisons guidance cites the provision of NRT as a standard which police authorities, (Now Police and Crime Commissioners) are expected to meet.<sup>8</sup>

This guidance makes the recommendation that, to limit the side effects of nicotine withdrawal, custody officers should consider making NRT available to everyone who smokes, for the duration of their custody and provide a sufficient supply to last until their next opportunity to receive this support.

## Stocking

Most nicotine products come in different strengths. Typically they deliver around half of the nicotine that a smoker will get from their cigarettes. To ensure they are adequate to relieve symptoms it is worth considering which products are the most suited to a detainee’s needs. For a detailed breakdown of the products available, the dose and frequency they should be taken and how they are used, see appendix B.

For further guidance and instructions on the use of NRT, see the [NCSCT website](#).

## Electronic cigarettes

Electronic cigarettes (e-cigarettes) are not currently available as licensed NRT products. However, at the time of writing one electronic cigarette had been granted a medicines licence by the Medicines and Healthcare Products Regulatory Agency (MHRA). This allows it to be marketed as a smoking cessation device. When this product is available for sale, doctors will be able to prescribe it alongside other nicotine replacement therapies.

Electronic cigarette use (known as vaping) is significantly safer than smoking tobacco<sup>9</sup> and is popular with people looking to cut down or stop smoking. Virtually all electronic cigarette users in Britain are current or ex-smokers.<sup>10</sup> If a detainee is using an electronic cigarette, then they will most likely be nicotine dependent, prohibiting their use will result in nicotine withdrawal symptoms.

A growing number of police stations prohibit the use of electronic cigarettes as part of their smoking policy. The Faculty of Forensic Licensed Medicine (FFLM) recommends that detainees should not be allowed to use them whilst in police custody.<sup>11</sup> In cases where a detainee is using an electronic cigarette they should be offered a licensed form of NRT, as without this they may experience nicotine withdrawal.

It is worth noting that electronic cigarettes are available for sale in the canteens of all prisons in England and a vapers' pack is available on reception. This follows steps taken by a prison in Guernsey, which went smokefree after allowing inmates to use electronic cigarettes as a tobacco substitute as well as giving them access to NRT. Due to customary practice which prohibits anything which may be used by detainees to cause harm to themselves or others or damage anything, it is accepted that this is not a viable option in police custody suites.

Further information about electronic cigarettes is available on the ASH and NCSCT websites.

## Supplying Nicotine Replacement Therapy

1. If NRT is offered the FFLM recommends that a pharmacist draws up a protocol for the police force on the supply of NRT to detainees. This should take into account potential allergies (e.g. the glue on nicotine patches) whilst recognising the comparative risks of tobacco.
2. Detainees should be asked short standard questions about their smoking status as part of the routine health-related risk assessment upon arrival in the custody suite.
3. At this point they should be informed of the availability of NRT to prevent the onset of nicotine withdrawal.
4. The detainee should be offered the patient information leaflet that accompanies the NRT product. In line with routine practice, leaflets with staples should not be provided until a person is leaving custody.
5. They should also be provided with information about local stop smoking services.
6. Detainees provided with NRT should be regularly asked how they feel. If they are still suffering from nicotine withdrawal further NRT should be provided. If they feel they are having too much nicotine, NRT should be reduced or stopped.

### Case study

One constabulary's *No Smoking Policy* states that the police doctor will examine any detainee exhibiting signs of nicotine withdrawal and is authorised to dispense NRT. The policy states that nicotine patches are largely inappropriate because of the time it takes for nicotine to reach the blood stream and that gum is more suitable. **Officers are advised to wait fifteen minutes after the provision of NRT before resuming an interview.**

### Commentary

*Whilst the provision of NRT to those in custody is good practice, there are other aspects of the policy that could be improved. The policy, for example, suggests that heavy smokers can refrain from smoking for a number of hours without effects. In fact smokers can start to experience withdrawal symptoms within 30 minutes of their last cigarette.*

## Appendix A: Living with a mental health condition and smoking

People with a mental health condition smoke significantly more, and are more dependent upon nicotine, than the population as a whole. Smoking rates are about three times those observed in the general population. Smokers who are heavily addicted are more likely to find imposed abstinence from cigarettes difficult.

This is important in a custody setting as people who are detained are significantly more likely to experience poor mental health and as many as 80% suffer from a mental health condition.

Imposed nicotine withdrawal can be particularly challenging for those with poor mental health. When correctly managed, nicotine withdrawal does not exacerbate symptoms of mental health conditions, and long-term abstinence actually improves or relieves symptoms.

**Symptoms of nicotine withdrawal can be easily be confused with those of underlying mental health conditions, and care must be taken to ensure that withdrawal is correctly managed with NRT.**

It is worth noting that tobacco smoking increases the metabolism of some antipsychotic medicines, the dose of which may need to be reduced when people taking these medications stop smoking. As this is due to the action of tar and not nicotine, this effect will not be avoided by provision of NRT and any person who is taking the medications listed below, and who has stopped smoking, should be referred to the healthcare professional and regularly monitored for adverse effects;

Benzodiazepines	Clozapine	Fluvoxamine	Olanzapine
Carbamazepine	Duloxetine	Haloperidol	Tricyclic antidepressants
Chlorpromazine	Fluphenazine	Mirtazapine	Zuclopentixol

For further information about the interaction between smoking and mental illness please see the Royal College of Physicians report [Smoking and Mental Health](#).

## Appendix B

Type	Dose and frequency	How are they used?	Comments
Gum	There are two types of gum containing 2mg and 4mg of nicotine. They come in original, fruit, mint and liquorice flavour. 15 pieces of gum a day can be used ('on the hour, every hour') or more if needed.	Nicotine gum should be chewed following the 'chew and rest' technique – where the gum is chewed to release the nicotine, and then 'rested' next to the cheek for a few minutes so that the nicotine can be absorbed through the cheek lining. Continue this process for 20-30 minutes, at which point the gum can be discarded.	The 4mg gum delivers a fairly good dose of nicotine relatively quickly.
Inhalator	Inhalators contain 15mg of nicotine per cartridge. Up to six cartridges a day can be used. Cartridges last for around 40 minutes of 'puffing' and it is recommended that the cartridges are used in eight 5-minute sessions.	Once the cartridge has been inserted into the mouthpiece, the user 'puffs' on the inhalator and the nicotine vapour is absorbed through the lining of the mouth. As minimal nicotine is absorbed through the lungs it is better for the user to try to keep the vapour in the mouth rather than inhaling it.	A relatively low dose of nicotine is delivered by the inhalator. Not suitable for short term abstinence on their own but may be useful in combination with another NRT product.
Lozenges and mini-lozenges	Mini-lozenges contain 1.5mg of nicotine and there are two types of lozenge containing 2mg and 4mg of nicotine. The lozenges come in cherry or mint flavour. One lozenge should be used every hour, or more if needed.	Lozenges and mini-lozenges are small tablets that are placed in the mouth and allowed to dissolve; this usually takes 20-30 minutes. The nicotine is absorbed through the lining of the mouth. Periodically they should be moved around the mouth. Avoid swallowing the lozenges as the nicotine will not be absorbed in the stomach.	The 4mg lozenges deliver a fairly good dose of nicotine relatively quickly. Useful for quick relief of withdrawal symptoms.

Type	Dose and frequency	How are they used?	Comments
Microtabs	Microtabs contain 2mg of nicotine and come in 'original' flavour. One microtab should be used every hour, or more if needed.	Microtabs are simply placed under the tongue and allowed to dissolve; this usually takes 20-30 minutes. The nicotine is absorbed through the lining of the mouth as the microtab dissolves. Avoid swallowing the microtabs as the nicotine will not be absorbed in the stomach.	The 2mg microtabs deliver a relatively low dose of nicotine. Microtabs are only available in one dose. Because of this, more dependent smokers are advised to use two tabs together or in combination with another NRT product.
Mouth spray	Each spray delivers 1mg of nicotine that is absorbed through the cheek lining. One spray can be made as frequently as every half an hour if needed.	The mouth spray should be primed, ensuring that the spray is pointed away from the user or any other person. The spray nozzle is pointed into the open mouth and towards the cheek so that the nicotine solution is delivered to the inside of the mouth (to the lining of the cheek). The user should avoid inhaling, swallowing, eating or drinking while spraying to increase the effectiveness of the mouth spray.	A fairly good dose of nicotine is delivered quite quickly and so the mouth spray is effective for more dependent smokers. The mouth spray contains a small amount of ethanol (less than 100 mg per spray).
Nasal spray	Each spray delivers 0.5mg of nicotine that is absorbed through the nasal mucosa. One spray directed to the lining of each nostril can be made as frequently as every half an hour if needed.	The nasal spray should be primed while ensuring that the spray is pointed away from user or any other person. The tip of the nasal spray is placed into one nostril at a time and directed towards the side and back of nose (at about a 45o angle). A single dose is delivered to each nostril.	A high dose of nicotine is delivered rapidly and so the nasal spray is effective for more dependent smokers. Initially, and for the first couple of days, the side effects (streaming eyes and nose, burning sensation in nostrils) can be off putting.

Type	Dose and frequency	How are they used?	Comments
Patches	Patches deliver between 5mg and 30mg of nicotine providing a consistent dose of nicotine for longer periods of time. There are 16 hour and 24 hour patches.	Nicotine patches are usually placed on hairless, fleshy parts of the body such as the upper outer arm and the nicotine is absorbed through the skin. The site of the patches should be rotated as skin irritation is common at first.	Nicotine patches are designed to deliver nicotine steadily throughout the day.  They are not suitable for short periods of temporary abstinence but might be useful for longer periods in combination with a faster acting NRT product.
Strips	Each mint flavoured strip contains 2.5mg of nicotine. Between 6 and 15 films of nicotine strip can be used each day, or more if needed.	Nicotine strips should be placed on the tongue and then pressed to the roof of the mouth. The strip will dissolve, and during the dissolving process the nicotine will be absorbed.	Not suitable for short term abstinence on their own but may be useful in combination with another NRT product.

## References

1. ASH. [Smoking Statistics](#), 2014
2. ONS. [Adult Smoking Habits in Great Britain 2013](#), 2014
3. Payne-James JJ, Green PG, Green N, McLachlan GMC, Munro MHW M & Moore TCB. [Healthcare issues of detainees in police custody in London, UK](#). Journal of Forensic and Legal Medicine. 2010. 17. 1: 11-17.
4. PHE. [Reducing smoking in prison](#), 2015.
5. Hendricks, PS, Ditte JW, Drobes DJ, Brandon TH, [The early time course of smoking withdrawal effects](#). Psychopharmacology, 2006;187(3).
6. Faculty of Forensic and Legal Medicine. [Nicotine-dependent detainees in police custody](#), 2014.
7. NCSCCT. [Combination nicotine replacement therapy \(NRT\)](#). 2012
8. H.M. Inspectorate of Prisons and H.M. Inspectorate of Constabulary (HMIC). [Expectations for Police Custody: Criteria for assessing the treatment and conditions for detainees in police custody](#). Version 2. 2012.
9. McNeilil A, Hajek P, [E-cigarettes: an evidence update PHE](#), 2015
10. ASH. [Use of electronic cigarettes amongst adults in Great Britain](#). 2015.
11. Faculty of Forensic and Legal Medicine. [Nicotine-dependent detainees in police custody](#), 2014.

ASH briefings are available on our website at [www.ash.org.uk/briefings](http://www.ash.org.uk/briefings)