MR. IAN RODGER, PROGRAMME DIRECTOR, JERSEY ADDICTION GROUP

1. The Families in Recovery Trust's, Jersey Addiction Group (JAG) - successful evidence based residential treatment regime

(a) Silkworth Lodge (SL) has 12 bedded residential treatment regime – being an eclectic 12 step abstinence based model. SL's **success rate** of around 80% is higher than the national average - and can be validated by outcome statistics.

(b) One of the reasons for this success is that on an Island it is relatively easy to keep contact with all those who have gone through the treatment programme. SL doesn't just offer primary care but also weekly **after care meetings**, a drop-in centre, crisis counselling and individual counselling support. The residential programme lays the foundation for an on-going process of recovery in the maintenance of abstinence and improved quality lifesyle. There is also a support group every week. Ex-clients continue to attend meetings of AA and NA and to use the strategies for progress they have learned in treatment - they learn the necessity of picking up the phone and asking for help when they have problems or are in crisis.

'*We don't just treat them and forget about them. Follow up contact and support is ongoing post treatment.*'

(c) 70% of SL clients have alcohol problems, around 10% opiate users, and about 20% poly users, ie both drugs and alcohol. Alcohol causes far greater harm to society than drug abuse. The implications of addiction for alcoholics are more debilitating - that's why more alcoholics access SL. Drug addicts, in contrast, are at their best when they are using - they are comfortable when they are getting their drugs.

(d) SL has capacity for 12 residents but **currently has only two residents** - one privately funded and one from Guernsey. No-one is currently funded by the States of Jersey.

'This is very sad. I would have expected the obvious need for the service and the success rate of treatment to attract more support from Government agencies'.

(e) JAG welcomes the possibility of recovering addicts and former residents being trained as a part of the support workers or counselling team. One of the current support workers is a Silkworth graduate. There are currently seven members of staff at various stages in working towards a Diploma in Counselling at Highlands College

(f) Recovering addicts are able to bring an additional quality of empathy to the therapeutic relationship because they can say that they have sat in the same seat and shared the same experience. (That's not to say that the quality of empathy is exclusive to recovering addicts.)

(g) The brief given to Ian Rodger (IR) by the Trustees was to develop a high quality substance misuse treatment service and to train local people to continue the delivery of the service. These aims are being achieved with successful, evidence-based outcomes, and all of the staff but himself are Jersey residents. SL is States registered.
'*But still there are only a few in treatment! Why? We need more support*'.

(h) Funding for residential rehabilitation has recently been secured through the Confiscated Assets Fund and are held by ADS who are responsible for assessing suitable use. Some of this funding is still being used to send individuals for treatment to the United Kingdom. In IR's view this appears to be senseless when a residential facility now exists on the island. This money could be better apportioned.

(i) IR does not understand the reason for the apparent resistance to utilising the facility. SL offers a unique, independent and successful service. It is not duplicating any other existing statutory service.

(j) What seems to be lacking is the definition of a care pathway which would ensure that the various areas of expertise are utilised more than they currently are.

(k) JAG has progressed from initially offering in 1995 a counselling centre, funding UK treatment on occasion, to its current residential facility opened in July 2002. The next stage is negotiating and funding a half-way house to assist recovering addicts who have been through the programme in integrating back into the community. There is no doubt also that there is a need to address the problem of the growing number of young people getting caught up in drug use, by developing a similar service for the adolescent population. The current age range for SL is 18+.

'*We would like to see a separate facility for young people as an adjunct to what we already do, once we are established. However if the current JAG service does not get the support it needs to maximise its use, cover operational costs, and provide benefit to those who need it, progress will be restricted. If the panel can influence the availability of the finance we need to operate the service and maximise the support from the States, we will move on from here. There's much that can be done.'*

2. Co-ordination with other agencies

(a) The **Imperial College School of Medicine** (ICMS) report in 2001 highlighted the scale of the problems of drug and alcohol addiction in Jersey. The cost to society is enormous - in terms of hospitalisation, use of services, malfunctioning of individuals. Eg one in four hospital admissions and 80% of Accident and Emergency admissions at the weekend are alcohol-related. The total cost of drug and alcohol misuse to the community was recently reported to be in excess of £30 million a year.

(b) ICMS came up with a series of **recommendations** to address the problems. Efforts have been made to address these but there is a lack of co-ordination in making effective progress.

'It is refreshing to see a community acknowledge the scale of the problem. There are communities where it is swept under the carpet. But acknowledging it is one thing - I would like to see more action in doing something about it.'

(c) In his written submission IR pointed to the lack of a **collaborative forum** to measure the response to the ICMS recommendations and actions taken.

(d) IR considers that here are currently many good agencies providing services to substance misusers on the Island but they are not well co-ordinated to maximise the

benefit they offer. The various agencies are currently working largely in isolation

'They are generally dealing autonomously with individual parts of a much greater problem which could be dealt with more effectively through collaboration'.

(e) A **collaborative forum** should be formed to provide these agencies with the opportunity to meet regularly to discuss co-ordinated care for their clients. It should be client-led rather than service led, looking at the broad picture of problems experienced by substance misusers and the people around them, and a continuum of care negotiated to address all problem areas.

(f) **GPs** should be part of this forum. Most have had little training in addiction problems - typically only 2/3 hours in their education. Good GPs recognise that, and occasionally approach SL for advice. Addicts are often the bane of a GP's life because generally they are not looking for a "cure" but for prescribed medication to supplement their drug use.

(g) It appears that voluntary agencies are currently devalued by statutory services in terms of the expertise they actually bring to their own areas of operation, and the contribution they could make to the whole.

(h) IR would hope to develop a better relationship with all agencies, particularly with Alcohol and Drugs Service (ADS), without whose support and ability to refer people to SL, JAG would not survive.

'The relationship with ADS has been much better since the beginning of 2004. But I'm still concerned that of around 600 referrals a year to ADS and over 100 reported community detoxifications carried out by them, until very recently ***not one has been invited to go and chat with us*** *with a view to accessing our rehabilitation programme.' There is not a system of referral in place to give the people who could benefit from our services, who are repeatedly using ADS, the opportunity to come to SL.'*

3. Support from the States

(a) ADS are the fund holders for States subsidy for private residential rehabilitation treatment. They insist on making their own **assessment** of people recommended by IR as suitable for treatment at SL. On occasions they disagree that an individual could respond to treatment at SL although IR feels that he is best placed to make an assessment for potential treatment success at SL. He feels that it is not right that ADS can override what he considers appropriate needs assessment, without fully knowing what is on offer at SL. There should be a joint assessment.

(b) IR has found it frustrating that referrals to SL are not currently instigated by ADS. 19 people have been funded for treatment at SL by ADS but in each case they had previously been treated on a number of occasions by ADS but had never been advised to go to SL for assessment for abstinence based treatment. They had all approached SL either by their own volition or through referral from a GP and then had been referred back to ADS to secure States funding.

'I don't criticise ADS for the work they do. They have a huge task and do exceedingly well with the resources they have. All I am asking for is a quicker response and for ADS

to offer the opportunity for those who need it, an abstinence-based treatment of proven value - which ADS cannot offer.'

(c) IR was pleased to hear Ian Dyer the Director of Mental Health tell the Panel that ideally, he would like to have £200,000 a year to fund referrals to SL. This would provide for funding 8 beds which with current needs, would be full all the time.

(d) IR thinks that one of the reasons for the lack of referrals may have been the lack of certainty of funding.

'*There is little point in making a referral or offering a solution to someone if you then tell them they can't have it because of lack of funding*.'

'It has been surprising to find that the government's financial resources are so limited, but it has also been my observation that maybe the money that is there could be better apportioned. When we are aware that a considerable amount of Jersey money is used for treatment in the United Kingdom that could purchase just as good if not better treatment here on the Island - we are not looking for money that isn't available - we are just looking for it to be re-directed.'

4. **'Window of opportunity'**

(a) IR believes that a **rapid response to addiction problems** determines the success of treatment rate, as opposed to others who believe that a waiting period can have positive effects, confirming an addict's motivation to change.

'I have no doubt that the ability to get people quickly into the treatment chain is essential for successful treatment and outcomes.'

(b) SL is unable to carry out **detox** on its own. It has to depend on ADS for this service. Fortunately - since the appointment of Ian Dyer as line manager - the response time has now improved to within a week - formerly it was up to 4 or 6 weeks. There is now a liaison person between the services.

'*This is a huge step in the right direction, but there is still a long way to go'*

(c) IR was asked (by Deputy Dubras) for his view on the suggestion for a **centralised community detox centre** which could provide for a range of substances and focus energy and resources, reducing current duplication of assessment services. In IR's view this would be a tremendous luxury, but it would be better to invest in the provision of this service within an existing facility of proven worth such as SL.

(d) SL can respond to a referral within a couple of hours. JAG has offered to provide a **detox** service to alcoholics within SL to appropriate people - not to drug addicts which is a specialised service. Appropriate nursing and medical expertise could be made available at SL - but this proposal was frowned upon because SL not a registered medical unit.

(e) The purpose of starting **detox** at SL would be to enable an immediate commencement for the therapeutic process - no lying around in bed, but starting to deal with

psychological problems from day one. Dealing with the physical problems is easy – substance misusers commonly go through this many times before they are ready to seek abstinence and deal with the underlying problems. They need help to learn how to make the changes to maintain abstinence and enjoy life. SL offers a holistic lifestyle programme not just a detox.

(f) IR described to the case of lady referred to SL by her family because of a chronic alcohol problem. Because of the lack of effective intervention and referral procedures, and the rapid response required to meet her needs, the lady's condition proved to be fatal, resulting in her death on the day admission was finally arranged.

'*I don't blame the doctor or any other agency but the* ***lack of a care pathway*** *for a quick response.'*

(g) SL sees only the tip of the iceberg, in their dealings with substance misuse.

'*Many of clients have previously been through numerous treatments and relapses without ever being offered the option that it is possible to stop drinking or using drugs, with the right kind of help*.'

'It's a fallacy that you have to wait for an alcohol or drug misuser to ask for help, SL staff have expertise in ***motivational therapy****. People come to us through different motivations - the wife is going to divorce them; the boss is going to sack them - their motivation may be not because they accept the need to address the problem, but they get that in treatment. They begin to see that what they get is an opportunity to sort their lives out, not a punishment or deprivation.'*

(h) **Relapse** is a major symptom of addiction - some see this as an indication that a vast amount of resources is being poured into addiction services for people who repeatedly choose to lead a disastrous lifestyle - with little benefit to the community.

(i) Recovering addicts often become over-confident and believe they can start using or drinking sensibly with disastrous results. Others find it difficult to cope with the regime of the treatment programme which is disciplined and hard work. Of the 42 residents treated in the last 16 months at SL, 8 have dropped out or been asked to leave because they were not applying themselves. One patient at the Priory in the United Kingdom achieved success on his thirteenth attempt.

'*I believe there is a* ***'time of readiness'*** *for everyone. The main thing I look for when I assess people is to hear them say "I'm fed up with my life and my daily battle against my addiction. I'll do anything you tell me to get well." I'll give that person a chance - no matter what their history is or how many times they've tried and failed – what they do after treatment is not my responsibility although we offer them every support. My responsibility is to assist them to follow the blueprint for recovery, If they slip up I will give them another chance. There are very few hopeless cases.'*

5. Substance Misuse Service Specification - draft proposal

(a) Document IR jointly prepared with Ian Dyer - a blueprint for a solution to the problems described above.

(b) It sets out a **holistic approach** to the problem of addiction through **Integrated care pathways**. Substance misusers commonly have many other related problems, including housing, family, work. etc. All areas must be addressed

(c) SL has already developed good links with Housing, Welfare and Workwise. Collaboration does exist but it is random and personally motivated.

(d) Ian Dyer and Mike Gafoor have told IR that they intend to impliment the Integrated care pathway approach involving all agencies.

'This is an indication that the Scrutiny Panel has already had an impact'.

6. Treatment intervention for La Moye prisoners

(a) The cost of providing prison accommodation in the UK in 2002 for the overspill at La Moye was around £800,000.

(b) 80% of the prison population are there for drug or alcohol related offences.

(c) Selected as suitable prisoners should be given the opportunity to follow a residential rehabilitation programme at SL, say for the last three months of their sentence, based on some form of pre-assessment to determine who might be motivated to respond to treatment.

(d) Cost of keeping a prisoner at La Moye is £40,000 a year whereas it costs £28,000 a year for a years residence and treatment at SL.

'*It's not rocket science to identify the many benefits of this proposal'*

7. Conclusion

'16 of the 19 people who have been funded by the States of Jersey for treatment at Silkworth Lodge have completed the residential programme and have remained clean and sober ever since. That's over 80%. What more do we have to do to convince the ADS and the States of Jersey that what we have is a facility that is making people well? What better way to stop a criminal from being a criminal than to change his values in life and make him aware that he can actually live a fulfilled and useful life without drugs or alcohol. That's what we do. It's not just about stopping them drinking or using drugs. It's about making them live well.'