Responses to Alcohol & Drug Service request for submissions:-

(A) – 'not much of a writer' (22.04.04)

Addicts lie, steal, cheat etc to get what they need, which is normal and understandable – when they're caught, instead of sending them to prison (where it's easy to get drugs) there should be some sort of support system.

Also said that ADS policy of 'rationing alcoholics' must fail, and give rise to faulty statistics, because alcoholics will always lie about their consumption – and in their case, again, prison does no good.

(B) - bullied on Housing estate (22.04.04)

Female ex-heroin addict now living at St James' hostel – thinks there should be drop-in centres, as in UK, for people in recovery – visiting later. Relapsing because nothing to do, living in the pub and getting into trouble with drink.

Difficulty with ADS, having to make an appointment, when recoverers need help there and then. Place needed where you can get a cup of tea and a sandwich and spend time. Doesn't need confidentiality. ("Proud to be sitting here telling you this").

(iv) - Mother of recovered addict (23.04.04)

Strongly praising Silkworth Lodge – she and her daughter will both be making written submissions.

(C) - Son currently at La Moye, (14.05.04)

The dealer from whom he was trying to buy two £50 bags panicked at sight of the police, and threw everything in her son's car, with the result that he has been charged with receiving the whole lot.

They have tried many things with him in the past, including an implant, and 14 weeks at Vauxhall Street @ £600 per week. He was also a regular attender at ADS, but she says they are slow to react - on one occasion telling him they couldn't do anything about his methadone prescription till after the weekend, so he'd just have to find a fix over the weekend if he needed it (hence the attempt to buy the two £50 bags).

She says she's not much of a writer, but will ask her husband to write down their experiences for us.

(D) Daughter in court (17.05.04).

Very worried about her 15 year old daughter who would be in Court tomorrow. Her daughter has a long record of solvent- and alcohol-related antisocial behaviour, and she is very worried that this time she'll probably be sent to prison. Her 19 year old son is currently in prison – equally long record of alcohol-fuelled aggression – very significant family history of alcoholism.

"Jersey needs a secure unit here, which can offer rehabilitation, psychological and emotional help for young people."

Frustrated with apparent lack of progress in implementing recommendations of Bull report. I explained that this is not the primary focus of our inquiry.

"Prison will undo all the good work started by e.g. Greenfields."

"There is a lack of facilities in the Island for young people in general – not just those with SEBD. ADS isn't really geared up to deal with young people, and no-one else seems to have the expertise."

She feels guilty, because she admitted that she didn't have the expertise to deal with her daughter properly, and as a result, her daughter has become more and more enmeshed in a care system which has just seen her criminal record grow. She also feels she has let down her children (there is a third child, a daughter aged 8) by going out to work.

She knew nothing about Silkworth Lodge, and was going there to speak to them after leaving here.

(E) - <u>Shelter Resident</u>

Aged 26, an addict since 16. Bad relationship with ADS. When he started on methadone, it was sugar-based; as a result he's lost most of his teeth; ADS now deny methadone was ever sugar-based.

When you go to ADS for help, they offer appt in 3 weeks – what are you supposed to do in the meantime? You have to carry on stealing, from family and others, and end up in jail – and during that 3 weeks, people can die – most of his original group of friends are now dead.

ADS methadone procedures: You can only get on the methadone program if you have a +ve urine test, even though it takes more than 24 hours before cold turkey starts – so users are placed in the crazy position of being forced to score heroin in order to qualify for methadone, even though their aim is to get clean.

On the programme, there's a rule book – yellow card for traces of opiates, two yellows=red card. You also get red-carded for stealing from chemists – this has recently happened to him on uncorroborated word of staff member at one chemist's, even though the police weren't called and there was no prosecution. As a result, his methadone is being reduced by 10mg, weekly, from 50mg down to zero, after which he won't be allowed methadone support for six months. His current 30mg dose is insufficient, so he's 'topping up' with heroin – but if he has a +ve test now, there's nothing worse they can do to him, so it doesn't matter.

At ADS, you have no say in who is assigned as your counsellor, and sometimes find yourself forced to 'open up' to someone you don't like. Some people won't go to ADS because of this, and also because methadone can be more difficult than heroin to come off.

The most effective detox he ever had was at the prison – a week of liquid DF118, with Valium, then Valium on its own.

Stupid to charge £1.50 for fitpacks at chemist, when they're available free at ADS and the hospital. Fitpacks should contain more swabs, for hygiene, and less citric acid, for which there are many easy substitutes anyway. There should be disposal bins for fitpacks – hygiene and anonymity.

The actual no. of users in the Island must be closer to 2,000 than ADS count of 800.

ADS don’t provide mental/emotional help, e.g. "Why did you start taking heroin?", but concentrate instead on trying to control you with methadone. He had to wait 7 years for psychological help searching for root causes – his heroin use was apparently triggered by the death of his grandmother.

His friend had been clean 2 years, when he went out and scored 2 bags to kill himself with – he'd beaten the physical side, but there's no help with the mental side.

No use coming out of prison and going to the Shelter – Jersey needs a half way house. Variable standard of support from different parishes – SS much more generous than SH, who only give a Shelter resident £10 per week spending money – you can't even keep a phone topped up for job hunting on that.

"Users here are like fish, swimming round and round, going nowhere."

Jersey users don't get help like in the UK, e.g. prescribed heroin, rehab clinics; or like Thailand (monastery retreats, homoeopathic cures) – "Jersey just brushes things under the carpet, and doesn't listen to users here or learn from best practice elsewhere."

People are already crushing and injecting Subutex – danger of blockages.

There's nothing for young people in Jersey – only drugs.

Need for an ex-addict counsellor from UK to be brought in (wider experience) to advise local counsellors.

(F) - Mother of addict above.

Not happy with her son's sugar-based methadone treatment – he's lost a lot of his teeth, even though she's spent £1,000 on them. (Named Doctor) won't 'even' refer him to the hospital dentist, and as a result his confidence is very low.

He was on 'blockers' for a while, then back on heroin. (named counsellor) wouldn't help her, claiming it was all confidential, even though she attended ADS with her son.

He's stolen from the family, tried to stab one of his brothers, threatened his father – even when she arranged secret safe accommodation, his 'friends' found him – as a result, that house, provided by a friend to help, was robbed. He's abused all help.

Attendees at ADS get urine samples provided by 'clean' friends, to fool the system.

He was in prison, and was fine when he came out, but couldn't get a job because he was on methadone (he had told me that, as a joiner, he posed too high an insurance risk because the methadone might make him careless with machinery).

He's very depressed about his job, accommodation and appearance problems.

"It's hard for any of them, after prison, to find work or accommodation." She couldn't have him back – her other sons (He is the oldest at 26, the other two are 25 and 22) would walk out.

She said she would be putting this in writing and dropping it in to the Scrutiny office – also said she would speak to other families and encourage them to get in touch with us.

(j) Graduate of Silkworth (17.05.04)

Believes that the Silkworth approach advocating total abstinence is the only effective solution for addicts; whereas attempting to control use of drugs and gradual weaning off drug use, as at ADS, is not realistic. He tried ADS approach and was on various types of substitute tablets and prescriptions but it didn't work. It has only short term effects but inevitably leads back to full-on drug use. Any truthful addict will say you can't be an addict in 'moderation'. If you have a small amount you inevitably need more. Any one who says differently is in denial.

Finally, he was admitted to Silkworth for a three month programme - it saved his life with its strict total abstinence approach, based on the 12 steps from AA. As a resident, it was compulsory to attend both AA and NA each week. The programme was extremely hard work. It was necessary to face up to yourself as a person and come to terms with the causes of your drug taking - you can't blame anyone else. His life is far easier now because it's without fear and deceit. He continues to attend NA and AA regularly as well as personal after care reporting sessions

He used a whole range of drugs in the past including alcohol and heroin, although he had not injected - he believes he was addicted to any mind-altering substance. Addiction can't be confined to one particular drug. Addicts go through a variety of drugs, starting maybe from sniffing and lighter fluid. Nobody sets out from day one to be a heroin addict. The Panel should not just focus on any one form of addiction, like heroin.

He believes that there are many negative misconceptions about Narcotics Anonymous - that it's rife with drugs and pushers. ADS frowns upon it. The Director has even spoken out against it but he hasn't attended meetings there. He's not talking from experience. In fact, NA is a group of positive like minded people trying to get better.

ADS has a massive budget, huge staff and a high profile as a States Department. There are a lot of high salaries and it's in a relatively comfortable position - so long as there is a continuous flow of addicts it can justify its existence. It has a place in providing a methadone programme and clean needles for those who don't want to get off drugs - but, in fact, it is encouraging people to continue to use drugs rather than get off them and lead a normal life.

He said that there was no-one at ADS who was a recovering addict themselves - no-one who could actually say they knew how an addict was feeling because they had been there and got through it

ADS should be supporting the work at Silkworth through positive attitudes and increased funding. Silkworth has an 80% success rating.

(K) -Mother of two (20.04.05)

Began with pharmaceutical opiates in Guernsey, then methadone - she believes Guernsey has now given up methadone (*perhaps David Jeffs, their MOH, could tell us?)*

Came to Jersey early '98, went onto dihydrocodeine tablets initially (no meth program then). Became 'cleanish', with occasional street use, then a problem user. Was put on methadone program, but at an inadequate dose. Because of repeated abortive tries at the meth program, is now on a much higher dose than originally.

Varying approach from midwives when pregnant – some very judgmental. 'Not a big fan' of methadone, even though she's on it.

Had a good counselling relationship with (named individual), but was then put with (named individual), and didn't get on with him – like (E), complains that users are 'assigned' a counsellor with no say in the matter themselves. Now with another counsellor – says he is very good 'very motivational' – but most ADS staff have a background in psychiatric nursing, and therefore tend to treat users as mentally ill – very few of them really try to 'counsel'. They would benefit from having an ex-user who was a counsellor.

Yellow card system actively discourages users from going to their counsellors with problems.

Waiting for an appointment is unhelpful when you want to get clean.

The urine testing system is inconsistent, inaccurate, and samples get mixed up. She and her partner both took in samples on the same day – hers was positive, his negative. Subsequent re-test at the Hospital showed both positive. She has also come up +ve for cannabis, even though she's never used it – and the same thing happened when she took in a sample from her daughter instead of her own!

Yellow card system too harsh – doesn't allow for human frailty – perhaps an extra card is needed. People get into trouble for street use on top of methadone, but they are often put on too low a methadone dose.

Fitpacks would promote hygiene better if they included a disposable spoon and filters (most users inject through a cigarette filter), also less citric and more swabs (citric breaks down heroin, but it has a bad effect on veins – 'basically just like oven de-scaler'. (More swabs needed because users often need several attempts before finding a vein – all that's supplied, with 10 needles, is 20 swabs – one 'before' and one 'after'.) It would also help if medical tourniquets could be supplied – not necessarily even free.

Bins for returns would help (perhaps hole-in-wall, as with video rental return).

ADS should do more to push for returns – with sanction for failure of forcing users to buy from chemists, rather than receive free supply.

She has had some difficulty with the Hospital, on confidentiality.

She would be happy to talk to the public hearing, but wouldn't want any publicity that might affect her children.

(L) After care client of Silkworth (21.05.04)

She has a long history of every type of substance abuse, including 20 years as an alcoholic and 8 years on heroin, plus significant self-harm, including 32 suicide attempts, anorexia and bulimia.

(Named doctor) gave her JAG's number last Autumn, "as a last resort because every time I look at you, I see death" – she didn't even know who they were. Silkworth Director came out to see her at St Saviour's, took her in, and saved her life.

She reckons the reason Silkworth were successful with her, is because they 'make you aware of your illness' (before, she just thought of herself as weak), and because there's no

compulsion – you can leave at any time – also because 'they have people there who are recovering addicts and alcoholics, who know what it's like without needing to read about it in a text book.'

As important as the 12-step program, is the aftercare – help with the practicalities of re-housing, job applications, CVs etc – "They don't let you go till you're ready." Even now, she knows that whenever she has a bad day, she can ring them at any time, or go round to see them, and that support makes the difference between coping/progressing, and not. ADS, on the other hand – "To me, ADS was just a way of getting opiates". ADS kept her on methadone, even though they knew she was on 120mg valium and a litre of vodka a day, when she weighed 5 st. 2lbs.

Silkworth was her first ever opportunity to speak openly without being judged. And yet ADS never refer people, either to Silkworth, or to AA/NA.

Her partner still uses heroin (he was the one who told ADS about Subutex). She will be asking him to contact me.

ADS won't give Narcan to people living in St Helier ("You're central enough to call an ambulance") – but they should know that a group of addicts will be very reluctant to call an ambulance, for fear of police involvement – "All users should be given Narcan."

She has strong feelings about the degrading treatment addicts can sometimes receive, whether when waiting for needle exchange or methadone, or when receiving treatment at St Saviour's. – Another recurring theme – that there should be a more private, confidential place where addicts can go for these services, without being forced to mix with other out-patients.

"Jersey needs its own needle park – a safe place where users can inject, reducing the temptation to use unsafely."

(M) Three clients at ADS (21.05.04)

Subutex - Many people didn't realise that it was a short-term programme. Some have done well on it but had to come off it. They were told it was too expensive, but in reality it's less expensive than Methadone.

Lack of communication: We don't get a chance to speak to people - A said he was unable to talk to Mike Gafoor; he didn't know what his plans were for the future of the Service. The administration at ADS has changed a lot without clear explanations given to clients. There is a lot of disinformation about. It seems that people are told different stories. There's a feeling that the Service doesn't really listen to what addicts themselves have to say about their needs.

Hardening attitudes: Importation of Class A drugs took off 15 years ago - It took a long time for the Island authorities to catch up with this. The Service was much more free and open in the past but there seems to have been a reaction now. Authorities are now dealing with large numbers; some get good service some don't.

Central support group This would be welcomed to give people a stronger voice and to get across a more consistent message rather than the hearsay that goes about. There is an issue about anonymity.

Daily visits to the pharmacy to pick up methadone. People can easily identify addict and why

he/she is going there. A said he's not used illegal drugs on the street for a long time but the fact that people know why he's going to the Chemist makes it harder to keep off drugs. The staff at the chemist are very good. Being an addict is a constant struggle - not so much with dealers as with the community who know them as addicts. It's a small Island and so it's difficult to get away from the same circle of friends/addicts.

Need for self-administration ie some form of control over the programme for yourself. Having to go every day to pick up methadone undermines this. A fortnightly supply would be better with possibility of spot-checks. The cost of administering the drug must be higher than the cost of the drug itself.

Counsellors. There appears to be a quick turn-over. C has had three or four different counsellors in a couple of years. People would like to have more say in the choice of their own counsellor. B said he had a very good key worker who tries to deal with problems openly and who can be talked to honestly.

Treatment at the Hospital - there is a tendency to be categorised by the Psychiatrist rather than treated as an individual.

Needle Exchange Programme - Scottish model preferred where greater numbers of needles are distributed to those who return them regularly so they don't need to keep coming back for new supplies. It was suggested that the make-up of the Fitpacks might be changed eg there might be less citric acid/more swabs. Need to educate people to clean up/ dispose of sharps safely.

Methadone programme: B believes that this is a waste of time and money. It's just another substance to get you off your head. It just makes it harder to get off drugs.

Yellow Card system - this possibly works against being open with your counsellor. A reward system would be more effective than a punishment system.

Causes of addiction - People get involved with drugs for all sorts of reasons. They may be many personal problems in the background which need to be looked at. People get a big buzz at the start and it's that what draws them into addiction. In the early stages people's lives may be very chaotic. At the end of the day addicts have got to have positive objectives to enable them to deal with addiction or they will just fall back into it. Some people who come off drugs simply go on to problems with drinking. You can't just blame problems in the past like family break-up, abuse etc. B said that he is following a course at Highlands and would consider becoming a drugs counsellor - his experience and background would be an asset. He still uses drugs occasionally and sometimes wonders why. It's quite normal to have a blast occasionally, just like people go out to get drunk. Fortunately he has objectives to keep his life positive.

(N) Additional comments (from one of above) 21.05.04

Chairman's comment: a very confused and unhappy young man – despite being bright, he can't really hold on to the same train of thought for more than a few seconds, so the meeting wasn't very productive. *His main points were –*

Methadone users need more privacy – no objection to having to take the methadone in front of the pharmacist, but long waits, particularly at the hospital, give users real difficulties, and appear intentionally degrading. Daily visits to the chemist mean that he's constantly accosted by young people who think he must be a dealer.

There is a tendency for psychiatrists to categorise people – Jersey needs more

psychologists and fewer psychiatrists.