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# States of Jersey Police

*Making Jersey Safer*

12<sup>th</sup> May 2004

Deputy Jerry Dorey  
Chairman  
Shadow Scrutiny Panel  
Scrutiny Office  
States Building  
Royal Square  
St Helier  
JE1 1BA

Dear *Jerry,*

**Proposed Review of Implementation of Recommendations of the Imperial College  
School of Medicine Study into drug use in Jersey (April 2001)**

In response to your letter dated 20<sup>th</sup> April 2004 seeking the views of law enforcement agencies in the island on the above, I enclose a report prepared by the States of Jersey Police. An electronic version is being sent separately.

I hope this is of assistance.

Yours sincerely,

Graham Power  
Chief Officer

## Shadow Scrutiny Panel

### Proposed Review of Implementation of recommendations of the Imperial College School of Medicine Study into drug use in Jersey (April 2001)

May 2004

#### **1. Introduction**

- 1.1 The Shadow Scrutiny Panel is seeking the views of law enforcement agencies in Jersey in relation to its first topic for scrutiny review as identified in the subject heading above. Specifically the Panel seeks comments from the perspective of law enforcement on progress made in the Island in the last three years in dealing with problem drug users.
- 1.2 Written contributions are required by mid May 2004 and are to be addressed to the Panel Chairman, Deputy J. Dorey.
- 1.3 This response gives the States of Jersey Police perspective on the progress made since the key findings report was published in 2001 as well as a summary of the police perspective on the current illegal drugs market.

#### **2. Key Findings Report Recommendations**

- 2.1 There were three major recommendations pertaining to the drugs aspect of the report. These were:
  - i) Needle exchange services need to be urgently expanded
  - ii) The extent of HIV and HCV infection among injecting drug users needs to be established
  - iii) An arrest-referral scheme should be established to counter the 'revolving door' of drug related offending.
- 2.2 The States of Jersey Police are able to comment in brief upon recommendations i) & iii) above.

#### **3. Needle Exchange Services**

- 3.1 It has been the experience of the States of Jersey Police that in the three years since the publication of the report that there has been an increase in reports to the police of syringes being found.
- 3.2 In 2001, police acted on 10 occasions following reports of needles being found and in 2002 this increased to 23 occasions. 2003 figures are not available due to a change in the manner of tasking and prioritising the use of police resources. However early indications in 2004 are that in the first 18 weeks of the year there have been 26 reports. These were

not in every case, individual needles, but a number of needles that appear to have been disposed of.

- 3.3 This apparently increasing trend of needles being discarded gives the perception that users are not concerned to keep needles for multiple or shared use and is perhaps indicative of their being a greater and more readily available supply.
- 3.4 There has been positive interaction between the States of Jersey Police community police section and the Alcohol and Drugs Advisory Service (ADAS) over the needle exchange programme, following an input from the ADAS, and officers from the community section have highlighted the areas in which needles are being found in order that the message is passed back to users in an effort to reduce risks.

#### **4. Arrest Referral Scheme**

- 4.1 In partnership with the Alcohol & Drugs Service, the States of Jersey Police participate in an arrest referral scheme that was introduced in 2003. The main objective is to prevent and reduce alcohol and drug related harm experienced by offending individuals and encourage them to enter treatment, thereby breaking the cycle of crime.
- 4.2 In the period that the scheme has been in operation, it has shown that it has the potential to achieve its aim, however it must be accepted that this is a longer-term aim and immediate success cannot be anticipated.
- 4.3 The referral scheme is applied to all those persons who are detained at the police station having been arrested for an offence, not just those arrested for offences where drugs or alcohol are the reason for arrest or a factor in an individuals offending behaviour. This ensures the capture of those persons who are problem drug users and who have come to the attention of the police for criminal behaviour that is conducted to fund a drugs habit. The arrest referral scheme is a specific part of the Custody process and if not able to be conducted at the time of detention for reasons of violence, drunkenness or other matter then it is automatically flagged as a task to do before a person is released.
- 4.4 However, it can only be offered to a detainee who will choose either to accept or decline the opportunity. They cannot be forced to meet with the arrest referral worker. In the event that they agree, details are placed in a tray for the arrest referral worker who personally attends between 7am and 9am each weekday morning. If out of hours or weekend, the details are left for a follow up referral to be made.
- 4.5 Figures available for the first 4 months, i.e. September to December 2003, show that 57 full referrals were completed. Of these 23 were drug and 34 alcohol related. Harm reduction information has been provided to a further 15 individuals and an open door invitation made by the arrest referral worker for those persons to access Alcohol and Drug Advisory Services at any future point. The figure of 57 equates to approximately 5% of detained persons during this period.
- 4.6 The arrest referral scheme is then, in place, it has had some success and continues to develop towards the aim stated in 4.1 above.

## 5. Current Illegal Drugs Market

- 5.1 The original Imperial College Report reflected the weights and seizures of various illegal drugs for the period 1995 to 1999, a five year span. The comparative full years since then are 2000 to 2003, i.e. a four year span. In order to obtain a comparative figure of weights over the two periods an average figure is produced. The average weight or number for the 1995 to 1999 period for police seizures is as follows rounded to the nearest whole number:

Cannabis	42 kilos
Heroin	389 grammes
Cocaine	92 grammes
Amphetamine	108 grammes
LSD	51 tablets
Ecstasy	2909 tablets

- 5.2 The period 2000 to 2003 has seen a rise in the total weights and seizures by police and taken as an average over the four years, 2000 to 2003, are as follows:

Cannabis	60 kilos
Heroin	629 grammes
Cocaine	67 grammes
Amphetamine	1528 grammes
LSD	1 tablets
Ecstasy	5303 tablets

- 5.3 Cannabis seizures have risen by 43%, Heroin by 62%, Amphetamines by 1314% and Ecstasy by 82% although in the case of Amphetamine & Ecstasy, both saw in a single year a large individual seizure that has clearly distorted the averages. Cocaine and LSD have both fallen by 27% & 98% respectively. The cost of illegal drugs has remained static overtime and the Jersey market cost across the range of illegal drugs remains considerably higher than that in the UK. Economic change in the Island may have future impact on this.
- 5.4 In terms of the rises indicated above it is noteworthy that in the last three years, policing has experienced an emphatic change resultant from the introduction of the National Intelligence Model or NIM as it is more commonly referred to. The States of Jersey Police already operate in partnership with Customs colleagues a Joint Intelligence Bureau, servicing the intelligence requirements of both organisations. With the advent of NIM, the focus for policing operations has moved from a re-active to a far greater pro-active regime and the collation, dissemination and use of intelligence to determine policing priorities is greater now than it has ever been.
- 5.5 The targeting of key figures in the illegal drugs market together with the use of specialist policing skills has most certainly, in the last few years, led to the arrest of those persons and, perhaps more importantly from a harm reduction perspective, the seizure of ever greater weights / numbers of Class A drugs. I have no doubt that Customs colleagues would report a similar trend. It is anticipated that this will continue into 2004 where similar large weight seizures have been made. It is this change that has most certainly led to the significant increases identified above however other factors would tend to indicate

that overall there has not been a corresponding increase in the police having to deal with problematic drug users.

- 5.6 It is recognised in policing that the effect of drug dealing generally has been shown to be an increase in the levels of acquisitive crime. Such crime, predominantly in breaking offences, has been falling since 2001. Law enforcement intervention at the higher level of the illegal drugs market may well be impacting upon the amount of drugs available for the lower level dealers and potentially may force them to seek the treatment they need through the appropriate health and Advisory services. So whilst seizures of drugs by law enforcement continues apace, the police perception is that drugs problems are not developing in the same way.

## **6. Conclusion**

- 6.1 The aim to reduce the health and social harms of drugs abuse is one to which the States of Jersey Police are eager to contribute. Participation in the arrest referral scheme, contribution to knowledge concerning the needle exchange programme and co-operative working with other law enforcement agencies are happening now.
- 6.2 The States of Jersey Police have conducted two public surveys in the past four years and in each case the public view from an Island wide perspective was that dealing with drugs dealers should be the No. 1 priority. The States of Jersey Police will continue to fund resources to deal with this priority. With intelligence led policing and a determination to bring to justice those responsible for the importation of illegal drugs, the States of Jersey Police will continue to work with others to reduce the levels of available illegal drugs and consequently to fulfil our role in making Jersey a safer and healthier place to live.