MR. M. GAFOOR, DIRECTOR, ALCOHOL AND DRUGS SERVICE

1. No single ideal solution for a recovering addict.

(a) Addicts are a diverse group needing a diverse range of treatments, including community-based as well as residency-based services; primary and secondary care facilities.

(b) For the size of the Island and its population and size of Island Jersey has a well proportioned service.

(c) Substance misusers are most likely to respond within a community-based service where they can learn skills needed to live in the real world, including avoiding dealers and other users.

(d) The majority of users (not hardened addicts) are able to stop or moderate their substance misuse of their own accord within the community. The trick is to 'stay stopped' - users need to develop the social skills to stay off drugs. This is where they may need professional back up to provide advice and guidance.

(e) ADS has the advantage of being a single statutory service within easy reach of majority of users. It aims to give a prompt response to those who access services.

(f) Drug use is a covert activity but ADS believes it is in contact with 70% of opiate users - a much higher proportion than in United Kingdom where only 20% of heroin users are in touch with services.

(g) Jersey does not yet have a full multi-disciplinary service - this would be the Director's chief aspiration for ADS.

2. **Profile of drug use in Jersey**

(a) There are particular features about Jersey as an Island which lead to a different profile in the use of drugs here compared to the United Kingdom. For this reason, no single United Kingdom model can be adopted for the Island.

(b) Heroin is much more expensive in Jersey, and as a result users tend to take smaller quantities and injection is more common practice.

(c) Indications show that use of opiates has not increased since the ICSM report. Since that time 150 users have accessed treatment.

(d) Many heroin users in Jersey are still in employment, unlike in the United Kingdom.

3. Needle exchange programme.

(a) Sharing needles was of great concern a few years ago at the time of the ICSM study. Levels have dropped significantly from 91 to 50% following the introduction of the NE scheme.

(b) In the first year of the scheme, there was an escalation in the uptake of clean needles, but this year has seen a decrease, despite additional availability of fitpaks through new outlets.

(c) This suggests possibly a reduction in drug use due to recruitment to treatment as well confidence on the part of addicts that they can readily obtain fitpaks.

(d) It is recognised that more needs to be done to ensure equity of access for the Portuguese community. Interpreters are employed but suspicion needs to be broken down.

(e) The contents of Fitpacks are being reviewed at present

(f) It is recognised that the cost of fitpaks (£1.50 at pharmacies) is an issue for some but changes would have budget implications.

(g) It is also recognised that there are issues of confidentiality for some people, (namely those involved in the methadone programme) who come to collect fitpaks at Gloucester Lodge when clearly this means they are not abiding by the conditions of the methadone programme. The present cramped accommodation means that they run the risk of meeting their key worker. Separate accommodation for the Needle Exchange scheme would be ideal.

(h) In the Director's view the establishment of a safe injecting room, as currently piloted in the United Kingdom, would not be warranted in Jersey.

4. **Working with GPs.**

(a) ADS provides support, training and advice to GPs who are often the first point of contact for addicts with health services. About 30 GPs have received training over the past three years.

(b) Some GP's are sympathetic to drug users but there is a need to challenge negative attitudes of others to ensure users have good primary care regardless of the fact of their being drug users.

(c) There are currently five GPs licensed to prescribe methadone and subutex. To be licensed they have to undertake a certain amount of training.

(d) ADS would like to expand the number of licensed GPs but this needs to be carefully controlled to avoid the risk of over-prescribing. In the United Kingdom, any doctor can prescribe methadone but this is difficult to monitor. As a consequence, methadone and subutex are readily diverted for sale on the street which doesn't happen here in Jersey.

(e) It is better for some groups of clients to be treated by GPs rather than specialist drug services - for example, it is better to keep young naive users away from contact with seasoned addicts who attend ADS.

(f) ADS is concerned that budget cuts will prevent further training for GPs.

5. Prevalence of HIV and Hepatitis C

(a) Figures presented in the ICMS report have been updated annually, although they are not currently included in the ADS Annual Report

6. Response to people in search of assistance

(a) ADS attempts to respond quickly when substance users come for help. The average response rate is within one or two weeks. Sometimes three weeks due to leave or sickness. This compares to an average in the United Kingdom of three months.

(b) ADS gets 15 referrals per week and tries to prioritise these within the resources available. They have to be fitted into the on-going caseload.

(c) Some vulnerable people will be seen more quickly, for example a pregnant woman or a young, chaotic teenager.

(d) ADS is aware of criticism made by some users and family members who say they have faced considerable delays in getting appointments to get an assessment and see counsellors. Their view is that the 'window of opportunity' needs to be seized when a substance misuser is motivated to make a change in their life. This opportunity may be lost without immediate response from the service.

(e) Not everyone that presents for assistance wants to stop taking their substance of choice on a permanent basis. They may be seeking to alleviate a temporary crisis. For example, they may want to get clean for a court appearance; or they may have visiting family. Some may be under pressure from a partner or at work.

(f) It is a common feature of addiction that users want an immediate gratification. They cannot wait. However, if an addict has been using for a number of years but cannot wait two weeks for an appointment, then the motivation required to make a fundamental change of lifestyle has to be questioned.

(g) Mike Gafoor undertook a study in Oxford on drop out rates from the point of referral. They were 20 to 25%. It was found that those who were seen promptly were more likely to drop out of counselling and treatment than those who had to wait for maybe two weeks.

(h) In Jersey the drop out rate is currently only 10%. There are a lot of factors affecting addicts and their persistence in counselling and treatment, besides the service response rate to an initial referral. Even if additional resources allowed for a more rapid response, there would still be a certain drop out rate. ADS believes it has the balance about right.

(i) Initial appointments with ADS include an assessment of the individual needs and motivation of the client to determine the appropriate choice of treatment options.

(j) There is a counsellor on call at Gloucester Lodge during office hours and on two evenings a week, but not at weekends.

(h) There is not sufficient demand for a specific mother and child unit for drug users.

7. Harm reduction approach

(a) ADS adopts a behavioural approach which recognises that they reasons why people continue to take drugs may not be the same as they reasons why they started using in the first place. The past, with whatever problems might have lead to addiction, cannot be changed. But present behaviour, and the consequences of misusing substances now, can be addressed.

(b) Not everyone is ready to make a decision to abstain from substance misuse for life. Some people can learn to reduce and control their use of substances, despite the risks involved. This is not the case, however, with opiate - once someone becomes addicted they are unable to revert to simply occasional or recreational use.

(c) A harm reduction approach is not incompatible with an approach demanding abstinence. ADS also encourages abstinence where appropriate.

(d) ADS will encourage people to try the residential treatment option as at Silkworth. However, not all addicts are attracted to the 12 step abstinence approach used there. Few clients can afford to take this option without subsidised assistance. Also those in employment find it difficult to take the necessary time off to attend a residential programme for up to three months.

8. Substitution programmes - Methadone and Subutex

(a) Methadone is a tested and effective form of substitution for heroin. It is accepted that methadone is highly addictive itself but can be used in a managed way to wean people away from addiction.

(b) One third of people on the programme since 1998 have become drug-free at their first attempt.

(c) Methadone prescribing is carefully monitored in Jersey in order that it doesn't 'leak' onto the streets.

(d) A Subutex pilot scheme was successfully trialled two years ago but does not suit all clients. It is a stronger opiate and can be dangerous if mixed with alcohol or other drugs. It is expensive but it is used as a treatment option on the basis of client need not on the basis of cost.

(e) Ibogaine has been featured recently in the media. This 'bush' drug is largely untested and little is known about its effects.

(f) Criticism about the cost effectiveness of the methadone programme - that long term habitual drug users play a cat and mouse game with ADS seeking to use methadone to alleviate their addiction while continuing to use opiates when they have the opportunity - is unfair. ADS works with a range of substance users with differing motivations. It deals with them as they are and tries to work with them to reduce harm they are causing themselves. It cannot simply deal with those most motivated to change their lives while choosing to ignore those who continue to live chaotic lives.

(g) The programme uses sanctions - a yellow and red card system - to avoid clients abusing the system so that they don't use methadone simply as a stop gap until they can access other opiates. Clients are monitored closely throughout the programme. If they lapse, they are offered a detox, either in hospital or at home, and lose access to methadone for a period.

(h) In Jersey amounts used by addicts are generally small because of the high cost of the drug. This makes it easier to wean people off the drug through the methadone programme.

(i) Methadone is not intended as a long-term maintenance regime. The aim is to help people to stop using opiates. It is a matter of negotiation with the client to decide how long this takes.

(j) Offering some people a maintenance methadone programme would be a recipe for disaster as many others would demand the same treatment.

(k) Methadone must be taken under supervision at a registered pharmacy. This process is not degrading in itself. Pharmacies should have appropriate accommodation for this purpose.

(l) ADS would be concerned to learn of any pharmacies where suitably private conditions were not available for addicts to take methadone under supervision.

9. Addicts in employment

(a) Employers should be given awareness training to enable them to identify employees at risk and offer appropriate forms of intervention.

(b) Addiction should be considered as a condition requiring treatment rather than a crime - but this would involve a major change of attitude in society.

(c) ADS seeks to advise employers, where issues confidentiality allows, about ways of supporting employees who are working through a harm reduction or abstinence programme. It would alert employers in cases of danger to third parties or the safety of the community.

(d) Retaining employment during treatment, even through a period of residential rehabilitation, would be enormously helpful to recovering addicts.

(e) The Director is currently developing Guidelines for personnel managers within Health and Social Services

10. Prison

(a) ADS works closely with the Prison authorities in developing drug education programmes.

(b) A member of ADS team attends the Prison for ½ day a week for pre-release counselling and advice.

(c) A post for a dedicated substance misuse counsellor has now been established at the Prison.

(d) There is clearly lack of adequate support for all offenders on release from prison. They commonly face problems of accommodation and employment as well as difficulties in re-establishing relationships. In addition drug users find it hard to avoid past contacts with other users.

(e) Some form of half way hostel would help ex prisoners to re-integrate into society.

(f) A needle exchange scheme for prisoners would pose health and safety issues for the authorities. In the Director's view, attention should be focussed on preventing drugs from getting into the prison rather than accepting drug use as a norm inside the prison walls.

(g) The Director would favour the provision of condoms for prisoners.

11. Arrest referral worker

(a) This post was established last year as a pilot scheme as an attempt to break the cycle of crime and substance misuse. It enables contact with offenders at the point of arrest when motivation to seek assistance may be high.

(b) There have been some initial hiccoughs with custody staff but is growing successfully

12. Court Liaison Officer

(a) This officer has reported that courts are becoming more favourable to the use of treatment orders for those addicted to drugs (those charged with possession as opposed to dealers and traffickers)

(b) The courts recognise that it's more cost effective and beneficial to give treatment rather than incarcerate addicts.

13. Inter-agency collaboration

(a) Relevant agencies were involved last year in workshops in the development of the new Crime and Substance Misuse strategy.

(b) There have been improvements in communication and data collection including the pink list for GPs. There is also a meeting every two months of the Drug Dependency Advisory Group, including the involvement of Employment and Social Security Department to advise on prescriptions.

(c) There are data protection issues regarding sharing of information about clients with other agencies, such as Roseneath. This can be overcome providing the client consents.

(d) ADS has recently received a source of funding from the Proceeds of Drug Trafficking to enable referrals to local residential rehabilitation facilities like Silkworth Lodge. Seven referral have been made in the last six months.

(e) ADS is working with Silkworth on admissions criteria and has started to evaluate the outcome of placements at Silkworth to ensure value for money.

(f) Work has begun on developing a document outlining an integrated care pathways approach.

14. Client user group

(a) An attempt has been made to form a user group but it failed largely because of clients fears that meetings would be monitored by the police.

(b) Similarly a group called Parents Against Drug Addiction folded as people did not want to be identified.