

STATES OF JERSEY



BUILDING A SAFER SOCIETY

**Lodged au Greffe on 3rd February 2004
by the Home Affairs Committee**

STATES GREFFE

PROPOSITION

THE STATES are asked to decide whether they are of opinion –

to refer to their Acts, dated 18th November 1999, regarding the Crime and Community Safety Strategy 1999-2009 and the Substance Misuse Strategy 1999-2004, in which they agreed policies for the reduction of crime, anti-social behaviour and substance misuse, and –

- (a) to approve the Strategy aimed at minimising the harm caused by crime, anti-social behaviour and substance misuse detailed in the report of the Home Affairs Committee entitled “Building a Safer Society 2005-2009” as set out in the Appendix to the report of the Home Affairs Committee dated 3rd December 2003;
- (b) to request the Finance and Economics Committee and the Policy and Resources Committee to take all necessary steps, in accordance with overall States policies and priorities, to provide sufficient funding and staff to enable the strategy to be implemented;
- (c) to charge the Home Affairs Committee, in consultation with the Education, Sport and Culture, Health and Social Services, Housing, Employment and Social Security Committees, Probation and Aftercare Service Board and the Comité des Connétables, to report back within a period of three years on the progress of the implementation of the Strategy.

HOME AFFAIRS COMMITTEE

REPORT

1. Introduction

- 1.1 In the 1995 Strategic Policy Review, the States of Jersey agreed that a “Crime Strategy Action Group”^[1] be set up, comprised of officers of the Committees responsible for law and order and matters directly related thereto.’ (p.50, para. 9.5).
- 1.2 On 18th November 1999, the States of Jersey unanimously approved the Crime and Community Safety Strategy 1999-2009 and the Substance Misuse Strategy 1999-2005.
- 1.3 In June 2000, the Home Affairs Committee and the Health and Social Services Committee became responsible for the administration of the Crime and Community Safety Strategy and the Substance Misuse Strategy respectively.
- 1.4 The key principles, upon which the effective delivery of ‘Building a Safer Society’ is based, mirror those which have been successfully established for the Crime and Community Safety Strategy and the Substance Misuse Strategy. This comprises three groups responsible for policy, strategy and operational development.

The Presidents’ Policy Group is responsible for policy formulation, policy direction and public accountability. Jointly Chaired by Senator Wendy Kinnard, President of the Home Affairs Committee and Senator Stuart Syvret, President of the Health and Social Services Committee, it comprises the Presidents of the following Committees –

Home Affairs;
Health and Social Services;
Education, Sport and Culture;
Employment and Social Security;
Finance and Economics;
Housing;
Chairman of the Comité des Connétables;
Chairman of Probation and Aftercare Service Board.

The Chief Officer Group, is responsible for the strategic development of ‘Building a Safer Society’ and comprises the Chief Officers of the Committees above (except for Finance and Economics) and the Attorney General, Chief of Police, Chief Officer of Customs and Immigration and the Prison Governor. The Senior Officer Group, comprising the most senior operational officers and managers, from within those Departments, has provided the delivery and operational guidance.

- 1.5 The mandate for the Presidents’ Policy Group was to develop and oversee the implementation of a strategy that will significantly impact upon the level, and the consequences, of crime, anti-social behaviour and substance misuse in Jersey.
- 1.6 ‘Building a Safer Society’ is a response to local concerns regarding crime, anti-social behaviour and substance misuse. It represents a fresh look at the way in which we, as an Island, seek to address these social challenges.
- 1.7 The Strategy is a significant advance upon previous strategies. It balances innovation with proven techniques; it includes long, medium and short-term initiatives; and seeks to reduce crime, anti-social behaviour and substance misuse through early intervention, rigorous enforcement and rehabilitation. It incorporates, where appropriate, best practice from around the world, but also recognises that there are many local practices which are more focused and would compare favourably with those in the U.K. and elsewhere.

1.8 For the first time, 'Building a Safer Society' addresses crime, disorder, anti-social behaviour and substance misuse within a single co-ordinated strategy. There are a number of reasons for doing so. Firstly, since 1999, the Senior Officer Group (drugs) and Senior Officer Group (crime) have amalgamated, (as have the Chief Officer Groups). Secondly, to separate initiatives which seek to tackle risk factors, such as poor parenting, low literacy, school suspension, into either community safety or substance misuse is ambiguous, and places artificial boundaries around the problems.

1.9 A substantial part of developing this strategy has been devoted to finding out the views and opinions of a variety of groups, agencies and individuals, including schools, private and public sector agencies, charities and the general public. The feedback received from the consultation has proved invaluable in developing the strategy. There are over one hundred and seventy separate initiatives contained within the Strategy, with contributions from over thirty different individuals and agencies. This is the most comprehensive picture ever gained of the weight of effort that is directed at tackling these social problems.

2. Proposals

2.1 The report outlines proposed policies in relation to the implementation and development of 'Building a Safer Society', and concerns the following areas –

(i) Creating a safer environment by reducing crime, public disorder and anti-social behaviour.

Crime, disorder and anti-social behaviour are of major concern to local people. The public's perception is that Jersey has an increasing crime rate. However this is not born out by recorded crime statistics which actually show a 16% reduction in overall crime since 1999.

This has been achieved, not only by effective policing, but through a great deal of hard work and commitment from a number of agencies and individuals in the public, private and voluntary sectors.

This part of the strategy aims to build upon that success by focusing upon a number of key objectives –

1. Engaging with the community.
2. Identifying hotspots and targeting offenders.
3. Investing in young people.
4. Involving parents and guardians.
5. Minimising the harm through support to victims.
6. Reducing re-offending

The Strategy includes over 70 initiatives relating to the above key objectives. Many of these, such as Community Policing and Community Development Workers are undertaken as part of normal departmental effort. Others, such as Restorative Justice and Jersey Victim Support, exist because of the Strategy. Still others, such as the Pathways project and the Domestic Violence Forum, have been tied into the Strategy because of the effort that has been made to consult with and include the voluntary sector.

(ii) Provide people with opportunities to develop their potential as lifelong learners and active and responsible members of society

There are a number of factors which are linked to an increased risk of offending. These include low self-esteem, poor school attainment, low levels of literacy and numeracy skills, lack of worthwhile employment, substance misuse, poverty and social exclusion. This part of the Strategy is set to provide people with the necessary skills and opportunities to ensure they do not find themselves in such a situation.

The key objectives in this part of the strategy are to –

1. Invest in personal, social and health education and information in order to promote self-esteem and

responsible, healthy citizens.

2. Provide an integrated approach to tackling social exclusion.
3. Develop, provide and promote continuous opportunities for all members of the community, particularly those perceived to be at risk, to access healthy and interesting pursuits.

Again, there are a variety of initiatives reflecting the diverse nature of the work that needs to be undertaken if the Strategy is to prove successful.

(iii) Reduce the Harm Caused by Drugs, Alcohol and Solvents

This part of the strategy builds upon the success of the previous substance misuse strategy and continues to focus upon the harm caused by the misuse of both illegal and legal substances.

Key objectives within this section of the Strategy are to –

1. Invest in children and young people in order to reduce the likelihood of future substance misuse.
2. Reduce the inappropriate consumption of psychoactive substances.
3. Promote health-enhancing behaviours and reduce the harm caused by substance misuse.
4. Engage and inform parents and families about illegal drugs and alcohol.
5. Continually review evidence-based interventions in order to extend the range and availability of options for problematic drug users.
6. Where appropriate, provide offenders within the criminal justice system with access to alternative and effective programmes.
7. Ensure drug trafficking laws are rigorously and effectively enforced.

This part of the Strategy continues the theme running throughout ‘Building a Safer Society’ by focussing on early intervention and prevention. Investing in children and young people is crucial to reducing future social problems and has been highlighted in the recent ‘Imagine Jersey’ consultation exercise as one of the top priorities for government. However, it is equally important to tackle existing problems, which is why the Strategy includes initiatives to ensure that, when offences do occur, offenders are caught and prosecuted and given help to reduce the likelihood of re-offending.

- 2.2 ‘Building a Safer Society’ highlights the fact that States Committees cannot themselves provide the whole range of services which are required to tackle these social problems. Much has been achieved since 1999 with a significantly higher level of cooperation between agencies than ever before. However, there is still a great deal to be done. Without the focus of the Strategy to co-ordinate and direct action, it is not certain that this would be realized.

3. Resources

The future resource requirements for the Strategy have been developed in accordance with current States policy. Currently, the budget for the Crime and Community Safety Strategy (£441,000) and Substance Misuse Strategy (£605,000) are held separately within Home Affairs and Health and Social Services core budget respectively. With the merging of the Strategies the committees will need to decide upon the most appropriate way of administering the budgets.

Because the new Strategy had not been considered and approved by the States prior to the closure date for submissions into the Fundamental Spending Review process, should the States approve this Strategy, funding will be considered as a growth request at the Presidents’ decision conference in March.

<i>YEAR</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Revenue required	£986,000	£919,000	£852,00

Manpower	12*		
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*There is no increase in manpower as there are currently 12 FTE posts funded by the two strategies.

Building a Safer Society

A strategy aimed at minimising the harm caused by crime, anti-social behaviour and substance misuse 2005-2009

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Foreword

On behalf of the Home Affairs Committee, Health and Social Services Committee and the President's Policy Group it gives us great pleasure to introduce Jersey's new five-year community safety and substance misuse strategy. This strategy is a response to the local concerns regarding crime, anti-social behaviour and substance misuse. Many agencies, both in the public sector and voluntary sector, have been involved in the development of the Strategy and the Senior Officer Group must be commended for their commitment and enthusiasm in facilitating this process.

Our three main priorities are –

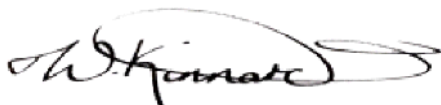
1. To create a safer environment by reducing crime, public disorder and anti-social behaviour.
2. To provide people with opportunities to develop their potential as lifelong learners and active and responsible members of society.
3. To reduce the harm caused by the misuse of drugs, alcohol and solvents.

This strategy represents a fresh look at the way in which we, as an island, seek to address these social challenges. We very quickly came to the conclusion that it is impractical to separate community safety and substance misuse and therefore, for the first time, we have produced a single strategy document.

Over the past few years, significant progress has been made towards tackling the problems that can undermine the quality of life for everyone who lives, works and visits the Island. We are committed to working together to continue the downward pressure on crime, anti-social behaviour and substance misuse and to tackling the fear and anxiety, they provoke.

'Building a Safer Society' is a local strategy, drawing on local information, local experience and local opinion geared to producing local results. To this extent, we all own this strategy, we all subscribe to it and we are all committed to its implementation.

We will ensure that it is taken to the heart of our respective organisations to produce a thorough and co-ordinated approach. We have set challenging targets for our comprehensive and innovative programme of work. In so doing, we are confident that the strategy offers the right approach for achieving further reductions in crime, anti-social behaviour and substance misuse and real improvements to the quality of island life.



SENATOR WENDY KINNARD
President, Home Affairs Committee



SENATOR STUART SYVRET
President, Health and Social Services Committee

INTRODUCTION

'Building a Safer Society' is a strategy aimed at minimising the harm caused by crime, anti-social behaviour and substance misuse. It outlines the three strategic priorities for the period 2005-2009 and includes the activities which will be undertaken in order to achieve success.

'Building a Safer Society' replaces the Crime and Community Safety Strategy and Substance Misuse Strategy but many of our key objectives reflect those of the previous strategies, as do many of the initiatives. We see this strategy more as a continuation of the philosophy and work of the previous strategies rather than a radical new direction. A major improvement, however, has been to incorporate both substance misuse and crime and community safety into one strategy. This has enabled us to do away with the inappropriate categorisation of some initiatives (especially those focusing on early intervention) as either substance misuse or crime and community safety. Initiatives such as the Town Alcohol Project, the Parenting Programme and the Youth Justice Project will clearly have as much impact upon crime and disorder as they do upon substance misuse.

Another important development has been to include the work which is done by departments as part of their normal business. Initiatives such as Operation Focus (Police), electronic monitoring of offenders (Prison/Probation) and Community Development Officers (Housing) all contribute greatly towards building a safer society but have received little acknowledgment until now.

In developing 'Building a Safer Society', our Chief Officer Group and Senior Officer Group have taken a great deal of effort in seeking the views of interested parties including agencies within the public sector, agencies within the voluntary and private sectors and members of the public. Surveys such as the biennial police survey, the Jersey Crime Survey and the Health Related Behaviour Questionnaire have all contributed to the development of the strategy; as have recent studies such as the Bull Report^[2], the Rutherford Report^[3] and the Imperial College Report^[4].

'Building a Safer Society' also seeks to contribute to, and where possible incorporate, the aims and objectives of other relevant reports and strategies such as the Jersey Child Care Trust Strategy; the Island Wide Strategy for an Ageing Society; the report on the Hardship Experienced by Children and Young People and The Jersey Island Plan. It will also seek to ensure that it feeds into forthcoming strategies such as the Integrated Health Care Strategy and the 'Jersey Strategy'.

Crucial to the success of the strategy is the determination and willingness of agencies to work together. For a long time, we have recognised the importance of working in partnership and this can best be seen in the commitment of the members of the Senior Officer Group who have met on a regular basis since 1996. However, we are never complacent and acknowledge that improvements can be made. Better communication could be achieved both between agencies and within our own organisations; we will look to have a more dynamic and responsive approach to problems as they occur; we will seek to include our colleagues in the private and voluntary sectors more; and we will endeavour to improve our consultation with the public.

'Building a Safer Society' is intended to provide the reader with an overview of the vision we have for the Island and how we intend to get there. It is a working document and may change as a result of research, monitoring and evaluation. A detailed plan of action will be produced each year.

We believe this strategy to be a significant advance upon previous strategies. It balances innovation with proven techniques; it includes long, medium and short-term initiatives; and seeks to reduce crime and disorder and substance misuse through early intervention, rigorous enforcement and rehabilitation. It incorporates, where appropriate, best practice from around the world, but also recognises that there are many local practices which are more focused and would compare favourably with those in the U.K. and elsewhere.

REVIEW

In November 1999, the States of Jersey unanimously passed two extremely important social policies. The first was the Island's inaugural community safety strategy aimed at 'reducing the level and consequences of anti-social and criminal behaviour'. The second, aimed at 'Reducing the harm caused by substance misuse', expanded and enhanced the Island's Illegal Drug Strategy (1996-99) to include all types of substance misuse. It also focused more on minimising the risks associated with drug taking whilst retaining an emphasis on enforcement.

A key decision of the States was to split the two strategies with the Substance Misuse Strategy being administered by Health and Social Services and the Crime and Community Safety Strategy coming under the auspices of the Home Affairs Committee. This led to the disbandment of the Crime and Drug Strategy Unit in June 2000. Since then, both strategies have continued to utilise the existing structure of Presidents' Policy Group, Chief Officer Group and Senior Officer Group in delivering the strategies.

One of the principal aims of both strategies was to develop a comprehensive picture of crime and substance misuse in Jersey. To this end, a number of important pieces of research have been undertaken, including a survey of substance misuse^[5], a victimisation survey^[6], a report on criminal justice^[7], and a review of provision for children with emotional and behavioural difficulties^[8]. These reports, together with existing and ongoing research, have enabled us to begin to develop a much clearer picture of the problems we face in Jersey (see Appendix 1.)

Allied to the above aim was the need to develop a robust monitoring and evaluation process. In 2001, we commissioned Crime Concern, a U.K.-based crime reduction organisation and registered charity, to assist us in this process. We are now confident that we have the basis of a strong, consistent, performance management methodology.

There are some 55 individual projects contained within both strategies, ranging from long-term, early intervention type initiatives, which seek to prevent future offending and harmful behaviour to short-term, reactionary type interventions, which seek to enforce the law.

It is fair to say that the majority of projects are showing some success. Initiatives such as the Offender Literacy Project and the Portuguese Offender Social Worker Project run by Probation are showing some remarkable results, as are some of the early intervention projects run by the Children's Service.

In many cases, such as the Methadone Programme and the Needle Exchange Project, results are immediate; others, such as the Parenting Programme and the Health Promotion Officer (Drugs), will take longer to show positive results. The real strength of the strategies is in the fact that we are investing in the future. We know from evidence around the world that resources invested in preventing future problematic behaviour will pay handsome dividends in 10-15 years' time.

Strategic Priorities and Key Objectives

This section of the strategy details the three strategic priorities.

The format for this section is as follows –

Strategic Priority

Agencies – List of the key agencies which will be involved in delivering the initiatives relating to the Strategic Priority. The agency designated as ‘Priority Co-ordinator’ will be responsible for collating and reporting to the Senior Officer Group on progress against the agreed targets.

Introduction – Provides the reader with background information relevant to the Strategic Priority.

Key Objectives – Highlights what action needs to be taken in order to achieve the Strategic Priority. Each key objective is in turn broken down into –

Introduction: Provides the reader with background information relevant to the Key Objective

Initiatives: Provides a list of initiatives and projects which will be undertaken. This section includes projects which are either fully or partly funded by the strategy as well as those that are undertaken as part of the agencies’ every day work.

Targets: These are high level, strategic targets which will help to gauge the success of the strategy as a whole. Each initiative will have separate performance indicators which will feed into the strategic targets.

STRATEGIC PRIORITY 1: TO CREATE A SAFER ENVIRONMENT BY REDUCING CRIME, PUBLIC DISORDER AND ANTI-SOCIAL BEHAVIOUR

Agencies

States of Jersey Police – Priority Co-ordinator
Honorary Police
Housing
Education, Sport and Culture
Health and Social Services
Probation and Aftercare Service
H.M. Prison

Introduction

Crime, disorder and anti-social behaviour are of major concern to local people. The perception is that Jersey has an increasing crime rate, especially in relation to youth crime and anti-social behaviour. The reality is that since 1999, recorded crime has reduced by over 16%.

This has been achieved through a great deal of hard work and commitment from a number of agencies and individuals in the public, private and voluntary sectors. This part of the strategy aims to build upon that success and the following pages detail what we are going to do to make Jersey an even safer place in which to live, work and play.

Key Objectives

Initiatives bullet marked ❖ are fully or partly funded by the Strategy.

Objective 1. Engage with the community

It is now commonly acknowledged that successful neighbourhood crime reduction means putting communities in the driving seat. Resident participation is needed at all stages, from identifying problems and agreeing priorities, to developing and delivering solutions and tracking progress. Achieving this is extremely difficult in neighbourhoods that often have little history of community development, a track record of bad relations with local public services, where residents are cynical that matters can improve and States departments have a poorly developed notion of how to engage with the community.

Initiatives:

- Community Policing
- Community Development Officers
- ❖ Research to agree and identify ways of measuring community cohesion/community spirit/quality of life.
- Geographical Information System (GIS) Profiling
- ❖ Community Grants Panel
- ❖ Community Safety Awards
- Police Liaison Group
- ❖ Address public misconceptions regarding crime and substance misuse
- ❖ Pathways

Targets:

- ✓ Profile of key communities by end 2006
- ✓ Agreed way of measuring impact of community development by 2006
- ✓ GIS profiling developed by 2006

Objective 2. Identify hotspots and target offenders

In Jersey, as has been found in other countries, some neighbourhoods tend to suffer

higher levels of crime and anti-social behaviour than others. It is also true that a large proportion of crime is committed by a small minority of offenders. This objective will use the National Intelligence Model and the tasking and co-ordinating process to identify 'hotspots' of crime and anti-social behaviour. It also aims to target prolific offenders by the use of intelligence sources.

Initiatives:

- Tasking and co-ordinating process
- Crimestoppers
- Police Proactive Unit
- Joint Intelligence Bureau
- Crime and Disorder Analysis
- Intelligence Packages
- Police supervision of licensed premises

Targets:

- ✓ Achieve a sustained downward trend in recorded crime per 1000 population
- ✓ Increase number of quality intelligence reports by 10%
- ✓ Increase number of intelligence packages by 5%

Objective 3. Invest in young people in order to reduce the likelihood of future criminal and anti-social behaviour

The vast majority of our young people are law-abiding and do the Island a great deal of credit. However, there is a significant minority who engage in criminal and anti-social behaviour. As has been shown in other countries, approximately 40% of all recorded crime is committed by young people aged 10-18. The majority of these offences are committed by a small group of persistent offenders. The aim of this objective is to prevent young people from offending in the first place, deal effectively with those that do offend and ensure that every effort is made to stop young people from becoming persistent offenders.

Initiatives:

- Children's Executive (inc Youth Action Team)
- ❖ Town Alcohol Project
- Operation Columbus
- ❖ Restorative Justice
- ❖ Minden Base
- Youth Café
- Prison 'Me no way'
- Youth Justice Project
- ❖ St Marks Road Hostel
- ❖ Mainstream Nurseries
- ❖ After school clubs
- Community Art Projects
- Jump events
- Mentoring Scheme
- Community Schools
- Electronic Monitoring
- Intelligence-led targeting of persistent offenders
- Fast tracking of persistent offenders

Initiatives cont.

- Probation Service programmes
- ❖ Research into male offenders
- ❖ Detached Youth Worker
- Women's Refuge Outreach
- ACET Kids Club

Targets:

- ✓ Achieve a downward trend in the proportion of young people aged 14-18 who commit an offence
- ✓ Reduce number of yr 8 and yr 10 pupils who admit to taking illegal substances as listed in the HRBQ
- ✓ Reduce number of school suspensions by 10%

Objective 4. Involve and support parents and guardians

The aim of this objective is to ensure that parents are provided with the support necessary to develop skills, which help them to successfully provide care, appropriate supervision and guidance to their children. This particularly applies to vulnerable families.

Initiatives:

- ❖ Parenting Programmes
- JELLY Club
- Community Development
- Family Counselling Programme (Probation)
- Respite Care
- ❖ After-school and Holiday Care
- Child Care Trust Strategy
- Review of States flexible working practices
- Pathways Project
- Identify and rectify areas with deficient/unsuitable play facilities
- Parents Toolkit
- Child Accident Co-ordinator
- Health Visitors
- Family Nursing Nurses
- Pathways
- ACET Parent's Toolkit

Targets:

- ✓ Increase access to Parenting Programme by 10%
- ✓ Increase JELLY clubs by 6
- ✓ 90 new nursery places for children under three
- ✓ Establish four new Parent and Toddler Groups
- ✓ Agree minimum housing standards for families with children
- ✓ Include child impact statement on all medium and large scale developments
- ✓ Ensure all parents of year 7 pupils are given the opportunity to receive a copy of the 'Parents Guide to Drugs'
- ✓ Reduce number of looked after children in care

Objective 5. Minimise the Harm Through Support to Victims

Minimising the harm to victims is central to the success of this strategy. Building on the previous crime and community safety strategy, this strategy intends to ensure that anyone who becomes a victim of crime has access to the appropriate services in order to minimise the effect that crime and anti-social behaviour has upon them and their family.

Initiatives:

- Vulnerable Adults Procedure
- ❖ Restorative Justice
- Child Protection Guidelines
- Jersey Women's Refuge
- Domestic Violence Forum
- Shelter Trust
- ❖ Jersey Victim Support
- ❖ Rape Crisis Line
- ❖ Introduce domestic violence co-ordinator by 2005.
- ❖ Develop standardised data collection between agencies
- ❖ Research best practice in relation to laws concerning harassment and stalking

Targets:

- ✓ Achieve a sustained downward trend in the incidence of recorded repeat domestic violence assaults
- ✓ Increase number of referrals to Victim Support
- ✓ Review Victims Charter by 2006

Objective 6. Reduce Re-offending

According to international and local research nearly half of all crime committed by males is the result of repeat offending. Thankfully, only a small minority of offenders will go on to re-offend. However, by focusing on those that do, we can

offenders will go on to re-offend. However, by focusing on those that do, we can make a significant contribution to the overall aim of reducing crime and anti-social behaviour.

Initiatives:

- RAMAS Profiling
- Cognitive Skills Training
- Aggression Control Programme
- CHANGE Programme
- Sex Offender Programme
- ❖ Basic Skills Programme
- Pre-release motivational work
- ❖ Restorative Justice
- ❖ Victim/Offender Conferencing
- ❖ Post-custodial Supervision
- Electronic Monitoring
- Post-custodial Supervision
- AVP

Targets:

- ✓ Reduce risk of re-offending by clients on probation by 5%
- ✓ Reduce the re-offending rate for clients on Probation by 5%.
- ✓ Reduce the re-offending rate for prisoners by 5%.
- ✓ Increase number of clients on CHANGE programme
- ✓ Increase number of Victim/Offender Conferences.

STRATEGIC PRIORITY 2. TO PROVIDE PEOPLE WITH OPPORTUNITIES TO DEVELOP THEIR POTENTIAL AS LIFELONG LEARNERS AND ACTIVE AND RESPONSIBLE MEMBERS OF SOCIETY

Agencies

Education, Sport and Culture – Priority Co-ordinator
 Health and Social Services
 Housing
 Employment and Social Security

Introduction

There are a number of factors which are linked to an increased risk of offending. These include low self-esteem, poor school attainment, low levels of literacy and numeracy skills, lack of worthwhile employment, substance misuse, poverty and social exclusion. The aim of this part of the strategy is to provide people with the necessary skills and opportunities to ensure that they do not find themselves in such a situation. We strongly believe that everyone has the potential to become an active and responsible member of society.

Key Objectives

Objective 1. Invest in personal, social and health education and information in order to promote self-esteem and responsible, healthy citizens

The aim of this part of the strategy is to provide a long-term programme for building a community where people are valued, respected and encouraged to achieve their full potential. This is a long-term programme and it is unlikely that we will be able to show any significant results for a number of years. However, by basing our interventions on projects that have been shown to work elsewhere in the world we can be confident that we are moving in the right direction.

Initiatives:

- Profile (using HRBQ & other data) school populations in order to prioritise issues and clarify target groups.
- ❖ Develop further opportunities for young people to access personal social health information both inside and outside of formal educational settings.
- ❖ Explore a “connexions” type approach for Jersey.
- Pursue a managed network approach to integrating services for young people
- Children’s Executive
- ❖ Research unemployment amongst young people
- Leaving care team
- ACET Multi-cultural Community Development Project
- Pathways

Initiatives cont.

- Child Friendly Island Project
- Family Literacy Project
- ❖ Minden Base

Targets:

- ✓ Decrease number of school suspensions by 10%
- ✓ Increase number of passes in all qualifications
- ✓ Increase number of children leaving care with qualifications
- ✓ Increase by 5% number of young people who describe themselves as enjoying (a lot and quite a lot) physical activity
- ✓ Reduce by 5% number of pupils who describe themselves as having medium to low levels of self esteem
- ✓ *Targets to be developed by the working group on the Bull Report*

Objective 2. Provide an integrated approach to tackling social exclusion

The UK Government describes social exclusion as “*a shorthand term for what can happen when people or areas suffer from a combination of linked*”

can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown". The most important characteristics of social exclusion are that these problems are linked and mutually reinforcing. Social Exclusion can only be tackled through multi-agency action.

Initiatives:

- ❖ Sub-group to look at issues
 - Community Development Workers
 - Estate Sub-group
 - Residents Associations
 - Special Needs Inclusion Project
 - Pathways
 - Women's refuge
 - ACET Language & Literacy Project

Targets:

- ✓ Reduce number of adults without qualifications.
- ✓ Increase number of flexible courses for employed ESOL learners.

Objective 3. To develop, provide and promote continuous opportunities for all members of the community, particularly those perceived to be at risk, to access healthy and interesting pursuits

Continuous development opportunities should be available to all citizens on an ongoing basis. In practice, this should mean that citizens each have individual learning pathways, suitable to their needs and interests at all stages of their lives. The content of learning, the way learning is accessed, and where it takes place may vary depending on the learner and their learning requirements.

Continuous development is also about providing "second chances" to update basic skills and offering learning opportunities at more advanced levels. All this means that formal systems of provision need to become much more open and flexible, so that such opportunities can truly be tailored to the needs of the learner, or indeed the potential learner.

Initiatives:

- Lifelong Learning
- develop 'connexions type approach for Jersey
- ACET
- Basic Skills
- Conduct research into the local factors affecting people's ability to access programmes

Targets:

To be developed

STRATEGIC PRIORITY 3: REDUCE THE HARM CAUSED BY DRUGS, ALCOHOL AND SOLVENTS

Agencies

Health and Social Services – Alcohol and Drug Service – Priority Co-ordinator
Customs and Excise
Police
Probation
Prison
Education, Sport and Culture

Introduction

This part of the strategy builds upon the success of the previous substance misuse strategy and continues to focus upon the harm caused by the misuse of both illegal and legal substances.

Key Objectives

Objective 1. Invest in children and young people in order to reduce the likelihood of future substance misuse

There is widespread concern about the use of substances by young people in Jersey and recent findings from the Health Related Behaviour Questionnaire 2002 confirm that a significant number are experimenting with drugs and alcohol. It should be noted, however, that only a small percentage go on to develop substance misuse problems.

Certain groups of young people are more susceptible to the use of legal and illegal drugs. Research shows that children in care, school truants, those who are excluded and those who use legal drugs such as alcohol from an early age, are more likely to progress on to the use of illegal substances.

The most effective ways of reducing the harm caused by drugs and alcohol is to develop effective and evidence-based drug and alcohol education programmes that are delivered consistently throughout our schools, as well as increasing the opportunities for young problematic drug users to access treatment and support.

Initiatives:

- ❖ Town Alcohol Project
- ❖ Substance Misuse Detached Youth Worker
- ❖ Minden Base
- ❖ PSHE Co-ordinator
- ❖ Drug Awareness Programmes
- ❖ Health Related Behaviour Questionnaire
 - Electronic messaging
 - Post 16 initiatives
 - Young people's annual festival
- ❖ Parenting Programme
 - GP to prescribe for under 18s
- ❖ Health Promotion Officer (drugs)
- ❖ Research subgroup
- ❖ Court Diversion Officer
- ❖ Hold annual festival event
- ❖ Develop baseline data on alcohol and drug use by under 25s by 2006

Targets:

- ✓ Evidence of continued delivery of education programmes for all on alcohol and drugs as part of PHSE curriculum across the island.
- ✓ Evidence of accessible, age appropriate resources for young people on drug and alcohol issues
- ✓ Reduce by 10% the numbers of young people in yr 8 and 10 who know nothing about the most frequently taken drugs in Jersey
- ✓ Increase by 10% the number of yr 6 who have talked to their parents, teachers or friends about drugs
- ✓ Reduce the number of under 16s who have used illegal drugs in the previous year
- ✓ Reduce the use of solvents and poppers to below 2000 figures

Objective 2. Reduce the inappropriate consumption of psychoactive substances

Overall levels of drug and alcohol consumption are associated with levels of harm. Correspondingly, an increase in consumption will lead to a rise in levels of harm. It is well recognised that the attainment of a drug-free society is not realistic and the development of pragmatic and sensible strategies are more achievable.

The increase in the misuse of drugs and alcohol is regarded as a major public health problem that cannot be ignored. The health, social and economic problems associated with addiction to both legal and illegal drugs present a great challenge to us all. As a relatively affluent society, Jersey remains a vulnerable target for drug dealers who are looking for new drug markets.

This strategy incorporates a number of treatment, prevention and law enforcement initiatives aimed at reducing the demand, supply and availability of illegal substances.

Initiatives:

- Responsible Retailers' Scheme
- ❖ Brief intervention training for health care professionals
- Drug Dependency Group – monitor GP prescribing
- Advisory Council on the Misuse of Drugs
- ❖ Alcohol Strategy
- ❖ DUMP campaigns
- ❖ Medicine Management
- ❖ Court Diversion Officer
- ❖ Establish database to record and monitor the number of people who are addicted to psychoactive substances

Targets:

- ✓ Alcohol duty to increase price above level of local inflation.
- ✓ Reduce per capita consumption of alcohol by 5%.
- ✓ Reduce the number of prescriptions for pharmaceutical drugs of potential misuse
- ✓ Reduce by 10% the number of yr 10 pupils who purchase cigarettes from local shops
- ✓ Reduce by 10% the number of yr 10 males who describe themselves as smoking regularly
- ✓ Maintain the downward trend of yr 10 females who describe themselves as smoking regularly

Objective 3. Promote health-enhancing behaviours and reduce the harm caused by substance misuse

is part of the strategy promotes both preventative and supportive measures.

is hoped that by promoting and educating people about a healthier lifestyle they will be less likely to misuse substances. There needs to be equity of access to information and facilities to help all members of society feel socially included and valued.

The strategy focuses on society as a whole, but will specifically target those 'at-risk' or who are more vulnerable members within the community.

For those who develop problems as a result of previous substance misuse, the strategy aims to support them through education and health awareness initiatives.

Initiatives:

- ❖ Health Promotion Officer (Drugs)
- ❖ Aware campaign
- ❖ Town Alcohol Project

Targets:

- ✓ Increase uptake and return of needles by 10%.
- ✓ Reduce drug-related

- Whatabout.je website
- Healthy Schools Pilot
- Hepatitis vaccinations and protocols
- ❖ Specialist Hepatitis Nurse
- ❖ Specialist Alcohol Nurse
- Operation FOCUS
- Non dependent drinkers' alcohol resource
- ❖ Community Grants Panel
- ❖ Needle exchange scheme
- ❖ Drugs awareness education
- ❖ Develop/update local drug education resources
- ❖ Introduce workplace drug and alcohol policies in every States department.
- ❖ Conduct prevalence research of HIV, Hep C and Hep B.
- ❖ Conduct needs analysis in order to identify at risk groups

- deaths and overdoses by 50%.
- ✓ Evidence of targeted resources for population groups where a need has been identified
- ✓ Reduce the prevalence of needle sharing from 91%

Objective 4. Engage and inform parents and families about illegal drugs and alcohol

Parents who use drugs can and do cause serious harm to children of every age from conception to adulthood. Preventing the harm caused to children should be a key focus of this strategy.

The Health Related Behaviour Questionnaire 2002 suggests that approximately 65% of children receive information about drugs from their parents. Approximately 50% of parents are also likely to know about their children's consumption of alcohol at home. It is therefore essential that parents are properly equipped to respond to the wide-ranging challenges and questions that their children's substance use may raise.

Initiatives:

- ❖ Parenting Programme
- ❖ Parents' Guide to Drugs
- Support parent groups
- PTA

Targets:

- ✓ Ensure that all parents on parenting programmes show evidence of drug awareness.
- ✓ Increase the number of parents receiving information from Alcohol and Drug Service by 10%.
- ✓ Ensure that the majority of incarcerated parents receive drug education
- ✓ Ensure that the majority of strategy resources are targeted at parents and families at risk

Objective 5. Continually review evidence-based interventions in order to extend the range and availability of options for problematic drug users

People with drug dependence are all different, and there is no 'one size fits all' solution for tackling individuals' addiction issues. It is therefore necessary to provide people with as many best practice treatment opportunities, in as many forms and places, as possible.

It is well known that problematic drug users make above average demands on services, which provides many agencies with opportunities to intervene. It is therefore essential that all professionals in contact with these users are adequately equipped, in terms of training, skills and confidence, to deal with them or to refer them on to another service as appropriate.

Initiatives

- Drug Dependency Group
- ❖ Methadone Programme
- ❖ Subutex Programme
- ❖ Arrest Referral Worker
- ❖ Community and hospital detoxes
- Jersey Addiction Group
- ❖ Needle exchange programme
- Supported accommodation
- ❖ Sharpshooters magazine
- ❖ Drug and alcohol awareness programmes
- ❖ Counselling
- ❖ Overdose prevention training
- ❖ Pre-release work with prisoners
- Pregnant drug users' protocol
- Onsite vaccination programme (HBV)
- ❖ Specialist Hepatitis Nurse
- ❖ Specialist Alcohol Nurse
- Prison drugs worker

Targets: (relate to period of strategy)

- ✓ Increase the number of new referrals to the ADS by 6%.
- ✓ Increase the number of women accessing the ADS by 9%.
- ✓ Increase the number of intravenous drug users receiving Hep B vaccination.
- ✓ Increase the number of substance misusers entering residential rehabilitation programmes by 20%.

Objective 6. Where appropriate, provide offenders within the criminal justice system with access to alternative and effective programmes

Recent partnership working between agencies such as Probation, Prison, Police and Alcohol and Drugs has illustrated the value of intervention programmes for offenders. In order to break the cycle of crime, certain offenders need opportunities to address their dependency issues. The strategy sees appropriate targets as the 'victims' of addiction, rather than the profiteers.

The Arrest Referral Worker and Court Diversion Officer are key links between treatment services and the Criminal Justice System.

Initiatives:

- ❖ Arrest referral worker (ARW)
- ❖ Drug and alcohol awareness programmes
- ❖ Court Diversion Officer
- Drug treatment orders
- Specialist drug and alcohol

Targets:

- ✓ Increase the number of treatment orders upheld by the courts by 10%.
- ✓ Increase compliance with a treatment order to 65%.
- ✓ Increase the uptake of treatment supported by the ARW.
- ✓ Reduce re-offending of people referred to treatment by ARW by

- ❖ reports for the courts
- ❖ Prison education programmes
- ❖ Establish baseline activity data for the arrest Referral Worker

- referred to treatment by ARW by 20%.
- ✓ Reduce waiting time for referral to treatment from 10 to 5 working days.

Objective 7. Ensure drug trafficking laws are rigorously and effectively enforced

Illegitimate access to both legal and illegal drugs needs to be curtailed in order to reduce consumption and harm. Jersey remains an attractive target for drug dealers. The Joint Police/Customs Intelligence Bureau (JIB) will continue to target the principals behind drug Importation/supply syndicates, with a particular emphasis on Class A drugs.

The Joint Financial Crime Unit will investigate the financial affairs of individuals prosecuted for drug trafficking offences so as to ensure that they do not benefit from the proceeds of their drug trafficking.

We must continue to capitalise upon opportunities of sharing of intelligence and joint operational working with other agencies and jurisdictions.

Initiatives

- ❖ Advertising the Island's sentencing policy in the national media
- Joint intelligence working with the States of Jersey Police, Jersey Customs, French and UK authorities
- Drugs free-phone line
- Drug Trafficking Confiscation Fund
- Anti-Drug Alliance
- JIB
- Joint training with Police & Customs
- Joint working between Police drug Squad and Customs Operational teams
- Use National Intelligence Model to implement intelligence-led operations against drug traffickers

Targets:

- ✓ Show a reduction in the purity of seized drugs.
- ✓ Sustain a visible public deterrent at the frontiers
- ✓ Improved frontier targeting
- ✓ Maximise the recovery of drug related criminal assets.

Overview of Crime, Disorder and Substance Misuse

One of the key tasks undertaken in the previous strategies was to develop a clearer picture of crime, disorder and substance misuse in Jersey. As mentioned previously, a number of important pieces of research have been carried out in order to inform this process.

This part of the strategy highlights some of the findings from these reports.

Recorded crime

Table 1 shows that recorded crime has reduced since 1999.

Table 1.

Crime categories		1999	2000	2001	2002	
	Acquisitive crime		2651	2668	2766	2545
Offences against the person		1165	1152	1164	1049	-10%
Offences against property		1373	1382	1401	1245	-10%
Public disorder		1166	1211	1134	834	-28%
Drug offences		459	543	448	287	-37%
Financial crime		329	426	386	253	-23%

The biggest reductions relate to drug offences and public disorder offences.

Perceptions of Crime

Interestingly, 90% of respondents in the Jersey Crime Survey saw drug abuse/dealing as Jersey's biggest problem. However, when asked about crime in their own neighbourhood only 11% put drug abuse/dealing as the biggest problem.

This apparent discrepancy between peoples' perception of island wide problems and problems in their own area is also reflected in the results of a question which asked whether they thought that crime had risen or fallen over the two years prior to the survey. 91% of respondents thought that crime in Jersey had risen. However, when asked about crime in their neighbourhood, the majority felt that crime had not increased over the same period. More research needs to be conducted into why there is such a large disparity between peoples' perception of what is happening in their own areas and the Island as a whole.

Youth Crime

One of the key issues, especially in recent times, has been that of youth crime. According to police statistics in 2002, 14-17 year olds were the most prolific offending age group in Jersey. Over half the offences involved acquisitive crime (burglaries, bicycle theft, car theft, shoplifting etc.). Research also shows that males aged 18-25 committed nearly half of all reported assaults in public places. Young males are also the most likely to be victims of crime.

International and national research would suggest that other jurisdictions have similar profiles. However, what is particularly relevant to Jersey is that predictions based upon the 2001 census show that the number of people aged between 14 and 17 will increase by 14% and the population of young males aged 18-25 is set to increase by 21% by the year 2007. Research will be conducted into the likely repercussions of these increases.

Substance Misuse

The misuse of substances, both legal and illegal, continues to cause concern. It has been estimated that at least 10% of drug related presentations at Accident and Emergency involve illegal drugs, whilst, 10% of ambulance call outs are alcohol related. Since 1994 the Alcohol and Drug Service has seen 1,200 clients (heroin). Nearly 400

people have successfully completed detoxification programmes. Drug seizures continue to rise with Customs and Excise successfully intercepting consignments of illicit drugs valued at over £2.1 million in 2002.

Alcohol and Crime

Alcohol consumption in Jersey is extremely high with the Imperial College Report^[9] estimating per capita consumption to be 12.9 litres of pure alcohol p.a. Research suggests that alcohol is a contributory factor in the majority of assaults and incidents of disorder. Statistics from the Prison show that 73% of young people received at the YOI in 2002, were drinking above recommended limits. In 2002 data gathered from the Health Related Behaviour Questionnaire^[10] showed that 48% of respondents in year 10 (14-15 year-olds) had drunk alcohol the previous week. However, the majority stated that they had consumed alcohol at home and with their parents' knowledge.

The causes and consequences of crime, anti-social behaviour and substance misuse are numerous and complex. There are no instant fixes, no panaceas, no one solution. The Strategy provides a sustainable long term investment in the Island and our community. Without it, most of the initiatives, especially those focusing on early intervention, will not take place, and the likelihood of a long term reduction in crime, anti-social behaviour and substance misuse is significantly reduced. With it, we have a chance for a better future.

What we have done**Achieved****Partly
Achieved****Not
Achieved**

The Following Table shows a list of the recommendations contained within the Strategies together with a comment on progress.

<u>What we said we would do</u>	<u>Progress</u>	<u>What we have done</u>
Develop and implement action plans based on the results of risk and service audits.	<i>Ongoing</i>	<i>In 2001/02, a questionnaire was circulated to all relevant departments requesting information on their core work and how it relates to the Strategies. The results are being used to inform this strategy.</i>
Provide a varied programme of residential, respite and community based preventative work.	<i>Ongoing</i>	<i>Monies from the strategies have been used to fund the development of the Grands Vaux Family Centre. This centre provides high-class interventions for vulnerable children/families. A total of 172 vulnerable children have attended the groups since support has been received from the Strategy.</i>
Provide high quality day care for vulnerable children within mainstream day care settings.	<i>Ongoing</i>	<i>At present, we are providing mainstream support for 34 vulnerable children. We have also managed to transfer a further 41 from Blanche Pierre to mainstream nurseries and 10 who have been transferred to school nurseries</i>
Extend the provision of focused, enriched nursery care available to young children.	<i>Ongoing</i>	<i>The Strategy has enabled the development of a varied programme of nursery care for the most vulnerable children. This has allowed for the introduction of 'child centred' programmes based within specialist mainstream nursery provision.</i>

Provide high quality extended care for vulnerable school aged children.	<i>Ongoing</i>	<i>Strategy funding has enabled further development of 'after school' groups which aim to support vulnerable children and thus seek to prevent reception into care or offending/anti-social behaviour from developing in these youngsters.</i>
Promote school commitment and success by maintaining and monitoring attendance and providing alternative curriculum experiences.	<i>Ongoing</i>	<i>Initiatives such as Truancycall.com, a form of automatic absence reporting have been trialled at a number of schools although results are not yet available. We have also funded a project at Le Rocquier School aimed at encouraging more use of the facilities by the community. The Bull Report has highlighted a growing problem with school suspensions and unauthorised absence.</i>
Conduct research into the needs of victims.	<i>Ongoing</i>	<i>Research such as the Jersey Crime Survey, Victim Support Satisfaction Survey and the States of Jersey Police bi-annual survey have provided much useful data on the needs and perceptions of victims.</i>
Employment of Victim Support Co-ordinator	<i>Achieved</i>	<i>A Co-ordinator was appointed in late 1999. Since then Jersey Victim Support has become a charitable trust. Since 1999, Victim Support has dealt with over 3,000 cases.</i>
Publication and implementation of 'Victims Charter' giving clear and concise guidelines as to what victims can and cannot expect from agencies.	<i>Achieved</i>	<i>The Jersey Victim Charter was published in 2000</i>

The provision of a purpose built rape examination suite and family room.	<i>Achieved</i>	<i>There were a number of problems with the development of The Specialist Interview Facility resulting in the project being 6 months overdue and over budget. However, we now have a high quality, dedicated facility for crimes of a sensitive nature, which can aid evidence gathering, and be a significant asset in the prosecution of offenders.</i>
Guidelines to ensure that Court Compensation Orders are uniformly and appropriately utilised, and rigorously enforced.	<i>Not Actioned</i>	<i>This recommendation will be taken forward into the next strategy</i>
A review of methods for victims giving evidence in court.	<i>Actioned</i>	<i>Is due to be addressed as part of the Review of Criminal Justice.</i>
Appoint Strategy Manager to Crime Prevention Panel.	<i>Not Actioned</i>	<i>No longer relevant.</i>
Review of the current licensing provisions to ensure that legislation is developed effectively and in the best interests of the island as a whole.	<i>Not Actioned</i>	<i>Will be addressed as part of the Alcohol Strategy</i>
Research to be conducted in order to understand the impact that alcohol has on the work of various agencies such as police etc.	<i>Partly Achieved</i>	<i>Research has been undertaken as part of the Imperial College Survey. Other necessary research to be identified.</i>
All agencies in the criminal justice system to be required routinely to collect compatible statistics on alcohol-related crime.	<i>Actioned</i>	<i>Is due to be addressed as part of the Review of Criminal Justice.</i>
Develop and establish new and existing partnerships between licensees, the police, the Health Promotion Unit and licensing bodies	<i>Actioned</i>	<i>This is ongoing and forms a major part of the forthcoming Alcohol Strategy.</i>
Review and report on the practicality of having a single agency responsible for all cases from charge to sentencing.	<i>Actioned</i>	<i>Is due to be addressed as part of the Review of Criminal Justice</i>

To investigate the worth of developing a group of trained Centeniers to present uncontested cases in the Magistrates Court.	<i>Actioned</i>	<i>Is due to be addressed as part of the Review of Criminal Justice.</i>
Sentencers at all levels need to be active participants in the development of and the debate surrounding sentencing strategy and need to be provided with up-to-date sentencing information.	<i>Actioned</i>	<i>Is due to be addressed as part of the Review of Criminal Justice.</i>
Set up, monitor and evaluate a pilot victim/offender conferencing scheme aimed at reducing re-offending by requiring the offender to face up to the consequences of their own actions.	<i>Achieved</i>	<i>This project has been running for over one year. Initial results are very encouraging. There have been 30 restorative justice initiatives and 12 full conferences. Victims and offenders have been 100% satisfied with results.</i>
Set up, monitor and evaluate a literacy/numeracy – special needs project to determine the number and requirements of offenders with such problems in Jersey.	<i>Achieved</i>	<i>This project has proven to be of immense value and is undoubtedly of national importance. The research conducted by BE Consultancy proves the link between basic skill deficiency and offending. Of the 500 offenders screened since May 2000 31% had a reading age under that expected of a 10 year old, 95% had problems writing and 60% had problems with numeracy. So far, 29 volunteers have been trained to work with offenders.</i>
Create a multi-agency post of Portuguese Offender Worker to work with offenders in Probation, Prison and Alcohol and Drugs Service.	<i>Partly Achieved</i>	<i>Probation has appointed a 1/2-time post to this project. The Alcohol and Drug Service have not yet appointed and HM Prison have been utilising ACET. Results from Probation are very encouraging with support provided to 18 clients since 2001 of which 78% have completed without reconviction.</i>
Conduct an external, independent, evaluation of the partnership between the Prison and Probation Services.	<i>Actioned</i>	<i>Is due to be addressed as part of the Review of Criminal Justice.</i>

A policy of Prison education needs to be further developed in involving both Highlands College and the Prison Governor.	<i>Actioned</i>	<i>This was highlighted in the recent HMI report and is being addressed.</i>
The Legislation Committee should consider introducing post-custodial supervision.	<i>Achieved</i>	<i>A report and recommendations has been completed and agreed by the Home Affairs Committee. It is currently with the Law Draftsmen.</i>
Develop, support and maintain 'community liaison groups'.	<i>Actioned</i>	<i>This project has been revised and now focuses on facilitating and developing existing community groups.</i>
Research needs to be conducted in order to establish local risk factors and identify potential indicators of criminal and anti-social behaviour.	<i>Partly Achieved</i>	<i>Research such as the Bull Report, Imperial College Report and Health Related Behaviour Questionnaire are helping us to build a much clearer picture of the local situation.</i>
A comprehensive survey of current services needs to be completed in order to identify any gaps or overlaps.	<i>Partly Achieved</i>	<i>This is part of an ongoing process. A paper survey has been conducted.</i>
A comprehensive monitoring and evaluation process needs to be developed to ensure that all initiatives are achieving their goals, on time and cost effectively.	<i>Achieved</i>	<i>Crime Concern, a UK based consultancy have helped to develop a framework for the monitoring and evaluation of the strategies.</i>
Conduct comprehensive crime (victim) survey.	<i>Achieved</i>	<i>The survey was completed in September 2002. It is being used to inform the development of this strategy</i>
Conduct small-scale research that arises as a result of other research/demands for interventions.	<i>Achieved</i>	<i>This project is ongoing. A number of initiatives have been supported such as the Police Satisfaction Survey and research into youth offending. A research sub-group has been set up and now meet on a regular basis.</i>

Initiate the development of a corporate information strategy.	<i>Not Actioned</i>	<i>We are awaiting the results of the JLIB project before advancing this recommendation.</i>
Reviewing the price of alcohol	<i>Actioned</i>	<i>Recommendation of review is contained in the Alcohol Strategy</i>
Explore random breath testing for drivers	<i>Achieved</i>	<i>Following research and consultation this recommendation is no longer being pursued</i>
Explore lowering the permitted blood alcohol levels for driving	<i>Actioned</i>	<i>To be undertaken as part of the current Alcohol Strategy</i>
Review duration of licensing opening hours and number of licensed venues	<i>Actioned</i>	<i>To be undertaken as part of the current Alcohol Strategy</i>
Reviewing the price of tobacco	<i>Actioned</i>	<i>To be undertaken as part of the current Tobacco Strategy</i>
Removal of cigarette advertising in the print media	<i>Actioned</i>	<i>To be undertaken as part of the current Tobacco Strategy</i>
Improved monitoring and management of prescribed medication	<i>Achieved</i>	<i>A review of the prescribing of DF118 and Benzodiazepines was conducted by the Alcohol and Drugs Service. GP prescribing practices are being addressed in relation to these drugs</i>
To develop an early warning system for new substances, test them and then inform users	<i>Achieved</i>	<i>Shared information systems and collaboration between police, pharmacy, laboratories, media, customs and excise</i>
Provide appropriate user-friendly drug education	<i>Achieved Ongoing</i>	<i>The Substance Misuse Health Promotion Officer's primary role has increased awareness by providing information through award winning publications such as 'A Parents Guide To Drugs'. The Youth Service are complimenting this through the Detached Youth Worker Project and the Youth Work Web-site</i>

Continued education of relevant teachers to deliver drug education	<i>Achieved Ongoing</i>	<i>Undertaken as part of curriculum development</i>
Continued development of partnerships with parents with regard to aspects of PHSE and broader drug awareness programmes	<i>Achieved Ongoing</i>	<i>This work is undertaken by the Health Promotion Officer (drugs) within most schools on the Island.</i>
Development and implementation of Drugs Policy at Highlands College and other Education departments through training and educational initiatives.	<i>Achieved Ongoing</i>	<i>Undertaken by the Substance Misuse Health Promotion Officer (drugs) in partnership with the Education, Sport and Culture Department.</i>
Development of clear workplace guidelines and protocols regarding substance misuse	<i>Partly Achieved</i>	<i>Workplace guidelines on substance misuse have been developed in conjunction with the States personnel department. Further work is being undertaken with employers in the private sector.</i>
A multi agency approach to deal with the relatively small number of very vulnerable young people who consistently come into contact with the Criminal Justice System	<i>Achieved</i>	<i>Work is performed by the Treatment Outreach Worker and the Court Diversion Officer</i>
To offer people with drug dependency a diverse range of opportunities to address their problems. Such opportunities need to be wide-ranging in terms of types of interventions including medical, pharmacological and psychological.	<i>Achieved</i>	<i>This work is ongoing; initiatives such as The Prison Detoxification Programme, the Community Needle Exchange Scheme and the Methadone programme have all proved successful in encouraging users to address their problems.</i>
Expertise and resources need to be put into the training of relevant health and social care professionals and non government professionals	<i>Achieved</i>	<i>There have been a number of training sessions directed at health care professionals. Training for A&E staff is planned and there is also ongoing training for ADS staff.</i>

Development, promotion and accessibility of more individual, specialised and focused support for families with specific problems	<i>Achieved</i>	<i>This includes initiatives such as Newways' Direct Support for Parents Project and work at the Grands Vaux Centre, working towards forming specific Focused Groups to address crime and drug issues</i>
Arrest referral schemes which identify and divert people into treatment need to be in place for individuals with significant problems related to substance misuse	<i>Partly Achieved</i>	<i>The arrest referral worker was appointed in May 2003 on an 18-month trial basis. It is too early to judge results as yet.</i>
Facilitating and monitoring the implementation of all aspects of the strategy and including the effectiveness of restricting the availability of illegal drugs	<i>Achieved</i>	<i>The Channel Island Partnership operations in place continue with daily exchanges of intelligence between Island agencies. This incorporates four-monthly Strategy meetings at Senior officer level.</i>
The continued monitoring and evaluation of the Strategy	<i>Achieved</i>	<i>Crime Concern, a UK based consultancy have helped to develop a framework for the monitoring and evaluation of the strategies</i>

[1] Renamed the Presidents' Policy Group.

[2] Kathie Bull (2003) "Review of the Principles, practices and provision for children and young people with serious emotional and behavioural difficulties" (States of Jersey).

[3] Andrew Rutherford et al (2003) "Review of Criminal Justice Policy" (States of Jersey).

[4] Imperial College of Medicine (2000) "Responding to drug and alcohol use in Jersey" (States of Jersey).

[5] Imperial College of Medicine (2000) "Responding to drug and alcohol use in Jersey" (States of Jersey).

[6] Plymouth University (2002) "A Jersey Crime Survey" (unpublished).

[7] Andrew Rutherford et al (2003) "Review of Criminal Justice Policy" (States of Jersey).

[8] Kathie Bull (2003) "Review of the Principles, practices and provision for children and young people with serious emotional and behavioural difficulties" (States of Jersey).

[9] Imperial College of Medicine (2000) "Responding to drug and alcohol use in Jersey" (States of Jersey).

[10] Public Health Services (2002) "A Picture of Health in Jersey 2002" (States of Jersey).