

# **Shadow Scrutiny Panel Report**

Jersey Health Promotion Department

## **1.0 Introduction**

- 1.1 This report has been prepared at the request of the Scrutiny Panel by Luke Shobbrook, Health Promotion Officer (HPO) for drugs, to complement the existing submission by the Alcohol and Drug Service (ADS) outlining the response to the recommendations of the 2001 Imperial College Report (ICR). It specifically addresses the issues outlined in Deputy Dorey's letter dated 20<sup>th</sup> April 2004, with particular reference to the work of the Health Promotion Department.
- 1.2 The Health Promotion Officer (Drugs) is a full-time post, funded by the substance misuse strategy and line managed by the Senior Health Promotion Officer. The HPO (Drugs) post costs £40,000 per annum. An additional budget of £11,500 per annum is allocated for public awareness campaigns and a further £1,750 for training.
- 1.3 The HPO (Drugs) provides information and delivers training on alcohol and drug issues with the aim of reducing the overall level of drug-related harm in Jersey.

## **2.0 Patterns of use and misuse of illegal substances other than heroin on the island**

- 2.1 In 2002 49% of young men and 35% of young women aged 14-15 admitted to some form of illegal drug use. The most commonly used illegal drug, by far, is cannabis (HRBQ 2002).
- 2.2 Gender appears to be an important factor. 28% of young men aged 14-15 admitted having used cannabis resin during the previous year. During the same period there was a corresponding drop from 22% to 14% amongst young

women of the same age (HRBQ 2002).

2.3 The reported use of the more harmful Class A drugs amongst this age group has decreased significantly since 2000. The use of ecstasy has reduced by over 50% among 14-15 year olds and only 1% of young people admit to the use of heroin or cocaine (HRBQ 2002).

2.4 The Imperial College report (2001) estimates the number of problem drug users on the island, but the true extent of all illegal drug use amongst adults over the age of 16 in Jersey is not known. The pattern of drug use is likely to mirror that of the UK, where the peak age for illegal drug use is 20-24 and 28% of 16-24 year olds admit to using an illegal drug during the previous month (British Crime Survey 2001).

### **3.0 The extent of drug-related harm, illness and death on the island**

3.1 The majority of alcohol and drug use in Jersey is experimental or recreational, controlled use. Most people who take illegal drugs come to no significant harm as a result.

3.2 There is scientific evidence that the heavy, regular use of cannabis during adolescence increases the probability of mental health problems in adulthood (BMJ 2003). Users also suffer the same risks to health as tobacco smokers, including respiratory problems and cancers.

3.3 Young people are less susceptible to the serious health risks associated with long-term, regular drug use, but more at risk of harm due to intoxication, because of their lack of experience and physical immaturity. They may also encounter legal or social problems as a result of their drug use.

3.4 In 2002, 38 people under the age of 18 were admitted to the General Hospital with acute alcohol intoxication. Of these 33 were discharged and 5 stayed as inpatients (Hospital statistics).

## **4.0 Cost-effectiveness of current harm reduction programmes**

- 4.1 Evidence shows that drug education programmes in schools can improve knowledge, but do little to influence behaviour. Programmes that focus on educational objectives, encouraging the development of knowledge and skills and the exploration of attitudes to drugs, are considered most effective (DfES 2004).
- 4.2 The Health Promotion Department does not deliver drugs education in schools directly, but contributes to its development by delivering regular INSET training for teaching staff. Three such sessions involving 35 individuals have been delivered so far during 2004.
- 4.3 The HPO (Drugs) delivers harm reduction initiatives that target specific population groups, such as the Town Alcohol Project (TAP), a multi-component programme aimed at underage drinkers. This project, run in partnership with the Detached Youth Work team, delivered a series of twelve awareness-raising events and recruited a team of five volunteers to work as peer educators.
- 4.4 There is evidence that parents play a key role in drugs education (DfES 2004). In Jersey 66% of young people aged 10 and 11 have had their parents discuss drugs with them (HRBQ 2002). Drug awareness sessions for parents are therefore delivered, in partnership with schools, to ensure a co-ordinated approach that complements the PSHE programme.
- 4.5 Drug awareness is a key module of the Education Department's parenting programme. This module is delivered twice each term by the HPO (Drugs) in partnership with the Parenting Advisor to groups of up to 15 parents.
- 4.6 The AWARE campaign uses 150 poster sites in various bars and nightclubs in St Helier and in Highlands College to target young adults with harm reduction messages related to alcohol and other drugs. The posters are updated frequently and new posters produced on a regular basis. This 'social marketing' approach uses the language and imagery of advertising to grab attention and get the

message across.

- 4.7 A website aimed at 16-24 year olds called 'whatabout.je' has been set up and is administered by the HPO (Drugs). It features harm reduction information on drugs and alcohol, as well as a variety of other health-related information. The site recently reached its peak of 1714 unique visitors in March 2004.
- 4.8 Information resources with a local focus are produced and distributed in order to meet the identified needs of specific population groups. Some of the projects under development at the moment are a revamp of the popular 100-page 'Parent's Guide to Drugs', an alcohol resource for young people and a self-help resource for adult drinkers.
- 4.9 Resources are also produced to complement the work of the Alcohol and Drug Service. Four copies of 'Sharpshooters' magazine, each with a print run of 1000, have been produced in partnership with the Needle Exchange Worker to target injecting drug users with harm reduction information. The 'drugsalert.org' web page provides a means to spread vital harm reduction information rapidly to a wide audience and complements the existing early warning system.
- 4.10 The HPO (Drugs) also works with other departments and communities to develop targeted initiatives or drug policies and assess their drug-related needs. Work around policy development, staff training and needs assessment are currently being delivered at Highlands College, for example.

## **5.0 Summary**

- 5.1 The Health Promotion Department has contributed to the implementation of the findings of the Imperial College Report through the work of the HPO (Drugs) in partnership with a number of other agencies, most notably the Alcohol and Drug Service. The needs of injecting drug users not in contact with the Alcohol and Drug Service are being addressed, for example, by the harm reduction information contained within 'Sharpshooters' magazine. This publication

complements the work of the Needle Exchange Worker by using user networks to spread harm reduction messages. The Town Alcohol project operates in a similar way, using peer networks to promote self-control strategies and thereby reduce harm amongst underage drinkers. Parents are also encouraged and supported to participate in drug education, as they are best placed to provide information, advice and support to their children when they most need it. Recent education and prevention initiatives appear to have already had some success, by reducing the numbers of young people using Class A drugs. The challenge for the Health Promotion Department in the future is to maintain this success by continuing to reduce the overall harm caused by drug and alcohol use in Jersey.

**Luke Shobbrook**

**Health Promotion Officer (Drugs)**

**17 August 2004**