



jersey addiction group

The Families in Recovery Trust

Our Ref: JDV/IR

25<sup>th</sup> May 2004

**PRIVATE AND CONFIDENTIAL**

Deputy Jerry Dorey  
Chairman  
Shadow Security Panel  
Scrutiny Office  
C/o States Building  
Royal Square  
St. Helier JE1 1BA

Dear Deputy Dorey,

Further to our recent meeting and my letter of 20<sup>th</sup> May 2004, having perused the Imperial College's 2001 study and the Alcohol and Drug Service's 2002 report, I have the following observations to make which I hope may be of some assistance to you and the Shadow Scrutiny Panel in undertaking your review on the ways in which the Island deals with substance misusers.

The Imperial College's report testified to the high incidence of drug and alcohol misuse on the Island and their key findings and recommendations were proposed as a baseline for constructive dialogue to develop strategies for prevention and treatment.

I can only endorse their recommendations for harm reduction, through review of legislation, research into the "hidden" populations of misusers, the impact of drugs and alcohol on health and welfare and the cost to the community, the need for interventions such as needle exchange, detoxification, drug and alcohol education, data collation, arrest and referral schemes and the need to strengthen the substance misuse evidence base, among others. All of these appear to be happening to some degree.

However other recommendations which I feel are equally, if not more, important refer to "the identification of interventions and programmes which reduce harm" "evidence of treatments that are working, can measure change and have an end product," adopting a methodology of "rapid assessment and response approach" and most importantly "interagency collaboration and reporting systems." No collaborative forum currently exists to my knowledge, which is measuring the response to these recommendations, which I consider has been minimal, and are of primary importance in identifying effective care pathways for addressing the range of interventions required of substance misusers to maximize positive treatment outcomes.

The Imperial College of Medicine's final report was entitled "responding to Drug and Alcohol use in Jersey" although the primary focus of strategic resolution and the Shadow Scrutiny Panel appears to be on heroin use.

The statistics reported in the Alcohol and Drug Service Annual Report for 2002 show that of around 600 referrals in the year, approximately 25% were opiate users, and over 50% alcohol problems. Even this figure does not accurately testify to the damage to health and community problems experienced through the infinitely larger incidence of alcohol misuse. The illegality of drugs and its "culture" creates more problems in its criminal impact, which as a result demands greater attention, and receives more Government and media attention, but in terms of health, premature death, work and social disruption, and impact on the well-being of the community of drug misuse, it is infinitely less than that of alcohol abuse.

The Jersey population consumes almost twice as much alcohol as the UK. "Data from 1999 alone shows Jersey's per capita consumption of alcohol to be 23.5 units of alcohol a week. This level has been associated with long term physical health consequences." "An estimated £111million is spent annually on alcohol in Jersey."

While I have no wish to minimise the harmful effects of drug misuse to either its victim or the community, it is characteristic that drug addicts generally are not as well motivated as alcoholics to pursue a goal of abstinence in dealing with their problem, largely because they generally do not experience the long term physically debilitating and life threatening effects of alcohol consumption. Of the around 50 residents who have been treated at Silkworth Lodge since I became Programme Director in April 2003 about 20% have had a heroin problem, and about the same percentage using both alcohol and drugs. This statistic is consistent with most treatment centres. It is worth noting that of those 50 residents 80% remain clean and sober which is much higher than validated National outcomes.

The Alcohol and Drug Service's report states core principles of "harm reduction whilst encouraging abstinence" "evidence based practice and the provision of high quality care" "equity of access to treatment" "identifying the most appropriate treatment interventions" and "involving other agencies and networks within the community" I agree wholeheartedly with these principles, but as JAG is another agency specialising in abstinence based treatment, producing evidence of the best practice, successful treatment outcomes, and making efforts to network with other agencies in the community, I consider that the A&DS's practice of these principles needs to be reviewed. The recent welcome intervention of Anton Skinner and Ian Dyer has led to improved responses to our clients needs through an appointed liaison clinician, but the A&D service as the primary addiction treatment resource in Jersey, does not appear to acknowledge the complementary benefit of JAG's Treatment and Rehabilitation Programme. This is testified in a number of ways, no more so than the fact that of the A&DS reported around 600 referrals made to them in a year, of which in excess of 100 undergo community detoxification, not one of those to my knowledge has been advised to contact, or referred to JAG by A&DS for assessment for suitability of Silkworth Lodge Treatment. The vast majority of clients who access our treatment have undergone detoxification, usually many times through A&DS, but

invariably are referred from another source than A&DS, or contact us of their own volition.

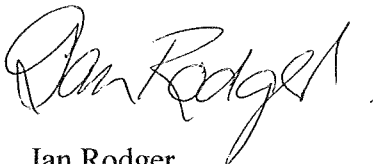
In designing the draft Service Specification for Substance Misuse Treatment for Jersey which I passed to you, my intention was to develop collaboration and co-operation between all of the existing Agencies associated with the problems of drugs and alcohol to maximize the potential to deliver, through effective care pathways, the wide range of interventions required through co-ordinated and outcome measurable care continuums.

I consider that this aspiration is synonymous with the recommendations of Imperial College School of Medicine, and I am sure one of the primary purposes of the Shadow Scrutiny Panel in its current collation of the evidence, which I feel sure will testify to this need.

This letter offers my opinion of some of the discrepancies I have experienced or observed in the current intervention and treatment strategies for substance misuse. These criticisms were necessary as an introduction to my primary purpose of my submission, which is to encourage and suggest resolutions, and offer my availability to be part of any strategic forum to improve the way the Island deals with substance misusers.

Finally I would hope that the Shadow Scrutiny Panel's review has found that the Treatment and Rehabilitation Programme at JAG's Silkworth Lodge, has proven to be an evidence based treatment of proven success, in achieving and maintaining abstinence for both Drug and Alcohol misusers, improving the quality of many lives, and has an important part to play in helping to deal with the Islands substance misuse problem. As you are obviously aware JAG is a Charitable Trust, and while it's weekly fees of £600 which currently do not cover operational costs, are a fraction of the cost of comparable UK treatment facilities, is still not within the financial means of the majority of those who need the service. I would appreciate very much the support and influence of the Shadow Scrutiny Panel in seeking financial support for those who need it, from The States of Jersey.

Yours Sincerely



Ian Rodger

**Programme Director.  
Jersey Addiction Group**

**Enc: Draft Service Specification**