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Deputy Jerry Dorey  
Chairman  
Scrutiny Panel

10<sup>th</sup> August 2004

Dear Jerry,

I hope it is not too late to make a submission to the Panel. I will keep my points brief.

1. In 2001 I spoke to Her Majesty's Chief Inspector of Prisons of my concern over the drugs policy at the prison (at that time it was effectively "cold turkey").
  - a. I argued for seamless medical treatment (inside or out)
  - b. I questioned the Human Rights compliance of a system where non-medical people are making medical decisions e.g. If someone is on a methadone programme on the outside I feel it is absolutely wrong to discontinue that on the inside – often when someone is on remand and therefore innocent until proven guilty.
  - c. I expressed my concern that I suspected that some prisoners were going in "clean" and coming out with hepatitis. I was, and remained concerned about the lack of anything proactive occurring to deal with this.
  
2. I think the States harm reduction policy is fantastic but as evidenced in the comments by the President of Health – the policy seems to be at variance with practice.
  - a. Senator Syvret's answers gave me the impression that he concurred with the current practice, which seems to be "Drug use reduction" rather than "harm reduction" which are not always the same thing.
  - b. For example, when questioned on the use of a "shooting gallery" Senator Syvret spoke of his opposition as this would encourage maintenance – even though one purpose of a "shooting gallery" is the harm reduction by using clean needles and disposing of them safely. Another advantage is that if someone does overdose they are in an environment where they can get help – reducing harm!
  - c. I have to disagree with him. The very fact that a "shooting gallery" is situated in a bespoke "Harm Reduction Centre" would mean that people would be drawn to the very place where they can access support and advice when they are ready.

- d. It would be a brave President of Health to support such an initiative but I also believe that our current President has the standing within the community (or mandate as he would put it) and the gravitas to be taken seriously were he to show leadership on this issue.
3. I listened to Dr. Marks' submission with great interest. It is appalling that his service is a Cinderella Service. He runs the clinic after a full day in his own practice. If he goes on holiday there is no-one left to take over.
4. I concur with the new Chief Officer of Health's view that we need a "Critical Pathway Regime" to be implemented. The second that someone makes that decision to get help they need someone to turn to – even at the very least it should be a person on the end of a phone. My personal experience is that I currently have a friend who is on the brink of getting help for his alcohol problem. I am deeply concerned that if he turns up and everyone is busy or the place is closed, we will lose a one time opportunity and my friend will die young.
5. I believe we need to broaden our treatment options. People should be able to be referred to the UK for treatment if appropriate. I find it ridiculous that cost is sited as a reason for not doing something. Why can't early intervention be seen as a saving? Money will be found for a liver transplant but not for harm reduction to prevent the illness in the first place!
6. I believe that the medication available to the Drugs and Alcohol Service should be that which best meets the needs of the patients and should not be based just on cost to the Health Committee. I believe there should be an overhaul of the rationale for having two lists (one for hospital and one for G.Ps).
7. Finally, I congratulate you on tackling this issue and wish you well with your findings.

Kind Regards

Jennifer