

Scrutiny Review: Responding to Drug Use

Notes on follow-up visit to Alcohol and Drug Service - 7th June 2004

Needle Exchange Worker and Arrest Referral Worker

In attendance: Deputy J Dorey, Deputy G. Southern, Kate de la Haye, Eve Bowers, Mike Haden (Scrutiny Officer)

Needle Exchange Scheme

- The lack of a dedicated needle exchange centre can on occasions, create problems of confidentiality for those using the scheme. Clients on treatment orders or on Subutex or Methadone should not be using heroin but if during this time they should lapse and inject it is essential that clean injecting equipment be used to prevent the possible transmission of blood borne viruses. The department follows a policy that needle exchange is anonymous and staff who give out fitpacks do not inform keyworkers that a client is using the scheme. Unfortunately at times it is possible that a client's keyworker is in the reception area when they come to use needle exchange. This can be difficult for both client and keyworker but our policy is that this information must be disregarded by the keyworker.
- If the budget of needle exchange was increased the pharmacies could be paid from the scheme, rather than a charge having to be made to clients. This may increase the number of fitpacks being given out by the pharmacies.
- Sharing an office with the Arrest referral worker creates difficulties as when one worker is with a client the other has to leave the room. The office is also used to hold the weekly GP clinics, which means that for these times Kate and Eve do not have access to their office.
- The department does not have a clinical area set aside for testing so this is done in the toilets or in individual offices.
- Contact with 'hidden users' and encouragement into treatment – it is hard to quantify the impact of building relationships with drug using population. Many clients of the exchange are at the pre-contemplation stage where they are happy with their drug use and are not looking to stop.
- Regular heroin users usually become drawn into a tight community who are difficult to make contact with.
- The scheme offers an opportunity to make initial contact even if a client is not at the stage where they want to stop using drugs. Some people will continue to use drugs even though they are aware of the risks. By making contact with users we:-
 - Start communication
 - Offer education
 - Build a relationship of Trust
 - Can pass on warning messages (for example when there is strong heroin in the island increasing the chance of overdose)
 - Encourage clients into treatment
- 2002 was the busiest year for the needle exchange. The number of syringes distributed last year was less although 3 further outlets were introduced to the scheme. The reduction in uptake of injecting equipment could indicate less people are using. Possible Reasons for this could be, the success of the subutex/methadone programmes, the impact of deaths (4 overdoses at the end of 2002), that policies and legislation to reduce availability are working, or that there could be more dealers prosecuted and imprisoned and users leaving the Island.

- The number of users within the Portuguese community is not known. These are a very hard group to target as they are more suspicious and guarded and remain very closely within their own groups.
- Accident and Emergency - much improved co-operation following a series of meetings to raise awareness and regular contact to deal with any issues arising. Furthermore the service here now is confidential. Kate has not received any complaints from clients for some time. The advantage of Accident and Emergency is that it provides a 24 hour service.
- When problems have arisen with syringes being discarded in specific public areas (for instance on a couple of occasions there have been problems with syringes being discarded on housing estates or communal areas of flats) we have suggested that posters could be displayed to ask for this to stop and for syringes to be returned to the needle exchange, or that sharps disposal bins could be installed to improve safety. When these suggestions have been made during meetings at the Housing Department the response has been that it would not be acceptable to the residents.
- Community Needle Exchange - During last year, three further outlets were introduced to the needle exchange scheme, these include pharmacies in Gorey and St Brelade. The pharmacy run schemes are working well and Kate is in regular contact with all of the outlets.
- Work is in hand to change the law to legalise the position of the needle exchange worker and to allow the provision of drug paraphernalia such as sterile water, spoons and filters, in line with legislative changes in the United Kingdom. However, there is currently no budget allocation for providing this paraphernalia.

Arrest referral scheme (ARS)

- In post since May 2003. This is an 18 month pilot scheme. A report detailing the impact and development of the scheme will follow in September, one year on from when the scheme became operational.
- Same problem of shared office accommodation. If the arrest referral officer had her own office space there would be more scope to offer informal drop-in to those people who are reluctant to commit to an appointment when they are seen in custody.
- Prime role is to point people towards treatment services. The role of the scheme also offers to support people through the judicial process thereby offering an opportunity to work with people towards considering change.
- She comes into contact with a proportion of young offenders and first time offenders (of various ages) who can often be at the early stages of developing serious problems with their alcohol or drug misuse. ARS offers an opportunity for these people who would not normally access services to deal with some of their problems sooner than rather later.
- Eve will often see repeat offenders that she has previously made contact with who have either declined or dropped out of treatment. This offers a valuable opportunity to encourage the client more effectively towards treatment and change.
- Eve referred to one case where she had been able to get someone started on a Methadone programme. However, this person had been arrested and put on remand for a different offence with the result that the methadone programme was now halted. Deferred sentencing options for those who are significantly motivated would avoid serious disruptions in treatment for those who are sentenced or remanded for short periods of time.
- Difficult to engage with Portuguese community. Language barrier is significant obstacle as are time restrictions within custody suite.
- Growing acceptance by the Police of the role of arrest referral officer. Some at first tended to see her role as a serious disruption of their time as they had to accompany her on visits to cells and had to wait around outside.
- Data protection problems had arisen due to the fact that offenders processed at night and weekends had already been offered the opportunity of a visit by the Arrest referral officer. If they refused and then subsequently received a visit by Eve herself it could be construed as contrary to Human rights.
- Work with Customs has not really started as the focus has been on work at the Police station. However, work is due to begin next week.
- Ideally there would be seven day a week cover for the custody process at the Police station and at Customs. This is not possible with just one arrest referral officer. It is difficult to quantify at present whether there is the need for a second full-time post.
- The introduction of deferred sentencing options would be a significant improvement.

General points -

Prison

- There is currently no needle exchange programme in the prison.
- People entering prison including those only on remand and not yet convicted, are not entitled to stay on methadone and are immediately detoxed, unless someone is pregnant.
- The prison offers one to one counselling, weekly harm reduction workshops, pre-release work and sentence planning through ADS. People who are serving only short sentences are less likely to get access to these services. However, key workers from ADS or the Arrest Referral Worker can maintain contact with all remand prisoners.
- Pre-release work, including overdose awareness programmes, is now being done by Alan. All prisoners are offered direct access to appointments with ADS and appointments can be made prior to their release. The time available (half-day only) is currently limited.
- After care support - There is a need for further support to be available to prisoners on release to assist them with regard to accommodation, employment and finance. These problems increase the risk of relapse and re-offending.
- If someone is leaving prison after only a short period of time and had not previously had a period of stability on Methadone or Subutex, the risk of relapse can be high. However, because they have been detoxed in prison, they can be offered naltrexone, an opiate blocker and individual counselling and support

United Kingdom pilot scheme for Safe injecting room

- It is questionable whether this would be feasible or acceptable in Jersey