

## **MR. I. DYER, MANAGER, ADULT MENTAL HEALTH SERVICES**

### **1. Range of treatment options: Harm Reduction to Residential Rehabilitation**

- (a) Statutory services offer a wide range of options. In the majority of cases harm reduction or minimisation is the focus but residential rehabilitation programmes are also required in a balanced service.
- (b) There is a lot of good work also being done by voluntary agencies which provide residential programmes.
- (c) There is a need to improve co-ordination between the various agencies. This is being addressed through the development of an integrated care pathways strategy.
- (d) Client needs have to be assessed so that appropriate treatment can be offered.
- (e) Clients wants are not necessarily the same as client needs. It is important to remember that responsibility remains with the substance user. Statutory and voluntary services are there to support the user to regain control of their lives and to move back into society.
- (f) Methadone is a tried and tested programme helping to reduce the problems caused to society by problem drug users.
- (g) Detox is sometimes required as a drug 'holiday'. It is not necessarily the first step for all substance misusers on the road to abstinence. It is common for users to relapse and to go through a number of detoxes. It is important that appropriate after care is in place.
- (h) It is important that, no matter how many relapses occur, society doesn't shut the door on addicts. A response from services at the right time can lead to change in an individual's lifestyle.

### **2. Jersey Addiction Group**

- (a) This voluntary, charitable organisation, was established five or six years ago and Silkworth Lodge was open three years ago. JAG is now recognised as one of the main players in abstinence based treatment.
- (b) Co-ordination between JAG and statutory services, although slow to get established, has now improved. A source of funding for referrals has now been identified through drug confiscation funds but there is no currently identified established budget within Health and Social Services for this purpose.
- (c) The cost per resident at Silkworth is £600 per week. Health and Social Services have been able to negotiate a reduced contribution of £400, with some form of self funding from clients were appropriate.
- (d) The use of Silkworth for the treatment of opiate addiction as well as alcohol, is now expanding.
- (e) Health and Social Services would ideally like to establish a Service Level Agreement for the provision of rehabilitation and a form of half way house in return for a regular States annual contribution of, say, £200,000.

### **3. Prison**

- (a) The Wool report called for the development of a comprehensive substance misuse strategy and the need for this has been recognised by both Home Affairs and Health and Social Services Committees who have called for a progress report in six months time.
- (b) Specific issues at the Prison, such as needle exchange, methadone and sentence planning, need to be carefully thought through.

### **4. Identification of addiction and appropriate referral**

- (a) Drug users are not the same stereotype in Jersey as in United Kingdom where addicts commonly are unemployed, living in squats etc.
- (b) In Jersey addicts are more likely to be in employment. Addiction is hidden from public view and is not so easily identified.
- (c) There is a need to raise public awareness so that friends and family can read the signs before addiction develops.
- (d) Health Promotion should be a key investment for the Island and would save money in the long term by reducing addiction and its associated problems. Jersey could set up a pilot scheme and become a model showing the impact and cost effectiveness of such investment.
- (e) Transforming the Education Curriculum should also be a priority. Studies show that problem drug users have commonly experienced educational difficulties and have low self esteem which has been evident throughout school. Some children get bored with curriculum and need more proactive approach.

### **5. Integrated data base**

- (a) Health and Social Services are considering a new information based package called FACE, due to be introduced into Adult mental Health Services by the end of the year.
- (b) ADS have been asked to assess how useful it would be and how it would tie in to other systems as recommended by the ICSM report.