

Scrutiny Review: Responding to Drug Use

Notes on Visit by Dorey Panel to Alcohol and Drug Service, 21st May 2004

In Attendance: Deputy J. Dorey, Constable M. de la Haye, Deputy G. Southern, Mike Haden

Meeting with staff, including Clinical Nurse Manager; Needle Exchange Worker; Arrest Referral Worker; co-ordinators for Subutex and detox programmes (Methadone co-ordinator not present); links with Prison, Probation Service; working with pregnant women and young female users

Small team/wide range of referrals: Two thirds of referrals are alcohol related. Open referral system to make access easier - no need to be referred by GP. There is a duty counsellor who can see people who come in for one-off counselling or just for information.

Prison - Agree that there is a gap in the service for those leaving La Moye but work is developing with Young Offenders on Sentence Planning programme. Prison is a resource hungry operation and has to be balanced with other programmes.

Mentoring by ex-users: Some see this as a useful addition to the service, particularly in helping during the crucial time immediately after leaving prison - on a part-time paid basis. But potential risks to the mentor need to be considered. Training is essential. The Service would welcome ex-users but they are not necessarily the best form of counsellors. Listening and empathy are important. Non addicts can also be very effective.

Arrest Referral Scheme - started in September 2003. Seen 80+ referrals. Data protection issues have held things up.

Needle Exchange Scheme: Still actually illegal in Jersey but work is in hand to address this. Also to bring Jersey in line with changes in provision of drug paraphernalia. This will require additional budget £10,000 - £15,000. There has been a drop in the number of fitpacks distributed since the first year of operation 68,000 to 62,000. Possibly indication of greater take-up of treatment. Kate liaises with Police in responding to public complaints re discarded needles. She can target known users. There is a much more positive attitude now from the general public towards harm reduction measures compared to just a few years ago.

Cramped accommodation - Needle Exchange and Arrest Referral Schemes share an office. If one needs to interview a client the other has to go elsewhere. There's no clinic testing room for urine samples - just the office or the general use toilet.

Users group - Kate was keen to set up such a group. Often there's a lot of initial enthusiasm from users but it's difficult to keep it going. Confidentiality is another issue.

Drop-in centre - Kate would welcome an alternative site where people could come for information, pick up fitpacks etc with greater privacy and confidentiality. At present the Needle Exchange Scheme operates largely from Gloucester Lodge (although there are 8 other outlets). This is not ideal. Clients fear they will be identified by the Police - returning fitpacks is a double jeopardy for them.

Attitudes towards pregnant women - There's often very judgemental attitudes and undue pressure on pregnant women who are addicts. Some women may be frightened to seek the right kind of help. The Service is working at changing attitudes at General Hospital.

Yellow/Red card system - Counsellors need to balance two different roles, namely focus on individual needs of client and responsibility to community not to contribute towards spread of drugs. They tread a fine line every day. Some clients trying to take advantage of the system and are not ready for change - it's very difficult to tell them apart from genuine cases.

Methadone programme; It's a long term programme and there are lots of people who have been genuinely helped to change as well as others who are being supported by the programme to lead positive lives, out of the illegal system, being part of the community with good family relationships. While the ultimate aim might be abstinence it is necessary to take an incremental approach and this might start simply with not sharing, safer injecting. Building confidence and trust might be a long slow process with a number of relapses and new chances.

Subutex - This is a short term programme and a different approach to the Methadone programme. There are limited funds for both.

Access to detox programme - The Panel has heard that it might take a long time to get on to a programme once the addict makes a request. - It's a medical procedure and there has to be an adequate assessment of the right treatment for the client's own safety. There's also a big commitment of nursing time which can't be switched on at once.

Relationships with GPs - A number of practices work closely with ADS. A training session last year on detox received a good response.

Professional development Opportunities to date have been good, funded by Drug Strategy. However, this will change next year when this source will be lost.