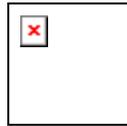


SUBSTANCE MISUSE STRATEGY: 1999 to 2004

**Lodged au Greffe on 26th October 1999
by the Health and Social Services Committee**



STATES OF JERSEY

STATES GREFFE

175

1999

P.168

Price code: E

PROPOSITION

THE STATES are asked to decide whether they are of opinion -

to refer to their Act dated 14th May 1996, in which they approved in principle a three-year strategy and information plan to reduce the harm caused by the use of illegal drugs, as detailed in the report "Working Together Against Drugs" dated 28th February 1996 produced by the Presidents' Policy Group on the Misuse of Drugs, and -

- (a) to approve the Substance Misuse Strategy for the period 1999 to 2004 detailed in the report of the Presidents' Policy Group entitled "Responding to Substance Misuse" as set out in the Appendix to the report of the Health and Social Services Committee dated 26th October 1999;
- (b) to approve the proposals for the implementation of the strategy set out in paragraphs 2.2 to 2.8 of the report of the Health and Social Services Committee dated 26th October 1999, namely -
 - (i) reducing the consumption of psychoactive drugs;
 - (ii) encouraging the adoption of health-enhancing behaviour;
 - (iii) ensuring access to treatment and information for people with problematic drug use;
 - (iv) engaging, informing and supporting parents and families;
 - (v) providing opportunities to divert people from the criminal justice system;
 - (vi) reducing the availability of illegal drugs;
 - (vii) delivering the strategy;
- (c) to request the Finance and Economics Committee and the Establishment Committee to take all necessary steps, subject to overall States' policies and priorities, to provide sufficient funding and staff to enable the strategy to be implemented;
- (d) to charge the Health and Social Services Committee, in consultation with the Education, Defence and Probation Committees and the Prison Board, to report back within a period of four years on the progress of the implementation of the proposals.

HEALTH AND SOCIAL SERVICES COMMITTEE

NOTES: 1. The Finance and Economics Committee recognises the importance of both the Substance Misuse and Crime and Community Safety Strategies and supports the level of funding proposed for the period 1999 to 2002, as follows -

Funding required	1999 £	2000 £	2001 £	2002 £	Total £
Substance Misuse		201,800	282,200	234,000	718,000
Crime and Community Safety	81,000	429,000	405,300	493,700	1,409,000
Total additional funding requested	<u>81,000</u>	<u>631,100</u>	<u>687,500</u>	<u>727,700</u>	<u>2,127,400</u>
Existing cash limits of the Crime and Drugs Strategy Unit	427,200	427,500	428,000	428,700	1,711,400
Total	508,300	1,058,600	1,115,500	1,156,000	3,838,800

Accordingly, the Committee will make available the additional necessary funding from the General Reserve

and will transfer those funds and the existing cash limits for the Crime and Drugs Strategy Unit to the Health and Social Services Committee to be ring-fenced for the uses specified for the Unit.

Whilst the Committee recognises the importance of the cross-Committee initiatives within the strategies, it also believes that it is not appropriate for a department of the States to operate outside the accepted Committee system. and accordingly qualifies its support for the funding as being subject to the establishment of line management responsibility for the Crime and Drug Strategy Unit to a "Lead" Committee.

The Committee is well aware that this issue is being discussed by the Chief Officers Strategy Group and encourages all concerned to address as a matter of urgency, The Committee is pleased to note that budgetary control for the Unit will, in the first instance, be placed within the remit of the Health and Social Services Committee.

2. The Establishment Committee supports the proposals, subject to approval being granted under the agreement being entered into with the Finance and Economics Committee in accordance with the principles contained within the Regulation of Undertakings and Development legislation.
3. The Policy and Resources Committee supports the proposition and considers that the strategy is an effective response to the quality of life strategic policy objectives included in the 1995 Strategic Policy Report "2000 and Beyond".

REPORT

1. Introduction

- 1.1 In May 1996, the States unanimously agreed a three-year strategy “Working Together Against Drugs”. The strategy has been a great success, and States departments, the business sector and voluntary organisations have, for the first time, worked together in a truly co-ordinated way to address this serious social issue. Yet more needs to be done. There is no doubt in most people’s minds that the misuse of drugs is deeply rooted in our society. Whilst the notion of a “drug-free community” is not sustainable, there is much that can be done to reduce harm, and this new strategy identifies many initiatives that can be built upon.
- 1.2 Alcohol and tobacco, the legal drugs of choice in Jersey’s society, cause more harm than other legal or illegal substances. It is appropriate, therefore, for the new strategy to address all mood-altering substances, i.e. illegal drugs, alcohol, tobacco, prescribed drugs, solvents and anabolic steroids. It compliments the strategy to reduce criminal and antisocial behaviour, and together these two strategies will have a positive affect on the lives of everyone in Jersey.
- 1.3 The success of the new strategy will be dependent upon the continued, collaborative working of many States departments, voluntary organisations, the public and business community. There has been active consultation with these groups in developing the strategy and, at those meetings, it was surprising how much consensus there is as to the best way forward. The support for including alcohol and tobacco in this new strategy was unanimous. It is important to point out, however, that the strategy neither condemns, nor seeks to address, the moderate or sensible use of alcohol. The strategic emphasis is confined to the problematic and excessive use of this legal drug.

2. Proposals

2.1 The report outlines the proposed policies in relation to the integration and development of the Substance Misuse Strategy, which are detailed below.

2.2 Reducing consumption of psychoactive drugs

Drugs are inevitably here to stay, but how much use is acceptable? Use reduction is a key part of the overall harm reduction strategy. There is a need to curtail the consumption of the socially approved legal substances, alcohol and tobacco, both of which are sensitive to price increases and promotional restraints. During the course of the strategy, consideration needs to be given to advertising bans, random breath testing for drivers, the duration of licensing hours and the number of licensed venues. The use of illegal substances cannot be reduced by law enforcement alone. Structuring our community so that laws, policies, regulations, policing and retailing are all driven by the common concern to reduce legal and illegal drug consumption is critical.

2.3 Encouraging the adoption of health-enhancing behaviour

An effective drug strategy must be part of a broader social policy that recognises and values everyone. Individuals who feel included and valued, and who also believe that they have equitable access to opportunities in life are less likely to misuse drugs. Jersey has positive advantages in that the quality of general education is high, and the overwhelming majority of people have access to excellent health care, employment and in the main, good quality housing. But it is vital not to be lured into the belief that drug problems cannot happen here. Action to promote health-enhancing behaviour in young people has to be consistent with the behaviour exhibited by adults. All adults have to set a good example. Children must experience a childhood that allows them to feel valued, cherished and respected. Education in the early years is an extremely important element of this strategy and the community safety strategy. All young people must be provided with appropriate and user-friendly drug education. Parents are paramount contributors to the education of children, and the development of partnerships with parents with regard to all aspects of personal and social education is vital.

2.4 Ensuring access to treatment and information for people with problematic drug use

While the majority of drug-dependent people eventually decide to give up their addictive behaviours, this outcome is a process rather than a one-off event. The trick of treatment provision is to arrange things so that people with drug dependence have access to as many opportunities to change, in as many forms, and in as many places as it is practically possible. Staff working in health care, social services and criminal justice systems need to develop the skills and confidence to play a greater part in the management of drug-dependent people. The development of “well and wise” information for dissemination by drug users to other users, or by health care professionals to at-risk clients, is an important aspect of treatment. The development of an effective and efficient early warning system for new and/or contaminated illegal drugs must be developed if the potential harm caused by these drugs is to be minimised.

2.5 Engaging, informing and supporting parents and families

Effective parenting involves the provision of consistent support, affection and supervision. These skills are not necessarily intuitive and it is considered important that all parents who wish to improve them have access to appropriate parenting programmes. Parents experiencing significant marital difficulties and/or behavioural difficulties with their children need to be identified and supported. Particular effort will be expended in ensuring that both families and at-risk young people receive relevant harm reduction drug information. A number of voluntary agencies are also available to offer ongoing support to parents and carers who have children who misuse drugs. Interventions that address the needs of parents not able to retain responsibility for their children also need to be in place.

2.6 Providing opportunities to divert people from the criminal justice system

The majority of police work is concerned with the anti-social effects of the misuse of alcohol or illegal drugs. Consequently, the criminal justice agencies must feel able to fully support and participate in the Island's strategy for tackling the problems and harms associated with drug use. A co-ordinated and integrated approach to all aspects of alcohol misuse is long overdue. Arrest referral schemes need to be in place for persons with significant problems related to substance misuse. The current policy of cautioning and diverting users of some classes of drugs away from the criminal justice system needs to be further developed and consistently applied. A distinction needs to be made between drug-dependent users who are detected in possession of "personal use" amounts and people who are trafficking in drugs for profit. Those caught trafficking will not be eligible for diversion from the criminal justice system. Improved collaboration between treatment and criminal justice agencies is vital. The entire process, from arrest to disposal, should be reviewed and opportunities for helpful intervention examined. Rehabilitation back into a healthy and safe lifestyle must be a priority.

2.7 Reducing the availability of illegal drugs

Access to both legal and illegal drugs must be controlled and curtailed since open access is unhelpful to everyone. The availability of illegal drugs must be restricted but controls can never be absolute. Such are the profits available that individuals will always attempt to break the law, using great ingenuity. Enforcement efforts must be concentrated on the individuals who blatantly try to profit from this trade rather than easier and more obvious targets. There needs to be a clear distinction between those who sell to finance their addiction as against those who, through the exploitation of the vulnerable, finance their lifestyles. The latter will be heavily penalised by the criminal justice system. The prime objective will be to cause the maximum disruption to the flow of drugs into Jersey, targeting major criminals and their organisations. Collaborative action will be undertaken across the Channel Islands, and Jersey remains committed to contributing to the world-wide effort in curtailing illegal drug trafficking and money laundering.

2.8 Delivering the strategy

The framework for delivering an ambitious and challenging strategy must be sufficiently flexible to enable and encourage development and change, whilst at the same time being firm enough to ensure that each intervention is in accord with the philosophy and principles of the agreed strategy. The general structure which has been in place for the last three years will remain, with a Presidents' Policy Group, Chief Officers' Group on Substance Misuse and Senior Officers' Group, and a renamed Community Crime and Drug Strategy Unit. A research programme will be developed to survey the nature, prevalence, trends and problems of substance misuse in Jersey. The ongoing evaluation of the strategy to ensure effectiveness and value for money will remain a priority.

The States cannot provide the whole range of services which might be required, and will seek to work with existing service providers encouraging better co-ordination, developing new services where necessary and helping other agencies contribute more effectively. Important partnerships will be developed with the business sector and the community at large.

3. Resources

- 3.1 The Health and Social Services Committee requests that the States agree the implementation of the Presidents' Policy Group's Report by agreeing to the revenue and manpower budgets as outlined below -

Note: 1.5 of these posts are already included in the manpower totals of the Establishment Committee.

Year	2000	2001	2002
Additional revenue (£)	200,847	77,951	-35,210
Additional manpower	2.5		

26th October 1999

RESPONDING TO SUBSTANCE MISUSE**Contents**

	<i>Pages</i>
Foreword.	12-13
Political and Officer groups that played an active part in developing this strategy.	14-15
Introduction.	16-18
Statement of purpose, objectives and definition of substance misuse.	19
Chapter 1 Progress 1996 - 1998.	20-26
Chapter 2 Reducing the consumption of psychoactive substances.	27-31
Chapter 3 Encouraging the adoption of health-enhancing behaviour.	32-41
Chapter 4 Ensuring access to treatment and information for people with problematic drug use.	42-46
Chapter 5 Engaging, informing and supporting parents and families.	47-50
Chapter 6 Providing opportunities to divert people from the criminal justice system into alternative, effective interventions.	51-54
Chapter 7 Reducing the availability of illegal drugs.	55-58
Chapter 8 Delivering the strategy.	59-62
Chapter 9 Resource requirements.	63

Foreword by Senator R.J. Shenton, O.B.E. Co-Chairman of the Presidents' Policy Group and President of the Health and Social Services Committee

- (I) In May 1996, the States unanimously agreed a three-year strategy "Working Together Against Drugs". The strategy has been a great success, and States departments, the business sector and voluntary organisations have, for the first time, worked together in a truly co-ordinated way to address this serious social issue. Yet more needs to be done. There is no doubt in most people's minds that the misuse of drugs is deeply rooted in our society. Whilst the notion of a "drug-free community" is not sustainable, there is much we can do to reduce harm, and this new strategy identifies many initiatives we can build on.
- (II) Alcohol and tobacco, the legal drugs of choice in our society, cause more harm than other legal or illegal substances. It is appropriate, therefore, for the new strategy to address all mood-altering substances, i.e. illegal drugs, alcohol, tobacco, prescribed drugs, solvents and anabolic steroids. It complements the strategy to reduce criminal and antisocial behaviour, and together these two strategies will affect the lives of everyone in Jersey.
- (III) The success of the new strategy will be dependent upon the continued, collaborative working of many States departments, voluntary organisations, the public and business community. We have actively consulted with these groups in developing the strategy and, at those meetings, it was surprising how much consensus there is as to the best way forward. The support for including alcohol and tobacco in this new strategy was unanimous. It is important to point out, however, that the strategy neither condemns, nor seeks to address, the moderate or sensible use of alcohol. Our attention is confined to the problematic and excessive use of this legal drug.
- (IV) Jersey has the opportunity to develop social policies that reflect best practice. We are fortunate that the major social and environmental factors that encourage the problematic use of drugs (homelessness, unemployment, deprivation, a sense of social hopelessness and isolation) are not as prevalent in Jersey as they are in other parts of the world. We need to build on that good fortune and the success of our original strategy. Let us ensure our children grow up in an environment that encourages positive attitudes and responsible behaviours, and that we provide speedy access to appropriate treatment and support for those who find themselves in difficulty through problematic drug use. Those people who choose to make a profit from trading in illegal drugs are a different matter, however, and they should continue to feel the full weight of the criminal justice system upon them. This strategy addresses all of these issues and I commend it to you.

Senator R.J. Shenton O.B.E.
September 1999

Political and Officer Groups that played an active rôle in developing this strategy

Presidents' Policy Group

<i>Chairman</i>	Deputy M.A. Wavell	President, Defence Committee.
	Senator L. Norman	President, Education Committee.
Until July 1998	Constable J. Roche	President, Health and Social Services Committee.
From July 1998	Senator R.J. Shenton O.B.E.	President, Health and Social Services Committee.
	Senator F.H. Walker	President, Finance and Economics Committee.
	Constable L.R. Hamel	Chairman, Comité des Connétables.
	Deputy H.G. Coutanche	President, Prison Board.
	Jurat C. Gruchy	Chairman, Probation Committee.

Chief Officers' Strategy Group

<i>Chairman</i>	G. Jennings	Chief Executive Health and Social Services.
	Dr. D. King	Chief Officer Probation.
	A. L. Renouf	Agent of the Impôts.
	T. McKeon R. Le Breton	Director of Education. Chief Officer States of Jersey Police.
	K. Wheeler	Chief Officer HM Prison.
	V. Bourgoise	Chief Officer Sport, Leisure and Recreation.

Senior Officers' Group

M. Baudains	Children's Service.
P. Bradbury	HM Prison.
S. Cole	Customs and Excise.
D. De La Haye	Sport, Leisure and Recreation.
S. Harvey	Health Promotion Unit.
B. Heath	Probation and After-Care Service.

P. Gambles	Youth Service.
K. McKerrell	States of Jersey Police.
Dr. E. Sallis	Highlands College.
B. Saunders	Alcohol and Drug Service.
E. Southern	Education.
D. Kaye	Strategy Manager.
R. Bennett	Executive Officer, Substance Misuse Strategy.

Introduction

- (I) This wider, more all-embracing drug strategy is based on the concept of harm reduction. In essence, harm reduction is the premise that it is the harm that accrues from drug use, rather than drug use itself, which is the proper, first focus for preventive efforts. This notion is driven by two related issues. The first is that it is recognised that the use of mood-altering drugs, whether legally sanctioned or not, is normally deemed by users to be worthwhile. Most of us use alcohol and enjoy the effects. When asked, drinkers report that their reasons for doing so are essentially social and psychological and are, interestingly, diverse. People use a drug like alcohol for different purposes. Thus, alcohol can be used to celebrate, to commiserate, to relax and as a stimulant. Similarly, nicotine can be used as both a relaxant and a stimulant, with many users reporting this two-phase effect as being particularly attractive.
- (II) What is much less well accepted is that the restrained use of illegal substances, such as cannabis, ecstasy or even heroin, can, from the perspective of the user at least, be deemed as conferring psychological and social benefits. In effect, people use drugs because they want to, and they want to because drug use “works” for them. It is, therefore, a mistake to see mood-altering drug use as a senseless, reckless or even stupid behaviour. People choose to use drugs, and they make that choice because they perceive such use as being “better” for them than not doing so. The consumption of nicotine, for example, is often “time out” from the daily routine, a snatched and recuperative rest break, while the use of alcohol can be a marker of the change from work to “play”. Alcohol and nicotine use by young people is often a signal of the transition to adulthood, and increased autonomy. Similarly, the use of illegal drugs may constitute independence and, simultaneously, the achievement of acceptance by a (perceived) desirable “out group”.
- (III) The second strand of this harm reduction approach is that the total eradication of the use of mood-altering drugs is unachievable. “Zero tolerance” for drug use, whilst a good “sound bite”, denies the fact that psychoactive drug use occurs world wide, has done so since the beginning of time and is a normal human behaviour. Thus, it is the harm that accrues from the use of psychoactive (mood-altering) drugs that has to be the principal concern. A related issue is that the rhetoric of “a war on drugs” is unhelpful, since it encourages a mind-set of achieving objectives by force rather than by encouragement. Attempting to quash a behaviour that individuals view as desirable may, by the use of unenlightened and heavy-handed practices, make that behaviour appear even more attractive. Having said that, there is no suggestion that we should reduce our vigilance, or weaken our attempts to reduce the supply of illegal drugs.
- (IV) Despite worldwide prohibitions on some psychoactive drugs, a significant proportion of people have used substances that are, or were, illegal. A classic example being the age restriction on alcohol. However, all the evidence is that only a minority of such users develop sustained problematic use. The question that has to be asked is: “What is it that drives such over-involvement?” For many problematic users, the reason is that the use of their preferred drug provides psychological solace. A significant number of women dependent on heroin report histories of sexual abuse, and dependent drug users often exhibit clinically significant psychological problems. Many problematic drug users, rather than being villains, are victims. Victims of impoverished backgrounds - familial, economic, educational, social and psychological. Such people are unlikely to be assisted, or influenced, by being warded against, but an invitation to common cause, to work together to ensure common good, may prevail. A key element of this strategy is that of working together, and that includes working with psychoactive drug users to ensure that their use of drugs is as least harmful as possible, to everyone. Such invitations are a crucial aspect of both preventive and treatment interventions.
- (V) It is, therefore, contended and accepted within this strategy that no matter what we do, psychoactive drug use, including alcohol, tobacco and the use of illegal substances, is here to stay. We have therefore to learn how to live

with drugs. We have to try to ensure that, as with many other things in our lives, such as motor cars, chemicals, or, sport, the benefits that accrue outweigh the disadvantages that can occur. Thus, any attempt to respond to drug use has to address how to arrange things so that those people who will misuse, will do so in as least a damaging manner as possible. The strategies and policies that are outlined in this document are pragmatic. They are driven by the belief that the worst thing that can occur to any drug user is death, and, secondly, irreversible illness or disease. The proposed policies and practices have been articulated in the belief that if implemented, they will more effectively reduce the overall burden of harm than any other combination of policies. It is important to note that total abstinence from drug use is the ultimate aim of harm reduction; although this will never be achievable it does remain the only sure way of avoiding harm from drug use.

(VI) Some of the above contentions may shock. Some of the proposed policies will bring criticism. Drug use is an emotional issue that touches all of us and how we believe life should be lived. Notwithstanding the conviction held by many that life is better without drug use, experience internationally and in Jersey is that most people will, on occasions, misuse psychoactive substances. It is difficult for some people to view alcohol, tobacco and prescribed drugs in the same way they do illegal substances. The reality is, these substances cause far more havoc to people's lives and increased costs in terms of health care and productivity than do illegal substances. This strategy is based on the notion that irrespective of judgements as to the worthiness of such behaviour, the prime responsibility of all of us is to ensure that the least possible harm is caused.

Statement of purpose

Reduce the total harm caused to the community by the use of mood altering substances.

Strategic aims

1. Reduce the consumption of psychoactive substances.
2. Promote, throughout the community, the adoption of health-enhancing behaviours.
3. Ensure that people with problematic drug use have access to appropriate treatment and information.
4. Engage, inform and support parents and families.
5. Provide opportunities to divert people from the criminal justice system into alternative and more effective programmes.
6. Ensure that the laws relating to drug trafficking are rigorously and effectively enforced.

For the purposes of this document the term psychoactive substance refers to all mood-altering substances, including -

illegal drugs;
alcohol;
tobacco;
solvents;
prescribed drugs;
other non-scheduled mood-altering drugs;
performance-enhancing drugs.

CHAPTER 1

Progress 1996 - 1998

- 1.1 Over the past 30 months, significant progress has been made in developing constructive and collaborative relationships with both statutory and non-statutory agencies in Jersey, the United Kingdom and worldwide. Our current framework for delivering services has been hailed a model of good practice and one that is the envy of all those who hear about it. That is not to say, however, that there is no room for improvement.
- 1.2 Working together is a simple phrase, but extremely difficult to achieve on a continuous and productive basis. Each of the three levels of policy, strategy and operations has worked well. The senior operational officers have been both constructive and productive, much of what has been achieved stems from their hard work.
- 1.3 The Community Grants Panel has supported a number of community-focused initiatives, most notably the development of the Parents Against Drug Abuse charity, the very successful "D-Code" CD-ROM and "D-Mag" drug education campaign, and more recently the community/school partnership at St. Mark's Primary School. The Panel is currently reviewing their performance and changing to become even more proactive in developing community-based initiatives that address all mood-altering substances, including legal and illegal drugs.
- 1.4 Along with the successes comes learning. It has been recognised that the evaluation and the majority of research aspects of the first strategy, which were not budgeted for, have not been as comprehensive, or as valuable as would have been wished. The next strategy will have these high on the agenda.
- 1.5 The Crime and Drug Strategy Unit has become a useful public and professional focal point for the strategy. Productive relationships with the business community, voluntary agencies, the public and States departments have been developed.
- 1.6 The vast majority of the targets set in the last strategy have been achieved and the following section outlines the successes. For convenience they are grouped under the three themes of the last strategy - education and prevention, treatment and law enforcement.

Education/prevention

- 1.7 The Health Promotion Unit has made a significant contribution to the training and education needs of young people, parents, teachers, youth workers and others. Public information has been improved with the publication of "A Guide To Protecting Yourself From HIV and Hepatitis B and C" and the comprehensive "Parent's Guide To Drugs". A further publication, "A Directory To Drug Help and Support" has also recently been published.
- 1.8 The business community continues to play an important rôle in encouraging the public to improve its knowledge and awareness about the issue of drugs. A large number of retail pharmacists are participating in a health information project, whereby relevant literature is routinely made available to the public.
- 1.9 Public awareness campaigns that target specific audiences have also been launched. Young people in particular have been targeted through initiatives such as the community arts hoarding project and the young people's drug awareness campaign; both of which enabled young people to improve their knowledge about drugs through an interactive approach.
- 1.10 A comprehensive health-related questionnaire was undertaken in both 1996 and 1998 with all school children in years eight and ten. This provided, for the first time, base-line information about young people's health-related behaviours and included questions regarding illegal drugs. A primary version of the health-related behaviour questionnaire was also introduced for children in year six at primary schools in 1998.
- 1.11 As a result of the existing drug strategy, teachers have been able to gain a greater understanding of the issues surrounding drugs. Their confidence in presenting and delivering drugs education has been greatly improved by providing specific training for teachers and by ensuring that schools have been provided with published resources to support the delivery of primary drugs education.
- 1.12 Schemes of work have been written for both primary and secondary schools. These provide teachers with clear objectives regarding knowledge, skills and attitudes. Secondary schools now provide Personal and Social Education to all pupils in all years as part of their curriculum. These combined efforts help to increase students' understanding and perceptions about drugs and related issues.

- 1.13 The Education Committee has agreed a policy for managing drug-related incidents in schools/colleges. In order that fair and consistent practice within schools can be achieved, each secondary school/college is developing its own policy in line with the guidelines set out by the Education Committee. A trained designated member of staff is available in each secondary school/college to deal with any drug-related incidents that may occur.
- 1.14 Schools have developed initiatives that encourage parents to take an active rôle in helping their children to make informed decisions about drugs. Multi agency parents' evenings have been held in a number of primary and secondary schools. These evenings provide parents with an opportunity to gain a better understanding about drugs and surrounding issues, and to get a clearer picture of how Jersey is facing up to the problems of drug use. Parenting programmes have proved to be a great success with all courses being over-subscribed.
- 1.15 The Youth Service has made every effort to ensure that its workforce is equipped with the skills and confidence to deal with the issues surrounding all drug use. Over the past three years the Youth Service has also piloted and developed a number of different approaches to working with young people in St. Helier. The existing Island drug strategy has been able to support two of these initiatives. One of these is the Detached Youth Work Project (DYWP), and the other is the Minden Base Information, Advice and Counselling Project for young people, which is now an independent service managed by the Jersey Youth Trust.
- 1.16 The DYWP involves youth workers going out and meeting young people on their own territory. The youth workers seek to build relationships with young people to help them to make informed decisions about issues in their lives. Alongside the DYWP, the Youth Service has developed "project work", a range of short-term specific initiatives which have arisen from what young people have requested. These projects have included magazine production, web site developments, a rewrite of the booklet "The Law and Young People" and baby-sitting courses. Details about these projects have been outlined in a progress report that was published in March 1998.
- 1.17 The Minden Base Counselling service is now operational and is busy promoting itself to young people. This service offers counselling and support to young people in an informal but confidential manner.
- 1.18 Sport Leisure and Recreation (SLR) became partners in the existing strategy in 1997, and have demonstrated a real commitment to the principles. At all major sporting events such as the Island Games and "Sport For All Day", SLR promoted the Island's Drug Strategy and its harm reduction philosophy. Work has begun with coaches and administrators to increase their awareness of the influence they have on young people and the importance of promoting a positive image. A successful seminar on the privileges and responsibilities of coaches and managers took place during the Island Games, and this issue is being further developed locally.

Treatment

- 1.19 The Alcohol and Drug Service continues to see an increasing number of people who are drug-dependent, particularly on alcohol and opiate drugs. To address the problem, a pilot drug substitution programme, using a shared care philosophy - that is in conjunction with general practitioners and a community-based pharmacy - is being implemented. Once in place, this will allow the feasibility of such a scheme to be considered, and, if successful, will allow its further development. The service has also introduced two new treatments for the management of opiate detoxification and the obtainment of abstinence. The introduction of both of these initiatives has considerably extended the range of services to those people who are opiate-dependent.
- 1.20 The referral of Jersey residents to residential services in the United Kingdom has been constantly reviewed and evaluated. The need to refer people for residential rehabilitation is decreasing as the domestic opiate service improves. However, there will always be some cases that can benefit from such a service.
- 1.21 A needle exchange scheme has been introduced, and consideration is being given to how it can be extended and made more accessible. Partnerships with other agencies, particularly with the criminal justice agencies, are being developed, and this will include attempts to divert persons who are drug-dependent away from the criminal justice system.
- 1.22 A formal research programme has also been initiated, which will assess the extent and nature of the illegal drug problem in the Island. It is envisaged that this research will give considerable information as to those services and initiatives that will be effective in treating and preventing the increase in illegal drug use and associated problems.

Law enforcement

- 1.23 The most significant initiative within the local drug enforcement scene during the existing strategy has been the development of the Joint Police and Customs Drugs Intelligence Bureau. The bureau enables intelligence work to be carried out in an efficient and effective manner, which ensures resources are used to the best advantage. The joint bureau is the first of its type and is beginning to be seen as a rôle model for other jurisdictions.
- 1.24 In May 1998 Senior Officers of the United Kingdom Police and Customs Intelligence Agencies carried out a comprehensive review of the Joint Drugs Intelligence Bureau. These officers will shortly return to the Island to present their findings and recommendations to the Chief Officer of the States of Jersey Police and the Agent of the Impôts.
- 1.25 The working partnership between Jersey Customs and French Customs has been further developed, and this has resulted in a number of joint operations being carried out, these operations have produced large commercial seizures of illegal drugs.
- 1.26 Working partnerships with the business community have developed, and the Joint Financial Investigation Unit has continued to successfully investigate cases involving the illegal proceeds of drug trafficking at both a local and international level. The Drug Trafficking Confiscation Fund received almost one million pounds as a result of a drug money laundering case involving United States citizens.
- 1.27 Working together remains a core objective with all agencies, both statutory and non-statutory. Customs remain committed to raising awareness about drugs, and as a result have given over fifty presentations to a wide range of audiences.
- 1.28 A significant number of prison officers have received training on drug-related issues. As a consequence, inmates are better informed about drug issues, they are able to attend drug awareness courses and are given information about all services available to help them deal with their drug problems. A number of health care initiatives have been introduced, including the introduction of a health promotion board that is updated regularly.
- 1.29 An incentive scheme has been introduced in the prison, which is proving to be very successful. A major part of this scheme involves the inmates working with outside employers, and this helps and encourages them to make links that will benefit them when they are released from prison.
- 1.30 Considerable efforts have been made to reduce the availability of drugs in the prison. The security fencing around the perimeter has been improved and a drug detection dog has been introduced. These initiatives, along with a newly appointed search team, are helping to reduce the amount of drugs entering the prison. Visitors to the prison are made very aware of the consequences of smuggling drugs by prominent posters depicting the penalties they will incur if they are caught. Security in the visit area has also been improved with the introduction of closed circuit television. Partnerships with the other criminal justice agencies have helped maintain a consistent approach to inmates.
- 1.31 The police continue to evaluate existing operational policies in regard to dealing with drug offenders. As part of this process, a report on the management, handling and prosecution of individuals for minor drug offences was prepared. As a result of this report, the Attorney General agreed to circulate a memorandum to Centeniers providing guidelines and encouragement to caution for small amounts (personal use) of class B drugs, for example cannabis.
- 1.32 Developments in information technology have been implemented, and these have resulted in a significant reduction in duplicated paperwork, and an increase in the amount of intelligence that has been processed.
- 1.33 The training needs of officers in the Joint Drug Trafficking Offences Investigation Unit have been addressed as part of this strategy, and a number of officers have been seconded to the National Criminal Intelligence Service.
- 1.34 All people on probation under the age of 18 now receive a drugs and harm reduction component in their programmes, whether they have been convicted of a drugs-related offence or not. For offenders assessed as having a substance misuse problem there are a number of individual and group work programmes available to them. Where necessary, referrals are made to specialist agencies such as the Alcohol and Drug Service. The partnerships developed with other departments have provided new opportunities for imaginative, non-custodial programmes.

CHAPTER 2

Reducing the consumption of psychoactive drugs

- 2.1 The base principle of this strategy is to orchestrate things so that the least possible damage occurs from the use of all psychoactive drugs. Within such a framework, consideration needs to be given to the overall levels of drug use. The relationship between use and harm is a very complex one, and whilst some harm reduction advocates specifically avoid any notion of use reduction, it is considered that levels of overall use are an important factor in the overall harm equation.
- 2.2 It is a truism that if there are no cars there can be no car accidents and, similarly, no sex, no sexually transmitted diseases, and thus no drug use, no drug-related harm. However, as noted, cars, sex and drugs are inevitably here to stay, so just how much use is acceptable? Unfettered car use clogs up cities, pollutes the atmosphere, discourages exercise and contributes to increased road traffic accidents. Open access to psychoactive drugs is equally unhelpful. An important stance within this strategy is that it is easier to influence levels of harm when overall levels of use are restrained. Use reduction, as opposed to use eradication, is deemed a key part of the Island's overall harm reduction strategy.
- 2.3 Internationally it is well recognised that overall levels of alcohol and tobacco consumption are associated with levels of harm. This correlation is not perfect but the overall trend is that if, in any given community, there is an increase in consumption then, in all probability, there will be a rise in overall levels of harm. Similarly, if overall levels of consumption fall then, in all probability, harm will diminish. These associations are statistical (usually true) as opposed to mathematical (always true). Thus it may be possible to cite exceptions but overall, countries with declining tobacco and alcohol appetites report fewer problems. Across country comparisons also bear out this relationship, with those European countries having the lowest rates of consumption, having the lowest rates of alcohol-related mortality, such as liver cirrhosis.
- 2.4 Within this strategy there is recognition of the need to curtail the consumption of the socially approved legal substances, alcohol and tobacco. A key recommendation is that over the next five years every effort should be made to encourage sensible drinking and to reduce consumption of these substances significantly. This will require a consistency of purpose across many divergent groups. Inevitably, the suppliers of both of these products will resist such a recommendation. However, this psychoactive drug strategy is based on improving public health, not private profit. One consistent argument against policies that reduce consumption is that they penalise all consumers, moderate as well as immoderate. The rebuttal of this argument is that in regard to alcohol, today's social drinker can be tomorrow's drunken nuisance. Good habits are important and the people who (by their intoxication) cause problems are not a fixed group, people move into and out of this category. Most of us who drink have, on some occasions, overdone it, and many will admit to having driven under the influence of drink in the past. Secondly, with tobacco, the overwhelming majority of smokers (approximately 95 per cent) are dependent on nicotine. Any reduction in consumption is beneficial to their health and should be encouraged.
- 2.5 Both tobacco and alcohol are consumer products that are sensitive to price and promotional restraints. Increasing price reduces consumption, even among heavy users, and particularly among young users who have less disposable income. A review of the price of soft drinks and in particular bottled water is needed - in order to encourage people to drink non-alcoholic beverages the price of such drinks needs to be significantly less than the price of alcoholic ones.
- 2.6 Promotional controls on electronic and print advertising, point-of-sale displays, and marketing strategies like sports sponsorship and competitions, are also effective. The majority of advertising is directed at reinforcing the acceptability of the product in question. The removal of, for example, cigarette advertising in the print media, not only reduces the notion that smoking is an acceptable behaviour, but also allows health-enhancing information to take its place. Failure to ban cigarette advertising ensures that any health promotion activity has to compete in what is essentially a hostile media environment.
- 2.7 Alcohol consumption is also price-sensitive and controls on point-of-sale practices have been demonstrated to be effective. Of particular value is the introduction of harm reduction strategies that indirectly influence consumption. Consideration might be given to the introduction of random breath-testing for drivers, coupled with a lowering of permitted blood alcohol levels for driving. These measures will decrease consumption. This would impact not only on the road toll, but also upon the other socially nasty consequences of excessive use, such as public order offences and domestic violence. Any endeavour that reduces public levels of intoxication has to be of value in the effective policing of public order.

- 2.8 A critical issue in the prevention of alcohol-related problems is the extent to which licensing legislation is driven by health and public order, as opposed to commercial, considerations. Open access to alcohol may compromise health and the duration of licensing opening hours, and the number of licensed venues, is a matter for consideration. The need to balance the legitimate consumer demand for alcohol against health and public order concerns is an inevitably difficult task. However it is achieved, the proper representations of health, and law and order, perspectives are vital.
- 2.9 Attention also needs to be given to curtailing the availability of other legal, but abusable substances. Often of particular public concern is the use of solvents by young people. Most solvent use is a transient behaviour that naturally disappears. However, the establishment of codes of practice for the sales of solvents, particularly the restriction of sales to minors of those substances that contain butane and toluene, plus ongoing staff training and warning notices, have been found to be effective harm reduction strategies. The improved training of professional staff and targeted parent and user information is also of value.
- 2.10 Urgent consideration also needs to be given to the improved monitoring and management of the excessive use of prescribed medications. Of special concern currently, and requiring urgent remedy, is the over-prescription of the opiate dihydrocodeine. The possible rescheduling of this drug and improved inter-pharmacy communication, coupled with on-going general practitioner support and the use of more easily controlled substitutes, such as methadone, is necessary. Such action is testimony to the core notion inherent in this strategy that any effective response is normally going to require effort from a number of agencies working collaboratively together.
- 2.11 This is also true with the need to be alert to the introduction of new or different forms of psychoactive substances. The ingenuity of amateur chemists to improve on what nature can provide should not be underestimated. There will always be new, so-called designer drugs, available. The natural temptation to systematically prohibit such substances needs to be tempered by recognition that such action is invariably cumbersome and may, inadvertently, increase the dangerousness of the supply. The ability to know quickly of the introduction of new substances, test them and then inform users is more likely to reduce potential harm.
- 2.12 Importantly, reducing the use of illegal substances cannot be achieved by law enforcement alone. A partnership needs to be forged in which law enforcement agencies and other agencies collaborate in the sharing of non-confidential information in order that all groups can respond effectively. Drug use reduction can be greatly aided by the ability to swiftly disseminate appropriate information. The identification and reporting on particularly harmful batches of illegal drugs, or especially harmful practices, is essential. The development of some liaison between users and law enforcement, however embryonic, has to be useful. Consideration needs to be given to the notion that working together includes users of illegal drugs. The establishment of a “users group”, with the expressed purpose of improving collaboration between illegal drug users and all the statutory agencies, may well result in lowered risk-taking and lowered use. It will also demonstrate faith in the notion of social inclusion and working together.
- 2.13 While not always addressed in psychoactive drug policies, the use of anabolic steroids and other performance-enhancing drugs is worthy of consideration. Regular users of such substances not only report mood enhancement and/or aggressive tendencies, but also very adverse consequences on cessation. Review of the controls on the importation, sale and promotion of such substances, in order to minimise their availability, is warranted.
- 2.14 A key feature of this chapter is the notion that human behaviour occurs in a context, and that in order to encourage the least problematic behaviour possible, action has to go beyond the mere encouragement of, and reliance on, individuals to be good. Structuring our community so that laws passed by the States, Committee policies, Parish practices, workplace regulations, policing and retailing, are all driven by the common concern to reduce legal and illegal drug consumption, is critical. This is no easy endeavour. There will always be those who will, by dint of disinterest, or vested interest, wish to place all of the responsibility onto the individual. Yet the achievement of good behaviour by most people, most of the time, is driven more by the influences of the social systems in which individuals live, rather than by any inherent ability at self-regulation. It is after all much easier to behave badly when everyone else is doing likewise. Making the excessive consumer conspicuous, easily identifiable and socially unacceptable, is a paramount thrust of this strategy.

CHAPTER 3

Encouraging the adoption of health-enhancing behaviours

- 3.1 Successful intervention involves not only action that curtails the commission of harmful behaviours, but also the nurturing of those behaviours that enhance well-being.
- 3.2 Given that traditionally the focus in the prevention of drug-related problems has been on curtailing potentially damaging behaviours, in this section the focus is deliberately directed to the encouragement of health-enhancing behaviours. In this context “health-enhancing behaviours” can be defined as any action that promotes individual and/or community well-being, and thereby reduces the likelihood of members of the community using drugs badly.
- 3.3 Individuals who feel included and valued, and who also believe that they have equitable access to opportunities in life, are less likely to misuse drugs. The promotion of social, educational, racial and economic equity is deemed central to any comprehensive psychoactive drug strategy. Well-worded posters or pamphlets will not rectify a sense of social exclusion. Indeed, some might argue that the best preventive is good government that ensures the maximum happiness for the maximum number of people.
- 3.4 In this regard Jersey has a number of very real positive advantages in that the quality of general education is high, and the overwhelming majority of people have access to excellent health care, and in the main, good quality housing. Given also the high rates of employment, the major contributors to desperate, very dangerous and socially divisive drug use are absent. It is vital, however, that Jersey sustains this educational, social and economic base. It is also vital not to be lured into any belief that drug problems cannot happen here. Notwithstanding the advantages Jersey has, practices have to be adopted that signal that everyone is a potentially valuable member of the community. Social inclusion, the continued development of a sense of shared community and an enhanced sense of “working with” problem drug users is essential. A key feature of this strategy is an invitation for all to play a part, irrespective of age, gender, social class, educational achievement, economic status, or drug use.
- 3.5 Preventive activity has to be directed at both individual and societal change. Therefore attempts to improve the social, cultural and environmental climate within which we live and work are necessary, as are efforts to enable individual behaviour change.
- 3.6 Action that encourages and supports individual well-being must occur across the life-cycle, yet there will always be a natural tendency to direct such efforts toward young people. It must be remembered, however, that young people are not a species apart from the rest of society, and that any action to promote health-enhancing behaviour in young people has to be consistent with the behaviours exhibited by adults. Hence, the inclusion of alcohol and tobacco in this strategy. If we wish to ensure more responsible drug use by young people, then adult members of the community must also be invited to play their part. In relation to drug use, all adults have to set a good example, and this is central to the strategy.
- 3.7 It is important to note that the achievement of a successful transition from childhood through adolescence and into adulthood is greatly influenced by factors external to the child. These factors can be protective, in that their existence “buffer” the child from life stressors, or enhance his or her ability to respond to adversity. Alternatively, such factors can increase risk in that they are either directly harmful to the well-being of the child, or fail to provide the personal skills or psychological robustness to manage adversity.
- 3.8 The promotion of these protective factors, as well as the prevention of risk factors, are essential goals in reducing the harm from drug use. Despite the popularity of the idea that, “Fred was a good boy until he used drugs and it was the drug use that triggered his decline,” clinical experience suggests otherwise. Whilst there are exceptions, many young people who become heavily dependent on drugs are ‘problem children’ before they become problem drug users. For most young people with drug problems their drug use tends to be a symptom, not the cause, of their difficulties.
- 3.9 Therefore, all of us concerned with reducing harm from drug use should seek to ensure that as many children as possible experience a childhood that allows them to feel valued, cherished and respected. Conversely, as few children as possible ought to experience a childhood that is characterised by psychological, physical and sexual torment or neglect. Any drug strategy that fails to do its utmost to ensure the well-being of the young ignores one of the major causes of drug abuse and drug dependence. Indeed, we consider this aspect of the strategy crucial, and a separate chapter is devoted to the consideration of strategies and practices that will assist parents and families in the provision of high quality parenting.

- 3.10 Given the above there are many agencies who must contribute. These include the Children's Service, Education Department, Child Protection Unit, the Youth Service, Health Promotion, Sport, Leisure and Recreation, Child and Adolescent Psychiatry, Clinical and Educational Psychology Departments and the many voluntary groups that engage in various ways with children and young people.
- 3.11 Despite the challenge that the prevention of drug misuse is everyone's business, inevitably the task is more a concern for some agencies than others. The acceptance by core agencies that they have a rôle to play, and the enhancement of their skills to undertake such work, is a key issue in this strategy.
- 3.12 Diversions activities, such as involvement in sport or specific projects that develop self-sufficiency, will be piloted with young people who have histories of anti-social and offending behaviours. International evidence shows that projects that enhance participants' vocational skills are of particular value. The engagement of "at-risk" Jersey youth in job skills oriented courses is proposed, as is the further involvement of agencies such as Highlands College, Employment and Social Security and the prison in such a valuable endeavour.
- 3.13 Particular effort will also be directed toward the relatively small number of very vulnerable young people who consistently come into contact with the criminal justice system. Many are heavily involved in drug use and are greatly at risk of drug-related harm, criminal prosecution and psychological damage. The development of more effective management of this vulnerable group is essential. This will involve enhanced inter-agency collaboration, especially between the enforcement agencies and others such as Probation, Education, Children's Service, Youth Service, Adolescent Psychiatry and the Alcohol and Drug services. This multi-agency approach will assist the courts and other agencies in making decisions that will result in the optimum outcome for young people on the brink of long-term social difficulties.
- 3.14 A critical aspect of any effort to enhance well-being is ensuring that all young people are provided, over the course of their academic careers, with appropriate, and user-friendly, drug education. It is accepted within this strategy that, while drug education is a very important preventive measure, the international evidence is that drug education does not of itself stop people using drugs. The recognition that the target audience for drug education is a segmented one, in that in any group of young people some will be users, some will be contemplating use and others non-users, is vital. The development and deployment of specific education for these different groups is a key, but difficult challenge.
- 3.15 Currently, drug education is placed within the Personal and Social Education (PSE) curriculum of students, a curriculum that facilitates personal growth and the acquisition of personal autonomy through the development of self-confidence and positive self-image. Drug education will continue to be delivered within a context that responds to students as individuals, and actively involves them in a debate as to how to make informed, useful and healthy decisions.
- 3.16 It is accepted that despite our best efforts, all young people will, either directly or indirectly, come into contact with illegal drugs and will witness the misuse of other harmful legal substances. Therefore, the development and provision of accurate, non-alarmist, pragmatic and relevant information on legal and illegal drugs and, where appropriate, skills development, is a vital component of enhancing well-being.
- 3.17 Importantly, teachers need to be confident in the delivery of drug education, and the success of this endeavour will depend on the continuing education of relevant teachers. It is proposed that all members of staff, especially those at the higher levels (including school governors) will receive training. However, how this training is to occur will need careful consideration, as will the resource implications. Developing the harm reduction drug education programme across the scholastic life of students will not be a cheap option. If done well it can, however, be a cost-effective one.
- 3.18 Parents are paramount contributors in the education of children, and the development of partnerships with parents with regard to all aspects of personal and social education, including drug education, is deemed vital. The continued upgrading and development of existing initiatives is essential.
- 3.19 There is a need to further develop the Education Department's policy for pupils who are either found to be in the possession of illegal drugs at school, or who become known to be experiencing drug-related problems. It is important that all schools exhibit a consistent and known procedure for dealing with drug-related incidents. As noted above, for the overwhelming majority of young people, conspicuous drug use is often a consequence of other problems. The temptation to exclude young people detected in drug use should be resisted if at all possible, as such action often compounds that student's difficulties. The notion of "working together" is an inclusive policy that requires working with, not against, vulnerable members of our community. The on-going development of school drug policies is deemed an important aspect of the overall strategy. It is emphasised, however, that schools have an

important exemplar rôle. All schools, as part of the development of their guidelines, should consider becoming smoke-free environments and the use of alcohol also needs careful consideration.

- 3.20 It is indisputable that friendship networks are invariably the means by which people are introduced to drugs, and that among young people the first steps in a drug using career may involve exploration among a group of friends. Indeed, one of the best predictors of drug use by any one young person is the drug-using disposition of peers. The traditional image that people are encouraged to take drugs as a result of peer pressure is not accurate. It is more accurate to think in terms of young people seeking out, and falling in with, essentially like-minded friends. Hence, there will be groups who have a tendency to take drugs and groups who have a tendency not to take drugs. Drug use is predicted by peer behaviour, not peer pressure. Adolescent friendship networks are, therefore, a key site for preventive measures.
- 3.21 The development and implementation of effective drug preventive strategies that are focused on peer behaviour are best delivered through a partnership between voluntary organisations, the local community and the States of Jersey Youth Service. In this regard, the Youth Service has a key rôle to play, in that through its normal work with youth clubs and organisations, the service can develop club policies, business plans and training that addresses issues surrounding alcohol, smoking and other harmful substances. Additionally, the further expansion of the Detached Project, (an outreach initiative to engage “out of school” youth), has an important rôle as a contact point for peer-led information. The development of specific drug outreach materials is recommended.
- 3.22 The development of a youth Internet Web-site that will publish advice and information specifically for young people could be an ideal means of keeping young people informed about important issues relating to all aspects of life including legal and illegal drugs. The introduction of a youth led “chat site” merits consideration.
- 3.23 Although the ultimate aim is to help young people avoid experiencing problems some inevitably will. The further development of “Minden Base” is recommended, ensuring that youngsters with problems associated with substance misuse can be effectively supported.
- 3.24 Preventive activity has to be directed at both individual and societal change. Therefore attempts to change the social, cultural and environmental climate within which we live and work are necessary, as are efforts to enable individual behaviour change. Within this context a range of health promotion approaches already exist, and these involve engaging the community in a range of different settings, including educational establishments, workplaces and recreational settings. These approaches enable different target groups to be reached, particularly young people, parents, employers and employees, teachers, youth workers, other health professionals and voluntary workers.
- 3.25 There is an ongoing need to accurately inform the general public and specific target groups, including drug users, about drug-related matters. This serves to increase the general level of understanding, tackle unhelpful stereotypes, and reduce misunderstandings. Such campaigns provide an opportunity to increase knowledge and awareness about specific health-related issues that need to be addressed such as Hepatitis C and other blood borne viruses and the promotion of safer sex. These campaigns need to be carefully focused on specific target groups and sub-groups so that, at both a population and an individual level, people are generally better informed.
- 3.26 There is an ongoing need to ensure that all health care professionals and other workers receive relevant and up-to-date training. The development of a “Training the Trainers” drug course will enable teachers, youth workers, voluntary workers and other professionals to deliver appropriate interventions more effectively.
- 3.27 The language and imagery of drug use has become almost commonplace for young people. There is a vast popular culture of music, video, dance and dress-style, which encourages the consumption of a wide range of “exciting” substances including alcohol and other drugs. The challenge is to harness this language and imagery to deliver health-promoting/enhancing messages.
- 3.28 Many people contribute to drug education. To enable them to deliver this effectively and confidently, quality up-to-date and appropriate health education resources are needed. These resources need to be freely available so that health educators are supported in their work through the provision of readily available drug education materials.
- 3.29 Policies addressing legal and illegal substances contribute to social norms and help to influence the environment within which people live and work. The formulation, implementation, monitoring and evaluation of effective policies ensures that people are able to live and work within a safe and healthy environment. In particular, support needs to be given to the developing of clear workplace guidelines and protocols to enable employers and employees to deal with the problems and challenges related to substance misuse. Such policies would also enable appropriate referral to relevant agencies for advice, support and help.

- 3.30 People involved in purposeful activities are more likely to have a positive attitude and understanding of what constitutes a healthy lifestyle. Sport is a good vehicle to promote and encourage positive community development, and Sport, Leisure and Recreation are committed to providing opportunities for all sections of society to be able to participate in recreational pastimes that promote positive behaviours and attitudes.
- 3.31 A clear policy restricting the use of psychoactive and performance enhancing substances within Sport Leisure and Recreation facilities needs to be considered, and, if introduced, will relay a clear and consistent message to members of staff and the general public.
- 3.32 Positive peer behaviour is a powerful way of encouraging health-enhancing behaviour and should be fostered. Coaches and administrators can have a very important influence over their charges, and therefore have the responsibility to encourage young people to adopt positive health behaviours, values and attitudes. By promoting a positive image and attitude, and by developing the skills used in sport, coaches can encourage youngsters to develop social skills that will lead to a more positive mind-set. By equipping these professionals with the right training and information to deal with social development and substance misuse (including Class A, B and performance-enhancing drugs) they will be more confident in their ability to pass on this information to the people with whom they work.
- 3.33 As drug use has become part of our culture it is recognised that there is a need to tackle drug use in a multi-faceted, community focused manner. Multi-component programmes that bring together, in a co-ordinated manner, school programmes, parental programmes, local information campaigns, leisure and employment projects, while at the same time effectively harnessing the energy and enthusiasm of local communities and agencies, are deemed as constituting best practice.
- 3.34 The Community Grants Panel will continue to play a pivotal rôle in encouraging Jersey's community to develop projects that tackle the problem of psychoactive drugs. This will be enlarged to address both "substance misuse" and the challenges contained in the new "Working Together to Make a Difference" strategy which aims to significantly impact on the levels and consequences of anti-social and criminal behaviour. The rôle of the Community Grants Panel is to encourage, facilitate and enable the community to define its own needs and then to fund relevant responses.
- 3.35 In order to develop existing and new local projects, there is a need for high level support from all agencies. Continuing efforts need to be made to build partnerships with the business community and local residents to ensure the implementation of effective projects.
- 3.36 In conclusion, it is stressed that effective drug strategy must be part of a broader social policy that recognises and values everyone. All of the above drug specific endeavours will be either enhanced or hindered by what occurs within the larger socio-economic context. It is much more difficult to prevent drug problems when rates of illiteracy and unemployment are high and access to the socially desirable facets of life are restricted. Ensuring that Jersey is a good place for everyone to live is the basic first step in any drug strategy. The challenge for everyone is to ensure that within Jersey the social, educational and economic fabric is sufficiently well-developed to make real inroads into drug-related harm a feasible proposition. The test of whether we have worked together effectively will be the demonstration that both drug use and drug-related harm has fallen. It is an achievable goal.

CHAPTER 4

Ensuring access to treatment and information for people with problematic drug use

- 4.1 The treatment of alcohol and drug dependence is a complex business but an important one. It was suggested in a report by the National Treatment Outcome Research Unit that for every £1 spent on treatment, an estimated £3 is saved. There is no single optimum approach, so intervention is a clinical challenge to match the various options available to the individual needs of the client. In effect, what is needed is a variety of treatment options, so that clinician and client can work together to seek solutions for what often appears to be an intractable problem. There is a need to examine all possibilities available, and this includes consideration of locally-based residential care.
- 4.2 Everyone involved in the management of drug dependence needs to be mindful that while the majority of drug-dependent people eventually decide to give up their addictive behaviours, this outcome is a process rather than a one-off event. Thus, most drug-dependent people make several attempts to change their ways before being successful. The trick of treatment provision is, therefore, to arrange things so that people with drug dependence have access to as many opportunities to change, in as many forms, and in as many places, as it is practically possible to offer.
- 4.3 People with alcohol and drug problems are above average users of all types of services and this over-utilisation presents an opportunity for intervention. Thus, rather than being the responsibility of a specific service, such as an alcohol and drug agency, effective intervention can, and ought, to occur in very different venues. Such venues obviously include medical settings, such as Accident and Emergency, in-patient general medical wards and general practice as well as generic agencies such as Family and Children's services, Probation, Prisons and hostel or accommodation services. There is a need for the staff working in existing health care, social services and particularly criminal justice systems to develop the skills and confidence to play a greater part in the management of drug dependent people.
- 4.4 Therefore, in the framing of this drug treatment strategy, there is an emphasis on the notion that everyone can, and ought to, play a part. Indeed, responding to drug problems is everyone's business. However, care must be exercised to ensure that in the determination to broaden out alcohol and drug services, we do not allow alcohol and other drug problems to become no-one's business at all.
- 4.5 Many professionals are restrained from engaging with people with drug problems because of uncertainty about what to do, or indeed whether it is their business to do so. There is an urgent requirement to enhance the skills of all professional staff in the recognition and management of drug problems. In addition, the introduction of well-trained and supervised volunteer addiction counsellors, in both statutory and non-statutory agencies, has been found elsewhere to be a very effective way of extending counselling provision. In this regard the implementation of a training programme whereby volunteers are recruited, trained and then supervised in working with problem drug users is recognised as an important initiative.
- 4.6 It is beholden on all the stakeholders in this diverse field to be alert to opportunities to intervene. Intervention exists on a continuum, from simple advice-giving, that may reduce the commission of health-compromising behaviours, to more intense interventions that attempt to address drug dependence or its underlying causes. The development of "well and wise" information for dissemination by drug users to other users, or by health care professionals to at risk clients, is an important aspect of treatment. This is equally as important as the structuring of protocols so that, for example, any drug dependent user in contact with the criminal justice system is granted access to some form of drug counselling.
- 4.7 The development of an effective and efficient early warning system for new and/or contaminated illegal drugs must be developed if the potential harm caused by these drugs is to be minimised. The effective notification of appropriate medical personnel (such as General Practitioners, Accident and Emergency staff, Ambulance Paramedics and Acute Medical staff) is important, so that effective remedial treatment can be administered. Relevant statutory and non-statutory agencies need to be informed via this early warning system so that the information can be disseminated quickly and effectively to the community. In this regard the advent of a Users' Group that can act both as an information source to current users about dangerous batches of drugs, and also act as a conduit for informing professionals, is deemed to be of considerable relevance.
- 4.8 The need for an eye for innovation and what constitutes a possible opportunity for intervention is paramount. An essential theme of this strategy is to ensure that all drug users, legal and illegal, have available to them appropriate information and access to relevant treatment. Alcohol and drug problems come in many guises. While it is convenient to believe that drug-dependent users cause the majority of harm, the truth is that so called "social users",

by their sheer number, contribute massively to the overall levels of harm. Many problems are generated by the excessive use of a drug by non-dependent users on a single occasion (problems of intoxication) as well as by regular users who by their persistent use quietly accrue many medical harms. While most people in either of these two groups would not merit being labelled as drug-dependent there is convincing evidence that easily accessible and readily available information or advice to these audiences can reduce and/or prevent further harms occurring. Thus, good guides to lower risk drug use and where appropriate “how to cut down or quit guides” are deemed an important aspect of this strategy. Health promoter, criminal justice officer or clinician can equally effectively deliver treatment.

4.9 It also has to be recognised and accepted that what constitutes effective intervention is not necessarily the cessation of drug use for everyone. Individuals come into contact with helping agencies for different reasons, and, in what may be called different stages of change. For some, contact with services may result in improved social functioning or a lowering in criminal behaviour. Either outcome constitutes an effective intervention. Other patients may gain knowledge from clinical contact that reduces their likelihood of morbidity (e.g. blood borne viruses) or mortality (e.g. overdosing). It is hoped that a significant number will achieve abstinence, but this has to be dictated by the individual who is looking for support - for some total abstinence is not a realistic option.

4.10 Importantly, contact with treatment services needs to be evaluated, not on achieved abstinence rates alone, but on the overall lowering of a number of indices. These include reductions in disease, psychological misery and mortality, but also, importantly, include reductions in crime and drug dealing. Given that most drug-dependent people will supplement their income by selling on to friends and acquaintances, any treatment action that reduces the need for such dealing has to be viewed as a positive outcome. It also needs to be remembered that attempts to give up dependent drug use are, whatever the outcome, useful personal experiences in that few drug-dependent people succeed first time around. Most nicotine addicts, for example, make three attempts to quit before being successful. The experience of the earlier attempts bringing knowledge that becomes the springboard for eventual success. With specific regard to nicotine, the introduction of a nicotine-quit clinic is recommended. Rather than being based at a fixed site this “clinic” needs to be mobile and literally take “quit groups” to the general community and operate from venues such as schools, parish halls and workplaces. A joint Health Promotion and Alcohol and Drug Service initiative is proposed.

4.11 In terms of treatment, the future drug strategy for the Island is based on six essential themes -

- (a) Alcohol and drug problems are diverse in their presentation. It is not the case that the drug problems are the sole preserve of drug-dependent users. Most social and recreational users also experience, and are certainly at risk of experiencing, harm. There is a need to orchestrate things so that anyone at risk of experiencing such problems has access to appropriate advice and information.
- (b) Given sufficient opportunity, the majority of drug-dependent people will successfully address their drug dependence. There is therefore a need to offer people with drug dependency as many opportunities as possible to address their problem.
- (c) Such opportunities need to be diverse in terms of types of interventions. The overall programme needs to include a range of accessible treatments: medical, psychological and pharmacological.
- (d) These opportunities also need to be diverse in terms of location. The treatment of alcohol and drug problems is not the sole responsibility of the Alcohol and Drug Service, but is rather a matter for all health care and social service professionals, as well as relevant non-government and self-help agencies. Particular attention needs to be paid to making any contact by drug-dependent people with the criminal justice system an opportunity to engage in treatment.
- (e) In order for alcohol and drug services to be readily accessible, expertise and resources will need to be put into the training of relevant health and social care professionals and non-government personnel. The introduction of specific “demonstration” projects, for example, in the general hospital and criminal justice system, is deemed as being of paramount importance.
- (f) The criteria for successful interventions include the reduction of disease, mortality, psychological distress and criminal behaviour as well as reductions or cessation of drug use.

Chapter 5

Engaging, informing and supporting parents and families

- 5.1 From a drug problem prevention perspective, reference has been made in Chapter Three to the importance of ensuring that all young people experience as optimal a childhood as possible. In this chapter, the importance of equipping parents and families with the requisite skills to ensure that children receive the best possible start in life, and conversely, that parents enjoy the experience of raising a family, is highlighted.
- 5.2 Research shows that effective parenting involves the provision of consistent support, affection and supervision. These are not necessarily intuitive skills and it is considered important that all parents who wish to improve their capabilities in this area have access to appropriate parenting programmes. A number of programmes have been developed that impart essential skills such as communicating effectively, adopting a positive approach to the management of behaviour, and improving family problem-solving techniques. It is a recommendation that consideration be given to how such parenting programmes can become more commonplace, and their take up by prospective, and existing parents be enhanced. The need to make attendance at parenting programmes more natural/usual is important, and the provision of easily accessible courses for all parents, through further development of partnerships with schools, warrants consideration.
- 5.3 However, such provision will not of itself address the issue of those families that, for various reasons, are more “at risk” of providing less than optimum experiences for their children. For example, parents and families that are experiencing significant marital difficulties and/or behavioural difficulties with their children, need to be both identified and practically assisted. The development, promotion and accessibility of more individual, specialised and focused support, needs to be seriously considered. Again, the promotion of such courses and the making of attendance on them more routine, is deemed important.
- 5.4 Consideration also needs to be given as to how parents with problematic adolescent children are best assisted. Adolescence is not necessarily a period of “storm and stress”, indeed the majority of adolescents make the transition from child to independent adult without major inconvenience, but for some families this is a very problematic period. The capacity to offer these families pragmatic and effective assistance is important. Such assistance also needs to acknowledge that drug use by young people is part of the normal engagement in adult-like behaviour and a marker of potential independence. The ability of parents and adolescents to cope with this period without causing major or lasting family disruption can be aided by skilful support.
- 5.5 Of particular significance in addressing the above responsibilities are the Children’s Service and the Child and Family Services. The focus of both agencies is upon supporting vulnerable young people and their families. Particular effort will be expended in ensuring that both families and at-risk young people receive the optimum support, counselling and relevant harm reduction drug information. The development of specific “staying alive” information for at-risk young people and the appropriate support and guidance for parents will be an essential aspect of this response.
- 5.6 As well as statutory agencies that provide support, a number of voluntary agencies, such as Parents Against Drug Abuse (PADA), are also available to offer ongoing support to parents and carers who have children who misuse drugs. The further support and development of PADA, particularly in relation to counselling skills, is deemed a key initiative for this drug strategy.
- 5.7 An additional challenge is to provide appropriate care and support for parents who have drug dependence problems. At present such individuals tend to come independently to the attention of a number of agencies, and are subsequently independently managed. The development of collaborative, multi-agency interventions, with case conference and shared care working arrangements, needs to become more common. This is especially so where young children are involved, and it is essential that assessment, monitoring and support aimed at protecting children in these circumstances is readily available. It is stressed, however, that drug dependence per se is not an automatic bar to effective parenting. What is required is ongoing monitoring, achieved through a comprehensive understanding of the impact that an individual parent’s substance misuse may have upon his or her parenting abilities, and appropriate intervention. The emphasis will be upon multi-agency support, and assistance in helping parents to retain the care and control of their children, where this is consistent with the child’s welfare and safety.
- 5.8 Interventions that also address the needs of parents not able to retain responsibility for their children need to be in place. For example, mothers detained in prison need to have consistent and reliable contact with their children. Imprisonment can become an opportunity to maintain and even improve the bond between a child and his or her mother. Additionally, prison may provide an opportunity to engage mothers and fathers that otherwise may not be able to receive guidance and support regarding parenting and positive social skills. Parents who, because of their

drug dependence, have lost direct care of their children, will also be offered access to additional support if their drug dependence is addressed.

5.9 While the above has dealt with generic parent-child issues, it is also vital that parents have access to specific, relevant, and accurate drug information. The recently published “Parent’s Guide to Drugs” is an excellent example of the type of information that needs to be available. In addition, there is a requirement for the Health Promotion Unit to be alert for opportunities to develop specific targeted information that addresses specific issues. To some extent, drug use has fashions and fads, and the ability to respond quickly and effectively to changes within the field is important. In this regard the proposed Drug Users’ Group has a vital part to play in informing, working with, and assisting the production and dissemination of drug information. However, it is clear that parents need not only knowledge and understanding of substance use, but also the skills to address such issues effectively. The introduction of short courses for parents on “dealing with drugs” is recommended.

5.10 It is contended that an important aspect of this strategy is to provide easily accessible generic parenting programmes, more individually tailored and focused parenting programmes for at-risk families, and specific drug-focused information and interventions for parents. The responsibility for this provision falls across a number of agencies, most noticeably Children’s Service, Education, Youth Service, Health Promotion and the non-statutory sector, particularly PADA. The effective implementation of this part of the strategy will require considerable collaboration, and will be a certain test of the underpinning principle of “working together”.

CHAPTER 6

Provide opportunities to divert people from the criminal justice system into alternative, effective interventions

- 6.1 The use of illegal drugs and the problematic use of legal substances is a major component of the work of the criminal justice system. Indeed, the majority of police work is concerned with either the consequences of the misuse of alcohol or illegal drug use. It is vital therefore that the criminal justice agencies feel able to fully support and participate in the Island's strategy for tackling the problems and harms associated with drug use.
- 6.2 The inclusion of legal as well as illegal drugs raises a far more diverse range of policing and criminal justice issues. In particular, the inclusion of alcohol, with its well-defined links to public disorder, road safety, violence (public and domestic) and other general crime, is a primary example of this wider remit. The co-ordinated and integrated approach to all aspects of alcohol misuse is an issue that is long overdue and welcomed. The Police enforcement rôle has to be maintained, but with the provision of stronger links and partnerships with other agencies.
- 6.3 A key emphasis of this strategy is that arrest referral schemes need to be in place for persons with significant problems related to substance misuse. Such schemes successfully divert offenders away from continuing with their anti-social and criminal behaviour. In particular, users of illegal drugs can be successfully referred, at any stage after arrest, whether at a pre or post-conviction stage, to other participating agencies.
- 6.4 The current policy of cautioning and diverting users of Class B^[1] and C^[2] drugs away from the criminal justice system needs to be consistently applied. The current sentencing policy regarding individuals caught, dealing and profiting from drug trafficking will be maintained.
- 6.5 The partnership between the criminal justice agencies and the Alcohol and Drug Service is a critical one. Every entrant to these alternative programmes should be screened, so that the needs and requirements of each individual can be clinically assessed, and appropriate diversions into care can be made. It is stressed that a distinction needs to be made between drug-dependent users who are detected in possession of "personal use" amounts and people who are trafficking in drugs for profit. Only the former are the appropriate targets for such diversion.
- 6.6 In any initiative to divert people from the criminal justice system into alternative effective programmes, the contribution of the Probation Service is critical. Current thinking in terms of harm reduction in Jersey is the moving away from mandatory custodial sentences towards non-custodial sentences and treatment programmes for drug users, including class A^[3]. This provides an opportunity for offenders to receive treatment and support to deal with their problematic drug use from other agencies such as Probation. Custodial sentencing brings delinquents together, and this can result in exacerbating the delinquent peer group influence. The association with drug-using peers is commonly viewed as a prominent factor in youthful drug misuse.
- 6.7 The Jersey Probation Service has developed a range of interventions in this area. A number of "in house" individualised and group work programmes are available to those offenders assessed as having a substance misuse problem, and all offenders on supervision aged less than 18 years receive appropriate drug education. Where necessary, referrals are made to specialist agencies such as the Alcohol and Drug Service. However the improved collaboration of treatment and criminal justice agencies is vital. It is proposed that a review of the entire process, from arrest to disposal, is undertaken and opportunities for intervention examined. The involvement of drug counsellors immediately following arrest is but one possibility that such a review could consider.
- 6.8 A court appearance is a significant event in offenders' lives and can cause them to re-evaluate their behaviour and lifestyle. The Probation and After-Care Service aims to provide same day access for offenders appearing in court with substance misuse problems. Some offenders are referred on to other agencies such as the Alcohol and Drug Service as part of a probation report process, but these are only a proportion of those appearing before the courts. As a complementary service to any arrest referral scheme, a same day access to appropriate services through the Probation Service court officer, could increase the numbers of substance misusing offenders seeking assistance with their problem.
- 6.9 The Probation Service is expected to reduce the offending of those offenders it supervises. Supervision also offers an opportunity to engage with a "captive" audience and provide them with the information they need to make informed decisions about their drug use. It can also be an opportunity to encourage safer practices, e.g., not taking the car when going to a public house, not smoking in the presence of children, smoking rather than injecting heroin.
- 6.10 The development of the Probation Service's interaction with substance misusers is deemed a vital aspect of the

strategy. Such interaction needs to address not only re-offending, but also levels of risk. The reduction in harm caused by drug use is a legitimate goal of probation activity.

6.11 The notion of restorative justice includes a number of interventions that are in keeping with the harm reduction philosophy of this strategy. The theory behind this type of alternative intervention is that crime is not only an offence against the State but is a cause of multiple harms to victims, offenders, and to the wider community. An aim of the criminal justice system should be to see these multiple harms repaired. The development of restorative justice in Jersey needs to be looked at carefully, prior to implementation, to ensure that all local cultural issues are considered.

6.12 It is recognised by the criminal justice agencies that active involvement with support groups and other agencies is a vital component of developing a comprehensive and effective harm reduction strategy for the Island. For example, the Police remain committed to the development of policies and practices that not only address enforcement, but also support persons affected by substance misuse. Similarly, the Prison Service is committed to assisting drug dependent individuals caught up in the criminal justice system. The funding of additional services to provide pre-release counselling for imprisoned drug offenders is recommended. This counselling would enable imprisoned drug offenders to address the behaviours that got them into trouble in the first place, as opposed to just concentrating on the crime itself. The development of links to community-based services for prisoners on release is a key outcome for reducing recidivism, the possibility of introducing this type of initiative needs to be actively developed.

6.13 This part of the strategy emphasises that contact with the criminal justice system can become a vigorous opportunity for change. In order to take up the opportunity considerable effort, ingenuity and energy will need to be expended. Ensuring the entire system is structured so as to make rehabilitation back into a healthy and safe lifestyle a much more likely outcome is a major challenge to everyone involved in reducing the harm from drug use.

CHAPTER 7

Reducing the availability of illegal drugs

- 7.1 The availability of any drug will affect its use. Too easy availability and low prices are an invitation to experimentation and excessive use. It is a key aspect of a harm reduction approach that access to both legal and illegal drugs is controlled and curtailed, since open access is unhelpful to everyone, users and the wider community alike.
- 7.2 With regard to illegal drugs it is essential that strategies are in place to restrict the availability of these drugs. Yet at the same time it is important to recognise that such controls can never be absolute, and that despite valiant best efforts the supply of illegal drugs will remain. It is also important to recognise that the profits that accrue from trafficking in illegal drugs are enormous.
- 7.3 A kilo of heroin in Pakistan can be bought for less than £500 yet its street value in Jersey is between £50,000 - £75,000. Thus, individuals will always attempt to circumvent the laws and great ingenuity will be applied in the process. The task of Customs and the Police is to continue to make every effort to restrict the availability of illegal drugs. It is important, however, that such efforts are directed at those individuals who blatantly try to profit from this trade, rather than focusing on easier and more obvious targets, such as those who become caught up in drug dependence. Whilst the majority of drug dependent users will, because of the costs involved, sell to friends and other users, there needs to be a clear distinction made between those who sell to finance their habits as against those that, through the exploitation of more vulnerable individuals, finance their lifestyles. As noted earlier in the strategy, it is contended that dependent drug users should, as often as possible, be diverted from the criminal justice system; whilst those who profit from the addiction of others are properly the target of intelligent and resourceful law enforcement and appropriate sentencing policy.
- 7.4 Illegal drug use is a consumer-driven behaviour, and the economics and strategies of the marketplace that apply to any adult consumer product apply to illegal drug use. Thus, the experience of the past few years that the price of heroin has decreased, the quality has improved, and there has also been a lowering of the age of first time use, is indicative of increased availability and accessibility. However, this is a worldwide phenomenon and should not be seen as a failure of local law enforcement activity, but rather an indicator that both the Police and Customs need to be firmly committed to targeting (particularly), Class A drug traffickers and importers. In effect, the test of effective law enforcement is the price and quality of the most problematic illegal drugs, namely heroin and amphetamines. A measure of success could be that the price of these drugs will not fall, and the quality not improve, over the period of this strategy. This is a more significant indicator of law enforcement effectiveness than the overall number of apprehensions or convictions for possession of illegal drugs.
- 7.5 In this strategy, therefore, the prime law enforcement objective will be to cause the maximum disruption to the flow of drugs into Jersey with particular emphasis on Class A drugs. In this regard, the targeting of major criminals and their organisations, plus the on-going development of risk assessment systems, will be given priority.
- 7.6 It is also important that collaborative action is undertaken across the Channel Islands. Enhancement of the existing working relationships between the law enforcement agencies of both Bailiwicks is important, as is the development of best practice in the sharing of intelligence and joint operational working. By maximising the effective use of law enforcement resources of both jurisdictions, early identification of common threats will lead to more co-ordinated and effective action against Channel Island drug syndicates.
- 7.7 As well as developing further links with the other Channel Islands, Jersey enforcement agencies remain committed to contributing to the world-wide effort in curtailing illegal drug trafficking and money laundering. Through international conventions and mutual assistance treaties, new relationships will be created and existing partnerships will be further developed. This will clearly identify Jersey as a partner in the global attempt to stifle drug trafficking. As a partner in such endeavour, the Island will continue to benefit from the considerable external resources available when required.
- 7.8 Through the effective tracing, freezing and eventual confiscation of the proceeds of drug trafficking, all agencies in Jersey, working together to reduce the harm caused by illegal drugs, will be able to seek additional funding for specific projects from the Drug Trafficking Confiscation Fund.
- 7.9 Intelligence links between the Police and Customs are already well established and a new database is now operating within the Joint Intelligence Bureau. During the period of this strategy, the system will be further developed which will enhance the targeting and combating of traffickers and importers of Class A drugs in

particular.

- 7.10 It is also noted that the business community remains an important part of the intelligence network. In this regard, the Customs Anti-Drugs Alliance members have proved to be a very effective intelligence source, providing information and identification of unusual patterns in the movements of goods and passengers entering and leaving the Bailiwick. Continued efforts will be made to explore appropriate ways to ensure that Customs and businesses continue to work closely together.
- 7.11 It is stressed, however, that law enforcement is but one part of effective prevention. The perhaps natural tendency to rely on law enforcement alone to reduce the harm from illegal drug use needs to be tempered by the realisation that law enforcement can only achieve a reduction, not an elimination, of supply. Illegal drugs are even to be found in every maximum security prison, so notions of drug tight borders are misplaced. In the best management of the problems related to the use of illegal drugs, a coalition is necessary between criminal justice agencies and all the other relevant local agencies, including voluntary and community agencies, and, in some instances, drug users themselves. The development of common, rather than conflicting, cause for all the major stakeholders is a key component of this strategy.
- 7.12 While the enforcement of the law relating to illegal drugs is important, it has to be noted that the enforcement of the laws relating to the supply of legal drugs is also an issue of significance. Thus, as outlined in the Community Safety strategy, the police have considerable responsibilities for the proper enforcement of licensing laws. As with illegal drugs, open and uncontrolled access to legal substances is unhelpful. The Police will continue to increase their efforts in the enforcement of existing licensing and other alcohol-related legislation. Consideration needs to be given to whether there is benefit in raising the age at which tobacco can be purchased, thereby making sales to very young people more conspicuous and more easily enforceable, and also to the introduction of random breath-testing of motorists. The enacting of random breath-testing legislation internationally has not only reduced alcohol-related road traffic accidents, but has had a knock-on effect in respect of socially nasty public order offences, and even domestic violence.
- 7.13 Finally, it is stressed that the best contribution law enforcement agencies can make to the lowering of harm from the use of psychoactive drugs, is to direct their limited resources to the disruption of the major sources of importation and supply of drugs.

CHAPTER 8

Delivering the strategy

The framework for delivery

- 8.1 This strategy is the result of the collective working and learning over the past three years of many professionals, business people, parents, young people and voluntary organisations. The result is an ambitious and challenging strategy that will make a real difference, providing we are able to translate the strategic statements into effective action. Determining how this will happen is a vital part of the strategy, and all developments must be based on evidence and accepted good practice. A framework for delivery must be sufficiently flexible to enable and encourage development and change, whilst at the same time being firm enough to ensure that each intervention is in accord with the philosophy and principles of the agreed strategy.
- 8.2 The Presidents' Policy Group will remain responsible for both the Substance Misuse Strategy and the Community Safety Strategy. The group will meet twice a year and an annual report on the Substance Misuse Strategy and the Community Safety Strategy will be presented to the group. The Presidents' Policy Group will be responsible for -
- policy formulation;
 - policy direction;
 - public accountability.
- The Health and Social Services Committee will take the lead political rôle in the development and implementation of this Strategy.
- 8.3 The Chief Officers' Group on Substance Misuse will meet three times a year and will continue to be responsible for -
- strategic direction;
 - quality assurance;
 - executive authority;
 - resource management;
 - the work of the Community Crime and Drug Strategy Unit^[4] in relation to this strategy on an "as necessary" basis.
- 8.4 The Senior Officers' Group on Substance Misuse will meet quarterly and will be responsible for -
- operational direction;
 - implementing and delivering the strategy;
 - recommending strategic direction to the COG;
 - communications and Information in relation to the strategy;
 - quality assurance.
- 8.5 The Community Crime and Drug Strategy Unit is charged with -
- facilitating and monitoring the implementation of all aspects of the strategy;
 - managing the allocation of and reporting on funding in line with the agreed strategy;
 - co-ordinating and facilitating the research programme for the strategy, and collecting, collating and interpreting data relating to the strategy;
 - promoting, developing and supporting business, voluntary and community initiatives;
 - developing and maintaining a library of relevant information;
 - maximising the use of information technology to disseminate information;
 - supporting the work of the Presidents' Policy Group, the Chief Officers' Strategy Group and the Senior

Officers' Group.

8.6 The Community Grants Panel, comprising members of the public and the Strategy Manager, was established in 1996 to promote, fund and support community-based initiatives that enable them to address the issues surrounding illegal drugs. The Panel will develop its terms of reference to include initiatives that support both this new Substance Misuse Strategy, and the Crime and Community Safety Policy "Working Together to Make a Difference".

Research

8.7 A research programme will be developed which will focus upon -

- a survey of the nature, the prevalence, trends and problems of substance misuse in Jersey, to be carried out every three years;
- long-term evaluation of drug-related sentencing policy;
- developing and implementing a common data collection process that will ensure all data is comparable;
- establishing benchmark criteria that enables evaluation of the strategy;
- individual research projects to support the needs of individual agencies.

8.8 The International Conference on the Reduction of Drug-Related Harm is being staged in Jersey in the year 2000. This will provide an opportunity for everyone in the Channel Islands to develop a greater insight and understanding into all the issues surrounding this problem. It is also an opportunity for Jersey to demonstrate its commitment to reducing the total harm caused by substance misuse.

Evaluation and monitoring

- 8.9 An annual business plan will be produced and presented to the Presidents' Policy Group. At the end of year four of the strategy, a new five-year strategy will be presented to the States. This will ensure continuity of funding and service delivery.

CHAPTER 9

Resource requirements for the substance misuse strategy

- 9.1 There are two main sources of funding for this strategy, as follows -
- 9.1.1 States Revenue Funds, which are utilised for recurring items of expenditure, e.g. salaries and recurring research projects; and
 - 9.1.2 the Drug Trafficking Confiscation Fund (the confiscated assets of people who have attempted to make profit out of dealing in illegal drugs) which are utilised for short-term projects, equipment and initiatives that develop after the budgets are agreed.
- 9.2 In addition to these sources of funding, every effort will be made, when appropriate, to secure private sector support for projects and publications.

[1] Class B drugs include amphetamines and cannabis. They are illegal to possess, sell or give away.

[2] Class C drugs include tranquillisers. They are illegal to supply or sell without prescription.

[3] Attorney General -v- Buesnel August 1996.

[4] Crime and Drug Strategy Unit renamed Community Crime and Drug Strategy Unit.