



Education and Home Affairs Scrutiny Panel

Customs and Immigration Service: resources for prevention of importation of illegal drugs



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1. Introduction

The Annual Business plan for the Home Affairs Department 2012 notes a risk that *'ongoing staff shortages could affect the ability of the service to maintain satisfactory disruption levels leading to increased availability of drugs in the Island'*.

The Scrutiny Panel decided to investigate this situation. The objective for this brief review was to gather evidence from relevant States agencies regarding the current prevalence of illegal drugs in the Island and to determine whether the ongoing staffing shortages in Customs and Immigration frontline teams might be contributing to an increase in availability and use of these substances.

The Panel engaged with the Jersey Customs and Immigration Service (JCIS) and received briefings from the States of Jersey Police, the Alcohol and Drugs Service as well as the independent charity support group, Silkworth.

This report outlines the findings of the review.

2. Background to staffing pressures

In 2008 the Education and Home Affairs Scrutiny Panel undertook a review of the Customs and Immigration Service in response to concerns about funding pressures on the Service. The Panel's report (SR14/2008) described a Service which had been under considerable pressure through several years of under-funding surviving through a 'patch and mend' approach which was considered unsustainable as a long term solution. Of particular concern was the demand placed on the Frontier teams who carry out both customs and immigration controls monitoring all incoming passengers.

The Panel at that time recommended that the Minister should address the under-funding as a matter of urgency. Subsequently, in 2009, the Department's cash limit was increased to allow the JCIS to deal with staff increments and to recruit 3 additional officers to strengthen the Frontier teams.

However, the increase was not enough to enable the Frontier teams to be brought up to optimum operational strength and they continue to operate with one less officer per shift than the optimum minimal level for effectiveness, as described below.

Current JCIS resources dealing with the prevention of illegal importation of drugs and other prohibited and restricted goods

The JCIS has three sections dealing with the prevention of illegal importation into the Island which includes drugs as well as other prohibited and restricted goods such as firearms and endangered species as well as the evasion of duty on goods liable to Impôts and GST.

Frontier teams: These teams carry out both immigration and customs controls monitoring all incoming passengers to the Island. There are three rotating teams of officers, an airport team and a dog handler, rostered to work shifts between the hours 06.00 – 22.00, with responsibility to meet all shipping/aircraft movements from an immigration perspective. From a customs perspective their role is to ensure that prohibited goods are not smuggled into the island.

The JCIS can only guarantee a minimum of seven officers per shift – one less than the optimum minimum level for operational effectiveness. The consequence has been that at

busiest times some customs control for incoming passengers are left unmanned on a regular basis: when arrivals at the harbour and airport coincide, Frontier officers may be called away from monitoring either harbour or airport arrivals to respond to immigration pressures elsewhere, as these are considered a priority.

The JCIS guarantees that all commercial foreign shipping and airline movements are subject to Immigration controls.¹

Intelligence Unit: Officers in this unit are responsible for developing intelligence packages for the JCIS operational officers at the frontiers and in the Investigation Unit. In particular the unit looks to develop intelligence operations that relate to the importation of commercial quantities of Class A drugs, though it will work on operations involving large commercial quantities of Class B drugs.

In 2011, the Comprehensive Spending Review required the Customs and Immigration Service to make staffing cuts, one of which has a direct bearing on surveillance relating to the importation of illegal drugs.

The loss of an Intelligence Analyst has potentially diminished the capability of the Intelligence Unit to undertake in depth analysis of intelligence to identify major smuggling attempts.

Service Investigation Unit: Officers in this unit are surveillance trained. Their role is to support Intelligence operations, develop their own drug trafficking operations and support officers at the frontiers when commercial quantities of drugs are seized.

Drug seizures by JCIS

The information provided by JCIS shows that the volume and value of drugs seizures fluctuates significantly from year to year (see tables 1 and 2 below). There is no clear predictable pattern in the value of seizures from one year to the next. JCIS officers told the Panel that some intelligence operations against skilled syndicates attempting to bring illegal drugs into the Island may take a long period to prepare and there is no guarantee of

¹ States of Jersey Annual Performance report 2011

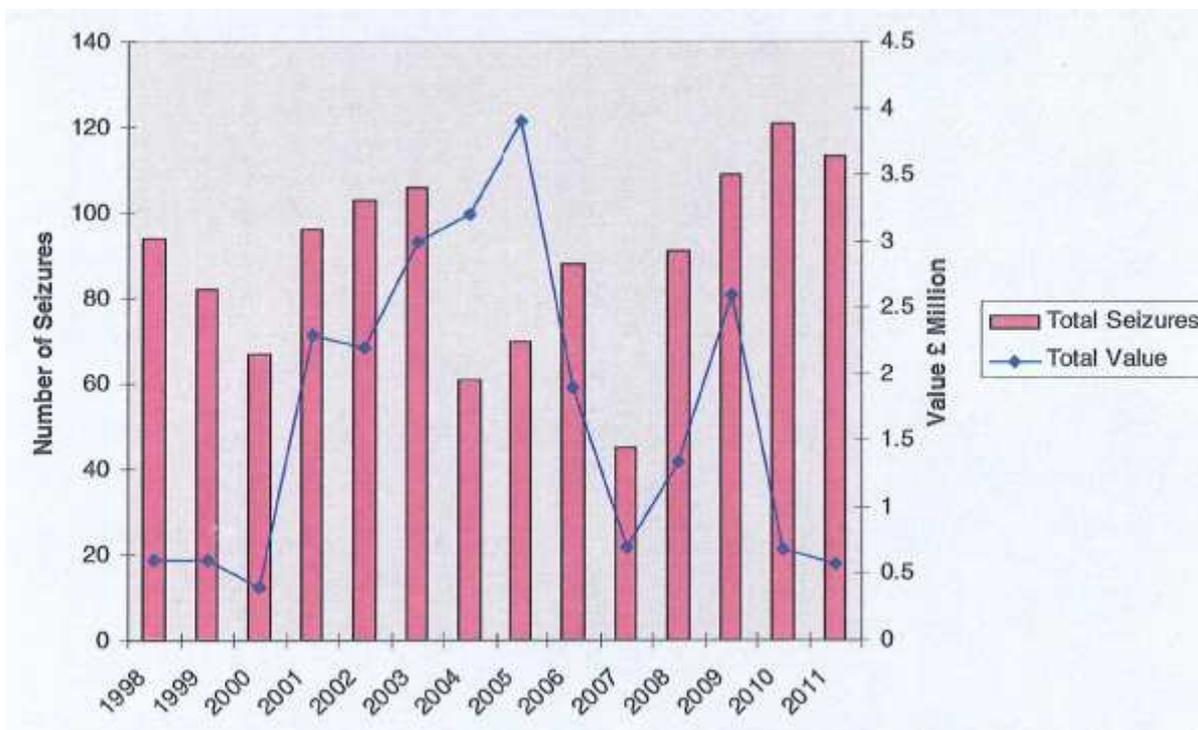
success. In addition, some operations may result in seizures and arrests before drugs reach the Island.

It should be noted that the statistics here relate to seizures by Customs and Immigration alone – the States of Jersey Police also conduct operations targeting street level use of drugs in the island (see below).

Table 1 - Volume of Drug seizures by Customs and Immigration

	2006	2007	2008	2009	2010	2011
Heroin (grams)	1,627	375	935	1,242	572	433
Ecstasy (tablets)	11,278	25,772	5,091	-	-	-
Cocaine (grams)	139	136	711	2,788	504	103
Cannabis (kgs)	16	8	48	114	3	12.2
Mephadrone (grams)	-	-	-	-	1,080	267
Mephadrone (tablets)	-	-	-	-	6	1.00
Amphetamines (grams)	492	4	-	1,002	-	174
Amphetamines (tablets)	2,700	252	-	5,199	-	-
LSD (tablets)	3	-	-	-	5	-
Class C (grams of powder)	8,915	250	-	1,005	47	6
Class C (tablets)	4,792	1,203	5,666	72,049	3,419	586

Table 2 – Seizures by Customs and Immigration Service, including Joint Operations: annual number and estimated total street value, 1998-2011



Over the last three years -

2009: 108 separate drug seizures with a street value of £1.9m. In addition there were four joint operations with law enforcement agencies outside the Island, resulting in the seizure of £713,000 of drugs (total £2,6m). 20 seizures were of a commercial nature. This was an exceptional year: overall the value of drug seizures that year was up nearly 100% on 2008 and up 100% on the previous three year average (2006-2008)².

2010: 121 separate drug seizures with a street value of £688,105. Of these 15 were of a commercial nature. There was a 9% increase in the number of seizures but the value of drugs seized fell back considerably both from the high value in 2009 and also the previous three year average. The number of commercial seizures was not significantly different from 2009 but the quantity of drug seized for each commercial seizure was smaller than in previous years. In addition the value of cannabis seizures in 2010 was very low compared to other years.³

2011: 113 separate drug seizures with a street value of £580,232. There was a 7% decrease in the number of seizures compared to 2010 and 15% drop in the street value of drugs. Quantities seized of three of the main drug commodities (heroin, cocaine and mephadrone) decreased; however, the quantity of cannabis rose although this was still significantly below the average for previous years. Over half of drug seizures were from the Post Office.⁴

Looking back further to the period 2000 – 2006 there was a significant spike in the value of drugs seized in 2001 with a continual annual increase in seizures up culminating in a peak of approximately £4m in 2005 after which the value of seizures fell back to just over half a million pounds in 2007.

Trends in drug use shown by seizures

Over the past three years Heroin has remained consistently the most significant drug seized in terms of value (£1.2m in 2009; £572K in 2010 and £433K in 2011).

The value of seizures of cocaine has fallen significantly in the past three years: from £240K in 2009 down to £41K in 2010 and just £8K in 2011.

² Jersey Customs and Immigration Annual report 2009

³ Jersey Customs and Immigration Annual report 2010

⁴ Jersey Customs and Immigration Annual report 2011

Similarly, the value of seizures of cannabis has declined over the past three years: from £657K in 2009; in 2010 the value dropped to just £2K but rose again to £71k in 2011.

In 2009 considerable quantities of amphetamines were seized (1,002 grams and 5,199 tablets) but quantities since then have been negligible.

No seizures of Ecstasy tablets were made in the past three years, in contrast to previous years when large numbers had been confiscated (25,000 in 2007).

In 2010/11 a trend developed in the Island for ordering mephadrone over the internet. The JCIS believed that the majority of such importations were in ignorance of the prohibition of this drug which became classified as Class B in 2010. Seizures declined in 2011.⁵

Drugs previously known as 'legal highs' have been marketed as a 'safe' alternative to drugs like cannabis and ecstasy. These drugs have been steadily brought under the control of the Misuse of Drugs (Jersey) Law 1978.⁶

Recent successful seizures

From time to time major successful drug seizures are highlighted in the media, for example:

In March 2012, following a long term operation officers from JCIS and SOJ Police seized a commercial quantity of cannabis resin with an approximate street value of £6,000.

Also in March 2012 officers from the Staffordshire Police service seized approximately 250 kilos of cannabis resin in the UK, with a street value in Jersey of at least £1.5m, which had been destined for Jersey.

In July 2012 drugs valued at £30,000 including a small quantity of cannabis resin and approximately 300 Subutex tablets were seized from a small vessel arriving from France. This followed a separate seizure in France of commercial quantities of cannabis resin, Subutex and valium, with an estimated local value of £103K, also destined for the Island.

⁵ Jersey Customs and Immigration Annual report 2011

⁶ Jersey Customs and Immigration Annual report 2009

3. Head of Service, Customs and Immigration

The Panel discussed the staffing issues with the Head of Service, Jersey Customs and Immigration, and the Minister for Home Affairs a public hearing on 22nd June 2012.

In the Annual report of the Customs and Immigration Service for 2011 the Head of Service expressed concern about the possible impact of ongoing staff shortages on the detection and prevention of drug smuggling into the Island. In the foreword he reported that the value of illegal drugs seized by his department was lower than the previous year and below average for the last five years.

In itself this is not unusual: the nature of surveillance operations against skilled crime syndicates are commonly protracted investigations such that the outcomes will vary from year to year. However, he also stated:

'Our concern is that because of understaffing, especially at peak times, we have to abandon some customs controls on almost a daily basis, and on these occasions we are not there to detect smugglers. We will continue to closely monitor results in this critical area of our work.'

The Head of Service told the Panel that it was difficult to quantify the effect of the understaffing on the quantity of drug seizures. Clearly, he said, if officers were not manning the customs controls it was likely that a number of opportunistic or small time smugglers might not be challenged or detected on arrival at ports of entry. Such interceptions, however, tended to be fairly small quantities. Drug import detection is predominantly intelligence-led; relatively little comes from random searches. Whilst these opportunities might lead to information on supply lines, the principal work of his department against the importation of illegal drugs was through longer term intelligence work and investigations into couriers and the major drug syndicates.

The Panel asked whether high levels of overtime were required due to the pressures on the Frontier teams. The Panel noted that a total of 742 hours were worked in 2011 to provide shift cover (about 10% of the total overtime worked by the Department). The Head of Service pointed out that a much larger amount of overtime was worked in the Department as a result of investigations (3,233 hours – 42% of the total). There was a range of time consuming work, including interviewing, custodising prisoners, preparing case files, involved in bringing investigations to fruition.

The Head of Service explained that the pressure on the Frontier teams had eased in 2011 due to changes in the procedures for monitoring ferries in transit. Previously officers had been required to board ferries which were travelling from France through Jersey and on to the UK. Now passengers were required to disembark in Jersey.

With regard to the post of Intelligence Analyst, which had occurred as a result of CSR savings, the Head of Service said that the loss of this post in itself would have had little impact on the reduced quantity of drug seizures in recent years as this post had only been available to the department for a short period. Whilst the work done by the postholder had been valuable and would have improved the work carried out by the department the loss of the post had simply left the department in the position where they were before the post was created.

The Head of Service explained that to bring manning levels up to minimum operational strength would require the recruitment of three Grade 10 officers, in the order to £60,000 per officer including employment expenses and pension, or three assistant officers which would be in the order of £45,000 per officer. The total cost would therefore be between £135,000 and £180,000 per year.

Minister for Home Affairs

The Minister told the Panel that, whilst JCIS had quite a strong case for an additional person per shift, he had not believed that he could justify a growth bid into the Medium Term Financial Plan as other departments within Home Affairs, such as the Fire and Rescue Service, could make an equally strong case to raise manning levels. The Home Affairs department at that time was still required to identify a further £600,000 in savings in order to meet its CSR target and in the light of that situation he said that it was difficult to justify any growth bids for additional staffing. He had however been able to secure funding for the JCIS to meet incremental payments to staff and this had averted further staff reductions.

The Minister told the Panel that he believed that it was acceptable to take a degree of risk in relation to the manning levels for the Frontier team based on a pragmatic, philosophical view on the war against drugs. He said that, no matter how many officers were on duty of the borders, it was not possible to fully prevent the importation of drugs into the Island:

I accept that the war on drugs is unwinnable unless there is a cultural change so that people do not want to start using the stuff. So long as people want to use the stuff, the war is unwinnable and the reason it is unwinnable is economic. The more successful we are at keeping stuff out, the higher the price becomes and therefore the greater incentive to try and bring it in and that is the implacable economic law that we face until there is a change of culture. Therefore I accept that there will always be a quantity of drugs coming in and that most times, a sufficient quantity of drugs in order to fill the market. When there are market gaps which occur from time to time, this can have strange effects but generally positively one hopes that that then shifts people on to heroin substitutes and so on. In acute market gap situations, it had quite undesirable effects because I can remember one Christmas where the supply was running out and there was a whole spate of break-ins to pharmacies and things. People started swallowing all sorts of strange tablets without even knowing what they were doing. So I am not complacent but I am realistic. It would not matter how many officers I had on the borders, there would still be a quantity coming in and nothing that we have seems to be able to prevent that.⁷

The Minister said that the overall strategy was to disrupt the supply of illegal drugs in to the Island to the extent that maintains a high market price and this had been successful because prices have consistently remained at a much higher level than they are in the UK⁸. He gave the example of a bag of heroin which had cost £50 for one-tenth of a gram in average street market price in Jersey in 1999; in 2008 the unit price was still £50 but for one twentieth of a gram.

On other occasions the Minister has told the Panel that patterns of drug use in the Island appear to have changed. This was based on the profile of prisoners at HMP La Moye which showed a reduction in the number of prisoners serving long sentences for Class A drug offences.⁹ He also reported a reduction in the number of 'mules' carrying drugs into the Island, particularly among females.

⁷ Transcript of public hearing dated 22 June 2012

⁸ States of Jersey Police estimate: UK market - £1000 for 1oz heroin; Jersey market up to £30,000

⁹ Panel briefing dated 22.02.13

Evidence from States of Jersey Police

On 12th March 2012, the Panel received a briefing from the Head of Crime Services, States of Jersey Police, on the current situation with regard to the availability of drugs in the Island.

The Panel was informed that the overall illegal drug market in the Island over recent years, as indicated by the street value of drugs seized and the number of serious enforcement cases brought by the police, appeared to be stable.

In 2009: 279 drug offences were recorded of which 29 were serious offences. This figure was about 10% higher than the average for the previous five years; drugs to the value of £823,000 were seized

In 2010: there were fewer recorded offences (207 of which 22 were serious); the value of drugs seized was only slightly down (£760,360)

In 2011: the number of drug offences increased slightly (222 of which 23 were serious offences); the value of drugs seized was £709,688.

It was pointed out that the number of drug offences was directly related to police proactivity – in other words the volume of drug offences tends to reflect the level of police resources applied to drug detection rather than real changes in the incidence of drug use.

In line with many other forces there was no dedicated drugs unit in the States of Jersey Police. Police activity against drugs was intelligence led; however, the police intelligence bureau covered a range of offences. The resources available to the States of Jersey Police to deal with drug offences were balanced against other competing policing requirements.

The Head of Crime Services said that States of Jersey Police operations focussed on disrupting the drug supply networks dealing with the most serious drugs such as opiates. There is no open market for these drugs in Jersey and no indications of any significant increase in the availability and use of Class A drugs such as crack. It was estimated that there were approximately 800 problematic opiate users in the Island, a number which had remained consistent over the last decade,

The States of Jersey police had noticed a recent tendency for cannabis to be imported from the continent by less organised groups. Another recent trend was an increase shown in the use of cheaper synthetic drugs such as Subutex.

In terms of acquisitive crime, which might be related to the need to pay for drug use, the Panel was informed that the figures for 2011 were the lowest for 10 years, although there had been an 8% increase in burglary.

The Head of Crime Services stated that the States of Jersey Police was not complacent about the level of drug activity in the Island but they believed that they had been successful in disrupting the supply of drugs and preventing organised crime from establishing a secure presence in the Island. Although there had been a number of high profile and successful operations against organised criminal groups it was inevitable, due to the high value of opiates in the Island, that other groups would attempt to exploit any gaps in the market as a result of drug convictions. Nevertheless, the number of successful convictions, often the culmination of prolonged and complex investigations, demonstrated that Jersey was a hostile environment where criminal businesses ran a significant risk of being brought to justice.

Evidence from Health and Social Services

The Alcohol and Drug Service ('the Service') is predominantly a self-referral service, although some clients are GP referred. Some arise through the Police/Parish Hall, Court systems. The Service sees between 550 and 600 referrals per year, of which approximately two thirds are alcohol related and one third drug related. Of the approximately 150 drug referrals each year, about 30 of them are new.

The 2011 Annual report of Building a Safer Society stated: *'Overall the evidence from the Alcohol and Drug Service (ADS) is that consumption of heroin has reduced in 2011. Anecdotally, the ADS clients are reporting less heroin on the streets; the use of needle exchange has dropped; opiate referrals - particularly new referrals to the ADS, have dropped; and rates of needle sharing rates in 2011 did not increase.'*

On 12th June the Panel received a briefing from the Director of Alcohol and Drug Services and the Director of Adult Services, Community and Social Services. The Panel was informed of the following current trends in referrals and use of illegal drugs

The majority of drug referrals are heroin users, with the next highest number being linked to opiate based painkillers (eg Fentanyl). In 2000 Imperial College carried out a research study in the Island (Responding to Drug and Alcohol Use in Jersey) and estimated that there were approximately 800 problematic opiate users in the Island. Over the last decade the numbers

of referrals and heroin users have remained relatively constant, although in 2011 opiate referrals dropped to 115 which correlated with the worldwide shortage caused by poppy blight in Afghanistan.

Subutex, a class C synthetic opiate, has become more widely seen. It is available legally in France through GP prescription, and is crushed and injected.

The Service distributes injecting equipment packs and therefore can get a sense of heroin demand and fluctuations on a regular basis.

There has been a decline in the number of cocaine users seen in the last 2-3 years, replaced by the increased prevalence of 'legal highs' that produce similar effects (eg Benzo Fury).

Ecstasy use has also declined for similar reasons to cocaine. Its use, along with amphetamines, is mainly seen in the Polish/Eastern European community.

Cannabis use appears to have remained constant and is available in all forms, although predominantly in resin form.

Most users in Jersey self fund their habit through work/family/friends. This is NOT like the UK trend, where funding is predominantly crime related. Drug related crime in Jersey is very low.

Jersey has stricter sentencing laws/policies than many places in Europe, something that Customs and Immigration have advertised in targeted UK cities.

Anecdotal evidence from clients suggests that most heroin is imported from the UK via air routes such as Liverpool and Bristol, Ecstasy/amphetamines mostly via France on the ferry from Eastern Europe, and cannabis and Subutex also predominantly on the ferry from France.

Heroin is approximately 4 to 5 times more expensive in Jersey than the UK average price. The expense of heroin in Jersey leads to addicts seeking to maximise effects, therefore most will inject. Due to the relative high cost of maintaining a drug habit, Jersey addicts tend to have smaller habits than those in the UK, for example the average Jersey heroin addict uses half a gram per day, compared to 1-2 in the UK.

Given the high price/returns and high penalty risk, it is the interest of dealers to 'manage' quantities in circulation and not flood the market – maximise price and minimise risk. This is reflected in the trend to import small amounts, and only infrequently. They appear to be

successful at doing this as prices/purity/addict numbers have remained quite constant in the last decade.

The Alcohol and Drug Service and Adult Services believed that a co-ordinated response between States agencies was the most effective way of responding to drug use in the Island. A Multi Agency Group comprising representatives Health and Social Services (including from the Alcohol and Drugs Service), Home Affairs (who lead the Group and included Customs and the Police), Education, Housing and Probation had been very valued. A liaison group, its work covered cross-Departmental matters relating to the Island's drug strategy. That strategy became subsumed within other overarching strategies under the auspices of Building A Safer Society (BASS). This diluted its remit, and along with changes to the governance of BASS it saw the group disband. Discussions with the various elements take place, but more so now on an individual basis, as and when matters arise.

There has been some development here with Home Affairs taking the lead again. The ADS/Adult Services have been and will continue to push for this, as it will help encourage best practice, new initiatives, co-ordinated responses to issues arising, a point of feedback from British-Irish Council meetings amongst other positives. It doesn't cost extra as it can form part of each representatives work load.

The Island won't be drug free, but adopting some of the above and having agencies working together to educate about drugs and get more people into the programmes whilst at the same time cutting supplies at the borders or policing and prosecuting effectively within could help bring the number of addicts down (with the associated social and economic benefits that may have).

Evidence from Silkworth Charity Group

On 26th November 2012 the Panel received a briefing from the Chief Executive Officer and Treatment Manager, Silkworth Charity Group. Silkworth Lodge, which was opened in 2002 by The Families in Recovery Trust, is the only residential rehabilitation treatment centre in the Channel Islands. It is a non-profit organisation, owned and administered by The Families in Recovery Trust, to support those with drug and alcohol dependency, together with their families.

1) Is there any evidence of increase/decrease in the availability of class A drugs in the island?

There appears to be a lot less Heroin circulating on the Island. This reflects the current situation in the UK. It appears easier for addicts to obtain Subutex or 'legal' highs. Subutex, a heroin blocker is available in France on prescription. It can be crushed and snorted or injected by addicts to obtain the same effect as heroin.

Silkworth has had an increasing number of referrals recently – 36 in the period between July and November. Many are self-referrals; others come from GPs, Alcohol and Drugs Service, Workwise and other agencies

2) What are the most common forms of illegal drug use in Jersey?

Mainly illegal use of pharmaceuticals and 'research' drugs (various names of new chemical compounds and these names are changed regularly to avoid detection).

The market for certain drugs appears to be depressed; however they are replaced by other forms of drugs. There appears to be limited use of cocaine or ecstasy currently on the Island. Ecstasy appears to have lost its appeal and is not much sought after. It is relatively cheap meaning there is less profit in trying to import.

On the other hand there has been a large influx of Methedrone which addicts are injecting. This was formerly obtainable from websites and shops but has now been classified as a Class B drug. Also probable misuse of Methadone and Buprenorphine (prescribed or obtained on the street).

GPs are becoming wiser to the misuse of prescription drugs. Addicts become well known in the community and their tricks of the trade to obtain prescriptions can be detected.

3) What is the source of these drugs?

The main source appears to be small time smuggling operations from boats and a lot of Buprenorphine is brought over from France.

4) Is the Island providing an effective barrier to the importation of these drugs?

There are risks to importing drugs due to the severe penalties imposed on those who are caught. People are willing to take the risk as 'mules' because they are desperate to obtain money to feed their addiction. The providers don't take the risk.

Increasing the number of Customs Officers at the ports to prevent importation would probably not make a great deal of difference. It is more important to have good intelligence about what is going on in the community, where the drugs are coming from, and who is dealing.

5) Has there been any fluctuation in the number of problematic drug users in the island over the past decade?

Heroin use has become more difficult for the addicted person due to lack of the drug, but this appears to have led to more addicts misusing other substances ie: Methadone, Buprenorphine and Methedrone.

Problematic users are well known to health services. The larger area of concern is the number of people 'under the surface' who are using regularly and feeding their addiction. The extent of the problem is unknown.

High profile incidents, eg death of Leah Betts from ecstasy, have a limited long term effect. The fear factor soon diminishes.

6) What should government be doing?

The key factor is to effect a cultural change. This comes about through heightening awareness of people who have been affected by addiction, awareness of how the illness of addiction affects health and awareness of ways addicts might be helped to change their lives.

The government and third sector agencies already provide a range of services. The most effective solution is through collaborative working, sharing knowledge between agencies. Things are currently moving in the right direction.

There is now a wider awareness in Jersey of addiction and various treatment pathways, particularly from the corporate world, where advice and assistance to deal with addiction is being sought increasingly, rather than losing people from the workplace. People are seen to

be dealing with addiction earlier as they realise that they risk of losing everything and that there are ways of getting their life back. It is essential to continue to increase awareness so that people know where to go to access assistance and treatments.

The 18+ age group are at high risk of abusing drugs and alcohol. There is a huge need to improve education, not by dictating to students, but by engaging with them and developing innovative ways to make the issues real for young people. One way of doing this is by bringing into schools and colleges people who are on the road to recovery from addiction who can share the difficulties they have faced.

Silkworth is now working more closely with Alcohol and Drugs Service and other agencies in the Third Sector Forum and would welcome taking this a step further with the revival of the Multi Agency Group.

4. Conclusion

There is little doubt that there is an active illegal drug market in Jersey, although this market remains hidden from the general population. There is no open market for the sale or purchase of drugs; therefore the incidence of drug use is difficult to quantify.

The only comprehensive evidence-based research carried out into the extent of this market was conducted in 2000 by the Imperial College School of Medicine Centre for Research on Drugs and Health Behaviour¹⁰. The principal findings of that report were:

- A comprehensive array of illegal drugs and 'diverted' pharmaceuticals are available in Jersey
- It is estimated that there are approximately 780 problematic opiate users in Jersey, of which 530 may be injecting drug users
- These problem drug users are typically male, employed, and aged between 27 and 29. Their drug of choice is heroin, which they will probably inject.

The Panel was informed that the key findings of this report remain valid more than ten years later.

The volume of drugs seized by the Jersey Customs and Immigration Service and the States of Jersey Police may give some indication of the use of illegal drugs in the Island. For example, in the years following the publication of the Imperial College report both the States of Jersey Police and the Jersey Customs and Immigration Service reported increasingly significant quantities of seizures of heroin, which might be taken to indicate that the drug was becoming increasingly popular in the Island.¹¹

However, the increase in seizures might also be explained by factors such as the development of successful initiatives such as the Joint Police and Customs Intelligence Bureau which was set up with the purpose of targeting Class A drug seizures.

In its Annual report for 2010 the States of Jersey Police stated: '*The volume of drugs offences tends to reflect changes in the policing of drug crime more than real changes in its*

¹⁰ Responding to Drug and Alcohol Use in Jersey, Imperial College School of Medicine, April 2001

¹¹ Submissions to Scrutiny review: Responding to Drug use, SR1/2004

incidence'. In 2008, for example, the States of Jersey Police reported a 24% increase in drug offences, as a direct result of pro-active targeting of street level drug offences.

In 2010 the States of Jersey police reported that fewer people had been caught in possession of personal quantities of drugs; however, the focus for policing was on disrupting the drugs supply networks. The outcome of this work does not follow a predictable or consistent pattern.

Another indicator for the popularity of drugs in the Island is the street price. The Jersey Customs and Immigration Service has gathered information on this from a variety of sources (seen by the Panel on a confidential basis)¹². These figures show that the price in the Island of Class A drugs such as heroin and cocaine remains high in comparison with average prices in the UK. This makes Jersey an attractive market for organised crime syndicates.

It is likely that the level of resources applied to the problem of drug importation by the Jersey Customs and Immigration Service would yield greater results. Whether the strengthening of the Frontier teams would be the most effective method of achieving this objective is not clear to the Scrutiny Panel. It might be that additional resources in the Intelligence Unit would be more useful in targeting key risk areas. For this reason, the Panel is disappointed that the Comprehensive Spending Review resulted in the loss of a recently appointed Intelligence Analyst. This appears to Panel members to be an unfortunate casualty of the cost reduction process.

In general, however, the Panel has not found any significant cause for concern that the Jersey Customs and Immigration Service is failing in its responsibility to maintain disruption levels nor that staff shortages are leading to increased availability of illegal drugs in the Island. The evidence given by the various agencies consulted by the Panel has not provided any direct challenge to the policy of containment and disruption as set out by the Minister for Home Affairs in the Scrutiny hearing on 22nd June 2012. Rather than any significant increase in the availability of illegal drugs, there appears to have been a reduction recently in the use of Class A drugs.

This Scrutiny review has examined just a small aspect of a very complex problem. An analysis of the various reasons for the apparent decrease in Class A drug use and the

¹² Drug and Alcohol Service, States of Jersey Police, Service Intelligence Bureau, Service Investigation Unit and seizures

impact of the Island's substance misuse intervention strategies would require a much more comprehensive study than this limited review.