

Substance Misuse Strategy Report for the Education & Home Affairs Scrutiny Panel

Submission by Simon Harrison, June 2020

Jersey's substance misuse strategy concluded at the end of 2019 without review or replacement, bringing to an end twenty years of Government policy that began with the Substance Misuse Strategy 1999-2004 and evolved into the Building a Safer Society strategies from 2005-2019.

In the undertaking of research in support of this report, it has become apparent that in recent years there has been a steady decline in confronting the subject of substance misuse in the Island. By raising this matter with the Education & Home Affairs Scrutiny Panel, I hope that this trend can be reversed to ensure that all issues relating to substance use in Jersey are addressed in future policy.

Harm Reduction as the Basis for Policy

The “Substance Misuse Strategy: 1999-2004” succeeded the previous three-year strategy “Working Together Against Drugs” that was agreed by the States Assembly in May 1996.

<https://statesassembly.gov.je/assemblypropositions/1999/35044-31.pdf>

“With the introduction of its 1999 Responding to Substance Misuse (RSM) strategy, the English Channel Island of Jersey joined a small number of countries worldwide to have a psychoactive substance use strategy premised on a harm reduction philosophy.”

Responding to Drug Use in Jersey: findings and outcomes from a multi-method rapid assessment, Imperial College School of Medicine, April 2001.

https://www.researchgate.net/publication/250188810_Responding_to_Drug_Use_in_Jersey_findings_and_outcomes_from_a_multi-method_rapid_assessment

The principle of harm reduction with regard to substance misuse was latterly combined with the issue of community safety in the formation of the subsequent “Building a Safer Society” strategies from 2005-2019.

Building a Safer Society: A strategy aimed at minimising the harm caused by crime, anti-social behaviour and substance misuse 2005-2009:

<https://www.gov.je/SiteCollectionDocuments/Staying%20safe/ID%20BASS%20strategy%202006%20IR.pdf>

BaSS 2: Strategic Framework:

<https://www.gov.je/SiteCollectionDocuments/Staying%20safe/ID%20BASS2%202009%20IR.pdf>

Building a Safer Society: A Community Safety and Substance Misuse Strategy for Jersey 2016-2019:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/BaSS%202016%20-2019.pdf>

Reports on Substance Misuse

In 2004 the Shadow Scrutiny Panel conducted a comprehensive review of substance misuse in Jersey in response to the Imperial College School of Medicine report on the Alcohol and Drugs Service, which culminated in the publication of the “Responding to Drug Use Report”.

<https://statesassembly.gov.je/scrutinyreports/2004/report%20-%20responding%20to%20drug%20use%20-%2019%20october%202004.pdf>

Following the introduction of the BaSS strategy, reports were published annually from 2005-2015.

Building a Safer Society - Annual Report 2005:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20BASS%20Annual%20Report%202005%2020060830%20IR.pdf>

Building a Safer Society - Annual Report 2006:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20BASS%20Annual%20Report%202006%2020070517%20IR.pdf>

Building a Safer Society - Annual Report 2007:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20BASS%20Annual%20Report%202007%2020080710%20IR.pdf>

Building a Safer Society - Annual Report 2008:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20BASSAnnualReport2008%2020090906%20GH.pdf>

Building a Safer Society - Annual Report 2009:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20BASSAnnualReport2009%2020101215%20GH.pdf>

Building a Safer Society - Annual Report 2011:

<https://statesassembly.gov.je/AssemblyReports/2012/R.138-2012.pdf>

Building a Safer Society - Annual Report 2012:

<https://www.gov.je/SiteCollectionDocuments/Staying%20safe/R%20BASS%20Annual%20Report%202012%2020131029%20AM.pdf>

Building a Safer Society - Annual Report 2013:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20BaSS%20Annual%20Report%202013%2020140528%20GH.pdf>

Building a Safer Society - Annual Report 2014:

<https://statesassembly.gov.je/assemblyreports/2016/r.3-2016.pdf>

Building a Safer Society - Annual Report 2015:

<https://statesassembly.gov.je/AssemblyReports/2016/R.112-2016.pdf>

Additionally, there have been a number of reports undertaken on the health and lifestyle of young people and others that addressed issues relating to drugs, and also a report in 2015 focusing on the subject of 'legal highs'.

A Picture of Health Jersey 2006:

<https://www.gov.je/ImportedNewsObject/ChildHealthSurvey2006.pdf>

Health Profile for Jersey 2008/09:

<https://www.gov.je/SiteCollectionDocuments/Health%20and%20wellbeing/R%20Health%20Profile%20Jersey%202008-09v2%2020120510%20MC.pdf>

A Picture of Health Jersey 2010:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20Jersey%20Picture%20of%20Health%202010%2020110518%20LJ.pdf>

A Picture of Health Jersey 2014:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20A%20Picture%20of%20Health%20Jersey%202014%2020150302%20HI.pdf>

Jersey Health Profile 2016:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20HealthProfile2016%2020161123%20HI.pdf>

The nature, extent, impact and response to illicit drug use in Jersey 2015:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20The%20nature%20extent%20impact%20and%20response%20to%20illegal%20drug%20use%20in%20Jersey%2020150611%20CDMR.pdf>

The “Building a Safer Society: A Community Safety and Substance Misuse Strategy for Jersey 2016-2019” strategy introduced a change of approach to that taken by the previous BaSS strategies, with the implementation of 'Strategic Goals' and the cessation of annual reports. Consequently, there has been no public account of substance use in the Island since 2015.

The Omission of Substance Misuse

"Mr Gafoor warned that if he is not replaced there will be a gap in providing expert advice to the States on drug strategy and policy."

Drug service now without a director, Jersey Evening Post, February 2017.

<https://jerseyeveningpost.com/news/2017/02/02/drug-service-now-without-a-director/>

The "Strategic Plans" published in 2006 and 2009 both made mention of substance misuse as an issue to address in relation to community safety.

Strategic Plan 2006 – 2011:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/BP%202006StrategicPlan%2020060907.pdf>

Strategic Plan 2009 – 2014:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/BP%202009StrategicPlan%2020090715.pdf>

However, subsequent plans have omitted the issue of substance misuse.

Strategic Plan 2015 – 18:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20States%20of%20Jersey%20Strategic%20Plan%202015-18%2020150430%20VP.pdf>

Common Strategic Policy 2018-22:

<https://statesassembly.gov.je/assemblyreports/2019/r.11-2019%20small%20amd%20page%205.pdf>

Transition Report 2019:

<https://statesassembly.gov.je/assemblyreports/2018/r.155-2018.pdf>

Government Plan 2020-23:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/ID%20Government%20Plan%202020-23%20VB.pdf>

Other reports and strategies have made little or no reference to the subject of substance misuse.

Health White Paper Review 2012:

<https://statesassembly.gov.je/scrutinyreports/2012/report%20-%20health%20white%20paper%20review%20-%2015%20october%202012.pdf>

Protecting and improving the health and well-being of all Islanders 2015-2020:

<https://www.gov.je/SiteCollectionDocuments/Health%20and%20wellbeing/R%20Public%20Health%20Jersey%20Document%202015-2020%2020150413%20LD.pdf>

A Sustainable Primary Care Strategy for Jersey 2015 – 2020:

<https://www.gov.je/SiteCollectionDocuments/Health%20and%20wellbeing/R%20Sustainable%20Primary%20Care%20Strategy%2020151204%20LJ.pdf>

Prevention of Suicide in Jersey: A Framework for Action 2015-2020:

<https://www.gov.je/SiteCollectionDocuments/Health%20and%20wellbeing/ID%20Suicide%20prevention%20framework%2020151201%20MK.pdf>

A Mental Health Strategy for Jersey (2016 – 2020):

<https://www.gov.je/SiteCollectionDocuments/Health%20and%20wellbeing/R%20Mental%20Health%20Strategy%2020151105%20LJ.pdf>

Mental Health Quality Report 2017:

[https://www.gov.je/SiteCollectionDocuments/Health%20and%20wellbeing/5709%20STOJ%20MH%20Quality%20Report%205%20\(002\).pdf](https://www.gov.je/SiteCollectionDocuments/Health%20and%20wellbeing/5709%20STOJ%20MH%20Quality%20Report%205%20(002).pdf)

Assessment of Mental Health Services 2019:

<https://statesassembly.gov.je/ScrutinyReports/2019/Health%20and%20Social%20Security%20Panel%20-%20Assessment%20of%20Mental%20Health%20Services%20Report%20-%2006%20March%202019.pdf>

Jersey Youth Justice Review 2019:

<https://www.gov.je/SiteCollectionDocuments/Crime%20and%20justice/R%20Youth%20Justice%20Review%2020190529.pdf>

Domestic Abuse Strategy 2019-22:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/SPB%20DA%20Strategy%202019%20-%202022.pdf>

A Health and Wellbeing Framework for Jersey 2020:

<https://www.gov.je/SiteCollectionDocuments/Health%20and%20wellbeing/ID%20Health%20and%20Wellbeing%20Framework%20JM.pdf>

The 2016 Education Department “Drugs Policy” appears to be the most recent document available on the Gov.je website that specifically addresses the issue of drugs:

<https://www.gov.je/SiteCollectionDocuments/Education/P%20Drugs%20Policy%2020160511%20SJ.pdf>

Regarding customs seizures, there does not appear to have been an annual report published from the Customs and Immigration Service since 2016.

In 2017, the Drug and Alcohol Action Team was introduced, however I can find little other than passing references to the team since.

<https://www.gov.je/SiteCollectionDocuments/Health%20and%20wellbeing/BP%20Health%20and%20Social%20Services%202017%20Business%20plan%2020170316%20DS.pdf#page=25>

The proposed “Jersey Care Model for Health and Community Services” simply states: "Services like Drugs and Alcohol can be provided through external partners":

<https://www.gov.je/SiteCollectionDocuments/Health%20and%20wellbeing/ID%20Jersey%20Care%20Model%20Briefing%20Paper%2020191029%20LJ.pdf#page=12>

There is however a passing mention of the development of a Drug Strategy in the “Draft Departmental Operational Business Plans 2020”:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/Draft%20Business%20Plans%20for%202020%2020191024%20CB.pdf#page=224>

Public Information Provision

The Gov.je 'Drugs and their effects' page provides some limited information on the subject of drugs:

<https://www.gov.je/Health/AlcoholDrugs/Pages/DrugsEffects.aspx>

...which features the same content as it did in August 2014:

<https://web.archive.org/web/20140805072324/https://www.gov.je/Health/AlcoholDrugs/Pages/DrugsEffects.aspx>

...which was most likely composed at the same time as the page originally appeared in 2011 (unfortunately the page itself is not archived from this period):

<https://web.archive.org/web/20110825115611/http://www.gov.je:80/Health/HealthyLiving/AlcoholDrugs/Pages/index.aspx>

The “Parent's Guide to Drugs” has not been updated since it's 6th edition in 2015:

<https://www.gov.je/Health/AlcoholDrugs/Pages/ParentGuideDrugs.aspx>

Fortunately, there is some more recent information available on the Youth Enquiry Service website:

<https://www.yes.je/Info/drugs-and-alcohol/>

Conclusion

It is time for the subject of personal substance use/misuse to be considered as a health issue rather than a criminal matter in Jersey. A new strategy should be developed that separates substance misuse from the realm of community safety under the remit of the Home Affairs Department and instead addressed as a mental health concern under the remit of the Health Department.

The Government of Jersey has recently made commitments to put “Jersey’s Children First”:
<https://www.gov.je/Caring/JerseysChildrenFirst/Pages/index.aspx>

Children and young people are the most likely group to suffer the detrimental effects of substance misuse. All those affected should be dealt with in a compassionate manner and not be subjected to the possibility of criminal proceedings that may prevent them from accessing services and which can lead to a drugs record that prevents future opportunities for employment and travel.

Education is paramount to addressing substance use and adequate resources should be directed towards information provision from both our Education and Health Departments. It is disappointing that such education currently falls under the remit of our police force:

<https://jerseyeveningpost.com/news/2020/02/22/police-turn-to-education-in-new-drug-crackdown/>

Additional funding is required to provide the resources needed to adequately address substance misuse issues in the Island:

“It all just boils down to the money. For example, the Alcohol and Drugs Service, it runs out of an old building that is dilapidated; it is not fit for purpose. [...] If you look at the Health and Community Services playing our part in the government, which was emailed to us last week, one of the underlying themes is that: “We must work within available budgets”, bold. That seems to come through as very much the theme that they are trying to ask for more and more with ... there is an increasing demand from C.A.M.H.S., for example, and the budget is not there. The Alcohol and Drugs Service have got half in equivalence of consultant psychiatrists; they need a full-time psychiatrist. Despite trying to get more G.P.s involved in looking after people with substance misuse, there is only me and another part-time G.P. who is about to leave the Island. There is no funding for it. Mental Health are not going to increase the amount of psychiatric support for the Alcohol and Drugs Service anytime soon.”

Assessment of Mental Health Services, Health and Social Security Scrutiny Panel, 2019.

<https://statesassembly.gov.je/ScrutinyReports/2019/Health%20and%20Social%20Security%20Panel%20-%20Assessment%20of%20Mental%20Health%20Services%20Report%20-%206%20March%202019.pdf#page=33>

Other areas of concern relating to the conclusion of the BaSS strategy include:

Fears For Future Of Probation Service:

<https://www.channel103.com/news/jersey-news/fears-for-future-of-probation-service/>

Future of education charity Prison! Me! No Way!!! is unclear:

<https://jerseyeveningpost.com/news/2020/02/03/future-of-education-charity-prison-me-no-way-is-unclear/>

The Draft Crime (Prejudice and Public Disorder) Law proposes the issuing of fines at Parish Hall Enquiries for the possession of Class B & C drugs “where a person persistently offends at a low level... which might serve to modify the offending behaviour”. If they are a persistent offender, it appears unlikely that a fine alone will encourage them to change their ways.

<https://www.gov.je/SiteCollectionDocuments/Crime%20and%20justice/C%20CPPD%20consultation%20NF.pdf#page=30>

The market for illegal drugs has continued to evolve while our approach to substance use in Jersey has stalled. Flavoured cannabis vape-liquids are available over the Internet that are indiscernible from those containing nicotine. The recent coronavirus crisis has led to increased alcohol consumption and has disconcertingly seen the return of Spice to the Island – in a far stronger form than was available a decade or so ago. People are turning to growing their own cannabis for personal use as the black market has disintegrated due to the closure of our ports, with those caught facing the greater charges of production and possibly intent to supply. CBD oils that contain 3% THC by weight of CBD are now legal in the Island, but yet a 4% THC concentration is considered a Class A drug as a cannabinol derivative in Jersey law.

https://www.jerseylaw.je/laws/enacted/Pages/L-10-1978.aspx#_Toc503749938

“The reality is that young people like taking drugs and no amount of grandstanding is going to stop that. The key is giving people the knowledge and tools to stay safe because enforcement does not deter use or prevent supply. It does make drugs more dangerous and creates problems with other criminality. All evidence and logic points towards the harm-reduction approach.”

‘Whack-a-mole’ crackdown on drugs ‘not the answer’, Jersey Evening Post, February 2020.

<https://jerseyeveningpost.com/news/2020/02/28/whack-a-mole-crackdown-on-drugs-not-the-answer/>

We appear to have an opportunity to reconsider how we approach the issue of personal substance use/misuse in the Island. The prohibition of drugs is rooted in racism and concepts of “otherness”. The current Black Lives Matter protests in the United States and elsewhere are providing a chance to address civil rights concerns and right the wrongdoings of our past. In this context, it is time we took a holistic approach to substance use in Jersey so that we can effectively reduce the associated harms to individuals and society as a whole.

Appendix

From the introduction to the Jersey “Substance Misuse Strategy: 1999-2004”, which formed the precursor to the Building a Safer Society Strategy that concluded last year:

(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 warred 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.

<https://statesassembly.gov.je/assemblypropositions/1999/35044-31.pdf#page=11>