



**ANNUAL REPORT 2009**

**Drug Concern** is a charity involved in the delivery of services for those whose lives are affected by drug misuse within the Bailiwick of Guernsey, through education, information, advice, support and counselling.

**Directors**

Jim Le Pelley	<i>Chairman</i>
Chris Sackett	<i>Treasurer</i>
Judy Beaugeard	
David Leafe	
Bruce Riley	(retired February)
Mike Watson	
Philip Eyre	(appointed March)

**Staff team**

Tracey Rear	<i>Manager</i>
Mark Guille	<i>Education &amp; Training Drug Worker</i>
Gill Ogier	<i>Criminal Justice Drug Worker</i>

## Staff Profiles



**Tracey Rear** BSc (Hons), Dip DD, Dip CPC  
**Manager**

Tracey has been working for Drug Concern for eleven years, having started her employment with the organisation as the under 21s Drug Worker. She has worked in each area of operations. Underpinning her work experience in the field she has a degree in Addictions Management, a diploma in drug dependency, a diploma in clinical and pastoral counselling and is a practitioner of auricular acupuncture.



**Gill Ogier** RGN, H dip AN, Dip HG  
**Criminal Justice Drug Worker**

Gill has been working for Drug Concern for six years and has a background in nursing. Whilst with the organisation she has completed a Diploma in Human Givens therapy, and is a practitioner and trainer of auricular acupuncture.



**Mark Guille** BA (Hons)  
**Drug Training and Education Worker**

Mark joined the team in July 2009. Leaving the finance sector to develop his interest in the area of social care. Mark has degree in Sociology with a focus on criminology. Having previously worked with the prison chaplaincy on a voluntary basis and assisted with the delivery of third sector counselling Mark has a good understanding of the various needs of the wider client group.

### Manager's Report

2009 was Drug Concern's first year in the premises at St Julian's and I am pleased to report the relocation soon became well established with service users, providing a service that is more easily accessible with its central location.

Dominating the spotlight locally in 2009 was the use of emerging drugs of concern (formerly known as legal highs). In my 2008 report I made reference to these substances as use started to emerge, stating that we would be observing the trends associated with the emerging drugs of concern.

Overall the number of individuals accessing our services has remained about the same. Some clients are no longer in contact either because they have completed their treatment period or because they have disengaged from Drug Concern with no prior notification. However, a breakdown of data by age and primary drug of use shows the sudden take-up of the new drugs, and shows too a significant increase in younger people seeking help.

Year	Total clients	Under 21 yrs	21-30	30years and over
2008	298 (199 new)	13%	41%	42%
2009	300 (202 new)	22%	42%	34%

One explanation for the drop in the over 30 age group, could suggest a decline in drug using behaviour or that drug using behaviour has changed significantly so that it no longer presents as problematic.

The rise in under 21's accessing the service may be linked to the acute rise in use of emerging drugs of concern, which is detailed below.

Year	Total clients	Cannabis	Opiates	Poly use	Drugs of emerging concern	Cocaine and Ecstasy
2008	298 (199 new)	11%	24%	38%	No data	12%
2009	300 (202 new)	9%	14%	30%	17%	2%

The data relating to substances used reflects some interesting changes. Due to the arrival of emerging drugs of concern close to the end of 2008, no data is available for that year. However, if we use the data from the beginning of 2009 as a comparison this would fall at almost two percent.

The acute changes in substance use particularly among young people prompted Drug Concern to respond quickly to the needs within the community. As part of the Drug and Alcohol Strategy's prevention strand we developed and delivered a comprehensive module as part of the drug education package. The aim of this was to better inform young people about the risks of such substances, particularly as the brand name 'legal highs' was indicating these substances were safe, when in fact they had some serious health risks. We extended this to community groups, parents and local businesses as necessary. The island's Drug and Alcohol strategy provided a venue to discuss these substances at a national level.

Recent changes to the import and export of emerging drugs of concern, and the move to classify the cannabinoid substances such as SPICE as controlled drugs had already started to influence the statistics as early as October 2009; with a substantial drop in reported use compared to mid-year. I wait with interest to see the drug using trends during 2010 following the restrictions on access to emerging drugs of concern, and specifically whether there is a potential link with these substances and the age group of service users in the under 21 bracket.

Drug Concern continues to strive to work inclusively with those organisations which have contact with the client group and aim to ensure that service provision is targeted correctly and uses resources wisely. We are receiving an increasing number of requests to provide training and consultation to various groups and businesses in areas related to drug use and addictive behaviour and see this as a potential area for development.

Moving away from the trends and statistics to focus on the operation of Drug Concern. One of the challenges of island life on local business has to be in the area of recruitment and retention of staff. During 2008 we experienced a 50% turnover in staff levels. Our efforts to recruit staff for our prison work have been difficult, and at the time of writing we have yet to fill this position. Despite the issue of a short-term licence for this post, the cost of relocation added to the costs of living have dissuaded suitably qualified personnel from accepting offers of employment. Recruitment costs are unavoidable, and as a small charity these costs are an added burden to already limited funds.

Fundraising will always remain a priority for Drug Concern, although funded in part by the States via contractual agreements these services are subsidised by the money we receive from individuals, companies, trusts and other charities that value the work undertaken by Drug Concern and see the need to challenge addictive behaviour through intervention.

The potential use of volunteers has been revisited as a possibility for adding value to existing services although the use of volunteers should not be seen as a replacement for paid staff. This is something that needs careful scrutiny before any steps are taken to progress the initial idea.

It was with much reluctance and sadness that Drug Concern said farewell to its longest standing director. Bruce Riley stepped down from his role on the board in February and handed over to Philip Eyre. Bruce worked tirelessly behind the scenes and contributed greatly towards the success of Drug Concern. On behalf of the board I would like to extend my thanks to Bruce for his hard work over the years.

Also on behalf of the board I extend a warm welcome to Phil, who is already proving to be an active director.

So to conclude, 2009 has presented numerous challenges, whether it has been getting to grips with unfamiliar trends in substance use and responding to these, addressing key practice issues as the shape of the client group begins to transform or whether it's looking at the nuts and bolts of how as a charity with high professional standards we reach out to the wider community not only to help those in need, but to meet our own organisational needs.

My thanks extend to the directors and staff at Drug Concern for their commitment and hard work, and to those organisations and individuals who continue to support the work of Drug Concern.

### **Core services**

Drug Concern is a local charity involved in addressing the needs of those whose lives are affected by substance misuse. This is achieved both in preventative ways, such as education or training, and by means of a variety of harm-reduction measures and treatments, including targeted psychosocial interventions, information, advice and support, and the provision of a needle exchange programme. We are strong supporters of a multi-agency approach to the problems of drug misuse and we recognise, and support the work of the Bailiwick Drug and Alcohol Strategy Group in coordinating the efforts of a number of organisations in both the public and voluntary sectors.

Support services are specifically designed to help people who are struggling to change behaviour. The focus is on problem identification and problem management, motivational work in relation to cessation of drug use, and specific relapse prevention techniques. Drug Concern also provides support to other charities, businesses and organisations.

Advice and information extends to all in the community who have queries relating to substance misuse, the effects of substances, treatment routes, where to go for help and more general enquiries.

The needle exchange is specifically a harm-reduction measure. Its introduction was a response to concerns that a growing number of users were injecting drugs, often with used and shared needles, thereby putting themselves at risk of contracting a number of blood-borne viruses. The needle exchange enables drug users to collect clean injecting equipment, and receive safer injecting advice, thus reducing the risk of transmission of certain viruses.

At Drug Concern we work hard to engage with needle exchange users, with the aim of building good working relationships leading to behaviour change. Our evening opening times have allowed service users access outside their working day, which means there is more opportunity to engage them in conversation and to build these good relationships.

Auricular acupuncture is used as a treatment to reduce the discomfort of withdrawal from substances by promoting a reduction in the symptoms of anxiety. It is also provided for individuals who have successfully changed their drug use but benefit from receiving the treatment on a regular basis to promote relaxation.

### **Education and Training**

The drug education programme delivered in Guernsey and Alderney schools is one of our well established services. The programme covers all secondary schools from year seven to year eleven, together with the Sixth Form centres and the College of Further Education. The programme addresses the issues and choices relating to substance misuse and its associated risks and potential consequences. There has been the need for a particular focus on Emerging Drugs of Concern ("legal highs") in 2009, as they have encouraged a culture of experimentation among young people, who were not aware of the harms associated with their use. Information sessions are also provided for parents and teachers.

The education and training delivered to new recruits to the Police Force has been maintained during 2009, as has the input with the Karabiner Project which aims to

get young people ready to enter employment. There has been an increased demand for education from various agencies including nurses, youth workers, social workers, Boys Brigade, and The Kindred Family Centre.

Education, wherever it is delivered is considered to be a key factor in prevention, particularly amongst young people. Hence we are keen to further promote this aspect of our work within the community, and to develop our work with other agencies in promoting the social and emotional wellbeing of young people.

Training on "legal highs", in particular, has been provided to the St John Ambulance and Rescue Service, the Fire Brigade and to care staff at St John's Residential Home. We are currently working with the Guernsey Training Agency to provide training to businesses in Guernsey in 2010.

### **Criminal Justice Drug Service**

The *Criminal Justice Drug Service* (CJDS), introduced six years ago on the initiative of the States Chief Officers Drug and Alcohol Strategy Group is a partnership between Drug Concern and the Probation Service. The primary purpose is to provide the courts, prison, and Parole Board with the facilities necessary to enable them to impose treatment as a condition of supervision.

We see the partnership work between the Probation Service and Drug Concern as fundamental to the success of the CJDS. The referrals to the service remained steady as did the number of completed orders. There was a slight decrease in the number of individuals who were in breach of their order. Although referral rates were relatively consistent with 2008 levels the number of individuals receiving input at any one time exceeded the threshold of maximum capacity. This is largely due to the unpredictability of offences being committed.

Arrest referral is a partnership between Drug Concern and the Guernsey Police. The aim is to raise awareness of services available to drug-using offenders at the point of arrest. Involvement in the scheme is voluntary and not an alternative to prosecution or due process. The Criminal Justice Drug Worker makes regular visits to the court and the custody cells to make contact with potential service users, with the aim of their engaging with a service that they would not otherwise access. During the year there were 27 referrals to the service. Of these six reported drug use and ten reported drug and alcohol use. Ten of the 16 went on to receive a follow up service with Drug Concern. Clients reporting alcohol specific problems are referred to GADAC. This continues to be a productive partnership, which grows from strength to strength.

Shared care between the Criminal Justice Drug Worker and the Substance Misuse Worker in the Prison enables continuity of care. Joint meetings for clients who are either entering or leaving custody are arranged to decide upon the best treatment options for them, from arrest through to release.

### **Prison**

The scope of our work in the prison focuses on drugs and alcohol, and remains one of our busiest areas (approximately two thirds of the total client numbers), which acts as a conduit to some of our other community based services upon release.

The Substance Misuse Worker participates in a number of committees within the prison, including:

- Risk Management Board – dealing with prisoners who are at risk of self harm or suicide and putting into place individual plans of care to safely manage times of crisis, thus reducing the risk of death or injury in custody.
- Prison Therapeutics Committee – dealing with the logistics and practice of prisoners’ healthcare needs, focussing on best practice within the Prison, and safe and healthy outcomes.
- Residential – dealing with the development of the Prison regime.
- Interagency forum – dealing with issues that affect the various organisations which have an input into the Prison system.

A key objective is to assess every prisoner received into custody within 48 hours, or at most a week, of reception to establish his or her need for continuing therapeutic input. This gives opportunity for prisoners to discuss confidentially their individual needs with the SMW as some do not wish to disclose their drug use issues to prison or healthcare staff feeling they risk incriminating themselves further. The first hours and days are also statistically the time when new inmates are at most risk of self-harm and suicide so this also provides a service to those with no identified drug or alcohol misuse issues to speak to an external, non-judgemental agency during this difficult time.

Housing licence restrictions have posed a real obstacle in recruiting personnel for this work. A five-year licence was granted following an unsuccessful recruitment drive locally. Three attempts at recruiting nationally also proved unsuccessful. The relocation costs plus the cost of suitable accommodation for a relatively short period have dissuaded skilled personnel from accepting employment. Drug Concern is still seeking to fill this post but at present drug services in the prison are much reduced.



# *Thank you*

As finances become harder to access we continue to be grateful to each of our donors throughout 2009. We extend our sincere thanks to all of you for your support our work could not continue with you.

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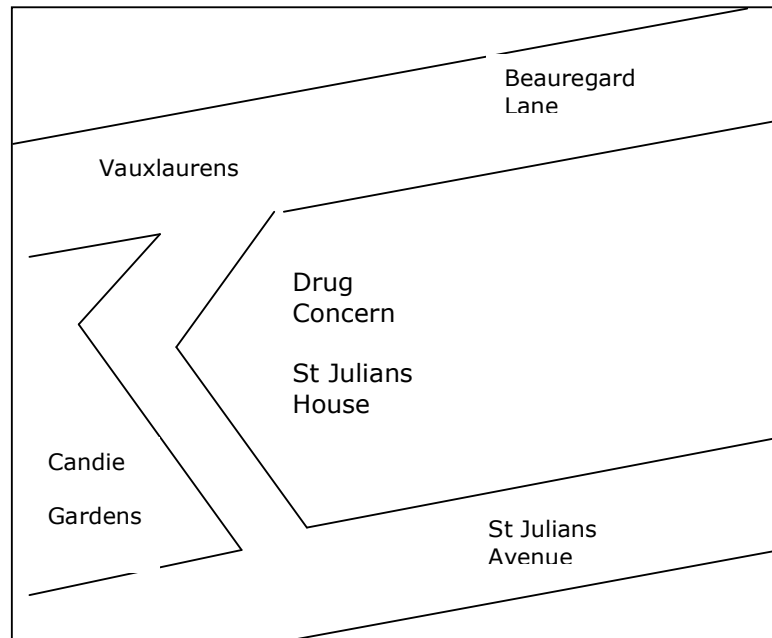
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