

The Nature, Extent, Impact, and Response to Illicit Drug Use in Jersey

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Foreword

Since the publication of The Imperial College drugs research in 2001, patterns and trends of drug use in Jersey have changed dramatically. This report has been undertaken to provide an up to date analysis on the nature, extent and problems of illicit drug use in order to develop an effective 5-year drug strategy, using best practice guidance.

Some of the report findings confirm what we already know, for example, that the drug problem within Jersey is being contributed to in part through the misuse of over the counter medication and the over prescribing of certain drugs.

The review has also identified the increasing impact of the new psychoactive substances (so-called legal highs) that are now being used within Jersey. Alongside this new form of drug use, concerns remain over the continuing use of cannabis, cocaine, and heroin on the island. The review has shown that the prevalence of problem drug use on Jersey has remained largely constant since the 2001 research.

The report identifies a number of gaps in current service provision for drug users particularly in relation to shared care treatment with General Practitioners, needle exchange, drugs prevention education programmes, joint working and the importance of strengthening enforcement. It also provides benchmarks against which progress in tackling the drug problem can be monitored over the coming years.

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Key Recommendations

Drugs Prevention Education

The findings from the Jersey online survey of new psychoactive drugs shows that this relatively new form of drug use is occurring on the island and involving significant numbers of young people. Whilst some of these are individuals who have a history of previous illegal drug use, others are individuals who have no such prior drug use history. This shows that NPS use has the capacity to spread beyond the more familiar “risk groups”. Given the unpredictable nature of the drugs being consumed, and their capacity to cause serious harm, there is a need to strengthen drugs prevention approaches within Jersey both within schools and in other arenas as well.

Joint Working

The research has focussed on the issue of joint working between services. There are clear instances within Jersey where services are working well together, for example, between the Probation Service and the Alcohol and Drug Treatment service. However there are other areas where the level of joint working and coordination between services is less than ideal. This is most obviously the case in the relationship between the prison, drugs and alcohol treatment, and Accident and Emergency services, residential rehabilitation services. In situations where an individual with a drug or alcohol problem is sentenced to a prison term, or is in the process of leaving prison, there should be a clearly coordinated provision of support, jointly developed by prison and drug and alcohol treatment staff, and delivered by suitably qualified staff working in substance abuse treatment. Equally, where individuals with a drug or alcohol problem (many of whom will be in contact with drug and alcohol services within Jersey) are contacting Accident and Emergency Services there needs to be much greater sharing of information between these agencies. Similarly, there needs to be much greater coordination and joint working between the residential rehabilitation service within Jersey and the community based alcohol and drug service.

At present whilst there is a multi-agency committee (Misuse of Drugs Advisory Committee) within Jersey, that committee focuses principally on issues to do with drugs scheduling. By contrast there does not appear to be any body that is focused on ensuring multi agency working at an operational level. Consideration should be given to developing a committee with senior officers with managerial responsibilities for their area. The remit of this group should be to ensure coordinated delivery of Jersey’s approach to tackling drugs and alcohol.

Performance Management and Review

At present there appears to be few services within Jersey that are working towards delivering clearly defined performance measures. As a result it is not possible to assess the degree to which services are managing to achieve agreed performance measures. Whilst there is a need to avoid a situation in which service delivery is

driven solely by targets, it is also the case that the lack of clearly defined targets can impact adversely upon service delivery. Consideration should be given to identifying key performance targets for each of the main services seeking to respond to drugs problems within Jersey. These performance measures should become part of the mechanism through which services are regularly assessed in terms of their capacity to deliver the agreed goals.

Research and Monitoring

In view of the funding provided to undertake the current review it is unrealistic to expect that funding is going to be identified to support an on-going programme of research. However the rapidity with which the use of new psychoactive substances has developed underlines the importance of ensuring some form of continuous monitoring of this new form of drugs misuse. The Jersey online survey of new psychoactive substances has provided a rapid assessment of NPS use on the island. There would be merit in ensuring that this relatively inexpensive monitoring tool is maintained in order to provide real time reports of changes in individual risk behaviour in relation to this new form of drugs use with the information from this monitoring tool contributing to the Jersey school survey.

Enforcement

The findings from this review indicate that the capacity of drugs enforcement agencies within Jersey may be being adversely affected by the level of cuts imposed as part of the comprehensive spending review. It may be necessary to increase the level of funding for both Police and Customs to ensure that Jersey maintains its reputation as being an unwelcome environment for those who are engaged in drugs supply. Attention should be given with regard to the Police service as to whether sufficient priority is being attached to tackling drugs supply, and whether there has indeed been a loss in drugs intelligence consequent on the dissolution of the Drug Squad. Whilst there may not be support for the reinstatement of a specialist drugs squad attention should be given as to how it may be possible to increase the priority which is being given to drugs enforcement. Whilst drug seizures, and successfully targeted stop and search methods, are an imperfect measure of the extent of the drugs problem within Jersey the significant reduction in both of these areas should be a matter of concern. It is essential that in a small island, where the price of illegal drugs are much inflated relative to elsewhere, Jersey does not come to be seen as a setting where large amounts of money can be made at relatively modest risk. This can only be achieved by a well-funded, robust response on the part of those agencies tasked with drugs enforcement. Enhanced funding for these agencies and, as noted above more broadly, the identification of clear performance measures should be seen as a priority.

New Psychoactive Substances

The assessment of illicit drug use within Jersey has shown that the use of new psychoactive substances is now occurring on the island. Two important findings from

the online survey is the apparent lack of intention to use these drugs on the part of those young people who have not already used NPS (evident in the non users survey). This suggests that at present there is not a large group of young people on Jersey considering starting to use NPS in the future. The second key finding is the young age of onset in the use of these drugs and the apparent interest on the part of some young people in continuing to use these drugs in the future. These two findings underline the importance of developing drug prevention efforts aimed at bolstering the decision to not use NPS amongst the current non-users and discouraging future use on the part of those who have started to use these drugs. The “Prison Me No Way” project currently provides drugs prevention input into Jersey schools involving Jersey Police in its work. There is a case for strengthening this programme to ensure that there is an enhanced provision of drugs education provision and an increased capacity to combine the contribution from Jersey police with input from suitably qualified staff working in other agencies e.g. health. There is also a strong case for developing a more structured, consistent input of drugs education provision within Jersey schools which at present tends to be shaped on an individual school-by-school basis.

It is of concern that the drug user survey identified a significant proportion of problematic drug users who are also now using NPS. There is a real possibility that the use of these drugs by individuals with a pre-existing drug problem can cause a significant increase in health and social harm (increase in the rate of injecting, increased likelihood of violence, decreased inhibitions and increased sexual risk taking). It will be necessary for those working with drug users in Jersey to become familiar with the effects of different NPS, to recognize the effects of such drug use and to agree clear ways of responding to this changing situation. Staff working within agencies should spend some time reviewing material that is already available on NPS user forums outlining the effects of different drugs.

Jersey is fortunate in having the capacity to rapidly proscribe substances that are seen to be causing harm, enabling customs to seize the various pharmaceutical substances involved, and ban their import. At the present time, however, the control arrangements within Jersey are (re)acting on a drug by drug basis to the threat posed by NPS. There is a strong case for developing pro-active legislation enabling whole categories of substances to be banned. The use of analogue legislation, used within the US and in some other areas, may be one way of extending the drug scheduling system within Jersey to address the importation of NPS. Another approach worth considering is to schedule drugs not so much in terms of their chemical composition but with regard to their effects. In this way it would be possible to impose controls on substances that may differ in their chemical composition but which are similar in their effects. Within the UK the government has recently indicated its intention to tackle the growth in the use of NPS by bringing forward legislation banning the sale of all psychoactive substances (excepting tobacco, alcohol, coffee etc). Legislation would allow for civil sanctions, prohibition notices and prohibition orders (any breach of which would be a criminal offence) to enable the police and local authorities to seize and destroy NPS, to conduct searches of individuals, vehicles, and premises. The aim of this legislation is to effectively tackle the supply of NPS rather than to penalise the user. It may be that Jersey will give consideration as to whether similar legislation should be applied. With regard to the sale of NPS though so called “head shops” Jersey has already acted to stop the open retail sale of NPS. There is a need also to tackle the internet sale and importation of these substances by enhancing the customs monitoring of the Jersey

postal service.

Prescription Drugs Misuse

Very few general practitioners invited to complete a short questionnaire on their provision of services to drug users chose to do so. The reluctance of general practitioners to respond to the survey has meant that it has been very difficult to obtain a clear measure of the extent of any overprescribing of certain medication. Nevertheless many of those individuals interviewed in the course of this review working in other services drew attention to the adverse impact of over prescribing by some general practitioners within Jersey. The prescribing database in Jersey provides a means for identifying those doctors who are prescribing drugs with a known abuse potential at a higher level than their colleagues. The information from the prescribing database is already being integrated with a regular general practice governance review that includes focused attention on those doctors whose prescribing is giving cause for concern. Improvements in the sharing of information on patients between prescribers should ensure that there is a robust means for reducing the extent of “Dr Shopping” in which patients with a substance abuse problem approach multiple doctors in search of specific medication.

Needle and Syringe Exchange

In the period since the previous assessment of drugs misuse within Jersey the Alcohol and Drug Treatment service has worked successful along with other services to reduce the level of needle and syringe sharing amongst local injectors. There is a need now however to strengthen the provision of sterile injecting equipment to further reduce injectors risks of acquiring and spreading blood borne viruses and experiencing other injecting related problems. Currently, injecting kits can be purchased at retail pharmacists across the island with free provision of injecting kits being available from the Alcohol and Drug Service, and at night in an area near to the Accident and Emergency Clinic of the General Hospital. Within the Alcohol and Drug Service sterile injecting equipment is handed to drug users (when requested) by administrative staff in the main office of the service. The provision of injecting equipment in this way is neither confidential (because it is occurring in the main office) nor does it involve the drug user engaging with clinic staff other than those with administrative responsibilities. It is also the case that access to the Alcohol and Drug Service from the streets is via a locked door- released by intercom. Given the importance of ensuring that individual’s have easy access to sterile injecting equipment attention should be given to determining how such equipment can be provided to drug users on a more accessible basis enabling counselling/nursing staff to be able to readily engage with those drug users requesting injecting equipment.

Blood-borne Viruses

At the present time there are relatively few cases of HIV infection on Jersey. The same is not however true for Hepatitis C (HCV). Whilst there is no accurate assessment of either prevalence or incidence (there is no unlinked anonymous

screening programme for blood borne viruses in Jersey) it is thought that there are around 700 people with HCV markers (based on an HCV prevalence of 0.5 % in the UK and 1.5% in Southern and Central European countries and the make up of the population in Jersey). It is possible that around 75% of those who have contracted HCV infection within Jersey have done so as a result of either current or past drugs misuse. Within Jersey optimal HCV treatment is targeted, principally for cost reasons, on those who are seriously unwell. There is a larger group of individuals who are HCV positive and which includes individuals with an on-going drug habit who are not receiving optimal treatment - partly for reasons of cost and partly for reasons to do with the adverse reactions that can occur with interferon based (suboptimal) HCV treatment. However, there is a significant public health threat associated with those individuals who are HCV positive and who are continuing to inject drugs. Attention should be given to significantly increasing the funding for HCV treatment within Jersey to ensure that those individuals who are currently seriously unwell and those who are progressing towards illness (including those who have a concurrent drug abuse problem) can have access to optimal therapy where this is judged clinically appropriate. This also means that attention should be given to diagnosing the cohort of patients who are unaware of both their diagnosis and that they had put themselves at risk of infection at some point in their past. This will permit treatment before they present with serious disease and avert a surge in end stage liver disease in the next 10-15 years.

Sexual/Family Health

With the publication of the Hidden Harm Report from the Advisory Council on the Misuse of Drugs attention came to be focussed the impact of parental drug use on children. That report emphasized the importance of ensuring that drug treatment and counselling services are resourced to provide appropriate family planning support, and are able to work with drug using parents to ensure that they are able to provide a safe and nurturing environment for their children. Within Jersey, whilst family planning and contraceptive support can be accessed on a fee payment basis from general practitioners and the Community Contraceptive Service, and with free testing and treatment from Outpatient GUM services, there is an important need to ensure that co-ordinated and comprehensive contraceptive and sexual health support can also be provided alongside the addiction services. There would be merit in reviewing the sexual health needs of drug users on Jersey.

Recovery

Within the last few years it has been increasingly recognized that it is important to ensure that all drug treatment services are working towards enabling drug users to become drug free and enabling them to take up their appropriate responsibilities as adults within society. Whilst it is recognized that different individuals will progress in their recovery at different rates, it is also recognized that even those on long-term substitute prescribing regimes should be regularly reviewed to enable them to move forward in their recovery. Whilst there are clear indications that drug treatment services are regularly reviewing drug users progress, there is less clearly a sense that all clients receiving drug treatment have a clearly identified treatment plan and that

they are working towards the goal of becoming drug free. Equally, on the basis of the data provided to the review team it is clear that some individuals within Jersey have been receiving substitute medication over an extended period of time. There would be value in services ensuring that only in the most extreme cases are individuals remaining on substitute prescribing regimes over many years and that in the majority of cases both clients and staff within drug treatment services have a clear sight of the recovery goals that they are working towards.

Shared Care

Delivering primary care services to those with a dependent drug problem is a challenge. It is an area that not all general practitioners will feel comfortable working within and it is an area that will challenge even those prescribers who are committed to working with such patients. In a situation where general practitioners, with no specific expertise in this area, are being pressured by some patients to prescribe certain drugs there is an inevitability that some level of over-prescribing will occur. Attention should be given to developing a shared care scheme within which a much smaller number of interested and highly skilled general practitioners work in close conjunction with the alcohol and drug service in taking on the primary responsibility for delivering community based addictions services.

I.T. Support and Data Analysis

In the period since the research undertaken by Imperial College in 2001 there has been a large increase in the information being collected by services on those with a drug problem within Jersey. That information is of enormous benefit to services working to meet the needs of those with a drug problem. However it is evident that not all staff are sufficiently competent in using the IT systems to access the available information on clients. Attention should be given to ensuring a higher overall competence on the part of staff in accessing and using information that is available online within services.

There would also be merit in ensuring that the statistical information services within Jersey council and health services are tasked with preparing a regular digest of key statistics including from the general practitioner database on the current state of the drug problem and responses to the drugs problem within Jersey. At present whilst some staff working within agencies will have the capacity and competence to access some of the available information on line the variation in IT and statistical skills means that access to the available information is uneven. In advance of an overall uplift in staff skills in these areas the provision of such statistical summaries could well assist services in identifying issues for their attention and in further identifying local priorities.

Introduction

In 2014 researchers from the Centre for Drug Misuse Research in Glasgow successfully won a tender to undertake an assessment of the nature, scale, impact and response to illicit drug use within Jersey. The project was designed to contribute to a review and updating of Jersey's Community Safety and Substance Misuse Strategy 'Building a Safer Society' (BaSS). That strategy identifies a number of key aims-including the importance of minimising the harm caused by crime, anti-social behaviour and substance misuse. In the period since the BaSS strategy was developed it has been recognized that the nature of the drug problem in Jersey has changed considerably including with the use of the new psychoactive drugs and a perceived reduction in the use of heroin. The need therefore was to provide an updated assessment of the nature, scale, impact, and response to drugs misuse within Jersey. Ethics approval for the current study was provided by the Jersey Health and Social Services Committee. The project began in November 2014 and completed in March 2015.

Research Methods

To provide an estimate of the prevalence of problematic drug use we applied the same methods of "mark recapture" prevalence estimation that had been applied in the previous research undertaken by researchers from Imperial College, London. This method of prevalence estimation, developed principally by researchers working at the Centre for Drug Misuse Research, is used to provide regularly updated estimates of drugs misuse prevalence for the UK (and elsewhere in Europe). The method involves modelling the hidden drug using population by analysing the overlap between partial samples of drug users contacted by agencies. The definition of problematic used in this part of the research related to individuals with a serious drug problem, those using opiates benzodiazepines and who may have been injecting. We did not include within this estimate individuals who were confining their drug use to cannabis or the new psychoactive substances.

To obtain information on the use of the new psychoactive substances we initiated an online survey that invited people to provide information on their use, knowledge, attitudes and reactions to the so-called Legal High Drugs. The Jersey version of the *My Legal High* survey ran between 15th November 2014 and 1st March 2015. The online survey invited responses from individuals aged 16 years and over and living in Jersey who had used new psychoactive substances (users survey) and those who had not used these drugs (non-users). The reason for inviting both of these groups was that it enabled the research team to consider the potential for further spread of the use of these drugs to those who had not previously used the substances involved.

Information on the risk behaviour of problematic drug users in Jersey was also obtained on the basis of a survey of problem drug users in prison or in contact with community based drug treatment agencies. To obtain information from individual drug users who were not in contact with drug treatment services we undertook a small number of street interviews (n=8) and interviews within residents at one of the homeless charity facilities within Jersey (n=5).

To examine the nature and extent of any prescription drugs misuse we undertook a survey of local prescribers (the GP Survey) and a survey of local pharmacists (Pharmacists Survey). Whilst around a third of pharmacists completed our questionnaire, less than five per-cent of the general practitioners approached did so. In addition we reviewed information contained within the prescribing database within Jersey.

To collect information on the response to drugs misuse within Jersey we undertook a total of 43 semi structured interviews with key figures operating at either a managerial/strategic level/operational level across a range of service sectors within Jersey including Government, Health, Criminal Justice, Education, Social Services Departments. Finally, we have reviewed a wide range of documents pertaining to the response to drugs misuse within Jersey; these include agency reports, strategic statements, evaluations and available statistical data.

The aim throughout this work has been to provide information that can assist those individuals and services seeking to respond to the drug problem within Jersey. Inevitably in an assessment such as we have undertaken there has been a greater focus on gaps in provision, and areas of possible unmet need, rather than on the achievements of services. It is important to stress, however, that in undertaking this work the research team have been enormously impressed by the commitment of staff across agencies in their efforts to tackle the problem of drugs misuse and to meet the needs of those whose lives have been impacted upon by drugs misuse.

The Prevalence of Problem Drug Use in Jersey

To estimate the prevalence of problem drug use in Jersey we reviewed lists of drug users held by 3 key agencies: police, courts, and alcohol and drug treatment. The treatment agency included a total of 229 cases after 10 duplicates were removed. Of these, 5 were also identified in the police records, 10 were identified in the court records, and 4 were identified in all 3 sources. The police data included 31 unique cases, of which 3 were also identified in the court records. Court records included a total of 50 cases of problem drug use.

Once all matches were identified, log-linear modelling was used to determine the model of best fit. Then, a Poisson model was fitted to these data to produce a log estimate and log confidence interval of the hidden population. A full and detailed description of this procedure is given by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA; 1999). The exponential of these log values were then added to the known population (i.e. the 284 cases represented by the data) to give an overall population estimate. A model with an interaction between the police and probation data and including the main effect of recovery services data was determined to have the best fit. This makes good theoretical sense, in that police arrests often result in a probation assessment within Jersey with the result that these two data sources should have some level of dependence. Accounting for this interaction should partial out any biases that would normally affect the accuracy of the final estimate.

This model estimates that there were 892 total problem drug users in Jersey between 2013 and 2014. This represents approximately 1.4% of Jersey's population aged 15 to

64. That figure compares to an estimate of problem drug use for England of .85% 2010-2011 (Hay et al 2012) and 1.6% for Scotland (ISD 2014). Comparing the current estimate with the 2001 estimate for the prevalence of problem drug use in Jersey calculated by the research team from Imperial college it would appear that the overall prevalence of problem drug use in Jersey has remained somewhat static over this period.

Psychoactive Substance Use in Jersey

An important element of the research commissioned by the States of Jersey was to collect detailed information on the nature, extent, and impact of new psychoactive use in order to provide information to local services that might better guide their response to this new form of drugs misuse. To this end the research team carried out an online survey within Jersey focused on the use of new psychoactive substances. It is important to stress that online surveys cannot provide an estimate of the rate of drug use within a population because of the self selected nature of the survey itself. However, what an online survey can do is to provide both users and non-users with a platform through which they can provide detailed information on their drug use, the attitudes toward different forms of drug use, the impact of the drugs they have used, their perception of services seeking to provide a response to drugs misuse, and their perception of the likelihood of continuing discontinuing or initiating some forms of drugs misuse in the future.

Recruitment materials called for 'individuals aged 16 years and older and living in Jersey to complete a 20-minute survey about their use, experiences and views on new psychoactive substances, popularly known as 'legal highs''. To attract both ever-takers and never-takers of legal highs, all recruitment materials included a statement to the effect: 'whether you have ever taken a legal high before, or whether you've never taken a legal high, we want to hear your view on legal highs'. All recruitment materials contained a link to the My Legal High website where individuals were told they could take the survey. A3 posters and A5 leaflets advertising the study were circulated to agencies across Jersey and small cards translated into Polish and Portuguese were circulated within Jersey for those who might not otherwise have seen the A3 and A5 posters.

Individuals who indicated having taken an NPS on at least one occasion were directed to a survey comprising three main sections: sociodemographics; experiences and contexts of past NPS use; and attitudes towards taking NPSs in the future. Sociodemographic questions obtained information on the respondent's age, gender, highest educational qualification, relationship status, sexual orientation, country and county of residence, town/borough of residence. Questions related to past NPS use obtained information about the names of NPSs taken ever, within the past 12 months and within the past 30 days; frequency of NPS use in the past 12 months; typical quantity of NPSs consumed in one session; age of first consumption of a NPS; favourite NPS; NPSs that one would definitely not take; frequency of taking NPSs together with other substances; frequency of experience of a list of physical or psychological symptoms after taking NPSs; perception of risk associated with NPS use; sources of purchase and settings in which NPSs have been taken; spending on

NPSs; NPS use among friends; reasons for taking NPSs; and views on the legal status of NPS.

Individuals who indicated having never taken an NPS were directed to a survey that contained a subset of the questions that appeared in the ever-takers' survey. Questions in this survey obtained information about NPS use among friends; reasons for having never taken an NPS; knowledge of people and places from whom NPSs could be obtained; views on the legal status of NPSs; perceived risk of taking an NPS; likelihood of taking an NPS in the future; curiosity about taking NPSs; factors likely to influence decisions about taking an NPS; likelihood of using social media to receive information about NPSs; interests in receiving different types of News related to NPSs; and likelihood of help-seeking from different sources. Average survey completion time was approximately 14 minutes.

Survey completers were 129 ever-takers of an NPS and 266 never-takers of an NPS (total n = 395). Compared to participants who had never taken an NPS, ever-takers were significantly younger, more likely to be male, less likely to be married, and more likely to have a casual partner.

Types of NPS Use in Jersey

There were 129 respondents to this survey who had ever used NPS in the past. The most commonly used NPS were Spice (38%) and Mephedrone (14%). However, 30% of participants reported that they didn't know or didn't remember the names of one or all of the 'legal highs' that they had taken. Of the drugs that were most commonly used, 2 were cannabinoids (Spice = 38%; Spice Gold = 4%), 3 were stimulants (Mephedrone = 14%; Methedrone = 6%; Magic Crystals = 5%), 1 was a depressant (Salvia = 8%), and 1 was dissociative (Poppers = 4%).

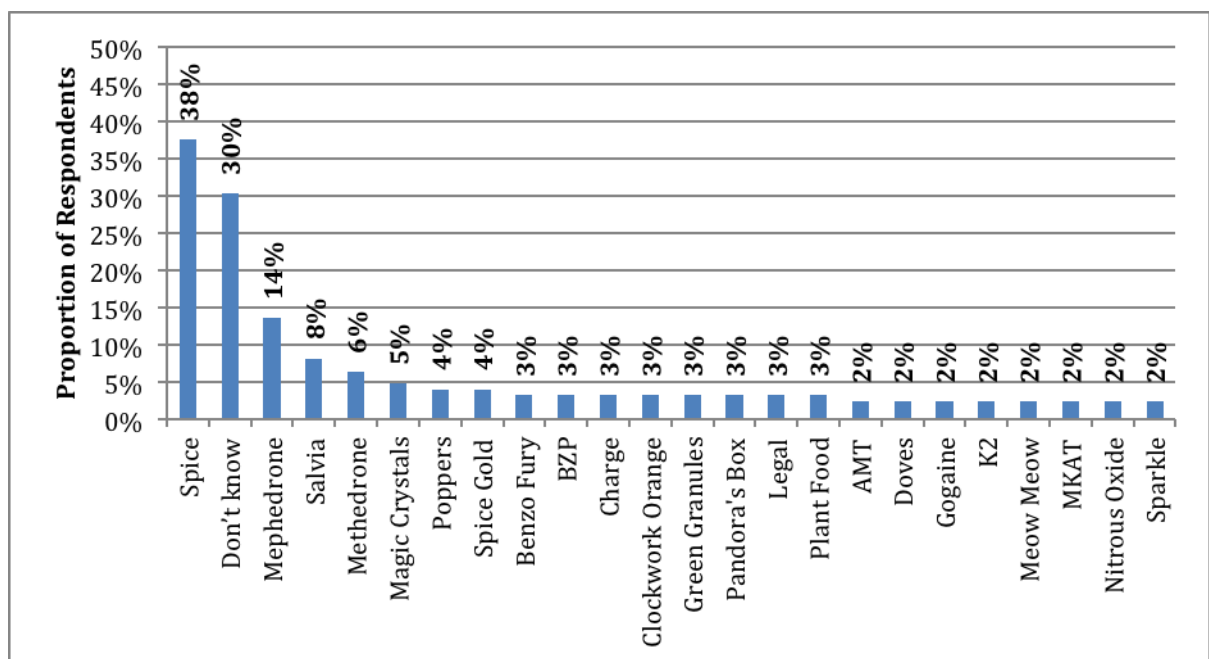


Figure One: Proportion of respondents reporting use of these NPS

Age of First NPS Use

The modal age of first consumption of an NPS was 16 years (12% of ever-takers). Earliest first consumption was 12 years; latest first consumption was 57 years). Approximately one-quarter (27%) of ever-takers had consumed their first NPS by age 16 years; 43%, 50% and 57% of ever-takers had consumed their first NPS before the ages of 18, 19 and 20 years, respectively.

Perception of Risk Associated with Taking NPSs

The majority of ever-takers perceived their favourite NPS to pose at least some risk to their health; 4% perceived no risk to their health; 23% perceived a low risk; 40% perceived a medium risk; 17% perceived a high risk; and 5% perceived taking their favourite NPS to pose a fatal risk. Additionally, almost half (47%) of ever-takers reported having snorted or injected an unknown powder on at least one occasion in the past.

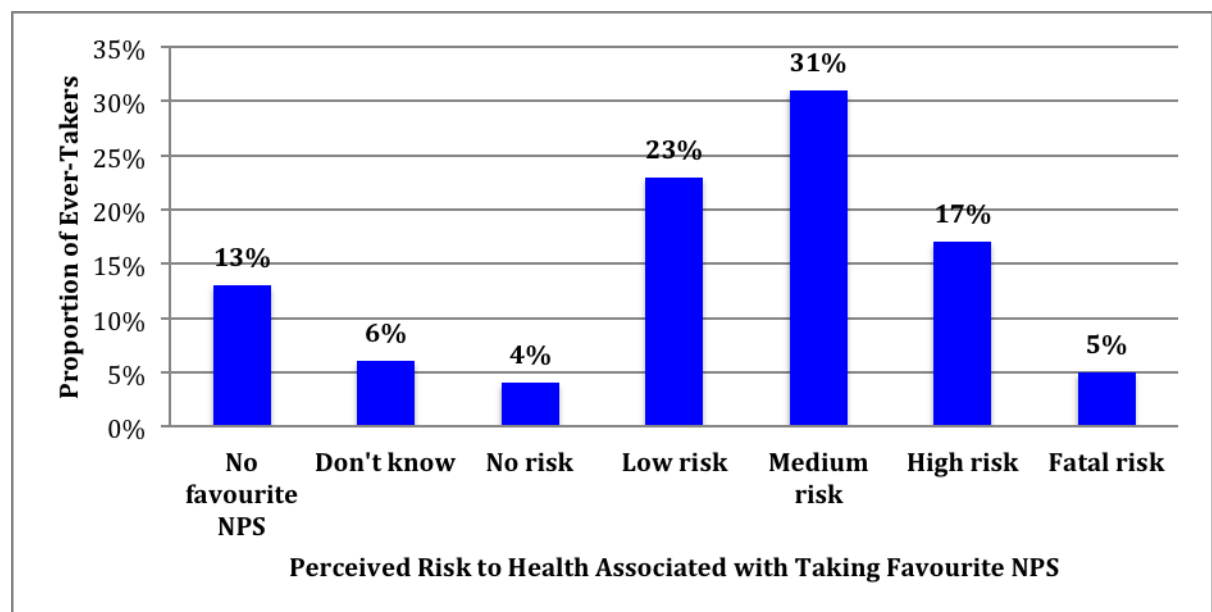


Figure Two: Ever-takers' perception of the risk to health associated with use of one's favourite NPS.

Acute Health Effects of NPS Consumption

Ever-takers were asked to indicate the frequency with which they had experienced 14 acute physical or psychological symptoms after consuming an NPS. The most commonly reported effect of consuming an NPS was increased relaxation (73% reported this effect at least sometimes after consuming an NPS). Approximately 60% of respondents reported they had experienced heart palpitations and an increased sex drive at least sometimes after consuming an NPS, and between 40-49% of respondents reported they had experienced anxiety, drowsiness, nausea, reduced inhibitions, hallucinations and headaches at least sometimes after consuming an NPS.

Feelings of depression and aggression were the least commonly reported effects of NPS consumption. Ever-takers were also asked whether the acute health effects they had experienced after taking NPSs have put them off taking those NPSs again; 40% indicated the effects they have experienced after consuming NPS have not deterred them from consuming these NPS again; 42% indicated that the effects they have experienced have deterred them from consuming NPS again; and 19% of respondents were unsure (total n = 53).

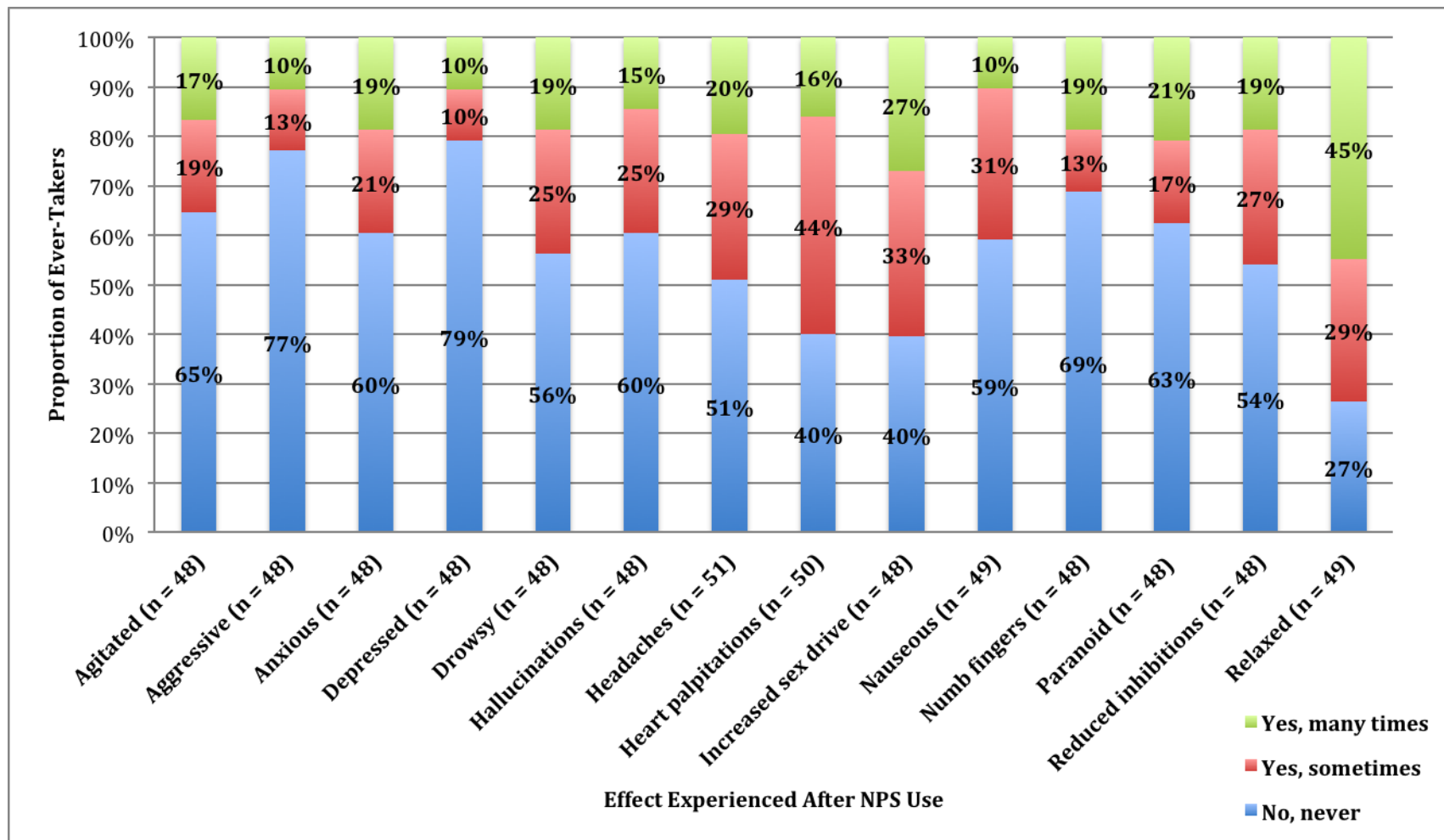


Figure Three: Frequency of 13 acute physical and psychological effects subjectively experienced by ever-takers after consumption of NPSs.

Co-occurring Consumption of NPSs and Psychoactive Substances

The majority (70%) of respondents reported consuming their favourite NPS and alcohol at the same time at least sometimes; 35% reported drinking alcohol most times when they consume their favourite NPS. Similarly, the majority of respondents (65%) reported smoking cannabis at the same time as consuming their favourite NPS at least sometimes; 26% smoke cannabis most times when they consume their favourite NPS. The prevalence of dual use of one's favourite NPS with other substances 'at least sometimes' ranged from 1% (GBL) to 70% (alcohol). Co-occurring consumption of one's favourite NPS with other NPSs (28%) at least sometimes was also fairly common, whereas co-occurring consumption of one's favourite NPS with ketamine (6%) and amphetamines (15%) at least sometimes were less commonly reported behaviours.

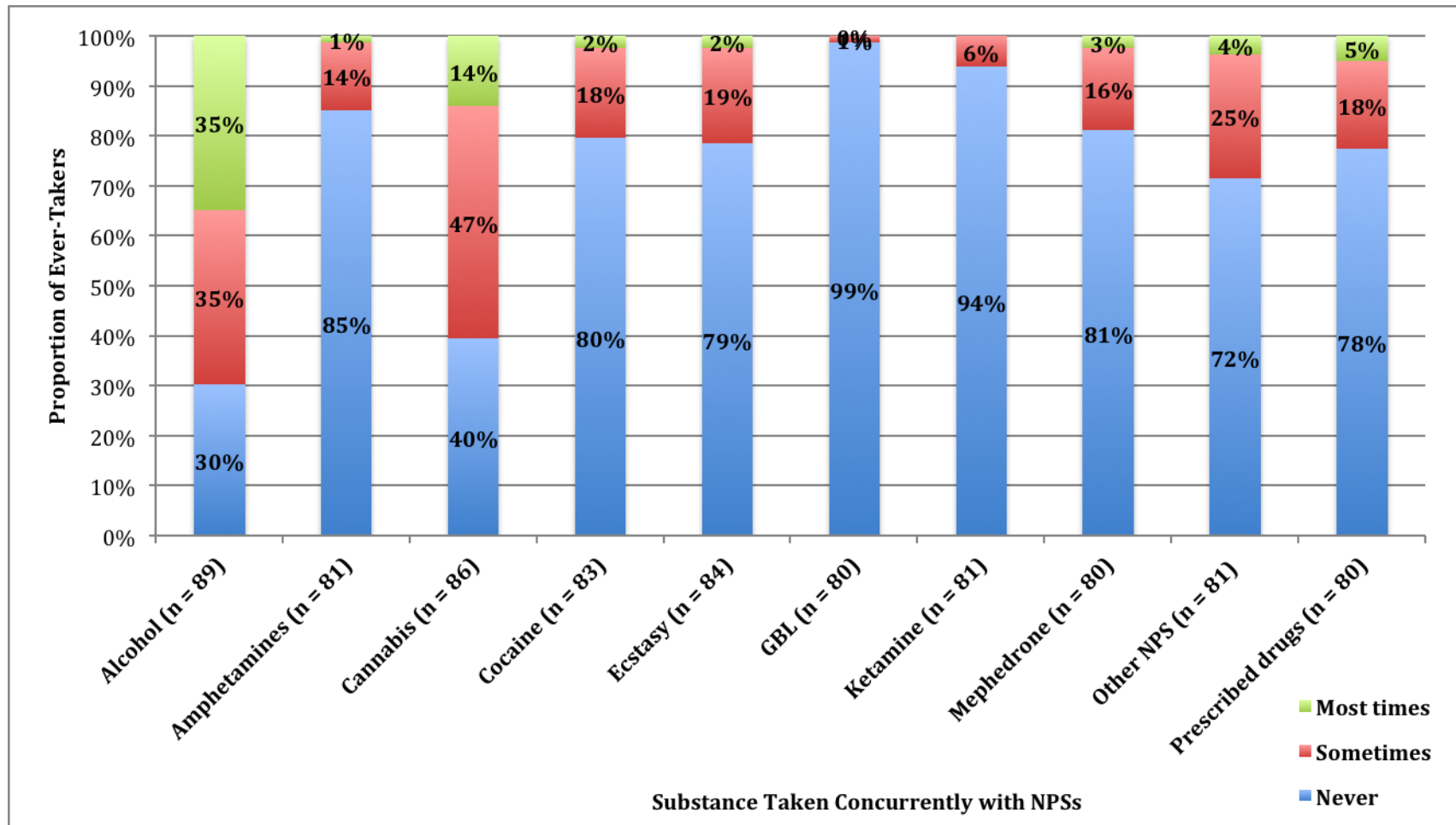


Figure Four: Rates of co-occurring consumption of one's favourite NPS with other substances.

Sources of NPS and Descriptions of NPSs at Point of Purchase

Ever-takers reported their most common sources of NPS in the past year to be ‘someone I know but wouldn’t call a friend’ (40%), shops (35%), friends (35%), at a friend’s house (35%), at house parties (32%), from websites (23%) and ‘on the street’ (23%) Respondents reported that NPSs had most commonly been sold to them – from an individual, shop or website – as ‘a legal high’ (94%); a ‘herbal high’ (75%); plant food (49%); and ‘not for human consumption’ (40%)

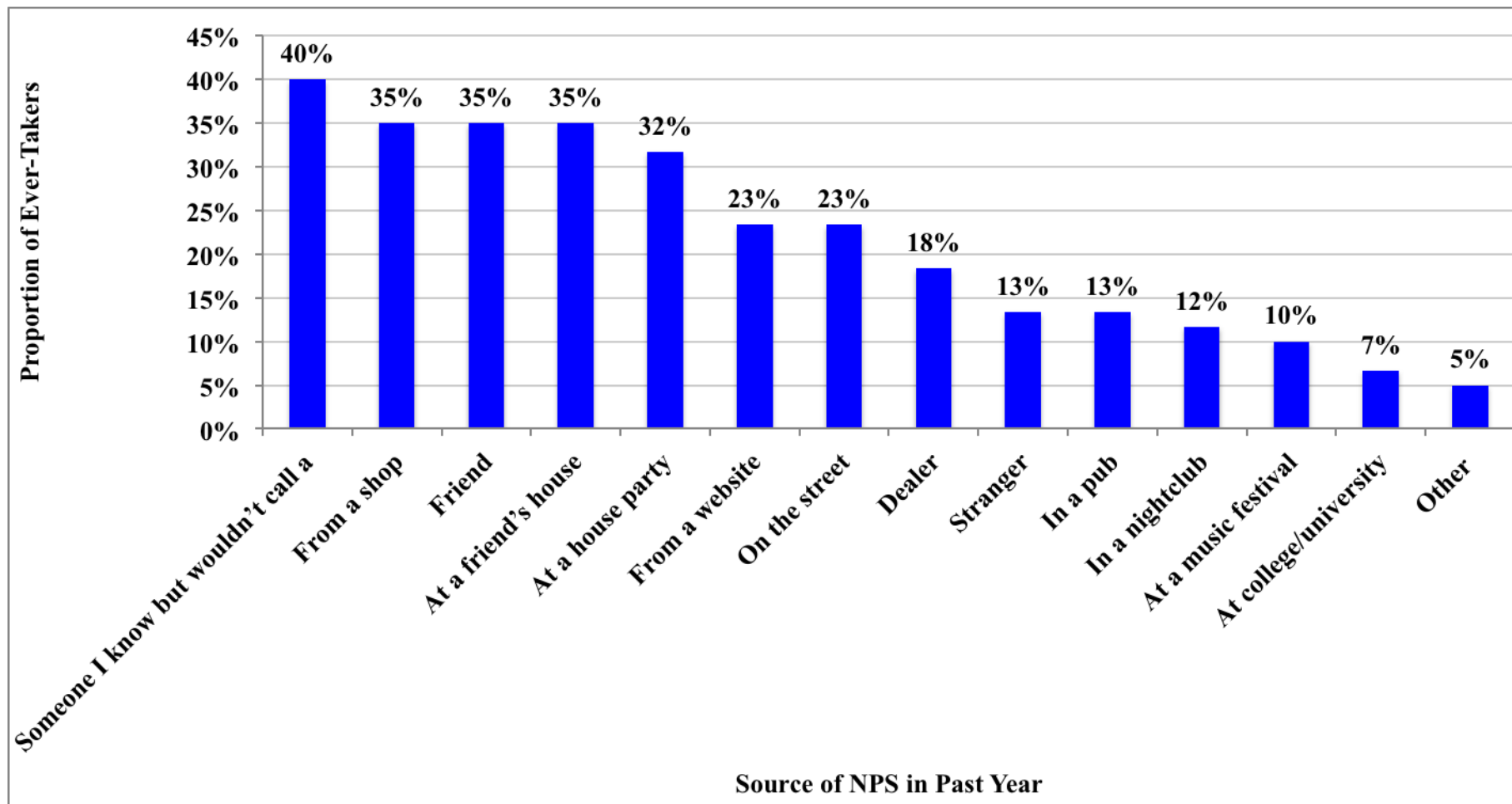


Figure Five: Sources from which/whom ever-takers have obtained NPSs in the past year.

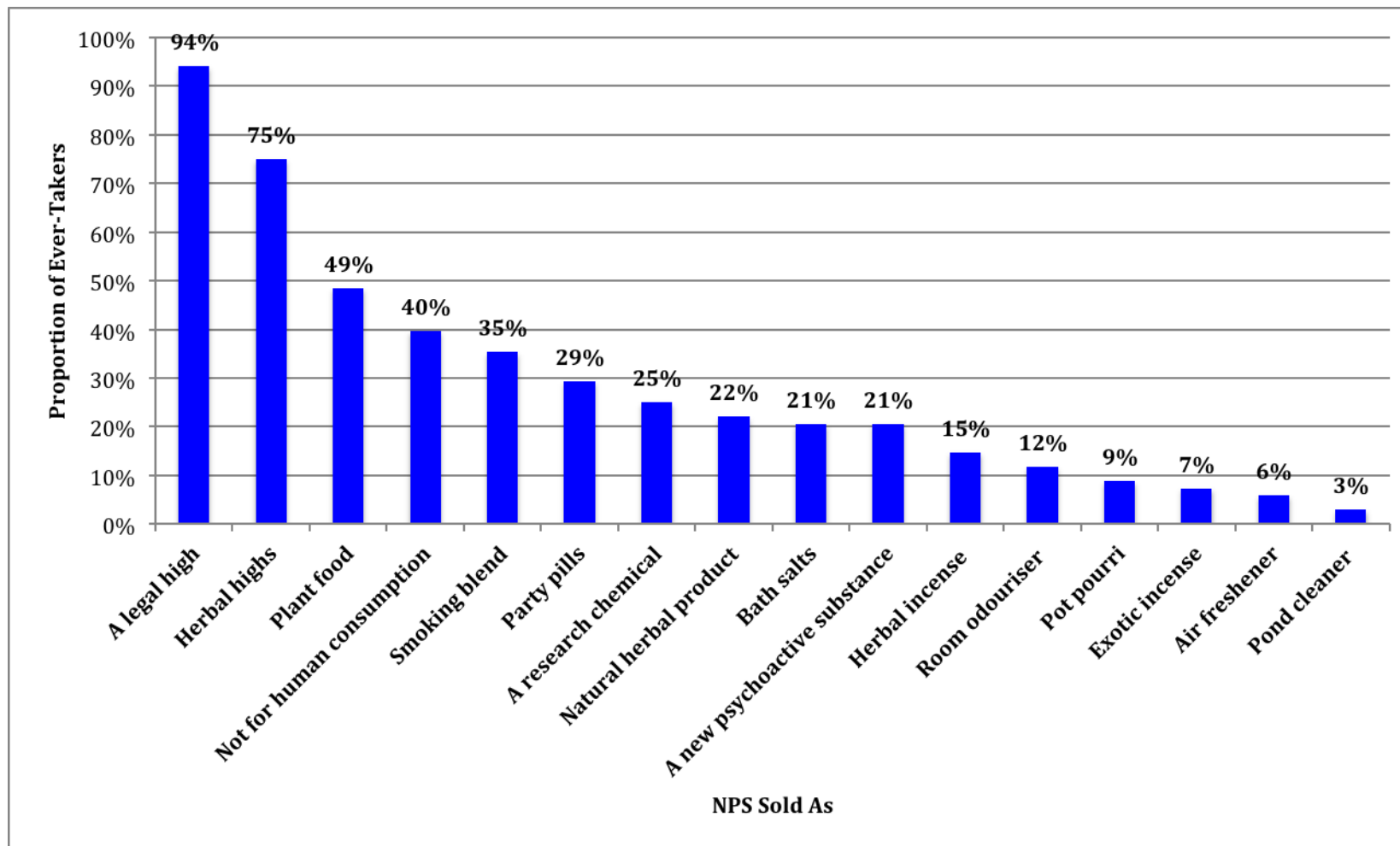


Figure Six: Descriptions of NPSs to respondents at the point of sale.

Reasons for Past NPS Use

Respondents were asked to rate their agreement (1 = strongly disagree to 5 = strongly agree) with 12 statements about their reasons for using NPSs in the past (Figure 7). On average, ever-takers tended to agree that they had consumed NPSs in the past primarily because illegal drugs-of-preference were unavailable for some reason, out of curiosity about a specific substance's effects (i.e. to experiment), because the substances being consumed reportedly gave respondents a 'good high', and because friends had tried them. On average, ever-takers tended to disagree that they had taken NPSs in the past because they believed they were safer than illegal drugs, because of pressure from friends, or because of a belief that NPSs are easier to take into nightclubs and gigs without detection.

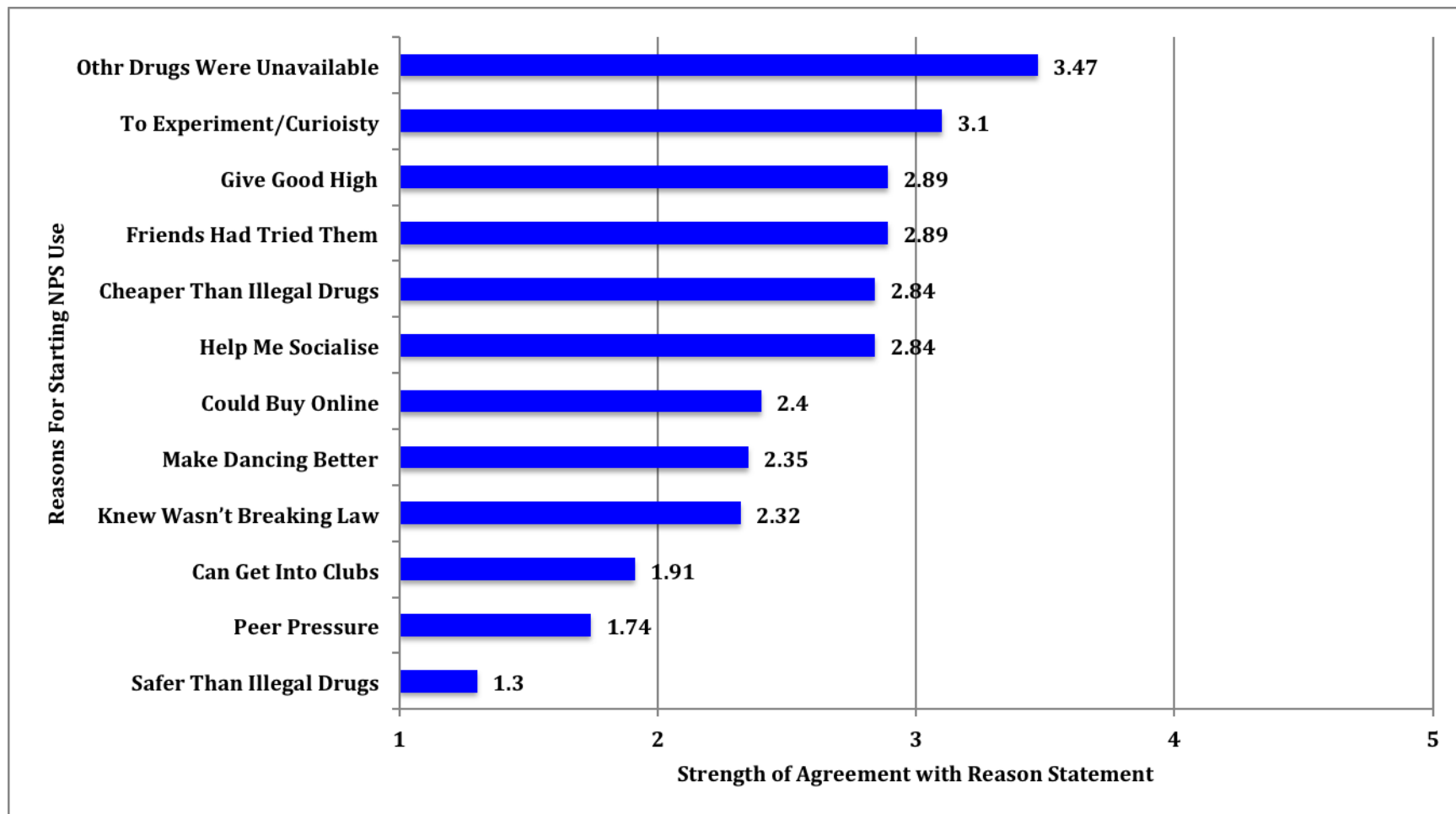


Figure Seven: Ever-takers' mean ratings of agreement that they had used NPSs in the past for each of 12 reasons.

Likelihood of Seeking Help from Different Sources for NPS-Related Health Problems

Ever-takers were asked whether they would be likely or unlikely to seek help from a number of people and services if they experienced a health problem after taking an NPS. The majority of ever-takers indicated that they would be likely to seek help from a close friend (88%) or their GP (71%) if they experience a health problem after taking an NPS. Just over half of ever-takers would be like to seek help via two social media resources – by asking someone in an online ‘legal highs’ discussion forum (56%) or by watching advice videos on YouTube (56%). Interestingly, these social media resources appear to be considered more approachable or appropriate than NHS resources – fewer ever-takers indicated they would be likely to seek help by visiting a hospital Accident & Emergency Department (44%) or by calling 999 (40%). Additionally, ever-takers were asked if they would be more likely to talk to a health expert online or in person (face-to-face) should they ever experience a health problem after consuming an NPS; preferences were approximately equivalent (48% would prefer online, 52% would prefer in person), emphasising the potential value of health services providing both modes of care.

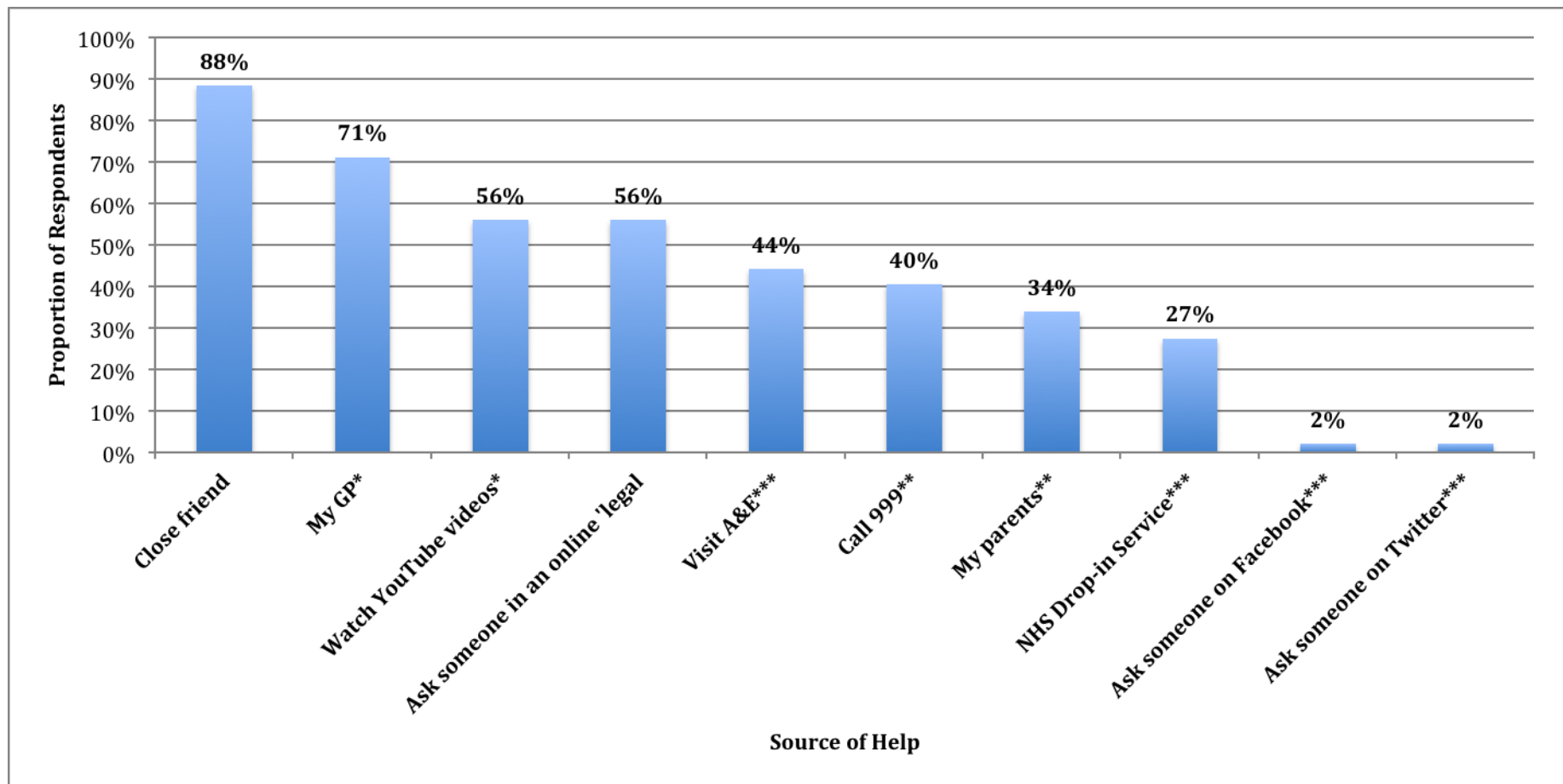


Figure Eight: Proportion of NPS ever-takers that would be likely to seek help from different sources if they ever experience a health problem after taking an NPS.

Comparisons of Ever-Takers and Never-Takers

Ever-takers of NPS were more likely than never-takers to have close friends who have also taken NPS. In fact, almost all (93%) ever-takers reported having a close NPS ever-taker friend, compared to less than half (41%) of never-takers who have close ever-taker friends. Only 2% of ever-takers did not have any close ever-taker friends compared to 24% of never-takers. The remaining 5% of ever-takers did not know whether any of their friends had ever consumed an NPS, compared to 34% of never-takers.

Likelihood of Taking NPSs in the Future

Both ever-takers and never-takers were asked how likely they were to take an NPS in the future. Never-takers were significantly more likely than ever-takers to state that they 'will never' take an NPS in the future (84% vs. 50%). That is, approximately half of individuals who have ever consumed an NPS vowed to never again take an NPS. Ever-takers were significantly more likely than never-takers to predict that they 'probably will' take an NPS in the future (10% vs. 1%). Overall, these findings suggest that 50% of those who have taken an NPS in the past have not ruled out taking an NPS in the future (and vice versa, 50% have ruled out taking NPSs in the future), compared to only 16% of never-takers who have not ruled out taking an NPS in the future.

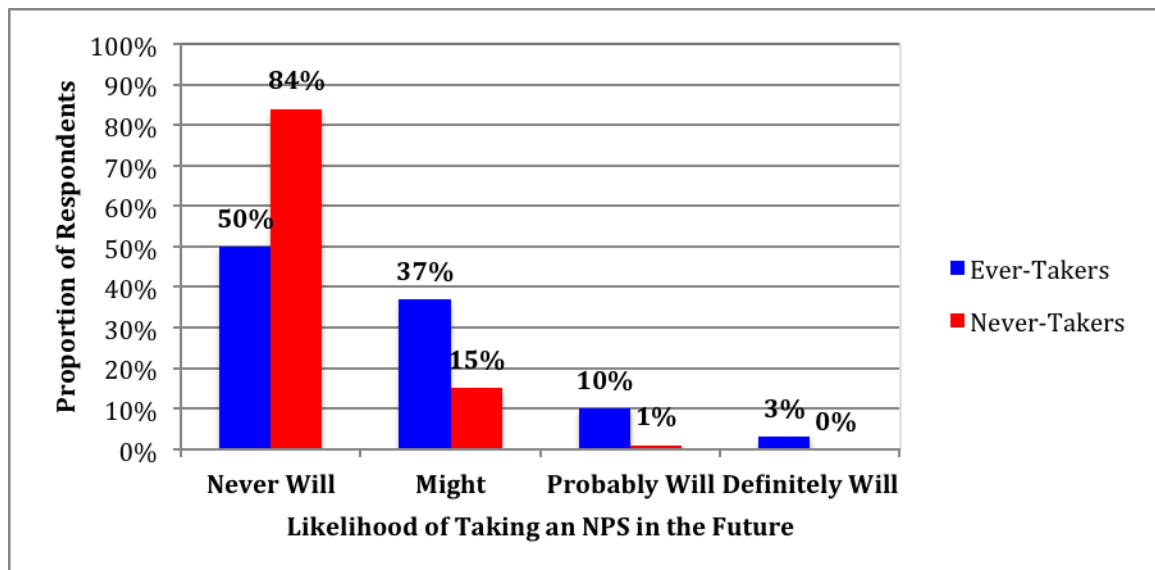


Figure Nine: Ever-takers and never-takers' self-rated likelihood that they will take an NPS in the future.

Future Events Likely to Influence Future NPS Use

Both ever-takers and never-takers were asked whether ten events, should they occur in the future, would make them less likely or more likely to take an NPS in the future. The majority of never-takers indicated they would be less likely to try an NPS in the future should any of the hypothetical 10 events occur, with warnings about certain legal highs from friends and the prospect of committing a criminal offence reported to be the likely strongest deterrents against starting NPS use. Never-takers indicated that they would be less likely to try an NPS in the future if any of the ten hypothetical future events were to occur; ever-takers, in contrast, would only be discouraged from future use by five of the 10 future events, with warnings from friends who have tried certain NPSs and any criminalisation of NPS use carrying the greatest influence to stop using NPSs. None of the 10 events would be likely to increase the likelihood of never-takers starting to use NPSs, with the event most strongly increasing the likelihood of use – NPS being sold in more places – only likely to trigger first use in 16% of never-takers.

However, the occurrence of these 10 events would have a somewhat different impact on ever-takers' likelihood of taking an NPS again in the future NPS use. Broadly, these 10 events would not have the same strength of deterring effect upon future NPS use for ever-takers and they would for never-takers. By contrast to never-takers, 'warnings from friends against trying an NPS' was the only future event of the 10 that would be likely to deter further NPS use among the majority of ever-takers (72%). Positive recommendations from a friend to try a certain legal high would make 46% of ever-takers, but only 14% of never-takers, more likely to consume an NPS in the future. A sizeable minority of ever-takers would be more likely to consume NPSs in the future if legal highs become more available in one's area, less expensive and more positively reviewed by people online, whereas each of these events would encourage only a very small proportion never-takers to start using NPSs.

Table One. Proportion of ever-takers and never-takers' who would be more and less likely to consume an NPS in the future should a number of future events occur.

Future Event	Less Likely to Take		50/50		More Likely to Take	
	ET (%)	NT (%)	ET (%)	NT (%)	ET (%)	NT (%)
More News reports about legal highs	29	70	55	24	16	6
If they become illegal	42	74	47	20	11	6
If they become cheaper	25	59	43	32	32	8
If they're sold in more places	22	56	39	28	39	16
If scientists explain the health risks of a legal high in plain English	32	64	46	23	22	13
If friends try a legal high first and recommend it	20	59	33	27	46	14
If a dealer I trust recommends a New legal high	32	70	49	24	19	5
If scientists tell the public exactly what chemicals are in a legal high	36	62	50	26	14	13
If friends try a legal high first and warn me not to take it	72	84	22	13	6	3
If I read online about the good times people have had taking a legal high	22	66	51	29	27	5

Key: ET = Ever-takers; NT = Never-takers.

Information Wanted About NPSs

Both ever-takers and never-takers were asked about the types of NPS and information about NPSs that they would like to read and watch online (Figure 11). Overall, the majority of never-takers indicated they would be interested in receiving several types of news that would likely reinforce decisions to not start NPS use: news about deaths linked to NPS (62%), information about what chemicals are in NPS (68%), and in particular, information about the health risks of using NPS (77%). The majority of never-takers also wanted information about new NPS on the market in their area. Conversely, and disappointingly, only the minority of ever-takers indicated they would be interested to receive news of these types. Overall, ever-takers were disinterested in receiving any types of news or information about NPS, though it is more encouraging that the larger sample of never-users would be more receptive to news and information about NPS that would potentially deter them from experimenting with these drugs.

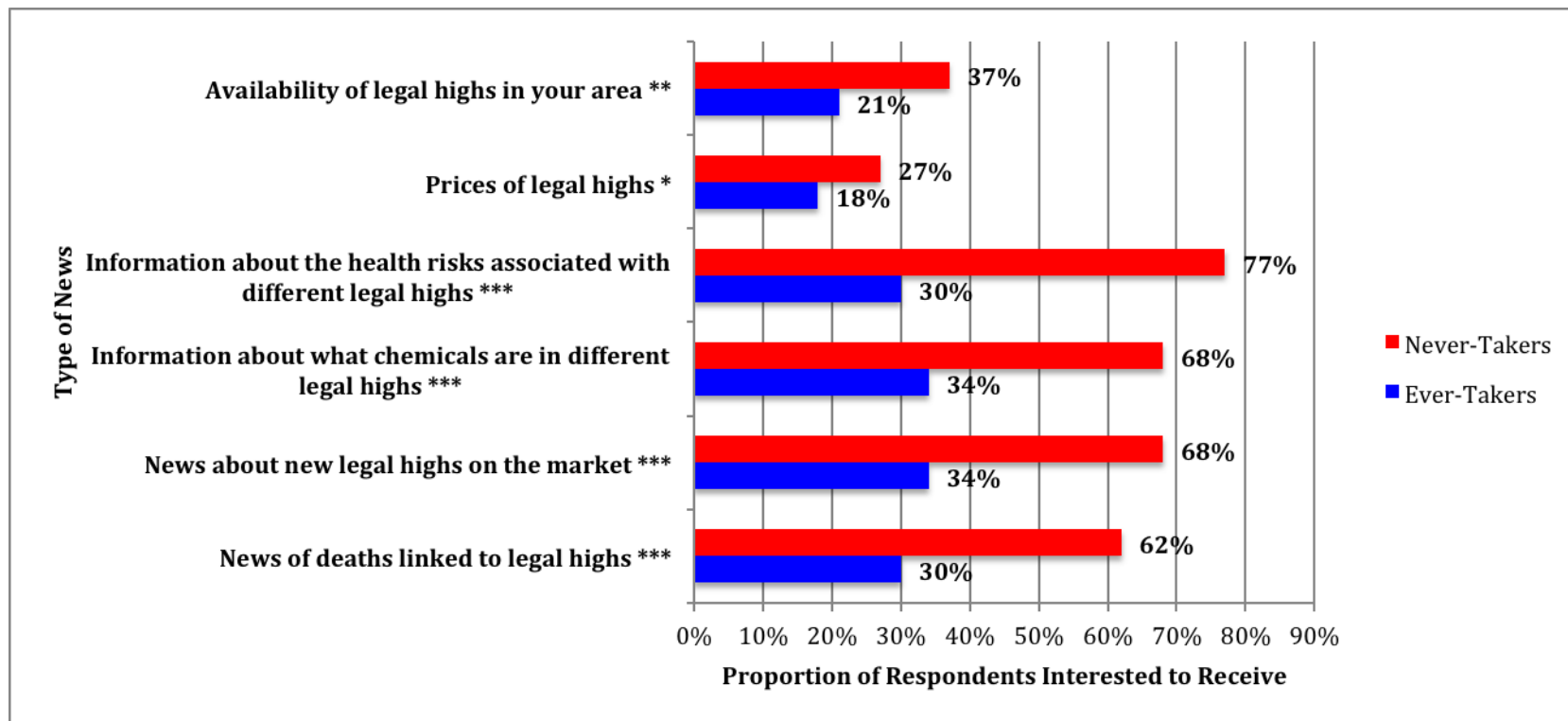


Figure Ten: Types of News/information about NPSs that would be of interest to ever-takers and never-takers.

*p < 0.05 **p < 0.010 ***p < 0.005

School Based Survey Data on Levels of Drug Use

The results of the latest Young People's Health and Lifestyle Survey 2014 with a sample of 2,675 schoolchildren aged 10-15 years indicate a broadly stable picture with regard to the use of illegal drugs and alcohol. Compared to the last survey in 2010 there appears to be little change in the levels of cannabis use reported among 14-15 year olds (13% in 2010 and 14% in 2014). Drug use before the age of 14 remains uncommon. Overall, 1 in 6 of this age group report having ever taken drugs (17%, with 7% reporting cannabis use in the last month). A recent survey 'Smoking, drinking and drug use among young people in England in 2013' provides some comparable data on 14-15 year olds, with 18% of 14 year olds and 30% of 15 year olds reporting having ever taken drugs.

The NPS's were the next highest reported (Spice, 4% and Laughing gas 4%). The NPS most likely to be used, reported both in the survey and by frontline professionals, were the cannabis-like substances (spice), commonly referred to by young people as 'legals'. These substances were reported as created from imported kilogram bags of various powders that are then diluted with ethanol and sprayed onto garden herbs, and, once dried are sold to be smoked.

It is important to bear in mind that this survey is age capped at 15. Plans to include schoolchildren to age 18 in future sweeps of the Young People's Health and Lifestyle Survey offer a valuable opportunity to capture age related patterns of substance initiation by young people. This is particularly pertinent, as initiation of illegal substances tends to escalate in later teenage years.

The finding that only a small minority of schoolchildren, up to the age of 15 at least, are reporting use of illegal substances meshes with the experience and knowledge of those interviewed at operational and service delivery levels. It was not possible to tell from the survey whether the individuals reporting use of illegal drugs were also those reporting use of the NPS, such information might be interesting to further explore. The survey does report that 21% of those 14-15 year olds reporting drug use had taken more than one drug on the same occasion, which suggests the likelihood of NPS, as these were the next most likely substances to be reportedly used. A mix of drugs and alcohol was reported by 8% of those respondents using drugs.

All of the service providers we interviewed referred to a small minority of vulnerable children and young people who were well known to education, police and other services on account of their engagement in risk behaviours that included both alcohol and drug misuse. Partly their exposure was acknowledged to be a reflection of Jersey's small size and greater social conservatism relative to the UK mainland, as one service provider put it 'normal behaviour on the mainland is not so normal in Jersey'. Socially disadvantaged young people in particular were described as being both more obvious than their peers because of marked disparities in the distribution of wealth in Jersey and correspondingly, more isolated. Their smaller numbers create difficulties for specifically targeted service provision. There may well be merit in reviewing the available evidence on the impact of multi factorial interventions targeted at particularly vulnerable young people to determine the most appropriate response to this group within Jersey.

It was emphasised by frontline workers firstly that the numbers using NPS are small and secondly that many of the arising issues are not substantially different to those of excessive alcohol or other more traditional forms of drug use (cannabis). Nonetheless it was pointed out that the internet provides easy access to these substances and relatedly, NPS home manufacture has meant that they are readily available and cheap to a wide and probably younger age range. The people selling NPS are reported to be often close in age (at 18-20 years) and known to them.

Precisely because of their smaller numbers most professionals are aware of the identities of the young people whose behaviours are creating concern. This was recognised across the board as elevating the importance of maintaining confidentiality for individuals whilst also recognising the difficulties of maintaining this.

Survey of Problem Drug Users

In this section we look at the results of a survey of 81 problem drug users recruited from across the community and the prison within Jersey. The aim of this part of our work was to establish the views and experiences of a range of individuals with a serious drug problem within Jersey- collecting information on their drug use and their experience in engaging with Jersey based services. In the figures that follow we have summarized various aspects of the lives of drug users we interviewed using a standardized schedule. In total we interviewed 81 drug users; 45 of these were recruited from the community and 36 from prison (67 males, 14 females).

Age of First Drug Use

Participants interviewed in the prison tended to have started their use of illegal drugs at a younger age than those in the community, with the exception of heroin, cocaine, powder and magic mushrooms. Heroin and cannabis were used on a daily basis more than any of the other drugs listed. This is a somewhat surprising finding given the perception articulated by a number of interviewees that heroin was used much less widely now in Jersey than in the past. The reported frequency of its use here may indicate that whilst the drug is not necessarily as widely used as in the past nevertheless for those who are using the drug it remains sufficiently available to sustain some level of regular use.

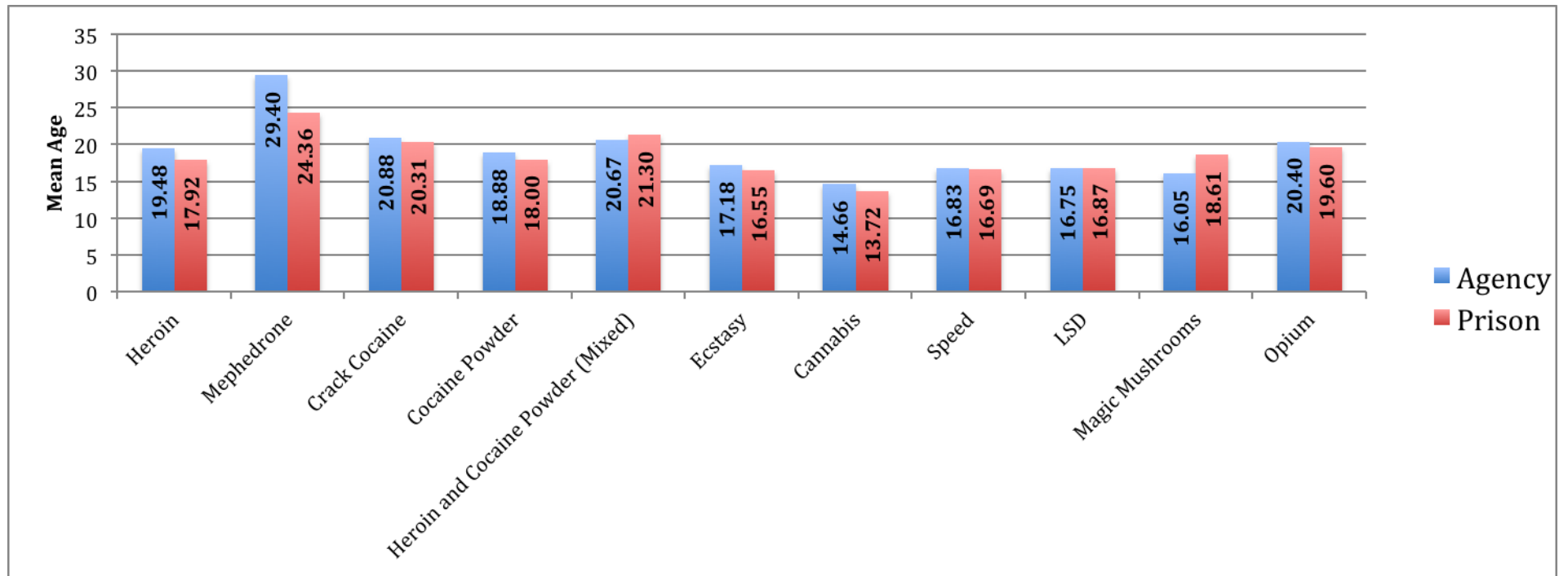


Figure Eleven: Mean age at first use of 11 drugs.

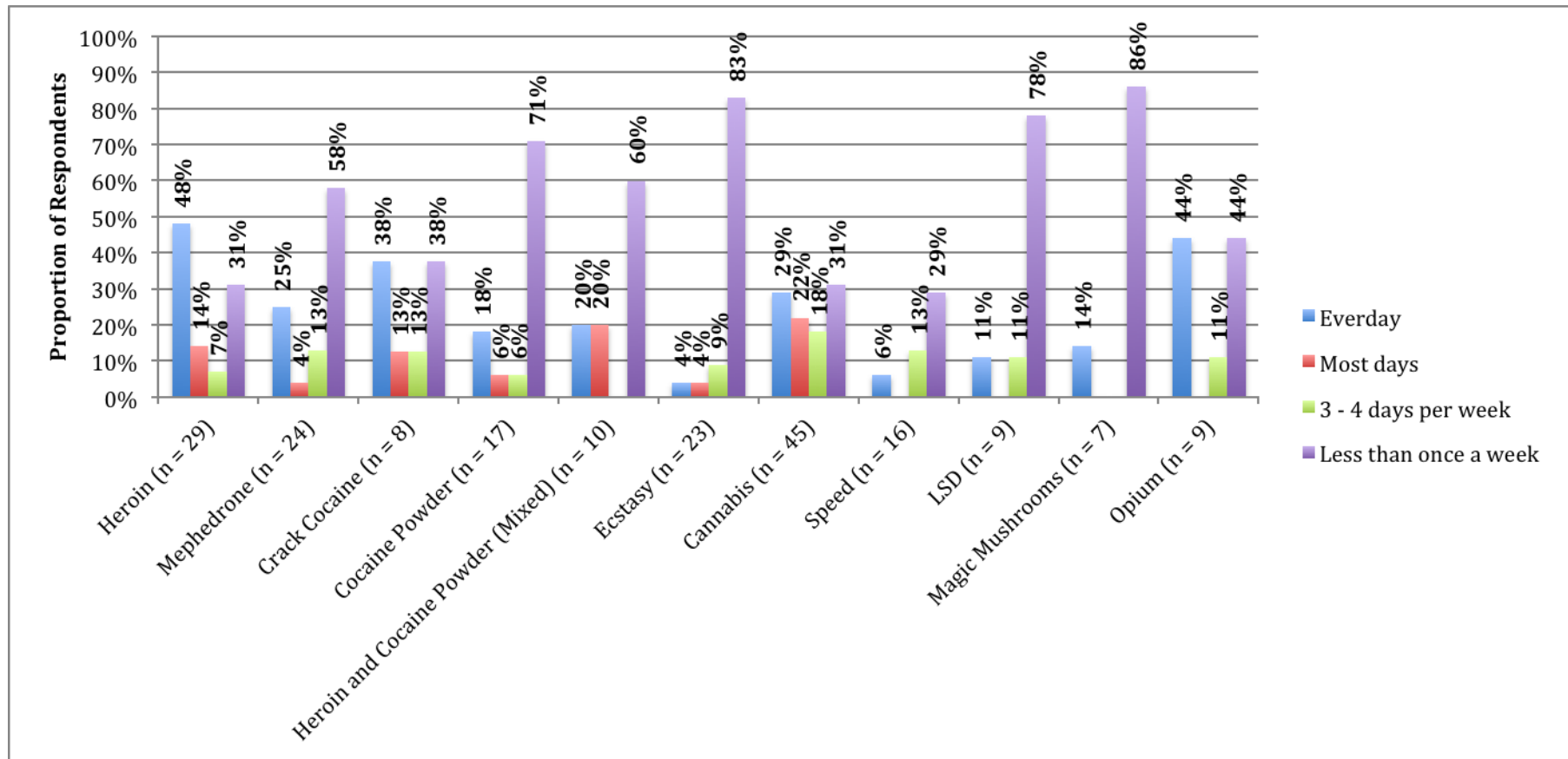


Figure Twelve: Self-rated frequency of use of 11 drugs.

NPS Problem Drug Users

Overall, 54 (66%) of the 81 drug users surveyed reported having used NPSs. Of those who were in prison (n = 34), 79% reported having tried a legal high at least once, while 69% of participants from the agency (n = 39) had ever used one. This figure suggests that NPS use may well be virtually ubiquitous amongst those with a pre-existing drug problem within Jersey. This finding confirms interview reports obtained in the course of this work that drew attention to the adverse impact of NPS use on the behaviour of injecting drug users within Jersey with particular concern being expressed around the apparent increase in the frequency of injecting on the part of those problematic drug users who had initiated some level of NPS use. The problematic drug users interviewed were experiencing a range of symptoms associated with their NPS use many of which they judged to be of a severe kind. 35% of users referred to experiencing severe memory loss, 22% reported severe chest pains 50% said they had felt anxious to a severe level and 44% said that they had felt paranoid following NPS use. Aggression was reported by 31% of the users. These are all outcomes of NPS use that should give cause for concern both to users and those seeking to respond to NPS use. The fact of the matter is that at present we do not know what is often contained within NPS and we have scant information on the short term, medium term, and long term impact of use of these drugs. Injecting

Injecting Risk and Problem Drug Users

Sixty-three (84%) responding drug users (n = 75) reported injecting drugs at some point in the past, with 53% having done so in the past 6 months (or in the 6 months before coming to prison). Rates of injecting drug use were higher in the agency population (n = 41) compared to the prison population (n = 34) in both the previous 6 months (agency = 59%; prison = 47%) and overall (agency = 95%; prison = 71%). Of those who had ever injected, most injected in their arms although injecting into their hands and feet was also high amongst those in the community. Only 11 participants reported ever having used a needle or syringe that may have been used by someone else. Two participants had passed a used needle or syringe to someone else and 2 interviewees said that they had used a filter, spoon, or flush that had been previously used by someone else.

Fourteen (23%) of responding drug users (n = 62) had overdosed in the past year with the proportion overdosing slightly higher amongst those drug users interviewed within the prison (13%) than those who were in contact with community based drug treatment agencies (10%).

Treatment

Of all 81 drug users surveyed, 41% were receiving drug treatment. A much higher proportion of those in the community were receiving drug treatment (62%; n = 45) compared to those in prison (14%; n = 36). The average dose of each prescribed drug treatment also tended to be higher in the community for both methadone and

Buprenorphine. Suboxone was not prescribed to any of the participants who were in prison and diazepam was only prescribed to 1 participant overall. Eight participants reported that they had visited various GPs seeking a particular prescription. The most commonly sought drug (6 participants) was Diazepam. When asked to rank their current health, it was noticeable that those drug users interviewed within the prison were more likely to report their health as good or excellent than were those who were interviewed within the context of their contact with community based treatment agencies. Equally a higher proportion of those recruited in the community were more likely to describe their current health as poor than was the case for those within the prison. Whilst at first hand this may be a surprising finding in fact what it may well show is the overall beneficial impact on self-assessments of current health arising from the overall level of care and the regulated lifestyle (regular meals regular night times) which is a characteristic of prison life.

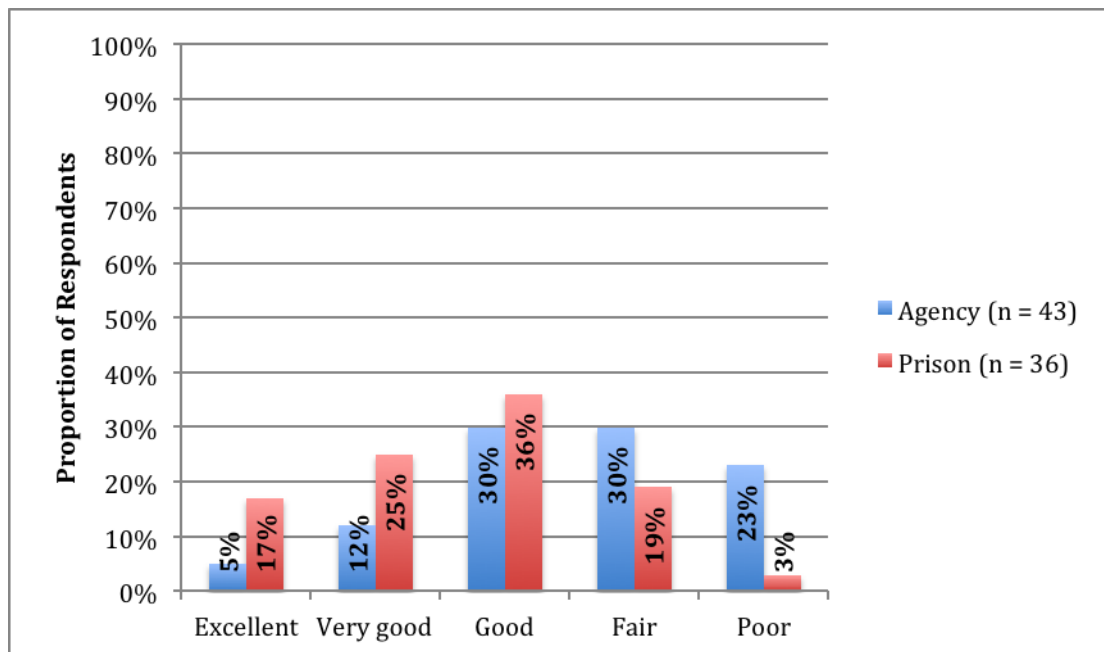


Figure Thirteen: Proportion of respondents who rated their health excellent, very good, good, fair, or poor.

A similar picture was evident in relation to the drug users' assessments of whether their health had changed in the last year with a greater proportion of those interviewed within the prison compared to those interviewed within the community citing that their health had become much better or somewhat better over the last year.

Fifteen of the drug users in contact with community based treatment agencies reported being HCV positive compared to 4 of those interviewed within the prison. Three individuals contacted within the community reported being HIV positive. Testing for blood borne viruses appears to be more common within the prison population [HIV / AIDS = 100% (n = 22); HBV = 100% (n = 23); HCV = 96% (n = 23)] than within the community [HIV / AIDS = 86% (n = 37); HBV = 84% (n = 37); HCV = 85% (n = 39)].

Paying for Drugs

The previous review of the drug problem within Jersey noted that a high proportion of drug users on the island were in some level of employment and presumably funding their drug use from the money earned through that employment. In the case of the drug users interviewed in the current review, whilst a significant proportion were indeed funding their drug use through legal means this did not mean that a significant proportion were not also funding their drug use through illegal means.

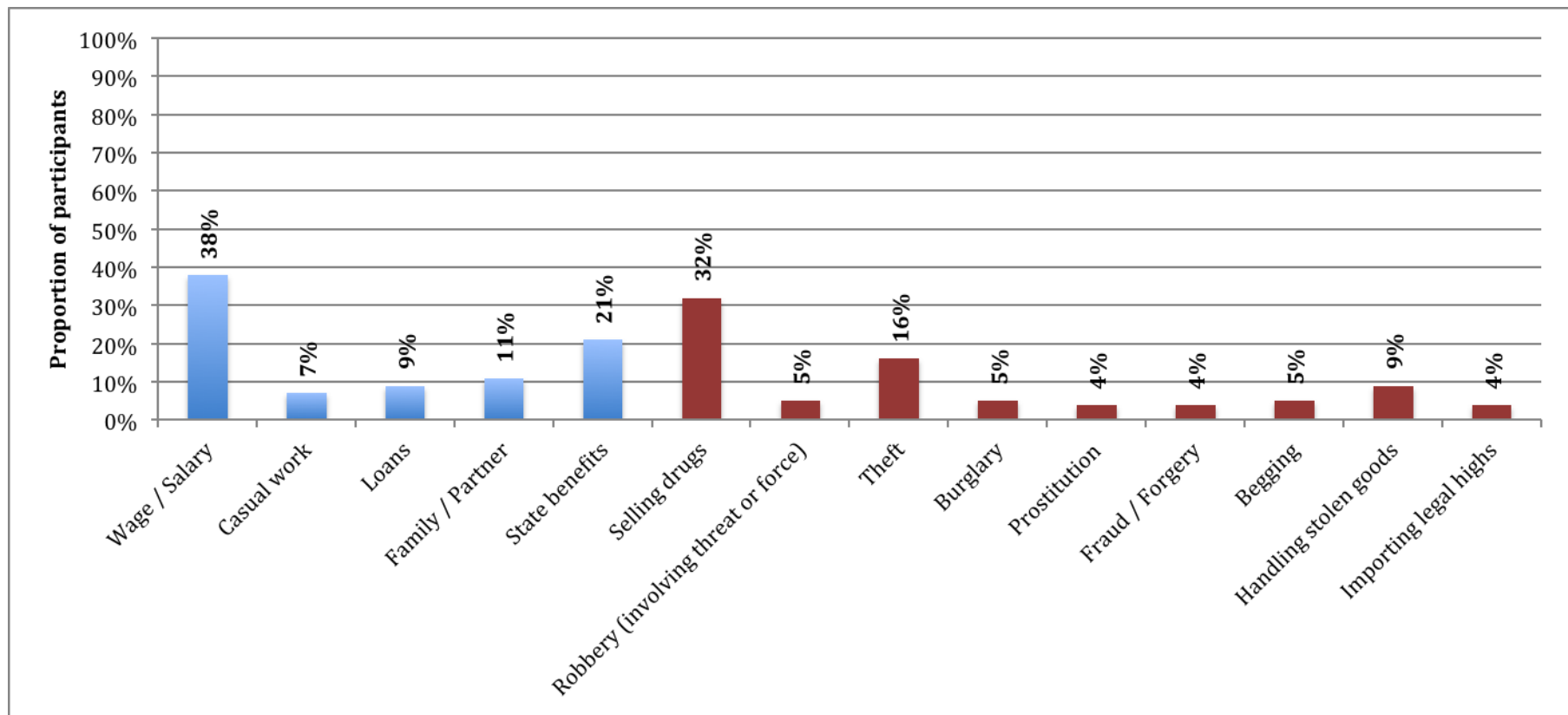


Figure Fourteen: Number of respondents who reported using each of these methods of sourcing funds to pay for drugs.

Note: Blue columns denote legal activities; red columns denote illegal activities

Life Situation of Problem Drug Users Surveyed

Most of the problematic drug users surveyed in this part of our work were living in a house or flat, however 35 of those surveyed had lived in more than one type of accommodation within the last six months with some of the individuals surveyed having experienced multiple changes in living circumstances over what was in effect was a relatively short period of time. On this basis it would appear that unstable living conditions was impacting negatively upon the lives of a significant number of problem drug users within Jersey.

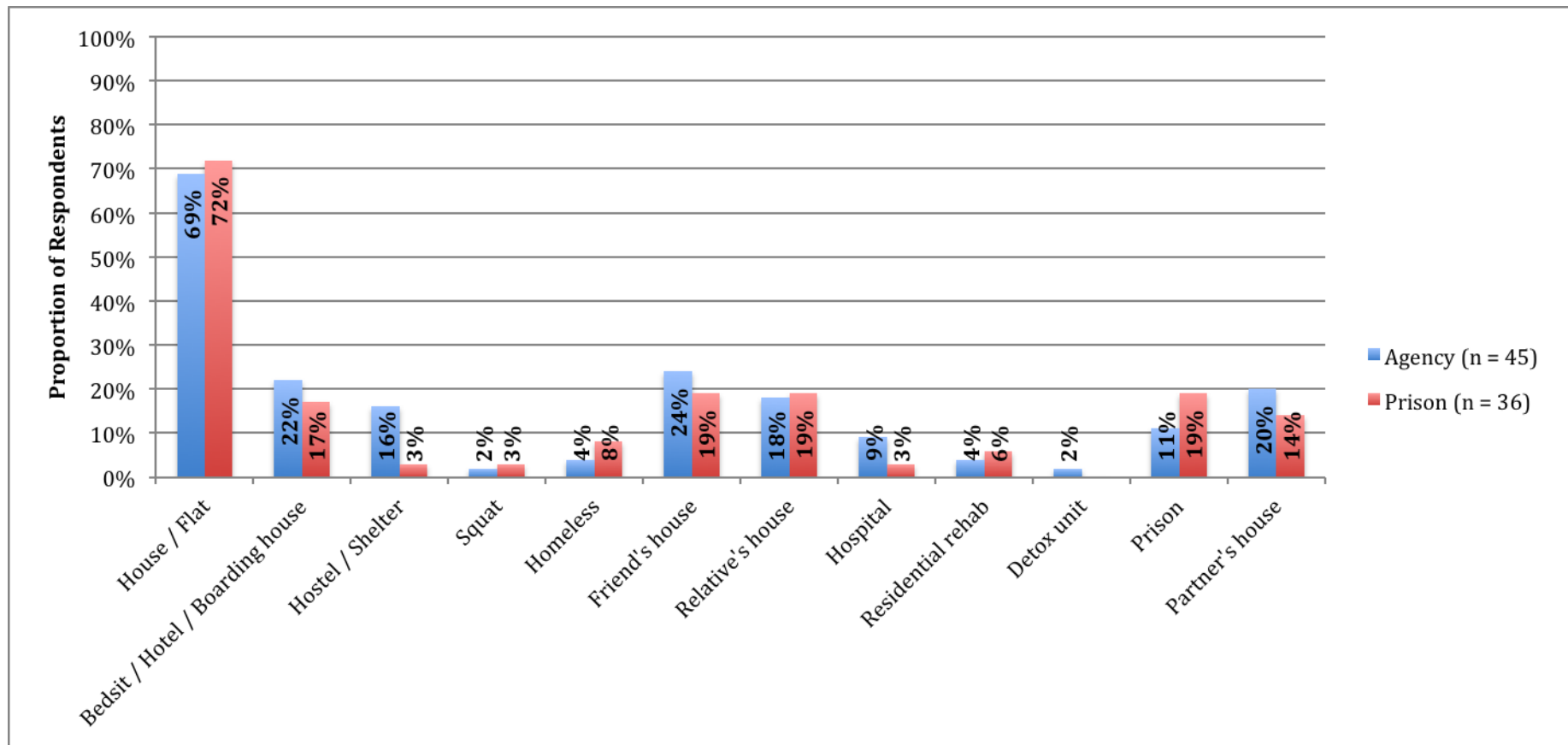


Figure Fifteen: Proportion of respondents living under various conditions in the past 6 months.

Misuse of Prescribed and Over the Counter Medication

To obtain information on the nature and extent of any over prescribing of specific medication and the misuse of over the counter medication we circulated a questionnaire to pharmacists within Jersey. This questionnaire was completed by 13 pharmacists -5 of whom were dispensing opiate substitute treatment. In total these 5 pharmacies had 102 clients; 101 of whom were on a shop supervised dosage regime (one client had a take home prescription). A similar questionnaire circulated to general practitioners in Jersey was completed by only a tiny number of general practitioners (less than six).

Of the pharmacists clients, 47 were treated with buprenorphine and 55 were dispensed oral methadone. Pharmacists estimated that 44% of those on buprenorphine and 54% of those on oral methadone had improved.

Virtually all of the pharmacists stated that they did not think that OST diversion was a problem, or, that they were not sure if it was a problem. All 5 pharmacies had in place a system to deal with possible OST diversion. In 3 cases, this largely involved contacting drug and alcohol services, one of these also checked CCTV for evidence and would halt dispensing until such time as they had liaised with the prescriber. Another strategy was to offer water after the client had taken the tablet. There was however a recognition of the risk of the misuse of other prescription medication.

Prescription Drugs Perceived as at Risk of Misuse

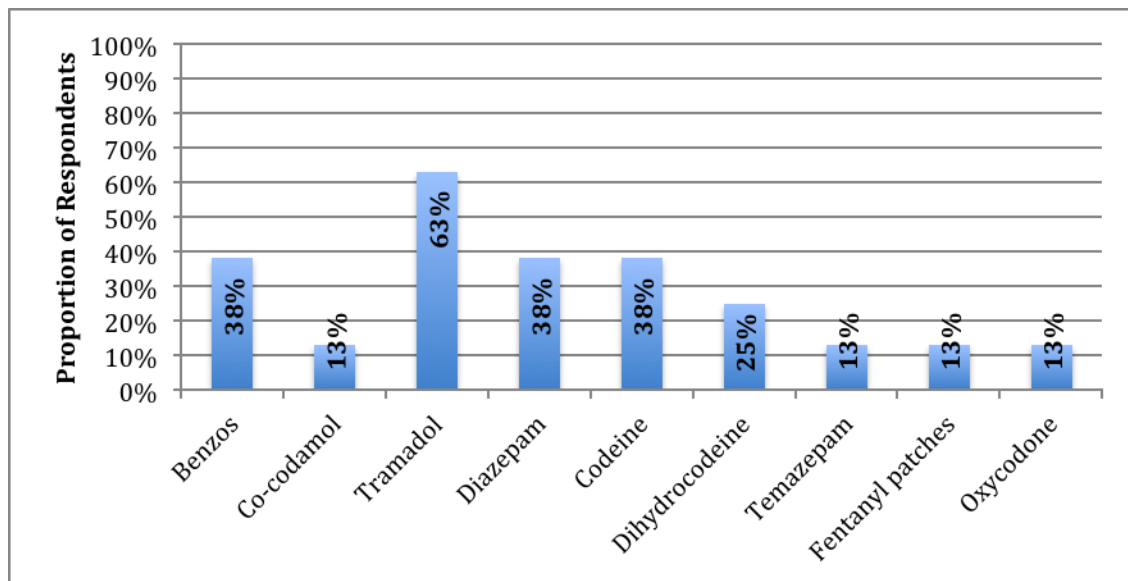


Figure Sixteen: Prescriptions drugs perceived by pharmacists (n = 8) as at risk of misuse.

The prescription drugs most likely to be abused in the opinion of pharmacists were Tramadol, followed by benzodiazepines, diazepam and codeine.

Of the 13 pharmacists in this study, 11 believed that over-the-counter medications were being purchased for misuse (only 1 did not hold this belief and 2 were unsure). The drug they thought most likely to be being abused was Nurofen Plus.

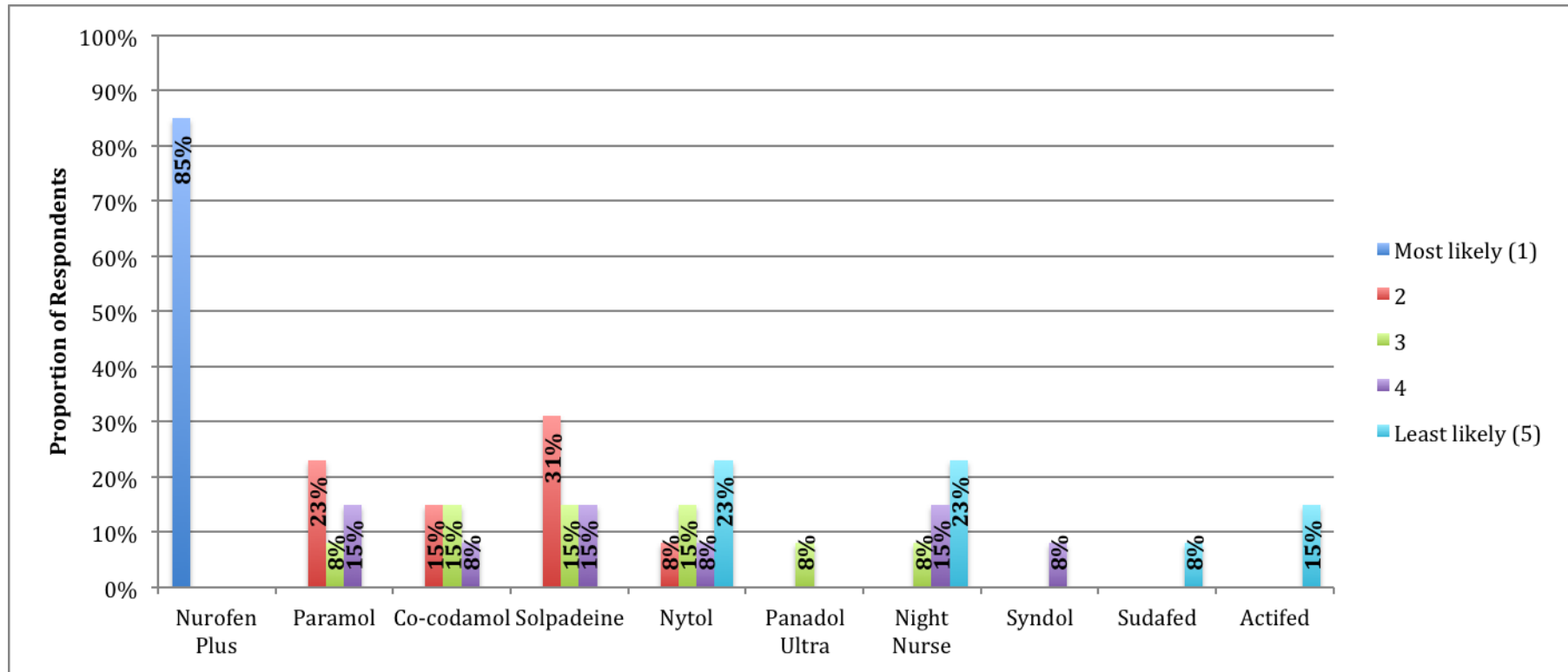


Figure Seventeen: Over-the-counter drugs perceived by pharmacists (n = 13) as at risk of misuse, rated according to likelihood.

Pharmacists were asked to rate the likelihood that various strategies would be used to limit the misuse of over-the-counter medications. 4 of the 7 strategies were rated as most likely to be used by at least one pharmacist.

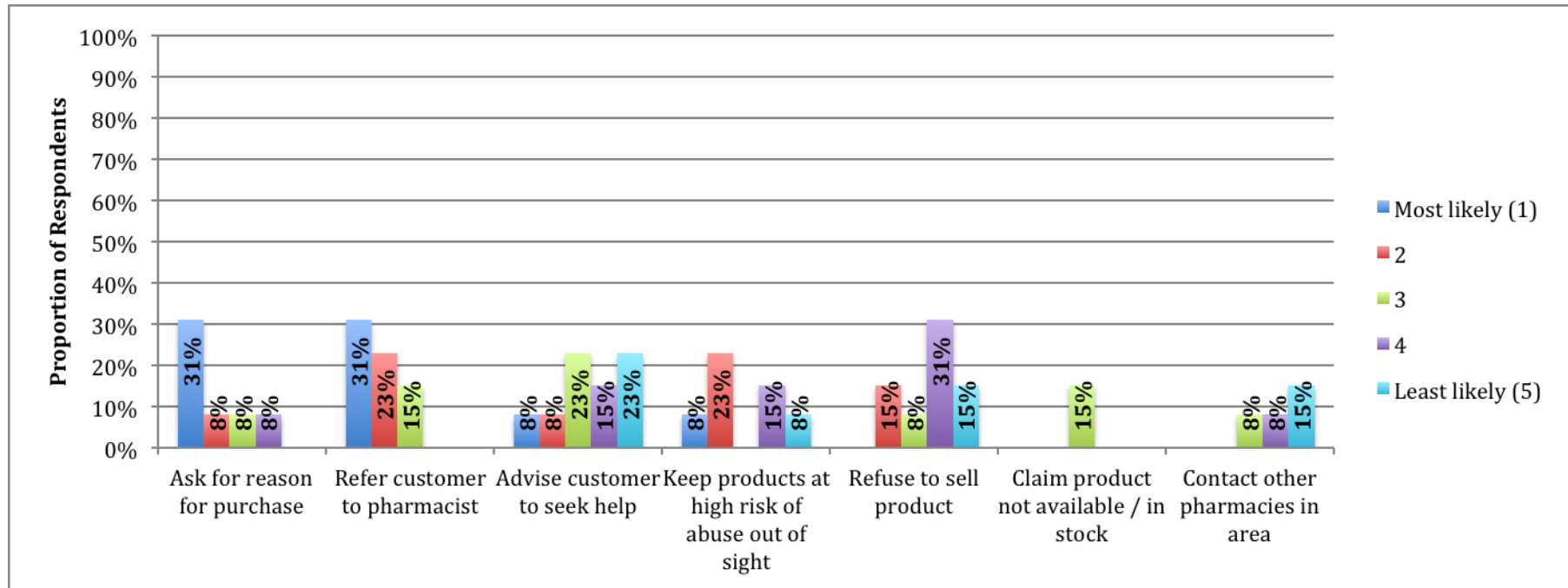


Figure Eighteen: Self-rated likelihood that pharmacists (n = 13) would use these strategies to limit misuse of over-the-counter medications.

Pharmacists were undecided on whether there should be tighter controls on over-the-counter medications. Most agreed that misuse of over-the-counter medications is difficult to recognise, that it is awkward to challenge customers over the issue, and that staff need more training to recognise signs of misuse. The only 2 indications of medication misuse that pharmacists cited were the quantity of OTC that the customer was trying to purchase and the frequency with which the same client tried to purchase them.

Drug Users' Reports of their Misuse of Prescribed and Over the Counter Medication

To supplement the information from pharmacists on the nature and extent of the misuse of prescribed and over the counter medication we included questions on both of these topics in our questionnaire circulated to problematic drug users on Jersey (n = 81). These individuals were recruited from either the community within Jersey where they were in contact with community based drug treatment services or the prison within Jersey.

The most commonly used prescription drug was Diazepam (50 users). Whilst Codeine was used by 30 individuals the level of its daily use was equal to that of Diazepam. Tramadol, Nitrazepam, Fentanyl, and Oxycodone were all reported as being used often suggesting that these prescription medications are currently widely available within Jersey.

To establish the extent to which problematic drug users within Jersey were also consuming over the counter medication we included a question on this topic on our drug users questionnaire.

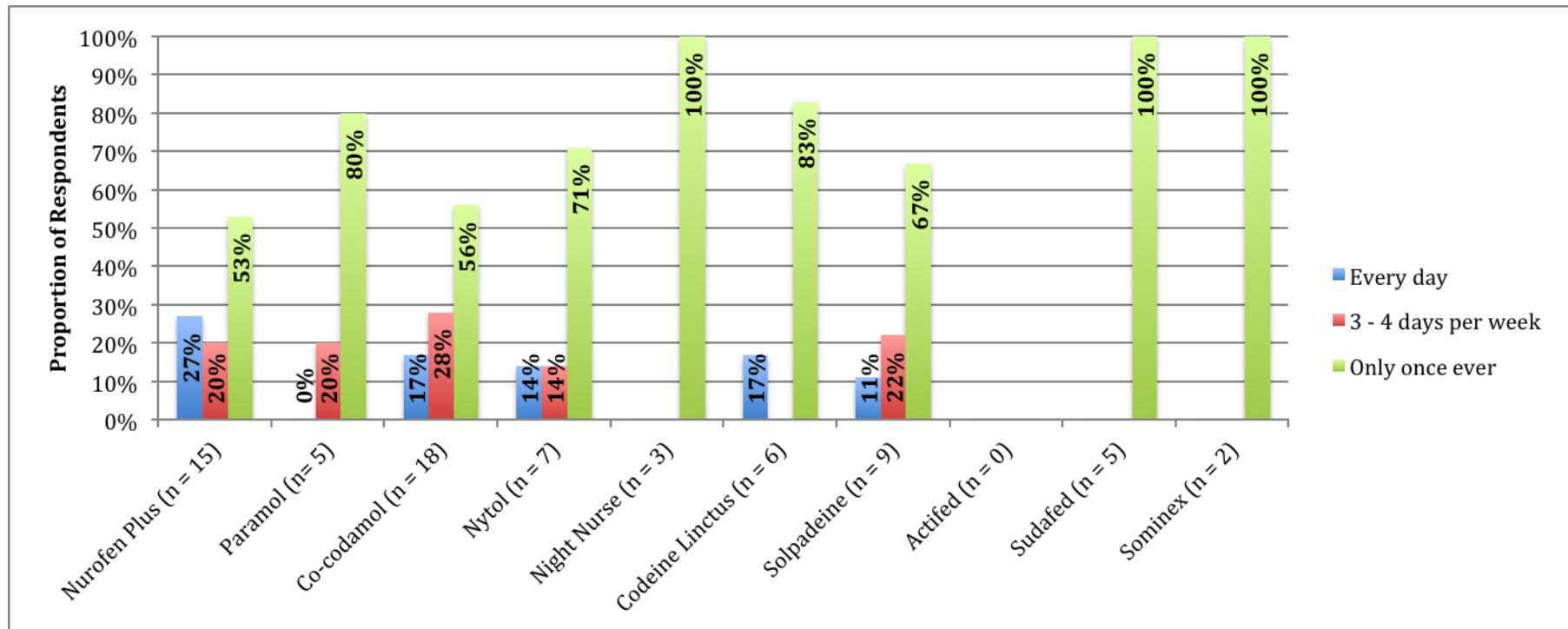


Figure Nineteen: Frequency of over-the-counter medication misuse as reported by 'ever-users'.

On the basis of these data many of the problematic drug users within Jersey appear to be combining their use of the harder illegal drugs with use of Nurofen Plus, Co-codamol, Solpadeine, and Sudafed on a frequent basis. Whilst the number of drug users surveyed here is small, the figures give a clear indication of the importance of pharmacists and drug treatment services being alert to the likelihood of clients supplementing their prescribed medication with use of over the counter medications.

General Practitioners' Prescribing Database

The prescribing database does not contain information on the case-mix of individual doctors. As a result it is not possible to know to what extent any elevated prescribing of certain drugs is as a result of the characteristics of the patients the doctor is seeing rather than their own prescribing behaviour. What the database is able to do is to identify those instances where over prescribing of certain named drugs **may** be occurring. On the basis of our review of data contained within the prescribing database there appear to be a small number (less than 10) of general practitioners whose prescribing of certain drugs is well outside the range of their colleagues and who may be overprescribing certain drugs.

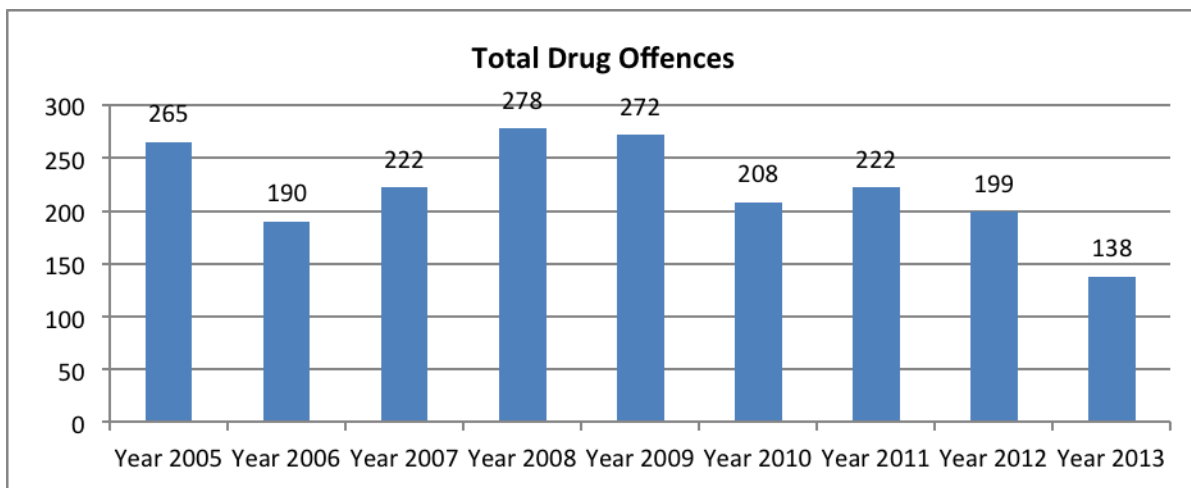
Drugs Enforcement

The use of illicit drugs is an issue that continues to generate public concern amongst the Jersey's residents and this is reflected in the responses recorded in the most recent JASS (2014) where 59% of respondents indicated that tackling the supply of illicit drugs should be considered a 'very high priority' for the police on Jersey. Only two other issues were rated above illicit drugs at the 'very high priority' measure, namely: 'Be ready to respond effectively in the event of major incidents and emergencies' (65%) and 'Respond quickly and effectively when people need their help' (62%).

Drug Seizure Data

Utilising information collated from a range of open source material, drug seizure data for both agencies were explored with regard to seizure numbers; the price of drugs seized and drug offence types. The most recent States of Jersey Annual Performance Report (2013) Page 5 highlights a 31% reduction on total drug offences recorded for 2013 compared to 2012. However, since 2008 the total number of drug offences recorded by the SoJP has steadily reduced such that the figure for 2013 is 50% of that for 2008.

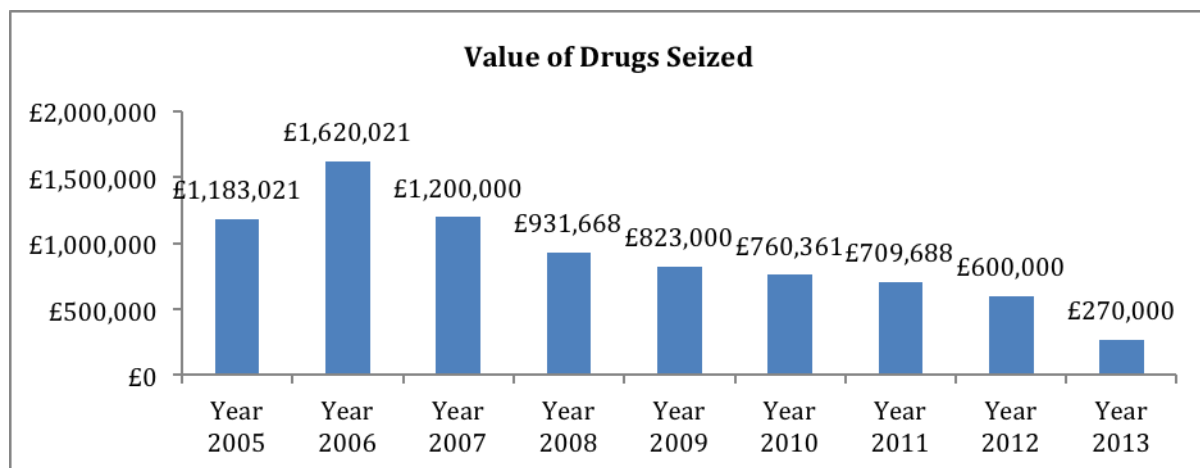
Figure Twenty: Recorded Total Drug Offences 2005 to 2013



Further exploration of the data in terms of the types of offences recorded by the SoJP over the period 2005 to 2013 revealed that the overwhelming majority of drug offences recorded each year related to 'possession of drugs' offences and that these offences reduced considerably up to and including 2013. Compared to 2005, possession offences for 2013 reduced by over 50%, falling from 215 offences recorded in 2005 to 101 offences recorded in 2013.

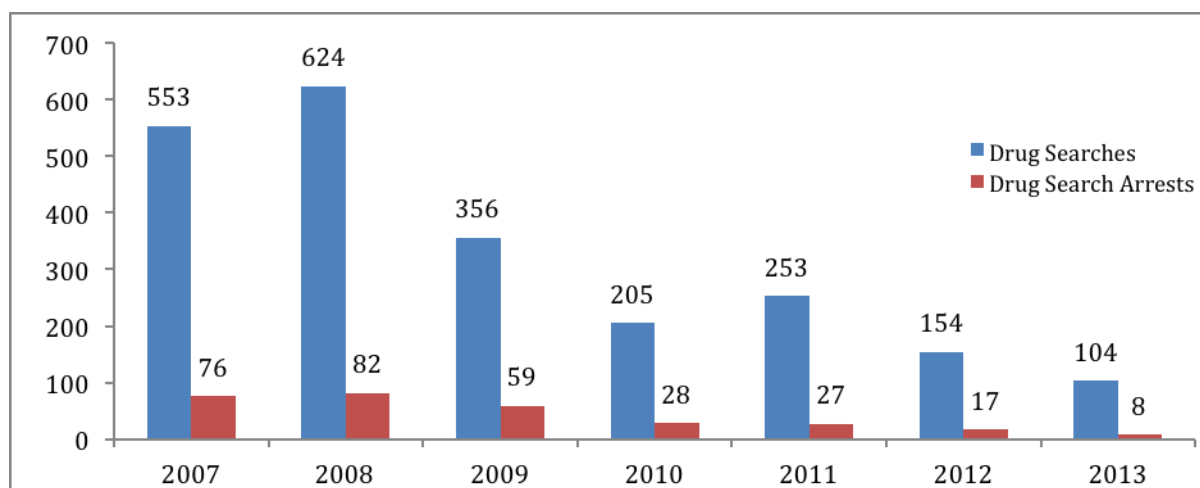
An exploration of the value of drugs seized by Jersey Police revealed a sustained reduction in the value of drugs seized from 2006 to 2013 with the figure for 2013 being one sixth of the figure recorded for 2006.

Figure Twenty One: Street Price of Drugs Seized 2004 to 2013



An examination of drug initiated stop searches revealed a decrease in the number of stop searches carried out by the police. From 2007 to 2013 stop searches declined from a peak of 624 searches carried out in 2008 to 104 searches carried out in 2013, representing a reduction of 83% for 2013 on the 2008 total. In addition, the proportion of those arrested as a consequence of a drug initiated stop search reduced from a peak of 16.6% in 2009 (82 persons arrested out of 624 searched) to 7.7% in 2013 (8 persons arrested out of 104 searched).

Figure Twenty Two: Total Stop/Searches and Drug Offence Arrests 2007-2013



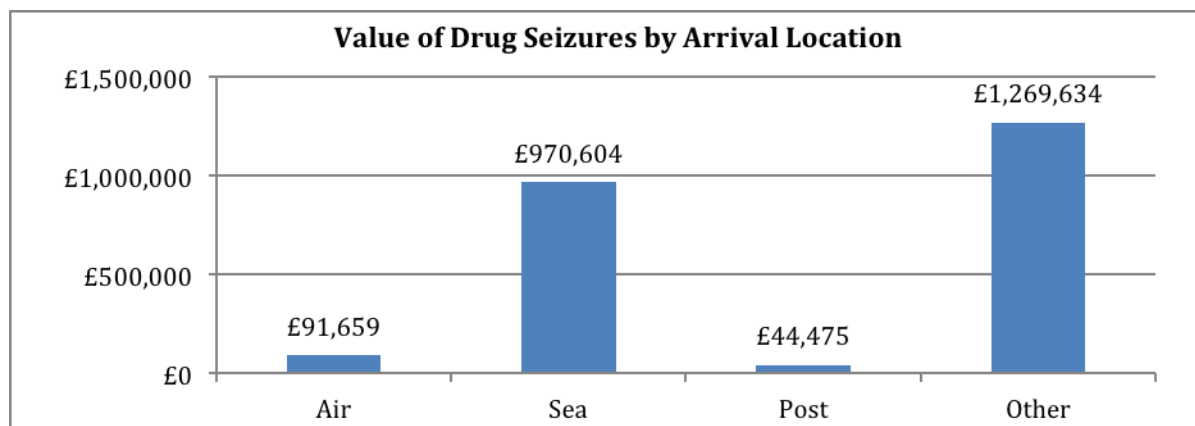
Interpretation the above data requires a measure of caution. Year on year fluctuations in the quantities of drugs seized, or their value, may reflect law enforcement activity as opposed to any change in the availability of illicit drugs on the Island. For example, a long term policing operation targeting the supply of drugs into the Island may involve a considerable number of

resources and the passage of time before executive action is taken to seize an illicit commodity and apprehend those involved. Such operations may run for some considerable time and therefore do not fit neatly into a year on year performance reporting regime.

Whilst the SoJP recorded a reduction in overall recorded drug crime and in particular the number of possession offences, this reduction was not wholly reflected by Customs and Immigration. In terms of Customs and Immigration drug seizures, although the value of drug seizures fluctuated over the period 1999 to 2013, actual drug seizure numbers increased annually from 1999 onwards up to and including 2012. Thereafter, they reduced marginally in 2013, although seizures for 2013 reduced when compared to the previous year, more drug seizures took place during 2013 than for every year beforehand.

An exploration of the most recent drug seizures for 2013 also serves to illustrate the gains that can be realised when collaborating with other law enforcement agencies. Over 50% of the total value of drugs seized during 2013 was attributable to drugs seized at a location other than air, sea, or post, a reflection of operational activity where executive action was more likely to have been carried out upstream with the assistance of external agencies. Figure 44.

Figure Twenty Three: Customs and Immigration Value of Drug Seizures by Arrival Location



In terms of the estimated street value of drugs seized by Customs and Immigration, heroin seizures of over £400,000 accounted for the overwhelming majority of seizures (by street value) for 2011, however, for 2012/2013, Cannabis replaced heroin in terms of the value of drugs seized and by a considerable margin.

During 2012, 184 separate drug seizures were made worth a total of £3,247,875. Cannabis subutex, heroin and mephedrone accounted for the majority of that total. 130 seizures were made at the Post Office mostly involving new synthetic drugs suggesting an emerging and potentially dangerous trend.

Price of Drugs

A theme that was frequently discussed in interviews with drugs enforcement personnel across customs and police related to the street price of illicit drugs. What this revealed was that

respondents viewed the Island as offering a particularly lucrative market to potential dealers with the street price of illicit drugs considerably higher than that of the UK mainland or Europe. In addressing this issue, respondent No 1 identified that the price of a gram of heroin on the Island had remained “pretty constant” at £1,000 for some considerable time.

Enforcement and the New Psychoactive Substances

The ease with which the internet facilitates the ordering of illicit drugs, coupled with an increase in postal traffic into the Island, was identified as having created additional challenges for law enforcement. This issue was raised by respondents No 1 and No 2. The demise of the ‘traditional’ face-to-face drug handovers from dealer to user was also raised as an issue that has emerged with the use of the internet.

The criminalisation of a new generation of drug dealers on the Island facilitated by use of the internet was also presented as one of the significant consequences of NPS importation. What this reveals is the realisation by law enforcement that the opportunity afforded by the profits realised through drug dealing has the potential to develop a new criminal underclass on the Island, a criminal underclass operating anonymously, online and involved in dealing drugs locally.

Not only does NPS importation provide a lower risk drug dealing product, it also provides potential dealers with a better quality commodity which can be imported in wholesale quantities without the necessity to bulk up.

The level of violence presented by the use of NPS was also an issue for a number of respondents in terms of a threat posed by violent offenders to front line police officers. This was coupled with a consequential drain on resources that accompanied the detention of prisoners who had consumed NPS. Respondent No 6 outlined the impact NPS use had on well-known and long-term heroin addicts whom the respondent described as middle market distributors with no prevalence towards violence. Having injected NPS they then presented with elevated levels of violence and as this respondent recalled, “last year a couple of them are up at HMP now having gone absolutely nuts, banging on peoples doors threatening with knives beating their girlfriends up”.

Cocaine

In terms of the seizure of Class A drugs, there was an acknowledgement by some respondents that intelligence surrounding the use of Cocaine on Jersey was deficient. This lack of intelligence created a consequential blurred understanding of Jersey’s cocaine market. However, despite the disparity in intelligence, for these respondents cocaine use was restricted to affluent and middle class users who rarely came into contact with the police.

While there was an acknowledgement that the cocaine market was little understood on the Island, more recent seizures and intelligence surrounding cocaine have challenged any

perceived notion that there is no particular market for the product.

Heroin Market

There was a view amongst some respondents that the heroin market had declined over recent years and that heroin users already known to law enforcement had changed from heroin to NPS use. However, while there was an acknowledgement of a decline in the heroin market, there was also an acknowledgement by some respondents that the market may be reconstituting itself, possibly due to an increasing awareness amongst heroin users of unknown health risks associated with NPS use.

Drug Squad Resourcing

A decline in resourcing was also a topic that featured throughout the interviews and was viewed as a major challenge for law enforcement going forward. One obvious example related to the dissolution of the States of Jersey Police Drug Squad and the replacement of the squad by a 'Priority Crime Team'. For some respondents, the demise of the drug squad has resulted in a reduced focus on Jersey's illicit drug market. Operating with a wider remit, the Priority Crime Team take on additional responsibilities and are tasked with responding to a range of operational imperatives other than those solely related to illicit drugs, such as cycle thefts and burglaries.

Policing the Island of Jersey is a complex task and policing the use of illicit drugs on the Island forms only one component of the myriad of responsibilities assumed by the Islands law enforcement agencies. The Customs and Immigration Service and the States of Jersey Police Service have to respond to the numerous demands placed upon them while operating with shrinking budgets and reduced resources. However, despite the innumerable demands placed upon law enforcement there is an imperative for Jersey's Law Enforcement agencies to remain vigilant to the threats posed to the Island by illicit drugs and it is critical that this objective remains paramount. In terms of threats posed to the Island from illegal drug use it is perhaps the challenge that accompanies NPS importations that represents the most significant threat to the Island at this particular time.

Strategic and Operational Gaps

This section of the report looks at areas of need at both an operational and a strategic level with regard to services tackling illicit drug use in Jersey. The points identified in this section derive in part from observations made by interviewees in the course of the project and partly from observations made by the research team undertaking the review. Although this section focuses on identified gaps in the way in which services were working it is important to underline that there were many instances of effective activities being carried out by the various services involved.

Inter Agency Joint Working

Whilst there were clear indications of agencies within Jersey working to deliver the strategic commitments on tackling illicit drug use there was a noticeable gap in some areas in the coordination of efforts between services. With some notable exceptions the impression was conveyed in our interviews, with both managerial and operational staff, of agencies often working somewhat in isolation of each other and at times seemingly in striking contrast to each other. The clearest example of this occurring was in relation to the Alcohol and Drug Service and the Prison. Both of these services are working with dependent drug users in largely different ways with seemingly different ideas on how best this can be achieved. Within the community based alcohol and drug service, for example, the focus is upon reducing the harm associated with individuals drug use and working towards the individual's recovery. Substitute prescribing is a key part of the treatment approach within the alcohol and drug treatment service. Within the prison, by comparison, there is considerable scepticism on the part of staff as to the value of long term, substitute prescribing and there a much greater commitment to detoxification and abstinence as the goal of treatment. It is important to stress that the contrast between these goals does not mean that these agencies are individually operating at a sub optimal level, rather that they are following different philosophies as to how the drug problem may best be tackled. The result of that philosophical difference however is that the same individuals will be receiving very different treatment as they move between these two domains with no real explanation as to why those differences exist in the treatment they receive depending on whether they are being treated within the community or the prison.

Where gaps are evident in the extent of joint working between services these could be resolved at the operational level could be addressed by developing a platform for regular inter-agency meetings of operational and managerial level staff. Such a forum could ensure that agencies were not so much individually seeking to deliver the goals envisaged within the BaSS (or its successor) strategy but that they were working collaboratively to the benefit of their shared clients in achieving the goals of that strategy.

Performance Review and Benchmarking

There is an important need to foster a climate of performance review based upon clearly identified managerial targets within Jersey. In recommending the development of performance measures and benchmarking there is a danger that agencies seek to work solely in terms of the current targets and become too "target driven". At present however services within Jersey seeking to respond to the drug problem are in greater danger of being insufficiently assessed in terms of clear performance measures than in being overly determined by those measures.

I.T. Support and Data Analysis

In the period since the research undertaken by Imperial College in 2001 there has been a large increase in the available information being collected on those with a drug problem within Jersey. That information is of enormous benefit to services working to meet the needs of those with a drug problem. However it is evident that not all staff working within Jersey agencies who could benefit from that increase in available information are competent in using the IT systems that services have in place. Attention should be given to ensuring a higher overall competence on the part of staff in accessing and using information that is available online within services.

There would also be merit in ensuring that the statistical information services within Jersey council and health services are tasked with preparing a regular digest of key statistics including from the general practitioner database on the current state of the drug problem and responses to the drugs problem within Jersey. At present whilst some staff working within agencies will have the capacity and competence to access some of the available information on line the variation in IT and statistical skills means that access to the available information is uneven. In advance of an overall uplift in staff skills in these areas the provision of such statistical summaries could well assist services in identifying issues for their attention and in further identifying local priorities.

Summary and Conclusions

This report has outlined the results of a detailed examination of the nature, extent, impact, and response to drugs misuse on Jersey, with the results of this research contributing to the development of an updated community safety and substance misuse strategy for Jersey. On the basis of the work undertaken to establish the prevalence of problem drugs misuse on Jersey it is evident that the estimated number of problem drug users on the island based on the current project of around 892 remains close to the previous estimate of 780 problem drug users estimated by a research team from Imperial College London in 2001.

On the basis of the research carried out it is evident that problematic drug users within Jersey continue to experience a range of problems associated with their drugs misuse. Injecting drugs misuse remains common amongst problematic drug users with 53% of a sample of problematic drug users interviewed indicating that they had injected within the last 6 months. 23% of the drug users interviewed in the community, and 3% of those interviewed in prison, said that in their view their health was poor. 26% of drug users interviewed in the community, and 18% interviewed in prison, reported having self-harmed. 23% of the drug users reported having experienced an overdose in the last 12 months. 32% of the problem drug users interviewed reported funding their own drug use through selling drugs and 21% reported doing so through the state benefits they were receiving.

The research conducted has identified that the use of new psychoactive drugs (so called legal highs) has become a feature of the drug scene within Jersey. The online survey of users and non users of these drugs has identified a significant level of NPS use on the island with users reporting a wide range of adverse health effects. It is evident too that the population of problematic drug users (i.e. those who have typically used heroin) are also now using NPS on a regular basis. The Jersey online survey of NPS has shown that the approximately one quarter of the users had consumed their first NPS by age 16 and 43% had done so by age 18. 54% of users stated that their favourite NPS carried a medium high or potentially fatal risk – this is a worrying finding because it suggests that many users have understood the health risks of NPS but are prepared to continue to use NPS in the future. The finding that around 16% of those who have not used an NPS to date say that they might use in the future suggests that the spread of NPS use on Jersey is unlikely to have reached its highest point.

The research has identified that the problem of drugs misuse on Jersey is also being contributed to by the misuse of prescribed and over the counter medications. With respect of the misuse of prescribed medications the research team have identified that a small number of general practitioners within Jersey may well be over-prescribing certain drugs that are known

to have a high likelihood of being abused. Similarly the research with pharmacists within Jersey indicated that the misuse of certain medications is occurring – the key drugs thought to be being misused were Nurofen Plus, Paramol, Co-codamol, and Solpadeine.

With regard to the responses of services concern has been expressed at the reduced impact of drugs enforcement on Jersey. Analysis of open source (i.e. publicly available information) from the States of Jersey Police demonstrates a marked reduction in both the quantity and value of drug seizures and in the number of stop/searches (both the overall number carried out and the proportion resulting in a subsequent arrest for a drug related offence). There is a need to strengthen drugs enforcement within Jersey in order to ensure that the island is not seen as a potential setting to reap large financial rewards from engaging in drug supply. Attention also needs to be paid to the use of the postal service within Jersey as the route through which NPS are being imported.

Focussing on the response of services the research has identified an important gap in the mechanisms for joint working between services. With regard to drugs treatment services within both the community and within the prison there is a need to foster much closer joint working. There is likely to be value in developing a shared care scheme involving general practitioners and of ensuring closer joint working between the Alcohol and Drug Service and the residential drug and alcohol treatment service. There is also a need to strengthen the provision of drugs prevention education within schools and in other settings as well.

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