



# BILLET D'ÉTAT

WEDNESDAY, 29th NOVEMBER, 2006

XVIII  
2006

1. Projet de Loi entitled "The Control of Intoxicating Liquor (Enabling Provisions) (Guernsey) Law, 2006", p. 2059
2. Projet de Loi entitled "The Emergency and Health Workers (Bailiwick of Guernsey) Law, 2006", p. 2059
3. Projet de Loi entitled "The Homicide and Suicide (Bailiwick of Guernsey) Law, 2006", p. 2059
4. Projet de Loi entitled "The Nursing Homes and Residential Homes (Guernsey) (Amendment) Law, 2006", p. 2060
5. Projet de Loi entitled "The Public Order (Bailiwick of Guernsey) Law, 2006", p. 2060
6. The Public Highways (Temporary Closure) (Amendment) Ordinance, 2006, p. 2060
7. The Reform (Amendment) (Guernsey) Law, 1972 (Amendment) Ordinance, 2006, p. 2060
8. Policy Council – Amendment to the Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002 (Commencement, Exclusions and Exceptions) Ordinance, 2006, p. 2061
9. Policy Council – Bailiwick Drug and Alcohol Strategy, p. 2064
10. Home Department – Amendments to Firearms Legislation, p. 2181
11. Home Department – Amendments to Road Traffic Legislation, p. 2192
12. Health and Social Services Department – The Misuse of Drugs (Bailiwick of Guernsey) Ordinance, 1997, p. 2196
13. Home Department – Terrorism Legislation, p. 2227

## *Statutory Instruments laid before the States*

The Water (Reconnection Charges) Order, 2006, p. 2243  
The Family Allowances (Claims and Payments) (Guernsey) (Amendment) Regulations, 2006, p. 2243  
The Social Insurance (Benefits) (Amendment) Regulations, 2006, p. 2243  
The Income Tax (Keeping of Records, etc) Regulations, 2006, p. 2244  
The Health Service (Benefit) (Limited List) (Pharmaceutical Benefit) (Amendment No 4) Regulations, 2006, p. 2244

## APPENDICES

1. Education Department - La Mare De Carteret Secondary School – Validation Report, p. 2245
2. Public Accounts Committee - Managing Sickness Absence in the States of Guernsey, p. 2255
3. Policy Council - Index of Retail Prices at 30th September, 2006, p. 2265

# ***B I L L E T D ' É T A T***

---

## **TO THE MEMBERS OF THE STATES OF THE ISLAND OF GUERNSEY**

---

I have the honour to inform you that a Meeting of the States of Deliberation will be held at **THE ROYAL COURT HOUSE**, on **WEDNESDAY**, the **29<sup>th</sup> NOVEMBER, 2006**, at 9.30am, to consider the items contained in this Billet d'État which have been submitted for debate by the Policy Council.

**G. R. ROWLAND**  
Bailiff and Presiding Officer

The Royal Court House  
Guernsey  
10<sup>th</sup> November 2006

**PROJET DE LOI**

entitled

**THE CONTROL OF INTOXICATING LIQUOR (ENABLING PROVISIONS)  
(GUERNSEY) LAW, 2006**

The States are asked to decide:-

I.- Whether they are of the opinion to approve the Projet de Loi entitled "The Control of Intoxicating Liquor (Enabling Provisions) (Guernsey) Law, 2006" and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for Her Royal Sanction thereto.

**PROJET DE LOI**

entitled

**THE EMERGENCY AND HEALTH WORKERS  
(BAILIWICK OF GUERNSEY) LAW, 2006**

The States are asked to decide:-

II.- Whether they are of the opinion to approve the Projet de Loi entitled "The Emergency and Health Workers (Bailiwick of Guernsey) Law, 2006" and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for Her Royal Sanction thereto.

**PROJET DE LOI**

entitled

**THE HOMICIDE AND SUICIDE (BAILIWICK OF GUERNSEY) LAW, 2006**

The States are asked to decide:-

III.- Whether they are of the opinion to approve the Projet de Loi entitled "The Homicide and Suicide (Bailiwick of Guernsey) Law, 2006" and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for Her Royal Sanction thereto.

**PROJET DE LOI**

entitled

**THE NURSING HOMES AND RESIDENTIAL HOMES  
(GUERNSEY) (AMENDMENT) LAW, 2006**

The States are asked to decide:-

IV.- Whether they are of the opinion to approve the Projet de Loi entitled “The Nursing Homes and Residential Homes (Guernsey) (Amendment) Law, 2006” and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for Her Royal Sanction thereto.

**PROJET DE LOI**

entitled

**THE PUBLIC ORDER (BAILIWICK OF GUERNSEY) LAW, 2006**

The States are asked to decide:-

V.- Whether they are of the opinion to approve the Projet de Loi entitled “The Public Order (Bailiwick of Guernsey) Law, 2006” and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for Her Royal Sanction thereto.

**THE PUBLIC HIGHWAYS (TEMPORARY CLOSURE) (AMENDMENT)  
ORDINANCE, 2006**

The States are asked to decide:-

VI.- Whether they are of the opinion to approve the draft Ordinance entitled “The Public Highways (Temporary Closure) (Amendment) Ordinance, 2006” and to direct that the same shall have effect as an Ordinance of the States.

**THE REFORM (AMENDMENT) (GUERNSEY) LAW, 1972 (AMENDMENT)  
ORDINANCE, 2006**

The States are asked to decide:-

VII.- Whether they are of the opinion to approve the draft Ordinance entitled “The Reform (Amendment) (Guernsey) Law, 1972 (Amendment) Ordinance, 2006” and to direct that the same shall have effect as an Ordinance of the States.

## **POLICY COUNCIL**

### **AMENDMENT TO THE REHABILITATION OF OFFENDERS (BAILIWICK OF GUERNSEY) LAW, 2002 (COMMENCEMENT, EXCLUSIONS AND EXCEPTIONS) ORDINANCE, 2006**

#### **Executive Summary**

This report proposes an amendment to the Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002 (Commencement, Exclusions and Exceptions) Ordinance, 2006 which will exclude the Channel Islands Stock Exchange (“CISX”) from the provisions of subsections (1) and (2) of section 7 of the Law. The effect of this would be to give CISX the ability to request disclosure of any relevant previous convictions.

#### **Report**

1. The Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002 (Commencement, Exclusions and Exceptions) Ordinance, 2006 came into force on the 1<sup>st</sup> July, 2006.
2. The fundamental purpose of the Law is that after a period of time has elapsed since a person’s last conviction, and provided (s)he has not reoffended, the conviction will be treated as spent. A spent conviction need not be disclosed when the offender or any other person is asked about past convictions.
3. However, this wide protection is not appropriate in all circumstances: there are situations where it would be undesirable not to know the full background of an individual, or where a misleading picture may lead to harm or injustice. The Law itself creates several exceptions to the general rules and the States are also empowered to prescribe further exceptions by Ordinance.
4. Section 5, together with Schedule 4, of the Ordinance referred to in paragraph 1 relates to work in the financial services sector and related occupations. It requires the disclosure of relevant spent convictions where a question is asked by or on behalf of the Guernsey Financial Services Commission in order to assess, inter alia, a person’s suitability to hold a financial or related services permission. A relevant spent conviction is defined in section 9 and includes conviction for fraud, perjury and similar offences of a dishonest nature.
5. Due to an oversight the CISX was not included within the ambit of the exceptions Ordinance as a consequence of which it cannot presently require the disclosure of relevant spent convictions when considering applications for membership to list funds on the Exchange. The Policy Council believes that this position should be rectified as soon as possible to maintain the international reputation of the financial services sector.

## **Consultation**

6. This proposal is supported by the Law Officers, the Commerce and Employment Department and the Guernsey Financial Services Commission. Section 14 of the Law requires consultation with the Alderney and Sark authorities regarding the proposed enactment of an Ordinance under this Law. The General Purposes and Finance Committee of the Chief Pleas of Sark and the Policy and Finance Committee of the States of Alderney raise no objection to these proposals.
7. The Policy Council, with the concurrence of the Presiding Officer, has agreed that this Report and the draft Ordinance appear in the same Billet d'État on grounds of urgency.

## **Recommendation**

The Policy Council recommends the States: -

1. to agree that the Channel Islands Stock Exchange be excluded from the provisions of subsections (1) and (2) of section 7 of the Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002;
2. to approve the draft Ordinance entitled "The Rehabilitation of Offenders (Bailiwick of Guernsey) (Amendment) Ordinance, 2006" and to direct that the same shall have effect as an Ordinance of the States.

L C Morgan  
Chief Minister

13<sup>th</sup> October 2006

**(NB The Treasury and Resources Department supports the proposals.)**

The States are asked to decide:-

VIII.- Whether, after consideration of the report dated 13<sup>th</sup> October, 2006, of the Policy Council, they are of the opinion:-

1. To agree that the Channel Islands Stock Exchange be excluded from the provisions of subsections (1) and (2) of section 7 of the Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002.
2. To approve the draft Ordinance entitled “The Rehabilitation of Offenders (Bailiwick of Guernsey) (Amendment) Ordinance, 2006” and to direct that the same shall have effect as an Ordinance of the States.

## POLICY COUNCIL

### BAILIWICK DRUG AND ALCOHOL STRATEGY

#### 1. EXECUTIVE SUMMARY

- 1.1 A drug strategy has been in place since 1999 and is now entering maturity. Many of the initiatives begun under the drug strategy are developing and have become established. The drug strategy adopted a holistic approach, recognising that all areas are important – treatment, law enforcement, education and co-ordination – to prevent increased demand leading to increased supply, resulting in increased need for treatment.

A similar approach was adopted under the Bailiwick Alcohol Strategy, which was approved by the States in 2005. It is too early yet to comment on the success of the alcohol strategy as initiatives are in the process of developing.

This combined new strategy, therefore, presents aims and objectives that will continue the development of the drug strategy and reaffirm the aims and objectives of the alcohol strategy and enable them to develop further.

The primary aim of this strategy is *‘to minimise the harm caused by drug and alcohol misuse by Bailiwick residents of all ages’*. It comprises six pillars, or areas of focus, with aims, objectives, outcomes and costs for each pillar.

#### 1.2 The Pillars

Within the six pillars are recommendations for action and new initiatives to support existing initiatives, as follows:

- **Demand Reduction**
  - To promote and develop a drug and alcohol education service
  - To reduce the demand for and the acceptability of illegal drugs whilst increasing knowledge and offering alternatives to drug use
  - To raise awareness of the consequences of problem alcohol use
  - To reduce the adverse effects of alcohol on social well-being
- **Young People and Families**
  - To minimise experimentation and the adverse effects of drugs and alcohol
  - To prevent experimental use of drugs and alcohol from developing into problem use
  - To enable young people at risk of problem drug and alcohol use to make positive choices about their lives



- To address the issue of domestic abuse and violence and the links with substance misuse

- **Treatment**

- To provide treatment services to drug and alcohol offenders, people with drug and alcohol problems that are appropriate to their needs, and are in line with best practice
- To provide advice, information, counselling and support services for problem drug/alcohol users, their families/carers and other professionals

- **Criminal Justice, Law Enforcement and Drug Supply Reduction**

- To employ strategies that deter the importation and supply of illegal drugs
- To support the development of law enforcement initiatives and work practices
- To reduce drug and alcohol related crime and disorder and drink/drug driving
- To provide services for offenders, who have drug and alcohol problems, which address the causes of their substance problem and the links with offending
- To provide services that enable problem drug/alcohol offenders to remain drug free and/or sober on their release from prison

- **Promoting Safe and Sensible Drinking**

- To increase knowledge and awareness of what constitutes safe levels of alcohol consumption, and how this may vary with age, gender, the consumption of food, tiredness and prescribed medication
- To support the work of the Liquor Licensing Working Group in introducing and developing appropriate licensing conditions
- To ensure licensees and their staff are aware of the risks and consequences of binge drinking and act responsibly to discourage this

- **Coordination**

- To ensure a joined-up approach in delivery of initiatives
- To forge and strengthen links with other social policy areas
- To provide information about local trends
- To provide a monitoring framework to ensure quality and value for money
- To support legislation reviews

- 1.2.1 It will be noted that there are references to domestic abuse and other social policy areas contained within the strategy. This is because it is recognised that problem drug and alcohol use does not occur in isolation, but in conjunction with, or as a response to other issues in a person's life. The Social Policy Steering Group believes that having a co-ordinated approach to all these areas will enable improved results to be achieved in many aspects of social policy.
- 1.2.2 In delivering a joint drug and alcohol strategy, it is recognised that there are areas of similarity when dealing with these two subjects. Certain services can be delivered together, and many of the key agencies and departments work in both of these areas. There are also differences, particularly in terms of the legal status and social acceptability of drugs and alcohol. For the purpose of this report, when problem drug and/or alcohol use is referred to, the term 'substance misuse' is used. When an objective refers specifically to either drugs or alcohol, this is made clear.
- 1.2.3 To achieve the aims and objectives of this strategy, services and departments will be required to work together. This already happens to a large degree with the current drug strategy, with all services reporting benefits to both service users and the professionals working with them. Such partnership working avoids duplication and helps to allocate resources more effectively. Protocols for sharing of appropriate information need to be formalised and improved. All services funded through the strategy will work to Service Level Agreements. This will ensure that the aims and objectives of the strategy are being met, that States funding is used appropriately and that outcomes are monitored and reported back to the Social Policy Steering Group. Benchmarks have been set to provide a framework for service development, and statistical information will be required to prove outcomes.

### **1.3 Key developments**

The key developments within this report are as follows:

- 1.3.1 Extending and developing educational work – both for young people and the wider adult community including those in prison - to highlight the risks, dangers and consequences of problem substance misuse. In this context, it is important to ensure that those most vulnerable to problem substance misuse – either youth or adult - are targeted and engaged using a variety of methods.
- 1.3.2 The importance of focussing on young people is highlighted. By deterring or minimising problem substance misuse at an early age gives benefits in reduced financial costs for treatment and imprisonment, as well as improved societal benefits, such as reducing drug and alcohol related offending and improved social functioning. Utilising the expertise of services already working with young people and ensuring improved multi agency working and information sharing is a key proposal in this strategy. This will ensure that more young people can be reached at an earlier stage, thus reducing the likelihood of serious

problem substance misuse developing. Although it is accepted that not all people will accept help and support, and some will go on to experience problem substance misuse, reducing the numbers of those that do will be a positive outcome of this strategy.

This does not mean that the needs of adults are ignored – those who are already experiencing problems are acknowledged, and initiatives are recommended to support their needs. Improving adult treatment and rehabilitation services are included in this report, and building on work already taking place in the form of counselling, medical interventions, and support for the families and carers of those with substance misuse problems.

- 1.3.3 Interventions at the time of arrest, court appearance and prison sentencing can be particularly effective, and this strategy makes recommendations to continue to develop and expand current initiatives, to provide opportunities to address problems and change behaviour and lifestyle. Also recognised here is the development of interventions for those people who repeatedly drink and drive.
- 1.3.4 It is important to remember the significance of deterring and apprehending those who would seek to profit from the trade and supply of illegal drugs, and supporting the local law enforcement services in detecting and apprehending drug traffickers and their financial supporters remains a key component of this strategy. Also, the removal and confiscation of assets gleaned from the supply of illegal drugs provides a powerful deterrent to would-be suppliers.
- 1.3.5 Both individuals and the licensed trade have a role to play in promoting safe and sensible drinking. Messages about acceptable behaviour should come from within the home as well as licensed premises. Supporting the work of the Liquor Licensing Working Party and developing improved relations and communication with the licensed trade will enable this. The Health Promotion Unit has an important role to play here in disseminating information about safer drinking and should be supported

## **1.4 Coordination**

The coordination of this entire strategy is a cornerstone to the successful delivery of all the objectives. Roles include: facilitating multi-agency working, updating services on developments, monitoring and evaluating performance and service level agreements, ensuring that those working with problem substance misusers are appropriately trained, and collecting and collating information and statistics to provide an up to date analysis of the progress of the strategy and prevalence of drug and alcohol use locally. It is also important to keep abreast of developments in other areas of Europe to inform and update the delivery of the strategy.

For further information on the prevalence of drug use in other European countries, (Source: European Monitoring Centre for Drugs and Drug Addiction) please see **Appendix 1**.

## **1.5 Recommendation**

It is recommended that the Policy Council returns to the States at the end of 2009 with an interim report on the progress of the strategy and to make further recommendations.

The costs of delivering this strategy have been kept as low as possible, without compromising on quality. It is intended to seek funding from external sources for some awareness campaigns and advertising, but the key work remains funded by the States of Guernsey.

- 1.5.1 The costs of not investing in the delivery of this strategy would quickly show up in increased costs of treatment, law enforcement, probation and prison, and the less financially tangible but equally important social costs, such as vandalism in the community, domestic abuse in the home, impaired performance in the workplace and the wider social costs to the community and families.

The current drug and alcohol strategies have been funded through General Revenue and Liquor Licensing income, which is held by the Home Department under a ring-fenced budget.

## **1.6 Funding**

The funding for current and proposed strategies is as follows:

Current drug strategy (General Revenue)	<b>490,000</b>
Current alcohol strategy (Liquor Licensing Income)	153,000
Total per year (ring-fenced held by Home Dept.)	643,000
<b>Proposed funding for combined strategy:</b>	
Proposed costs (2007)	642,000
Less Liquor Licensing income	153,000
<b>Funding required from General revenue (2007)</b>	<b>489,000</b>
Proposed funding for combined strategy 2008-11	657,000 (per annum)
Less Liquor Licensing Income	173,000 (per annum)
<b>Funding required from General revenue (2008-11)</b>	<b>484,000 (per annum)</b>

## 2. INTRODUCTION AND BACKGROUND

**NOTE: Throughout this document there are references to “substance misuse” – this refers to both drugs and alcohol.**

2.1 This combined Strategy forms a continuation of the Bailiwick Drug and Alcohol Strategies, which were separately approved by the States of Guernsey in October 2003 and November 2005 respectively. A Drug Strategy has been in place since 1999.

2.1.1 Drugs and alcohol remain a major social issue and, despite the legal differences between the two, have much in common – particularly in the areas of treatment and education. It makes more sense and is more cost-effective to combine the strategies and, where possible, to deliver services together. There are, nevertheless, areas of work where the two substances are separate; Law Enforcement is a prime example of this, as the legal status of drugs and alcohol are different, and different objectives and outcomes are required. This is reflected in this strategy, drug supply reduction and promoting safe and sensible drinking being two examples.

It is very important that promoting safe and sensible drinking applies equally within the family as well as within licensed premises. Awareness raising campaigns, in conjunction with the Health Promotion Unit, will emphasise this issue.

2.1.2 Any attempt to address the problem of drug and alcohol misuse requires a holistic approach to all the issues that affect the user, and to ensure the appropriate services are in place to assist individual needs. In the case of alcohol, it is important that clear messages are given about safe and responsible drinking, with the aim of reducing excessive drinking and minimising the potential consequences of drunken behaviour. With illegal drugs, continuing to deliver a firm law enforcement approach coupled with harm minimisation, accurate education, particularly for young people, and treatment support for those who do develop drug problems remains a foundation of addressing drug use within the community.

2.1.3 Producing a combined drug and alcohol strategy will provide a unique opportunity to improve drug and alcohol services. Other jurisdictions have taken a similar approach – the Isle of Man being a good example. Jersey also combines drugs and alcohol, along with other community safety issues. The importance is in understanding and acknowledging the affinity of such social issues and working holistically to address them.

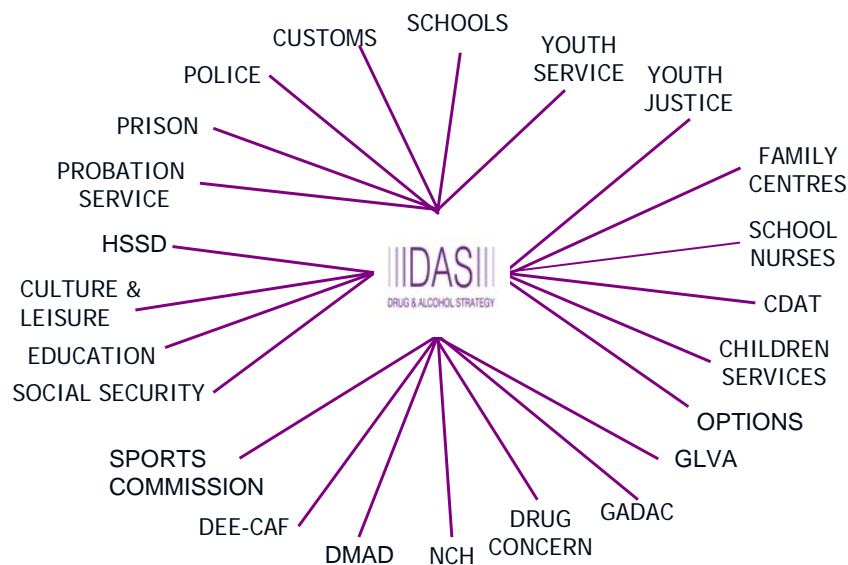
2.1.4 Due to the Alcohol Strategy only being in place for one year, many of the recommendations proposed in the original strategy are continued here. Within this short time period, a number of initiatives have already been developed and are progressing well, and some positive steps have already been made.

It is proposed that this Drug and Alcohol Strategy runs for 5 years to enable established services to continue to develop and also to allow the introduction of some new important services during this time-span. It is also proposed to go back to the States of Deliberation and review this strategy at the end of 2009, i.e. 3 years into this 5 year strategy, to allow for longer term planning and for agencies in receipt of funding to make similar plans.

2.1.5 The underlying philosophy of the Drug and Alcohol Strategy is that the major States Departments with responsibilities in these areas (traditionally Home, Education and Health and Social Services) will continue to provide necessary services within resource constraints. What this new Drug and Alcohol Strategy adds is:

- i. improved coordination between States Departments, other States initiatives, the community based services, the voluntary sector and the public more generally;
- ii. a clear focus on educating, preventing, containing and treating the consequences of drug misuse and alcohol abuse;
- iii. identifying deficiencies in the present range of services and recommending cost effective solutions where there is research evidence or experience from other jurisdictions that this will be effective and beneficial;
- iv. clear outcome measures to assess success.

2.1.6 The following diagram shows both Government and non government organisations who are involved directly with the Drug and Alcohol Strategy



## 2.2 **Links With Social Policy**

One issue that became apparent through the duration of the Drug Strategy and more recently the Alcohol Strategy is the definite link between drug and alcohol and other social policy matters. We already understand that drug and alcohol problems do not occur in isolation, but as part of other pressures in a person's life; educational attainment, difficulties with employment, housing, offending, etc.

- 2.2.1 Many of the people working with drug and alcohol users are also closely involved with other areas of social policy – many of which are included in the Corporate Anti-Poverty Programme.

Having a coordinated approach to social policy would ensure that all those working within the differing areas are kept informed and updated about other developments, and the Social Policy Steering Group can be briefed in order that it can maintain a 'helicopter view' of what is happening in the social policy sphere. This would produce a more co-ordinated approach and also promote multi agency working and encourage people to work together towards a common goal.

## 2.3 **Progress to date**

A wide range of agencies – both States and non-States have worked together to deliver the objectives in the drug and alcohol strategies. As mentioned above, it is too early in the life of the alcohol strategy to promote a detailed progress report. Further commentary on progress to date can be found within the body of this report under the appropriate areas (pillars)

For further information on the progress of the drug strategy, please see **Appendix 2**.

## 2.4 **Overall objective and key aims of the Drug and Alcohol Strategy**

The primary objective of the Drug and Alcohol Strategy is to '*minimise the harm caused by drug and alcohol misuse by Bailiwick residents of all ages*'.

The *specific* key aims of the proposed strategy fall within six areas (or pillars) of work.

Within the six pillars are recommendations for action and new initiatives to support existing initiatives, as follows:

- **Demand Reduction**
  - To promote and develop a drug and alcohol education service

- To reduce the demand for and the acceptability of illegal drugs whilst increasing knowledge and offering alternatives to drug use
- To raise awareness of the consequences of problem alcohol use
- To reduce the adverse effects of alcohol on social well-being
- **Young People and Families**
  - To minimise experimentation and the adverse effects of drugs and alcohol
  - To prevent experimental use of drugs and alcohol from developing into problem use
  - To enable young people at risk of problem drug and alcohol use to make positive choices about their lives
  - To address the issue of domestic abuse and violence and the links with substance misuse
- **Treatment**
  - To provide treatment services for people with drug and alcohol problems that are appropriate to their needs, and are in line with best practice
  - To provide advice, information, counselling and support services for problem drug/alcohol users, their families/carers and other professionals
- **Criminal Justice, Law Enforcement and Drug Supply Reduction**
  - To employ strategies that deter the importation and supply of illegal drugs
  - To support the development of law enforcement initiatives and work practices
  - To reduce drug and alcohol related crime and disorder and drink/drug driving
  - To provide services for offenders, who have drug and alcohol problems, which address the causes of their substance problem and the links with offending
  - To provide services that enable problem drug/alcohol offenders to remain drug free and/or sober on their release from prison
- **Promoting Safe and Sensible Drinking**
  - To increase knowledge and awareness of what constitutes safe levels of alcohol consumption, and how this may vary with age, gender, the consumption of food, tiredness and prescribed medication
  - To support the work of the Liquor Licensing Working Group in introducing and developing appropriate licensing conditions



- To ensure licensees and their staff are aware of the risks and consequences of binge drinking and act responsibly to discourage this

- **Coordination**

- To ensure a joined-up approach in delivery of initiatives
- To forge and strengthen links with other social policy areas
- To provide information about local trends
- To provide a monitoring framework to ensure quality and value for money
- To support legislation reviews

## **2.5 Costs**

The costs of delivering the Drug and Alcohol Strategy have been kept as low as possible. The cost of delivering the Strategy is being kept below 2006 levels, with no built in RPI increase for the first three years of the Strategy

- 2.5.1 The costs of not using the best evidence of ‘what works’ to minimise drug use and reduce problematic alcohol consumption would be much greater.

These include the costs of healthcare, the much increased costs of treatment for people with drug and alcohol problems, sentencing and imprisonment of drug and alcohol offenders, vandalism in the community, domestic abuse in the home, impaired performance in the workplace and the wider social costs to the community and families.

Some of the costs of not investing ‘upstream action’ are considered separately under each ‘pillar’.

<b>PILLAR 1: DEMAND REDUCTION</b>	
<b>KEY AIMS</b>	
<ul style="list-style-type: none"> <li>• To promote and develop a drug and alcohol education service.</li> <li>• To reduce the demand for and the acceptability of illegal drugs whilst increasing knowledge and offering alternatives to and diversion from drugs.</li> <li>• To raise awareness of the consequences of problem alcohol use.</li> <li>• To reduce the adverse effects of alcohol on social well-being.</li> </ul>	
<b>OUTCOME MEASURES</b>	
<ul style="list-style-type: none"> <li>• Number of schools participating in drug and alcohol education sessions.</li> <li>• Number of prisoners participating in drug and alcohol education sessions.</li> <li>• Number of schools participating in Drug and Alcohol Awareness Week.</li> <li>• Health Related Behaviour Survey responses to drug and alcohol use</li> <li>• Public response to campaigns</li> </ul>	
<b>EXISTING INITIATIVES</b>	<b>PRINCIPAL AGENCIES INVOLVED</b>
<ul style="list-style-type: none"> <li>• Customs poster deterrent campaign for drug couriers</li> <li>• Customs drug courier media campaign</li> <li>• Drugs Freephone and Crimestoppers</li> <li>• Drug and Alcohol Awareness Week</li> <li>• Massive Magazine</li> <li>• Drink-Drive Campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Education Dept</li> <li>• HSSD</li> <li>• Customs Service</li> <li>• Guernsey Police</li> <li>• Drug Concern</li> <li>• NCH</li> <li>• Dee Caf</li> </ul>

ACTION	BENCHMARKS			BENEFIT
	18 Months	3 Years	5 Years	
Raise public awareness of the risks/ consequences of drug and alcohol use	Consultation with relevant departments/ organisations to agree themes and action plans. Review and evaluate	Ongoing campaigns following consultation. Review and evaluate		Ability to respond quickly to developing issues and concerns. Raising public awareness about such issues creates discussion, increases understanding and knowledge and can help to prevent serious consequences of problems.
Provide and develop a comprehensive education programme for schools and develop 'street work' with young people not attending mainstream education	Continue to develop existing education work, but integrated into the Multi-Agency Service for young people	Ensure that all schools in the Bailiwick participate in the Drug and Alcohol Education Programme.  Ongoing monitoring for quality in conjunction with Education Department.  Review		By ensuring that all students in years 7-12 attending school receive the same degree of drug and alcohol education, all will get a consistent message and will have the opportunity to ask questions, explore concepts and discuss substance misuse with an appropriately qualified tutor – in preference to discussions with peers or information from the media which can often be inaccurate, sensationalist and misleading.
	Development of street work.  Piloting new initiatives  Establish safety protocols	Street Work programme to be established and aiming to make meaningful contact with young people using innovative methods, which engage and interact.  Review		Disenfranchised young people not currently attending services will be contacted via street work and early interventions can occur, hopefully to stem problem substance use and/or offending.

Provide and develop a comprehensive education programme for the Prison	Consultation and development period. Liaison with Prison, Education and other departments. Lesson plans devised in consultation with the Institute of Health and Social Care Studies and pilot programmes run.	Ongoing drug and Alcohol education programme in place.  Review and monitor	Review	<p>Providing drug and alcohol education to prisoners engages with people who are not part of the education system and provides information and facts about the risks and consequences of drug and alcohol use.</p> <p>For adults the chance to further inform and educate and to devise coping strategies.</p> <p>For all age groups, the opportunity to make contact with helping agencies to address their substance misuse issues.</p>
--	--	--	--------	---

Continue to support and develop Drugs and Alcohol awareness Week	Ongoing. Annual theme to be agreed via the Drug and Alcohol Strategy Action Group Reviewed annually.		Externally funded	Aimed particularly at young people aged 13-15 years, which is the main age range when substance experimentation begins. Activities and articles heighten awareness and support the ongoing drug and alcohol education programmes.
Continue with the production and distribution of Massive magazine – with external funding from 2008	Continue to produce 2 issues a year, whilst seeking external funding from 2008			

### **3. DEMAND REDUCTION**

#### **3.1 Introduction**

The proposed strategy continues to focus on reducing the demand for and the acceptability of drugs, whilst increasing knowledge and offering alternatives to drug use.

For alcohol, demand reduction efforts will focus on encouraging those who drink alcohol to do so safely and within established safe limits.

For further information on encouraging those who drink alcohol to do so safely and within established safe limits, please see **Appendix 3**.

#### **3.2 Commentary**

This is an area that involves public awareness-raising. This can be general or aimed at specific groups, and can be focussed on drugs or alcohol or both. During the last three years of the Drug Strategy, a number of initiatives have taken place with varying degrees of success. The most successful initiatives, which have been specifically targeted and especially innovative, are as follows:

#### **3.3 Deterrent campaign**

An advertising campaign aimed at UK and French airports and ports of departure has been undertaken. The focus was to advertise the local stance towards drug trafficking, with the message to act as a deterrent to the travelling public, and particularly any person considering, or engaged in, drug trafficking. The main objective was to place the posters in a strategic location to give a clear message and gain maximum impact. Although it is difficult to gauge the success of such a campaign, Customs would suggest that this is a very positive stance and one that should be continued.

#### **3.4 Courier media campaign**

Customs continues to utilise a local media agency to advertise the arrest of individuals who have acted as drug couriers in the towns and cities where they were recruited. This acts as a deterrent to others getting involved and can make the recruitment of couriers more difficult in that area when this advertising has made them aware of the local sentencing policy.

This form of media coverage with the focus directly aimed at a courier recruitment appears to have had a very high impact. Headline news has been created in a number of regions, and this is regarded as money very well spent. The Drug Strategy has funded this campaign and it is proposed that this continues.

### **3.5 Drugs Freephone and Crimestoppers**

Customs continues to advertise the Drug freephone facility, which is aimed at capturing information specifically in relation to drug trafficking. The facility has proven successful over the past three years, with a number of calls relating directly to the seizure of importations of controlled drugs. Crimestoppers also reports that the confidential phone line is receiving an increasing number of calls for drug-related matters.

For information on local prevalence of drugs (Source: Guernsey Customs and Immigration Service), please see **Appendix 4**.

### **3.6 Drugs Education Service**

The Drug Strategy funded work delivered through Drug Concern (Years 7-12) and The Customs Service (Year 10) will continue. All students in years 7 to 12 in both States and private schools receive drugs education sessions as part of Personal, Social, Health Education (PSHE), which are designed to give accurate, non-sensational information about drugs and give the students opportunities to discuss drugs issues. The sessions are varied, covering the risks, effects and consequences of taking illegal substances. The misuse of prescription drugs and Volatile Substance Abuse is also covered.

- 3.6.1 Extra sessions have been delivered to the Sixth Form Centre and the Colleges, offering the students information on drug related issues connected to student life away from the Bailiwick.

For further information on Drug Education Statistics (Source: Drug Concern) please see **Appendix 5**.

- 3.6.2 The teachers value this input as it complements the schemes of work delivered within PSHE and Citizenship and feedback from students is positive. Through regular liaison with the PSHE Coordinator, the aims and objectives are reviewed regularly.

### **3.7 Youth Alcohol Work**

This is a newly funded post from the Alcohol Strategy and replaces and develops the Lloyds TSB funded Alcohol Education Worker post which was based at GADAC, the funding for which expired in 2005. The Strategy continued to fund this post, enabling the worker to fulfil the commitments made to the secondary schools and continue other ongoing projects, until the position was advertised.

- 3.7.1 Following a tendering process in April 2006, the contract was awarded to NCH Guernsey, who will continue the alcohol education work in schools in parallel with the drugs education service carried out by Drug Concern and the Customs

Service. It will also involve the ongoing development of 'streetwork' with young alcohol users.

- 3.7.2 It is important that the young people who do not attend education sessions at school for various reasons (exclusion, suspension, disinterest in school etc.) are able to benefit from contact with skilled outreach workers who can challenge their drinking/drug use and offer advice, information and referral or introduction to helping services.

### **3.8 Drugs and Alcohol Awareness Week**

This takes place each year during September and involves a lengthy planning and consultation process to decide a theme and activities for the week. Multi-agency working takes place during this week, with all agencies who are part of the Action Group working together to deliver a consistent message in innovative ways. The week always involves young people taking part in activities that raise awareness about specific matters.

- 3.8.1 In Drug Awareness Week 2005, Over 2,000 students participated in various activities that were organised for them, allowing the students to engage with the workers in a very informal setting. Particularly valuable has been the contribution from Drama teachers who worked with students to create short productions on the theme of the week. The enthusiasm of the students for the project should be praised for their hard work in rehearsing and creating the productions.

### **3.9 Massive Magazine**

The idea for Massive Magazine grew out of consultation with young people and professionals about the most effective way to get social messages across to young people. They felt very strongly that young people did not want to feel patronised or lectured, but wanted facts and information rather than scare mongering. They also felt that anything that was specifically related to drugs and/or alcohol would be a 'turn-off' and would not be read. They also wanted to know more about matters that were relevant to young people in Guernsey. Taking all the comments into consideration, it was decided to pilot a magazine aimed at young people in the 14-16 age group (although it could be read by younger and older), that would cover topics such as drugs, alcohol, bullying, diet, health and sex; but would also have other features including music, fashion and sport. Young people from schools across the island were recruited to form an advisory group to the editorial panel, which consisted of representatives from the Drug and Alcohol Strategy, Education, Youth Work, NCH, Health Promotion and School Nurses. Members of both groups were tasked to produce articles for the magazine, and local businesses were keen to be involved in supporting the venture.

- 3.9.1 To date, two magazines have been produced, to a very positive response from young people. They are able to read articles that are relevant to and often written by their peers, and also to see pictures of themselves and their friends in the magazine. The magazine is distributed to all students within secondary school education, including Alderney, and is available at agencies like Drug Concern, NCH, Youth Service, Dee Caf, Probation and the Prison, for young people not able to access it through the schools.

### **3.10 Drink-Drive Campaigns**

Initiatives such as the drink-driving campaigns at Christmas have been very high profile and often thought provoking, and have certainly raised public awareness in graphic ways about the risks of drinking and driving.

For further information on drink driving statistics (Source: Guernsey Police), please see **Appendix 6**

### **3.11 Taxation and Pricing**

The States of Guernsey can influence the price of alcohol through the level of Excise duty on alcohol products. The effect of price changes on overall alcohol consumption and individual drinking patterns has been extensively investigated, and while evidence consistently suggests that an increase in price may reduce consumption, estimates of the size of the effect and the effects on different population groups vary considerably.<sup>1</sup>

- 3.11.1 For example, some have suggested that young people are more sensitive to price changes than the population as a whole<sup>2</sup>, whilst others argue that an increase in price reduces cirrhosis mortality among dependent drinkers<sup>3</sup>.

- 3.11.2 An important scientific review of this issue concludes:

*“Taxation of alcohol is an effective mechanism for reducing alcohol problems...the notion that heavy or dependent drinkers are immune to the influence of price is demonstrably incorrect. Put simply, but with entire scientific accuracy, alcohol taxation is a readily available instrument which can be applied to save lives and avert alcohol-related suffering.”<sup>4</sup>*

- 3.11.3 A number of medical bodies recommend that alcohol tax is an important means of controlling alcohol problems. For example, the Royal College of Psychiatrists assert;

---

<sup>1</sup> Scottish Executive Health Department 2001.

<sup>2</sup> Zhang and Casswell, 1999

<sup>3</sup> Cook 1981

<sup>4</sup> G Edwards et al: Alcohol Policy and the Public Good, Oxford Medical Publications/WHO Europe 1994



*“Government taxation policies should be intentionally employed in the interests of health, to ensure that per capita consumption (of alcohol) does not increase beyond the present level and is by stages brought back to an agreed lower level”<sup>5</sup>*

3.11.4 In the context of Guernsey, it must be recognised that the Island is relatively wealthy, unemployment is low and disposable income relatively high. Hence, it seems that increasing the price of alcohol as a means of reducing consumption may have limited *immediate* effect.

3.11.5 An increase in Excise duty would be supported by research evidence, and the Social Policy Steering Group would support any Treasury and Resources recommendations to annually raise rates of alcohol excise duty.

For further information on comparative excise rates (Source: Guernsey Customs), please see **Appendix 7**

### **3.12 Work Place**

Currently, GADAC provides alcohol workplace policies when approached by a local company or organisation, but this tends to occur as a reaction to alcohol problems in the workplace rather than a proactive initiative. The Strategy consultation revealed widespread agreement that workplace policies may have the potential to prevent alcohol problems from developing, in that sensible drinking messages can be communicated to a large audience, and misuse may be identified in the early stages.

Furthermore, alcohol policies benefit the employer, because alcohol misuse can cost a company a great deal financially. The Alcohol Concern and DrugScope workplace service reports that alcohol caused 14 million working days to be lost each year in the UK, amounting to 3-5% of all absences and costing employers £3 billion a year. The figures provided by the Social Security Department suggest that Guernsey employers also suffer costs from alcohol misuse in the workplace.

### **3.13 Recommendations:**

- **It is recommended that public awareness raising campaigns, be undertaken about the risks of drugs and alcohol.**

Usually, campaigns have more effect in the early stages of a strategy and therefore after the initial impact, funds are reduced accordingly. More funds from the private sector may be found for specific projects.

---

<sup>5</sup> Alcohol – our favourite drug. Royal College of Psychiatrists 1986

- It is recommended to continue to support the production of Massive magazine – two issues per year, for the next two years, during which time external funding from the private sector will be sought for the magazine to continue.
- It is recommended to provide funding to continue and develop the Customs and Crimestoppers phone lines
- It is recommended to continue with the funding for the courier media campaign
- It is recommended to continue with Drugs and Alcohol Awareness Week on an annual basis.
- It is recommended to increase the numbers of employers with effective alcohol workplace policies.

### 3.14 Costs of Demand Reduction Pillar.

	2007	2008	2009	2010	2011
<b>Public Awareness Campaigns</b>	15,000	12,000	9,000	6,000	3,000
<b>Massive Magazine</b>	20,000	20,000	Nil	Nil	Nil
<b>Support for freephone initiatives</b>	5,000	5,000	5,000	5,000	5,000
<b>Courier Media Campaign</b>	10,000	10,000	10,000	10,000	10,000
<b>Drugs Awareness Week</b>	2,000	2,000	2,000	2,000	2,000
<b>TOTALS</b>	<b>52,000</b>	<b>49,000</b>	<b>26,000</b>	<b>23,000</b>	<b>20,000</b>

<b>PILLAR 2: YOUNG PEOPLE AND FAMILIES</b>	
<b>KEY AIMS</b>	
<ul style="list-style-type: none"> <li>• To minimise experimentation and the adverse effects of drugs and alcohol</li> <li>• To prevent experimental use of drugs and alcohol from developing into problem use</li> <li>• To enable young people at risk of problem drug and alcohol use to make positive choices about their lives</li> <li>• To address the issue of domestic abuse and violence and the links with substance misuse</li> </ul>	
<b>OUTCOME MEASURES</b>	
<ul style="list-style-type: none"> <li>• Number of young people contacted through outreach/streetwork</li> <li>• Number of young people accessing the Multi-agency service</li> <li>• Number of referrals to the multi-agency service</li> <li>• Number of referrals and outcomes of Karabiner project</li> <li>• Number of parents accessing services</li> <li>• Number of vulnerable young people accessing sports and arts projects</li> <li>• Development of a domestic abuse strategy</li> </ul>	
<b>EXISTING INITIATIVES</b>	<b>PRINCIPAL AGENCIES INVOLVED</b>
<ul style="list-style-type: none"> <li>• Karabiner Project (Youth Service)</li> <li>• Drugs Education service (Drug Concern and Customs)</li> <li>• Youth Alcohol Work (NCH)</li> <li>• Young People's Drug Support Worker (NCH)</li> <li>• Text Messaging Service (NCH)</li> </ul>	<ul style="list-style-type: none"> <li>• Education</li> <li>• HSSD</li> <li>• Culture and Leisure</li> <li>• Social Security (support for Karabiner)</li> <li>• Customs Service</li> <li>• Youth Service</li> <li>• NCH</li> <li>• Drug Concern</li> <li>• Options</li> <li>• Guernsey Sports Commission</li> <li>• Dee Caf</li> <li>• DMAD</li> <li>• Guernsey Women's Refuge</li> </ul>

ACTION	BENCHMARKS			BENEFIT
	18 Months	3 Years	5 Years	
Set up a multi-agency service which will provide a full range of drug and alcohol services aimed at young people – including young offenders - who are vulnerable to problem drug and alcohol use, and will also offer support to families	<p>Developing the components required</p> <p>Establish interagency information sharing protocols</p> <p>Establish interagency co-ordination</p>	<p>Agencies working together with individuals</p> <p>Increased number of young people accessing services</p> <p>Service Level Agreement review</p>	<p>Full multi-agency working in place.</p> <p>Review</p>	<p>Using the existing resources to provide a service for vulnerable young people will increase choice about where to go for help and support.</p> <p>Sharing of appropriate information and human resources will enable agencies to work together to tailor interventions for the individual.</p> <p>Provides options for referral from Child, Youth &amp; Community Tribunal</p>

Develop links with the sports and creative arts communities to engage with vulnerable young people	Commissioning Officer to carry out liaison with organisations and initiate links	Sports and arts projects involving vulnerable young people implemented	Review	Enabling young people to become involved in sports and/or arts projects provides alternatives to substance misuse and increases social circles into non-using friends.
--	--	--	--------	--

Consider the development of self-help groups and other supportive initiatives through community groups and the HSSD	Research period.  Pilot groups  Review	Ongoing groups  Review	Review	Self- help groups are a recognised and valuable way to maintain ongoing peer support for those affected by problem substance use.
Provide support and co-ordination for domestic violence and abuse initiatives	Establishment of a Domestic Abuse Strategy with recommendations for implementation and action	Implementation of Domestic Abuse Strategy	Review	Integration of initiatives and recognition of the links.
Support the development of the Child Youth and Community Tribunal	Ongoing liaison			Integration of initiatives and recognition of the links

## **4. YOUNG PEOPLE AND FAMILIES**

### **4.1. Introduction**

Concerns have been raised about the acceptability and availability of alcohol to young people. Whereas with illegal drugs most parents will proactively discourage illegal drug use, this is not the case with alcohol. Many young people appear to have easy access to alcohol and acceptance by parents/carers that getting drunk is, if not approved of, at least seen as 'normal' behaviour, a source of amusement or a rite of passage. Increasing numbers of young people are presenting to Accident and Emergency Department for admission with dangerous levels of alcohol in their blood.

- 4.1.1 Fewer young people experiment with drugs, but some are tempted to try different substances, and can quickly get into problems if they lack the personal and social skills and/or family support to cope with their drug use.
- 4.1.2 Both types of experimentation can lead to problematic substance use and longer term problems, such as involvement with the criminal justice system, breakdown of familial relationships, health problems etc. In attempting to address problem drug/alcohol use, it is important to look at the picture holistically and to help a young person address all aspects of their life.
- 4.1.3 It is also important to ensure that, from an early age, young people are given clear and consistent messages about alcohol and drugs. These messages should be factually accurate and not sensationalised.
- 4.1.4 Often, the young people who are most vulnerable to drug/alcohol misuse are those who are hardest to reach – being disenfranchised from school, and often their family too. These young people are frequently difficult to work with, requiring patience and understanding but also the ability to challenge thinking and behaviour. The need to provide stability and positive role models in their lives is paramount.

### **4.2 Karabiner Project**

This developed from the Drug Strategy-funded Youth Worker post. The project works in partnership with the Social Security Department and the Careers Service to provide an opportunity for those young people who have seemingly intractable problems to gain life skills, employability and social acceptability – thus improving their social functioning. Referrals are taken from a number of agencies, including the Probation Service, NCH, Social Security and HSSD Children's Services.

- 4.2.1 The project has received funding for one year from Lloyds TSB Foundation for the Channel Isles to cover the cost of an additional worker, with the expectation

that the Drug and Alcohol Strategy will continue this funding from 2007. The participants receive Supplementary Benefit for the duration of the programme.

For further information on the Karabiner Project (Source: Karabiner Project), please see **Appendix 8**

#### **4.3 Youth Service**

The Youth Service continues to work with a wide range of young people, both with Youth Clubs throughout the Island and in Outreach Work through the Detached Youth Work Project. For many young people, youth clubs form a solid foundation for their early social life, coupled with the ability to discuss personal problems with trained Youth Workers.

#### **4.4 Young People's Drug Support Worker**

This Drug Strategy funded post is based at NCH and has developed well over the last three years. The support worker forms part of the staff team at NCH, working with young people around their accommodation problems, but also providing expertise in drugs issues for both service users and staff. This holistic method works well in breaking down barriers and preconceptions for young people and enables them to discuss their drug use in a safe environment, whilst addressing issues in their lives that contribute to the problem. This is often the first occasion a young person is forced to consider the impact that their chosen lifestyle has on their future life choices, presenting a window of opportunity to reflect.

For further information on NCH Statistics (Source NCH Youth Housing Project), please see **Appendix 9**

#### **4.5 Text Messaging Service**

The text messaging service has proved invaluable for keeping in touch with young people whose lives may be extremely chaotic and who drop in and out of using services. Staff at NCH report that this service has been a 'lifeline' for a number of young people and on more than one occasion has proved to be a literal lifesaver for a suicidal young person.

#### **4.6 Looking to the Future**

Although most of these initiatives work well, it is considered that it would be more effective if all the agencies involved formed a Multi-Agency Service for young people. Such a service would offer a joined up approach, which would aim to tackle all areas of a young person's life that contribute to their problem drug and/or alcohol use.

- 4.6.1 As previously documented, there is already commendable work taking place, but developments and improvements are needed in order to reach more young people to maximise the effectiveness of what can often prove small windows of opportunity.
- 4.6.2 It is vitally important that, in wishing to deter young people from problem drug and alcohol use and minimise the harm for those who do use, a multi-agency service needs to be available, which is user-friendly, informal but professional, with the staff skills to deal with the wide variety of issues facing young people. We already know that problem drug and alcohol use does not occur in isolation, but as a part of other things happening in a young person's life. It is, therefore, necessary to help young people to examine many areas of their lives in order to see how their actions and behaviour affect these areas.
- 4.6.3 One of the difficulties in delivering a successful drug & alcohol service for young people is that there is often little, or no self-awareness that a problem with drugs/alcohol exists, or the young person is reluctant to seek help from a drug/alcohol specific service until the problem is severe. This issue is consistently reported from a number of agencies.

The schools health education unit research indicates that most young people, including the disaffected, will turn to teachers and youth workers, school nurses and others who work in 'formal' settings as their first point of contact.

Drug Concern states that young people will access its services for advice and information, some directly due to the drug education work carried out within the secondary schools.

NCH reports that service users will present for assistance with an accommodation issue and, on further discussion, it frequently transpires that drugs and/or alcohol are a contributing factor, but the service user does not view this as a problem and is often reluctant to seek help from a specialist service.

- 4.6.4 Dee Caf reports that young people who attend the drop-in will freely discuss their drug and alcohol use but resist attempts to refer them to a specialist service.
- 4.6.5 The most successful model appears to be a multi-agency service, which will not only cater for a young person's needs in an informal, easily accessible setting but, for those young people who have developed severe addiction problems, provide specialised interventions. It will enable young people to access the appropriate help and support from the relevant agency.

However, this will only work with a "partnership" approach from the agencies involved, to create the best possible service for young people.



4.6.6 It is proposed, that the Multi-Agency Service for young people (which will include Drug Concern, NCH, HSSD and Youth Service) will deliver the following:

- Drug and Alcohol education in schools
- Outreach/Street work with young drug/alcohol users
- Advice, Information, Counselling and Support for young drug/alcohol users
- Text Messaging Service
- Onward referral to specialist services where required
- Karabiner project to provide life skills, work skills and ongoing support for young drug/alcohol users or those most vulnerable to substance misuse
- Drop-in service
- Out-of-hours support
- Work with families/carers where appropriate
- Support for Young Offenders
- Mentoring Scheme for young people with drug and alcohol issues

This will amalgamate all the existing work and allow for development within this area. The Service would be expected to work closely with all outside agencies associated with young people. A Young People's Drug and Alcohol Group would be formed, co-ordinated by the Social Policy Coordinator and would include senior managers from each of the agencies.

#### **4.7 Funding the Multi-Agency Service**

Currently, each of the initiatives outlined above in 3.6 is funded separately through the Drug and Alcohol Strategies.

As part of the combined strategy, the funding arrangement would still continue (at no extra cost), delivered through Service Level Agreements, which would detail the requirements of each service.

It is further proposed that the Youth Alcohol Work and the Prison Substance Misuse Work, secured using the tendering process within the Alcohol Strategy, will remain with the successful agency for the duration of the combined strategy, providing they are delivering an appropriate service in accordance with the Service Level Agreement, which will be monitored continually.

#### 4.8 **Domestic Violence and Abuse.**

There are clear links between domestic violence and the misuse of drugs and alcohol. Alcohol frequently features as a factor in domestic abuse, as shown by the statistics from the British Crime survey, on the part of both the perpetrator and the victim – although often for different reasons. However, it is vitally important that substance misuse is not seen as a cause of domestic violence and abuse; it is never the reason for the abuse happening, it simply acts as a disinhibitor (and an excuse).

- 4.8.1 In other words, the domestic abuse will be happening throughout the relationship and may become worse when the perpetrator is drunk or under the influence of drugs, but alcohol and drugs will not be the cause of the violence unless the perpetrator is predisposed to the actions they are going to take.
- 4.8.2 Research by Women's Aid found that women experiencing domestic abuse are 15 times more likely to misuse alcohol and 9 times more likely to misuse drugs than women generally. Victims of domestic abuse will sometimes misuse alcohol and prescription medication as a way of trying to cope with the emotional and physical pain associated with violence. Domestic abuse and substance misuse is therefore often a dual issue, which needs to be acknowledged by more integrated work between substance misuse agencies and those trying to help those suffering domestic abuse.
- 4.8.3 The following points are raised by a joint research project "The Links between Domestic Violence and Substance Misuse" carried out jointly between the UK Home Office and the Greater London Authority in 2005<sup>6</sup>:
  - *A very significant number of people using domestic violence survivor agencies, perpetrator programmes and substance use programmes face the dual problems of domestic violence and substance use.*
  - *For many survivors and perpetrators of abuse, the patterns of substance use are linked to the violence and abuse, which they are either perpetrating or experiencing. This link should not be understood as a causal relationship, but one where the practice issues of safety planning, and identifying the strategies of power and control need to be addressed in the context of, and intersection with, problematic substance use;*
  - *Violence reported by service users where there were dual issues of substance use and domestic violence was severe. This highlights the urgency with which this issue needs to be addressed and also raises concern about the children that are living with mothers and fathers where there is co-occurrence of substance use and domestic violence;*
  - *Mental health problems such as depression, trauma symptoms, suicide attempts and self-harm are frequently symptoms of abuse and need to be addressed alongside the issues of substance use and domestic violence;*

---

<sup>6</sup> This report can be read online at: [www. http://www.cwasu.org/publication](http://www.cwasu.org/publication)

- *The majority of service users who have domestic violence and substance use problems are primarily using either substance use agencies or domestic violence agencies and not receiving appropriate intervention for 'the other' issue.*

4.8.4 It makes sense, therefore, to include issues about domestic violence and abuse in this strategy, and to provide support and co-ordination through the Social Policy Co-ordinator (and Domestic Abuse Co-ordinator). A small contribution towards the costs of employing a Domestic Abuse Co-ordinator would ensure that substance misuse issues are addressed within the wider domestic abuse framework, the remaining funding to be sourced through private sector support.

4.8.5 'Options' is the name of the local Domestic Abuse Forum which brings together all relevant States and NGO organisations to work together on the agreed aims of:-

- The reduction of domestic abuse in Guernsey and the promotion of zero tolerance of domestic abuse;
- The education and raising awareness of the general public in Guernsey of: -
  - The nature and existence of domestic abuse in Guernsey.
  - The extent of domestic abuse perpetrated on women and thereby either directly or indirectly on their children in a family environment by men who are known to them.
  - The provision of support and assistance for such women and their children with the involvement of all relevant organisations, both voluntary and statutory.

The role of the Forum is to encourage and promote the provision of services within all relevant statutory and voluntary agencies. An additional role is in awareness raising in the public arena.

4.8.6 The Guernsey Women's Refuge was set up to manage crisis accommodation in a secure, friendly and homely environment for women and children escaping abuse or violence. The Refuge has qualified staff who can meet those in need, confidentially, at any location. The fully trained staff are at the Refuge day and night, offering a 24 hour service to support women.

#### **4.9 Child, Youth and Community Tribunal**

The new children's law will set up a Child, Youth and Community Tribunal to take decisions about children who need care, protection, guidance or control. The Tribunal will be made up of ordinary, but appropriately trained, members of the community who are concerned about children and young people. Some of the children will be referred to the tribunal, because of drug and alcohol misuse, by themselves and their families. Based on an integrated plan presented by the

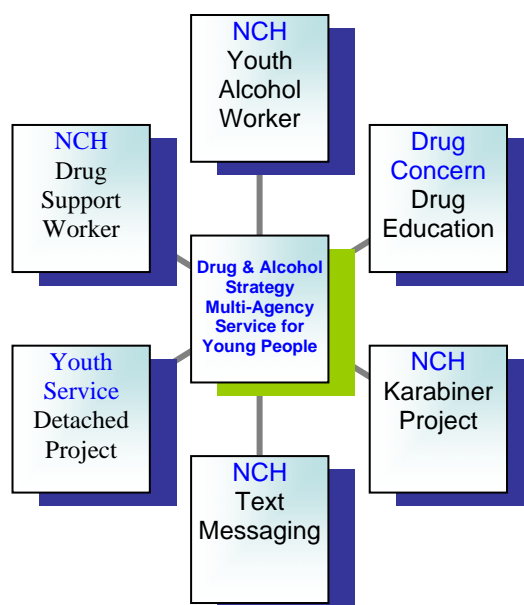
agencies, the tribunal will decide on a course of action for the child and the family and will monitor the outcome. The Tribunal will present an opportunity for a child-centred approach to managing drug and alcohol-related issues and it will be essential that all those services that support the drug strategy work with the tribunal in its establishment. Funding for this service is being provided by the HSSD

#### 4.10 **Recommendations:**

- **It is recommended to amalgamate the current young people's drug & alcohol related projects into a Multi Agency Service, providing a range of services including education, street work, support and advice for young people vulnerable to drug and alcohol misuse.**
- **It is recommended that a contribution towards the cost of a Domestic Abuse Co-ordinator be met through the Drug & Alcohol Strategy to ensure that these issues are addressed.**

#### 4.11 **Costs for Young People & Families Pillar**

	2007	2008	2009	2010	2011
Multi Agency Service for Young People including:					
Drug Education	16,500	16,500	16,500	16,500	16,500
Youth Alcohol Worker	29,000	29,000	29,000	29,000	29,000
Karabiner Coordinator	30,000	30,000	30,000	30,000	30,000
Karabiner Project Worker	30,000	30,000	30,000	30,000	30,000
NCH Drug Support Worker /Text Messaging	45,000	45,000	45,000	45,000	45,000
Running costs for Service	34,500	34,500	34,500	34,500	34,500
Support for Domestic Violence initiatives	10,000	10,000	10,000	10,000	10,000
	<b>195,000</b>	<b>195,000</b>	<b>195,000</b>	<b>195,000</b>	<b>195,000</b>



<b>PILLAR 3: TREATMENT</b>	
<b>KEY AIMS</b>	
<ul style="list-style-type: none"> <li>• To provide treatment services for people with drug and alcohol problems that are appropriate to the needs of the service user and are in line with best practice.</li> <li>• To provide advice, information, counselling and support services for problem drug/alcohol users, their families/carers and other professionals</li> </ul>	
<b>OUTCOME MEASURES</b>	
<ul style="list-style-type: none"> <li>• Number of referrals to the Community Drug &amp; Alcohol Team (CDAT)</li> <li>• Number of successful completions of treatment</li> <li>• Number of referrals to non-States drug and alcohol services</li> <li>• Number of drug/alcohol misusing parents engaging with services</li> <li>• Number of staff attending training</li> <li>• Number of drug and alcohol related deaths</li> <li>• Number of drug overdoses</li> <li>• Syringe exchange statistics</li> <li>• Research report into setting up a young people's treatment service</li> </ul>	
<b>EXISTING INITIATIVES</b>	<b>PRINCIPAL AGENCIES INVOLVED</b>
<ul style="list-style-type: none"> <li>• CDAT</li> <li>• Funding for the provision of advice, information, counselling and syringe exchange for Drug Concern</li> <li>• Provision of funding for advice, information, support and counselling for GADAC</li> </ul>	<ul style="list-style-type: none"> <li>• HSSD (CDAT, Child &amp; Adolescent Mental Health Team)</li> <li>• Guernsey Prison</li> <li>• Drug Concern</li> <li>• GADAC</li> </ul>

ACTION	BENCHMARKS			BENEFIT
	18 months	3 Years	5 Years	
Continue developing consistent screening procedures and minimal interventions in health and social care settings for both drugs and alcohol.	Ongoing	Review	Review	Identifying problem substance misuse and providing minimal interventions at an early stage can give savings in human resources, finances and social well-being.
Continue to provide training to primary care and hospital and prison workers to enable them to use screening tools and provide minimal interventions.				
Continue to provide funding for nursing and administration staff within Community Drug and Alcohol Team.	Team fully staffed with consultant psychiatrist in post.  Improved liaison with Criminal Justice Drugs and Alcohol Service for provision of services to this client group.	Research into local provision of residential treatment facility with recommendations for action.  Review	Review	Providing a specialist team to deliver treatment interventions for problem drug and alcohol users  Reducing costly off-island referrals

<p>Develop addiction services for young people under 18, to include those with multiple needs (e.g. dual diagnosis of alcohol dependence and mental health problems/ drug problems).</p> <p>Prepare and introduce a coordinated treatment service for young people ensuring that early identification, referral and intervention occurs in the case of young people who have problems with drugs and/or alcohol or are the children of problem drinkers/drug users.</p>	<p>Research period.</p> <p>Recommendations made to SPSG.</p>	<p>Implementation of recommendations and the Service in place</p>	<p>Review</p>	<p>Currently, young people requiring treatment are placed in either adult or children's services – neither of which are suitable for their needs – consequently, these people drop out of treatment and the substance misuse can become more entrenched – resulting in heavier demand on adult services at a later date.</p> <p>Addressing the treatment needs of young people in a setting that is appropriate to their needs and separate from adult services will ensure early interventions are more successful and prevent the continuation of problem substance misuse into adulthood for more people.</p>
---	--	---	---------------	--

Continue core funding for principal voluntary agencies via Service Level Agreements.	Service Level Agreements established for all agencies which identify the services to be provided and the funding for them	Service Level Agreement Review	Review	Such services are easily accessible and able to provide intensive support, counselling and other services not provided by statutory agencies. Links to statutory treatment services (CDAT) enables ongoing support and partnership working tailored to meet the needs of the individual for those requiring medical input. Voluntary agencies also provide services for people not wishing or ineligible for CDAT services, as well as support for families and other professionals.
--	---	--------------------------------	--------	--



## 5. TREATMENT

### 5.1 Introduction

Guernsey currently provides the following treatment and rehabilitation services for drug and alcohol users:

- Many Guernsey GP's collect and record information on alcohol consumption and new patients are offered a screening appointment with the practice nurse, which covers advice on alcohol consumption.
- In-patients for both drugs and alcohol are treated in the psychiatric admission ward at the Castel Hospital. Detoxification and counselling are provided.
- Out-patients may also access the CDAT, based at the Castel Hospital: home detoxification and a twice-weekly support group are provided.
- Day patients attend the Day Centre and Occupational Therapy Department at the Castel Hospital: medication, individual and group therapy, family therapy, occupational therapy and social skills training are provided.
- The Silkworth Lodge Treatment Centre in Jersey provides an off-island treatment programme of 10-12 weeks. The HSSD also supports other off-Island placements within the UK.
- The Prison provides a screening process for all prisoners, in which detoxification and counselling are provided.
- Drug Concern provides advice, information, support, counselling and syringe exchange, through a Service Level Agreement.
- The Guernsey Alcohol and Drug Abuse Council (GADAC) provides individual and group counselling and also a 6-bed rehabilitation dry house.
- The HSSD manages the facilities at St Julian's House, which offers shelter to safeguard adults who may be homeless or have alcohol related problems. The purpose of this facility is to provide short term support and re-skilling of individuals so that they may return to independent living.
- Alcoholics Anonymous, Alanon, Narcotics Anonymous and DMAD (Dads and Mums against Drugs) are voluntary support groups that encourage abstinence and provide support to people and families with drug and alcohol problems.

## 5.2 **Primary Care**

There is now extensive research evidence that minimal interventions and brief treatments targeted at excessive drinkers, identified by screening in health and social care settings, can significantly reduce consumption (by over 20%) over extended periods (e.g. 12 months) at a low cost. However, treatment for drug users within Primary Care remains problematic.

## 5.3 **Community Drug and Alcohol Team (CDAT).**

This team, comprising two Clinical Nurse Specialists and an Administration Worker, under the guidance of a Consultant Psychiatrist, is based at the Castel Hospital. It provides detoxification treatment, support and group work for adults wishing to stop or minimise their use of drugs/alcohol. All referrals to this service are via General Practitioners.

### 5.3.1 The Bailiwick Alcohol Strategy stated that:

*“In relation to longer term specialist treatment, there is no specialist alcohol unit. Similarly to the drugs issue, concerns were expressed about the appropriateness of treating those with alcohol problems in a mental health setting alongside people with mental health problems. A community based treatment service is in the process of being set up for drugs, which could incorporate alcohol. However, there is no full time Consultant Psychiatrist dedicated to addiction services, as is the case in Jersey and the Isle of Man. This results in a somewhat piecemeal service as the current psychiatrist has many areas of responsibility and is unable to give the time required for the development of addiction services. A full-time Psychiatrist with specialist training could be designated for having responsibility for addictions services as part of their general psychiatric role.”*

### 5.3.2 In spite of all the HSSD’s efforts, developing this service has been frustratingly slow for all concerned, particularly with the difficulty in appointing a consultant psychiatrist with specialist knowledge of drugs and alcohol, and in providing nursing support for the two Nurse Specialists. One problem in recruiting nursing staff for this post has been the lack of establishment for this post, resulting in short term temporary recruitment. With the client group catered for by this service, continuity is extremely important and it is, therefore, essential to find establishment for the nursing post.

### 5.3.3 Nevertheless, the two nurses and the administration worker have formed a strong team and some new initiatives have been developed with regard to drug users. The introduction of the drug Subutex for detoxification has proved to be successful, and some local pharmacists are now able to monitor the consumption of the medicine.

- 5.3.4 When the CDAT is fully staffed and operational, it is proposed that some provision should be made for the team to work more closely with the Criminal Justice Drugs and Alcohol Service and Probation Service. This would enable speedy referral of service users into treatment services. The referral route through a General Practitioner has been seen as problematic by some agencies, and it is suggested that, over the course of this Strategy, alternative referral routes are explored to make access to the service easier.

#### **5.4 Treatment Services for Young People**

As previously stated in the Bailiwick Alcohol Strategy, there are gaps in treatment provision for under-18's who have drug/alcohol problems and require medical intervention. It is inappropriate to treat young people alongside adults, and the development of a treatment service for young people continues to be important. However, due to the long delays in setting up the CDAT, it is suggested that research into developing a young people's service should begin in 2008, by when the adult service will have become firmly established. This service should also ensure that early identification, referral and intervention occurs in the case of young people who have problems with drugs and/or alcohol or are the children of problem drinkers or drug users.

#### **5.5 Residential Facilities**

Since early 2004, the residential service at Silkworth Lodge in Jersey has been used, as have other UK placements, with protocols developed for referral and placement. However, local professionals continue to express concern that no local facility exists – and with the demand for places for both drug and alcohol residential placements, it may be more cost-effective and beneficial in the long term to have such a facility locally. This would enable residents to continue their recovery on discharge back to the community more easily than at present.

#### **5.6 Treatment costs:**

During 2005, a total of 6 clients attended the Marchwood Priory and Silkworth Lodge.

A total of 354 days were involved, at a cost of £111,572, which is approximately £18,595 per client.

For the period January to June 2006, a total of 5 clients have attended the Marchwood Priory, Silkworth Lodge, the Cassell Hospital, (West London) and Cherry Orchard (Bristol). Three of these clients have since been discharged.

A total of 262 days were involved, a cost of £47,790, which is approximately £9,558 per client.

There has been a gradual decrease of service users in this area. This is partly due to the Silkworth therapists, travelling to Guernsey and offering a weekly ongoing support service to previous clients.

The cost of the Silkworth out reach service during 2005 was £7,500. During the first 6 months of 2006, these costs were £2,850.

However, the main reason for the decline in off island referrals has been due to the increase in the local professionals. The CDAT now comprises of two Clinical Nurse Specialists, one senior staff and their personal assistant.

- 5.6.1 For those people who go off-Island for residential rehabilitation, problems frequently occur when they return to Guernsey. An individual who may have been able to remain alcohol or drug free whilst in a closed and supportive environment generally finds it difficult to maintain this on their return home, where the environment, friends and temptations remain the same as before. Silkworth Lodge also provide recovering users' ongoing support, treatment and coping skills in their own environment, which offers a greater chance of success in remaining drug and/or alcohol free.
- 5.6.2 The CDAT will carry out further research during 2007 to ascertain the cost-effectiveness and social benefits of developing a local residential rehabilitation facility.

## **5.7 Support for non-changing "recidivist" drinkers**

The strategy consultation demonstrated a strong and consistent concern over the lack of support for the relatively small group of chronic, non-changing recidivist drinkers or "habitual drunkenness offenders" who present an on-going unresolved problem to the criminal justice system.

- 5.7.1 There is no generic blueprint in relation to residential facilities and support for non-changing 'recidivist' drinkers. However, with increased recognition of a need to support service users in this area, the Health and Social Services Department will aim to implement changes in service provision to reflect models of best practice that meet the needs of the local population.

Multi-agency discussions have highlighted the need for the following service initiatives:

- A humanitarian approach, so that basic needs are met for individuals who are non-changing and decline the offer to engage in treatment programmes. This will include the offer of shelter, food and drink and use of washing and laundry facilities.
- Outreach services to date have been centred on supported living for one non-changing recidivist drinker. However, it is recognised that outreach

plays a key role in making service unit contact and engaging recidivist drinkers. The HSSD, as part of the change process, is keen to expand the potential with this area of work.

- Inreach services to date have involved the Prison and Probation Services providing support within St Julian's House facilities. However, the team is keen to develop the potential for day-care focused around substance misuse and dependence and an expansion of on-site input from specialist services, which will enhance continuity for service users.

5.7.2 The need to provide support for these types of individuals has received increasing recognition in many places over recent years in the UK and Jersey. With increased recognition of a need to support service users in this area, the HSSD will aim to implement changes in service provision to reflect models of best practice to meet the needs of the local population.

## **5.8 Drug Concern**

Drug Concern currently delivers a service via a Service Level Agreement to provide Advice, Information, Support, Counselling and Syringe Exchange (known as 'Core Services') to all drug users, families/carers and professionals. Service Level Agreements are also in place with the agency to provide the Criminal Justice Drugs Service (see section 5.2), Prison Substance Misuse Work and Drug Education in schools.

- 5.8.1 Drug Concern's work has continued to develop over the period of the Drug Strategy, with the agency gaining real expertise, particularly in relation to the Criminal Justice field and work with adult drug users. The good quality drug education work in schools is also acknowledged.
- 5.8.2 The syringe exchange continues to provide a route into the service for some drug users, and provides clean injecting equipment and the safe collection and destruction of used equipment. Provision of this service also reduces the risk of the spread of blood borne viruses, such as HIV and Hepatitis, thus reducing the overall risk to the population in general.
- 5.8.3 Service users at Drug Concern can also access auricular acupuncture, dietary and lifestyle advice, as well as support, befriending and counselling.

## **5.9 GADAC**

The Guernsey Alcohol and Drug Abuse Council is a voluntary organisation providing support, advice and counselling for adults aged 18 and over who are experiencing problems with either their own, or a significant other's alcohol problem.

The service provides a 6 bedded rehabilitation dry house, counselling rooms, and offices.

It is funded from three major sources; a grant from the States, the rents from the Rehabilitation Dry House and partnership with various organisations on the Island, including fund raising and charitable donations.

GADAC has a number of staff working for it; a full time Director, a part time Secretary and Volunteer Counsellors. It has an average bed occupancy in the rehabilitation dry house of 3 to 4 residents at any one time and sees over 100 new clients every year. This figure has remained constant for the last 5 years.

GADAC will see approximately 30-40 people a week for either advice or one to one counselling sessions. It also provides assessment and counselling in the States Prison, which will continue until the newly appointed Prison Substance Misuse Worker is in post.

- 5.9.1 There remains a need for advice, information, support and counselling services for problem alcohol users, and it is important that funding remains available for this service.

#### **5.10 Recommendations:**

- **It is recommended to continue to provide funding to support the CDAT – the funding to cover the cost of an administration worker and nursing support to assist the Nurse Specialists.**
- **It is recommended to continue the Service Level Agreement with Drug Concern to provide Core Services (defined as advice, information, counselling, support and syringe exchange) to drug users, families/carers and professionals.**
- **It is recommended to enter into a Service Level Agreement with GADAC to provide Core Services (defined as advice, information, counselling and support) to problem alcohol users, family/carers and professionals.**
- **It is recommended to research and develop interventions and services specifically aimed at recidivist drinkers.**
- **It is recommended to develop addiction services for young people, to include those with multiple needs (e.g. dual diagnosis of drug/alcohol dependence and mental health problems). Research to commence in 2008, (funding to become available once Massive magazine is funded externally).**
- **It is recommended to continue developing consistent screening procedures and minimal interventions in the primary care and hospital setting and to continue to provide training to primary care and hospital**

workers to enable them to use screening tools and provide minimal interventions for both drugs and alcohol.

- It is recommended that the Community Drug & Alcohol Team carry out further research during 2007 to ascertain the cost-effectiveness and social benefits of developing a local residential rehabilitation facility.
- It is recommended that the HSSD will aim to implement changes in service provision for recidivist drinkers to reflect models of best practice to meet the needs of the local population.

#### **5.11 Costs for Treatment Pillar**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
CDAT (Adult Treatment)	52,000	52,000	52,000	52,000	52,000
Core Services (Drugs)	58,000	58,000	58,000	58,000	58,000
Core Services (Alcohol)	58,000	58,000	58,000	58,000	58,000
Treatment Service for Young People	nil	15,000	35,000	35,000	35,000
<b>TOTAL</b>	<b>168,000</b>	<b>183,000</b>	<b>203,000</b>	<b>203,000</b>	<b>203,000</b>

<b>PILLAR 4: CRIMINAL JUSTICE, LAW ENFORCEMENT AND SUPPLY REDUCTION</b>	
<b>KEY AIMS</b>	
<ul style="list-style-type: none"> <li>• To employ strategies that deter the importation and supply of illegal drugs</li> <li>• Support the development of Law Enforcement initiatives and work practices</li> <li>• Support Law Enforcement agencies in their initiatives to reduce drug and alcohol related crime and disorder and drink/drug driving</li> <li>• Provide services to drug and alcohol offenders which address the causes of their substance problem and the links with offending</li> <li>• Provide services that enable problem drug/alcohol offenders to remain drug free and/or sober on their release from prison</li> <li>• Supporting legislation reviews</li> </ul>	
<b>OUTCOME MEASURES</b>	
<ul style="list-style-type: none"> <li>• Amount of drugs seized</li> <li>• Number of persons convicted in the courts, in relation to drug trafficking offences</li> <li>• Drugs street price</li> <li>• Number of syndicates dismantled and/or disrupted</li> <li>• Value of assets/cash seized</li> <li>• Development and implementation of Driver Education Orders</li> <li>• Police statistics on alcohol related disorder</li> <li>• Number of Arrest Referrals</li> <li>• Number of referrals and completions on Criminal Justice Drug &amp; Alcohol Service</li> <li>• Number of referrals to Prison Substance Misuse Worker</li> <li>• Development of a prison drug strategy</li> </ul>	
<b>EXISTING INITIATIVES</b>	<b>PRINCIPAL AGENCIES INVOLVED</b>
<ul style="list-style-type: none"> <li>• Partnership working between Customs Service and Guernsey Police</li> <li>• Criminal Justice Drugs Service</li> <li>• Prison Substance Misuse Work</li> </ul>	<ul style="list-style-type: none"> <li>• Guernsey Police</li> <li>• Probation Service</li> <li>• Prison Service</li> <li>• Customs Service</li> <li>• Drug Concern</li> </ul>



<ul style="list-style-type: none"> <li>• Confiscation of drug traffickers' assets</li> <li>• Serious and Organised Crime Group</li> </ul>				
ACTION	BENCHMARKS			BENEFIT
	18 months	3 Years	5 Years	
Continue with the Criminal Justice Drugs Service and develop it to include alcohol offenders	<p>Research, consultation and development period for the alcohol service</p> <p>Establish entry criteria</p> <p>Establish client numbers limits</p>	Service Level Agreement review	Review	<p>Providing interventions at the point of arrest, conviction or sentencing have proven to be effective in minimising substance misuse and offending, by offering intensive interventions, coupled with drug testing.</p> <p>Ongoing liaison with the Probation Service provides a valuable partnership approach and ensures that offenders adhere to their conditions of parole. This is not deemed to be an 'easy option' for the offender as it demands high levels of compliance with the programme – but produces benefits for the individual and the community in general.</p>

Continue with the Prison substance misuse work including through care into the community on release from prison	Establish protocols with Prison and Probation. Develop aftercare/throughcare	Service Level Agreement review	Review	<p>Ensuring that people in prison are given the opportunity to address their substance misuse and offending increases the chances that they will not reoffend and that the substance misuse itself decreases or ends.</p> <p>It is important to maintain any positive achievements gained in prison by providing a throughcare service that maintains contact and support with individuals on their release as this is a time when they are particularly vulnerable.</p>
Support development of a prison drug strategy	Prison drug strategy in place	Ongoing liaison	Review	Such a strategy will support the work already in place as part of this and previous strategies
Investigate the introduction of alcohol consumption free zones and for police powers to confiscate alcohol	Legislation in place	Review	Review	Research in the UK has shown that such actions provide a feeling of safety for the general public and can help prevent the escalation of violence.

Initiate legislation that enables the Courts to impose Education Orders on anyone who is banned from driving following a prosecution for drink/drug driving – as a sentencing alternative	Background research and discussion with relevant departments	Pilot scheme initiated and reviewed.	Drink-Drive Orders in place if favourably reviewed	Research in the UK and elsewhere shows that people who have participated in Drink-Drive Offender Courses are substantially less likely to re-offend and have improved understanding of the risks and consequences of drink-driving than those people who have not benefited from such courses.
Endorse the development of a High Risk Offenders Scheme by the Environment Department				
Monitor the ongoing situation regarding blood alcohol driving levels and report to SPSG		Report to SPSG	Review	Ensuring that research is up to date and the Bailiwick remains in tune with the rest of Europe.
Support the Customs Service in its aims in reducing the supply of controlled drugs by targeting those responsible for their importation.	Enhanced profile techniques and intelligence management systems.  Maintain the level of resources required to combat drug	Ongoing support of the work of the Customs Service maintains the multi agency approach and recognises the contribution made by this Service to the success particularly of		

	trafficking in the Bailiwick.	the drug strategy.		
Support the Bailiwick confiscation strategy – removing assets from drug traffickers.	Strengthening legal gateways and procedures to facilitate the exchange of information.  Legislation to enable the inland seizure of criminal cash.	Civil forfeiture legislation available for practical implementation.	Review	Removing the assets of convicted drug traffickers sends a clear message to potential traffickers about the risks of such endeavours. The confiscated assets that are put into new deterrents and other initiatives enable new initiatives to be introduced and existing ones to be supported.
Support and encourage a full partnership with the Customs Service and Island Police.	Development of E Borders and further integration, linking and consolidation of IT systems.	Continuing and developing the close working relationship between these two services.		

## **6. CRIMINAL JUSTICE, LAW ENFORCEMENT AND SUPPLY REDUCTION**

### **6.1 Introduction**

There have been a number of initiatives developed and funded through the Drug and Alcohol Strategies.

### **6.2 Criminal Justice**

The consultation revealed widespread agreement that there is a need to expand access to alcohol services in the Guernsey criminal justice system. The Police, Courts, Probation Service, Prison, Social Services and alcohol services can all join in partnership to help individuals to address their alcohol problems and modify their offending behaviour.

These interventions to divert alcohol-related offenders into treatment and support rather than repeatedly into the criminal justice system aim to minimise harm to both the individual and the community as a whole, by reducing the number of alcohol-related crimes.

### **6.3 Criminal Justice Drugs Service (CJDS)**

This key initiative has been in place for 3 years and is a well-developed partnership between the Probation Service and Drug Concern. This service has been particularly successful in helping drug users who have been in prison or who are on a Probation Order. The intensive one-to-one work, coupled with random drug tests, have helped a number of long term drug users with entrenched problems to become drug-free and to start to rebuild their lives.

- 6.3.1 Initiatives over the period include the development of an Arrest Referral Scheme, in partnership with Guernsey Police, and a Court Referral Scheme, in partnership with the Probation Service. Both these initiatives provide access to advice, information and support services through Drug Concern. Arrest and court appearance are critical times for interventions, when a person is more likely to respond to help and seek advice and support. It also provides a route into services for people who may not have used such services previously.

For further information on CJDS statistics (Source: Drug Concern), please see **Appendix 10**

- 6.3.2 One problem that the service has faced has been the difficulty in service users accessing drug treatment programmes delivered by the CDAT. This has been due, in part, to staff shortages within the HSSD and difficulties in appointing both a suitably qualified nurse and a Consultant Psychiatrist with specialist substance misuse knowledge. In order for the scheme to be successful, the

CDAT needs to be operating at full staff capacity. It is hoped that the recruitment difficulties being experienced by the HSSD can be overcome.

- 6.3.3 It is proposed that the CJDS would expand to include provision for alcohol - related offending. Research from the UK shows strong links between drinking and offending<sup>7</sup>, and local experience would support this.
- 6.3.4 As this is such a potentially labour intensive area of work, it is important that clear criteria are developed for entry into the programme to ensure that appropriate referrals are made and that the alcohol work does not subsume the current work with drug.
- 6.3.5 The criteria for entry into the programme would be determined by the Probation Service, HSSD and Drug Concern and would continue to be monitored and evaluated on an ongoing basis.
- 6.3.6 It is, therefore, proposed to retain and develop the existing Criminal Justice Drugs Service and to include services for alcohol offenders (renamed Criminal Justice Drug and Alcohol Service - CJDAS), delivered through a Service Level Agreement. The current post will change from a 0.85 FTE to 1.0 FTE, and an additional 0.5 FTE will be needed to cover the alcohol service. The funding also includes drug testing.

#### **6.4 Prison Substance Misuse Work**

This new initiative, funded through both the Alcohol and Drug Strategies, went out to tender and the successful agency (Drug Concern) was appointed in July 2006. It is proposed that Drug Concern continues to provide this service for the duration of this strategy.

- 6.4.1 This project consolidates, builds on and replaces the existing good work in the Prison by Drug Concern and GADAC. The time of a prisoner's release is a particularly vulnerable one for problem drug/alcohol users. Temptation to use is strong and a long period of enforced abstinence from their drug of choice can lead to bingeing and frequent re-offending when released into the community—thus re-entering the circle of substance use, offending and incarceration.
- 6.4.2 The Prison Substance Misuse Worker will continue to work closely with Prison staff, the Probation Service and support agencies to ensure that released prisoners are given opportunities to maintain contact with agencies and continue to receive help and support. Another role of the worker will be to continue to assess prisoners for drug and alcohol issues and to offer ongoing support/education or counselling as required.

---

<sup>7</sup> The Offending, Crime and Justice Survey (OCJS) is the national longitudinal, self-report offending survey for England and Wales. Source: Home Office (UK)

- 6.4.3 As this service only commenced in July 2006, it is too soon to measure any progress or effectiveness. These outcomes will be closely monitored over the period of the Drug and Alcohol Strategy and re-evaluated if required, in conjunction with Prison and Probation staff.

## **6.5 Prison Drug Strategy - Treatment and Support**

Guernsey Prison is in the process of developing a Prison alcohol and drug strategy that aims to parallel and complement the work being carried out in the community, including multi-agency working, treatment delivery, the role of families and carers of prisoners and the reduction of substance misuse within the prison. The Social Policy Steering Group recognises that the prison is part of the community and firmly supports the development of such a strategy.

## **6.6 Arrest Referral/Early Intervention**

An individual arrested for an alcohol-related offence can be offered either written information about alcohol services while in police custody or access to an advice worker. In the UK, it has been found that those offenders who are arrested for violence are likely to be younger and not dependent on alcohol – thus, not in need of extensive alcohol treatment. However, this group does have issues which need to be addressed, and this can be carried out using brief interventions and onward referrals to other agencies.<sup>8</sup>

The Drug Strategy is developing an arrest referral scheme in a partnership between the Police Service and the Criminal Justice Drugs Service. Alcohol-using offenders who meet specific criteria could be incorporated into this scheme, thus saving on staffing costs and making the service less fragmented.

## **6.7 Courts**

Participants in the alcohol consultation tended to agree that the Royal, Magistrates and Juvenile Courts could consider the value of non-custodial sentencing options, involving education and treatment orders, possibly with reduced fines, more frequently than they currently do. Probation reports, prior to sentencing is a time when the offender's drinking is assessed and a course of action drawn up.

## **6.8 Probation Service**

As well as intervention at the point of arrest or Court appearance, offenders with alcohol problems may be targeted when in contact with the Probation Service. The Guernsey Probation Service has contact with individuals appearing in Court (particularly those who have been held in custody overnight), individuals for whom the Court has requested a Social Enquiry Report<sup>9</sup>, individuals under

---

<sup>8</sup> "Alcohol Harm Reduction Strategy for England" – Cabinet Office

<sup>9</sup> Social Enquiry Report - A document designed to assist the Court with sentencing

statutory supervision and all offenders in Prison. During this contact, each individual's problems and needs (which may be alcohol related) are assessed and objectives are set to modify their behaviour, which may include addressing their alcohol problems.

- 6.8.1 Probation Officers may also use their links with GADAC, AA and the mental health services. These services can assess an offender on behalf of the Probation Service and suggest an action plan, which may be included in the Social Enquiry Report. The Probation Officer can recommend that the Court includes, as a condition of a Probation Order, that the offender must attend group or individual alcohol counselling for a number of weeks.

## **6.9 Liquor Licensing Working Party**

In its States Report dated 21<sup>st</sup> September 2005, the Home Department recommended the introduction of new legislation to control the consumption of alcohol in public places where there was evidence that such consumption was linked to alcohol-related crime or disorder and replace the existing provision under the Intoxicating Liquor (Prohibition Orders) (Guernsey) Law, 1960 ("Black List") with provisions permitting the Courts to impose a "banning order" on offenders convicted of alcohol-related crimes. Such banning orders would prevent the person so sentenced from entering licensed premises specified by the Court for between three months and two years.

## **6.10 Alcohol Consumption-Free Zones and Confiscation of Alcohol**

Alcohol consumption free zones can be a useful tool in reducing anti-social behaviour associated with chaotic street drinking and reduce violence associated with the use of glasses and bottles as weapons. Such zones require that alcohol is not consumed in certain designated areas, and the surrender of any alcohol to Police Officers. Such schemes have shown to be successful in many parts of the world.

- 610.1 The Home Department continues to liaise with the Law Officers on the introduction of such legislation, as detailed in the Billet d'Etat XVI 2005 (Review of Liquor Licensing Legislation). The States approved these proposals and the enabling legislation is currently being drafted.

## **6.11 Driver Education**

Evidence from the UK suggests that drink-drivers with blood alcohol levels exceeding 150mg are likely to have serious alcohol problems and that half re-offend within 10 years. Indeed, 12% of all those convicted re-offend<sup>10</sup>. This highlights the need for educational and rehabilitation courses for drink-drivers, particularly those with blood alcohol levels over 150mg or those who are repeat offenders. This was strongly and consistently advocated in the Bailiwick

---

<sup>10</sup> DETR 1998



Alcohol Strategy consultation. Provision of such a course would mean that anyone who is banned from driving following a prosecution for drink driving would have to complete the course prior to having their driving licence reinstated.

- 6.11.1 One hundred and seventy-five of these schemes were piloted in the UK. Offenders pay to attend the course and, on successful completion, have up to a quarter of their disqualifications deducted. Results suggest significant reduction in re-offending<sup>11</sup> so the Drink-Drive Rehabilitation Scheme became permanent throughout the UK in January 2000. Evidence suggests that, on average, such programmes reduce recidivism and alcohol-related accidents by 7-9%, compared to no rehabilitation<sup>12</sup>.
- 6.11.2 The Environment Department has supported the local development of a High Risk Offenders (HRO) scheme, which has been operating in the UK since 1990. A drink-drive offender who meets the criteria of the HRO scheme would have to reapply for their driving licence after disqualification and would only be granted it on successfully re-taking their driving test and having a positive medical examination. The independent medical advisor to the Environment Department has expressed concern that little consideration is currently given to the possibility that an individual may have an ongoing alcohol problem and therefore be a higher risk of re-offending. This measure would address that issue. Such an initiative would tie in well with Drink Drive Education Orders, which are supported by the Social Policy Steering Group.
- 6.11.3 For newly qualified drivers, alcohol awareness is included as part of the theory test in order to reinforce the drink-driving message.

## **6.12 Enforcement of drink-driving laws**

In Guernsey as well as in the UK, the police can breath test a driver if s/he is involved in an accident, commits a moving traffic offence or the police have reasonable grounds for suspecting drink-driving (either prior to stopping a vehicle or having stopped it for another reason).

Evidence suggests that roadside breath testing is successful in reducing overall and specifically alcohol-related fatalities, injuries and crashes.

The current roadside breath testing initiative is deemed to be successful in this way and it is recommended to support the police in continuing with this.

## **6.13 Blood alcohol level and driving ability**

Research has consistently shown a relationship between blood alcohol level and the deterioration of driving skills, with significant impairment occurring from as

---

<sup>11</sup> Alcohol Concern 1999

<sup>12</sup> Wells-Parker et al., 1995

little as 20mg/100ml<sup>13</sup>. Furthermore, when comparing drivers involved in accidents with matched non-accident drivers, it is clear that as the blood alcohol level rises so does the possibility of having a road accident<sup>14</sup>

- 6.13.1 It has been argued that reducing the accepted blood alcohol level locally could have a detrimental effect on tourism. Visitors arriving from many parts of Europe are used to a lower permissible level than currently exists. It has also been argued that there are few alcohol related traffic fatalities in Guernsey, so a change in the law would not be relevant. Reducing the blood alcohol level is not solely about reducing fatalities; it is also about reducing accidents that cause non-fatal injuries, and the protection of the innocent victims of those who drive after drinking alcohol.
- 6.13.2 Proposals in the recent Alcohol Strategy (Billet d'Etat XV1 2005) to reduce the acceptable blood alcohol level were not accepted by the States. Consequently, no recommendations are made in this strategy to reduce the blood alcohol level for driving, but the situation will be monitored by the Social Policy Steering Group.

#### **6.14 Acceptability of drugs**

In comparison with other jurisdictions, local law enforcements efforts by targeting top end criminals have ensured drug use and associated activity remains difficult, coupled with a high drug street price, which is directly linked to the limited availability of drugs within the Bailiwick. This stance has forced drugs and associated activity underground and kept the cost high for those willing to indulge in the activity.

For further information on seizures by Customs and Immigration Service (Source : Customs and Immigration Service), please see **Appendix 11**

- 6.14.1 Local law enforcement agencies continue to ensure that the public are fully aware that no level or involvement in illegal drug use is acceptable and may cause an individual to be liable to the risk of prosecution. Many of the resources and energies are focused on the importation and onward supply of drugs. However, the agencies will continue to target the supply and demand cycle at all levels, adopting a zero tolerance policy towards any drug related activity.

#### **6.15 Drug Supply Reduction**

Law enforcement comprises an essential element of the Strategy. The agencies act as the Bailiwick's first line of defence in relation to reducing the supply of controlled drugs locally. By targeting the major criminals involved in drug trafficking, the conviction and drug seizures results over the past three years evidence that local law enforcement agencies continue to seriously impact upon

<sup>13</sup> Cohen et al., 1958; Goldberg and Havard ,1968; Pauwels and Helsen, 1992

<sup>14</sup> Borkenstein, 1974; Kruger et al., 1995, cited in Denny,1997

the availability of controlled drugs. This is highlighted with the high local street price, which has not reduced significantly for a number of years and in some areas has increased slightly. It is noted that the robust and defined sentencing policy of the Royal Court, combined with these successes, acts as a real and very effective deterrent.

- 6.15.1 There is a Memorandum of Understanding between the local Police and Customs ensuring a full “partnership” approach is employed to jointly tackle drug criminality and to share all relevant intelligence. This enables both services to keep abreast of all potential threats within the Bailiwick, avoids duplication of effort and allows the most effective use and deployment of each service’s specialist resources
- 6.15.2 The dismantling of organised criminal syndicates involved in drug trafficking is regarded by law enforcement agencies as the most effective form of harm reduction. Priority continues to be given to the detection of Class A drugs and the seizure of commercial quantities of controlled drugs. However, law enforcement agencies will continue to use their resources across the spectrum of drug related criminality.

#### **6.16 Removing the assets from drug traffickers.**

One of the primary roles of law enforcement agencies within the confiscation strategy is to conduct investigations to identify and subsequently confiscate the proceeds of drug trafficking. It is vital to robustly pursue these proceeds and to put syndicates out of business. Convicted traffickers must not be able to re-invest in the drug trade.

Currently the local seized assets fund receives monies only from those jurisdictions with whom Guernsey has an agreement to receive a share of seized assets. Money confiscated which has derived from the proceeds of drug crime, whether or not those funds have been confiscated as part of a local case or by an overseas jurisdiction, are placed in the existing drugs seized assets fund. The Chief Officers’ Drug and Alcohol Strategy Group may, from time to time, apply for limited funding from the fund for specific “one off” projects which will support drug related initiatives.

- 6.16.1 The specialist financial investigators of the Customs Service and Island Police, together with the Law Officers of the Crown, are a key element in delivering the Service.

#### **6.17 The future**

It is imperative for the success of any future strategy that local law enforcement agencies continue to be appropriately and adequately resourced to have an effective impact on both Supply and Demand Reduction. The more successful the law enforcement agencies are in stopping illegal drugs becoming available

on the streets, the greater the benefits that are felt in other quality of life areas, such as reducing physical and mental health problems, limiting adverse social effects on families and causing a decline in drug related acquisitive crime.

- 6.17.1 The Bailiwick has a proactive intelligence led drug targeting policy which, when combined with tough sentencing, that is well publicised, and the high likelihood of getting caught, acts as a powerful deterrent.

## **6.18 Serious and Organised Crime Group**

A new Serious and Organised Crime Group has been set up under the Chairmanship of HM Procurer, involving both the Customs and Police. This Committee has been formed to oversee the initiatives already mostly achieved by the Joint Police and Customs Partnership as well as seeking to identify new initiatives and particularly legislative developments that are aimed at targeting and disrupting serious and organised crime.

## **6.19 Drugs Act 2005**

The Drugs Act 2005 and other criminal justice legislation introduce several powers in the UK that are not available locally under current legislation. However, these initiatives are being given due consideration by the law enforcement agencies and the Law Officers of the Crown and include the following:

- Powers to test for class A drugs on arrest (for any crime) and require those who test positive to attend a drugs assessment and follow-up appointment.
- Make dealing near a school, or using children as couriers for drugs or drug related money, an aggravating factor in sentencing.
- Introduces a new presumption that those caught with more than a prescribed quantity of drugs can automatically be charged with possession with intent to supply, which carries tougher penalties.
- Give tougher powers to tackle dealers who swallow their drugs or hide them in body cavities.
- Additional power to order an x-ray or ultrasound.
- Establish a new drug intervention order to run alongside anti-social behaviour orders to address drug misuse by people committing anti-social acts.

## **6.20 POCA 2002 (Proceeds of Crime Act)**

New local legislation is presently under consideration based on the Proceeds of Crime Act brought into force in the UK in 2002. These provisions include the

ability to confiscate the criminal's assets as well as cash, through the civil process.

#### **6.21 Disclosure Law**

The forthcoming local Disclosure Law will assist in the setting up of legal gateways that will further enhance the dissemination of information more freely.

#### **6.22 E-Borders**

The E-Borders programme in the UK is a multi agency initiative, sponsored by The UK Immigration Service, HM Revenue and Customs, the Police and UK Visas. E-Borders aim to modernise border control by harnessing passenger information and new technology. One facet of this initiative will improve the sharing of relevant information amongst border agencies. This information will undoubtedly help with pre-selecting individuals for the law enforcement agencies' attention but will also greatly assist with the tracking of targeted individuals as they will be forced to travel in their own identities.

#### **6.23 Recommendations:**

- **It is recommended to retain and develop the existing Criminal Justice Drugs Service and include services for alcohol offenders (renamed Criminal Justice Drug and Alcohol Service - CJDAS).**
- **It is recommended to retain the Prison Substance Misuse Work to enable this project to develop.**
- **It is recommended to support the Liquor Licensing Working Party to monitor the progress of the Liquor Licensing legislation, and to ensure the Drug and Alcohol Strategy Group will be advised accordingly.**
- **It is recommended to initiate legislation that enables the Courts to impose Drink-Drive Education Orders on anyone who is banned from driving following a prosecution for drink driving.**
- **It is recommended to endorse the development of a High Risk Offenders scheme by the Environment Department.**
- **It is recommended to continue to support and encourage police roadside breath testing initiatives.**
- **It is recommended to support alcohol consumption free zones and legislation for police powers to confiscate alcohol following a caution.**
- **It is recommended to continue to support the Customs Service, Island Police and the Law Officers of the Crown to continue to pursue the confiscation strategy and remove all proceeds identified in relation to**

**drug trafficking; whilst seeking to develop legislation in both civil and criminal confiscation.**

**6.24 Costs for Criminal Justice and Law Enforcement Pillar**

<b>Initiative</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
CJDAS	66,000	66,000	66,000	66,000	66,000
Prison Substance Misuse Work	33,000	33,000	33,000	33,000	33,000
	<b>99,000</b>	<b>99,000</b>	<b>99,000</b>	<b>99,000</b>	<b>99,000</b>

<b>PILLAR 5: PROMOTING SAFE AND SENSIBLE DRINKING</b>				
<b>KEY AIMS</b>				
<ul style="list-style-type: none"> <li>To support the work of the Liquor Licensing Working Group in introducing and developing appropriate licensing conditions</li> <li>To ensure licensees and their staff are aware of the risks and consequences of binge drinking and act responsibly to discourage this</li> <li>To encourage sensible drinking while aiming to reduce alcohol related crime and disorder and drink driving offences</li> </ul>				
<b>OUTCOME MEASURES</b>				
<ul style="list-style-type: none"> <li>Number of bar staff completing certified training</li> <li>Number of bars/clubs displaying safer drinking information</li> <li>Per capita consumption of alcohol</li> <li>Development of liaison with GLVA (Guernsey Licensed Victuallers Assoc.)</li> </ul>				
<b>EXISTING INITIATIVES</b>		<b>PRINCIPAL AGENCIES INVOLVED</b>		
<ul style="list-style-type: none"> <li>Training for Licensees and Bar Staff</li> <li>Liquor Licensing Working Party</li> </ul>		<ul style="list-style-type: none"> <li>Home Department</li> <li>HSSD</li> <li>GLVA</li> </ul>		
<b>Action</b>	<b>BENCHMARKS</b>			<b>Benefit</b>
	<b>18 months</b>	<b>3 Years</b>	<b>5 Years</b>	
Continue to support the work of the Liquor Licensing Working Party	Ongoing	Liaison and monitoring outcomes from this strategy and show areas for development.		
Continue with the 1-day course for bar staff.	All licensees to have completed the training.  Evaluation of training.	Ongoing training.  Review	Ongoing Training.  Review	Licensees and bar staff are fully trained in the responsibilities of being a licensee and increased understanding of alcohol related issues

Develop liaison with licencees to improve information sharing and extend the door staff registration scheme.	Ongoing	Improved communication and shared responsibility.		
Encourage bars and clubs to display information about safer drinking at the points of sale.	<p>Liaison with the Health Promotion Unit to ensure that accurate information is available and displayed.</p> <p>Liaison with the GLVA to ensure support from its members.</p>	<p>All bars and clubs displaying appropriate information.</p> <p>Review</p>	Ongoing Review	Raises awareness of established safe limits for drinking and reinforces messages about drink-driving and other alcohol-related issues.
Continue to liaise with public transport providers on the introduction of late night transport services	<p>Ongoing</p> <p>Monitor the benefits of such a service.</p>			Potentially reduces levels of drink driving.



## **7. PROMOTING SAFE AND SENSIBLE DRINKING**

### **7.1 Introduction**

The current membership of the Liquor Licensing Working Party is drawn from:-

- Home Department
- HSSD
- Parish Constables
- Guernsey Bar
- Her Majesty's Greffier
- Guernsey Police
- Guernsey Fire and Rescue Service
- Drug & Alcohol Strategy Group
- Guernsey Tourism and Hospitality Group
- Guernsey Licensed Victuallers Association

### **7.2 Licensees**

The Liquor Licensing Working Party has an important role to play in monitoring the approval of responsible licensees, and, where necessary, making recommendations for legislation and issuing guidance notes which will support the licensing laws and the strategy, and so assist in the reduction of anti-social alcohol-related behaviour. A further role for this working group would be to monitor the impact of licensing hours on drinking patterns – this can be enforced through licensing conditions.

- 7.2.1 Licensees will need to demonstrate how they would address issues such as the provision of facilities for under 18's, proof of age, the provision and use of shatterproof vessels, bottle bans, CCTV and responsible drinks promotions. They also need to ensure that trained, named individuals are on the premises at all times.
- 7.2.2 The Liquor Licensing Working Party and the Alcohol Strategy continue to work closely together and a number of initiatives and recommendations have been made which are described in the following sections

### **7.3 Training for Bar Staff and Licensees**

An area of development since the approval of the Alcohol Strategy is the 1-day course for all licensees and bar staff. This course was compiled by the College

of Further Education, in conjunction with the GLVA, Police, Fire Service, Liquor Licensing Sub-Group and the Drug & Alcohol Strategy and has been piloted with members of the GLVA. The aim is for all relevant staff to have completed and passed the course by June 2007.

#### **7.4 Bar/Door Staff**

Increasing staff understanding about alcohol-related issues has shown to be of benefit in other areas.

- 7.4.1 Further benefit would be gained by members of the GLVA, sharing their experiences and skills at their monthly meetings, and relaying this information to bar staff.
- 7.4.2 The door staff registration scheme should be extended to include staff in pubs as well as clubs.

#### **7.5 Sales and Promotions**

High prices for low alcohol and soft drinks (on licensed premises) were a recurrent area of concern during the consultation process. A reduction in the price of these drinks could contribute to the social attraction of alcohol-free choices, as well as reducing overall alcohol consumption.

- 7.5.1 Discounts such as “happy hours” and cheap drinks promotions were also highlighted as encouraging fast, heavy drinking. Licensees should focus on improving service standards to increase custom rather than cutting prices.

#### **7.6 Initiatives**

All licensees should be encouraged to promote their commitment to the Guernsey Pubwatch scheme, taking advantage of the communication network between all licensees (a ‘round robin’ system) and police (increased visits to licensed premises), and to be involved in decisions concerning banning orders (and their cessation) against individuals who regularly create disorder.

- 7.6.1 There should be further investigation with the possibility of utilising the “Prove It!” voluntary identification scheme for adults aged 18-25, introduced by the Portman Group in 1990 – or a similar initiative, and active promotion and rigorous enforcement by licensees should be encouraged.

#### **7.7 Late night public transport**

The Bailiwick Alcohol Strategy consultation revealed widespread agreement that an improvement in late night public transport (both buses and taxis) could reduce the incidence of drink-driving (as well as improve community safety).

7.7.1 Further research needs to be undertaken to investigate the viability of developing late night transport initiatives. Early consultations have shown some support for such measures.

7.7.2 The Social Policy Steering Group believes that any late night transport initiatives should provide a safe means of transport. Whilst it should not be seen to be a means of encouraging people to get overly intoxicated and then using subsidised transport home, it is agreed that further research should take place.

## **7.8 Health Promotion Unit**

The Health Promotion Unit is a valuable resource for providing a wealth of information to both the general public and other professionals on a wide range of health related information – including safe and sensible drinking.

7.8.1 It is proposed to work closely with the Health Promotion Unit in delivering messages and campaigns about safe and sensible drinking to the Licensed Trade and the general public.

## **7.9 Recommendations:**

- **It is recommended to encourage licencees to share experience and practice and to extend the door staff registration scheme.**
- **It is recommended to encourage bars and clubs to display information about safer drinking at the points of sale.**
- **It is recommended to encourage licensees to focus on improving service standards to increase custom rather than cutting prices and promoting “happy hours”.**
- **It is recommended to continue investigating the possibility of introducing a voluntary identification scheme for people aged 18-25, as introduced by the Portman Group in 1990, or a similar initiative.**
- **It is recommended to continue to liaise with public transport providers on the introduction of late night transport services.**

## **7.10 Costs for Promoting Safe and Sensible Drinking Pillar**

	2007	2008	2009	2010	2011
Support for Licensed Trade Initiatives e.g. proof of age scheme	5,000	5,000	5,000	5,000	5,000

<b>PILLAR 6: CO-ORDINATION AND MONITORNG</b>	
<b>KEY AIMS</b>	
<ul style="list-style-type: none"> <li>• To ensure a joined-up approach in delivery of initiatives.</li> <li>• To forge and strengthen links with other social policy areas.</li> <li>• To provide information about local trends.</li> <li>• To provide a monitoring framework to ensure quality and value for money.</li> </ul>	
<b>OUTCOME MEASURES</b>	
<ul style="list-style-type: none"> <li>• Number of database returns</li> <li>• Number of agencies complying with database returns</li> <li>• Development of outcome monitoring framework</li> <li>• Number of staff attending training courses</li> <li>• Service Level Agreements in place with all agencies receiving strategy funding</li> </ul>	
<b>PRINCIPAL AGENCIES INVOLVED</b>	
<ul style="list-style-type: none"> <li>• Home Department</li> <li>• HSSD:</li> <li>• Education:</li> <li>• Drug Concern</li> <li>• NCH</li> <li>• Dee Caf</li> <li>• GADAC</li> </ul>	

ACTION	BENCHMARKS			BENEFIT
	18 months	3 years	5 years	
Continue to develop and collect information-gathering initiatives, including the Drug and Alcohol Misuse Database.	<p>All relevant agencies reporting to the Drug and Alcohol Misuse Database.</p> <p>Develop and expand the database.</p> <p>Produce a comprehensive set of baseline statistics to inform on the prevalence of drug and alcohol use/problems in the Bailiwick.</p>	<p>Statistics released annually.</p> <p>Review</p>	Review	<p>Gathers statistical information to inform about the progress of the strategy and gives statistics about the levels and prevalence of drug use, which can be used to inform decisions on resource allocation.</p> <p>No longer reliant on anecdotal evidence.</p>
Develop links with other Social Policy Areas – including the Corporate Anti-Poverty Programme to ensure that cross-fertilisation of ideas and initiatives ensues and to avoid duplication of work.	<p>Set up Key Stakeholder Groups in the same format as the Drug &amp; Alcohol Strategy Action Group.</p> <p>Agree targets</p>	<p>Development of multi-agency working across all relevant social policy areas.</p> <p>Review</p>	Review	<p>Creates a holistic view which acknowledges the connections between various social policy issues.</p> <p>A co-ordinator would enable agencies to work together and become more skilled at recognising the</p>

Develop the post of Drug and Alcohol Strategy Co-ordinator to include other Social Policy issues.	Ongoing			links and causal factors of various social problems, and thus address the issues as a whole – resulting in improved outcomes for both the individual and the community.
Develop the post of Drug and Alcohol Strategy Commissioning Officer to monitor outcomes, develop practice and ensure delivery of strategy objectives, and to include other Social Policy issues.	Ongoing			
Develop an outcome-monitoring framework for services working through Service Level Agreements to ensure that a quality and value for money service is being delivered.	Frameworks developed in consultation with services.  Service Level Agreements in place with all agencies funded via the Strategy.	Review and develop outcome monitoring.	Review	Ensures that all services purchased through Service Level Agreement are delivered to an agreed and measurable standard and are cost-effective.

Continue to provide relevant training for staff involved in work with substance misusers.	Ongoing	Ensuring that those working with substance misusers have the necessary skills and training to address the needs of the client group.
Continue with the Drug and Alcohol Strategy Action Group to monitor developments, identify good practice and highlight changing needs	Ongoing	Keeps all the agencies involved updated and abreast of development locally and beyond. Provides information sharing, trends and developments.
Retain the Bailiwick Drug and Alcohol Strategy Group	Ongoing	Provides strategic direction at Chief Officer and Service Chief level.
Continue to report to the Social Policy Steering Group.	Ongoing	Provides the political framework for the strategy.

## **8. COORDINATION AND MONITORING**

### **8.1 Introduction**

The purpose of having a States Strategy is two fold, as there are a number of different Departments that need to coordinate their services and individual Departments' priorities may lead to a disjointed service in areas such as alcohol and drugs; consequently, resources, including staff time, are not always available from within the Department. Therefore, there is a requirement for central funding and coordination to drive the strategy forward.

- 8.1.1 The success of this is demonstrated by the Drug Strategy and it is equally necessary for other States social policy strategies, such as the various strands of CAPP (Corporate Anti Poverty Programme), to be appropriately coordinated.

### **8.2 Role of the Social Policy Coordinator**

The role of the co-ordinator is seen as pivotal in ensuring that drug and alcohol issues have priority and in the development of agencies working towards a common goal. It was noticeable that progress in the implementation of the drug strategy speeded up considerably once a coordinator was appointed. There is also the benefit that, through the Co-ordinator's links with the Bailiwick Drug & Alcohol Strategy Group and the Social Policy Steering Group, everyone's views are being considered at all levels

- 8.2.1 The Commissioning Officer will continue to develop the work of the Action Group and support agencies in strategy delivery as well as undertaking various responsibilities within the drug and alcohol strategy and supporting the Coordinator in social policy co-ordination

### **8.3 Structures and Reporting Mechanism**

The Co-ordinator will have line management responsibility for the Commissioning Officer and the Domestic Abuse Co-ordinator. The Co-ordinator will, in turn report to the Head of the Social Policy Unit. It is envisioned that the Co-ordinator will sit on the various social policy related groups to update and report on activities in other groups. The work of these groups will be reported to the Social Policy Steering Group by the Co-ordinator, but with input from Chief Officers or Service Heads where required. The Co-ordinator would also be expected to set up Action Groups within various social policy areas to enable exchange of ideas, updates on progress and new developments.

#### **8.3.1 Bailiwick Drug and Alcohol Strategy Group**

At present this group is made up of the following, who report to the Social Policy Steering Group:



Chief Officers from

- Home
- Health
- Education

Service Heads from

- Police
- Customs & Immigration
- Probation
- Prison
- Children's Services

### 8.3.2 Action Groups

The present Drug & Alcohol Strategy Action Group is made up of the following members, both Government and Non- Government organisations, who report back to their individual organisations

- Drug & Alcohol Strategy Co-ordinator
- Drug & Alcohol Strategy Commissioning Officer
- HSSD:
  - School Nurses
  - Community Drug & Alcohol Team
  - Youth Justice
  - Child & Adolescent Mental Health
  - Consultant Psychiatrist
  - Family Centres Manager
- Guernsey Police
- Customs Service
- Prison Service
- Probation
- Education:
  - Youth Service
  - Personal, Social & Health Education Co-ordinator
- Drug Concern

- GADAC
- NCH
- Dee Caf

#### **8.4 Monitoring**

It is no longer possible or desirable that public money is given to services without a clear requirement and agreement of what is required. Service Level Agreements have been in place throughout the Drug Strategy and are being introduced in the Alcohol Strategy, which clearly define the requirements of the service purchased and the funding to be provided. Adding measurable outcomes to these agreements would further ensure sensible use of public funds. This can be a difficult culture change for some agencies that have previously enjoyed more freedom to use funding as they saw fit, and also for agencies to accept that financial cuts within the public sector are also reflected in States grants to the private sector.

#### **8.5 Data Collection**

- Annual drug and alcohol related deaths to continue to be recorded.
- Potential years of life lost from substance related disease to continue to be calculated.
- GADAC to provide comprehensive data, including reporting to the existing drug misuse database (which will be amended to include alcohol).
- Drug Concern to continue with current data provision.
- Health & Social Services Dept. to continue to collect data on inpatients, outpatients and day patients.
- Off-Island placements to be recorded and a measure of success to be established.
- Primary care workers (G.P's and in a hospital setting) to be encouraged to undertake consistent screening procedures and record the resultant data.

##### **8.5.1 Criminal Justice Data**

- Police to continue recording incidents (as in the statistical digest) and to improve recording of crimes where alcohol and/or drugs is a contributory factor.
- Police to continue recording all alcohol related convictions including drink-driving.

- Police to increase visits to licensed premises and to continue recording of visits.
- Probation Service to record data on arrests, convictions and substance misuse education of supervised clients.
- Prison to collect data on prisoners with substance misuse problems (e.g. demographic information, education, treatment, referrals).
- Youth Justice Team to continue collecting data on juvenile offences involving alcohol and/or drugs.

#### 8.5.2 Workplace Data

- Monitor the number of employers with alcohol policies
- The Social Security Department to continue to record days paid in Invalidity Benefit and Sickness Benefit, and to continue recordings of Benefits received where alcohol and/or drugs is known to be a contributory factor.

#### 8.5.3 Population Data

- Continue regular surveys measuring awareness of sensible drinking guidelines and campaigns.
- Continue use of existing surveys that measure self-reported patterns of alcohol consumption and drug use.
- Guernsey Customs and Immigration Service to continue to produce data on the importation of alcohol products for home use.

### 8.6 **Database**

- All the resultant data from these information sources needs to be collated into a substance misuse database. The Coordinator will be responsible for updating and monitoring the database, which will enable comparisons of data within and between data sources. This can be used for monitoring the progress of the strategy in annual reports.

For further information on the Drug Misuse Data Base (Source: Drug & Alcohol Strategy), please see **Appendix 12**

### 8.7 **Evidence-base**

Agencies also need to understand the necessity of recording statistical information for the Drug and Alcohol Misuse Database. This database can and must provide a useful research tool and can give a clear profile of problematic substance use – but only if agencies contribute. Some frustration has been experienced on the part of the Drug and Alcohol Strategy Group at the seeming

reluctance on the part of some agencies and Departments to complete and return database forms; and it is intended that, over the duration of this strategy, all relevant organisations coming into contact with service users with problematic drug and/or alcohol must agree to complete and return the forms. A method of enforcing this would be to issue an instruction to all appropriate staff in States Departments and include it in any Service Level Agreements made with voluntary or charitable organisations. If the forms are not returned, then we are left with an inaccurate or incomplete picture of the situation. It should be stressed here that the information is Data Protection compliant and no personal identifying details are available to the Drug and Alcohol Strategy Staff.

## **8.8 Training**

Over the duration of the Drug and Alcohol Strategies, a large number of training courses have been held locally, enabling workers from a wide variety of agencies to improve their skills and practice and develop competence in new areas.

- 8.8.1 The high calibre of the training has been widely praised – offering an opportunity to participate in courses that are usually only available off-Island, thus allowing more people to take part and all agencies to benefit from the expertise.
- 8.8.2 Although it is planned to continue with a training programme for professionals, due to budgetary constraints, fewer courses will be available throughout this Strategy. It was strongly felt, however, that to cease running courses would be detrimental to both the agencies who attend and the service users who benefit from trained staff.

However, it is hoped that local trainers may be used wherever possible, to continue the high standard of training acknowledged by the agencies thus reducing the cost of travel and accommodation.

- 8.8.4 The effect of inadequate training would be an increase in social problems which would necessitate spending more on the services that have to deal with these issues, notably Home, Health and Social Services Department and Social Security Departments, than the training would have cost.

## **8.9 Recommendations:**

- **It is recommended to continue the post of Coordinator and develop the post to include social policy issues.**
- **It is recommended to continue the post of Drug and Alcohol Commissioning Officer, developing the post to include social policy issues.**

- It is recommended to continue to collect statistical information about the patterns and prevalence of both drug and alcohol problems locally, ensuring compliance by issuing instructions to all relevant States staff and including in Service Level Agreements the requirement of completing database forms.
- It is recommended to continue a training programme for professionals working with drug and alcohol users
- It is recommended to continue to develop information gathering initiatives.

#### **8.10 Costs for Co-ordination and Monitoring Pillar**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Salaries & pension etc	97,000	100,000	103,000	106,000	109,000
Research and monitoring	10,000	10,000	10,000	10,000	10,000
Training	16,000	16,000	16,000	16,000	16,000
<b>TOTAL</b>	<b>123,000</b>	<b>126,000</b>	<b>129,000</b>	<b>132,000</b>	<b>135,000</b>

## 9. SUMMARY OF PROPOSALS/RECOMMENDATIONS

Pillar	Proposal/Recommendation
<b>DEMAND REDUCTION</b>	Public awareness raising campaigns be undertaken about the risks of alcohol and drugs
	Continue to support the production of Massive magazine – two issues per year, for the next two years, during which time external funding from the private sector will be sought for the magazine to continue.
	Provide funding to continue and develop the Customs and Crimestoppers phone lines
	Continue with the funding for the courier media campaign
	Continue with Drugs and Alcohol Awareness Week on an annual basis.
	Increase the numbers of employers with effective alcohol workplace policies.
<b>YOUNG PEOPLE AND FAMILIES</b>	Amalgamate the current young people's drug & alcohol related projects into a Multi Agency Service, providing a range of services including education, street work, support and advice for young people vulnerable to drug and alcohol misuse.
	Contribute towards the cost of a Domestic Abuse Coordinator to be met through the Drug & Alcohol Strategy to ensure that these issues are addressed.

Pillar	Proposal/Recommendation
<b>TREATMENT</b>	Continue to provide funding to support the CDAT – the funding to cover the cost of an administration worker and nursing support to assist the Nurse Specialists.
	Continue the Service Level Agreement with Drug Concern to provide Core Services (defined as advice, information, counselling, support and syringe exchange) to drug users, families/carers and professionals.
	Enter into a Service Level Agreement with GADAC to provide Core Services (defined as advice, information, counselling and support) to problem alcohol users, family/carers and professionals.
	Develop addiction services for young people, to include those with multiple needs (e.g. dual diagnosis of drug/alcohol dependence and mental health problems). Research to commence in 2008, (funding to become available once Massive magazine is funded externally).
	Continue developing consistent screening procedures and minimal interventions in the primary care and hospital setting and to continue to provide training to primary care and hospital workers to enable them to use screening tools and provide minimal interventions for both drugs and alcohol.
	The Community Drug & Alcohol Team carries out further research during 2007 to ascertain the cost-effectiveness and social benefits of developing a local residential rehabilitation facility.
	HSSD will aim to implement changes in service provision for recidivist drinkers to reflect models of best practice to meet the needs of the local population.

Pillar	Proposal/Recommendation
<b>CRIMINAL JUSTICE, LAW ENFORCEMENT AND SUPPLY REDUCTION</b>	Retain and develop the existing Criminal Justice Drugs Service and include services for alcohol offenders (renamed Criminal Justice Drug & Alcohol Service - CJDAS).
	Retain the Prison Substance Misuse Work to enable this project to develop.
	Support the Liquor Licensing Working Party to monitor the progress of the Liquor Licensing legislation, and to ensure the Drug & Alcohol Strategy Group will be advised accordingly.
	Initiate legislation that enables the Courts to impose Drink-Drive Education Orders on anyone who is banned from driving following a prosecution for drink driving.
	Endorse the development of a High Risk Offenders scheme by the Environment Department
	Support and encourage police roadside breath testing initiatives.
	Support alcohol consumption free zones and legislation for police powers to confiscate alcohol following a caution.
	Continue to support the Customs Service, Island Police and the Law Officers of the Crown to continue to pursue the confiscation strategy and remove all proceeds identified in relation to drug trafficking; whilst seeking to develop legislation in both civil and criminal confiscation.



Pillar	Proposal/Recommendation
<b>PROMOTING SAFE AND SENSIBLE DRINKING</b>	Encourage licencees to share experience and practice and to extend the door staff registration scheme.
	Encourage bars and clubs to display information about safer drinking at the points of sale.
	Encourage licensees to focus on improving service standards to increase custom rather than cutting prices and promoting “happy hours”.
	Continue investigating the possibility of introducing a voluntary identification scheme for people aged 18-25, as introduced by the Portman Group in 1990, or a similar initiative.
	Continue to liaise with public transport providers on the introduction of late night transport services.
<b>COORDINATION AND MONITORING</b>	Continue the post of Coordinator and develop the post to include social policy issues.
	Continue the post of Drug and Alcohol Commissioning Officer, developing the post to include social policy issues.
	Continue to collect statistical information about the patterns and prevalence of both drug and alcohol problems locally, ensuring compliance by issuing instructions to all relevant States staff and including in Service Level Agreements the requirement of completing database forms.
	Continue a training programme for professionals working with drug and alcohol users
	Continue to develop information gathering initiatives.

# 10. BUDGETARY REQUIREMENTS

Pillar	Initiative	2007	2008	2009	2010	2011
<b>Demand Reduction</b>	Public Awareness Raising Campaigns	15,000	12,000	9,000	6,000	3,000
	Massive Magazine	20,000	20,000	Nil	Nil	Nil
	Support for freephone initiatives	5,000	5,000	5,000	5,000	5,000
	UK courier media release initiative	10,000	10,000	10,000	10,000	10,000
	Drugs Awareness Week	2,000	2,000	2,000	2,000	2,000
<b>Young People and Families</b>	Multi Agency Service for Young People	185,000	185,000	185,000	185,000	185,000
	Support for Domestic Violence initiatives	10,000	10,000	10,000	10,000	10,000
<b>Treatment</b>	CDAT	52,000	52,000	52,000	52,000	52,000
	Drugs Core Funding	58,000	58,000	58,000	58,000	58,000
	Alcohol Core Funding	58,000	58,000	58,000	58,000	58,000
	YP treatment service	nil	15,000	35,000	35,000	35,000
<b>Criminal Justice and Law Enforcement &amp; Supply Reduction</b>	CJDAS	66,000	66,000	66,000	66,000	66,000
	Prison Substance Misuse Work	33,000	33,000	33,000	33,000	33,000
<b>Promoting safe and Sensible Drinking</b>	Support for Licensed Trade Initiatives e.g. proof of ages schemes	5,000	5,000	5,000	5,000	5,000

<b>Coordination</b>	Salaries inc pension etc Co-ordinator & Commissioning Officer	97,000	100,000	103,000	106,000	109,000
	Admin including research, conferences etc	10,000	10,000	10,000	10,000	10,000
	Training	16,000	16,000	16,000	16,000	16,000
<b>TOTALS</b>		<b>642,000</b>	<b>657,000</b>	<b>657,000</b>	<b>657,000</b>	<b>657,000</b>

**10.1 NOTE:** The funding for current and proposed strategies is as follows:

Current drug strategy (General Revenue)	<b>490,000</b>
Current alcohol strategy (Liquor Licensing Income)	153,000
 Total per year (ring-fenced held by Home Dept.)	 643,000
<b>Proposed funding for combined strategy:</b>	
Proposed costs (2007)	642,000
Less Liquor Licensing income	153,000
 <b>Funding required from General revenue (2007)</b>	 <b>489,000</b>
 Proposed funding for combined strategy 2008-11	 657,000 (per annum)
Less Liquor Licensing Income	173,000 (per annum)
 <b>Funding required from General revenue (2008-11)</b>	 <b>484,000 (per annum)</b>

The cost of delivering the Drug & Alcohol Strategy has been kept as low as possible, being held at 2006 levels with no built-in RPI increases for the next 3 years. This presents an estimated saving of £60,000 during that period. This could cause actual service reduction and adversely effect the stability of the voluntary organisations with whom there will be Service Level Agreements.

In view of this it is recommended that the Policy Council returns to the States at the end of 2009 (3 years into the Strategy) to report on –

- the progress of the Drug & Alcohol Strategy
- where appropriate, recommending ongoing funding for a further 5 years, and
- determining whether or not to provide RPI increases in some areas

## **11. RECOMMENDATIONS TO THE STATES**

- 1. To affirm the commitment of the States of Guernsey to tackling the issue of drug misuse and to the changing attitude towards alcohol by the continuing promotion of a cohesive, multi agency approach through the adoption of the six pillars contained in this report.**
- 2. To endorse the aims of the Bailiwick Drug & Alcohol Strategy which are to**
  - reduce the demands for drugs and alcohol;**
  - provide initiatives for young people and families;**
  - provide a range of treatment services appropriate for drug and alcohol users;**
  - reduce the supply of illegal drugs and support law enforcement initiatives in respect of drugs and alcohol;**
  - promote safe and sensible drinking;**
  - ensure meaningful coordination and monitoring;**
- 3. To approve the proposals and recommendations of the Bailiwick Drug and Alcohol Strategy, as set out in chapter 9 of this report.**
- 4. To delegate responsibility for the implementation of the Bailiwick Drug and Alcohol Strategy to the Policy Council's Social Policy Steering Group and the Bailiwick Drug and Alcohol Strategy Group**
- 5. To direct the Treasury and Resources Department to take account of the revenue costs associated with this Strategy, as indicated in Chapter 10 of this report, when recommending cash limits to the States for 2007 and future years.**
- 6. To direct the Treasury and Resources Department to take into account the aims and objectives of the Bailiwick Drug and Alcohol Strategy when making recommendations to the States on the rates of duty on alcohol.**
- 7. To direct the Policy Council to provide an interim report to the States in late 2009.**

**L C Morgan**  
**Chief Minister**

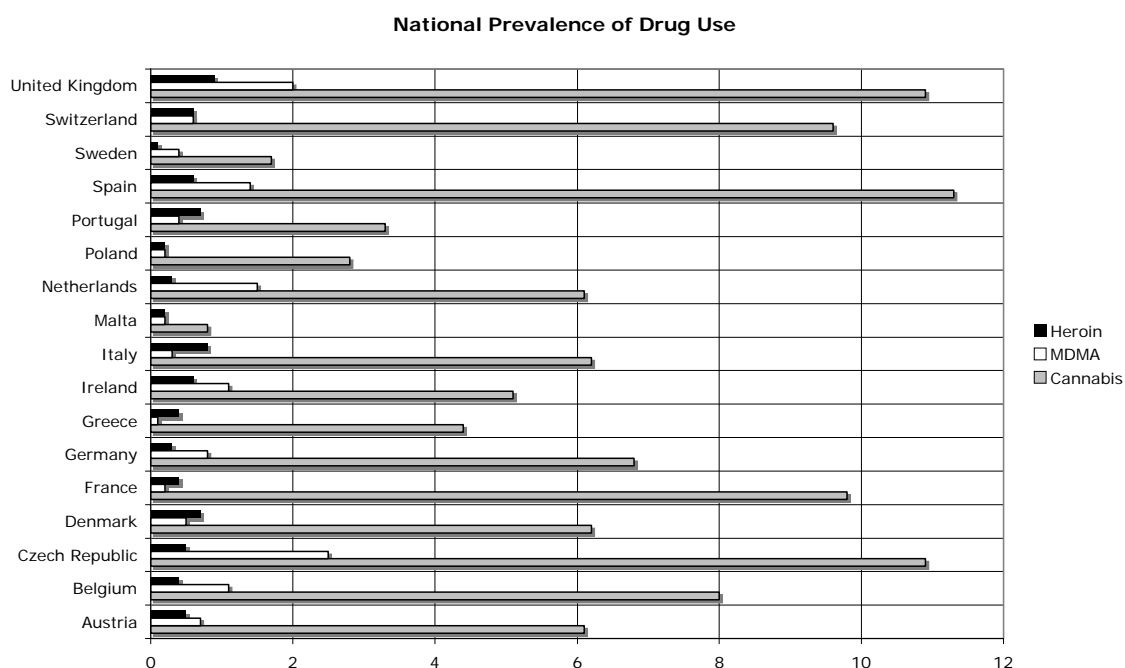
9<sup>th</sup> October 2006

## APPENDIX 1 : EUROPEAN STATISTICS

### National Prevalence of Drug use in Europe (source: EMCDDA<sup>15</sup>)

This chart is taken from information from the European Monitoring Centre for Drugs and Drug Addiction and shows the prevalence of three types of drug use in a variety of European Countries. Cannabis remains the most widely used drug. The UK, Spain and Czech Republic have the highest levels of use per 1000 people.

In devising strategies to tackle drug use, it is worthwhile examining the strategies and prevalence of use in other countries and developing responses that would work locally.



<sup>15</sup> European Monitoring Centre for Drugs and Drug Addiction

## **APPENDIX 2: Progress Review – Drug Strategy 2004 – 2006**

<b>DEMAND REDUCTION</b> Reduce the demand for, and the acceptability of drugs, whilst increasing knowledge and offering alternatives to drug use		
<b>OBJECTIVE</b>	<b>WHO?</b>	<b>PROGRESS</b>
1. Continue with out of school and targeted informal drugs education sessions with young people who are vulnerable to drug use	All youth focussed agencies	<p>Karabiner pilot completed, Second pilot for 16-18 year olds in partnership with Social Security, which focussed on employability as well as other social issues. Successful initiative. 3-4 courses will be running in 2006.</p> <p>The needs of the 13-15 age group still need to be addressed.</p> <p>HSSD family centres running groups for 8-10 years and 11-13 years; not drug specific, but those who are vulnerable to drug use.</p> <p>Informal sessions carried out at NCH with Drug Concern.</p> <p>Sessions at HSSD family centres from Drug Concern.</p> <p>Good collaborative working between States and non-States agencies.</p>
2. Extend funding for a full-time Detached Youth Worker	Chief Officers' Drug Strategy Group (strategic)  Guernsey Youth Service (delivery)	<p>Worker in post and developing the Karabiner project – also carrying out 1-1 sessions with young people experiencing drug problems and working collaboratively with Drug Concern, NCH and HSSD Children's services.</p> <p>Worker also undertaking a number of training courses.</p>
3. Continue with and extend the work of the Drugs Education Partnership in schools	Education Dept., Drug Concern, Customs Training Drug Strategy Co-ordinator	<p>Drug Concern continuing to develop this work. All local schools now covered, including St Anne's School in Alderney.</p> <p>Sessions extended to include younger pupils.</p> <p>Customs continuing with specialised input</p>

4. Provide resources to enable teachers to keep their drugs knowledge up to date	Chief Officers' Drug Strategy Group	Training for teachers and allocation of learning resources.
5. Hold information sessions for parents and carers	HSSD, Education Dept, Drugs Education Partnership,	Sessions at HSSD family centres. Sessions at some schools.
6. Annual Drugs Awareness Week	Drug Strategy Co-ordinator Commissioning Officer Action Group members	Multi agency attendance at most Island schools offering a range of interactive activities relating to drugs and alcohol. Range of general public awareness-raising initiatives, but focussed primarily on young people. Topic for Drugs Awareness Week agreed upon by the Action Group.
7. Produce up to date and locally relevant literature	Drug Strategy Co-ordinator	Redesign of posters and leaflets – positive feedback, but limited 'shelf-life'. Launch of Massive magazine – covering a range of young people's issues, distributed free at all schools – this was very well received by the young people.
8. Continue to develop the Drug Strategy Website	Drug Strategy Co-ordinator	Redeveloped and updated web site, which includes "Street Life" game. Although this was a good idea and young people enjoyed using it, there were technical problems. Poor usage of website and difficulties in keeping it updated – partly due to technical problems and partly due to time constraints. Discontinued.
9. Provide funding for group and individual work in the Prison	Chief Officers' Drug Strategy Group Drug Concern (delivery)	Ongoing work being developed – both with groups and individuals. Drug Concern developing group work and Drugs Education sessions.
10. Provide grants for targeted, proactive initiatives	Chief Officers' Drug Strategy Group Action Group (delivery)	Funding in this area has gone towards the Karabiner Project and the Youth Service to help develop outreach work and work with vulnerable young people.

<b>SUPPLY REDUCTION</b> Employ strategies that deter the importation of drugs and maintain rigorous enforcement procedures to target and apprehend those importers, suppliers and traffickers responsible		
<b>OBJECTIVE</b>	<b>WHO?</b>	<b>PROGRESS</b>
2.1. Law Enforcement to reduce the availability of controlled drugs, through targeting the main supply lines.	Customs Police	Drug traffickers convicted in the Royal Court Syndicates dismantled and/or disrupted Significant drug seizures made. See appendix 11
2.2. Law Enforcement to identify the proceeds of drug trafficking.	Customs Police Law Officers	Assets/cash confiscated by the Royal Court See appendix 11
2.3. Provide grants for one-off specific projects that deter drug supplying	Chief Officers' Drug Strategy Group, Customs, Police (Delivery)	Funding has been used for young people's initiatives.
2.4. Continue with the Customs Media Release Service	Customs Drug Strategy Co-ordinator Local PR Company	Ongoing initiative, which works in partnership between Customs and a local PR company. When UK drug traffickers are sentenced in Guernsey, a media release is sent to the local paper of the offenders, giving details of the offence – the idea being to deter future recruitment of traffickers.
2.5. Continue with the placement of posters at UK and French departure points	Customs Drug Strategy Co-ordinator	Ongoing. Posters are displayed at UK and French departure points for Guernsey, aiming to inform travellers of the inadvisability of bringing drugs to Guernsey.



<b>YOUNG PEOPLE &amp; FAMILIES</b>		
Work to prevent experimentation with drugs and to prevent experimental drug use from developing into problem drug use		
<b>OBJECTIVE</b>	<b>WHO?</b>	<b>PROGRESS</b>
3.1. Set up a peripatetic advice and information service for young people	NCH Youth Housing Drug Concern	Worker in post. Developing relationships with young people. Joint working with Drug Concern. Pilot Syringe Exchange delivered by Drug Concern at NCH commenced June 2005 and ended October 2005. This was due to the service not being accessed and was followed up with reports from young injecting drug users saying that they preferred the confidentiality of using the service at Drug Concern Worker developing multi-agency relationships and work in the schools around housing issues. Other professionals have commented on the value of this service and would like to see it developed.
3.2. Set up a text messaging helpline for young people	NCH Youth Housing Project	Service continues to be a valuable way of keeping in touch with hard-to-reach service users.
3.3. Develop work with drug using parents	Drug Concern HSSD Family Centres Social Work and Health Staff	Some work carried out by Drug Concern and at HSSD family centres – but needs more development

<b>TREATMENT</b> Ensuring that people with drug dependency problems have access to treatment services that are appropriate to their needs, in line with best practice and designed to enable reintegration back to society		
<b>OBJECTIVE</b>	<b>WHO?</b>	<b>PROGRESS</b>
4.1. Adopt a tiered system for drug treatment services	Chief Officers' Drug Strategy Group	In development. Delays mainly due to lack of relevant medical staff.
4.2. Set up a community based treatment service	HSSD, Probation Service, Prison service, Drug Concern, Other relevant agencies	CDAT established. Treatment sub-group developing protocols for information sharing. Pilot scheme for prescribing Subutex has proven to be successful and is in development. Partnership working now in place with Community Pharmacists for dispensing and monitoring consumption of medication.
4.3. Continue with the Criminal Justice Drugs Services Partnership between Drug Concern and the Probation Service	Probation Service, Drug Concern,	Successful partnership working. Currently working to full capacity. Some people returned to prison, for a variety of reasons – not all related to drug use. Arrest referral developing well, also the CJDS worker is present in Court for on the spot advice and referral Oral drug testing now “on the spot”. Very favourable and positive response from Probation Service and service users. Highly commended service that could act as a model for other partnerships.
4.4. Provide core funding to Drug Concern – previously administered by the Board of Health	Chief Officers' Drug Strategy Group	Drug Concern continues to deliver core services, monitored by the Commissioning Officer.
4.5. Develop community based drug user support groups including the Prison	Drug Concern	Narcotics Anonymous group meets at GADAC premises, with some contact with Drug Concern staff.

4.6. Ensure that drug users on release from prison are engaged, retained and supported	Drug Concern, Probation Service, Youth Services	Still needs development. This objective will be met more fully with the introduction of the Prison Substance Misuse Work in July 2006.
4.7 Ensure that GP's receive training to work effectively with drug using patients	Drug Strategy Co-ordinator UK providers	A small number of GP's have undertaken some training, and good relationships developing between the Substance Misuse Nurse and GP practices.
4.8 Ensure that all service users are involved in a process of consultation	All drug related agencies for adults and young people	Some agencies involved in consultation process Not developed as fully as intended More development required

<b>DATA COLLECTION, MONITORING AND TRAINING</b> Collect and disseminate statistical information about patterns, trends and prevalence of drug use locally; Ensure all drug-related services are delivered using a quality assurance approach and are relevant to the needs of the client group; Provide a rolling programme of training to ensure that local staff are trained to the highest standard and kept up to date with current practice and issues.		
<b>OBJECTIVE</b>	<b>WHO?</b>	<b>PROGRESS</b>
5.1. Continue developing the Drug Misuse Database	Drug Strategy Co-ordinator	Ongoing. Database is currently being redeveloped to include alcohol statistics. Persuading agencies to complete and return the forms remains a priority.
5.2. Continue to audit local drug services	Drug Strategy Co-ordinator, Off-Island Audit Services	Ongoing. South West Audit project now disbanded. The Commissioning Officer is continuing to monitor performance and Service Level Agreements. Need to develop outcome monitoring for the future.
5.3. Ensure all new and existing drug services adopt a Quality Assurance approach	Drug Strategy Co-ordinator Commissioning Officer	Commissioning Officer working on this, in consultation with local services
5.4. Continue to provide access to quality drug-related training for local staff	Drug Strategy Co-ordinator, off-Island providers	Ongoing A variety of training courses have been held locally in various disciplines related to drugs/substance misuse issues. This is highly valued by agencies.
5.5. Provide funding for local, non-statutory drug-related agencies to train staff in counselling to an approved professional standard	Chief Officers' Drug Strategy Group	Staff members from Drug Concern and Youth Service now fully trained and qualified.

5.6. Create a post for a Commissioning Officer	Chief Officers' Drug Strategy Group, Drug Strategy Co-ordinator,	Tasks include: developing relationships with service providers and service users; monitoring progress; chairing Young People's Action Group; overseeing drugs education; having responsibility for Drugs Awareness Week; developing and maintaining links with other agencies; research.
5.7 Provide strategic direction and information sharing between all agencies	Drug Strategy Co-ordinator, Drug Strategy Action Group	Ongoing. Action Group, Treatment and Young People sub-groups meet regularly.
5.8 Continue with the post of Drug Strategy Co-ordinator	CODSG, Social Policy Steering Group	Ongoing
5.9 Continue with the Chief Officers' Drug Strategy Group and Presidents' Drug Policy Group, developing these groups in line with changing needs		Ongoing The role of the President's Drug Policy Group has been taken over by the Social Policy Steering Group under the Machinery of Government changes

## **APPENDIX 3**

### **Local Statistical information** (Source: HSSD)

#### **Alcohol in Guernsey**

Guernsey's 'love affair' with alcohol dates back several hundred years. In the late seventeenth hundreds, the *entropôt* trade in wines and spirits contributed enormously to the growing wealth and prosperity of St Peter Port.

Similarly, the adverse effects of alcohol on health in Guernsey are not a new phenomenon and annual deaths from '*alcoholism, intemperance and liver cirrhosis*' of up to six per year (around **1%** of all deaths) are listed in Annual MoH Reports of one hundred and five years ago.

Between 1999 and 2003, there were **14** deaths (**6M, 8F**) certified by their doctors as due to either '*mental and behavioural disorders due to the use of alcohol*' (ICD10 Code F10) or '*alcoholic liver disease*' (ICD10 Code K70).

This gives a population rate of **4.7** per 100,000 population – a large fall from the previous quinquennium (1994-1998), when the level was **12.2** per 100,000 population. However, there was very wide '*year to year variability*', with **9** of these fourteen deaths occurring in the year 2000, **2** each in 1999 and 2003, **1** in 2001 and none at all certified as due to these causes in 2002.

95% confidence intervals (-1.6 to 7.2) are therefore very wide and include zero (in other words the true figure could be 'no deaths at all!'). To gain a truer picture of the impact of alcohol on health in Guernsey, it is necessary to turn to a range of other sources;

- The *Schools Health Related Behaviour Surveys* and the Adult '*Healthy Lifestyle*' Surveys
- Import figures calculated for excise duty collected by Guernsey *Customs and Immigration Service*
- Drink driving and other alcohol related offences collated by the Island Police
- Admission and bed occupancy data from the Princess Elizabeth and Castel Hospitals
- International comparative data.

These will now be considered in more detail.

#### • '*Health Related Behaviour*' Survey 2002

In the 2002 Health Related Behaviour Survey carried out in all Guernsey Secondary

Schools, - **73%** of all Year 8 boys and **87%** of Year 8 girls stated '*they had had no alcohol over the last seven days*'.

Amongst Year 10 Students, **59%** of boys and **57%** of girls also stated that '*they had had no alcohol over the last seven days*'.

Of those who drank, **8%** of Year 8 boys and girls, and **4%** of Year 10 boys and **4%** of Year 10 girls stated they had only drunk one unit. In contrast, **2%** of Year 8 boys and **1%** of Year 8 girls stated they had '*more than 14 units*' in the past week, with **9%** of Year 10 boys and **8%** of Year 10 girls also drinking at this level.

The most popular drinks amongst boys were *beer* or *lager* (**19%**), pre-mixed spirits (**18%**) and cider (**14%**).

Year 10 girls preferred pre-mixed spirits (**28%**), other spirits (**17%**) and wine (**15%**).

#### • **Fourth Guernsey 'Healthy Lifestyle' Survey**

In the adult survey conducted in 2003, people were asked about the frequency of their drinking, and the amount they consumed on each occasion.

The frequency of drinking and the number of units consumed in a drinking day were used to define five '*drinking styles*' - those who did not drink at all were classed as '*abstainers*', those who drank on fewer than three days per week were classified as '*light (infrequent)*' drinkers, those drinking on three or more days a week '*light (frequent)*' drinkers (representing 1-4 units daily), '*moderate*' drinkers 5-8 units daily, and '*heavy*' drinkers as 9 or more units daily.

The figures on the average amount of alcohol consumed were then coded as being within '*safe limits*', if it did not exceed 14 units for women or 21 units for men. It should be noted that the Health Education Authority revised their advice between 1993 and 1998, suggesting an upper limit of 21 units for women and 28 units for men was safe, providing there were two *alcohol free days* each week.

However, in order to compare trends over time, the '*old*' definition of '*safe and sensible*' drinking limits of 14 units for women and 21 units for men has been retained

Over time there has been a fall in men reporting drinking outside these limits from **53%** in 1988 to **47%** in 1993 to **26%** in 1998 but with an increase to **30%** in 2003. Amongst women, the figures have fallen from **24%** in 1988 to **20%** (1993), **13%** (1998), and a similar small increase to **16%** in 2003 (*figure 8.5*).

When the results are considered by age and sex, it will be seen that the highest levels of drinking outside '*safe and sensible*' limits are in young adults (18-24 year group) where **50%** of males (up from **31%** in 1998) now report they drink outside '*safe limits*' (21 units weekly), compared with **22%** of females (**29%** in 1998) drinking outside '*safe limits*' (14 units) (*figure 8.6*).

However, comparing self reported alcohol consumption with alcohol consumption calculated from Customs Excise collections shows that most people regularly underestimate their consumption in self reported surveys, often by as much as 50%, so true levels are almost certainly higher than those reported.

- **Changing patterns of alcohol consumption**

Like other commodities, alcohol consumption tends to increase when the economy is buoyant, or the price of alcohol is relatively low, and decrease in response to price increases, e.g. increased tax or during economic downturns.

Alcohol consumption in Guernsey can be estimated from total alcohol imported (as calculated by Excise levied), discounted by 9% to allow for visitor consumption (total number of visitor bed nights were 1,827,000 between 1999 and 2003).

On this basis, average alcohol consumption in Guernsey 1999-2003 was **10.3** litres *pure alcohol equivalent* (PAE), - a slight increase from the **9.9** litres PAE between 1994 and 1998 when total visitor bed nights were 1,958,000, and total imports were discounted by 10% to allow for visitor consumption.

This **4%** increase in local consumption is in line with the higher levels of self reported drinking, particularly amongst young adults.

Not only does the amount of alcohol consumed vary over time, but also the 'preferred drink' within the mix. There has been a large drop in spirit consumption from **35%** of total alcohol consumed in 1987 to **24%** in 1996 and **23%** in 2003, and a less marked fall from **35%** to **38%** to **34%** with beer and lager.

In contrast, wine consumption has increased from **26%** to **33%** to **38%**, with a small but steady increase in cider consumption from **4%** to **5%** to **6%**, (*figure 8.7*).

This phenomenon of '*harmonisation*' of drinking patterns is not confined to Guernsey. Previously high beer drinking cultures such as England and Australia now tend to drink much more wine, whilst previously high wine drinking countries such as France and Spain now choose to drink more beer.

There has been a general trend away from distilled spirits (particularly in the USA) with a convergence towards a national beverage mix of about **40%** wine, **35%** beer, and **15-20%** spirits and spirit mixes.

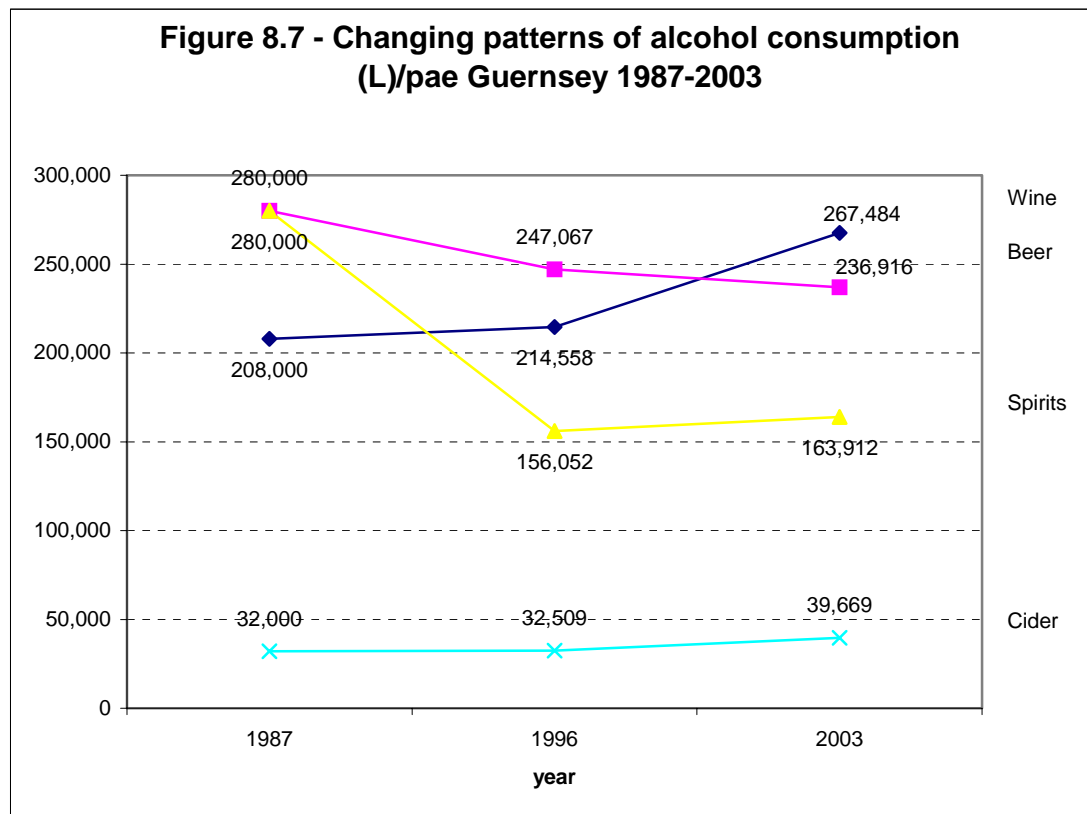
- **Alcohol and crime**

According to the Guernsey *Alcohol Strategy* States Report (*Billet d'Etat* VIII 2005), Guernsey Police statistics show that the total number of people brought into custody under arrest has increased from **1,643** in 2000 to **2,024** in 2003, of which **908** (55%) in 2000 were regarded as 'alcohol related' incidents (to the extent that the individual was

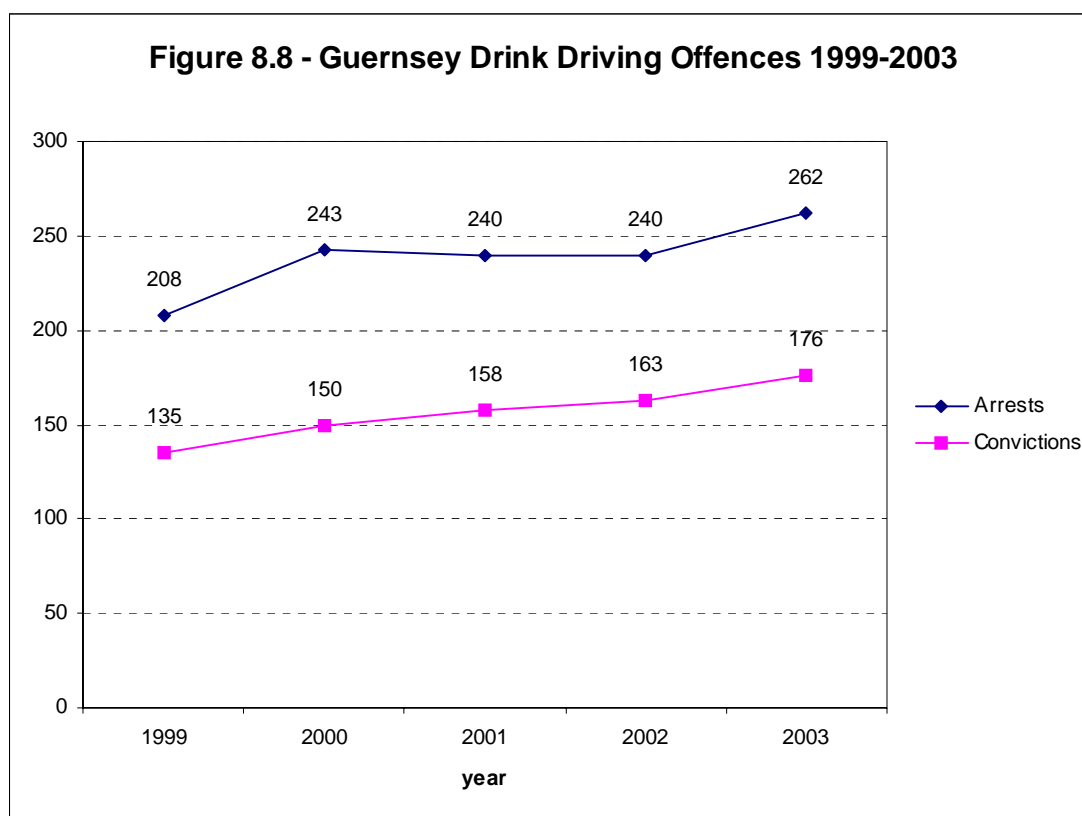


readily identified as being under the influence of alcohol), rising to **1,177** (58%) in 2003.

'*Occurrence book entries*' are an official record of all incidents attended by the Police. In 2000 there were **8,917**, *occurrence book entries*' of which **971** (12%) were recorded as being alcohol related. In 2003 total '*occurrence book entries*' were **10,119** of which **1,245** (12%) were also recorded as 'alcohol related'.



Source: Guernsey Customs & Immigration Service 2004



Source: Guernsey Police - Research and Development Unit 2004

However, hundreds more may have been involved alcohol, but not been recorded as such (for example – domestic or racial violence).

In 2000, there were also **77** ‘*drunk and disorderly*’ offences, **168** ‘*drunk in public places*’ offences, **15** ‘*found drunk on a property of another*’ offences, and **70** ‘*found lying drunk*’ offences. Unfortunately, details of the proportion of these that were repeat offences are not readily available, although it is well known that a small number of chronic ‘recidivist’ drinkers appear to pose a continuing and relatively intractable burden on the police, courts, prison and criminal justice system more generally.

Statistics from the *Youth Justice Team* (2001) also suggest that **16%** of over 1,050 juvenile offences between 1998 and 2001 were purely alcohol related. Of these, **37.4%** were ‘*drunk in a public place*’, **33.9%** ‘*possession of alcohol*’, **21.1%** were for ‘*consuming alcohol*’ and **7.6%** for ‘*purchasing alcohol*’. If other offences such as disorderly conduct, assault and criminal damage which are known to be precipitated by alcohol are added, at least **20%** of all juvenile crime would fall into this category.

Having remained steady for a number of years, there has been a recent upward trend in both arrests and convictions related to drink driving (*figure 8.8*). Of those convicted between 1999 and 2003, **232 (30%)** were aged 15-24 years, and a further **222 (28%)** were aged 25-34 years. **29** people re-offended on one or more occasions during this

time. These figures are in line with the small upward trend in total alcohol consumption, and particularly with the high levels of alcohol consumption reported by some young people (*figure 8.6*).

- **Some international comparisons**

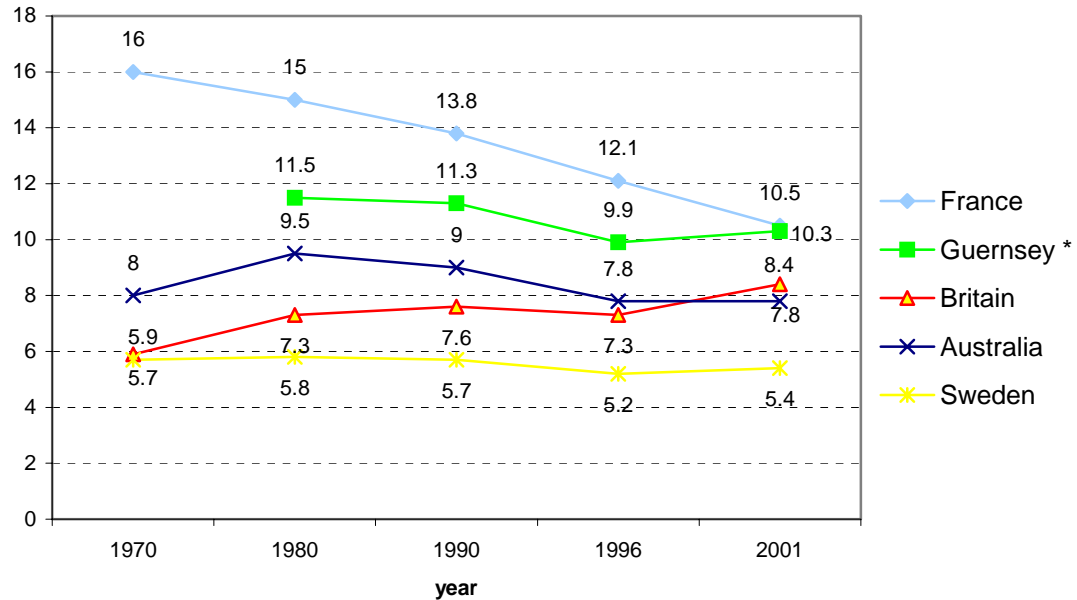
The trend towards a ‘*convergence*’ of drinking levels in Western countries is shown to be continuing (*figure 8.9*), with previously high level drinking cultures such as France showing a sustained reduction, whilst previously more moderate countries such as the UK have shown a similar increase.

There can be a 20-30 year ‘lag time’ between high levels of alcohol consumption, and death from alcohol related causes (*figure 8.10*).

The high levels of death from these causes in France undoubtedly relate to higher levels of consumption in that country in post-war years, whilst rising levels in the UK reflect not only total consumption, but the growing culture of ‘*binge drinking*’.

In his 2000 Annual Report, England’s Chief Medical Officer, Sir Liam Donaldson warned ‘*In 1970, England had a much lower death rate for liver cirrhosis than the European Union average. Over the thirty years since then, the death rate of other countries has fallen, the rate for England is now approaching the European average. Although we cannot be completely certain, by far the most convincing explanation for the increase in death rates from chronic liver disease and liver cirrhosis is higher levels of alcoholic consumption.*’

**Figure 8.9 - Trends in alcohol consumption (L)pae per capita  
selected countries and Guernsey 1970-2003**

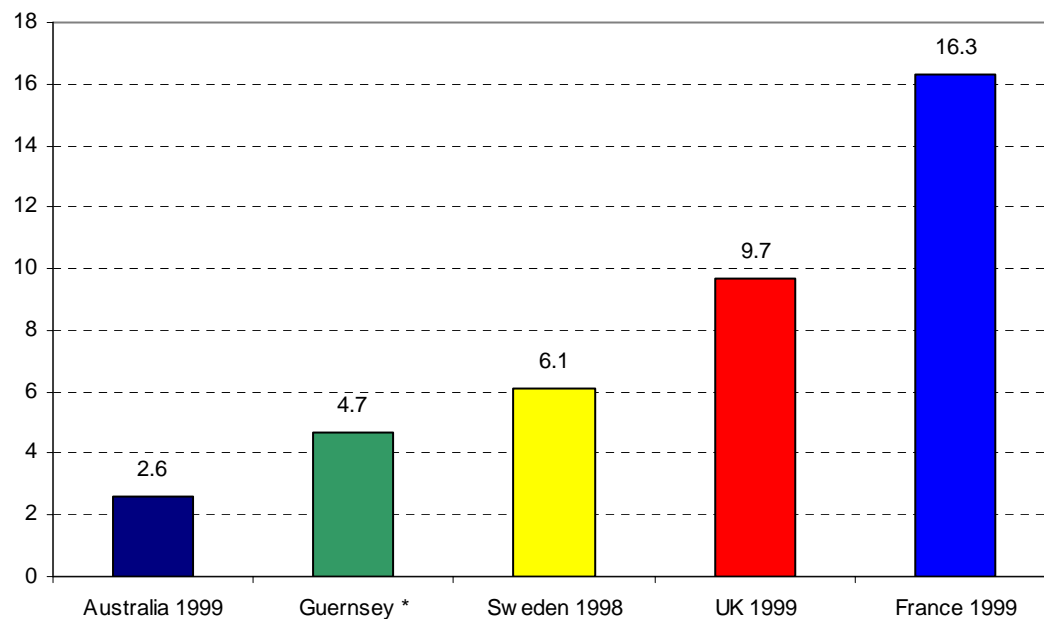


\* mean 1999-2003

Source: WHO 'Health for all' database 2004

Guernsey Customs and Immigration Service 2004

**Figure 8.10 - Alcohol related deaths  
selected countries and Guernsey 1998-2003**



*‘Statistics show that people’s drinking habits have changed over the last thirty years. There was a large increase in the total amount of alcohol consumed in the early 1970’s, the current increase in deaths from cirrhosis could in part be explained by longer term trends in consumption, but possibly also changing patterns of consumption.....For both young men and women, there is evidence of substantial numbers drinking heavily, and in a binge drinking pattern.’*

Figures quoted in the Report show there has been a five fold increase in death from chronic liver disease amongst men, and a four fold increase amongst women in England in the thirty years between 1970-2000. More alarmingly, **65%** of deaths in both sexes were under 55 years of age, with **24%** of male deaths and **27%** of female deaths being under 45 years.

The overall costs of alcohol related illness on the health system in Guernsey have already been mentioned. Friday and Saturday nights are consistently the busiest times at the Princess Elizabeth Hospital, Accident and Emergency Department, with some **60-65%** of attendances felt to be ‘alcohol related’.

In addition, alcohol related illness is the largest single cause of bed days in Guernsey men <75 years (*figure 2.10*) and second highest cause of bed days in Guernsey women <75 years (*figure 2.12*).

Although deaths from alcohol related disease have not been particularly high over the past five years in Guernsey, total costs to health, criminal justice, and social costs more generally are certainly much higher.

Guernsey must be perceived as a ‘wet culture’. At the time of the Fourth Guernsey ‘*Healthy Lifestyle*’ Survey in 2003, **94%** of adult Guernsey men and **92%** adult Guernsey women admitted drinking at least occasionally, with around **95%** of those who did stating they were ‘*happy with their alcohol consumption*’, although a number were drinking at levels which if continued, would be detrimental to their health.

### **Drugs - prescribed and illicit**

The famous Canadian born physician Sir William Osler (1849-1919) is said to have remarked; ‘*The desire to take medicine is perhaps the greatest feature which distinguishes man from the animals.*’

When the Kings Fund conducted an audit of local prescribing patterns in 1997, they found that Guernsey practitioners tended to prescribe higher quantities of ‘mood altering’ drugs such as anti-depressants, anxiolytics, and mild pain killers than their British counterparts. In some instances, prescription levels on a population basis were up to 50% higher.

There are obviously several possible explanations for such patterns of prescribing – there may be more perceived mild psycho-social difficulties in our community, there

may be higher patient expectation and demand, Guernsey doctors may use a different prescribing criteria than their British counterparts, or there may be outside pressures (e.g. constraints on prescribing budgets in the UK) which distort prescribing practices.

Because these differences were felt to be important, a *Prescribing Support Unit* was set up in 1999 as a joint venture between the (then) Guernsey Social Security Authority and the (then) Board of Health, to try and improve access to the most recent evidence on 'best practice' prescribing guidelines, and to encourage high quality prescribing at the most affordable cost for Guernsey.

However, more recent data shows a continuing upward trend in prescribing of psychotropic medication, with a **61%** increase in anti-depressant prescriptions between 1996 and 2004, and only a modest decrease in prescriptions for hypnotics and anxiolytics (*figure 6.2*).

These high prescription rates of psychoactive drugs do raise concerns, suggesting that some people may inappropriately be seeking a 'chemical solution' to a 'lifestyle problem'.

There is also the possibility that unused psychotropic medication may find their way 'onto the streets', where they have the potential for misuse.

#### **Guernsey & Alderney alcohol importation 1999 to 2005<sup>16</sup>**

	<b>WINES</b>		<b>SPIRITS</b>		<b>BEER</b>		<b>CIDER</b>	
	LT	£	LT	£	LT	£	LT	£
1999	1,924,205	1,806,872	377,698	1,692,967	5,539,831	1,646,348	675,911	216,256
2000	2,112,589	1,874,272	374,010	1,671,722	5,403,472	1,619,986	683,488	218,716
2001	2,163,520	1,860,960	372,604	1,654,372	5,451,724	1,658,918	707,556	226,054
2002	2,211,731	1,948,829	346,563	1,542,200	5,447,864	1,696,471	627,591	200,756
2003	2,229,032	2,004,333	390,267	1,738,028	5,922,898	1,846,596	661,144	211,568
2004	2,326,791	2,168,208	430,471	1,755,158	5,906,060	1,867,169	666,147	215,712
2005	2,387,677	2,380,031	429,941	1,842,942	5,933,866	1,985,226	711,592	240,690

The 2005 wines and spirits figures have been adjusted to take into account that since the last strategy document was produced, 'alcopops' are now charged under spirits rather than wines. Therefore the above figures are consistent with previous years for Strategy comparison purposes.

It should therefore be borne in mind that alcopops are better classified as spirits – but for these purposes they appear in the wines columns. From 2006 future statistics in this format will show alcopops in the spirits figures w.e.f. 2005.

The £s figures represent amounts of excise duty collected – not the value of the goods.

<sup>16</sup> Source: Guernsey Customs and Immigration Service

**Alcohol and Young Adults**

The Guernsey “Alcohol and Young Adults” Survey (1996) involved 300 18-25 year olds randomly selected in Guernsey pubs, clubs, sporting venues and other places where young adults are likely to meet. This research shows that alcohol plays a central role in the lives of many young Guernsey residents, and that many are indeed drinking at harmful levels:

72% of young women and 63% of young men stated they always or frequently went out expecting to get drunk.

53% of young women reported that they would normally expect to drink 10 or more units of alcohol when they went out, and 53% of young men reported that they would normally expect to drink 15 units or more when they went out.

82% of young women and 86% of young men stated that they would still choose their usual drink if prices increased by 20%.

16% of young women reported drinking over 30 units a week and 9.8% of young men reported drinking over 50 units a week (thus at harmful levels)

**APPENDIX 4: Local Prevalence of Drugs.** (Source: Customs & Immigration Service)

Supply and demand for controlled drugs in the Bailiwick of Guernsey is an ever changing and evolving market. One of the effects on this market is the success rate of seizures made by the law enforcement agencies. The demands of the Bailiwick's drug market are often met by an ad hoc and chaotic supply method; therefore, drug prices can fluctuate dependent upon many differing factors. There is no open market for the sale or purchase of controlled drugs, so the price often reflects the availability, quality and quantity of the drug purchased.

**Diamorphine, (Heroin)**

The drug heroin can be seen to have the most detrimental impact on a society. On the one hand, we have an increase in the health care risks involved in the use of this drug (Hepatitis, HIV, drug dependency) and on the other we have a dramatic rise in the secondary crime (theft, burglary, etc) perpetrated by the user desperate to fund his/her habit. This is an area in which the Customs Service promotes close working with the Police in a joint policy to control the damage caused by the drug. Approximately three years ago, the Customs Service decided to make heroin its top targeting priority.

The quantities of heroin being seized remain relatively small in comparison with other jurisdictions. This would suggest that there has been no significant growth in the use of the drug within the Bailiwick. Syndicates do continue to target this Bailiwick, primarily due to the street price of the drug when compared with the UK average and, when this occurs, the Customs Service ensures that its full attention is geared towards dismantling and/or disrupting syndicates such as these at the earliest opportunity.

In 2004, a substantial amount of heroin with a high purity was seized after a joint operation was carried out.

Strategic intelligence has identified that opiate users are heavily interwoven with abuse of pharmaceutical drugs, such as valium, diazepam, temazepam, dihydrocodeine and zimovane. Whenever there is a shortfall in the availability of heroin, a lot of the regular users turn to pharmaceuticals as a temporary replacement. Some users regularly abuse both forms of drugs.

There has also been a notable increase in the number of opiate users injecting; this is evidenced through needles being found more commonly during searches both at the ports and inland during search warrants. This is further supported by the increase reported by Drug Concern in relation to the needle exchange.

At present heroin has been given a local street price of between £200 and £300 per gram. However, due to the limited number of inland seizures and levels of purity, for comparison purposes with seizures on importation, it has proven difficult to readily identify how much 'cutting' actually occurs and identify a more accurate street price – which potentially could be much higher.



## **Cocaine**

In recent years, the Customs Service had only seized small quantities of the drug cocaine, indicating that there was a relatively small user base for the drug; however, in 2005 a large seizure was identified being imported from the continent together with a commercial amount of cannabis.

It would appear the Bailiwick has a select market for this drug type. Indications suggest that the demand for this drug is on the increase; therefore, Customs are expecting to detect more seizures on a commercial basis in the future.

### **Cocaine freebase (crack)**

Crack cocaine is a highly addictive drug that has been previously associated with heroin users. Importations of this drug on a commercial basis had only been previously encountered once before in April 2002; when a female courier was arrested attempting to import two ounces of heroin and two ounces of cocaine freebase. There have also been some very small quantities (personal use amounts) seized.

In 2005, two commercial amounts of this drug were detected. One shipment was being imported in a freight shipment and amounted to 440 grams. This was detected by the Customs and Police Services following a successful targeting operation. As there is no known local market for the drug, it is again believed that these drugs would have been flooded out to the local drug users in an attempt to get these individuals hooked on this highly addictive drug. The principals would have stood to make a substantial profit from this drug, whilst potentially causing havoc to a small community.

The other seizure involved two individuals who were caught importing both heroin and cocaine freebase internally. This would reflect the close connection between the two drug types, which has been publicised on the mainland; it would appear that the local 'heroin addicts' could quickly be converted from one drug type to another if regular shipments were to be smuggled in.

Crack cocaine addiction results in greater harm to a community, as this drug habit is often more expensive to support when compared with heroin. Strategic intelligence identifies that organised crime groups have recognised this and deliberately target the vulnerable in order to create new and larger demands for crack cocaine. Consequently, crack cocaine could currently pose the greatest threat to the Bailiwick.

## **LSD**

This drug is rarely seen in the Guernsey market and is believed to be chance importations that are available for a minimal period of time. No seizures of this drug have been made in recent years, which is commensurate with the very small supply of the drug.

**Ecstasy (predominantly MDMA)**

Recent seizures and intelligence suggests ecstasy is very popular locally, particularly with young adults in the pub and clubbing scene. The Customs Service has attempted to address this through targeting and over the past few years, has achieved notable success in seizures relating to the drug. The regularity of seizures of ecstasy has increased dramatically in the past five years. The amounts being imported have also significantly risen; with tablets by the thousand rather than, as previously experienced, by the hundred. Although there was a spike in the number of ecstasy tablets seized in the Island in 2003, due to in excess of 10,000 tablets being seized in one inland operation, there is a long term upward trend of ecstasy seizures.

**Cannabis (Herbal & Resin)**

It is generally accepted that cannabis is the most largely and widely abused drug in the Bailiwick of Guernsey. In the compilation of the annual statistics for the Customs Service, it can be repeatedly seen each year that the amount of cannabis seized equates to the largest share. This is the drug that is imported in the greatest quantities, the amounts of which are steadily rising. These large type seizures are predominantly linked to targeted operations that are undertaken by the Customs Service.

The smuggling of this drug is a constant consideration for the Customs Service and does not stop when the latest syndicate is caught and convicted. Due to the demand for this drug in the Island, and the amount of money that can be made from the large shipments, there are always new syndicates being raised to take the primacy in this field.

Over the past three years, there have been a significant number of people convicted in the Royal Court in relation to the importation of more than one drug type. More significantly, there were nine cases heard before the Royal Court, whereby the defendant(s) faced charges of importation (or possession with intent to supply) of cannabis and a Class A controlled drug. There were a further two cases whereby the defendant faced charges concerning cannabis and amphetamines. This reflects the difficulty in focusing predominantly on Class A. It would also suggest that the cannabis market is heavily interwoven with the supply chain for Class A drugs.

One very notable case in 2005 led to the seizure of 440 grams of cocaine freebase (crack) on importation. Searches conducted as part of the investigation led to the discovery of over 6 kilos of cannabis resin at the home address of one of the perpetrators. The Customs Service believes that the importation of the crack was an attempt to create a market for the drug and the potential outlet would have been initially aimed towards the cannabis users already being supplied by the syndicate.

**Amphetamine**

The drug amphetamine is not believed to be heavily abused in the Island, more likely there is a select market locally. This has been reflected with the majority of the

commercial seizures of this drug type being intercepted as part of a larger shipment, usually cannabis resin being the prevalent drug in the shipments.

In 2005, the Customs Service recorded a substantial seizure of amphetamine tablets of a type not seen before. It is believed that, as these drugs have not been seen before, there is no specific market for them and therefore it is likely that they would have been sold within the ecstasy market, possibly as ecstasy.

Previous methods of importation for this drug have been similar to those utilised for heroin, as being a powder drug, and due to the lack of market demand, it only requires small amounts to be imported at any one time.

## **APPENDIX 5: Drug Education statistics**

**Nine secondary schools have been included since September 2004.**

These are:-

Elizabeth College, Grammar School, College of Further Education, Ladies College, Blanchelande, La Mare de Carteret, Les Beaucamps, St Peter Port, Granville House and St Anne's in Alderney.

St. Sampsons have had sessions delivered to Year 9's and Year 11's and hope in 2006/2007 to have a full programme.

Year Groups	Sept 2004/July2005	September 2005/2006
Year 7	474	449
Year 8	758	505
Year 9	798	532
Year 10	372 (not including Customs)	515 (not including Customs)
Year 11	374	515
Year 12	267	206
Year 13	55	149
Total	3,098	2,891

### **Education & Training**

While much education time is spent in drug awareness lessons within the schools' Personal Social & Health Education timetable, work in a number of other areas of education has also been developed:-

- Guernsey Police: awareness sessions with new recruits;
- Social Services: the first session of drug awareness with employees;
- Ambulance service: training session (in conjunction with the Ambulance and Rescue training officer) to support paramedics who may attend an overdose call;
- Schools and colleges: hepatitis awareness lessons;
- Grammar School: assistance in achievement of Healthy Schools Certificate;
- Steps (a group working with pupils with behavioural problems): delivering drug education sessions;
- Teachers: briefing newly qualified teachers on drug awareness and the work of Drug Concern;
- Parents' evenings: continue to be delivered upon request.

## **Appendix 6: Drink-Driving Statistics** (source: Guernsey Police)

In 2005, there were a total of **207** arrests for Drink-Driving. This has showed a decrease of 11% in comparison to 2004 when there were **233** arrests.

The following table shows disposal percentage in each of the years' arrests.

	<b>2005</b>	<b>2004</b>
Arrested	<b>207</b>	<b>233</b>
Charged	85.99%	84.12%
Cautioned	0.48%	3.43%
NFA's	13.53%	12.45%

### **Day of Week and Time Period**

Both 2005 and 2004 show similarities on the days of the week that drivers were stopped and arrested for Drink Driving – these being, in the majority, Saturday and Sunday.

Again, both of the years show a similar consistency in the amount of arrests over the time period 2000 – 2004.

### **Gender and Age Groups**

As apparent through most of the months the percentage of males being arrested has always been significantly higher. The yearly split of arrest is 88% males arrested and 12% females, this being roughly the same split as 2004 where it was 87% males and 13% females arrested.

### **Intoxication Levels**

Intoxications levels are broken down into eighteen bands, as shown in the table below – these figures show are readings taken from the The Lion Intoxilyser 6000 held at the Police Station. Of those arrested and breathalysed at the station (in 2005), 20 persons (10%) were under the limit of 35 micrograms of alcohol in 100 millilitres, for 2004 there were 23 persons under the limit. 21 persons (10%) failed to give a sample of breath in 2005, in comparison to 26 persons in 2004.

A total of 53% of the readings for 2005 were registered between 40 and 90 micrograms of alcohol in 100 millilitres, where as in 2004, 59% were registered in the same bands.

<b>INTOXICATION LEVELS</b>						
	Failed	0-10	11-20.	21-30	31-35	36-39
2005	21	6	0	8	6	12
2004	26	3	2	7	11	5
	40-50	51-60	61-70	71-80	81-90	91-100
2005	22	24	27	22	15	16
2004	32	25	28	30	23	16
	101-110	111-120	121-130	131-140	141-150	151-200
2005	10	10	4	3	1	0
2004	10	5	5	0	3	2

**APPENDIX 7****COMPARATIVE EXCISE RATES** (Source: Guernsey Customs & Immigration Service)

DESCRIPTION OF GOODS	GUERNSEY/ ALDERNEY AS AT 25.11.05	SARK AS AT 01.01.06	COMPARATIVE JERSEY AS AT 01.01.06	COMPARITIVE UK AS AT 27.03.06 (NOT INC VAT)
Cigars & Cigarettes	£147.22 per kilo (Cigarettes £21.64 per 200)	£124.07 per kilo (Cigarettes £18.24 per 200)	Cigars £153.05 per kilo Cigarettes £191.40 per kilo (£28.14 per 200)	Cigars £153.07 per kilo Cigarettes £30.66 per 200
Manufactured Tobacco	£118.92 per kilo Handrolling Man Tob £137.10	£100.22 per kilo	Man Tob £148.13 per kilo Handrolling £162.68 per kilo	Man Tob £67.30 per kilo Handrolling £110.02 per kilo
Tobacco Leaf Unstemmed	£132.00 per kilo			
Tobacco Leaf Stemmed	£133.33 per kilo		Leaf £141.45 per kilo	
Motor Spirit -	6.8p per litre	3.0p per litre	Ultralow Sulphur Super Unleaded 39.58p per litre Unleaded & Diesel 38.02p per litre	Ultra Low Sulphur Petrol and ULS Diesel 47.1p per litre Unleaded Petrol 50.19p per litre
Beer			1.2% - 4.9% per ltr Sta. Rate 43.32p Small brew. 35.60p over 4.9%	At 5% ABV Small Brewery: 33.2p per litre Medium Brewery: 33.3p to 66.2p per litre Other Brewery: 66.3p per litre
Small Brewery	25p per litre	20p per litre	Sta. rate 65.17p Small brew. 54.87p	
Other Beer	39p per litre	32p per litre		
Spirits - Not exceeding 5.5% vol	29p per litre	24p per litre	£1.13 per litre @ 5.5%	£1.08 per litre
Exceeding 5.5% vol but not exceeding 25% vol	£4.16 per litre	£3.40 per litre	£5.16 per litre @ 25% (i.e. Campari) £3.51 per litre @ 17% (i.e. Baileys)	£4.89 per litre @ 25% (i.e. Campari) £3.33 per litre @ 17% (i.e. Baileys)
Exceeding 25% vol but not exceeding 50% vol	£5.53 per litre	£4.53 per litre	£8.25 per litre @ 40% vol	£7.83 per litre @ 40% vol
Exceeding 50% vol	In the extra proportion to 50% vol	In the extra proportion to 50% vol	(50% of above for produce from a small independent distiller)	
Cider	39p per litre	32p per litre	40.54p per litre Over 4.9% 60.98p per litre	25.6p per litre Sparkling £1.67 (5.5-8.5%)

DESCRIPTION OF GOODS	GUERNSEY/ ALDERNEY AS AT 25.11.05	SARK AS AT 01.01.06	COMPARATIVE JERSEY AS AT 01.01.06	COMPARITIVE UK AS AT 27.03.06 (NOT INC VAT)
a) light wines N/E 5.5% vol	29p per litre	24p per litre	Wine exceeding 1.2% but not exceeding 5.5% alc by vol 50.19p per litre	N/E 4% 53.06p per litre 4% - 5.5% 72.95p per litre
b) light wines exceeding 5.5% vol but N/E 15% vol (inc sparkling wines)	£1.18p per litre	96p per litre	131.75p per litre	N/E 15% vol £1.72 per litre. Sparkling £2.20 (over 8.5%)
c) other wines	£1.88 per litre	£1.54p per litre	161.45p per litre	15% - 22% vol £2.24 per litre



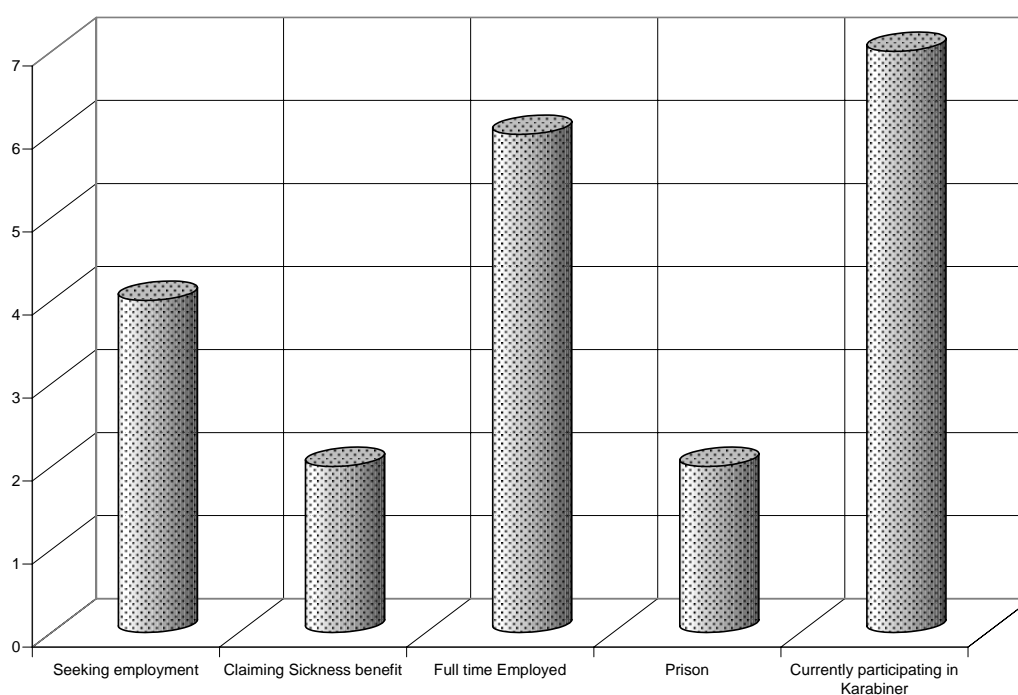
## **APPENDIX 8: Karabiner Project Information** (Source: Karabiner Project)

### **Karabiner statistics**

All figures are based on replies the 22 young people gave on their initial assessment/review forms.

<b>Drug Use</b>	Class A: 16 Mainly Ecstasy/LSD/ Magic Mushrooms	Class B: 19 Mainly Cannabis	Class C: 18 Mainly illegal use of prescription drugs	Solvents: 8
<b>Alcohol Use</b>	Social: 20	Daily: 12	Weekly: 18	
<b>Accommodation</b>	Independent: 9	With carers: 4	With parents/grandparents: 7	Other: 2
<b>School Exclusion</b>	Cat 1/2: 9 Temporary exclusion	Cat 3: 9 Permanent Exclusion	Finished School: 4	

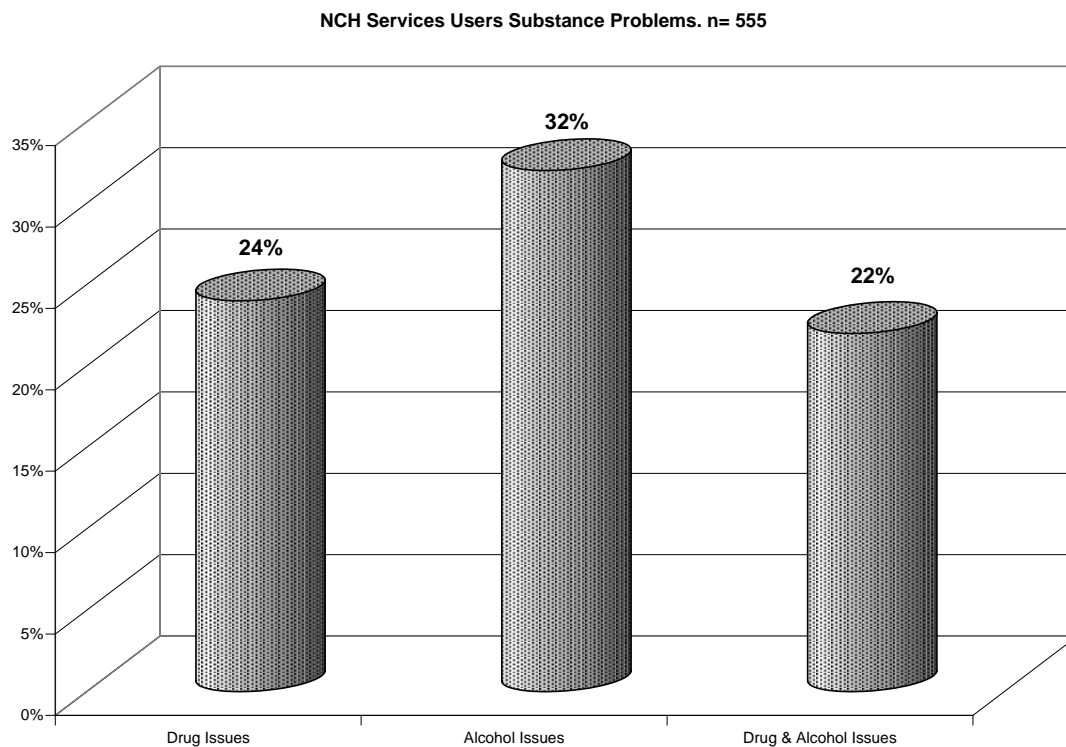
**Karabiner Participants**



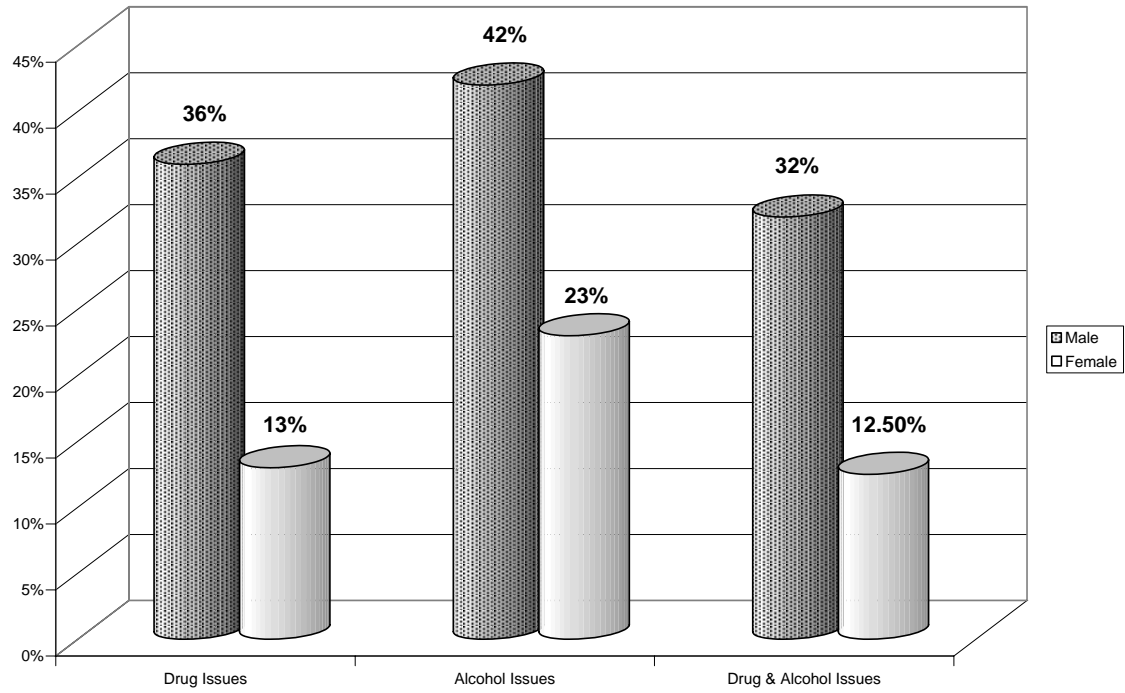
## **APPENDIX 9 NCH Statistics**

### **NCH Statistics In Relation To Drug/Alcohol Misuse & Service Users**

- NCH has seen a total of 555 people since 2001: split 50:50 male and female.
- A total of 24% of service users have drug related issues and 32% of service users have alcohol related issues. 22% have both drug and alcohol related issues.
- If viewed gender specifically; the figures are considerably higher amongst male service users with 36% with drug related issues and 42% with alcohol related issues. 32% have issues relating to both drugs and alcohol.
- For females - 13% drug related issues and 23% alcohol related issues. 12.5% have issues relating to both drugs and alcohol.



NCH: Substance problem by Gender. n- 555



**APPENDIX 10: Criminal Justice Drugs Service** (Source: Drug Concern)

<b>Numbers</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>Total clients referred</b>	25	14	22
<b>Not suitable/not granted parole</b>	13	5	7
<b>Case worked with CJDS</b>	12	9	15
<b>Breached – drug related</b>	5	4	1
<b>Breached – non drug related</b>	2	1	1
<b>Successfully completed within the year</b>	4	4	4
<b>Still currently on programme due to length of parole or order</b>	0	0	9

<b>Arrest Referral</b>	<b>2004</b>	<b>2005</b>
<b>Initial Referral by Police</b>	9	32
<b>Alcohol Issues – referred to GADAC</b>	2	7
<b>Drug Issues – referred to Drug Concern</b>	7	19
<b>Alcohol &amp; Drug Issues - referred to both if required</b>	0	5
<b>No drug or alcohol issues</b>	0	1
<b>Follow up casework with Drug Concern</b>	1	4

<b>Court Attendance (commenced June 2005)</b>	<b>June 2005</b>	<b>June 2006</b>
<b>Drug Related issues</b>	3	3
<b>Alcohol related issues</b>	3	4
<b>Contact to DC as a result of CJDW</b>	1	1
<b>Contact to GADAC as result of CJDW</b>	unknown	

## **APPENDIX 11: Seizures by Customs and Immigration Service**

**Overview of Customs Seizures and Results 2003-5** (Source: Customs and Immigration Service)

	<b>2003</b>		<b>2004</b>		<b>2005</b>	
	Forecast	Outcome	Forecast	Outcome	Forecast	Outcome
Value of controlled drugs detected	£500,000	£691,893	£500,000	£800,144	£700,000	£773,951
Number of persons convicted	40	58	40	43	40	42
No. of persons indicted before the Royal Court	15	32	15	25	20	23
No. of smuggling syndicates dismantled or disrupted	12	15	12	13	12	16

**Seizures 2003-5** (source: Customs)

<b>Drug Class</b>	<b>Drug Type</b>	<b>Number of seizures</b>	<b>Weight/units</b>	<b>Value</b>
<b>2003</b>				
<b>A</b>	Cocaine	5	26.54g	£2,388.60
	Diamorphine	9	246.80g	£67,870.00
	Ecstasy	17	20,669 tablets 6.25g	£413,380.00 £500.00
<b>Total</b>				<b>£484,138.60</b>
<b>B</b>	Cannabis Herbal	10	64.3g	£514.40
	Cannabis Resin	50	25,905g	£207,240
<b>Total</b>				<b>£207,754.40</b>
<b>2004</b>				
<b>A</b>	Cocaine	2	2.6g	£234.00
	Diamorphine	7	139.505g	£34,876.25
	Ecstasy	8	8119 tablets 1.02g	£121,785.00 £61.20
<b>Total</b>				<b>£156,956.45</b>

<b>B</b>	Cannabis Herbal	5	7.3g	£58.40
	Cannabis Resin	26	79,508g	£636,064.00
	Amphetamine	4	176.649g	£7,065.96
	Dihydrocodeine	1	4 tablets	N/A
<b>Total</b>				<b>£643,188.36</b>
<b>Drug Class</b>	<b>Drug Type</b>	<b>Number of seizures</b>	<b>Weight/units</b>	<b>Value</b>
<b>2005</b>				
<b>A</b>	Cocaine	5	108.802g	£9,792.18
	Crack	2	449.562g	£157,346.70
	Diamorphine	9	188.584g	£47,146.00
	Ecstasy	8	6226 tablets 5.758g	£93,390.00 £345.48
<b>Total</b>				<b>£308,020.36</b>
<b>B</b>	Cannabis Herbal	14	58.401gms	£467.21
	Cannabis Resin	43	54808.868gms	£438,470.94
	Amphetamine	3	2146 tablets 4.2gms	£26,825.00 £168.00
	Dihydrocodeine	1	26 tablets	N/A
<b>Total</b>				<b>£465,931.15</b>

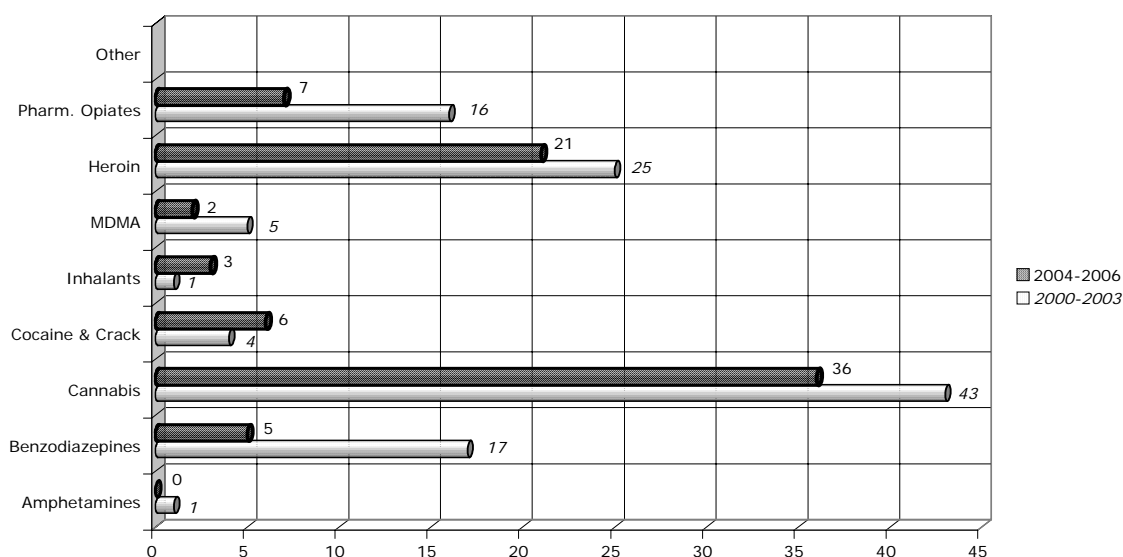
**Drug trafficking results 2003 – 2005**

<b>Year</b>	<b>Confiscation orders</b>	<b>Drug trafficking cash seizures</b>
<b>2003</b>	£92,378.96	£24,160
<b>2004</b>	£2,0041.80	£16,620
<b>2005</b>	£96,286.16	
<b>Totals</b>	<b>£208,706.92</b>	<b>£40,780</b>

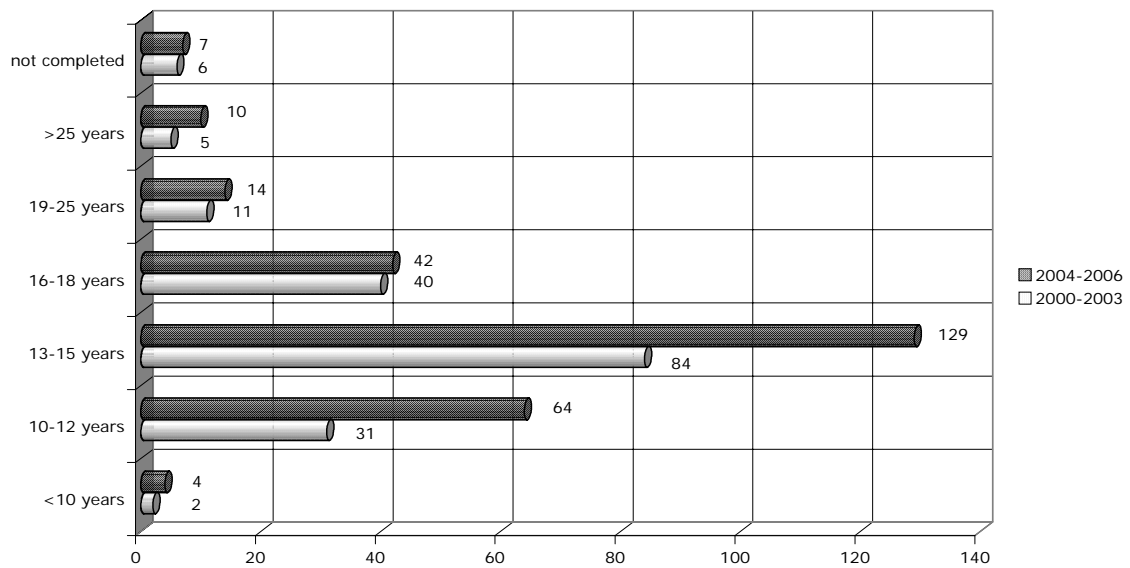
## **APPENDIX 12: Drug Misuse Database** (Source: Drug and Alcohol Strategy)

The Drug Misuse Database has been in place since 2000, and a range of statistical information has been gathered to illustrate the patterns of drug use in the Bailiwick. The following tables show results from 2000–2003 and 2004 – 2006 for comparison. In 2000-3, there were 179 individuals on the database and, in 2004-6, there were an additional 285. The table below shows the percentage share of drug use for each period, showing that, although there have been more people presenting for help to agencies, the prevalence of drug use has lowered overall – with the exception of cocaine/crack and inhalants (solvents and gases). Two major decreases have been in the illicit use of benzodiazepines (tranquillisers) and pharmaceutical opiates (strong painkillers often used in place of heroin). This is a positive result, as the misuse of these two substances gave much cause for concern in recent years.

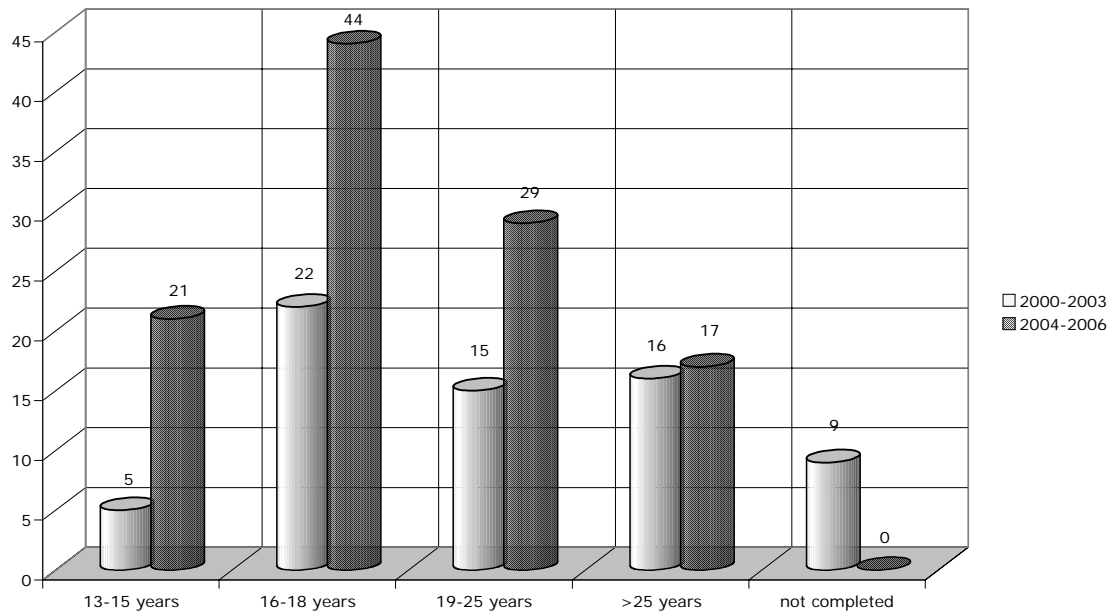
**Drug Use in Real Terms**



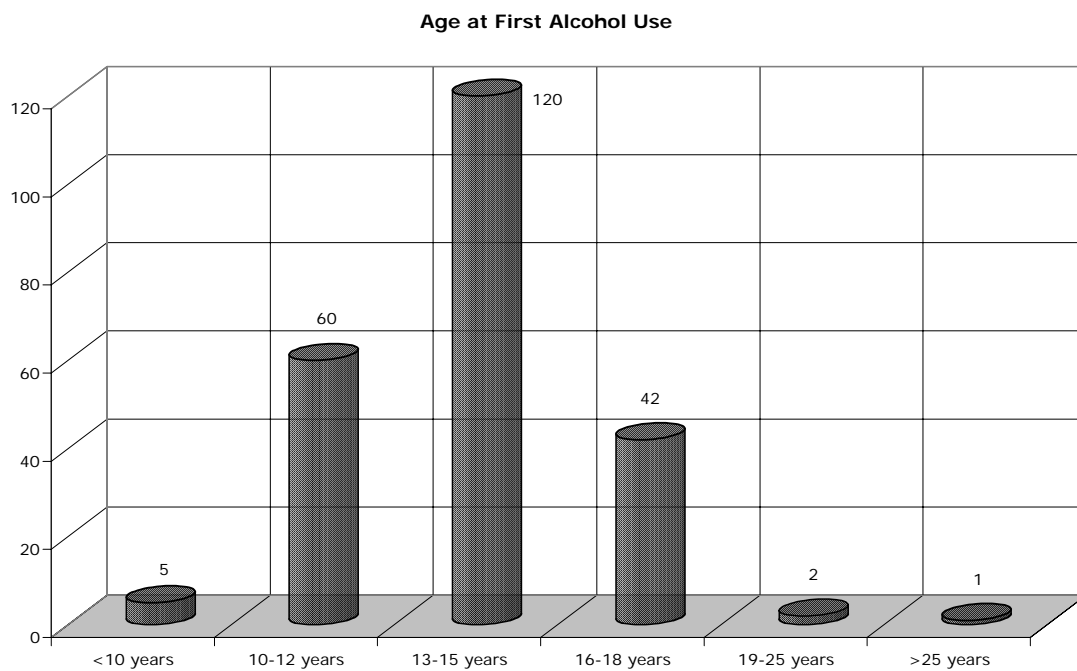
The following graph shows the age at which people report first using illegal drugs. The ages of 13-15 continue to be the key time for experimentation, and this age group remains the focus of preventative work.

**Age at First Drug Use**

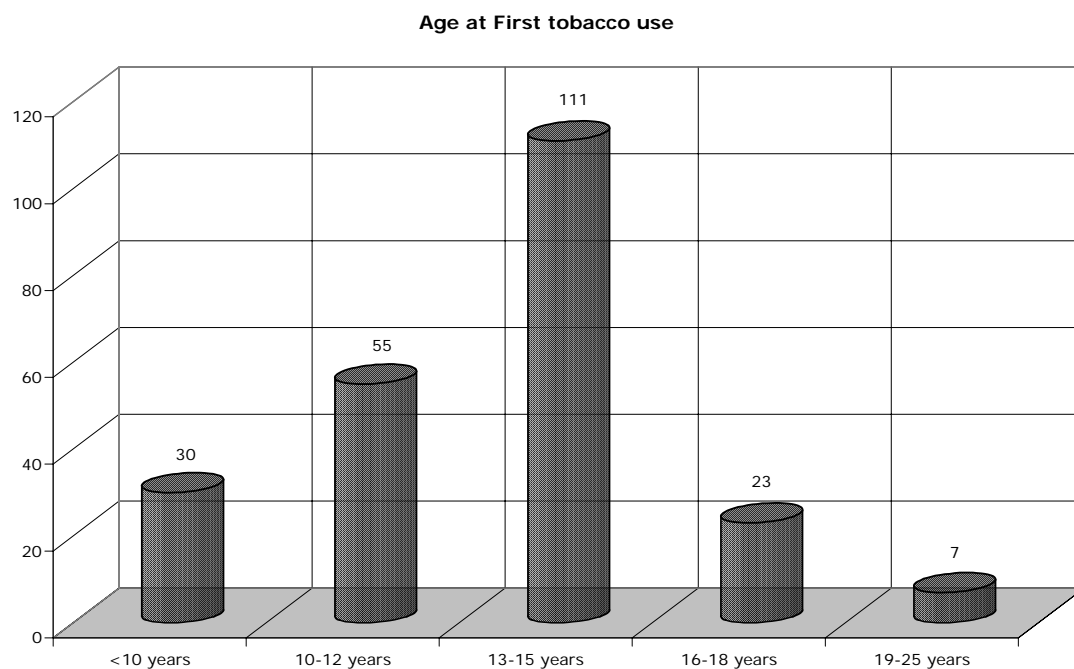
The following graph shows quite clearly that people who are going to inject drugs frequently begin between the ages of 16 and 18. This highlights the need for preventative work with this age group.

**Age at First Injecting**

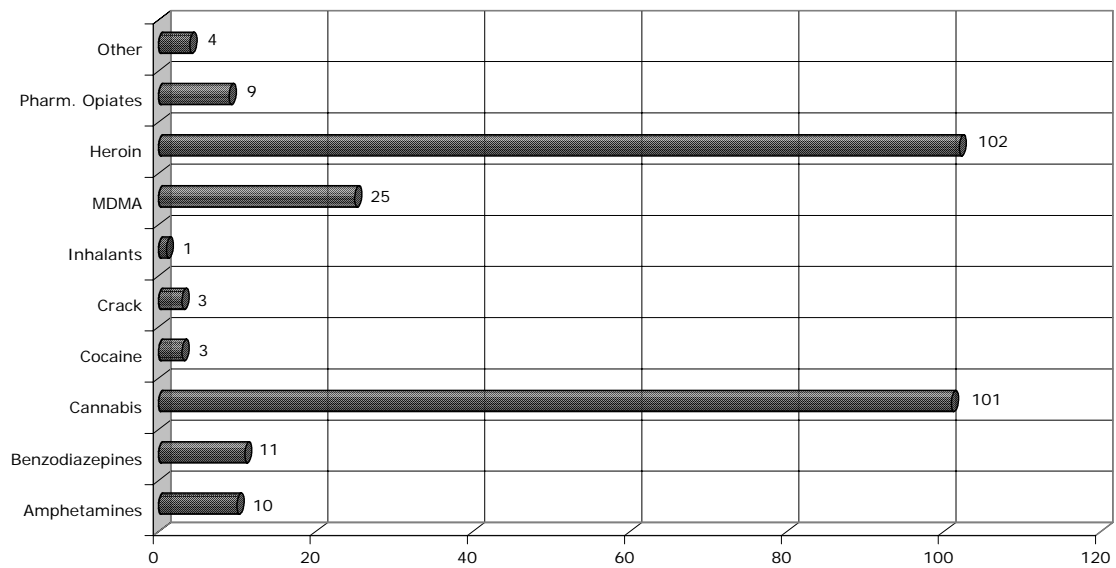




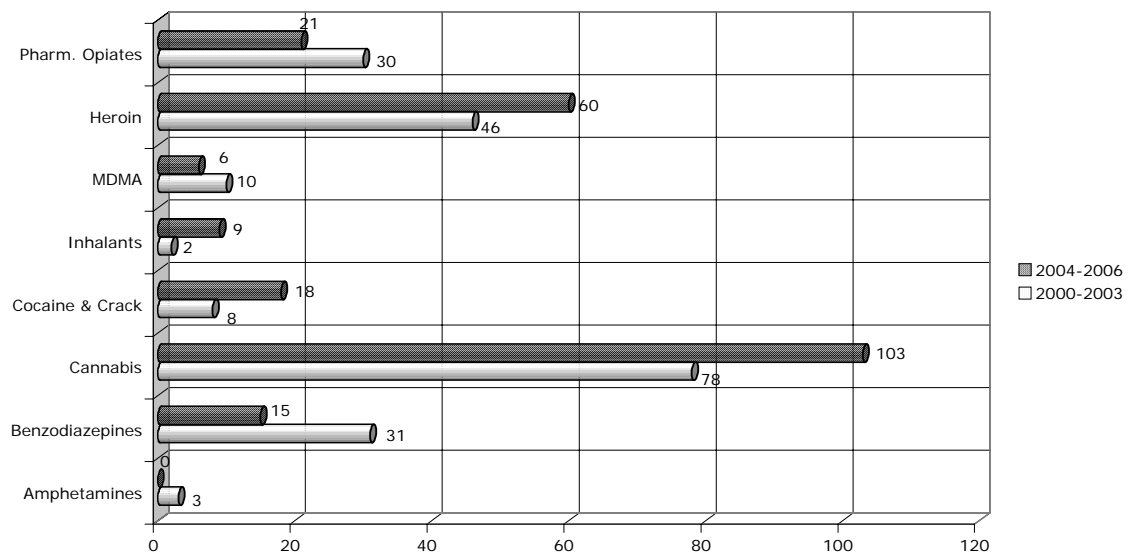
This information was only collected in the last three years, but again highlights the ages of 13-15 as being a key time for experimentation with all substances – see also the graph on first tobacco use.



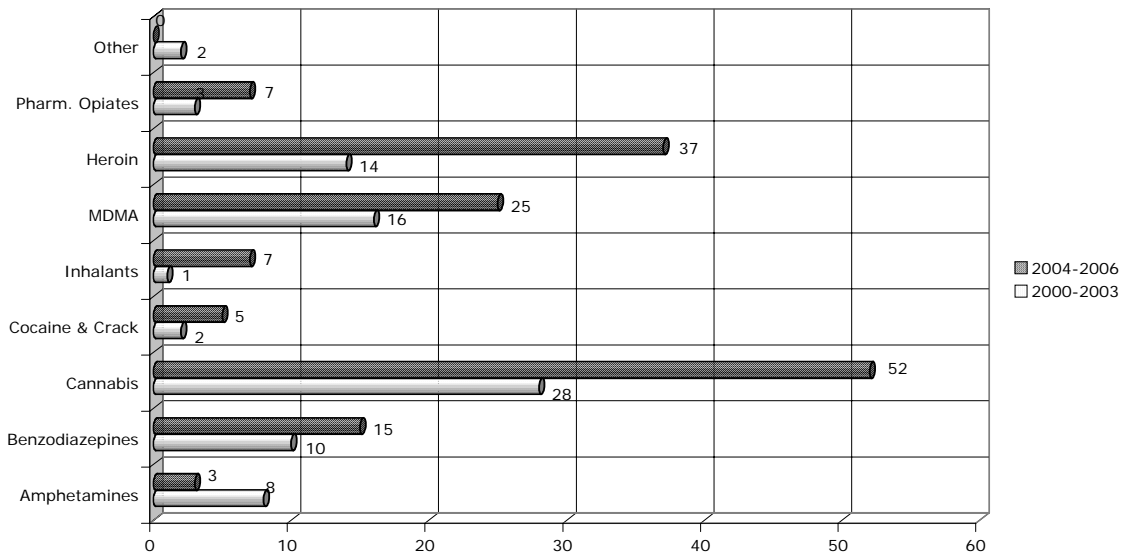
Drug of choice is that stated by the client/service user and shows that heroin and cannabis remain the two most popular drugs of choice locally.

**Drug Of Choice**

Daily drug use indicates a strong likelihood of problematic drug use or addiction. Although cannabis is not physically addictive like heroin, tobacco or alcohol, users can develop a psychological addiction for this drug – feeling that they require it in order to function or relax. Many cannabis users will use the drug occasionally, but for the individuals represented here, their cannabis use has proved to be a problem and has caused them to seek help from services.

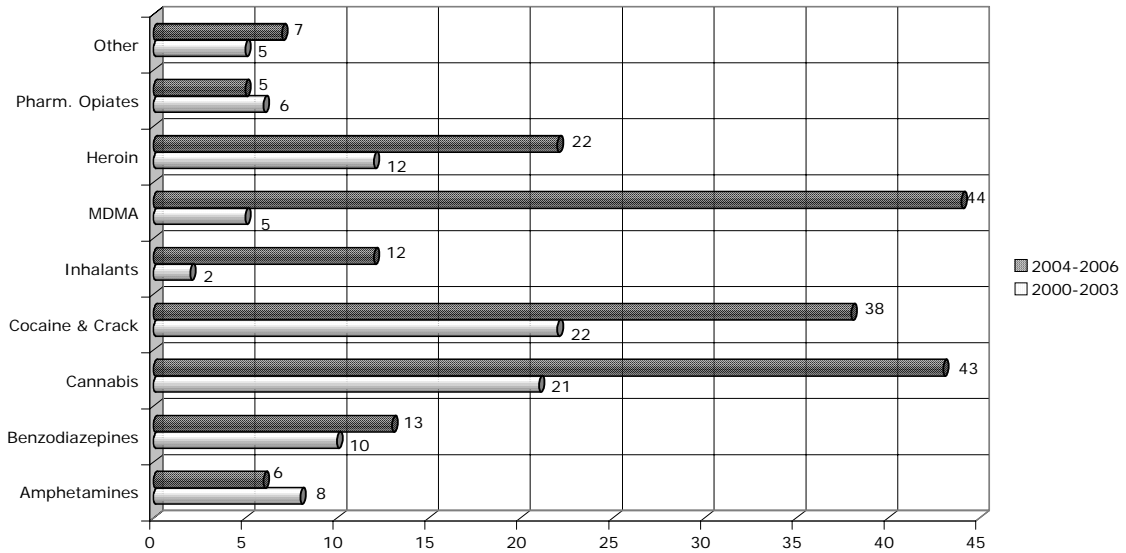
**Reported Daily Drug Use**

## Use of drugs 2-3 times a week



Occasional drug use tends to be recreational – as illustrated by the statistics for MDMA (Ecstasy) use.

## Occasional Drug Use



**(NB The Treasury and Resources Department supports the proposals.)**

The States are asked to decide:-

IX.- Whether, after consideration of the Report dated 9<sup>th</sup> October, 2006, of the Policy Council, they are of the opinion:-

1. To affirm the commitment of the States of Guernsey to tackling the issue of drug misuse and to the changing attitude towards alcohol by the continuing promotion of a cohesive, multi agency approach through the adoption of the six pillars contained in that Report.
2. To endorse the aims of the Bailiwick Drug and Alcohol Strategy which are to
  - reduce the demands for drugs and alcohol;
  - provide initiatives for young people and families;
  - provide a range of treatment services appropriate for drug and alcohol users;
  - reduce the supply of illegal drugs and support law enforcement initiatives in respect of drugs and alcohol;
  - promote safe and sensible drinking;
  - ensure meaningful coordination and monitoring;
3. To approve the proposals and recommendations of the Bailiwick Drug and Alcohol Strategy, as set out in chapter 9 of that Report.
4. To delegate responsibility for the implementation of the Bailiwick Drug and Alcohol Strategy to the Policy Council's Social Policy Steering Group and the Bailiwick Drug and Alcohol Strategy Group.
5. To direct the Treasury and Resources Department to take account of the revenue costs associated with this Strategy, as indicated in Chapter 10 of that Report, when recommending cash limits to the States for 2007 and future years.
6. To direct the Treasury and Resources Department to take into account the aims and objectives of the Bailiwick Drug and Alcohol Strategy when making recommendations to the States on the rates of duty on alcohol.
7. To direct the Policy Council to provide an interim report to the States in late 2009.

## HOME DEPARTMENT

### AMENDMENTS TO FIREARMS LEGISLATION

The Chief Minister  
Policy Council  
Sir Charles Frossard House  
La Charroterie  
St Peter Port

8<sup>th</sup> September 2006

Dear Sir

#### **1. Executive Summary**

The purpose of this report is to ensure that the Island's firearms legislation provides a robust framework for the control of guns, the protection of the public and the prevention of crime. The report aims to:

- (a) Improve the safety and health provisions for approved ranges to ensure they remain compliant with recommended standards;
- (b) Improve the administration of the licensing of firearms certificates through:
  - i. The introduction of a new schedule of fees for firearms and shotgun licences;
  - ii. Providing a clear definition of the term "antique firearm"; and
  - iii. The extension of temporary visitor's permits for Sark residents to 90 days.

The report sets out a number of amendments to the existing firearms legislation that will ensure that public safety in respect of the use of firearms remains paramount and that legislation appropriately assists Police Officers in performing their duties. The amendments relate to:

#### ***Imitation Firearms***

- (a) Control the sale and use of imitation/replica firearms and unloaded air weapons in public places, to reduce incidents of misuse and thereby reduce the concerns of the public.
- (b) Provide controls on the manufacture, importation and sale of realistic imitation

firearms.

- (c) Prohibit the sale or supply of imitation firearms to persons under 18 years.
- (d) Strengthen provisions relating to imitation and replica firearms, including Police power for their seizure and their control in public places.
- (e) Provide the Magistrate's Court with the power to order the forfeiture and safe disposal of imitation and/or replica firearms following a conviction.

### ***Air Weapons***

- (f) Prohibit the firing of air weapons beyond the premises to prevent injury, damage and/or nuisance.
- (g) Increase the age at which a person can legally possess or be sold an air weapon, from 16 to 18 years, retaining the exemptions relating to members of air rifle clubs.
- (h) Permit the safe use of air weapons, with a permit, for the humane destruction of vermin in public places.

### ***Gas Cartridge Weapons***

- (i) Include gas cartridge guns under Section 6 of The Firearms (Guernsey) Law, 1998, as "Weapons subject to general prohibition."

### ***Licences and Licence Fees***

- (j) Streamline renewal dates for shotguns and firearms certificates.
- (k) Cease the practice of forwarding a half share of all shot gun certificate fees to Parish Constables as they are no longer involved in the licensing process.

Finally, the report also proposes amendments to the Summary Offences (Bailiwick of Guernsey) Law, 1982 (as amended), to expressly include cross-bows and spear guns save when being used in association with legitimate sporting activities.

## **2. Proposed Amendments**

The Department proposes the following amendments, including the creation of a number of new offences, to the Firearms (Guernsey) Law, 1998, namely to:

### ***(a) The Control of Imitation/Replica Firearms and Air Weapons in Public Places***

The Guernsey Police have become increasingly concerned about the availability of imitation or replica firearms within the Bailiwick. At present there are no controls on the possession of a replica or imitation firearm in a public place unless the weapon can be easily converted into an operational firearm or when carried with criminal intent.

Whilst no serious incident has, to date, occurred the Police firmly believe that strengthening controls on the availability and use of these weapons is necessary. The Home Department shares the Police's concerns and is mindful that the potential for a tragic outcome should an imitation firearm be used is very high, especially as it has become increasingly difficult, even on close inspection, to distinguish an imitation firearm from a genuine one. An armed officer faced with a gun that looks identical to a lethal firearm has to make a split second decision about the course of action to be followed. As has been seen in the United Kingdom there is little margin for error because of the potential lethal consequences when a firearm is discharged.

The Department therefore recommends that the Firearms Law be amended to prohibit the possession of imitation firearms in public places, without lawful authority or reasonable excuse, regardless of intent.

Section 20 of the Firearms Law makes it an offence without lawful authority or reasonable excuse to possess an unloaded firearm in a public place if at the same time the offender has with them ammunition suitable for use in that firearm. If the States agree to the creation of an offence relating to the possession of an imitation firearm in a public place, the Department recommends that section 20 be amended so that an offence will be committed if a person has possession of a real unloaded firearm regardless of whether at the time he has with him ammunition.

Section 20 also makes it an offence to possess in a public place a loaded shotgun or air weapon without lawful authority or reasonable excuse. Following consideration of advice from the Chief Officer of Police, the Department believes that it should also be unlawful to possess such weapons when unloaded in a public place without lawful authority or reasonable excuse. The Department recommends that the onus of proof should rest with the defendant to show that such possession was with lawful authority or that he had reasonable excuse.

The Department also recommends that the maximum penalty for the new offences should be the same as currently available under section 20 of the Law namely 5 years imprisonment.

***(b) Manufacture, Importation and Sale of Realistic Imitation Firearms***

The Department recommends that, in parallel to the provisions under clause 32 of the UK's Violent Crime Reduction Bill, a person is prohibited from manufacturing, modifying, selling or importing a realistic imitation firearm. It recommends that a "realistic imitation firearm" be defined as:

*"An imitation firearm which:*

- (a) has an appearance that is so realistic as to make it indistinguishable, for all practical purposes, from a real firearm; and*
- (b) is neither a de-activated firearm nor itself an antique."*

In addition, an imitation firearm shall not be regarded as distinguishable from a real firearm for any practical purpose if it could be so distinguished only by an expert, on close examination or as a result of an attempt to load or to fire it. In determining whether an imitation firearm is distinguishable from a real firearm the matters that must be taken into account include any differences between the size, shape and principal colour of the imitation firearm and the size, shape and colour in which the real firearm is manufactured. The imitation firearm is to be regarded as distinguishable if its size, shape or principal colour is unrealistic for a real firearm.

Further clause 33 of the UK Bill provides the following defences:

- “(1) *It shall be a defence for a person charged with an offence under section 32 in respect of any conduct to show that the conduct was for the purpose only of making the imitation firearm in question available for one or more of the purposes specified in subsection (2).*
- (2) *Those purposes are—*
- (a) *the purposes of a museum or gallery that does not distribute any profits it makes;*
  - (b) *the purposes of theatrical performances and of rehearsals for such performances;*
  - (c) *the production of films (within the meaning of Part 1 of the Copyright, Designs and Patents Act 1988 (c. 48) – see section 5B of that Act);*
  - (d) *the production of television programmes (within the meaning of the Communications Act 2003 (c. 21) – see section 405(1) of that Act);*
  - (e) *the organization of and holding of historical re-enactments organized and held by persons specified or described for the purposes of this section by regulations made by the Secretary of State.”*

The Department believes that similar defence provisions should be included as part of the proposed amendments.

**(c) *Sale and Supply of Imitation Firearms to Minors***

The Department proposes that it should be an offence for a person under the age of eighteen to purchase, hire or possess an imitation firearm or for somebody to sell, let on hire or otherwise supply an imitation firearm to a person under the age of eighteen.

**(d) *Powers of Search under Warrant in respect of Imitation Firearms***

Currently, whilst conducting a search under warrant, a police officer may seize and detain any firearm or ammunition in connection with firearm offences. The Department proposes that this provision should be extended to include imitation firearms where an



officer has reasonable grounds to suspect that an offence has been committed, or has reasonable grounds to believe that it will be used unlawfully or that its possession may present a danger to the public or be likely to cause a breach of the peace.

**(e) *Forfeiture and Disposal of Imitation Firearms by Court following Conviction***

The Bailiwick's Courts have some powers to make orders regarding the safe disposal of firearms and to restrict the possession of a firearm by persons subject to various supervision orders, including probation orders. These powers do not, at present, include the possession or safe disposal of imitation firearms.

**(f) *Firing an Air Weapon beyond Premises***

In addition to the proposals set out in 2(a) above the Department recommends that a person should be guilty of an offence if he has with him an air weapon on any premises and he uses it for firing a missile beyond those premises. However, it should be a defence if the person can show that the only premises into or across which the missile was fired were premises the occupier of which had consented to the firing of the missile.

The Guernsey Police has informed the Department that, in recent years, there has been an increase in the number of complaints regarding nuisance and potential harm where air weapons are being used on private property but the pellets are being fired beyond the boundaries.

**(g) *Increase of Age for the Possession of Air Weapons***

Currently, a person who has attained their sixteenth birthday may lawfully possess an air weapon. The Department believes that the age at which such a weapon can lawfully be held should be increased to eighteen. The reason for this proposal is that the Police have identified that the majority of complaints regarding the misuse of or nuisance as a result of the use of an air weapon involves persons between 16 and 18 years old. During 2005 the police recorded 14 incidents involving air weapons and/or BB guns where the offender was aged under 18 years. The average age of offenders was 15 years.

This proposal would not alter the current exemptions in respect of persons under 18 years old who are bona fide members of air rifle clubs.

**(h) *Destruction of Vermin***

The Department is aware that there are increasing problems from rabbit infestation on common land, including the L'Ancrese Common. In some cases the level of infestation is causing damage and danger to the common land. The Department has been advised that, whilst a number of options for controlling such infestations, for example netting, gassing and ferreting, the option of using an air rifle is not possible as the current legislation prohibits the use of loaded air weapons in public places, that is, including common land.

The Department therefore proposes that the legislation be amended to allow an exception to this prohibition. The exception will be limited and require a person who wishes to control rabbits or other vermin in this way to apply for a permit from the Chief Officer of Police. The permit would be issued to a named individual who would be required to provide proof of age, competence in using the weapon and adequate public liability insurance. Further, the permit will detail when and where the person is authorised to shoot and the weapon or weapons that may be used. The Department is satisfied that this approach will ensure that public safety is not compromised and will parallel existing similar provisions in respect of firearms.

**(i) *Prohibition of Gas Cartridge Guns***

Currently, gas cartridge weapons fall outside the firearms legislation, but such weapons have the potential to be very dangerous if used carelessly or inappropriately. Generally such weapons are powered by compressed carbon dioxide or butane gas. The Guernsey Police has dealt with a number of potentially serious incidents involving these weapons. One resulted in a young child sustaining facial injuries and another involved a home-made weapon which was capable of firing potatoes over a considerable distance.

The Department recommends that the ownership of an air rifle, air gun or air pistol that use, or are designed or adapted for use with, a self-contained air cartridge system should be prohibited. It is proposed that this prohibition should not apply to conventional air weapons of any other type or weapons which use a CO<sub>2</sub> bulb system because CO<sub>2</sub> bulbs do not contain a projectile and are not completely self-contained.

The Department firmly believes that, in the interests of public safety and particularly the protection of children, these types of gas cartridge guns be included in the list “Weapons subject to general prohibition”.

**(j) *Co-terminous Renewal Dates for Firearms and Shotgun Certificates***

At present where somebody holds both a shotgun and another firearm two separate certificates are required. When a holder of a shotgun certificate then applies for a firearms certificate he may request that the period for which it is valid be reduced so that both certificates become renewable at the same time. Curiously, the reverse is not possible. The Department therefore proposes that the legislation be amended to remove this discrepancy as this will save administrative time and resources as well as streamlining the application and renewal processes for certificate holders.

**(k) *Shotgun Fees***

Prior to 1983 the various Parochial Constables were responsible for the issue and renewal of shotgun licences. In 1983 this responsibility was transferred to the Chief Officer of Police. At that time it was agreed that fifty percent of the fees should be passed to the various parishes to assist them in balancing the parochial accounts during the transitional period. The Department believes that as some 20 years has elapsed

since the parishes were involved in the administration of shotgun licences there is no reason to continue this practice. The average loss of income will be less than £100 per parish. It therefore proposes that the legislation be amended accordingly.

### **3. Antique Firearms**

Section 59(4) of the Firearms Law (Guernsey) Law, 1998 as amended states,

*“Nothing in this Law relating to firearms shall apply to the sale, transfer, purchase, acquisition or possession of an antique firearm as a curiosity or ornament.”*

The legislation does not include a definition of “antique” but it is generally considered to be a weapon manufactured more than a hundred years ago and so there is little prospect of these weapons being used for criminal purposes and no need to control them in order to protect the public and prevent crime. However, the “100 year rule” now means that many First World War weapons would be classed as antiques, but some of these weapons are still capable of firing.

In the UK the Firearms Consultative Committee has been responsible for preparing a list for use by the Home Office and the Police Service of older weapons for which ammunition is no longer commercially manufactured and therefore the weapons could be considered to be antique. This has resulted in an increasing complex process and has presented difficulties for the Police in enforcing the law and owners of such firearms in knowing whether or not they can own them lawfully without a firearms certificate and the attendant security associated with such ownership.

The Chief Officer of Police has suggested to the Department that the following approach may address the above difficulties without compromising public safety or increasing the risk of older firearms being used unlawfully. He has suggested that the term “antique firearm” be defined as any firearm manufactured prior to 1900 except for “centre-fired” weapons<sup>1</sup> for which there should be no exemption from the requirement for the owner to hold a firearms certificate.

### **4. Visitors from Sark**

The current legislation allows for a system of temporary visitor’s permits which are valid for up to 30 days per year. The Department understands that, whilst in the vast majority of circumstances this 30 day period is more than adequate, on some occasions Sark residents coming to Guernsey to participate in competitions or other shooting events or to make use of the various shooting ranges have found the 30 day rule does not allow them sufficient time. It therefore proposes that the legislation be amended specifically for Sark residents to allow them a temporary visitor’s permit valid for up to 90 days.

---

<sup>1</sup> The firing pin of these firearms strikes the centre of the cartridge rather than the edge. This means that such firearms are more powerful and therefore potentially more lethal, regardless of date of manufacture.

## 5. Fees for Firearms and Shotgun Licences

The fees for the grant, renewal or variation of a firearms or shotgun licence have remained unchanged for a number of years. A new firearms or shotgun licence cost £15. The licence is valid for 3 years and costs £5 to renew or vary.

This level of charging does not cover the administrative costs associated with issuing the licences. For example when somebody first applies for a licence and indicates that the firearm or shotgun will be kept at his home address a Police Officer must check the premises to ensure that the weapon and/or ammunition will be kept secure. Similarly, where an existing licence holder moves house he is required to apply for his licence to be varied and a further inspection visit will be required.

The Department has researched the cost of shotgun and firearms licences in the UK and notes that new licences cost between £50 and £75 and renewals and/or variations from between £25 to £50 depending on the actual nature of the application. Further, it noted that inspection visits are an additional charge of between £30 and £70.

The Department therefore proposes that the following charges be applied to firearms and shotgun certificates:

Detail of Certificate	Cost
<b>Firearms Certificate</b>	
New application	£60.00
Renewal of existing certificate	£40.00
Variation to existing certificate	£30.00
Replacement of lost or destroyed certificate	£20.00
<b>Shotgun Certificate</b>	
New application	£60.00
Renewal of existing certificate	£40.00
Variation to existing certificate	£30.00
Replacement of lost or destroyed certificate	£20.00
<b>Security Inspection Visit</b>	£50.00
<b>Coterminous Certificate (Shotgun and Firearm)</b>	
<i>(i.e. where shotgun and firearms certificates applied for at the same time)</i>	
New application	£100.00
Renewal of existing certificate	£60.00
Variation to existing certificate	£40.00
Replacement of lost or destroyed certificate	£30.00

**Visitor's Permit**

*(valid for 30 days, except for Sark residents where valid for 90 days)*

Individual permit	£15.00
Extension to Visitor's Permit <i>(per additional 30 days)</i>	£10.00
Group permits (6 or more shooters)	£60.00
Extension to Group Permit <i>(per additional 30 days)</i>	£50.00

In addition, the Department proposes that the following fees be imposed for registered firearms dealers:

<b>Detail of Certificate</b>	<b>Cost</b>
<b>Firearms Dealers</b>	
New application	£180.00
Renewal of existing certificate	£120.00
Variation to existing certificate	£90.00
Replacement of lost or destroyed certificate	£60.00

## **6. Provision for Amendment by Ordinance or Regulation**

The current firearms law is based on primary legislation, that is, Orders in Council. This approach has proven to be cumbersome and time consuming and does not allow the Department sufficient flexibility to seek to amend the law to respond appropriately to changes in the control of firearms.

The Department proposes that the current Law be amended to include a provision for the legislation to be amended by Ordinance and in certain circumstances, by Regulation. An example where the Department would look to amend by Regulation is in respect of the general administration of firearms and/or shotgun licences and the administration, including safety requirements, of the various shooting ranges. More substantial changes, such as minimum ages for owning particular types of firearms, would continue to be by Ordinance.

The Department believes that this approach would ensure that the legislation would be sufficiently responsive to ensure that public safety and the prevention of crime in this regard were not compromised whilst waiting for a new Order in Council to be drafted, approved and registered.

## **7. Amendments to Approved Ranges**

The Department recognises that given changes in the UK regarding best practice in respect of health and safety matters for the safe use of firing ranges and the "policing" of ranges the current statutory provisions for the Island's approved ranges, that is the ranges at Chouet Headland and Fort Le Marchant, require some updating.

The Department is working closely with the Department for Culture and Leisure, the Environment Department, the Island's shooting clubs and the L'Ancrese Commons Council to agree appropriate health and safety measures which will ensure the safety of both those using the ranges and anybody using the areas adjoining the ranges.

As indicated above the Department proposes that Schedules 1 and 2 of the Firearms Ordinance, 1987 "*Approved Ranges and the conditions subject to which their use is approved*" should be repealed and the amended provisions, relating to the safety and security of the various ranges, be introduced by Regulation.

#### **8. Sale and Supply of Cross Bows and Spear Guns to Person under 18 Years**

The Chief Officer of Police has advised the Department of concerns regarding the use and control of weapons such as cross bows and spear guns. These categories of weapons are not firearms but can be equally lethal. Their use is currently controlled under section 1 of the Summary Offences (Bailiwick of Guernsey) Law, 1982 (as amended), that is, carrying an offensive weapon without lawful authority or reasonable excuse.

The Department shares the Chief Officer's concerns and proposes, for the avoidance of any doubt, a new offence should be created making it illegal for a person under the age of eighteen to purchase, hire or possess a cross bow or spear gun or for somebody to sell, let on hire or supply a cross bow or spear gun to a person under the age of eighteen. Here again, the Department recommends that provision should be made for persons under eighteen years to use these weapons when participating in supervised sporting activities controlled by a recognised sporting club or organisation.

#### **9. Resources**

The Department believes that the proposals contained within this report should not require additional resources.

#### **10. Consultation with Her Majesty's Procureur**

The Department has worked in close consultation with Her Majesty's Procureur throughout this review and the proposals for new legislation have his full support.

#### **11. Conclusions**

In the circumstances outlined in this report, the Home Department recommends the States:

To approve the recommendations for amendments to the Island's firearms legislation as set out in this report; and

To create a new offence in respect of the sale and supply of cross-bows and

spear guns to persons aged under 18 years, as set out in this report; and

To direct the preparation of such legislation as may be necessary to give effect to the foregoing.

Yours faithfully

M W Torode  
Minister

**(NB The Policy Council supports the proposals.)**

**(NB The Treasury and Resources Department supports the proposals.)**

The States are asked to decide:-

X.- Whether, after consideration of the Report dated 8<sup>th</sup> September, 2006, of the Home Department, they are of the opinion:-

1. To approve the recommendations for amendments to the Island's firearms legislation as set out in that Report.
2. To create a new offence in respect of the sale and supply of cross-bows and spear guns to persons aged under 18 years, as set out in that Report.
3. To direct the preparation of such legislation as may be necessary to give effect to their above decisions.

**HOME DEPARTMENT****AMENDMENTS TO ROAD TRAFFIC LEGISLATION**

The Chief Minister  
Policy Council  
Sir Charles Frossard House  
La Charroterie  
St Peter Port

8<sup>th</sup> September 2006

Dear Sir

**1. Executive Summary**

The purpose of this report is to propose amendments to the Driving Licences (Guernsey) Ordinance, 1995 and the L'Ordonnance ayant rapport au Trafic Vehiculaire en cette Ile, 1929.

The report proposes that the Driving Licences (Guernsey) Ordinance, 1995 be amended to include the following offences under Schedule 1 of the Ordinance:

- (a) driving whilst disqualified;
- (b) causing death by careless driving when under the influence of drink or drugs, and
- (c) failing to give permission for a laboratory test of a specimen of blood.

By making these Schedule 1 Offences at the end of the disqualification period the convicted person may only be issued with a provisional licence, this results in the requirement for the individual to pass both theory and practical tests before a full licence can be reissued.

The report also proposes the amendment of section 1(a) of the L'Ordonnance ayant rapport au Trafic Vehiculaire en cette Ile, 1929, in respect of pillion passengers on motorbikes. In order to reduce the likelihood of motorcycle riders or pillions suffering injuries following an accident, the proposed amendment will make it a requirement that suitable footrests be provided and that a pillion passenger rest their feet on the said footrests to ensure safety is not compromised.



## 2. **Background**

### (a) **Schedule 1, Driving Licences (Guernsey) Ordinance, 1995**

The Home Department was approached by the Environment Department regarding an anomaly in the schedule of offences in the aforementioned Ordinance.

Currently where an individual is convicted of a Schedule 1 offence, then at the end of the disqualification period, the convicted person may only be issued with a provisional licence, even in circumstances where a full licence was held prior to conviction. This results in the requirement for the convicted individual to pass both theory and practical tests before a full licence can be reissued. This is in recognition of the seriousness of the offence.

The Ordinance provides that, where a person is disqualified from driving, their licence is automatically revoked. However, unless an individual who is being charged with “driving while disqualified” is also charged with the offence of “driving without a licence” the individual would not be subject to re-testing before being issued with a full licence at the end of their period of disqualification. This is due to the fact that “driving whilst disqualified” is not identified as a Schedule 1 offence under the Ordinance

The Home Department shares the view of the Environment Department and the Law Officers that driving while disqualified is a more serious offence than driving without a licence and that the offence of “driving while disqualified” should be listed under Schedule 1 of the Ordinance.

Further, following the recent States decision to approve the Road Traffic (Drink Driving) (Guernsey) Law, 2006 and create two new offences, namely:

- (a) causing death by careless driving when under the influence of drink or drugs, and
- (b) failing to give permission for a laboratory test of a specimen of blood.

the Department recommends that these two offences should also be prescribed under the same Schedule.

### (b) **Pillion Passengers on Motorcycles**

Concerns have been raised within the Department regarding an anomaly between the requirements for the carrying of a pillion passenger on a motorcycle compared with the carrying of pillion on pedal cycles. Any pillion on a bicycle must be aged under 5 years and properly strapped into a suitable seat securely attached to the bicycle. However, the only requirements relating to pillion passengers on motorcycles is that the pillion must occupy a securely fixed seat to the rear of the rider’s seat. There is no requirement for footrests to be provided and/or for the pillion passenger to be able to rest his/her feet on the footrest.

The Chief Officer of Police has advised the Department that where no footrests are provided or where the pillion passenger is too short to rest his/her feet on them their ability to safely sit astride the motorcycle is compromised.

The Department fully supports the Chief Officer's recommendation that, in order to reduce the likelihood of motorcycle riders or pillions suffering injuries following an accident, Article 1(a) of l'Ordonnance ayant rapport au Trafic Vehiculaire en cette Ile, 1929 should be amended to require that suitable footrests be provided and that the pillion passenger must rest their feet on the said footrests.

### **3. Human Rights**

Her Majesty's Procureur has advised the Department that in his opinion the proposed legislation complies with the provisions of the European Convention on Human Rights.

### **4. Resources**

The Department believes that the proposals contained within this report should not require additional resources.

### **5. Consultation with Her Majesty's Procureur**

The Department has consulted with Her Majesty's Procureur regarding the proposals for amending the road traffic legislation as set out in this report and the proposals have his full support.

### **6. Recommendation**

The Department recommends the States to amend:

- (a) Schedule 1 to the Driving Licenses (Guernsey) Ordinance, 1995 to include driving whilst disqualified from holding or obtaining a driving licence, causing death by careless driving when under the influence of drink or drugs, and failing to give permission for a laboratory test of a specimen of blood; and
- (b) Article 1(a) of l'Ordonnance ayant rapport au Trafic Vehiculaire en cette Ile, 1929 to require that footrests are provided where pillion passengers are carried on motorcycles and that the pillion passenger uses the said footrests.

Yours faithfully

M W Torode  
Minister

**(NB The Policy Council supports the proposals.)**

**(NB The Treasury and Resources Department has no comment on the proposals.)**

The States are asked to decide:-

XI.- Whether, after consideration of the Report dated 8<sup>th</sup> September, 2006, of the Home Department, they are of the opinion:-

1. To amend Schedule 1 to the Driving Licenses (Guernsey) Ordinance, 1995 to include driving whilst disqualified from holding or obtaining a driving licence, causing death by careless driving when under the influence of drink or drugs, and failing to give permission for a laboratory test of a specimen of blood.
2. To amend Article 1(a) of l'Ordonnance ayant rapport au Trafic Vehiculaire en cette Ile, 1929 to require that footrests are provided where pillion passengers are carried on motorcycles and that the pillion passenger uses the said footrests.
3. To direct the preparation of such legislation as may be necessary to give effect to their above decisions.

## **HEALTH AND SOCIAL SERVICES DEPARTMENT**

### **THE MISUSE OF DRUGS (BAILIWICK OF GUERNSEY) ORDINANCE, 1997**

The Chief Minister  
Policy Council  
Sir Charles Frossard House  
La Charroterie  
St Peter Port

20<sup>th</sup> September 2006

Dear Sir

#### **EXECUTIVE SUMMARY**

1. From time to time, best practice requires the Health and Social Services Department to ensure that any legislation in respect of the misuse of drugs is kept up to date and reflects legislation in the UK, as the Health and Social Services Department does not have the resources to do the research necessary to determine the appropriate classification of drugs or associated matters.
2. As medical practice evolves, the Health and Social Services Department's Chief Pharmacist recommends that the Misuse of Drugs (Bailiwick of Guernsey) Ordinance, 1997 is updated to reflect these changes.
3. This report proposes a number of changes to the Ordinance, which are summarised below:
  - adding "ketamine" to schedule 4 (a) of the Ordinance and part III, Class C Drugs of the 1974 law;
  - moving "d methamphetamine" from being classified as a Class B drug to a Class A drug in the 1974 law;
  - permitting registered paramedics employed by an approved ambulance service to possess, supply and administer morphine, which they currently cannot do;
  - changing the form of prescription to allow computer generated forms of prescription and to provide better information on the forms in terms of audit trail;
  - reducing the length of time a controlled drug may be supplied from 13 weeks

to 4 weeks after the date of the prescription;

- requiring pharmacies to keep a running balance of controlled drugs and allowing computerised records of drug stocks etc;
- maintaining the above records for a period of 7 years, not 2 years as at present;
- requiring the Health and Social Services Department to appoint an accountable officer who will be responsible for the safe handling of controlled drugs;
- requiring pharmacies and GP practices to self declare their stocks of controlled drugs;
- mandating the Health and Social Services Department to have a safe way of disposing of returned controlled drugs;
- amending the Health Services (Benefit) Ordinance, 1990, consequentially.

## BACKGROUND

- 4 The Misuse of Drugs (Bailiwick of Guernsey) Ordinance, 1997 replaced the previous (1976) Ordinance of the Misuse of Drugs (Bailiwick of Guernsey) Law, 1974. The Health and Social Services Department may by Order make amendments in the first Schedule to the Law in relation to adding or removing any substance or product to parts I to III of that schedule. An Order may also amend Part IV of the First Schedule to the law, and may do so whether or not it amends any other part of that schedule.
5. An Ordinance under any provision of the law:
  - (a) may make different provisions in relation to different controlled drugs, different classes of persons, different provisions of this law or other different circumstances;
  - (b) may make the opinion, consent or approval of a prescribed authority or of any person authorised in a prescribed manner material for purposes of any provision of the Ordinance; and
  - (c) may contain such supplementary, incidental and transitional provisions as appear expedient to the States.
6. In other words, the Health and Social Services Department can add or delete controlled drugs from the lists of Class A, B and C drugs at its discretion, whereas more fundamental changes to procedure etc require an Ordinance of the States.

7. The amendments to the Law proposed in this report reflect the most recent information available from the UK, but do not include the final recommendations from the UK government following the Shipman enquiry. When this additional information becomes available, further amendments to the Law will be necessary and these new requirements may have resource implications, for example in relation to the inspection of General Practitioners' controlled drug registers. It is appropriate to follow the UK on this matter as the Health and Social Services Department does not have the resources required to undertake the work needed to produce its own recommendations. In addition, local doctors, pharmacists and other health professionals are required to be registered with the appropriate professional body in the UK, so it makes it more straight forward for them if UK practice is followed in respect of drugs classifications etc.
8. The amendments proposed in this report will also require a consequential amendment to the Health Service (Benefit) Ordinance, 1990. The Social Security Department have asked that this amendment is accommodated in the propositions.

#### **PROPOSED AMENDMENTS TO THE MISUSE OF DRUGS LAW, 1974 AND ORDINANCE, 1997**

##### **Proposed amendments to be made by Order of the Health and Social Services Department**

9. The class of drugs determines in law the severity of punishment for possession of or dealing in the drugs in that class.
10. Schedules 1 to 5 of the Ordinance have the effect of specifying the controlled drugs to which certain provisions of the Ordinance apply.
11. It is proposed:
  - i. that the drug "ketamine" is added to schedule 4 (a) of the Ordinance and part III, Class C Drugs of the 1974 law. (ketamine could potentially be used as a 'date rape' drug. The UK brought ketamine under the control of its misuse of drugs legislation on the 1<sup>st</sup> January 2006.)
  - ii. that "d methamphetamine" be moved from Class B to Class A in the 1974 law. (d methamphetamine is known as "crystal-meth".)

##### **Proposed amendments to the Misuse of Drugs (Bailiwick of Guernsey) Ordinance, 1997**

12. It is proposed:
  - i. that, to paragraph 6, a new section, section 4, is added to allow a registered paramedic, employed by an approved ambulance and rescue service, to administer drugs covered by Schedules 2, 3, 4 and 5.

(Note. i: It is the Health and Social Services Department that approves the ambulance and rescue service mentioned above. Note ii: Paragraph 6 relates to the administration of drugs in schedules 2, 3, 4 and 5. This amendment will allow a registered paramedic, e.g. a member of the ambulance and rescue staff, to administer controlled drugs.);

- ii. that, under paragraph 7, section 3, authority be granted to registered paramedic staff of an approved ambulance and rescue service, as described above, to supply a registered paramedic with morphine. (Paragraph 7 refers to the production and supply of drugs listed in Schedules 2 and 5. This amendment to paragraph 7 will allow the registered paramedic, described above, to be supplied with controlled drugs by the approved ambulance and rescue service.);
- iii. that, to paragraph 8, section 2, a new sub section (h) is added, authorising a registered paramedic for production and supply of drugs in Schedules 3 and 4. (Paragraph 8 refers to those individuals or groups who are specifically allowed to supply drugs specified in Schedule 3 and 4. This amendment adds a new subsection for registered paramedics.);
- iv. that paragraph 13 be amended to allow for computer generated prescriptions, that are to comply with sub section (b) of section (1). (Paragraph 13 deals with the forms of prescription. Information technology (IT) is becoming more common in healthcare. This amendment allows for prescriptions of controlled drugs to be produced and printed electronically.);
- v. that paragraph 13 be amended to ensure the prescription is signed in ink, and not with an electronic signature.
- vi. that, to section 13 a new sub section be added specifying the requirement that private prescribers use a form as defined by the Health and Social Services Department for private prescriptions, and a form as defined by the Social Security Department for prescriptions funded under the Health Service (Benefit) (Guernsey) Law, 1990, in relation to Schedule 2 and 3 drugs. (This is to prevent the presentation of prescriptions which have been forged by the addition of controlled drugs to a non controlled drug prescription. It also allows for an audit trail, which monitors the prescriptions and the numbers and who is issuing them far more closely.);
- vii. that, to section 13 a new sub section be added requiring a space on the form for the recording of a signature of the collector of the drugs. (This will enable the identity of the collector to be recorded. Dr Shipman collected a lot of the prescriptions for the patients he killed.);

- viii. that paragraph 13 be amended to require all prescribers to have a unique identifier on the prescription form and that it be illegal to supply a prescription if it is not present. (Again reducing the risk of fraudulent prescriptions and providing easier audit.);
- ix. that paragraph 14, section (1), sub section (a) be amended to allow a pharmacist to supply if there are minor technical errors but the prescriber's intentions are clear. (Paragraph 14 relates to provisions as to supply on prescriptions. Currently, prescriptions have to be returned to the prescriber for amendment, which often is difficult and takes up considerable amounts of time, delaying essential care being given. The current arrangement puts the pharmacist in the invidious position of delaying care to meet his legal requirements and duties, often with a very distressed family not understanding the reasons for the delay and the medical staff not understanding the pharmacist's duties under the law.);
- x. that paragraph 14, section (1) sub section (e) be amended to read "subject to paragraph (3), later than four weeks after the date specified in the prescription." (The length of time that a controlled drug may be supplied on prescription has been reduced from 13 weeks to 4 weeks. This amendment reflects the recommendation from the Shipman enquiry.);
- xi. that paragraph 14, section (3) sub section (a) be amended to read "sub section (1) shall have effect as if for the requirement contained in paragraph (e) thereof there were substituted a requirement that the occasion on which the first instalment is supplied shall not be later than four weeks after the date specified in the prescription." (The length of time that the first instalment of a controlled drug may be supplied on prescription has been reduced from 13 weeks, to 4 weeks. This amendment reflects the recommendation from the Shipman enquiry.);
- xii. that, to paragraph 17, section (1), a new sub section (c) be added which requires the keeping of a running balance of drugs controlled under this Ordinance. (Paragraph 17 refers to record keeping in respect of drugs in Schedules 1 and 2. This amendment requires the maintenance of an up to date record of controlled drugs.);
- xiii. that paragraph 17 section (1) be amended to include reference to healthcare workers operating under the terms of paragraph 6, sections (2), (3) and the new (4). (This amendment allows for the inclusion of the amendments to paragraph 6.);
- xiv. that paragraph 18, sub section (d) be amended to allow for the use of a computerised register of controlled drugs, in line with UK practice. (Paragraph 18 relates to the requirements for registers of controlled



drugs. UK practice allows for a computerised register of controlled drugs to be maintained. This amendment reflects this practice.);

- xv. that paragraph 18 be amended to require the prescriber to enter the unique identifier for the prescriber in the register. (See viii above.);
- xvi. that paragraph 19 be amended to require pharmacists to record if they obtained any identification of the person collecting schedule 2 drugs in the register. (See vii above.);
- xvii. that, in paragraph 21, all references to registers etc being preserved for a period of 2 years, be amended to a period of 7 years. (Paragraph 21, again, refers to registers. In this case, it is the duration for which a register is kept. The period of preserving registers of controlled drugs is currently 2 years. Following the Shipman enquiry, it is proposed that this period be extended to 7 years.);
- xviii. that, to paragraph 23, a new section be added, requiring the Health and Social Services Department to appoint an accountable officer who will be responsible for the safe handling of controlled drugs. (Paragraph 23 refers to the furnishing of information with respect to controlled drugs. The accountable officer will be responsible for the safe handling of drugs throughout the Bailiwick. The Health and Social Services Department has the same responsibility that a Primary Care Trust would have in the UK, along with those of the Royal Pharmaceutical Society of Great Britain's inspectorate and a NHS hospital trust.);
- xix. that, to paragraph 23, a new section be added, requiring pharmacies and General Practitioners to self declare annually if they hold stocks of controlled drugs. (This will inform the Health and Social Services Department of stocks of controlled drugs, where to check stocks, where they are being held, and the amounts being held.);
- xx. that, to paragraph 24, a new section, (7) be added, mandating the Health and Social Services Department to have a safe way of carrying out the destruction of returned controlled drugs in Guernsey. (Paragraph 24 relates to the destruction of controlled drugs.)

13. Attached as an appendix to this report are the sections of the current Ordinance that are either to be amended or added to.

#### **HEALTH SERVICES (BENEFIT) ORDINANCE 1990**

14. It is further proposed, at the request of the Social Security Department, that because of the proposals to change the length of validity of prescriptions for controlled drugs from 13 weeks to 4 weeks, a consequential amendment to the Health Services (Benefit) Ordinance 1990 (paragraph 4) is made.

## CONSULTATION

15. The Drugs and Therapeutics Committee of the Health and Social Services Department has consulted with members of the medical and nursing professions and broad agreement for these proposals has been obtained.
16. Further consultation was undertaken with the following organisations:

Law Officers of the Crown  
Social Security Department  
Health and Social Services Department's, Medical Advisory Committee  
Home Department  
Commerce and Employment Department  
St John Ambulance and Rescue Service  
Royal Pharmaceutical Society of Great Britain (Guernsey Branch)  
British Medical Association (Guernsey & Alderney Division)  
Royal College of Nursing  
Royal College of Midwives  
Community Practitioners and Health Visitors Association  
Guernsey Association of Nurses  
Association of Guernsey Civil Servants  
Health and Social Services Department's, Corporate Management Team  
Guernsey Dental Association  
Veterinary Surgeons  
States of Alderney  
Sark Chief Pleas

17. The comments received are summarised as follows:
  - The Health and Social Services Department's Medical Advisory Committee asked that the current Ordinance is included in the appendices to this report for purposes of comparison.
  - The General Purposes and Finance Committee, Sark Chief Pleas, supports the proposals and advises that, if accepted, the Sark doctor welcomes the report insofar as there is an advantage for Sark in that registered paramedics who staff the Flying Christine Ambulance Launch will be able to both bring and administer drugs which, in many cases, will obviate the need for the Sark doctor to travel with the patient on the launch.
  - The Royal College of Nursing supports the amendments.
  - The Commerce and Employment Department had no comment to make.
  - The Social Security Department supports the proposals and asks that an amendment to the Health Service (Benefit) Ordinance, 1990, is proposed on

its behalf, which is included in the body of the report, above.

- The Ambulance and Rescue Service's only comment was that the report should refer to registered paramedics supplying morphine and not diamorphine. This change has been made.
- The Home Department is supportive of the proposals as laid out in the report. However it comments that the Misuse of Drugs laws require further development in the light of legislative initiatives which have taken place in the UK.
- The Royal Pharmaceutical Society of Great Britain (Guernsey Branch) (RPSGB) supports most of the proposals. However it questions whether these proposals would prevent another 'Shipman'. It also feels that there could be an increase in workload for the Crown Law Officers and in healthcare administration. The RPSGB question why the UK is followed and points out that there are no single handed GP practices in Guernsey.

Copies of replies received are attached for information.

## CONCLUSIONS

18. This report sets out proposals for a number of changes to the Misuse of Drugs (Bailiwick of Guernsey) Ordinance, 1997, in light of the changing world of medicines. Some of the proposals, e.g. allowing paramedics to give controlled drugs, reflect changing practice. Many of the proposals, however, are a result of the latest information from the Shipman enquiry. This enquiry has had a huge impact on best practice in terms of the misuse of drugs, particularly when it is considered that the sixth report issued by Dame Janet Smith DBE, chairman of the enquiry, states that Shipman killed about 250 people between 1971 and 1998, of whom only 218 have been positively identified.
19. The latest recommendations of the Shipman enquiry that relate to the misuse of drugs have been used as the basis of the above proposals. The final recommendations from the UK government have not yet been made available. When they are, it is expected that further amendments to the Guernsey law will be necessary.
20. In the consultation process, the RPSGB states that there are no single handed medical practices in Guernsey. This is true; however, there is in the Bailiwick and this legislation will apply in all the islands.
21. Previously, the States have agreed that, in respect of legislation to control the misuse of drugs, Guernsey law should keep up with, and reflect, UK law. By accepting the proposals, above, this parity will be maintained, at least until more information becomes available. Further amendment in the future is certain; however, the comprehensive review suggested by the Home Department may

not take place for some considerable time, given the workload of the Crown Law Officers and other priorities within the Health and Social Services Department.

## **RECOMMENDATIONS**

22. The Health and Social Services Department recommends that:

- a) the drug “ketamine” be included on the list of Schedule 4 (a) and part III, Class C Drugs and that “d methamphetamine” be reclassified as a Class A drug by Order of the Health and Social Services Department;
- b) the Misuse of Drugs (Bailiwick of Guernsey) Ordinance, 1997, be amended in line with the proposals contained in paragraph 12, above;
- c) a consequential amendment is made to the Health Services (Benefit) Ordinance 1990;
- d) the Law Officers of the Crown be directed to draft the necessary legislation.

Yours faithfully

P J Roffey  
Minister

**Appendix****The Misuse of Drugs (Bailiwick of Guernsey) Ordinance 1997 –  
sections affected by proposed amendments.****Administration of drugs in Schedules 2,3,4 and 5**

- Section 6.
- (1) Any person may administer to another any drug specified in Schedule 5.
  - (2) A medical practitioner or dentist may administer to a patient any drug specified in Schedule 2,3 or 4.
  - (3) Any person other than a medical practitioner or dentist may administer to a patient, in accordance with the directions of a medical practitioner or dentist, any drug specified in Schedule 2,3 or 4.

**Production and supply of drugs in Schedules 2 and 5**

- Section 7.
- (1) Notwithstanding the provisions of section 3(1)(a) of the Law:
    - (a) a practitioner or pharmacist, acting in his capacity as such, may manufacture or compound any drug specified in Schedule 2 or 5;
    - (b) a person lawfully conducting a retail pharmacy business and acting in his capacity as such may, at the pharmacy at which he carries on that business, manufacture or compound any drug specified in Schedule 2 or 5.
  - (2) Notwithstanding the provisions of section 3(1)(b) of the Law, any of the following persons, that is to say:
    - (a) a practitioner;
    - (b) a pharmacist;
    - (c) a person lawfully conducting a retail pharmacy business
    - (d) the person in charge or acting person in charge of a hospital, or of a nursing home which is wholly or mainly maintained by the States of Guernsey or Alderney;

- (e) in the case of such a drug supplied to her by a person responsible for the dispensing and supply of medicines at the hospital or nursing home, the sister or acting sister for the time being in charge of a ward, theatre or other department in such a hospital or nursing home as aforesaid;
- (f) an authorised analyst;
- (g) a sampling officer;

may, when acting in his capacity as such, supply or offer to supply any drug specified in Schedule 2 or 5 to any person who may lawfully have that drug in his possession:

Provided that nothing in this subsection authorises:

- (i) the person in charge or acting person in charge of a hospital or nursing home having a pharmacist responsible for the dispensing and supply of medicines, to supply or offer to supply any drug;
  - (ii) a sister or acting sister for the time being in charge of a ward, theatre or other department to supply any drug otherwise than for administration to a patient in that ward, theatre or department in accordance with the directions of a medical practitioner or dentist.
- (3) Notwithstanding the provisions of section 3(1)(b) of the Law, a person who is authorised as a member of a group may, under and in accordance with the terms of his group authority and in compliance with any conditions attached thereto, supply or offer to supply any drug specified in Schedule 2 or 5 to any person who may lawfully have that drug in his possession.
  - (4) Notwithstanding the provisions of section 3(1)(b) of the Law, a person who is authorised by a written authority issued by the Board under and for the purposes of this paragraph and for the time being in force may, at the premises specified in that authority and in compliance with any conditions so specified, supply or offer to supply any drug specified in Schedule 5 to any person who may lawfully have that drug in his possession.
  - (5) Notwithstanding the provisions of section 3(1)(b) of the Law, the owner of a ship, or the master of a ship which does not carry a medical practitioner among the seamen employed in it may supply or offer to supply any drug specified in Schedule 2 or 5:

- (i) for the purpose of compliance with any of the provisions specified in paragraph (6), to any person on that ship;
  - (ii) to any person who may lawfully supply that drug to him;
  - (iii) any officer of police for the purpose of the destruction of that drug.
- (6) The provisions referred to in paragraph (5) are any provision of, or of any instrument which is in force under:
- (a) the Merchant Shipping Laws;
  - (b) the Health and Safety at Work etc. (Guernsey) Law, 1979(k)

**Production and supply of drugs in Schedules 3 and 4**

- Section 8. (1) Notwithstanding the provisions of section 3(1)(a) of the Law:
- (a) a practitioner or pharmacist, acting in his capacity as such, may manufacture or compound any drug specified in Schedule 3 or 4;
  - (b) a person lawfully conducting a retail pharmacy business and acting in his capacity as such may, at the pharmacy at which he carries on that business, manufacture or compound any drug specified in Schedule 3 or 4.
  - (c) a person who is authorised by a written authority issued by the Board under and for the purposes of this subsection and for the time being in force may, at the premises specified in that authority and in compliance with any conditions so specified, produce any drug specified in Schedule 3 or 4.
- (2) Notwithstanding the provisions of section 3(1)(b) of the Law, any of the following persons, that is to say:
- (a) a practitioner;
  - (b) a pharmacist;
  - (c) a person lawfully conducting a retail pharmacy business

- (d) a person in charge of a laboratory the recognised activities of which consist in, or include, the conduct of scientific education or research;
- (e) an authorised analyst;
- (f) a sampling officer;
- (g) an inspector appointed for the purpose of the Poisons and Pharmacy Ordinance, 1970 (1);

may, when acting in his capacity as such, supply or offer to supply any drug specified in Schedule 3 or 4 to any person who may lawfully have that drug in his possession:

- (3) Notwithstanding the provisions of section 3(1)(b) of the Law;
  - (a) a person who is authorised as a member of a group, under and in accordance with the terms of his group authority and in compliance with any conditions attached thereto,
  - (b) the person in charge or acting person in charge of a hospital or nursing home,
  - (c) in the case of such a drug supplied to her by a person responsible for the dispensing and supply of medicines at that hospital or nursing home, the sister or acting sister for the time being in charge of a ward, theatre or other department in a hospital or nursing home,

may, when acting in his capacity as such, supply or offer to supply any drug specified in Schedule 3, or any drug specified in Schedule 4 which is contained in a medicinal product, to any person who may lawfully have that drug in his possession:

Provided that nothing in this subsection authorises:

- (i) the person in charge or acting person in charge of a hospital or nursing home having a pharmacist responsible for the dispensing and supply of medicines, to supply or offer to supply any drug;
- (ii) a sister or acting sister for the time being in charge of a ward, theatre or other department to supply any drug otherwise than for administration to a patient in that ward, theatre or department in accordance with the directions of a medical practitioner or dentist.



- (4) Notwithstanding the provisions of section 3(1)(b) of the Law:
  - (a) a person who is authorised by a written authority issued by the Board under and for the purposes of this subsection and for the time being in force may, at the premises specified in that authority and in compliance with any conditions so specified
  - (b) a person who is authorised under subsection (1)(c) may supply or offer to supply any drug which he may, by virtue of being so authorised, lawfully produce to any person who may lawfully have that drug in his possession.
- (5) Notwithstanding the provisions of section 3(1)(b) of the Law, the owner of a ship, or the master of a ship which does not carry a medical practitioner among the seamen employed in it may supply or offer to supply any drug specified in Schedule 2 or 5:
  - (i) for the purpose of compliance with any of the provisions specified in paragraph (6), to any person on that ship;
  - (ii) to any person who may lawfully supply that drug to him;
- (6) Notwithstanding the provisions of section 3(1)(b) of the Law, a person in charge of a laboratory may, when acting in his capacity as such, supply or offer to supply any drug specified in Schedule 3 which is required for use as a buffering agent in chemical analysis to any person who may lawfully have that drug in his possession.

### **Form of prescriptions**

- Section 13. (1) Subject to the provisions of this section, a person shall not issue a prescription containing a controlled drug, other than a drug specified in Schedule 4 or 5 or temazepam, unless the prescription complies with the following requirements, that is to say it shall:
- (a) be in ink or otherwise indelible and be signed by the person issuing it with his usual signature and dated by him;
  - (b) insofar as it specifies the information required by subsections (e) and (f) below to be specified, be written by the person issuing it in his own handwriting;
  - (c) except in the case of a medical prescription, specify the address of the person issuing it;

- (d) have written thereon, if issued by a dentist, the words “for dental treatment only” and, if issued by a veterinary surgeon, a declaration that the controlled drug is prescribed for an animal or herd under his care;
  - (e) specify the name and address of the person for whom treatment it is issued or, if it is issued by a veterinary surgeon, of the person to whom the controlled drug prescribed is to be delivered;
  - (f) specify the doses to be taken and:
    - (i) in the case of a prescription containing a controlled drug which is a preparation, the form and, where appropriate, the strength of the preparation, and either the total quantity (in both words and figures) of the preparation or the number (in both words and figures) of dosage units, as appropriate, to be supplied;
    - (ii) in any other case, the total quantity (in both words and figures) of the controlled drug to be supplied;
  - (g) in the case of a prescription for a total quantity intended to be supplied by instalments, contain a direction specifying the amount of the instalments of the total amount which may be supplied and the intervals to be observed when supplying.
- (2) Paragraph (1)(b) shall not have effect in relation to:
- (a) a prescription issued by a person approved (whether personally or as a member of a class) for the purpose of this paragraph by the Board: or
  - (b) a prescription containing no controlled drug other than:
    - (i) phenobarbitone
    - (ii) phenobarbitone sodium; or
    - (iii) a preparation containing a drug specified in paragraph (i) or (ii) above.
- (3) In the case of a prescription issued for the treatment of a patient in a hospital or nursing home, it shall be a sufficient compliance with

subsection (1) (e) if the prescription is written on the patient's bed card or case sheet.

**Provisions as to supply on prescription**

- Section 14. (1) A person shall not supply a controlled drug other than a drug specified in Schedule 4 or 5 on a prescription.
- (a) unless the prescription complies with the provisions of section 13;
  - (b) unless the address specified in the prescription as the address of the person issuing it is an address within the Bailiwick;
  - (c) unless he either is acquainted with the signature of the person by whom it purports to be issued and has no reason to suppose that it is not genuine, or has taken reasonably sufficient steps to satisfy himself that it is genuine;
  - (d) before the date specified in the prescription;
  - (e) subject to paragraph (3), later than thirteen weeks after the date specified in the prescription.
- (2) Subject to paragraph (3), a person supplying on prescription a controlled drug other than a drug specified in Schedule 4 or 5 shall, at the time of the supply, mark on the prescription the date on which the drug is supplied and, unless it is a medical prescription, shall retain the prescription on the premises from which the drug was supplied.
- (3) In the case of a prescription containing a controlled drug other than a drug specified in Schedule 4 or 5, which contains a direction that specified instalments of the total amount may be supplied at stated intervals, the person supplying the drug shall not do so otherwise than in accordance with that direction and:
- (a) subsection (1) shall have effect as if for the requirement contained in paragraph (e) thereof there were substituted a requirement that the occasion on which the first instalment is supplied shall not be later than thirteen weeks after the date specified in the prescription;
  - (b) subsection (2) shall have effect as if for the words "at the time of the supply" there were substituted the words "on each occasion on which an instalment is supplied".

**Record-keeping requirements in respect of drugs in Schedules 1 and 2**

- Section 17. (1) Subject to subsection (3) and section 19, every person authorised by or under section 4 or 7 to supply any drug specified in Schedule 1 or 2 shall comply with the following requirements, that is to say:
- (a) he shall, in accordance with the provision of this section and of section 18, keep a register and shall enter therein in chronological sequence in the form specified in Part 1 or Part II of Schedule 6, as the case may require, particulars of every quantity of a drug specified in Schedule 1 or 2 obtained by him and of every quantity of such a drug supplied (whether by way of administration or otherwise) by him whether to persons within or outside the Bailiwick;
  - (b) he shall use a separate register or separate part of the register for entries made in respect of each class of drugs, and each of the drugs specified in paragraphs 1 and 3 of Schedule 1 and paragraphs 1, 3 and 6 of Schedule 2 together with its salts and any preparation or other product containing it or any of its salts shall be treated as a separate class, so however that any stereoisomeric form of a drug or its salts shall be classed with that drug.
- (2) Nothing in paragraph (1) shall be taken as preventing the use of a separate section within a register or separate part of a register in respect of different drugs or strengths of drugs comprised within the class of drugs to which that register or separate part relates.
- (3) The foregoing provisions of this section shall not have effect in relation to:
- (a) in the case of a drug supplied to him for the purpose of destruction in pursuance of section 5(2) or (3), a practitioner or pharmacist;
  - (b) a person licensed under section 4 to supply any drug, where the licence so directs; or
  - (c) the sister or acting sister for the time being in charge of a ward, theatre or other department in a hospital or nursing home.

**Requirements as to register**

- Section 18. Any person required to keep a register under section 17 shall comply with the following requirements, that is to say:
- (a) the class of drugs to which the entries on any page of any such register relate shall be specified at the head of that page;
  - (b) every entry required to be made under section 17 in such a register shall be made on the day on which the drug is obtained or, as the case may be, on which the transaction in respect of the supply of the drug by the person required to make the entry takes place or, if that is not reasonably practicable, on the next day;
  - (c) no cancellation, obliteration or alteration of any such entry shall be made, and a correction of such an entry shall be made only by way of marginal note or footnote which shall specify the date on which the correction is made;
  - (d) every such entry and every correction of such an entry shall be made in ink or otherwise so as to be indelible;
  - (e) such a register shall not be used for any purpose other than the purposes of this Ordinance;
  - (f) a separate register shall be kept in respect of each premises at which the person required to keep the register carried on his business or occupation, but subject to that not more than one register shall be kept at one time in respect of each class of drugs in respect of which he is required to keep a separate register, so however, that a separate register may, with the approval of the Board, be kept in respect of each department of the business carried on by him;
  - (g) every such register in which entries are currently being made shall be kept at the premises to which it relates.

**Record-keeping requirements in respect of drugs in Schedule 2 in particular cases**

- Section 19. (1) Where a drug specified in Schedule 2 is supplied in accordance with section 7(5)(i) to any person on a ship, an entry in the official log book required to be kept under the Merchant Shipping Law or, in the case of a ship which is not required to carry such an official logbook, a report signed by the master of the ship, shall, notwithstanding anything in this Ordinance, be a sufficient record of the supply if the entry or report specifies the drug supplied and,

in the case of a report, it is delivered as soon as may be to the Medical Officer of Health.

- (2) A midwife authorised by section 10(1) to have in her possession any drug specified in Schedule 2 shall:
  - (a) on each occasion on which she obtains a supply of such a drug, enter in a book kept by her and used solely for the purpose of this subsection the date, the name and address of the person from whom the drug was obtained, the amount obtained and the form in which it was obtained; and
  - (b) on administering such a drug to a patient, enter in that book as soon as practicable the name and address of the patient, the amount administered and the form in which it was administered.

#### **Preservation of registers, books and other documents**

- Section 21.
- (1) All registers and books kept in pursuance of section 17 or 19(2) shall be preserved for a period of two years from the date on which the last entry therein is made.
  - (2) Every record made in pursuance of section 20 shall be preserved for a period of two years from the date on which the record was made.
  - (3) Every requisition, order or prescription (other than a medical prescription) on which a controlled drug is supplied in pursuance of this Ordinance shall be preserved for a period of two years from the date on which the last delivery under it was made.

#### **Furnishing of information with respect to controlled drugs**

- Section 23.
- (1) The persons specified in paragraph (2) shall on demand made by the Board or by any person authorised in writing by the Board in that behalf:
    - (a) furnish such particulars as may be requested in respect of the producing, obtaining or supplying by him of any controlled drug or in respect of any stock of such drugs in his possession;

- (b) for the purpose of confirming any such particulars, produce any stock of drugs in his possession;
  - (c) produce any register, book or document required to be kept under this Ordinance relating to any dealings in controlled drugs which is in his possession.
- (2) The persons referred to in paragraph (1) are:
- (a) any person authorised by or under this Ordinance to produce any controlled drug;
  - (b) any person authorised by or under any provision of the Law to import or export any controlled drug;
  - (c) a wholesale dealer;
  - (d) a retail detailer;
  - (e) a practitioner;
  - (f) the person in charge or acting person in charge of a hospital or nursing home;
  - (g) the person who is in charge of a laboratory;
  - (h) a person who is authorised under section 8(4)(a) to supply any controlled drug.
- (3) Nothing in this section shall require the furnishing of personal records which a person has acquired or created in the course of his profession or occupation and which he holds in confidence; and in this paragraph “personal records” means documentary and other records concerning an individual (whether living or dead) who can be identified from them and relating to his physical or mental health.

### **Destruction of controlled drugs**

- Section 24. (1) No person who is required by any provision of, or by any term or condition of a licence having effect under, this Ordinance to keep records with respect to a drug specified in Schedule 1, 2, 3 or 4 shall destroy such a drug or cause such a drug to be destroyed except in the presence of, and in accordance with any directions given by, a person authorised (whether personally or as a member of a class) for the purposes of this paragraph by the Board (an “authorised person”).

- (2) An authorised person may, for the purpose of analysis, take a sample of a drug specified in Schedule 1, 2, 3 or 4 which is to be destroyed.
- (3) Where a drug specified in Schedule 1, 2, 3 or 4 is destroyed in pursuance of paragraph (1) by or at the instance of a person who is required by any provision of, or by any term or condition of a licence having effect under, this Ordinance to keep a record in respect of the obtaining or supply of that drug, that record shall include particulars of the date of its destruction and the quantity destroyed and shall be signed by the authorised person in whose presence the drug is destroyed.
- (4) Where the master or owner of a ship has in his possession a drug specified in Schedule 2 which he no longer requires, he shall not destroy the drug or cause it to be destroyed but shall dispose of it to an officer of police or to a person who may lawfully supply that drug to him.
- (5) Nothing in paragraph (1) or (3) shall apply to any person who is required to keep records only by virtue of section 20(2) or (3) or 22(3).
- (6) Nothing in paragraph (1) or (3) shall apply to the destruction of a drug which has been supplied to a practitioner or pharmacist for that purpose in pursuance of section 5(2) or (3).





# **GENERAL PURPOSES & FINANCE COMMITTEE**

A Committee of the Chief Pleas of Sark

Committee Office, La Chasse Marette, Sark GY9 0SF

TEL: (01481) 832118 FAX: (01481) 833086

E-MAIL [sarkcommsec@cwgsy.net](mailto:sarkcommsec@cwgsy.net)

12<sup>th</sup> July, 2006

P.J. Roffey Esq.,  
Health & Social Services Minister,  
Sir Charles Frossard House,  
PO Box 43,  
La Charroterie,  
St. Peter Port,  
Guernsey, GY1 1FH

Dear Minister Roffey,

## **The Misuse of Drugs Report.**

With reference to your letter of the 29<sup>th</sup> June 2006, my Committee has met and discussed this Report, following consultations with both our Sark Doctor and the local agent for the visiting Guernsey veterinary surgeon. We can now advise you as follows:

(a) That our Doctor keeps a register in accordance with the requirements as set out in the Report, and that this register is kept up to date and open to any inspection via our Medical Committee. The Doctor welcomes this Report insofar as there is an advantage for Sark in that the registered paramedics who staff the Flying Christine Ambulance Launch can both bring and administer drugs which in many cases will obviate the need for our doctor to travel with a patient on the launch.

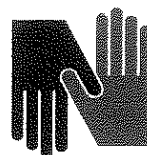
(b) That we are told that the Guernsey Authorities have stated that they are happy with the stocks held, and the controls put in place, by the person who acts as agent for the visiting Guernsey veterinary surgeon.

We are happy for you to include any or all of our comments as you see fit.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Gurden', enclosed within a circular stamp or seal.

Deputy Geoff Gurden,  
President, General Purposes & Finance Committee, Sark Chief Pleas.



Royal College  
of Nursing  
South East

Mr P J Roffey  
Health & Social Services Minister  
Guernsey

24 July 2006

Dear Mr Roffey

Thank you for giving the RCN the opportunity to comment upon the proposed amendments to the Misuse of Drugs (Bailiwick of Guernsey) Ordinance 1997.

We are happy with the amendments as suggested, with the exception of one minor issue. Being mindful of gender equality terminology, we would question the suitability of the use of the title 'sister or acting sister'. This term/title is now considered sexist, outdated and is no longer used on job descriptions.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Sandra James', written over a vertical line.

Sandra James  
Guernsey Branch President  
Royal College of Nursing  
Castel Hospital



# COMMERCE AND EMPLOYMENT

A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

Commerce and Employment  
Raymond Falla House  
PO Box 459, Longue Rue  
St Martin's, Guernsey  
GY1 6AF  
Tel +44 (0) 1481 234567  
Fax +44 (0) 1481 235015  
[www.gov.gg](http://www.gov.gg)

The Minister  
Health and Social Services Department  
Corporate Headquarters  
Le Vauquiedor  
St. Andrew  
Guernsey  
GY6 8TW

July 2006

Dear Deputy Roffey, *Peter,*

## MISUSE OF DRUGS LEGISLATION

Thank you for your letter of 4 July 2006.

The Department has no comments to make on the proposed amendments to the misuse of drugs legislation.

Yours sincerely,

Stuart Falla.  
Minister.



# SOCIAL SECURITY

A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

2220

Edward T. Wheadon House  
Le Truchot, St. Peter Port, Guernsey  
GY1 3WH  
Telephone +44 (0) 1481 732581  
Facsimile +44 (0) 1481 732501  
Email enquiry@ssd.gov.gg  
www.gov.gg

Deputy P J Roffey  
Minister  
Health and Social Services Department  
Le Vauquiedor  
St Andrews  
GY6 8TW

Our Ref: ML

Your Ref:

Date: 28 July 2006

Dear Deputy Roffey

## **States Report - The Misuse of Drugs (Bailiwick of Guernsey) Ordinance, 1997**

Thank you for your letter of 4 July 2006, with attached draft States Report.

The Social Security Department considered the report at its meeting on 19 July 2006. The Department fully supports the proposed amendments to the 1997 Ordinance.

The Department notes a reference in the report to prescriptions funded under the Pharmaceutical Benefit Law. The Health Service (Pharmaceutical) (Guernsey) Law, 1972 was repealed in 1990, with the provisions relating to pharmaceutical benefit replaced by similar provisions within the Health Service (Benefit) (Guernsey) Law, 1990. This is probably not material, but you may wish to make a correction.

The proposed change to the length of validity of prescriptions for controlled drugs, from 13 weeks to 4 weeks, will require a consequential amendment to the Health Service (Benefit) Ordinance 1990. It would be helpful if this could be referred to in the States report and accommodated in the propositions.

There will also be several consequential amendments to the Health Service (Benefit) Regulations, but these will be made by the Social Security Department.

Yours sincerely

Mary Lowe  
Minister

# Ambulance & Rescue Service

## Guernsey

Chief Executive / Chief Ambulance Officer  
NEIL R. TUCKER, B.Sc., M.I.P.R.



Ambulance Station,  
Guernsey,  
Channel Islands,  
GY1 1YN.

Administration:  
Tel. 01481-725211.  
Fax 01481-724095.

Operational Calls:  
Tel. 01481-725211.  
Fax 01481-714963.

Health Care  
Equipment Centre:  
Tel. 01481-729268.  
Fax 01481-700947.

Our ref NRT/JSG/HSSD

26 July 2006

Deputy P J Roffey  
Health and Social Services Minister  
Health and Social Services  
Corporate Services  
Corporate Headquarters  
Le Vauquiedor  
St Andrew's  
GUERNSEY  
GY6 8TW

Dear Mr Roffey

### **The Misuse of Drugs (Bailiwick of Guernsey) Ordinance, 1997**

Thank you for your letter of 4 July enclosing a draft copy of the States Report detailing amendments to the Misuse of Drugs (Bailiwick of Guernsey) Ordinance, 1997.

I have referred this to my Training Officer, and also to Martin Wolfe, Chairman of the Local Ambulance Paramedic Steering Committee, and the only comment so far has been that Page 3 (ii) should refer to morphine rather than diamorphine.

I should be grateful if you would confirm with those responsible for drafting the amendments that this is acceptable, and if there is any query this may be directed to Dr Wolfe at the Medical Specialist Group, who is responsible for the drug protocols used by local paramedics.

Yours sincerely

N R Tucker  
Chief Executive

N:\JeanG\CAO'06\Letters\General\P J Roffey re Draft Drugs Report.doc

Deputy P Roffey  
Minister  
Health and Social Services Department  
Le Vauquiedor  
St Andrews  
Guernsey  
GY6 8TW

31 July 2006

Dear Deputy Roffey

Thank you for your letter of 4 July 2006 and enclosed draft States Report regarding your Department's proposal to amend Misuse of Drugs legislation.

This matter was considered by the Home Department Board at its meeting of 31 July 2006.

The Board is supportive of the proposals as laid out in your draft States Report, but believes that the Misuse of Drugs Laws require further development in the light of legislative initiatives which have taken place in the United Kingdom and other matters previously raised by HM Procureur.

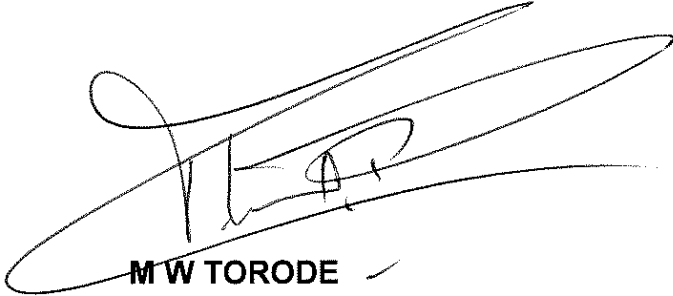
By way of background, in May 2004 HM Procureur wrote to the Home Department requesting that a review of the maximum penalties available in respect of offences under the Misuse of Drugs Law be conducted simultaneously with a review of the maximum penalties in respect of drugs offences under the Customs and Excise Legislation.

As a response to his letter, a wider review to determine how the Guernsey legislation compared with the UK and other Crown Dependencies was deemed necessary and the Chief Officers of Police and the Customs and Excise, Immigration and Nationality Service were tasked by the Home Department to carry out such a review.

The Guernsey Customs and Immigration Service and Guernsey Police Force noted that there are several issues regarding the Misuse of Drugs Law, which has not been substantially amended for many years that need to be reviewed.

A report has therefore been compiled and forwarded to HM Procureur which identifies some of the headline issues which the Board believe need to be examined with a view to requesting that a full and comprehensive review of the Misuse of Drugs legislation is undertaken.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M W TORODE', is written over a large, loopy, horizontal flourish that spans the width of the signature area.

**M W TORODE**  
**Minister**  
**Home Department**



2224

# Royal Pharmaceutical Society of Great Britain

Helping pharmacists achieve excellence

Guernsey      Branch/Region

P J Roffey  
Health & Social Services Minister  
Corporate Headquarters  
Le Vauquiedor  
St Andrews  
GY6 8TW

23 July 2006

Dear Mr Roffey

Thank you for your letter regarding proposed changes to the Misuse of Drugs Regulations. I have consulted as widely as possible, in the time available, and have tried to reflect all opinions in my comments.

The reclassification of Ketamine and d methamphetamine would raise no objections.

Authorisation of Paramedics to obtain and administer diamorphine is an essential move if their role is to be extended.

Allowing computer generated prescriptions is a sensible amendment, provided the prescription is signed in ink (full name) by the practitioner stated on the form.

(A high proportion of PS6 forms are signed by a doctor other than the one named on the form)

Nobody is in favour of introducing a new form solely for CDs. The pads of these forms would be a security problem. If a form were not readily available, a genuine patients treatment may be delayed. A high proportion of prescriptions originating from HSSD premises are on incorrect forms and do not have the prescribers name legibly written on them. Will this improve once a new form is introduced?

The UK government wishes to be seen to do something about Shipman. The regulations being introduced would not have prevented his crimes. They are going to cost a fortune to implement. Why are we following blindly? There are no single handed Medical Practices in Guernsey. The Director of Public Health should have an adequate handle on the usage of Controlled Drugs as he issues all import licences. Social Security has all the PACT data.

We have a very low incidence of fraudulent prescriptions, and these when they occur are dealt with by the courts. Having extra hurdles such as unique identifiers will slow down the supply to genuine patients. This especially is an issue at weekends and over holiday periods, when there may be locums working.

We all know that the Law Officers and legal draughtsmen have a massive workload. A large part of this proposed legislation is unnecessary and will not achieve anything other than increasing the cost of healthcare and administration. We do not need to follow the UK.




I enclose a couple of recently published articles from the Pharmaceutical Journal on the UK regulations, and a letter from Gordon Applebe , who has advised the Board of Health on its Medicines Legislation.

There has to be some trust of health professionals. They are doing a useful job. Excessive regulation will only lead to second rate healthcare. There are enough financial pressures on the provision of healthcare, many will see some of these regulations as a needless waste of time and resources.

I would be happy for these comments to be included in your report to the Policy Council.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'R. C. H. W.' followed by a long horizontal line and the date '11.12.74' and a small flourish.

Robin Herbert  
Chairman

**(NB The Policy Council supports the proposals.)**

**(NB The Treasury and Resources Department has no comment on the proposals.)**

The States are asked to decide:-

XII.- Whether, after consideration of the Report dated 20<sup>th</sup> September, 2006, of the Health and Social Services Department, they are of the opinion:-

1. That the drug “ketamine” be included on the list of Schedule 4 (a) and part III, Class C Drugs and that “d methamphetamine” be reclassified as a Class A drug by Order of the Health and Social Services Department.
2. That the Misuse of Drugs (Bailiwick of Guernsey) Ordinance, 1997, be amended in line with the proposals contained in paragraph 12 of that Report.
3. That a consequential amendment shall be made to the Health Services (Benefit) Ordinance, 1990.
4. To direct the preparation of such legislation as may be necessary to give effect to their above decisions.

**HOME DEPARTMENT****TERRORISM LEGISLATION**

The Chief Minister  
Policy Council  
Sir Charles Frossard House  
La Charroterie  
St Peter Port

28<sup>th</sup> September 2006

Dear Sir

**1. Executive Summary**

The purpose of this report is to seek authority from the States for the drafting of appropriate legislation that will adopt a number of the principal provisions of the UK's Terrorism Act 2006 and further implement the requirements of the Council of Europe Convention for the Prevention of Terrorism, such legislation will:

- (a) create offences of -
  - (i) encouragement of terrorism,
  - (ii) dissemination of terrorist publications,
  - (iii) preparation of terrorist acts,
  - (iv) training for terrorism,
  - (v) attendance at a place used for terrorist training,
  - (vi) making and possession of radioactive devices or materials,
  - (vii) misuse of radioactive devices or material and misuse and damage of facilities, and
  - (viii) making terrorist threats relating to radioactive devices, materials or facilities,
- (b) increase sentences for the following offences to the same level as in the UK -
  - (i) possession for terrorist purposes (section 55 of the Terrorism and Crime Law),
  - (ii) offences involving preparatory acts and threats (section 2 of the Nuclear

Material (Offences) Act 1983 (as extended to the Bailiwick), and

- (iii) contravention of a disclosure requirement (section 46 of the Regulation of Investigatory Powers (Bailiwick of Guernsey Law, 2003).
- (c) provide for the prosecution of some offences committed abroad,
- (d) confirm the criminal liability of directors for new offences,
- (e) allow for the search, seizure and forfeiture of terrorist publications,
- (f) amend the Regulation of Investigatory Powers (Bailiwick of Guernsey) Law, 2003, and
- (g) extend the period of detention for terrorist suspects and the grounds for extension,
- (h) extend the power to search vehicles,
- (i) amend the procedure concerning seizures of terrorist cash,
- (j) allow for the issue of all premises warrants,
- (k) amend the definition of “terrorism”, and
- (l) permit the amendment of terrorism legislation by Ordinance.

## **2. Proposals from Her Majesty’s Procureur**

Her Majesty’s Procureur has written to the Department in the following terms:

### **“(1) Introduction.**

*Whilst terrorism is not a new phenomenon, in recent years, in its extension to deliberately target innocent civilians going about their ordinary affairs, it has come to affect us all, and none can be considered immune or exempt from its dreadful consequences. Since at least the middle of the 19th century, the British Isles have been affected by terrorism as that expression is now understood in one form or another. Most of the United Kingdom’s original exposure to terrorism stemmed from political difficulties associated with Irish affairs and the desire of some for an independent and united Ireland. Indeed, the earliest British legislation that applied to the Bailiwick as a result of terrorism was part of the Explosives Act 1883, enacted following several terrorist outrages committed by supporters of the Irish Republican movement.*

*Following a period of relative calm after the Second World War, serious terrorist activity recurred in the early 1970s, when the IRA extended its bombing campaign to mainland Britain by the commission of several atrocities. The UK*

*Government reacted by asking Parliament to enact prevention of terrorism legislation, which had to be renewed annually. This legislation was extended by Order in Council to the Bailiwick. However, in 1990 the States enacted its own terrorism legislation, the Prevention of Terrorism (Bailiwick of Guernsey) Law, based on the then United Kingdom legislation.*

*Following a major review of anti-terrorism legislation, Parliament enacted the Terrorism Act 2000 which was not extended to the Bailiwick, as it was believed to be appropriate that the States should enact another Bailiwick-wide Law, and work on that Law was commenced by the Law Officers in the first half of 2001. Following the Al-Qaida attacks on the United States, rapid progress was made in connection with the terrorism project, and as a result the Terrorism and Crime (Bailiwick of Guernsey) Law 2002 was enacted, which replaced the 1990 Law.*

*The enactment of the 2001 Law enabled an application to be made to the authorities in the United Kingdom for the extension to the Bailiwick of the United Nations Conventions relating to Terrorist Bombing and the Financing of Terrorism. As a result, I understand that Her Majesty's Ambassador to the United Nations will be instructed by the Foreign and Commonwealth Office to deposit with the Secretary General the necessary documentation to finalise the extension of the Conventions.*

*The positive attitude that the Guernsey authorities have adopted to the enactment of tough anti terrorist legislation, based on the UK model, demonstrates to the outside world that the Bailiwick is not "soft" on terrorism, and willing to do all in its power to deter terrorists and assist in the gathering of evidence to bring the perpetrators of acts of terrorism to justice.*

*In May of last year, the Council of Europe concluded a Convention for the Prevention of Terrorism, which covers matters that are not addressed in the UN Conventions, and certain aspects of Bailiwick legislation are not compliant with the Council of Europe Convention. Also, in September 2005, the UN finalised its Convention for the Suppression of Acts of Nuclear Terrorism.*

*In the first part of last year, the Home Office began work on drawing up proposals for legislation that would implement, in respect of the United Kingdom, the requirements of the Council of Europe Convention. Following the attacks on London of the 7th July 2005, the proposed legislation was expedited. The resultant Bill also included provisions concerning the new UN Convention for the Suppression of Acts of Nuclear Terrorism and measures designed to toughen existing anti terrorism legislation. The Bill was enacted in April as the Terrorism Act 2006.*

*After careful consideration, I have concluded that much of the new Act should be enacted in the Bailiwick and, in the following paragraphs, I describe the principal provisions of the new Act that I believe should be replicated locally.*

**(2) *Encouragement of terrorism.***

*Article 5 of the Council of Europe Convention for the Prevention of Terrorism requires parties to the Convention to have an offence of public provocation to commit a terrorist offence. To meet the requirements of this Article, section 1 of the new Act provides as follows -*

*“.....a person commits an offence if -*

- (a) he publishes a statement to which this section applies or causes another to publish such a statement; and*
- (b) at the time he publishes it or causes it to be published, he -*
  - (i) intends members of the public to be directly or indirectly encouraged or otherwise induced by the statement to commit, prepare or instigate acts of terrorism or Convention offences; or*
  - (ii) is reckless as to whether members of the public will be directly or indirectly encouraged or otherwise induced by the statement to commit, prepare or instigate such acts or offences”.*

*The section applies to “a statement that is likely to be understood by some or all of the members of the public to whom it is published as a direct or indirect encouragement or other inducement to them to the commission, preparation or instigation of acts of terrorism or Convention offences”.*

*The maximum penalty is 7 years imprisonment.*

*Throughout the new Act there are several references to “Convention offences”. A list of these offences as they would appear in local legislation is attached as an annex to this letter. Those offences in the list, which are contrary to an Act of Parliament have been extended to the Bailiwick.*

*During the passage of the Terrorism Bill through Parliament, the Government, inserted a provision which allows statements that “glorify” the commission of terrorism to be considered as statements that indirectly encourage the commission of terrorism. The proposal met with fierce opposition and had to be voted on three times before the House of Lords allowed it to proceed.*

*The provision concerning “glorification” is not required by the Council of Europe Convention. In my opinion, it does not add anything useful to the Convention requirements, and indeed, may end up confusing, rather than helping, those who have to decide on guilt or innocence. After careful*

*consideration, I recommend that any local legislation should not contain reference to “glorifying” terrorism.*

**(3) *Dissemination of terrorist publications.***

*Following on from the offence of encouraging terrorism, the new Act makes it an offence punishable with up to 7 years imprisonment for anyone to -*

- (a) distribute or circulate a terrorist publication,*
- (b) give, sell or lend such a publication,*
- (c) offer such a publication for sale or loan,*
- (d) provide a service to others that enables them to obtain, read, listen to or look at such a publication, or to acquire it by means of a gift, sale or loan,*
- (e) transmit the contents of such a publication electronically, or*
- (f) have such a publication in his possession with a view to its becoming the subject of conduct falling within any of paragraphs (a) to (e),*

*and at the time he does so -*

- (a) he intends an effect of his conduct to be a direct or indirect encouragement or other inducement to the commission, preparation or instigation of acts of terrorism,*
- (b) he intends an effect of his conduct to be the provision of assistance in the commission or preparation of such acts, or*
- (c) he is reckless as to whether his conduct has an effect mentioned in paragraph (a) or (b).*

*For the purposes of the offence, a publication is a “terrorist publication”, if the material contained in it is firstly, likely to be understood, by some or all of the persons to whom it is or may become available, as a direct or indirect encouragement or other inducement to them to commit, prepare or instigate acts of terrorism; or secondly, likely to be useful in the commission or preparation of such acts and to be understood, by some or all of those persons, as contained in the publication, or made available to them, wholly or mainly for the purpose of being so useful to them.*

**(4) *Preparation of terrorist acts etc.***

*The new Act creates the offence of preparation of terrorist acts. The new*

*offence is intended to fill a gap in the criminal law between conspiracy and attempt. For the creation of a conspiracy, there must be in existence an agreement to commit a specific act that would constitute an offence. A person may only be found guilty of attempting to commit a crime if the acts done are more than preparatory and a specific crime can be identified rather than a general intention to commit an act that amounts to terrorism.*

*Under the terms of the new provision, a person commits an offence if, with the intention of either committing or assisting another to commit acts of terrorism, he engages in any conduct in preparation for giving effect to his intention. It is irrelevant whether the intention and preparations relate to one or more particular acts of terrorism, acts of terrorism of a particular description or acts of terrorism generally.*

*As a result, if a person possesses items that could be used for terrorism even if not immediately and that person has the necessary intention he will be caught by the offence.*

**(5) Training for terrorism.**

*Article 7 of the Council of Europe Convention requires signatories to have an offence of training for terrorism. The requirements of the Article are partially met locally by section 55 of the Law of 2002 which was based upon section 54 of the Terrorism Act 2000.*

*The new 2006 Act, however, creates two offences. The first, concerns the provision of training; and the second, receipt of such training. In connection with both offences it must be the intention that the skills concerned are to be used in some way in connection with terrorism. The “skills” covered by the offences are -*

- (a) the making, handling or use of a noxious substance, or of substances of a description of such substances,*
- (b) the use of any method or technique for doing anything else that is capable of being done for the purposes of terrorism, in connection with the commission or preparation of an act of terrorism or Convention offence or in connection with assisting the commission or preparation by another of such an act or offence, and*
- (c) the design or adaptation for the purposes of terrorism, or in connection with the commission or preparation of an act of terrorism or Convention offence, of any method or technique for doing anything.*

*The maximum penalty is ten years imprisonment.*

*When a person is convicted of the new training offence, the court has the power*



*to order the forfeiture of anything considered to be in the convicted person's possession for purposes connected with the offence tried.*

**(6) Attendance at a place used for terrorist training.**

*It is now an offence under the new Act for a person to attend any place in the United Kingdom or elsewhere at which terrorist training is taking place. The maximum penalty on conviction is 10 years imprisonment.*

**(7) Making and possession of devices or materials.**

*Any person who makes or possesses a radioactive device or material with the intention that it is to be used in the course of, or in connection with, the carrying out of an act of terrorism, or for the purposes of terrorism is now guilty of an offence. An offence is also committed if it is the intention of the accused to make the device or material available to be used in such a way.*

*It does not matter for the purposes of the offences whether an intention relates to a specific act of terrorism, or acts of terrorism in general.*

**(8) Misuse of devices or material and misuse and damage of facilities.**

*Under the new Act, it is an offence for a person to use radioactive material or a radioactive device in the course of, or in connection with an act of terrorism or the purposes of terrorism.*

*An offence is also committed if, in the course of or in connection with the commission of an act of terrorism or for the purposes of terrorism a person uses or damages a nuclear facility in a way that releases radioactive material or creates or increases the risk that such material will be released.*

**(9) Terrorist threats relating to devices, materials or facilities.**

*It is now unlawful in the course of or in connection with the commission of a terrorist act, or for the purposes of terrorism, for someone to demand the supply of a radioactive device or radioactive material, or that a nuclear facility or access to a nuclear facility is made available, if the demand is supported with a threat to take action if it is not met. An offence is only committed if the threat is credible, in that the circumstances and manner of the threat are such that it is reasonable for the person to whom it is made to assume there is a real risk of the threat being carried out if the demand is not met.*

*A person is also guilty of an offence, if in the course of or in connection with the commission of an act of terrorism, or for the purposes of terrorism he makes a threat that is credible to -*

- (a) use radioactive material,*

- (b) *use a radioactive device,*
  - (c) *use or damage a nuclear facility in a manner that releases radioactive material, or*
  - (d) *create or increase a risk that radioactive material will be released.*
- (10) *Sentences for offences relating to radioactive devices etc.***

*The maximum penalty for the offences created by the new Act that relate to radioactive devices etc. is life imprisonment.*

**(11) *Liability of company directors etc.***

*When an offence under the provisions of the new Act is committed by a company and it is proved to have been committed with the consent or connivance of a director or other officer of the body, the individual concerned (as well as the company) may be prosecuted and punished.*

**(12) *Commission of offences abroad.***

*Article 14 of the Council of Europe Convention and Article 9 of the United Nations Convention on the Suppression of Acts of Nuclear Terrorism require parties to the Conventions to have jurisdiction in respect of offences committed anywhere by their nationals. The new Act includes a provision that allows courts in the United Kingdom to try certain offences committed abroad by any person regardless of nationality.*

*The offences designated for the purposes of extra-territorial jurisdiction are those created by the Act and two offences under the Act of 2000 namely membership of a proscribed organisation and providing training in the use of weapons.*

*Section 3 of the Explosives Act 1883 was extended to the Bailiwick and deals with the preparation for the use of explosives with intent to endanger life or property in the British Islands and the Republic of Ireland. As a result of the wording of section 3, it is not an offence to carry out acts preparatory to an explosion in a country other than the British Islands or the Republic. To remedy this, the new Act amends section 3 so an explosion which is planned here to take place anywhere in the world will constitute an offence.*

**(13) *Increase in certain penalties.***

*The new Act increases the maximum penalties that are available for a number of existing offences. These are as follows.*

*Under section 57 of the Terrorism Act it is an offence to possess an item in circumstances that may give rise to a reasonable suspicion that it is possessed for a purpose connected to the commission, preparation or instigation of an act of terrorism. The maximum penalty is increased from 10 to 15 years imprisonment. This offence was enacted locally as section 58 of the Terrorism and Crime (Bailiwick of Guernsey) Law 2002.*

*Section 2 of the Nuclear Material (Offences) Act 1983 was extended to the Bailiwick by Order in Council in 1991. This section created offences relating to receiving, holding or dealing with nuclear material, or making threats in relation to nuclear material, with intent to commit certain offences, for example, murder, or enabling others to commit those offences. The maximum penalty available in the United Kingdom was increased by the new Act from 14 years to life imprisonment.*

*Section 53 of the Regulation of Investigatory Powers Act 2000 was replicated locally as section 46 of the Regulation of Investigatory Powers (Bailiwick of Guernsey) Law, 2003. The provision creates a power to enable the law enforcement authorities to serve notices requiring the disclosure of encrypted information in an intelligible form. Under the new Act, the maximum sentence for contravening a notice issued on the grounds of national security is increased from 2 to 5 years imprisonment.*

**(14) Detention of seized cash.**

*Under the Terrorism, Crime and Security Act 2001 and our local Terrorism legislation, provision is made for the seizure and forfeiture of terrorist cash. A review of any detention of cash has to be made by a judicial authority after 48 hours and thereafter at least every two months. Before a review of detention is made, notice must be served on any person affected by the detention of the cash.*

*The new Act removes the requirement to serve notice of the first application to extend the period of detention. The hearing for extension can therefore, be heard in private in the absence of the person concerned or his legal representative. The change in the wording of the legislation reduces the possibility of sensitive information reaching terrorists at an early stage of a terrorist investigation*

**(15) Period of detention and grounds for detention.**

*Under the Terrorism and Crime (Bailiwick of Guernsey) Law 2002, those suspected of committing terrorist offences may, with judicial approval, be held without charge for up to 14 days. This was the maximum period under the equivalent UK legislation before it was increased to 28 days by the new Act.*

*As far as the grounds for detaining a suspect are concerned persons may be held under the current local legislation either to preserve relevant evidence or obtain*

evidence by questioning. The new Act amends the UK legislation to allow suspects to be held pending the result of forensic tests.

**(16) Powers of search.**

The new Act makes changes to the powers of the police to search premises. Under the Terrorism Act the police were only able to search premises named in a warrant. Our local legislation is worded in similar terms. The new Act now permits a judge to issue a warrant to search all premises occupied or controlled by a named individual. These “all premises warrants” allow immediate searches to be made of premises previously not known to have any connection with a suspect in potentially urgent and dangerous circumstances. The power only applies to terrorist enquiries.

The Terrorism Act and our local legislation allowed for searches for terrorists to be made on aircraft and ships at air and seaports. There was no explicit power to search vehicles on an aircraft or ship. The new Act amends the United Kingdom legislation to permit searches of a vehicle that is either on a ship or aircraft or is reasonably believed to be about to be moved onto such a mode of transport.

**(17) Definition of “terrorism”.**

In the Terrorism Act and the Terrorism and Crime Law, part of the definition of “terrorism” referred to threats “designed to influence the government”. The new Act sensibly extends the definition to threats aimed at influencing “an international government organisation”.

**(18) Amendment to Regulation of Investigatory Powers legislation.**

The Regulation of Investigatory Powers (Bailiwick of Guernsey) Law, 2003 is based on the Regulation of Investigatory Powers Act 2000. The new Act extends the period in which material which is collected for reasons of national security may be examined by the authorities

**(19) Power to amend by Ordinance.**

It is quite possible as a result of the development of international standards or by initiatives of the United Kingdom Government that the terrorism legislation on the mainland will be further amended. It may be appropriate in the future to adopt locally some of the future changes made to the UK’s legislation. In order that time may be saved in enacting important changes to our terrorism legislation, I recommend the addition of a section permitting amendments by way of Ordinance both to the Law that will hopefully come into force as a result of this letter and also to the Terrorism and Crime (Bailiwick of Guernsey) Law 2002.

**(20) Cost.**

*If the proposals I have outlined are enacted, I do not anticipate there will be any need for extra expenditure by the States.*

**(21) Human rights.**

*I am of the opinion that the proposals if enacted, will comply with the provisions of the European Convention on Human Rights.*

**(22) Summary.**

*In summary, I recommend that the States be asked to order the drafting of appropriate legislation to implement the following -*

- (a) create offences of -*
  - (i) encouragement of terrorism,*
  - (ii) dissemination of terrorist publications,*
  - (iii) preparation of terrorist acts,*
  - (iv) training for terrorism,*
  - (v) attendance at a place used for terrorist training,*
  - (vi) making and possession of radioactive devices or materials,*
  - (vii) misuse of radioactive devices or material and misuse and damage of facilities, and*
  - (viii) making terrorist threats relating to radioactive devices, materials or facilities,*
- (b) increase sentences for the following offences to the same level as in the United Kingdom -*
  - (i) possession for terrorist purposes (section 55 of the Terrorism and Crime Law),*
  - (ii) offences involving preparatory acts and threats (section 2 of the Nuclear Material (Offences) Act 1983 (as extended to the Bailiwick), and*
  - (iii) contravention of a disclosure requirement (section 46 of the Regulation of Investigatory Powers (Bailiwick of Guernsey Law, 2003).*

- (c) *provide for the prosecution of some offences committed abroad,*
- (d) *confirm the criminal liability of directors for new offences,*
- (e) *allow for the search, seizure and forfeiture of terrorist publications,*
- (f) *amend the Regulation of Investigatory Powers (Bailiwick of Guernsey) Law, 2003, and*
- (g) *extend the period of detention for terrorist suspects and the grounds for extension,*
- (h) *extend the power to search vehicles,*
- (i) *amend the procedure concerning seizures of terrorist cash,*
- (j) *allow for the issue of all premises warrants,*
- (k) *amend the definition of “terrorism”, and*
- (l) *permit the amendment of terrorism legislation by Ordinance.*

*Given the importance of this legislation I shall be grateful if proposals for enactment be brought before the States at as early a date as possible.”*

### **3. Home Department’s Response**

The Department is supportive of the introduction of legislation as set out above and believes the proposals will further demonstrate the tough anti terrorism stance that the Bailiwick takes and its willingness to do all in its power to deter terrorists and assisting in bringing perpetrators of acts of terrorism to justice.

### **4. Costs and Resources**

The Home Department believes that there will be a measure of resource implications which the Chief Officer of Police and Chief Officer of Customs and Immigration consider can be managed through the prioritisation of operations. The Department would also wish to point out however that this, together with other recent relevant States Reports which affect legislation pertaining to law enforcement, is having a cumulative effect on resources which are already severely stretched.

### **5. Conclusion**

The Department recommends the States:

To approve the Department's proposals to introduce legislation as set out in

Her Majesty's Procureur's letter; and

To direct the preparation of such legislation as may be necessary to give effect to the foregoing.

Yours faithfully

M W Torode  
Minister

## ANNEX

## CONVENTION OFFENCES

1. *Explosives offences*

*An offence under section 3 or 5 of the Explosive Substances Act 1883 (attempts to cause explosions and accessories).*

2. *Biological weapons*

*An offence under section 1 of the Biological Weapons Act 1974 (restriction on development etc. of biological weapons).*

3. *Offences against internationally protected persons*

- (1) *An offence mentioned in section 1(1)(a) of the Internationally Protected Persons Act 1978 (attacks against protected persons committed outside the United Kingdom) which is committed, whether in the United Kingdom or elsewhere, in relation to a protected person.*
- (2) *An offence mentioned in section 1(1)(b) of that Act (attacks on relevant premises etc.) which is committed, whether in the United Kingdom or elsewhere, in connection with an attack against protected persons.*
- (3) *An offence under section 1(3) of that Act (threats etc. in relation to protected persons).*

4. *Hostage taking*

*An offence under section 1 of the Taking of Hostages Act 1982 (hostage-taking).*

5. *Hijacking and other offences against aircraft*

*Offences against any of the following provisions of the Aviation Security Act 1982 -*

- (a) *section 1 (hijacking),*
- (b) *section 2 (destroying, damaging or endangering safety of aircraft),*
- (c) *section 3 (other acts endangering or likely to endanger safety of aircraft),*
- (d) *section 6(2) (ancillary offences).*

6. *Offences involving nuclear material*

- (1) *An offence mentioned in section 1(1) of the Nuclear Material (Offences) Act 1983 (offences in relation to nuclear material committed outside the United Kingdom) which is committed (whether in the United Kingdom or elsewhere) in relation to or by means of nuclear material.*



- (2) *An offence under section 2 of that Act (offence involving preparatory acts and threats in relation to nuclear material).*

7. *Offences under the Aviation and Maritime Act 1990*

*An offence under section 1 of the Aviation and Maritime Security Act 1990 (endangering safety at aerodrome).*

8. *Offences involving chemical weapons*

*An offence under section 2 of the Chemical Weapons Act 1996 (use, development etc. of chemical weapons).*

9. *Terrorist funds*

*An offence under any of the following provisions of the Terrorism and Crime (Bailiwick of Guernsey) Law 2002 ("the Law of 2002") -*

- (a) *section 8 (terrorist fund-raising),*
- (b) *section 9 (use and possession),*
- (c) *section 10 (funding arrangements for terrorism),*
- (d) *section 11 (money laundering of terrorist funds).*

10. *Directing terrorist organisations*

*An offence under section 57 of the Law of 2002 (directing a terrorist organisation).*

11. *Offences involving nuclear weapons*

*An offence under 63 of the Law of 2002 (use, development etc. of nuclear weapons).*

12. *Conspiracy etc.*

*Any of the following offences -*

- (a) *conspiracy to commit a Convention offence,*
- (b) *inciting the commission of a Convention offence,*
- (c) *attempting to commit a Convention offence,*
- (d) *aiding, abetting, counselling or procuring the commission of a Convention offence.*

**(NB The Policy Council supports the proposals.)**

**(NB The Treasury and Resources Department has no comment on the proposals.)**

The States are asked to decide:-

XIII.- Whether, after consideration of the Report dated 28<sup>th</sup> September, 2006, of the Home Department, they are of the opinion:-

1. To approve the Home Department's proposals to introduce legislation as set out in Her Majesty's Procureur's letter quoted in section 2 of that Report.
2. To direct the preparation of such legislation as may be necessary to give effect to their above decision.

**STATUTORY INSTRUMENTS LAID BEFORE THE STATES**

**THE WATER (RECONNECTION CHARGES) ORDER, 2006**

In pursuance of Article 17 (6) of the Law entitled “Loi ayant rapport Fourniture d’Eau par les États de cette Île aux Habitants de la dite Île” registered on 7<sup>th</sup> May, 1927, as amended, The Water (Reconnection Charges) Order, 2006, made by the Public Services Department on 14<sup>th</sup> September, 2006, is laid before the States.

EXPLANATORY NOTE

This Order makes provision for the charging of shutting-off and subsequently reconnecting water supplies, as detailed under Section 12 (1) of the Water Charges Ordinance, 1991. The charges are within the range of the increase in the Retail Price Index since that Ordinance was enacted on 1<sup>st</sup> May, 1991.

**THE FAMILY ALLOWANCES (CLAIMS AND PAYMENTS)  
(GUERNSEY) (AMENDMENT) REGULATIONS, 2006**

In pursuance of section 15 of the Family Allowances (Guernsey) Laws, 1950 - 1984, The Family Allowances (Claims and Payments) (Guernsey) (Amendment) Regulations, 2006, made by the Social Security Department on 20<sup>th</sup> September, 2006, are laid before the States.

EXPLANATORY NOTE

These Regulations provide that Family Allowances should be payable on Monday, in line with other benefits.

**THE SOCIAL INSURANCE (BENEFITS)  
(AMENDMENT) REGULATIONS, 2006**

In pursuance of section 117 of the Social Insurance (Guernsey) Laws 1978 – 2004, The Social Insurance (Benefits) (Amendment) Regulations, 2006, made by the Social Security Department on 20<sup>th</sup> September, 2006, are laid before the States:

EXPLANATORY NOTE

These Regulations provide the technical requirements for the simplification of the calculation and payment of the short-term benefits for incapacity, maternity and unemployment.

The result will be

- (a) the abolition of "waiting days", the first three days of any claim held back until a further nine days benefit has been payable, and instead substituting a minimum of four days, all of which would be immediately payable, for any claim to benefit;

- (b) the removal of the disregard of Sunday, which made payments difficult to understand and required additional complex regulations to administer, so that for each day of benefit one seventh of the weekly rate will be payable;
- (c) the separation of periods of incapacity and unemployment, which will have advantages both for claimants, for whom repeated spells of ill-health could have an adverse effect on their entitlement to unemployment benefit, and for the Insurance Fund by removing the possibility of higher-rate benefit becoming payable to persons who had predominantly been unemployed.

The opportunity has also been taken to provide additional safeguard for the benefit entitlement of persons involved in any of the employment rehabilitation schemes recently introduced by the Department.

These Regulations will not affect existing long-term claimants, but it is believed that the simplified rules will enable new claimants better to understand the basis of their payments.

#### **THE INCOME TAX (KEEPING OF RECORDS, ETC) REGULATIONS, 2006**

In pursuance of section 75P of the Income Tax (Guernsey) Law, 1975, as amended, the Income Tax (Keeping of Records, etc) Regulations, 2006 made by the Treasury and Resources Department on 17<sup>th</sup> October, 2006, are laid before the States.

##### **EXPLANATORY NOTE**

These Regulations specify the records that have to be made, maintained, kept and retained by any person in respect of tax and liability thereto, and the periods for which such records have to be retained. The Regulations also make provision as to criminal and civil sanctions and penalties in respect of contraventions of the Regulations.

#### **THE HEALTH SERVICE (BENEFIT) (LIMITED LIST) (PHARMACEUTICAL BENEFIT) (AMENDMENT NO 4) REGULATIONS, 2006**

In pursuance of Section 35 of the Health Service (Benefit) (Guernsey) Law, 1990, the Health Service (Benefit) (Limited List) (Pharmaceutical Benefit) (Amendment No 4) Regulations, 2006, made by the Social Security Department on 18<sup>th</sup> October, 2006, are laid before the States.

##### **EXPLANATORY NOTE**

These Regulations add to a limited list of drugs and medicines available as pharmaceutical benefit which may be ordered to be supplied by medical prescriptions issued by medical practitioners or dentists, as the case may be.

*APPENDIX I*

**EDUCATION DEPARTMENT**

**LA MARE DE CARTERET SECONDARY SCHOOL – VALIDATION REPORT**

The Chief Minister  
Policy Council  
Sir Charles Frossard House  
La Charroterie  
St Peter Port

27<sup>th</sup> September 2006

Dear Sir

I enclose a summary of the La Mare de Carteret Secondary School Validation Report, together with the Education Department's response and would be grateful if you would arrange for them to be published as an appendix to the Billet d'État for November 2006.

Copies of the full report will be made available for any member of the public to inspect at both the school and the Education Department.

Yours faithfully

M A Ozanne  
Minister

Enc

**ISLANDS' FEDERATION FOR THE EVALUATION OF SCHOOLS  
(IFES)**

**CONFIDENTIAL**

**Summary of the Validation Report**

**LA MARE DE CARTERET SECONDARY SCHOOL**

**GUERNSEY**

**MARCH 2006**

## **SUMMARY OF THE VALIDATION REPORT**

### **LA MARE DE CARTERET SECONDARY SCHOOL**

La Mare de Carteret School is a one site non-selective school for boys and girls aged 11-16  
It serves the country parishes of Forest, St Pierre du Bois, St Saviour and Castel,  
as well as part of the parishes of St Sampson and Vale.

There are 442 pupils on roll, 253 boys and 189 girls

They are taught by 36 full time staff, including the headteacher, and 1 part time teacher.

The average class size is 17 and the PTR is 12.1 : 1

### **Background**

The validation team consisted of eleven experienced Ofsted inspectors from the UK all of whom had completed the Islands' Federation for the Evaluation of Schools (IFES) training course. The team was led by a former senior HMI and Ofsted Registered Inspector.

The team was introduced to the staff at a Sunday afternoon meeting at La Mare de Carteret, and then spent four days inspecting the school.

The school provided a range of documentation and information in advance of the visit, having spent a year working on its self-evaluation activities. Some staff had attended the Education Department's IFES Internal Evaluator training course on how to carry out a self review.

The evidence base to validate the school's findings was collected through:

- \* observation of 128 whole or part lessons;
- \* scrutiny of a wide range of whole school and departmental documentation from the last three years, including School Improvement Plans, minutes of meetings and examination results;
- \* examination and discussion of teachers' planning;
- \* attendance at assemblies, form tutor periods and some extra curricular activities;
- \* examination of pupils' current and previous work;
- \* approximately 22 hours of planned discussions with teachers and other staff, pupils and parents;
- \* observation of pupils on arrival and departure from the school and at other times around the buildings and grounds;

- \* scrutiny of 42 letters and 158 returns from the parental questionnaire.

At the end of the week, heads of department received an oral feedback on their subject area from the specialist inspector. The team leader and deputy leader reported the main findings of the inspection team to the headteacher and his deputies at the school. This was followed by a verbal report to the Director of Education.

### **Main Findings**

- \* La Mare de Carteret School has made steady progress in many areas since the last inspection in 2000, and is generally attaining standards that compare favourably with similar non-selective schools in the UK.
- \* Key issues raised in the last validation report are being successfully addressed, particularly relating to the school improvement plan (SIP), senior management team (SMT) roles, oversight of the curriculum, the communication of SMT decisions, the provision for social, moral, spiritual and cultural development (SMSC) and the improvement of boys' attainment.
- \* The headteacher is fully committed to the school and leads it well. He receives good support from his deputies and the SMT. Subjects and year groups are mainly well co-ordinated. Morale is being sustained during a period of reorganisation and change.
- \* The school's self-evaluation exercise was well planned and organised, with full contributions from teaching and support staff. In most areas of the internal report, suitable evaluative comments and judgements were made. The main findings are mostly accurate and are endorsed by the validating team.
- \* The school has successfully merged the self-evaluation process with school improvement planning for the year 2005/6. Findings have been used to prioritise the school's targets and action plans.
- \* The inspection team observed 128 lessons, in addition to tutor periods, assemblies and some extra-curricular activities. Of these lessons, 92% were found to be of at least satisfactory standard, and a commendable 58% were either good or excellent in the quality of teaching, learning and attainment. This compares favourably with the inspection report of 2000 when the figures were 89% and 48% respectively.
- \* Teaching is mostly well planned and purposeful. Consistently effective teaching and learning were observed at both key stages in mathematics, modern foreign languages (MFL), PSCE, geography, art and English, while many examples of good practice were also seen in science, history, PE, DT, ICT and RE.



- \* The school is well documented with appropriate policies, schemes of work and departmental handbooks, although some are in need of updating with a greater emphasis on standards and the quality of teaching and learning.
- \* Effective curriculum oversight is provided by the deputy headteacher (DHT), assisted by regular monitoring from the SMT and heads of department. Members of the SMT are beneficially linked to different subject areas. The curriculum largely meets the requirements of the NC(Guernsey), and meets the declared aims of the school. Some elements of the creative arts, PE and ICT programmes require more emphasis. As in all Island schools, the amount of taught curriculum time is less than the 25 hours minimum recommended for the NC (UK).
- \* The school is wisely seeking to broaden its post-14 curriculum in preparation for raising of the school leaving age and to provide more practical and vocational opportunities for pupils. There is a low take up of music and drama at KS4.
- \* Year heads and most form tutors work hard to ensure that the school's pastoral system provides good support to pupils' learning. The newly appointed SENCO is seeking to disseminate helpful information on children with special needs to heads of department and other staff utilising Guernsey's SEN Code of Practice and the school's own data.
- \* Some staff are making good use of available assessment data to inform their planning, and to provide differentiated material and resources for pupils' different levels of ability. Pupils benefit from the hard work of teaching assistants and other non-teaching staff.
- \* The Yellis analysis of 2005 GCSE results shows that all subjects, with the exception of business studies, showed a positive degree of 'value added'. Pupils make good progress through KS3. At KS4 in 2005, the achievement of A\* - C grades in English, mathematics and science, and the percentage of pupils achieving five or more A\* - C grades places the school in the upper quartile of similar schools in the UK.
- \* The school has established appropriate new policies and procedures to address instances of poor behaviour or bullying. Behaviour during the inspection week was mostly good, and the school was calm, purposeful and well ordered. Pupils respond well to praise and encouragement and to teachers with high expectations of work and behaviour. Relationships in the school are good and there is a warm and caring ethos.
- \* A small minority of pupils with emotional and behavioural difficulties occasionally demand time consuming attention from SMT and staff. The SEN department, with appropriate help from outside agencies, works hard to provide pupils and staff with relevant support. A new post of Behaviour Co-ordinator (BECO) is also being established.

- \* There is an appropriate range of minuted meetings at all levels and communication is mostly effective.
- \* The school has an established assessment, recording and reporting (ARR) policy. Departments such as mathematics, MFL, PE, geography, and child development are wisely beginning to use available assessment data for target setting. The SMT needs to ensure the more consistent application of the ARR policy across the school.
- \* Effective procedures are operated for the pastoral support, guidance and welfare of pupils. Attendance is good at around 92%. The school is rightly seeking to clarify and strengthen the role of the form tutor.
- \* Good provision is made for pupils' social, moral and cultural development. The school is seeking to strengthen the spiritual dimension to complement the provision being made in RE, PSHE and school assemblies. The PSHE and citizenship programme is well taught, with good co-ordination by a senior teacher. The School Council operates effectively.
- \* The school benefits from positive relationships with the local community and many of its parents. The School Association regularly provides extra financial assistance to the school and has recently contributed to the library refurbishment and extra reading books.
- \* The parental questionnaire (Appendix A) resulted in 158 responses, with 42 additional written comments. A high proportion of responding parents are satisfied with many aspects of the school's provision and performance.
- \* The school intends to address the negative comments made by some parents relating to homework, marking, behaviour, and the communication of information on the curriculum and on pupils' progress and attainment.
- \* The school office is welcoming to parents and visitors and is efficiently run. Appropriate systems operate for the delegation of budget funds to departments, and there is good oversight of spending. Both the school and the Education Department are currently working to fulfil the recommendations of recent financial and health and safety audits.
- \* The school is adequately staffed to meet the demands of the NC(Guernsey), and enjoys a more favourable PTR than similar schools in the UK. Many staff avail themselves of staff development opportunities, and INSET is increasingly being linked to the priorities of the SIP and the outcomes of Performance Management.
- \* The school is generally well resourced. It is well cleaned and maintained and good use is made of the available accommodation. There is a lack of small

rooms for confidential discussions with parents and children and there are insufficient staff toilets. The refurbished library/resource centre is currently under-used to support and develop independent learning.

- \* The Island's ICT initiative has made more generous provision of computers than usually seen in UK schools. The school's administrative system, most departments and many pupils are benefiting from the provision. The school is aware of the need for better cross-curricular co-ordination of ICT development.
- \* The school improvement plan currently addresses many of the key issues for attention identified by the validation team, and the recommendations within the school's own self-evaluation report provide a secure basis for future planning.

### **Key Issues that the School Needs to Address**

- \* In order to continue to move the school forward, the headteacher and his staff should focus in particular on the following areas :
- monitoring and evaluation by the SMT and HODs to ensure the consistent application by staff of agreed whole school policies for ARR, marking, homework and the cross-curricular co-ordination of ICT;
  - developing distributive leadership so that HODs and HOYs are clear about their roles in ensuring effective teaching, learning and academic mentoring;
  - improving communications with parents, and strengthening the school's procedures for celebrating and publicising the school's many achievements;
  - increasing the use of available data and assessment information to set targets and raise expectations and to encourage independent learning;
  - broadening the school's post-14 curriculum to provide more practical and vocational opportunities;
  - continuing the development of INSET opportunities and liaison with the SEN department and support agencies in order to strengthen provision for EBD pupils;
  - sustaining staff morale, embracing new assessment for learning techniques, and strengthening form tutor roles in preparation for raising of the school leaving age.

*The school is responsible for drawing up an action plan after receiving the Report, showing what it is going to do about the issues raised and how it will incorporate them in the school's Improvement Plan.*

*A follow-up visit to the school will be made in summer/autumn 2007 in order to monitor and discuss the progress the school has made, and a written report will be made to the Director of Education.*

### **Response to the Validation Report on La Mare De Carteret Secondary School**

The Board of the Education Department is pleased to note the school's very good Validation report of March 2006, a report that highlights the steady progress made since the previous Validation in 2000. All the significant issues raised in the last Validation report have been successfully addressed. The report notes that the Headteacher is fully committed to the school and leads it well, receiving good support from his deputies and other members of the Senior Management Team. Standards of teaching and learning have improved with 58% of lessons being either good or excellent in the quality of teaching, learning and attainment compared with 48% at the previous Validation. Standards of attainment remain high relative to those achieved by similarly non-selective schools in England. Pupils make good progress through Key Stage Three. At Key Stage Four in 2005, the achievement of A\*-C grades in English, Mathematics and Science, and the percentage of pupils achieving five or more A\*-C grades placed the school in the upper quartile of similar schools in England.

The Board is pleased to note that the school's self-evaluation was well planned and organised with the full involvement of teaching and non-teaching staff. The school's own report included evaluative comments, judgements and main findings which the Validating team were pleased to endorse. It was particularly gratifying to note that the school successfully merged the self-evaluation process with school improvement planning for the year 2005/2006. Findings were used to prioritise the school's targets and action plans for the 2005/2006 plan.

The Board is also pleased to note that the Validating team reported that relationships in the school were strong. They also commented on the warm and caring ethos displayed within it. The school was found to be calm, purposeful and well ordered with the behaviour being observed being mostly good. Pupils responded well to praise and encouragement and to teachers with high expectations of work and behaviour. Good provision for pupils' moral, social and cultural development was evident to the Validating team and there were effective procedures for pastoral support, guidance and welfare of pupils. It was significant that a high proportion of parents responding to the parental questionnaire expressed satisfaction with many aspects of the school's provision and performance.

The Validating team were pleased to support the school's own self evaluation in recommending a focus on the following areas as ways forward for the school:

- Monitoring and evaluation by the Senior Management Team and Heads of Departments to ensure the consistent application by staff of agreed whole school policies for ARR, marking, homework and the cross curricular coordination of ICT
- Developing distributive leadership so that Heads of Departments and Heads of Years are clear about their roles in ensuring effective teaching, learning and academic monitoring

- Improving communications with parents and strengthening the school's procedures for celebrating and publicising the school's many achievements
- Increasing the use of available data and assessment information to set targets and raise expectations and to encourage independent learning
- Broadening the school's post-14 curriculum to provide more practical and vocational opportunities
- Continuing the development of INSET opportunities and liaison with the SEN department and support agencies in order to strengthen provision for BESD pupils
- Sustaining staff morale, embracing new assessment for learning techniques and strengthening form tutor roles in preparation for raising of the school leaving age

The school is pleased to incorporate these points in the 2006/2007 school improvement plan.

*APPENDIX II***PUBLIC ACCOUNTS COMMITTEE****MANAGING SICKNESS ABSENCE IN THE STATES OF GUERNSEY**

The Chief Minister  
Policy Council  
Sir Charles Frossard House  
La Charroterie  
St Peter Port

17<sup>th</sup> October 2006

Dear Sir

**1. Executive Summary**

- 1.1 The Public Accounts Committee commissioned the National Audit Office (NAO) to carry out a value for money review on managing sickness absence. There will always be sickness absence within a workforce but managing sickness absence in a proper and structured way can lead to improvements in efficiency and effectiveness of the organisation, as staff respond to a good work environment.
- 1.2 Though there may be some misconceptions that public employees take high levels of sickness absence, the NAO report has indicated that the absence levels within Guernsey are better than those in public sectors in other jurisdictions. The NAO have calculated that there were 37,285 working days lost to sickness absences in 2005, some 3.8% of the available working days totalling £6.1 million, 3.7% of the £163 million annual wage bill.
- 1.3 Chief Officers have the responsibility to ensure that sickness absence is managed and monitored effectively and consistently within their Department. The Public Accounts Committee is delighted that the Chief Officers have 'grasped the nettle' in respect of this topic and have pushed for a corporate approach to be taken in managing sickness absence, by adopting standard recording and common procedures.
- 1.4 Changes and improvements in the way that sickness is reported within Departments and to the Centre will enable a corporate approach when dealing with trends in sickness absence. The introduction of standard procedures across the States, the acceptance of return to work interviews and trigger factors will

help Departments control unusual absences. Commonality in recording the figures will also ensure that data is more accurate and timely.

## **2. Background**

- 2.1 One of the roles of the Public Accounts Committee is to examine whether public funds have been applied for the purposes intended by the States and to ensure that extravagance and waste are eradicated. In order to achieve this role, the Public Accounts Committee has undertaken a series of reviews to ensure that the States of Guernsey achieves value for money.
- 2.2 One of the biggest expenses within States general revenue expenditure is the cost of staff – some £163 millions<sup>1</sup> out of a total spend of £292 millions in 2005.<sup>2</sup> Therefore this is an area that the States, utilising the Public Accounts Committee Report, should strive to ensure that value for money is achieved – albeit in a constructive manner.
- 2.3 Throughout jurisdictions, a common area to investigate when considering value for money within staff costs, is sickness absence. In fact, this was the first area that Jersey's shadow Public Accounts Committee chose as a subject for a report in December 2004.
- 2.4 Last year, the Public Accounts Committee commissioned the National Audit Office (NAO) to carry out a review on sickness absence encompassing all staff and not just restricted to civil servants, to quantify the cost and also recommend ways in which it could be better managed.
- 2.5 Although sickness absences have been monitored internally within the States for a number of years, this is the first time that this has been made public and includes all employees within the States of Guernsey.

## **3 General overview of sickness absence**

- 3.1 There will always be cases where employees are unable to attend work due to severe illnesses, operations, where the illness is contagious or where it is just impossible to work at a desk, walk the beat, stand in front of a classroom, or nurse in a ward. In these instances sickness absence is genuine. However, there are instances where employees may abuse this condition of their employment and are unfair to their colleagues who then have to cover for the illness.
- 3.2 Although costly, high level of absence can also adversely affect efficiency and morale within departments, which in turn leads to higher absence levels. The biggest asset of any Department is its reputation and staff absences can impair the quality of service as follows:

---

<sup>1</sup> NAO Report "Managing Sickness Absence in the States of Guernsey", Figure 3, page 9

<sup>2</sup> Treasury and Resources Department 2006 Interim Financial Report, Page 1 and Page 27.



**Figure 1**

“Staff absences affect quality of service in a number of ways:

- Work may be held up, with the result that turnaround time increases, deadlines are not met and service to the public or other Departments is delayed – then dealing with queries or complaints takes up yet more time.
- Shortage of staff may lead to work being rushed and errors may occur as a result – often more time is spent correcting work which could or should have been right first time.
- Increased pressure on remaining staff may diminish their output or standard of performance.

And

- This may lead to a drop in staff morale or an increase in stress which in turn may lead to more staff absences and a vicious circle of deteriorating performance.
- Morale and discipline may suffer if the remaining staff feel that they are being asked to carry the can unfairly for absent colleagues (thus employees and their representatives as well as management have an interest in reducing absence levels).
- Supervisor time and effort have to be spent arranging cover for absent staff rather than managing those who are at work.”

*Source: States of Guernsey Policy Council Human Resources “Managing Sickness Absence – A Guide for States Departments” Revised November 2004.*

- 3.3 The NAO report details ways in recording and monitoring of sickness, but does not cover the issue of why sickness occurs in the first place. There are many factors which may affect absence levels and organisations are encouraged to pay attention as follows:

**Figure 2**

“• Communications

- Working conditions
- Induction and training
- Career development
- Health and safety standards
- Welfare
- Supervisory training

- Job design
- Disciplinary rules and standards. ”

*Source: States of Jersey website, Social Security, employment relations, the A-Z of work*

- 3.4 Future information collected on sickness absence should include the reasons for sickness absence so that problems with working in particular areas can be identified and conditions improved accordingly. Sickness absence may be indicative of a bigger problem within a particular area, for example, high levels of work related stress is often associated with greater exposure to face-to-face contact with the public<sup>3</sup>.
- 3.5 There is an unfounded belief that public sector employees are absent through sickness more than in the private sector. In fact, the results of a survey by the Health and Safety Executive<sup>4</sup>, carried out in 2005, indicate that public sector workers are no more likely to go sick than private sectors workers in similar sized firms and that older employees take more days sick than their younger counterparts, but younger have more short term absence. The same survey indicated that:

### Figure 3

“A higher proportion of public than private sector employees report working while ill, i.e. during periods when they could have taken sick-leave”

*Source: Health and Safety Executive – Survey of Workplace Absence Sickness and Health – 2005*

- 3.6 The Chartered Institute of Personnel and Development (CIPD) survey in 2000 indicated that positive policies for improving working conditions and motivating staff can go a long way to reducing absence levels.

### Figure 4

“Departments cannot meet their objectives unless they make the best of staff, money and time. Ensuring that these resources are not wasted but are available in sufficient time and quality gives managers a powerful incentive to make the best of their most valuable resource- their staff – and this includes taking steps to reduce staff absence and promote workplace environments supportive of good attendance.”

*Source: States of Guernsey Policy Council Human Resources “Managing Sickness Absence – A Guide for States Departments” Revised November 2004.*

<sup>3</sup> Health and Safety Executive – Survey of Workplace Absence Sickness and Health - 2005

<sup>4</sup> The Health and Safety Executive is responsible for health and safety regulation in Great Britain.

- 3.7 Although this report concentrates on absences due to sickness, there are other reasons for absences, such as lateness and leaving early, appointments, and other authorised absences such as annual, compassionate, maternity and paternity leave. These other reasons are not considered in this report, although the implications and resolution are similar.

#### **4 Overview of Sickness Absence within the States of Guernsey**

- 4.1 There has been a very positive response to the findings of the NAO review and general acceptance of all the recommendations. Sickness absence is being tackled corporately through the Human Resources (HR) Group chaired by the HR Head of Profession supported by the Chief Officer Group under the direction of the Chief Executive.
- 4.2 Since the NAO completed their report, the Social Security Department has piloted a scheme for monitoring and recording sickness absence encompassing the trigger points recommended by the report and this will be piloted by another Department later this year. It is hoped to introduce the new procedures to all Departments during 2007.
- 4.3 The Public Accounts Committee is encouraged by the positive attitude of the Chief Officers to embrace the recommendations and further improve the management of sickness absence.**

#### **5 Sickness Absence Rates in the States of Guernsey**

- 5.1 **The Public Accounts Committee is pleased that the NAO report indicated that sickness absence rates for employees of the States of Guernsey are comparable, and indeed better in some cases, than public sectors in other jurisdictions.** However, it does note that the current inadequacies in recording sickness absence may account for the encouraging figures.
- 5.2 The NAO have calculated that there were 37,285 working days lost to sickness absences in 2005, an average 8.7 days per year per employee and some 3.8% of the available working days totalling £6.1 million, 3.7% of the £163 million annual wage bill. The NAO indicated that a 10% reduction in current sickness rates could save £600,000 a year in direct costs.
- 5.3 In their report, the NAO set out the various statistics on sickness absences for each Department. It identified that a trend common across a number of Departments, and indeed in most jurisdictions, was that non-established staff sickness absence is greater than established. This difference could be attributed to the physical nature of non-established posts which may be more likely to result in physical injury.

- 5.4 There was also a higher rate of sickness absence from certain socio-economic groups, who were more susceptible to more frequent short term sick leave.
- 5.5 A quarter of sickness absence in 2005 was uncertified, i.e. three days or less. This cost the States of Guernsey £1.5 million and this is an area where careful control and monitoring could result in possible reduction of such costs.
- 5.6 It is often more difficult to curtail longer certificated sickness absences as these are more attributable to genuine illnesses. However, where the absence is a result of stress in the workplace, the States of Guernsey as employer, should take action to ensure that the working environment becomes more conducive to promoting job satisfaction.
- 5.7 However, until the data is collected and analysed appropriately into causes of sickness it is difficult for the States, as employers, to take corrective action to improve working conditions should this be needed.

## 6. Data Collection and Analysis

- 6.1 The main achievement of the NAO report so far has been the action taken to improve ways in which sickness data is recorded and promoting consistency and correctness of data. **The acceptance by the Chief Officers to adopt a uniform approach of recording such data across the States Departments will result in more accurate and reliable statistics in the future.**
- 6.2 The NAO indicated that in the past there were considerable statistical inconsistencies and that there ought to be standardisation across the departments in recording the data. The corporate approach to recording data will ensure that when it is collated by the Centre, that the records will be accurate and that the data population is the same throughout the States. Figure 17 of the NAO report lists the recommended minimum data requirements for effective sickness management.
- 6.3 The statistics provided from the sickness absence data can be used to help management identify regular patterns in sickness absence along with identification of trigger points to activate management of absence. Although this can be recorded on individual spreadsheets it is possible to use various absence management computer packages.
- 6.4 The States is in the early stages of assessing whether it should embark on utilising the HR module of the SAP computer system. At the time of embarking on the SAP payroll system, the Treasury and Resources Department Project Team for the Replacement Payroll Project provided the opportunity for incorporating a corporate HR system by introducing a States wide Organisational Management Structure. This would enable the data to be populated in such a way that would assist a human resource package. Although

technically this was outside the remit of the project they were carrying out, this has left the door open for SAP to be used if considered the best option.

- 6.5 Corporate responsibility for human resources rests with the Policy Council and not with the Treasury and Resources Department. The latter is the Department that has led all SAP projects and has the necessary skills to carry such a project forward. The former has the HR qualified staff who should sponsor such a project and be heavily involved in the project development. **Consideration should be given as to which is the most appropriate body to sponsor the project and carry this forward.**
- 6.6 After some years of deliberation, Jersey installed a computerised absence reporting system called “One-Click” as a short term solution, with the aim of replacing it with a new, improved personnel management system.
- 6.7 In response to the NAO report, the Public Accounts Committee understands that there is now support for a corporate computer package to record sickness absence, but whether this is a spreadsheet, access database or an HR module from SAP has yet to be determined.
- 6.8 **Although the Public Accounts Committee supports the concept of computerised unilateral recording of absence for all States employees, it is difficult to indicate its support of the use of SAP for HR and absence recording because work is only now being undertaken to evaluate costs, appoint promoter and project board and decide departmental ownership.** Furthermore, an assessment has to be carried out on whether the costs of achieving the absence data through the computer package outweigh the impact on staff time to record them.
- 6.9 Although senior management should act on the information produced from any report on sickness absence statistics, the Board of each Department should also receive regular reports. Corporately, the annual statistics should be presented to the Chief Officer Group and the Policy Council, as the political body with responsibility for Human Resources. This level of responsibility will ensure that appropriate action will be taken should the data highlight specific areas of concern or trends and, in time, the sickness rates could be correlated with departmental morale or staff turn-over rates.

## **7. Managing Sickness Absence**

- 7.1 Throughout the States there are documents outlining the policies and procedures for sickness absence. The Policy Council HR Unit has produced the main document entitled “Managing Sickness Absence – A Guide for States Departments”. However, as with all policy documents it is a good reference point but does not ensure that Departments follow the recommended procedures. Many Departments have tailor-made their own versions of sickness absence guidelines from the central version.

- 7.2 The Policy Council Human Resources Unit will take the lead in introducing the changes following this report, but it is expected that Treasury and Resources Department Audit and Assurance Unit will ensure compliance with the corporate system when visiting Departments to carry out audits. The revision of the sickness absence management policy should enable management to:

**Figure 5**

- “ i) introduce a culture where regular attendance is expected
- ii) enable management to deal quickly and effectively with employees who are unable or unwilling to meet the organisation’s standards
- iii) define procedures to monitor absence levels and trigger action in a consistent and appropriate manner
- iv) raise the awareness of supervisors and managers to the real cost of absence.”

*Source: States of Jersey Shadow Public Accounts Committee report on “The Management of Sickness Absence within the States of Jersey”.*

- 7.3 Although guidance is provided to management in respect of sickness absence, there is little in the way of documentation for staff. There is a guideline in respect of sickness absence entitlement and sickness benefit, but other than at the time of induction to States of Guernsey employment there is little in writing to encourage staff to attend work and set out their importance to the States of Guernsey. In Jersey, the States Human Resources Department has produced a handbook for all States employees entitled “Why Your Attendance Matters”. Such a document introduced over here would standardise procedures across the States, introduce staff to the new procedures and answer certain questions for employees for which no guidance is currently given – such as notifying when not able to attend work, attending appointments during the working day, home visits by qualified health visitors and line managers and return to work interviews.
- 7.4 The first stage in managing sickness absence is for the person off sick to notify their line manager of their illness. The instructions in carrying out this simple task varies from one Department to another and a positive response to this report is that the procedure will be standardised throughout the States for those working office hours and that staff will be under the same terms. Of course those working in non-office environments will have their own codes of practice.
- 7.5 However, where sickness management has fallen down in the past is the inactivity by management following the first stage. The NAO have recommended the introduction of return to work interviews and the CIPD see these as a method of:
- identifying short term absence problems at an early stage and:

- providing managers with an opportunity to start a dialogue with staff over underlying issues, which might be causing the absence.

7.6 **The Public Accounts Committee is pleased that senior management have accepted that return to work interviews are a vital part of sickness absence management and that staff will be receiving training to gain the skills necessary to carry out these interviews.**

7.7 The acceptance of trigger points to stimulate action on prolonged or regular absences is another recommendation in the NAO report. The Chief Officers have indicated their support for Bradford Factors as an important trigger and will consider the necessary steps to be taken when responding to reported high Bradford Factors.

7.8 Consideration should be given to individual departments setting targets to reduce sickness absence, but until records are robust it may be difficult to set realistic targets.

7.9 The NAO in their report questioned the incomprehensible labour intensive method of distributing sickness benefit to States employees and then the subsequent collection thereof by the employer. The possibility of a change in this administrative burden is welcomed by the Public Accounts Committee so that no more time is spent by the States of Guernsey as employer chasing the sickness benefit payments.

## **8. Summary**

8.1 Every employee of the States of Guernsey will most probably need to take time off sick during their working life. The statistics in the NAO report indicate the cost to the State of sickness absence during 2005 of £6.1 millions.

8.2 The NAO report has made a number of recommendations in the way in which the States of Guernsey should manage sickness absence. The Public Accounts Committee is pleased that the Chief Officers have joined together to tackle this issue corporately and that they accept all the recommendations. Furthermore, it appreciates that this corporate approach was difficult prior to the Machinery of Government in 2004 due to the number of committees and that the reduction in Departments has allowed conformity.

8.3 As a result of this report managing sickness absence should become an integral part of managing staff and, although large financial savings may not be achievable, improvements in efficiency and effectiveness and the elimination of unnecessary sickness absence are achievable.

8.4 As with all its reports, the Public Accounts Committee will, at a later date, revisit the progress made in managing sickness absence and review the sickness benefit scheme.

- 8.5 This report is one that is very much based on staff matters and the way in which sickness absence is administered. For this reason and the factual nature of the report the Public Accounts Committee has decided to place this report as an appendix to the Billet.

Yours faithfully

Leon Gallienne  
Chairman

**(NB The full National Audit Office Report, which is appended to this Report, is published separately.)**



## GUERNSEY RETAIL PRICES INDEX

### 3.5% annual change as at 30th September 2006

**At the end of September, Guernsey's annual rate of inflation, as measured by changes in the Retail Prices Index, was 3.5%, an increase of 0.1% from 3.4% at the end of June.**

RPI X, the rate of inflation that excludes mortgage interest payments stands at 2.5%

**Table 1**

The Index Figures at the end of September 2006 were:

128.6 (Dec 1999=100)  
 152.7 (Mar 1994 =100)  
 206.3 (Dec 1988 =100)  
 275.6 (Dec 1983 =100)  
 437.6 (Dec 1978 =100)

Period	%	Period	%
3 Months	0.4	2 Years	7.4
6 Months	1.6	3 Years	13.0
9 Months	3.3	4 Years	16.8
12 Months	3.5	5 Years	21.3

**Wednesday  
 18th October 2006**

**Issued by:  
 Policy and Research Unit  
 Sir Charles Frossard House  
 PO Box 43  
 La Charroterie  
 St Peter Port  
 Guernsey  
 GY1 1FH**

#### **Matters affecting the RPI during the last 12 months**

The major contributing groups to the September 2006 RPI include Housing (2.1%), Food (0.3%) and Leisure Services (0.3%).

The Housing group is the largest contributor to the RPI at 2.1% out of 3.5% and has increased by 0.9% since the June quarter. The cost of servicing a mortgage increased by 14% over the last twelve months, due to the combined effect of increases in average house prices and a rise in interest rates in August 2006. Elsewhere within the Housing Group, there were increases in the cost of major household improvements, water rates, occupiers rates and private rents.

The effect of a decrease in oil prices during the last quarter is evident in the Index. Fuel, Light and Power contributed 0.2% (down from 0.5% in June) The Motoring group had a downward effect on the Index at -0.1% (down from 0.3% in June).

Along with the Motoring group, the Clothing & Footwear group also had a downward effect on the Index at -0.3%.

#### **Matters affecting the RPI during the last three months**

The main quarterly price increases came from kitchen suites, fees for educational courses, bus fares and taxi fares.

#### **Annual % Changes for each quarter**

**Table 2**

	March	June	September	December
1992	4.6	4.1	3.6	3.2
1993	2.3	1.5	1.8	1.4
1994	2.9	2.3	2.0	2.4
1995	3.0	3.5	4.0	3.6
1996	2.5	2.1	2.0	2.8
1997	3.1	4.0	4.4	4.7
1998	4.1	4.0	4.0	3.2
1999	2.1	2.2	1.8	2.4
2000	3.8	4.4	4.5	3.9
2001	3.3	2.3	2.6	1.9
2002	2.9	3.3	3.9	4.4
2003	4.7	4.3	3.3	3.9
2004	4.2	4.5	5.2	4.9
2005	4.6	4.6	3.8	3.3
2006	3.1	3.4	3.5	

**RPI enquiries -  
 Tel: 01481 717012  
 Fax: 01481 717157  
 Internet: [www.gov.gg/pru](http://www.gov.gg/pru)  
[policy.research@gov.gg](mailto:policy.research@gov.gg)**

# GUERNSEY RETAIL PRICES<sup>2266</sup> INDEX - SEPTEMBER 2006

## PERCENTAGE CHANGES IN GROUP INFLATION AND THEIR CONTRIBUTION TO OVERALL INFLATION

**Table 3** GUERNSEY INFLATION RATE (+3.5%)

	Weight	Quarterly %Change	Annual %Change	% Contribution
Food	127	-0.3	2.3	0.3
Alcoholic Drink	52	0.0	3.2	0.2
Tobacco	19	0.0	3.8	0.1
Housing	216	2.7	8.4	2.1
Fuel, Light and Power	41	-1.9	3.2	0.2
Household Goods	79	0.1	0.6	0.1
Household Services	33	0.5	3.7	0.1
Clothing & Footwear	56	0.5	-5.1	-0.3
Personal Goods	49	-0.2	2.5	0.2
Motoring Expenditure	85	-1.7	-0.5	-0.1
Fares/Other Travel	33	-1.9	3.8	0.1
Leisure Goods	63	-0.3	0.3	0.0
Leisure Services	92	0.6	2.5	0.3
Food Away from Home	55	0.2	3.4	0.2
Overall	1000			
All Items				

**Weight** is the proportion of the total index represented by each group. **Contribution** shows the effect of price changes in relation to the relative weight of the groups.

### Retail Prices Index (RPI)

The RPI is a measure of inflation in Guernsey. It can be defined as "an average measure of change in the prices of goods and services bought for the purpose of consumption by the vast majority of households" (RPI Technical Manual, Office for National Statistics, 1998).

Goods and services that consumers purchase have a price, and these will vary over time. The RPI is designed to measure such changes. Imagine a very large shopping basket (over 2100 items) comprising all the different kinds of goods and services bought by a typical household. As the prices of individual items in this basket vary, the total cost of the basket will vary. The RPI is a measure of the change from quarter to quarter in this total cost.

No two households spend their money in exactly the same way and this basket of goods is compiled using spending pattern data from the Household Expenditure Survey. This is carried out every five years, hence the RPI index base is reset to 100 e.g. Dec 1999 = 100, Mar 1994 = 100 etc. The RPI, while not applying precisely to any one household or person, will be close to the experience of inflation for the great majority of households.

# GUERNSEY RETAIL PRICES INDEX - SEPTEMBER 2006

Figure 1

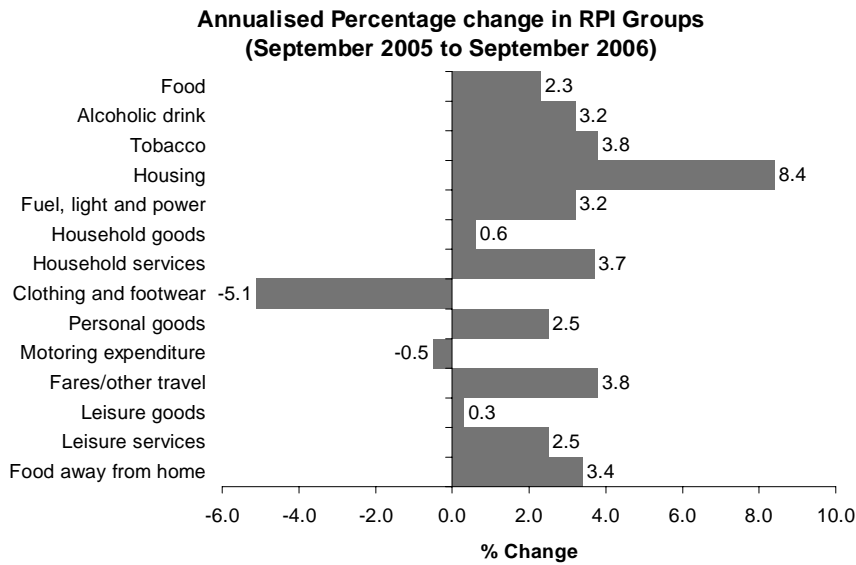


Figure 2

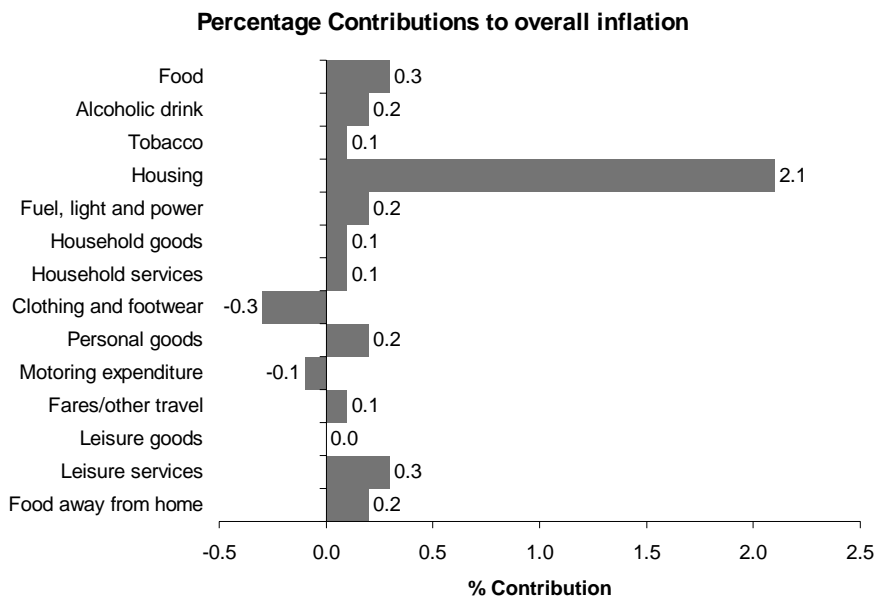
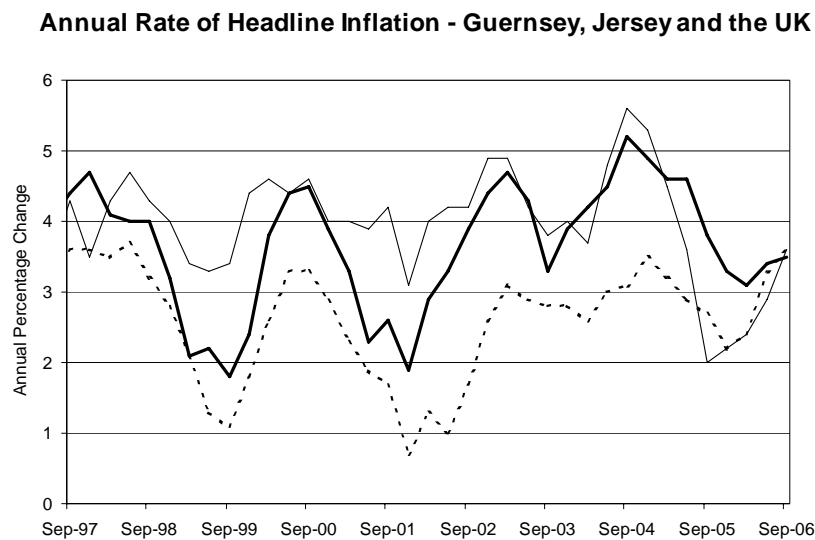


Figure 3



# 2268 GUERNSEY RETAIL PRICES INDEX - SEPTEMBER 2006

## RPI comparison with Jersey and the UK

Historically, Guernsey and Jersey have run at a higher rate than the UK. However in recent quarters the RPI rates have converged. In September 2006 both the UK and Jersey figures were 0.1% above the Guernsey RPI. The last occurrence of a UK rate of inflation higher than that of Guernsey was ten years ago in September 1996. The Jersey headline RPI figure has also risen above the GRPI for the first time since December 2004.

**Table 4**

		Annual Movements						Quarterly Movements		
		Guernsey		UK		Jersey		Guernsey	UK	Jersey
		Headline	RPI X	Headline	RPI X	Headline	RPI X	Headline	RPI	
1998	Mar	4.1	2.3	3.5	2.6	4.3	3.8	0.9	0.5	1.7
	June	4.0	2.3	3.7	2.8	4.7	4.1	0.9	1.6	1.2
	Sept	4.0	2.6	3.2	2.5	4.3	3.9	1.0	1.0	0.9
	Dec	3.2	2.2	2.8	2.6	4.0	3.9	0.4	0.0	0.2
1999	Mar	2.1	2.6	2.1	2.7	3.4	3.6	-0.2	-0.2	1.1
	June	2.2	3.1	1.3	2.2	3.3	3.6	1.0	0.9	1.1
	Sept	1.8	3.0	1.1	2.1	3.4	3.6	0.4	0.5	0.9
	Dec	2.4	2.8	1.8	2.2	4.4	4.3	1.1	0.7	1.1
2000	Mar	3.8	3.1	2.6	2.0	4.6	4.3	1.2	0.3	1.3
	June	4.4	3.6	3.3	2.2	4.4	4.0	1.6	1.6	1.0
	Sept	4.5	3.5	3.3	2.2	4.6	4.2	0.7	0.4	1.1
	Dec	3.9	3.8	2.9	2.0	4.0	3.4	0.5	0.3	0.5
2001	Mar	3.3	2.9	2.3	1.9	4.0	3.6	0.6	0.0	1.4
	June	2.3	2.7	1.9	2.4	3.9	3.8	0.8	1.3	0.9
	Sept	2.6	3.1	1.7	2.3	4.2	4.2	0.8	0.1	1.3
	Dec	1.9	2.9	0.7	1.9	3.1	3.6	-0.1	-0.7	-0.6
2002	Mar	2.9	3.8	1.3	2.3	4.0	4.4	1.6	0.6	2.3
	June	3.3	3.6	1.0	1.5	4.2	4.4	1.0	1.0	1.1
	Sept	3.9	3.8	1.7	2.1	4.2	4.2	1.4	0.8	1.3
	Dec	4.4	3.8	2.9	2.7	4.9	4.5	0.4	0.5	0.1
2003	Mar	4.7	4.3	3.1	3.0	4.9	4.8	1.9	0.8	2.4
	June	4.3	3.8	2.9	2.8	4.2	4.6	0.6	0.8	0.4
	Sept	3.3	3.1	2.8	2.8	3.8	4.4	0.4	0.7	0.9
	Dec	3.9	3.4	2.8	2.6	4.0	4.0	1.0	0.5	0.3
2004	Mar	4.2	3.2	2.6	2.1	3.7	3.5	2.2	0.6	2.1
	June	4.5	3.1	3.0	2.3	4.8	3.4	0.9	1.2	1.5
	Sept	5.2	2.9	3.1	1.9	5.6	3.3	1.1	0.8	1.7
	Dec	4.9	2.9	3.5	2.5	5.3	3.4	0.7	1.0	0.0
2005	Mar	4.6	3.2	3.2	2.4	4.5	2.7	1.9	0.2	1.3
	June	4.6	3.3	2.9	2.2	3.6	2.5	0.9	0.9	0.6
	Sept	3.8	3.6	2.7	2.5	2.0	1.9	0.3	0.6	0.1
	Dec	3.3	3.0	2.2	2.0	2.2	2.2	0.2	0.5	0.2
2006	Mar	3.1	2.8	2.4	2.1	2.4	2.4	1.7	0.4	1.5
	June	3.4	3.1	3.3	3.1	2.9	3.1	1.2	1.8	1.1
	Sept	3.5	2.5	3.6	3.2	3.6	2.8	0.4	0.9	0.8

## RPI X

A single measure of inflation may not meet all user's needs. Following the Office for National Statistics' Review of the Island's RPI, one recommendation was for the Policy and Research Unit to publish the RPI X. RPI X literally means RPI **eXcluding mortgage interest payments**; the RPI is calculated again after this item has been removed.

### Team:

**Andrew Birnie, Strategic Adviser (Economics and Research). Tel: 01481 717006**

**Email: andrew.birnie@gov.gg**

**Gareth Jones, Senior Research Analyst Tel: 01481 717296**

**Email: gareth.jones@gov.gg**

**Becky Kendall, Research and Information Analyst Tel 01481 717240**

**Email: rebecca.kendall@gov.gg**

**IN THE STATES OF THE ISLAND OF GUERNSEY**

**ON THE 29TH NOVEMBER 2006**

The States resolved as follows concerning Billet d'État No. XVIII  
dated 10<sup>th</sup> November, 2006

**PROJET DE LOI**

entitled

**THE CONTROL OF INTOXICATING LIQUOR (ENABLING PROVISIONS)  
(GUERNSEY) LAW, 2006**

I.- To approve the Projet de Loi entitled "The Control of Intoxicating Liquor (Enabling Provisions) (Guernsey) Law, 2006" and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for Her Royal Sanction thereto.

**PROJET DE LOI**

entitled

**THE EMERGENCY AND HEALTH WORKERS  
(BAILIWICK OF GUERNSEY) LAW, 2006**

II.- To approve the Projet de Loi entitled "The Emergency and Health Workers (Bailiwick of Guernsey) Law, 2006" and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for Her Royal Sanction thereto.

**PROJET DE LOI**

entitled

**THE HOMICIDE AND SUICIDE (BAILIWICK OF GUERNSEY) LAW, 2006**

III.- To approve the Projet de Loi entitled "The Homicide and Suicide (Bailiwick of Guernsey) Law, 2006" and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for Her Royal Sanction thereto.

## **PROJET DE LOI**

entitled

### **THE NURSING HOMES AND RESIDENTIAL HOMES (GUERNSEY) (AMENDMENT) LAW, 2006**

IV.- To approve the Projet de Loi entitled “The Nursing Homes and Residential Homes (Guernsey) (Amendment) Law, 2006” and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for Her Royal Sanction thereto.

## **PROJET DE LOI**

entitled

### **THE PUBLIC ORDER (BAILIWICK OF GUERNSEY) LAW, 2006**

V.- To approve the Projet de Loi entitled “The Public Order (Bailiwick of Guernsey) Law, 2006” and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for Her Royal Sanction thereto.

### **THE PUBLIC HIGHWAYS (TEMPORARY CLOSURE) (AMENDMENT) ORDINANCE, 2006**

VI.- To approve the draft Ordinance entitled “The Public Highways (Temporary Closure) (Amendment) Ordinance, 2006” and to direct that the same shall have effect as an Ordinance of the States.

### **THE REFORM (AMENDMENT) (GUERNSEY) LAW, 1972 (AMENDMENT) ORDINANCE, 2006**

VII.- To approve the draft Ordinance entitled “The Reform (Amendment) (Guernsey) Law, 1972 (Amendment) Ordinance, 2006” and to direct that the same shall have effect as an Ordinance of the States.

## **POLICY COUNCIL**

### **AMENDMENT TO THE REHABILITATION OF OFFENDERS (BAILIWICK OF GUERNSEY) LAW, 2002 (COMMENCEMENT, EXCLUSIONS AND EXCEPTIONS) ORDINANCE, 2006**

VIII.- After consideration of the report dated 13<sup>th</sup> October, 2006, by the Policy Council:-

1. To agree that the Channel Islands Stock Exchange be excluded from the provisions of subsections (1) and (2) of section 7 of the Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002.
2. To approve the draft Ordinance entitled “The Rehabilitation of Offenders (Bailiwick of Guernsey) (Amendment) Ordinance, 2006” and to direct that the same shall have effect as an Ordinance of the States.

## **POLICY COUNCIL**

### **DRUG AND ALCOHOL STRATEGY**

IX.- After consideration of the Report dated 9<sup>th</sup> October, 2006, of the Policy Council:-

1. To affirm the commitment of the States of Guernsey to tackling the issue of drug misuse and to the changing attitude towards alcohol by the continuing promotion of a cohesive, multi agency approach through the adoption of the six pillars contained in that Report.
2. To endorse the aims of the Bailiwick Drug and Alcohol Strategy which are to
  - reduce the demands for drugs and alcohol;
  - provide initiatives for young people and families;
  - provide a range of treatment services appropriate for drug and alcohol users;
  - reduce the supply of illegal drugs and support law enforcement initiatives in respect of drugs and alcohol;
  - promote safe and sensible drinking;
  - ensure meaningful coordination and monitoring;
3. To approve the proposals and recommendations of the Bailiwick Drug and Alcohol Strategy, as set out in chapter 9 of that Report.

4. To delegate responsibility for the implementation of the Bailiwick Drug and Alcohol Strategy to the Policy Council's Social Policy Steering Group and the Bailiwick Drug and Alcohol Strategy Group.
5. To direct the Treasury and Resources Department to take account of the revenue costs associated with this Strategy, as indicated in Chapter 10 of that Report, when recommending cash limits to the States for 2007 and future years.
6. To direct the Treasury and Resources Department to take into account the aims and objectives of the Bailiwick Drug and Alcohol Strategy when making recommendations to the States on the rates of duty on alcohol.
7. To direct the Policy Council to provide an interim report to the States in late 2009.

## **HOME DEPARTMENT**

### **AMENDMENTS TO FIREARMS LEGISLATION**

X.- After consideration of the Report dated 8<sup>th</sup> September, 2006, of the Home Department:-

1. To approve the recommendations for amendments to the Island's firearms legislation as set out in that Report, subject to the modification that the States Home Department shall be empowered to prescribe exceptions to any of the amendments recommended at paragraphs 2(a) to 2(e) in relation to "airsoft" activities, by means of Regulations which shall be subject to annulment by the States.
2. To create a new offence in respect of the sale and supply of cross-bows and spear guns to persons aged under 18 years, as set out in that Report.
3. To direct the preparation of such legislation as may be necessary to give effect to their above decisions.

## **HOME DEPARTMENT**

### **AMENDMENTS TO ROAD TRAFFIC LEGISLATION**

XI.- After consideration of the Report dated 8<sup>th</sup> September, 2006, of the Home Department:-

1. To amend Schedule 1 to the Driving Licenses (Guernsey) Ordinance, 1995 to include driving whilst disqualified from holding or obtaining a driving licence, causing death by careless driving when under the influence of drink or drugs, and failing to give permission for a laboratory test of a specimen of blood.



2. To amend Article 1(a) of l'Ordonnance ayant rapport au Trafic Véhiculaire en cette Ile, 1929 to require that footrests are provided where pillion passengers are carried on motorcycles and that the pillion passenger uses the said footrests.
3. To direct the preparation of such legislation as may be necessary to give effect to their above decisions.

## **HEALTH AND SOCIAL SERVICES DEPARTMENT**

### **THE MISUSE OF DRUGS (BAILIWICK OF GUERNSEY) ORDINANCE, 1997**

XII.- After consideration of the Report dated 20<sup>th</sup> September, 2006, of the Health and Social Services Department:-

1. That the drug "ketamine" be included on the list of Schedule 4 (a) and part III, Class C Drugs and that "d methamphetamine" be reclassified as a Class A drug by Order of the Health and Social Services Department.
2. That the Misuse of Drugs (Bailiwick of Guernsey) Ordinance, 1997, be amended in line with the proposals contained in paragraph 12 of that Report.
3. That a consequential amendment shall be made to the Health Services (Benefit) Ordinance 1990.
4. To direct the preparation of such legislation as may be necessary to give effect to their above decisions.

## **HOME DEPARTMENT**

### **TERRORISM LEGISLATION**

XIII.- After consideration of the Report dated 28<sup>th</sup> September, 2006, of the Home Department:-

1. To approve the Home Department's proposals to introduce legislation as set out in Her Majesty's Procureur's letter quoted in section 2 of that Report.
2. To direct the preparation of such legislation as may be necessary to give effect to their above decision.

## ***STATUTORY INSTRUMENTS LAID BEFORE THE STATES***

### **THE WATER (RECONNECTION CHARGES) ORDER, 2006**

In pursuance of Article 17 (6) of the Law entitled “Loi ayant rapport Fourniture d’Eau par les États de cette Île aux Habitants de la dite Île” registered on 7<sup>th</sup> May, 1927, as amended, the Water (Reconnection Charges) Order, 2006, made by the Public Services Department on 14<sup>th</sup> September, 2006, was laid before the States.

### **THE FAMILY ALLOWANCES (CLAIMS AND PAYMENTS) (GUERNSEY) (AMENDMENT) REGULATIONS, 2006**

In pursuance of section 15 of the Family Allowances (Guernsey) Laws, 1950 - 1984, the Family Allowances (Claims and Payments) (Guernsey) (Amendment) Regulations, 2006, made by the Social Security Department on 20<sup>th</sup> September, 2006, were laid before the States.

### **THE SOCIAL INSURANCE (BENEFITS) (AMENDMENT) REGULATIONS, 2006**

In pursuance of section 117 of the Social Insurance (Guernsey) Laws 1978 – 2004, the Social Insurance (Benefits) (Amendment) Regulations, 2006, made by the Social Security Department on 20<sup>th</sup> September, 2006, were laid before the States:

### **THE INCOME TAX (KEEPING OF RECORDS, ETC) REGULATIONS, 2006**

In pursuance of section 75P of the Income Tax (Guernsey) Law, 1975, as amended, the Income Tax (Keeping of Records, etc) Regulations, 2006 made by the Treasury and Resources Department on 17<sup>th</sup> October, 2006, were laid before the States.

### **THE HEALTH SERVICE (BENEFIT) (LIMITED LIST) (PHARMACEUTICAL BENEFIT) (AMENDMENT NO 4) REGULATIONS, 2006**

In pursuance of Section 35 of the Health Service (Benefit) (Guernsey) Law, 1990, the Health Service (Benefit) (Limited List) (Pharmaceutical Benefit) (Amendment No 4) Regulations, 2006, made by the Social Security Department on 18<sup>th</sup> October, 2006, were laid before the States.

K. H. TOUGH  
HER MAJESTY’S GREFFIER