

## In-dependence

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# In-dependence

from drugs, alcohol, gambling

ANNUAL REPORT 2019

In-dependence is a local charity and our mission is to support those affected by drugs, alcohol or gambling, and to minimize related harms through education, prevention and counselling.

### Directors

Jim Le Pelley	Chairman
Mike Watson	Deputy Chairman
Chris Sackett	Treasurer
David Leafe	Director
Catharine Walter	Director
Kim Reece-Sheerin	Director (joined March 2020)

### Staff Team

Tracey Rear	Business Manager
Gill Ogier	Criminal Justice Substance Worker
Anne Bodman	Substance Misuse Support Worker (until August 2019)
Taru Le Flock	Substance Misuse Support worker

### Volunteers

Mandy Hallett	Counsellor for Affected Family Members
Mandy Austin	Co-facilitator group work

## Staff Profiles



**Tracey Rear** MA, BSc (Hons), Dip TC, Dip DD, Dip CPC, MBACP (Reg), MFDAP  
**Business Manager**

Tracey has worked with the organisation for 23 years. Having started her employment as the under 21's worker she has worked in each area of operations. Underpinning her experience in the field she has a Master's degree in Public Administration, and a Bachelor's degree in Addictions Management. Tracey also has qualifications in drug dependency and integrative counselling. She is a member of The Federation of Drug and Alcohol Professionals and the British Association of Counsellors and Psychotherapists.



**Gill Ogier** RGN, Dip AN, Dip HG, MFDAP  
**Criminal Justice Substance Worker**

Gill has been working with Drug Concern for 16 years and has a background in nursing. Gill is a qualified practitioner and assessor of auricular acupuncture and holds a diploma in Human Givens Therapy and bereavement counselling. Gill is a certified Drug and Alcohol Practitioner.



**Anne Bodman (until August 2019)**  
**Substance Misuse Support Worker** BSc, Dip TC, MBACP

Anne joined Drug Concern in 2014 and has a background in teaching and is a qualified integrative counsellor. She is a member of the British Association of Counsellors and Psychotherapists.



**Taru Le Flock** BSc  
**Substance Misuse worker**

Taru joined the team in February 2017. She has a degree in Social Work and is a certified substance use practitioner and recovery worker. Taru is currently training to become an integrative counsellor.



**Alexandra Gray** MSc, BA (Hons), PGDip CBP, BABCP Accred.  
**Prison Substance Misuse Worker (until August 2019)**

Alex joined the team in 2018 and is an accredited Cognitive Behavioural therapist. She is accredited by the British Association for Behavioural and Cognitive Psychotherapies and uses her skills to assist her in the work she undertakes in the prison.

## Chairman's Introduction

Welcome to the Annual Report of In-dependence for 2019. It was certainly a momentous year for our charity. The most noticeable change since last year is obviously the change of name. Over the last few years alcohol as well as drugs has featured in our work and we have felt for some time that the name Drug Concern was no longer appropriate. In addition to that, it was decided that there is a need in the Bailiwick to help address problems arising from gambling. So after much head scratching the name In-dependence seemed to fit the bill. In May 2019 we held a re-launch to coincide with the re-naming. The launch was very well attended and will have helped to inform those attending the way ahead for In-dependence. Work involved with gambling is being started slowly but it is hoped to increase this over the course of 2020.

As ever, by offering extra services means extra costs for the charity. While certain services are contracted by the States of Guernsey from whom we receive a payment, we would not be able to carry on with the work we do without donations from others. We are extremely grateful to all those who have donated funds in the course of the year.

In-dependence can, of course, only function as it does because of the staff. I would like to thank Tracey and the team for their continued professionalism and dedication to their often difficult task.

Jim Le Pelley

## Manager's Report

2019 saw significant change for the organisation, with the rebrand from Drug Concern to In-dependence, establishing a data set baseline for analysis from our new system, preparations for the implementation of a new, island wide drug, alcohol and tobacco strategy, and a complete review and change of practice for our delivery of services in the prison.

Our rebrand and launch in May heralded the introduction of services for at risk and problem gamblers; and with it the launch of a free phone gambling helpline. The uptake of gambling support has been very slow, not even hitting double figures for the last seven months of 2019; we believe this is due in part to a lack of awareness of the services we can provide for this group. It is our intention, during 2020, to develop a strategy that focuses on increasing public awareness of our services, in particular the services available for at risk and problem gamblers.

Our client management system, implemented in the third quarter of 2018, produced its first full year of data, and will provide a baseline for analysis moving forward. We have moved away from using outputs as a primary data set and instead focus on the outcome of our intervention, that is, the difference made, and we do this by measuring psychological distress levels throughout the period of engagement. At the time of writing the key performance indicators for the Drug, Alcohol, and Tobacco Strategy are being discussed and, given the challenges associated with the engagement and retention of this client group, and, acknowledging that a significant number of these clients have multiple and often complex needs, it is important that expectations relating to 'successes' are realistic. We are not suggesting change does not happen, but rather that change, in the context of addictive behaviour, takes time, and often multiple treatment episodes, and any KPIs should recognise this reality.

Notwithstanding, we are encouraged by the outcomes our clients are demonstrating, and will continue to use this information to inform service delivery.

We received a total of 251 referrals during 2019, with 105 (42%) of these made up of community referrals, (i.e. self-referrals, GP referrals, A&E referrals etc.) A further 146 (58%) were generated from the prison service and criminal justice substance service.

Alcohol continues to be the substance for which most people are seeking help with 104 people (41%) identifying this as problematic. This is followed by 52 people (21%) seeking help for opioid/opiate use (e.g. suboxone, fentanyl, heroin); and 45 people (18%) seeking help for cannabis use. Services for affected family members represent only 3% of our client group. Further information relating to the outcomes for those seeking help is detailed further into this report.

In liaison with the Prison and Health Improvement Commission we initiated a mid-year internal review of our service delivery in the prison. Experience told us service delivery could be more efficiently targeted, with a more collaborative relationship between the main stakeholders. We are in the process of piloting the new model, which includes the recommendations of a number of reviews published by Public Health England, and which relies heavily upon good multi-disciplinary working.

We continue to use the licensed SMART recovery model as our primary recovery work intervention, both in the prison and in the community. Following the poor uptake of group based community recovery work, we made the decision to cease this provision, and until there is an appetite for group focused work, we will continue to deliver this on a one-to-one basis, which the majority of our service users tell us is their preferred option. Ideally we would like to see the development of a SMART peer recovery network such as the well-established 12-step model used by Alcoholics Anonymous.

2020 will be a significant year for In-dependence as we await the outcome of decisions relating to key performance indicators set by the Health and Social Care Department, the findings of the Health Impact Assessment, which relates to local gambling behaviours, and the review of service contracts specific to substance use services.

Thank you to our partners, colleagues and supporters as we embark upon another year of seeking to improve the lives of those impacted by drugs, alcohol and gambling.

## Community referrals & outcomes

Almost 80%<sup>1</sup> of clients who attended sessions beyond that of assessment engaged for a maximum of 6 sessions; sessions are usually weekly. The majority of our work is focused on individual recovery sessions using the licensed SMART model. Recovery work helps clients to build and maintain motivation for change, cope with urges, manage thoughts, feelings and behaviours, and live a more balanced life. We do not dictate the goal of treatment, but rather are led by the client. Not all clients wish to abstain from substance use, some just want to be able to have a better sense of control and problem management; for many we may be working with their feelings of ambivalence towards change, and what change might look like for them.

Our primary measure of change is the Clinical Outcomes in Routine Evaluation (CORE) score. Core measures the client's distress, and includes subjective well-being, commonly experienced problems or symptoms, and life/social functioning. These are identified by Public Health England as progress, in terms of broader recovery outcomes when abstinence is not the immediate choice of the client. In addition, items on risk to self and to others are included. As these measures can be gathered at each appointment, any unplanned endings (mostly) still result in a measurable outcome. Our plan, in consultation with the Health Improvement Commission, is to incorporate a validated measure for Alcohol use and Substance dependence, where this is applicable to the clients' aims of intervention.

### Measuring change

Statistically reliable change represents an improvement on CORE of 5 or more points.

During 2019 we had outcomes for 58 people. This means there were 58 people who ceased engagement with us (either planned or unplanned) and who had valid pre and post core scores. Of these 26 experienced statistically reliable change. Whilst there are changes recorded for the remaining clients we do not report these as they are not considered as having statistical significance.

### Needle Exchange

The needle exchange service is specifically a harm reduction measure. Its introduction was a response to concerns that a growing number of users were injecting drugs, often with used or shared injecting equipment, potentially increasing the risk of transmission of blood borne viruses.

The needle exchange provides a space for users to collect clean injecting equipment and to talk about any related concerns or problems. In return they receive safer injecting advice and more general support and signposting to relevant services.

Data suggests that initiation into injecting behaviour is falling, with a pattern of reducing numbers accessing the services under the age of 30, and a gradual increase in the numbers of people over the age of 30. We have received feedback from a small number of service users that some people are still too concerned to access the service for fears that it is not confidential; we continue to reassure our clients this service is highly confidential, and acknowledge not all injecting users are accessing our services.

The use of performance enhancing substances has reduced by half, although comparisons with previous years reflect peaks and troughs in people accessing the service using these substances.

### Criminal Justice Substance Service

The Criminal Justice Substance Service (CJSS) is a partnership between In-dependence and The Probation Service. The primary aim is to provide the courts, prison, and the parole board with the facilities necessary to enable them to impose treatment for drug and alcohol users as a condition of supervision. We see the partnership work between the Probation Service and In-dependence as fundamental to the success of the Service.

The number of referrals for 2019 was 64 (compared to 37 in 2018), with 38% of these referrals granted an order by the court/parole review committee. Whilst there were fewer referrals during 2018, more orders were granted for that year. There were 4 breaches and 15 successful completions for the 12 month period.

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<sup>1</sup> This number includes clients carried over from 2018.

Each year we conduct a review of the service. Service users are asked to participate in interviews related to how useful the service is (interviews are conducted by professionals not employed by In-dependence) and the focus is on the aims of the service.

Below are some of the comments from service users;



### Prison Services

The focus of our work in the prison is on drug and alcohol misuse with an emphasis on ensuring continuity of care for those transitioning between the prison and the community (and vice-versa). We have established strong working relationships with the offender management team as part of an essential multi-disciplinary approach.

The practice of delivering recovery focused services within a system that is punitive by nature is not without its challenges. Understanding and agreement of what recovery is, how it happens, and what works (and for whom it works), is essential and a much debated topic.

During the latter part of 2019 we conducted a review of our service provision based on feedback from our staff delivering the service, prisoners themselves, and our colleagues in the justice and health systems; this feedback was considered alongside studies conducted by Public Health England, specifically for substance use provision in prisons.

Feedback highlighted there was a need to restructure how and when the assessments of prisoners' needs in relation to drug and alcohol use should be conducted, at what point in a prisoner's sentence interventions should be delivered, and when other needs take priority over substance use (such as more complex mental health issues); the review also considered which measures, in terms of outcomes are most appropriate for this environment, or indeed whether change in relation to substance use is a valid measure in a secure environment. These last two considerations are still under review.

The outcome of our review was to initiate a pilot of a revised model of service provision. Rather than assessing every prisoner who enters custody, regardless of whether they do or do not use substances, we now respond to need as outlined in the prisoner's initial custody or sentence planning meeting and target interventions accordingly. This change in practice will result in a drop in the number of referrals to the service, but will mean the data we will be reporting relates solely to substance users.

The prison administration is in a process of reviewing its policy and processes in relation to the management of prescribed medications for substance users in custody: what does recovery look like in a prison environment? This is not something that is likely to reach a quick conclusion but will impact the way in which services working with prisoners need to operate. For instance, recovery work in the community includes talking about and making decisions about current use and agreed changes. In a secure setting where a lapse into using results in further punishment, or where prisoners feel conflicted with wanting to present their 'best selves' for the purpose of a parole application, this openness is less forthcoming, challenging the validity of usual reporting measures. In addition to this any changes that may occur in a controlled setting may not be maintained post-release in the community for a variety of reasons.

Our focus and priority is to ensure that prisoners have the opportunity to consider what their goals are in relation to their drug or alcohol use and how we can assist them to achieve these, both during custody and upon release into the community. We do this by assessing and responding to need. Where we are not the right service for the prisoner, we identify the correct pathway and refer on.

A total of 51 prisoners were suitable for intervention; of these 49 engaged in an intervention.

*Cognitive Behavioural Therapy* – The provision of this service ceased during August and will not be reinstated as part of the interventions provided by us in the prison (but is available as part of an aftercare package). This decision was largely based on feedback from staff about the efficacy of delivering this mode of therapy for substance use in a secure setting, and for the reasons outlined above. Thirty prisoners accessed this service prior to its cessation.

Our delivery of the Inside Out programme is now well established. Inside Out is an evidence-based recovery programme which considers the importance of motivation; how cravings and triggers to substance use can be better managed; how thoughts, feelings and behaviours can be modified to reduce the chance of relapsing into substance misuse; and how living a balanced life is key for maintaining change.

We are able to provide this in groups or as part of individual sessions, as need dictates.

Four groups were delivered throughout 2019, a total of 19 people were referred to the group and out these 14 completed the programme. Outcomes were measured using a pre and post questionnaire, with self-scoring from a scale of 0-10. The questions focused on readiness to change, improvement in knowledge of triggers for using, and confidence in not relapsing. Data shows that all participating prisoners experienced change in one or more areas with the largest change related to knowledge of triggers to using with 13 prisoners identifying change in this area.

*Individual recovery work* is provided for clients who want to refresh their recovery skills prior to release or who are unable to participate in group programmes.

# Thank you

We are grateful for the support and generosity of others towards our work. Without this our services would not operate.

The Association of Guernsey Charities

Les Cotils Christian Centre

The Guernsey Community Foundation

Insurance Corporation of The Channel Islands

The Seized Assets Community Fund

The Lloyds Bank Foundation for The Channel Islands

Medical Specialist Group

Saffery Champness

Vision Networks

Waitrose Community Matters

To those individuals who have given generously but wish to remain anonymous, thank you.