

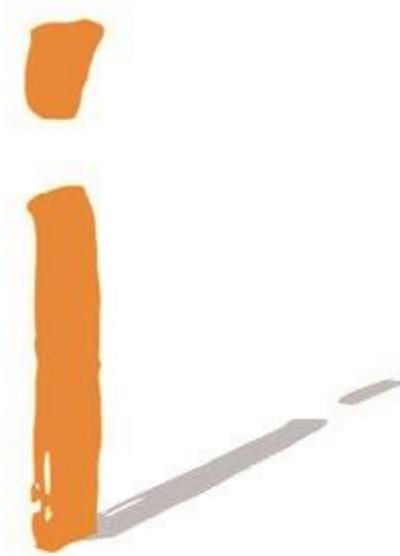
In-dependence

The Annexe, St Julian's House
St Peter Port, Guernsey, GY11GP

Phone: 01481 729000

email: info@independence.gg

Web: www.independence.gg



In-dependence

from drugs, alcohol, gambling

ANNUAL REPORT 2020

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

Staff Team

Tracey Rear	Business Manager
Gill Ogier	Criminal Justice Substance Worker
Taru Le Flock	Substance Misuse Support worker

Volunteers

Mandy Hallett	Counsellor for Affected Family Members
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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 24 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 the organisation for 17 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.



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.

Chairman's Introduction

As you will realise, 2020 was a year like no other since the formation of this charity. Covid-19 obviously affected us as it did so many others. As you will read below the impact on In-dependence and our clients was lessened by the quick introduction of counter measures and I congratulate Tracey and all the staff on their efforts in that regard.

In 2021 one of our aims is to increase awareness of our services in relation to gambling. There is more detail on this in the Manager's Report.

We await the new Drug, Alcohol and Tobacco Strategy and are preparing ourselves for having to tender for any of the relevant services which the States decide to put out to tender.

As always, we can only offer the services we provide because of the expertise and diligence of our staff and the generosity of those who kindly donate to our funds. I extend sincere thanks to them all.

JIM LE PELLEY

Manager's Report

2020 was a year of unprecedented change for many due to the impact of the Covid -19 virus, and our experience was no different.

It is hard to quantify the impact of Covid in terms of client numbers due to changes in the prison referral process implemented in 2020. The most obvious impacts felt by our service was our inability to see clients face-to-face. This was mitigated to a large extent by our provision of secure video conferencing sessions within 7 days of the lockdown being announced. The other area of work that was significantly impacted was the Criminal Justice Substance Service, where, as a result of the courts not being in progress, the referrals to this service ceased temporarily.

The second notable change to our service delivery, and which is reflected in the data, relates to the referral process in the prison. Where previously we assessed all new receptions into the prison, irrespective of whether they were considered to have substance use issues, we now only assess those who self-refer or who are identified as having substance use issues as part of the sentence planning process. This is a more efficient way of working and has reduced our referrals in the prison year on year by 35 referrals (38%).

Even with this reduction our referrals to the service overall have increased from 251 in 2019 to 276 in 2020; 146 (53%) of these are community referrals (i.e. self-referrals, CDAT referrals, A&E referrals etc.) and the remaining 130 (47%) coming from the Prison and Criminal Justice Substance Service.

The majority of our referrals are alcohol related (165), a figure that continues to rise (103 referrals in 2019). We think that, in part, this increase relates to a growing awareness of our services amongst professionals, and the wider community, but is also as a result of our more established referral process with the Community Drug and Alcohol Team (CDAT), where we have worked together to clarify service thresholds and referral processes.

Affected family members seeking support remains low at 2% of the overall referrals.

Opiate use has seen a significant reduction in referrals (from 52 in 2019 to 30 in 2020). We believe this is largely due to changes in prescribing practice, and the reduced availability of illicit opiates.

Cannabis use remains fairly static with 39 referrals during 2020.

The reduction in referrals for opiate use, and our interpretation that this is directly linked to a reduction in opiate prescribing, is supported by the reducing numbers presenting to our needle exchange service. This service continues to show a reduction in injecting drug users (an average of 14% year on year for the last three years). This data demonstrates the impact prescribing practices can have on illicit substance use.

Our outcome data for the year is promising with 78% of closed cases in 2020 experiencing statistically reliable change (psychological distress levels). Whilst it may be tempting to apportion success in terms of abstinence from drugs, alcohol or gambling behaviours, we take a more pragmatic view, which considers the whole picture in the context of behavior change.

We had anticipated receiving the completed gambling needs analysis (commissioned by Health in 2019), a prerequisite to our planned awareness raising for problem and at risk gamblers. As with many things, Covid has delayed this, and mindful that our gambling referrals continue to be in single figures, it is our intention in 2021 to press ahead with raising awareness of our services for gamblers.

We took the decision, after much deliberation, to cease the provision of the 24-hour free phone gambling helpline provided by Gamcare. There were no referrals to this service over a 12-month period and the cost of continued provision could not be justified. Instead, we will continue to provide support for this group in need within our existing service provision, at least until there is a demonstrated need for something more.

The delay of the Drug, Alcohol, and Tobacco Strategy being accepted by the States, has had several impacts on our service. The uncertainty surrounding contracted services, specifically which services will go out to tender and what these services are expected to deliver, has been central to our decision not to recruit. We have for the first time during 2020, been operating with a small waiting list. This is not how we are used to operating and certainly not a practice we wish to

become accustomed to. We hope, and expect to be in a position to recruit during 2021, once the decisions around service delivery have been confirmed.

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

¹ 66% of clients who attended sessions beyond that of assessment engaged for a maximum of 6 sessions; 24% attended between 7-12 sessions; 8% attended between 13-23 sessions with the remaining 2% attending more than 23. Sessions are usually weekly, with the majority of our work focusing on individual change using the licensed Self-Management and Recovery Training 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.

Measuring change

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

During 2020 we had outcomes for 74 people. This means there were 74 people who ceased engagement with us (either planned or unplanned) and who had valid pre and post core scores. Of these 59 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.

We had to quickly adapt our processes during lockdown to ensure the safety of clients and staff, but were able to continue to provide this vital service within the usual opening times.

This service continues to show a reduction in injecting drug users (an average of 14% year on year for the last three years). We interpret this as a direct result of the reduction in prescribed opiates, and subsequently the 'leakage' of illicit opiates into the community. This data demonstrates the impact prescribing practices can have on illicit substance use.

The use of performance enhancing substances continues on a downward trend.

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 2020 was 46 (compared to 64 in 2019), with 33 (72%) of these granted an order by the court/parole review committee. This is a significantly lower number of referrals than the previous year. However 2020 was the highest referral rate recorded throughout the life of the service.

¹ This number includes clients carried over from 2019.

Client caseloads for 2020 are the highest recorded for this service to date (30 current clients). There were a total of 9 successful completions² for the year, 8 breaches related to drug or alcohol use, and 3 breaches that were not related to substance use.³

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.

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.

We revised our model of provision in the prison during the latter part of 2019 and feedback continues to be positive in terms of service delivery. Any further developments in this area of work are being put on hold until the revised Drug, Alcohol, and Tobacco Strategy 2021 has been accepted by the States and service contracts awarded.

² A successful completion is achieved when a client reaches the end of an order without being breached for returning to drug or alcohol use.

³ Clients can be breached for any type of offending behaviour.

A total of 43 prisoners were assessed and 20 were suitable for intervention; all 20 engaged in an intervention and 8 completed outcome questionnaires. Some of the referrals for the reporting period will still be active cases and therefore there will be no outcome report until the cases are closed.

Outcomes are 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 7 prisoners identifying change in this area.

Thank you

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

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Les Cotils Christian Centre

GADOC

Insurance Corporation of the Channel Islands

Medical Specialist Group

Saffery Champness

Saffery Champness Rotary Walk

Vision Networks

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