TESTIMONY OF THE MOTHER OF AN ADDICT

8 weeks ago I was eagerly looking forward to my trip 'home' to visit my son, whom I had not seen since October last year – the longest time we had spent apart for some time, even though we spoke on the phone at regular intervals throughout every week when I could catch him not fishing, golfing or at college. Each call would end with an "I love you loads Mum" and "Don't worry about me, I'm fine".

My expectations were very sadly destroyed on 30th March when he was found dead, having taken his own life, and a very large part of mine with him also. Despite the tragedy of his death, there is a story of hope and encouragement for sufferers of the illness of addiction and their families, and a message to the politicians and powers that be in the Island that a greater understanding, and allocation of resources in the right direction should be looked at in greater depth.

XXX's heroin problem had started some years ago. At first he was able to keep it from me, but when he told me, after the initial shock and feelings of despair I was determined that I would do everything humanly possible to continue to love, support and encourage him to beat the illness. Perhaps it was because I had lost my father, a gentle, quiet and very clever man through an addiction to alcohol, which as a child I had found impossible to understand, or because I knew that the 'real' XXX was an intelligent, loving and lovable young man, who could offer so much if he were well.

In the first few years I certainly learnt what banging your head against a brick wall meant. The system as it was then did not offer what I knew was required – time out from the outside world, a chance to re-learn life skills, a need to examine his own weaknesses and abilities and the opportunity to be understood. All that was on offer then was methadone, clean needles, poor counselling, spells in prison and an utterly miserable lifestyle. There were of course the 5 day de-toxes in hospital which only cleared the body of heroin, but little more – a waste of valuable resources. Horrendous ulcers on all parts of the body due to heroin being cut with other substances such as talcum powder, flour etc. to make the amount of the drug appear more than was actually being paid for, overdoses and time in intensive care were all things we had to deal with, and over which neither of us had any control. The addictive substance controls the user, not the other way around.

XXX' addiction became my addiction, and our lives became very intertwined. There is no joy in being addicted to anything, and there is probably less having to watch a person you love and care for being ruined by it. My feeling was that the island needed re-habilitation facilities, and to that end I wrote a letter to the JEP in 2001 to that effect, which was published as an article. Through this I was contacted by a lady called Liz Cutland who had been brought into the island by a charity called The Jersey Addiction Group which was then in it's infancy.

JAG have now set up Silkworth Lodge, a small re-hab centre where at last the proper treatment can be obtained. I visited Silkworth in October 2002 when they had their first clients and I have to admit it moved me to tears. Clients re-gain their confidence and self respect, and learn to live for the day. There is a large percentage of successes. This was what I knew XXX needed, but, and this is most important, he had to feel he was ready himself.

I will attempt now to highlight the difficulties I and my son, and other parents and addicts that I have spoken to have experienced within the Island and also where I feel the services need to improve and expand.

Alcohol and Drugs Service

Obviously I had had no experience previously of dealing with any situation relating to such a serious problem of drug taking before. When I first discovered my son had a heroin addiction he was on the

methadone programme. I went with him to the chemist who was dispensing this the morning after I found out about his illness. I have to say I was most distressed and horrified at the degrading and humiliating way he was made to drink the methadone in full view of customers in the pharmacy – no privacy at all was afforded to him or other 'customers'. I would hope that this practice has now ceased.

In the early stages of XXXs illness the Service was run by Bill Saunders who was then regarded as quite controversial, but had a very good insight in to the problems of addiction and had innovative ideas which seemed to be thwarted by politics at every turn. Of course the service was providing clean needles, counselling (of a sort), de-toxes and alternative treatments, but there was no re-habilitation facility in the Island.

My experiences with the service were not happy or satisfactory, as I understand is the case with other parents and users of the service I have spoken with. 'Counsellors' did not really counsel, personalities most certainly came into play which should not be the case with professional people. When Mr. [ ] became the head of the service things seemed to deteriorate and he was unapproachable, unobtainable or unavailable, seemingly a law unto himself. As you will see from copies of correspondence he would not give me the time of day until in desperation I wrote to the Chief Executive of Health and Social Services, whereupon Mr. [ ] condescended to speak with me on the phone. I also was very aware that the service interfered with the doctor/patient relationship whereby confidentiality was not maintained.

There are no 24 hour services available, something I feel is a vitally important provision both for psychological help, but in cases where the antidote for heroin may be required in confidence in case of an overdose.

I personally- and I know of others parents- have actually had to sit in the offices in Stopford Road and refuse to move until we were seen by some-one and I am aware my son did also. I also had to stage a 'sit-in' in [ ] Chemists because of non-communication between the Service and pharmacists. You will see from an attached copy letter that it is not something I wish to make a habit of, nor that I am used to doing!

Overall I feel that the service that is on offer is quite minimal and there seems to be a lack of communication, or a desire to communicate with other agencies who are surely all working towards the same end. Some of those agencies are actually getting positive results also.

Methadone to my mind is just substituting one drug for another – a legal substance replacing something illegal. It is also very highly addictive and more difficult to come clean from than heroin and I am led to believe does not give the addict the same 'feel good factor' as heroin. Also some addicts will use heroin on top of methadone also.

De-toxes are the treatments which are used to clear the body of the addictive substance. XXX had various home de-toxes/home de-toxes and indeed, in desperation, tried to suffer 'cold turkey' himself to kick his habit. De-toxes involve a stay of about 5 days in either St. Saviours Hospital or the APU. After the de-tox is complete it is then a case of discharging the patient out in to the community again with no proper psychological follow-up. I remember after one of XXX's hospital de-toxes we both spent a very fraught hour or so with the consultants and staff of the APU asking for more time as an in-patient, time away from the pressures and temptations, rather than being placed back into society where it so easy to be approached and tempted back into old habits. There should be some 'half-way house' facility where patients could live in until they are either placed in re-hab or ready to live a drug-free life. A half-way house would also be a stepping stone to those coming out of re-hab where there is no family home to go to rather than have to suddenly have to put into practice all the life skills they had lost during their time of addiction. It is akin to starting ones life again. Gradually they

could then integrate themselves back in to the real world. I would suggest that in the near future the possibility of such a facility, preferably in conjunction with Jersey Addiction Group, would be an option that could be considered.

Alternative Options

There is being considered I believe the use of Subutex, which supposedly gives the user the same effect as heroin. However whilst this may be another legal option, this does not deal with the psychological aspect and the user still has a dependency.

The only realistic option is total abstinence, all or nothing. To suggest, as the Alcohol and Drugs Service do the user 'cuts back' on the addictive substance is a nonsense. Tolerance levels become higher and higher meaning the user has to take more and more to achieve the desired effect. The Jersey Addiction Group use the 12 steps of Alcoholics Anonymous and Narcotics Anonymous for their re-habilitation programme with abstinence for both groups of users from any drugs or alcohol. In Silkworth Lodge the programme undertaken is very hard and a lot of soul-searching and self discovery is undertaken. It is not an easy option,(see A Life Changing Event) but one that is proving successful.

Silkworth Lodge

In my opinion when Silkworth Lodge was opened nearly two years ago, it was a long overdue and very welcome facility. Silkworth Lodge is run by The Jersey Addiction Group, which is a charity and receives no direct funding from The States of Jersey. As stated before their aim is for total abstinence, following the '12 Steps'. The staff are warm and caring and have an excellent insight into the problems. The environment is wonderful and there is a really good 'feel' to the premises. There is also an aftercare programme for people who have been through the re-hab process. My son spent 19 weeks in Silkworth Lodge and he emerged a fit, well and useful member of society. Whilst it is an environment which does not cater for large numbers, they have a success rate, and are slowly, but quietly gaining recognition. XXX was able to run his own life in a non-chaotic way, he was at Highlands College doing (very well) an Access course towards a university place and he enjoyed his old hobbies and sports. I have absolutely no doubt that somewhere like Silkworth was long overdue in the Island (see article by myself JEP 2001).

Other Resources

There are now an active NA and AA meetings held several times a week, and also a newly formed Families Anonymous Group for parents and families. All groups share their experiences and feelings. Having been to two 'open' NA meetings I am constantly humbled by the courage and strength of those who struggle daily to stay clean. An addict is always an addict, but either in recovery or not. Recovery does not mean that the constant cravings are not there, but that they have been given the tools in re-hab and taught how to use them positively. Having lived with XXX's addiction problem for several years I would not ever wish to have to face the constant battles that recovering addicts do and , as he always said '**you will never find an addict who wants to be one'**. I do feel that parents and families should be encouraged to learn as much as they can about the illness so that they have an understanding and can offer support and encouragement, as it is often the case that they turn their backs and close the door. XXX was always most grateful and appreciative of the support I gave him without which he could easily have had more difficulties than he did. The perception that most people have of either drug addicts or alcoholics is very blinkered – addiction is an illness that can strike the most intelligent and decent of people – not as it is usually regarded as something that only down and outs and homeless people suffer from. It is usually the illness that has got them to that stage.

Part of the recovery process after re-hab is not to enter into any emotional relationships for at least 2 years. Emotions come back far more strongly when 'clean' as they have been dulled for so long.

Relationships can turn into emotional addictions and become obsessive also, hence the reasoning behind this. Sadly, XXX did meet some-one and fall in love. When it all went a bit 'pear-shaped' to hide his distress he used the one thing that he knew would cloud it. Having used heroin again, only once or twice, he felt he would rather not go down that road again or hurt those who loved him, and chose to take his own life. This is the strength and power of addiction. **The substance controls the user, the user cannot control the use of the substance.**

Conclusions

I think a very useful exercise would be to weigh up in terms of pressures, both financial and others that are presently in place, against the cost of funding people to go into re-hab to come out and be useful members of society, not be a drain on resources, and make positive contributions to their Island. Most drug-related cases that go before the Courts will end up with a prison sentence, a futile exercise unless the crime is really severe. What is the cost of keeping somebody in La Moye for a week compared with the weekly cost of re-habilitation? Also I am aware that drugs are freely available in the prison and using is able to continue there. On release from prison there is very often no-where for people to go and they end up having to use the Shelter, again a very bad option. XXX was lucky in that Housing allocated him a little flat, as a deserving case, but this is usually a 'one off'. The 'lock-em-up' and throw away the key attitude does not work as has been proved time and time again.

Jersey swept the potential problems under the carpet for a long time – had this not been the case my son's addiction may not have become as serious as it did and he may still be alive today. I just could not find the help which I KNEW he needed and I can only hope that my contribution now will save other addicts and families going through the pain I am over XXX's loss. I understand that Guernsey has a much more pro-active approach to the problem. Please do not bury your heads in the sand – there is the potential now for crack cocaine to be introduced in to the Island (if it is not already). Drugs mean crime, and drug-related crime in the UK now leads to widespread use of guns and killings. Do not for one minute think that this could not eventually make the streets of Jersey unsafe in this regard. I have my own (maybe controversial thoughts) on how the criminal aspect could be eliminated to a degree, and would be happy to discuss this further in the future. Let us not forget we are talking about, in most instances, our future, our children's future and the well-being of all concerned. Let us also remember that the addicts are the victims, the real criminals are those who ply their evil trade, do not have any thought for the misery and death they spread, and usually those at the top of the ladder are not addicts themselves. Larger prison sentences for big suppliers could also be a deterrent.

Finally I hope your committee will be open-minded and honest about the situation as it is at present. Let services working towards a common aim work TOGETHER, and please do not let the status quo remain. A lot of forward thinking is needed.