



**Isle of Man  
Government**

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**Department of Home Affairs**

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**Pssst!**  
be alcohol aware

**Isle of Man**  
Giving you Freedom to Flourish



Respect alcohol,

respect yourself.

# Chief Minister's Drug and Alcohol Strategy Isle of Man Annual Report 2009 - 2010

**Chief Minister's  
Drug and Alcohol Strategy Annual Report**

**1 April 2009 – 31 March 2010**

**Department of Home Affairs**

## Foreword

It gives me much pleasure to present the 2009-2010 Drug and Alcohol Strategy report as the Department of Home Affairs political member tasked by the Chief Minister with the responsibility of the Strategy from October 2008. Once again it has been a very busy year with hard work and commitment shown by so many not just those working in Government and the Third Sector but also members of the community and in particular the licensed trade who have worked so cooperatively with us to reduce the harms arising from alcohol misuse by our young people.

The misuse of alcohol and drugs are vital community issues – at the strategic level the Government's Drug and Alcohol Strategy has outlined the three-pronged approach of education/prevention, treatment/support and community safety/enforcement. A strong culture of collaboration with greater partnership and working together across boundaries is crucial to preventing the individual, family and community problems posed by the misuse of alcohol and drugs. This year I chaired a new Strategic Steering Group which oversees the Strategy work and which includes among others committed community members who have a voice in the direction of our work.

While most young people who experiment with heavy/binge drinking and drug taking successfully change their behaviours as they enter adulthood and take on more responsibilities, some young people are particularly vulnerable to developing serious alcohol and/or drug problems. These may include young offenders, 'looked after' young people or young people in households where there is disruption and conflict as a result of problems among parents or other family members or just young people who may be at greater risk of developing drug/alcohol problems, as well as mental health problems such as depression and anxiety. Our treatment, support, education and community safety services have all worked tirelessly to provide help and advice and the many partnerships across all sections of the Strategy continue to work together to provide opportunities to reduce the harms resulting from substance misuse.

The complex issue of drug and alcohol misuse continues to produce challenges. This year the main priority areas focussed on alcohol misuse and young people with much progress made in work with the industry and also the issue of so called 'Legal Highs'. We had to work particularly proactively to manage the emerging drugs of concern as the months progressed. This report highlights the work achieved in this area and one which we will be monitoring closely for the coming year.

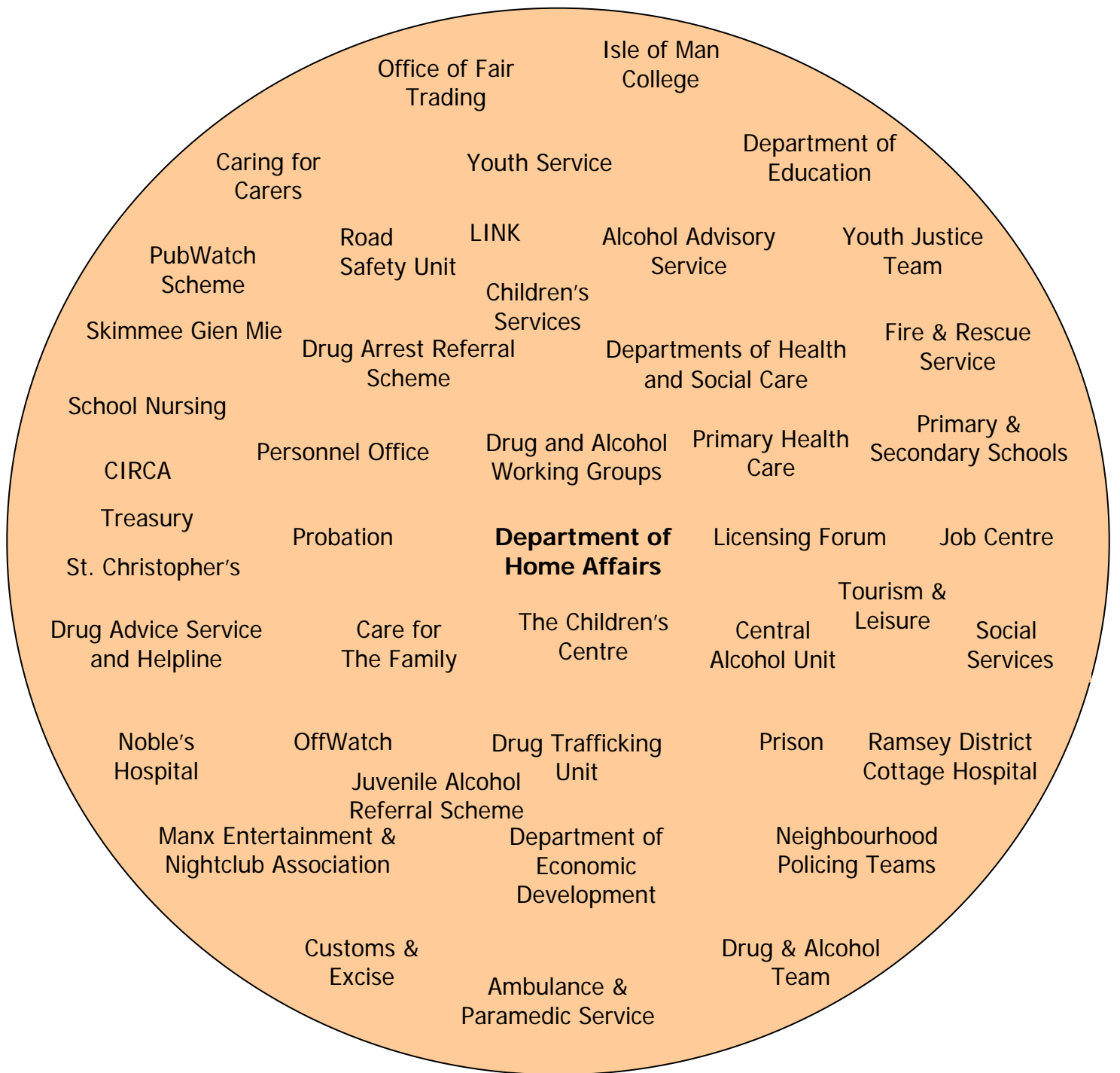
During the year we also hosted a British-Irish Council Ministerial Meeting on Drug Issues with the attendance of political members from our neighbouring administrations – this proved to be a very successful and interesting meeting as it is clear that we all face similar challenges with both drugs and alcohol.

Although we have been successful in arresting and detaining those involved in drug dealing in the Isle of Man it has been recognised that the most effective means of reducing the availability of drugs on the Island is to stop them getting here in the first place.

The Ports and Airports Anti Drugs Campaign has been developed to ensure anyone who wishes to risk bringing drugs to the Island is given a clear picture of the likely result of their endeavours, that is, imprisonment for a very long time. I am pleased to have been involved in this initiative, which will publicise our anti drugs message and our strong approach to dealing with drug dealers and traffickers.

This report is a snapshot of all the work in progress to ensure that we continue to be an Island where families, individuals and communities feel safe, protected and secure. My sincere thanks go to the working groups and all those who have contributed to the many areas of work under the Strategy.

Bill Malarkey MHK Department of Home Affairs and Department of Social Care  
April 2010



**Snapshot of Working in Partnerships  
Drug and Alcohol Strategy 2009-2010**

## **Background – Drug and Alcohol Strategy**

The Strategy is the long term vision for the Island and has separate sections for both Drugs and Alcohol. The Strategy aims to reduce the harms caused by drug and alcohol misuse.

Action plans and six monthly progress reports have been produced by four working groups for the Strategic Steering Group which is chaired by Mr Malarkey MHK and includes representation across Government, Third Sector and interested community members. This Group oversees the work of the Strategy. (Appendices 1-3)

The Strategy's approach is based on community, inter-agency and cross departmental cooperation.

The importance of Drug and Alcohol policy is clearly illustrated in the Government Plan 2007-2011. This mainly focuses on parental and community responsibility towards alcohol use and the need to reduce the problems of alcohol misuse in young people which is also recognised as a worrying trend amongst all of our neighbouring jurisdictions.

International research shows that problems associated with the misuse of alcohol and drugs require a broad-based strategy such as this in order to achieve long term positive and sustainable results.

There are three main strands for both Drugs and Alcohol.

### **Drugs**

1. Education and Prevention - promote healthy lifestyle choices to reduce drug use and prevent youngsters from starting in the first place.
2. Treatment and Support - to provide access to drug services and promote effective treatment and support interventions for drug misusers, parents, carers and families; to reduce drug related deaths and to prevent them happening in the first instance.
3. Community Safety - to reduce drug related crime and disorder and reduce the availability of drugs.

### **Alcohol**

1. Education and Prevention - to reduce harmful patterns of drinking and promote behavioural and cultural changes in patterns of drinking with promotion of healthy lifestyle choices across all age groups in the community
2. Treatment and Support - to facilitate access to alcohol services and promote effective treatment and support interventions for alcohol misusers, parents, carers and families; to reduce alcohol related deaths and to prevent them happening in the first instance.

3. Community Safety - to reduce alcohol-related crime and disorder with particular focus on the reduction of underage drinking and heavy episodic drinking ('binge drinking') among young people.

## Youth Service - Department of Education

### CAFE LOARE

This is a new and exciting project which is found at 1 Lord Street in Douglas.

The project opened the doors to young people on 18 January 2010 and was officially opened by Mr Graham Cregeen MHK on 31 January 2010.

The venue offers a friendly relaxed atmosphere where young people can come for advice, information and support informally from a Youth & Community Worker, and team of dedicated youth workers, or just simply access the internet free whilst enjoying the ambience of a Café and coffee lounge created specifically for young people.

Part of the facilities include large screen TVs which can be used for entertainment, training and information by being linked to various media options, a feature display wall which can be used to display photographs or posters as part of a positive diversion from the influences of drugs and alcohol, and other discrete opportunities for advice leaflets and posters, all kindly funded with assistance from the Seized Asset Fund.

The youth workers involved with the project are already consistently responding to the need for a safe haven for young people under the influence of drugs and alcohol on a Friday and Saturday evening. Their approach is one of harm minimisation to those under the influence, however, they do take the opportunity to build relationships, challenge behaviour and educate peer groups to support and keep each other safe when appropriate. This work is often followed up during contacts on weekdays when the young people are sober. The project is fully supported by the Police and is developing links within the local community to work together on the best way to develop a safer community for all.

Within the first 6 weeks of opening the café has had a total of 2328 contacts with young people, of which 80% were over the age of 13, with a split of 937 males and 1391 females.



## Summary

**April 2009 – March 2010**

**Key Outcomes** – Quality of life, Health Protection, Social Wellbeing and Community Safety.

**Main Priority Areas of Work** - Alcohol misuse and young people and Emerging Drugs of Concern.

### Snapshot of Activities

#### To Reduce Alcohol and Drug Related Crime and Disorder

Actions related to looking at test purchasing of both alcohol and volatile substances, server training courses for licensees and work with the industry relating to access and marketing, police and customs joint working operations, the LINK and Multi Agency team programmes in neighbourhood policing team areas, drink drive courses, parenting programmes, anti-social behaviour contracts, use of Proceeds of Crime Act and education and security controls in the prison.

#### **Airports and Ports Drugs Campaign – 12 months - Launched by IOM Constabulary across the Northwest – November 2009 – November 2010**

**Aim:** to raise awareness of the harsher penalties handed out to in the Island's courts to drug dealers and couriers. Importing drugs to the Island could lead to a sentence of up to 14 years! Airports and Ports Drugs Campaign to prevent importation and supply of drugs and money laundering through the Island's ports and airports.

**Targeting:** Travellers to and from the Island.

**How:** Posters, leaflets and beer mats.

**Where:** Liverpool Airport, Blackpool Airport, Heysham Port, Merseyside Port and IOM Steam Packet Vessels, IOM Airport, IOM Sea Terminal, Douglas.

**Concepts:** Using drug dogs to deter, visuals showing the impact of what 12 years away could have on a courier, challenging criminals who are employing people to courier in drugs and their proceeds of their crimes, by visiting and bringing in drugs you could end up in the Prison. Supply of drugs will not be tolerated and that the IOM takes a tough stance when sentencing.

## **To Promote Integrated Treatment and Support Interventions for Drug and Alcohol Misusers, Parents, Carers and Families**

The referral pathways for clients seeking treatment and support have been formalised via a tiered system and contracts and partnerships have been worked on within the Treatment and Support system. Further partnerships have been developed between the treatment and support services in the community and in the hospitals. Services for young people have been further developed with partnerships across the tiered services. Screening tools are being looked at for the different settings to ensure prompt referral to the relevant service. The alcohol services are exploring further links with the elderly care services. Where possible and with clients permissions the inclusion of family members in the treatment and support process has been promoted. In addition family members are offered support if requested.

Training, education and employment are now recognised as an integrated part of recovery – established links have been made by the treatment and support services with the Job Centre, Disability Employment teams, Department of Economic Development and the Mental Health Services Next Stage training Unit. For accommodation needs staff from the services sit on various housing panels and have established positive working relationships with private landlords and local estate agents. In addition dialogue is progressing with the Third Sector to explore further accommodation options.

## **To Promote Healthy Lifestyle Choices Across All Age Groups in the Community**

An Alcohol Campaign via health education, updated resources and using multi media communications has been underway both in all schools and in the community in raising awareness of the negative consequences of excessive and harmful drinking. The communications have mainly been focussed towards the Under 18 year age group and those between 18 years to 60 years with wide ranging initiatives targeted at specific ages within this broad age band. Much work has also been undertaken with the sale of alcohol from supermarkets and off licences outlets.

The focus of the campaign has been education and information across the community with voluntary cooperation from both the on and off licence trade.

Relating to drugs the focus has been on the so called 'Legal Highs' – Emerging Drugs of Concern and particularly on Mephedrone – all schools have had sessions relating to the risk of such substances. Since January 2010 the Department of Health Public Health Division has been leading a multi agency campaign across the community with particular focus on Mephedrone. Posters and leaflets specifically focussed on Mephedrone have been distributed to targeted and at risk groups in the community and those in contact with existing support services.

Since December 2009 five public seminars have been held around the Island outlining the risks and effects of Emerging Drugs of Concern. Additionally, people found with substances suspected of being 'Legal Highs' on licensed premises faced the prospect of an unlimited Island-wide ban from all pubs and clubs including nightclubs. Posters were displayed in all bars advising customers of the new policy.



There has been constant media work using the local radio and newspapers highlighting the risks and effects of using unknown substances and the Island has featured on both BBC North West and BBC the One Show for its proactive stance in managing this issue which is a widespread problem in neighbouring administrations.

Given the concerns relating to Mephedrone and its exclusion from the list of substances to be controlled under the Misuse of Drugs Act 1976 a high level strategic group was established including representation from three Departments and their Chief Executives. As part of that meeting the Attorney General's Office and the Department of Health have progressed and are progressing legislation to include such substances which are recognised as causing harm.

## Alcohol and the Industry

The Department of Home Affairs has been working closely with the Licensing Industry and the Police to reduce alcohol related crime. This has proved effective in that pubs and clubs are in the majority of cases well run and trouble free. In addition, the sale of liquor from off-licensed premises is now much better controlled and access to purchase liquor, from these premises by the under aged, is well restricted.

The Department has continued to work with the Industry through the Licensing Forum to develop further measures to reduce alcohol related crime and in this regard a Working Group has been established to examine the Licensing Act and has been working with the off-licence trade to agree a voluntary code of practice on the sale of liquor.

Close working with the licensing trade on the Island continues, as does the multi-agency working with other arms of central and local Government.

- The Off Licence trade (OffWatch) have brought in a number of voluntary schemes over the last 12 months. One of the initiatives is Challenge 25, whereby any person purchasing alcohol who appears to be under the age of 25 is challenged about their age and asked to produce approved identification before any sale is completed.
- OffWatch has also signed up to a Voluntary Code of Conduct that all the members have agreed to and signed up for. The main focus of the code is to place all the alcohol for sale in one main area (save for some satellite areas used for seasonal promotions and meal deals), signage highlighting that customers are entering an alcohol zone and health literature highlighting the dangers that can be associated with the over consumption of alcohol.
- The Manx Entertainment and Nightclub Association (MENA) are currently in the process of updating their code of practice to bring a number of better working practices to the fore.
- The regional PubWatch groups continue to meet and bring forward better working practices and initiatives. The regional groups have now formed an All Island PubWatch Scheme that has MENA and OffWatch as associate members. Instances of violence, damage, assaults on staff and customers and general anti-social behaviour, if deemed serious enough, could mean that a person is ultimately banned under all three groups Island wide.
- The Licensed Victuallers Association continues to work closely with the community and is an active leader in supporting local initiatives and charity events.

- All persons applying to the Licensing Court to be a Licence Holder or Designated Official must complete the B.I.I.A.B. award in Manx Licensing Law. This is an official course nationally recognised in the UK that has been modified to accommodate Manx licensing laws. Candidates must sit and pass an examination as part of the accreditation process to determine if a person is suitable to hold a liquor licence or perform the role of a Designated Official.
- Continued internal refresher training for Police Officers in relation to the Licensing laws of the Isle of Man.
- Off Licence trade, On Licence trade, Police, Ambulance Services and Health Service are attending local secondary schools and college to provide education from each participant's specialist fields. It is hoped that the pupils will get a varied insight into the consequences of abusing alcohol from a health, criminal and social aspect.
- Every person applying to be a License Holder or Designated Official has a meeting with the Central Alcohol Unit where their application is scrutinised to ensure they are suitable candidates and will adhere to their obligations under the law, in particular the serving of persons under the age of 18 years.
- New Licensing (Evidence of Age) Regulations came into effect on 1 January 2010. This widens the scope of identification cards acceptable as forms of proving peoples age. The new regulations encompass worldwide forms of official documentation as well as local ones.
- Work on the Licensing Forum goes from strength to strength. One of the main focuses at this time is work to revise the Licensing Act, 1995, to ultimately re-draft legislation that is more cohesive, up to date and fit for purpose.

# Emerging Drugs of Concern/ 'Legal Highs'

## Background

Up to January 2009, the Island's treatment and support agencies had reported negligible numbers reporting alleged use of these substances (pills which appeared to be mostly comprised of the drug BZP (1-benzylpiperazine). Anecdotal evidence reported the sale of 'Legal Highs' from an outlet in Douglas and, to curtail availability, the police liaised with the owners for cooperation given that they were not involved in any illegal activity. In May 2009, following the reported incidents of 4 young people being admitted to A&E Noble's Hospital with reported ill effects following the use of 'Legal Highs', the Director of Public Health liaised with Department of Home Affairs and Department of Education and issued a press release outlining risks and effects of using unknown substances.

In early November 2009, the Isle of Man Constabulary reported that the use of 'Legal Highs' had emerged as a significant threat Island wide and they were experiencing problems associated with these substances on a weekly basis. The problem was vividly highlighted when a young person mixed alcohol with what is believed to have been Mephedrone and according to the police they came very close to dealing with a fatality. This was of serious concern with youngsters mixing substances, particularly alcohol and other drugs.

## Education, Information and Communication

Since May 2009 the schools and community have been alerted to the risks of such substances, which have been included in Drug awareness sessions in the schools and in all secondary school assemblies. The Director of Public Health, in liaison with other Departments, issued a press release to the community outlining the dangers of taking unknown drugs.

The Education and Prevention Working Group, under the Drug and Alcohol Strategy, have organised the distribution and dissemination of information relating to these substances. This includes communications with school children and parents with promotion of relevant websites outlining the risks and effects of such substances e.g. Department of Home Affairs, Department of Education, Drug Advice Service and Helpline (DASH) on the Island and the FRANK website in the United Kingdom (a joint initiative from the Home Office and the Department of Health and supported by the Department for Education and Skills). DASH have also issued posters and leaflets specifically focussed on Mephedrone to targeted and at risk groups in the community and those in contact with existing support services.

Police officers visited outlets where information on sales of these substances were being made with positive cooperation shown by traders.

In November a Special Education and Prevention Working Group Meeting was held with an agreed multi agency action plan being formulated relating to education and treatment.

In December the Department of Home Affairs, in conjunction with the Department of Education, organised an Information Seminar on 'Legal Highs' for all those working with drug and alcohol issues and included representatives from the older school student groups – up to 74 attended and the feedback given was very positive.

### Morning Seminar on 'Legal Highs' 9 December 2009



Organised by DHA and DoE.

Seminar on Risks and Effects of 'Legal Highs' for those working with Drug and Alcohol Issues.

Presented by Allan Johnston of the Scottish Training on Drugs and Alcohol (STRADA).

The Licensing Industry also issued a press release in December outlining a pub/club ban on those caught using such substances and warning of the dangers to health. A letter has also been sent by the Member for the Department of Home Affairs, Mr W Malarkey MHK, who leads the Drug and Alcohol Strategy to all secondary school parents to warn of the dangers and including the names and numbers of relevant agencies.

The Chief Executive, Department of Home Affairs, convened a high level special meeting of Chief Executives and other relevant senior personnel – Education and Legislation (1 meeting November 2009, 3 meetings December 2009, 1 meeting January 2010). At a Home Affairs meeting a Briefing Paper was given in November and a Council of Ministers Paper in early January. Briefing Papers were made available to all Tynwald Members in January.

Letters were also sent in December to parents in the Community advising them of the dangers of 'Legal Highs' and advising of contact details of where to get help.

In January the Department of Health Public Health Directorate launched and continue to lead a multi agency education, training and publicity campaign to raise awareness of the risks of taking substances known as 'Legal Highs' with particular focus on Mephedrone.



## Legislation

There are currently no powers in Isle of Man Statute to prescribe controlled substances without them first being listed as such in the United Kingdom.

The link to the United Kingdom list of controlled substances resulted, on 23 December 2009, to the following so called 'Legal' substances becoming controlled substances under the United Kingdom Misuse of Drugs Act 1971 which is automatically replicated in the Isle of Man under the Misuse of Drugs Act 1976. These are Synthetic Cannabinoids, BZP (Benzylpiperazine), piperazines, GBL (Gamma-Butyrolactone) GHB (gamma-hydroxybutyrate) and a further 24 anabolic steroids, testosterone-like products. However in December Mephedrone was not included in the list of substances being banned under the Misuse of Drugs Act.

The Department of Health commenced progressing into law in February 2010 the interim legislative solutions to make it illegal to import or export, distribution, sale or supply, and possess with a view to selling or supplying chemical substances, known as Cathinones or Mephedrone.

With effect from Thursday 1 April 2010, it is an offence to import or export Mephedrone, sell or supply Mephedrone or possess Mephedrone with a view to selling or supplying it on the Isle of Man. Tynwald has approved regulations making it illegal to sell, supply, distribute or import Mephedrone or to possess Mephedrone with a view to selling or supplying in the Isle of Man under the Medicines Act 2003 (Restrictions of Dealing) (Mephedrone) Regulations 2010. Infringements of the regulations are punishable on summary conviction by a fine of £5,000 and on information by custody of up to two years and/or a fine.



Police Dog trained to detect Mephedrone in addition to other illegal substances. This should allow greater interception of Mephedone imported to the Island.

A Bill has been added to the Department of Health and Social Security legislative programme, to amend the definition of "controlled drug" in the Misuse of Drugs Act 1976 to include substances or products which are prescribed by order made by the Department of Health. A Draft Bill is in progress.

The Advisory Council, on the Misuse of Drugs in the United Kingdom were asked as a priority to look at Cathinones, of which Mephedrone forms a part, so that the Government could respond to the use of these substances. They produced a report in March 2010 which resulted in further legislation.

The Home Office announced in March that Mephedrone - 'plant food' will be made illegal to possess from 16 April 2010. Its classification as a Class B drug under the Misuse of Drugs Act 1971 is automatically extended to the Isle of Man. Possession of a Class B drug has a penalty of up to five years in prison or an unlimited fine or both. Possession with intent to supply/supplying a Class B drug has a penalty of up to 14 years in prison or an unlimited fine or both

# International Collaboration

## British-Irish Council



Ministerial Meeting, Isle of Man, February 2010

The British-Irish Council was established under the Strand Three Provisions of the Good Friday Agreement as a forum for its Members to exchange information, discuss, consult and use best endeavours to reach agreement on co-operation on matters of mutual interest within the competence of relevant Member Administrations. Ireland is the lead administration within the Council on the issue of Misuse of Drugs.

In February 2010 Mr Adrian Earnshaw MHK Minister for Home Affairs hosted the seventh Ministerial meeting of the British-Irish Council on the Misuse of Drugs on the Island. The meeting was chaired by Mr John Curran T.D., Minister of State with responsibility for the National Drugs Strategy in Ireland. The meeting focused in particular on how to effectively manage the challenges associated with substance misuse in the Prison Setting.

The meeting provided a good opportunity to focus in detail on two key challenges related to this issue:

- (i) the need to counteract the availability and use of drugs in prisons; and
- (ii) the need to provide a range of treatment services in prisons, comparable to those available in communities generally, thus enabling prisoners to address their problem drug use.

In detailed discussions the Ministers exchanged information on their experiences, and on best practices utilised across their jurisdictions. Much of the exchanges focusing on improvements to security procedures aimed at preventing drugs getting into prisons. At the same time, it was emphasised that such action could only really be effective when combined with the provision of drug treatment to prisoners. The importance of continuity of treatment for people following their release from prison was also emphasised. The Ministers envisage that the successful addressing of these key issues will facilitate their respective Governments to impact positively on the lives of prisoners, to reduce the levels of re-offending and to contribute to reducing problem drug use in society.

The Ministers also took the opportunity of utilising the British-Irish Council forum to exchange information on the issue of the sale and use of psychoactive substances ('Legal Highs'). The Ministers discussed the various measures planned and implemented across jurisdictions, and the outcomes of these interventions. Given the ongoing concerns around psychoactive substances, not only among the Administrations of the British-Irish Council but also across the EU and beyond, the Ministers directed that the British-Irish Council Sectoral Group on the Misuse of Drugs should retain the issue of psychoactive substance use as a standing item on their agendas for the foreseeable future.

The Ministers reviewed the successful work carried out by the Council during 2009 and focused on these important areas:

- Guernsey Meeting: Main subject - Youth Justice Initiatives. In addition, Guernsey's response to psychoactive substance use was presented and discussed.
- Ireland Meeting: Main subject - Drugs-Related Deaths Indices. A major part of the meeting focused on developing effective policy responses to drug deaths.
- Scotland Meeting: Main Subject - Drug Prevention. The presentation and discussion centred on innovative approaches in Scotland around drugs information and advice initiatives and their Drugs Awareness Campaign on Cocaine.

The Ministers agreed that these meetings had provided a very useful forum for sharing, in a focused and practical manner, the detailed expertise and knowledge of those involved in the drugs area across the British-Irish Council region. It was also noted that, in addition to exploring specific themes in depth, each meeting had facilitated the exchange of information on general developments and initiatives in relation to the misuse of drugs.

The Ministers noted and agreed that work in 2010 will focus on the following areas:

- Ireland: the policies of Administrations in the tackling of Alcohol Misuse;
- UK: new directions for drug and alcohol policy - meeting new challenges; and
- Jersey: Community Action in dealing with drugs, alcohol and anti-social disorder.

These meetings will also facilitate the strengthening and consolidation of the ongoing co-operation and the exchange of information, experience and best practice between Members.

It was agreed that Ministers would meet again in the Spring of 2011.

### **The Advisory Council on the Misuse of Drugs (ACMD) United Kingdom**

The Advisory Council on the Misuse of Drugs (ACMD) United Kingdom (UK) is an independent expert body that advises government on drug related issues in the UK. It was established under the Misuse of Drugs Act 1971.

The Advisory Council makes recommendations to Government on the control of dangerous or otherwise harmful drugs, including classification and scheduling under the Misuse of Drugs

Act 1971 and its regulations. It considers any substance which is being or appears to be misused and of which is having or appears to be capable of having harmful effects sufficient to cause a social problem.

It also carries out in-depth inquiries into aspects of drug use that are causing particular concern in the UK, with the aim of producing considered reports that will be helpful to policy makers and practitioners.

Under the terms of the Act, members of the ACMD - of whom there should be not less than 20 - are appointed by the Home Secretary. There is a statutory requirement that they must include representatives from the practices of medicine, dentistry, veterinary medicine and pharmacy, the pharmaceutical industry, and chemistry other than pharmaceutical chemistry; and people who have a wide and recent experience of social problems connected with the misuse of drugs. Appointments are ordinarily limited to a term of three years.

Meetings are usually held twice a year and the Isle of Man has a representative as observer at the meetings.

### **Advisory Council on the Misuse of Drugs Isle of Man**

The Advisory Council on the Misuse of Drugs (ACMD) is established under the Department of Health Misuse of Drugs Act 1976 to keep under review the drug situation on the Island and to advise Government on the measures to be taken for preventing the misuse of drugs or for dealing with the social problems connected with their misuse. The Island's Misuse of Drugs Act 1976 contains provisions such as Schedule 2 of the Act which is updated in line with any changes to Schedule 2 of the United Kingdom Misuse of Drugs Act 1971. This updating is automatic and does not require approval by the Department or Tynwald. The different parts of Schedule 2 to the Act set out a classification of controlled drugs which is used in the Act to determine the penalties available to the courts. There is a requirement in the Misuse of Drugs Act 1976 for any secondary legislation also to be considered by the Advisory Council on the Misuse of Drugs (ACMD).

Members are appointed for a period of three years. Following the current concerns relating to emerging drugs of concern (so called 'Legal Highs') and the need to consider further legislation the Department of Health has reconvened the local Advisory Council on the Misuse of Drugs to carry out their advisory role as outlined above.

## Statistical Information for 2009/10 (Dr Andreea Steriu, DHA)

### Drugs

During 2009/10, some significant changes were observed on the illicit drug scene.

On the supply side main issues were:

- That class A drugs were replaced by new substances on the streets with dealers claiming these had similar effects and were at a price ten times cheaper; this was a typical infiltration of a new "product" in this market; as a result, Cocaine sales fell markedly
- That supply of other drugs, such as Cannabis, was also falling; this was in line with earlier European survey results showing a decline.

On the demand side highlights were:

- That the tiered treatment and support services were facing unprecedented demand for these new substances (anecdotal evidence)
- That information published in the media was also illustrating an association between these new substances and deaths which prompted a couple of desktop exercises
- The Drug Arrest Referral Scheme also saw a significant drop in the annual figures which was consistent with the demand for 'Legal Highs', however concerns about the quality of data apply to this source of capture.

### Snapshot – Treatment and Support

In October 2009 the latest snapshot of available validated 12-month treatment and support data were showing:

- 196 records (DAT =167; DASH 31; overlap of two entries)
- 135 men, 61 women
- 46 NEW patients (these patients were not in contact with DAT during previous six months)
- 136 alcohol (70%); 27 seen in previous 6 months<sup>1</sup>
- Cannabis 69 (35%) covering both DAT and DASH; 10 seen in previous 6 months
- Cocaine 30 (15%) " " " ; 8 seen in previous 6 months
- *Heroin*<sup>2</sup> 24 (12%); 5 seen in previous 6 months

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<sup>1</sup> Most likely prevalent clients

- Hypnotics (benzodiazepines) 20 (10%)
- Hallucinogens (other) 5 (3%) – one note of 'Legal Highs'
- Ecstasy 8 (4%)
- Amphetamines 4 (2%)
- Stimulants 4 (2%)
- Hypnotics (other) 4 (2%)
- Opiates (other) 3 (2%)
- Opiate (substitute) 2 (1%)
- Methadone ('street') 2 (1%)
- VSA 1 (0.5%)
- Crack 0
- LSD 0
- Hypnotics (barbiturates) 0
- Ever injected, current injecting: 11 and 7
- Ever shared, current sharing: 5 and 4
- Poly-substance use (use of two or more substances) is still analysed usually alcohol is one of them, and this is a phenomenon which contributes significantly in the majority of drug-related deaths.
- Age: more than half of the Cannabis users were under the age of 25 years (45 out of 69); similarly this applies to the 8 Ecstasy users, all were under 25 years; most Cocaine users were 18-34 year olds (22 out of 30); majority of Heroin users were between 18-34 years (12 out of 24); from 2008/09 the age of Heroin use appears to have gone down because of 'new' users presenting to treatment; this also somehow correlates with a small number of drug-related deaths which were due to heroin overdose. Heroin remains at the centre of drug-related deaths.
- Trend analyses show no change in the distribution of gender (70% males), or substances.
- Mephedrone and other synthetic cathinones (MDPV), other synthetic cannabinoids ('Spice'), piperazines (BZP and *m*CPP) data have not been validated.

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<sup>2</sup> Actual total for opiates could be higher due to substitute treatment notifications (another 7 clients)

**Further information from this sample showed:**

**Employment:** 83 (42%) employed; 89 (45%) not employed; (21) 11% either students or retired (11 are under 18); 3 (2%) not recorded what situation; previous reports showed that clients were usually employed (over 70% of them); employment as socio-economic factor was flagged as a priority for dual diagnoses and for strengthening the link with mental health;

**Living with:** parents 58 (30%); 42 (21%) with spouse or partner; 42 (21%) alone; 16 (8%) with another user; 16 (8%) other circumstances (not described);

**Referral from:** 97 (50%) self; 38 (19%) GPs; 32<sup>3</sup> (16%) other; 20 (10%) Probation Service; 4 (2%) Drug clinic; 2 (1%) family; 3 (1.5%) not recorded;

**Action planned at onset:** 168 (86%) yes; 28 (14%) no further action; the 168 include: 40 to remain in contact with GP, of which 9 with GP +other agency; 16 referred to AAS; 8 referred to DASH; 35 possible combinations were recorded and this needs further structuring;

**Legal situation:** 110 (56%) none; 30 previous convictions (15%); 22 (11%) on probation; 21 (11%) remand bail; 10 other (5%); 3 (1.5%) not recorded;

**Accommodation:** 64 (33%) owner occupied; 61 (31%) private rented; 51 (26%) local authority; 10 (5%) N.F.A.; 10 (5%) other (not specified);

**Drug related contacts/ services:** 82 (42%) with GP; 46 (24%) with no service;

**New clients:** 26 (13%) with Team; 13 (7%) other (not described); 12 (6%) with Probation Service; 6 (3%) psychiatrist; 3 (2%) Social Services; 3 (2%) A&E; 3 (2%) not recorded; 2 (1%) Needle and Syringe Exchange Scheme;

One area which has registered substantial progress is in the new substances information. During the last quarter of the financial year an agreement has been reached with the laboratory at Noble's Hospital which provided a toxicological report.

This secondary source of data has confirmed a total of 107 synthetic cathinones results from November 2009 to April 2010: 102 Mephedrone and 5 MDPV. Almost all were reported by the police and included samples of either recovered substances (e.g. white powder) or biological samples from those attending hospital and forwarded to the laboratory for tests. The proportion of each was not made clear.

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<sup>3</sup> The 32 "other" include a variety of combinations (list needs further summary)

Furthermore, during almost the same period (October 2009 to April 2010) over 300 cases were reported by a number of agencies; half of these cases were reported by DASH which makes nearly 50% of all reported cases:-

<i>Agency</i>	<i>Period</i>	<i>Number</i>	<i>Notes</i>
<i>Police</i>	Mid-October 2009 to end January 2010	39	Director of Analytical Services Analysis Centre Isle of Man Constabulary
<i>Probation</i>	October 2009- March 2010	12	Director of Operations Isle of Man Probation Service
<i>Prison</i>	October 2009 - March 2010	29	Primary Care Management
<i>Education</i>	Nov 2009 to January 2010	4	Drugs and Alcohol School Liaison Officer
<i>DASH (Third Sector)</i>	April 2009 – March 2010	144	Director of Services
<i>Noble's Hospital Admissions</i>	April-September 2009	0	No admissions identified at cross- checks with the limited available numbers who had identifiers
	November 2009 – April 2010	107*	Data in due course checked for defined ICD-10 codes
<i>Total**</i>	Oct 2009 to end- January 2010	335	Non-validated number

\* this is currently cross-checked with possible matching ICD-10 diagnoses \*\*non-validated entries (cross-checks cannot be performed)

A total of 335 individuals were reported from the sources shown in the table. These data are not validated and should be interpreted cautiously as either double counting or under-estimation is equally possible.

According to the 107 toxicological reports (see above), 50 individuals may have been admitted to a hospital ward between November 2009 and April 2010 and this is currently the figure undergoing the triangulation (cross-checking) for November 2009 to end March 2010. Of these, it has been suggested that only 35 individuals appear to have shown positive results for one or more substances, including prescribed medication. The positive result detection at 70% of samples analysed by the laboratory demonstrates a low sensitivity of these tests. Whilst synthetic cathinones were identified, prescribed medication came second and were of a similar order to the number of 'Legal Highs' reports; amongst these benzodiazepines appear to dominate. It was confirmed that all admitted cases were poly-substance users, yet the exact combination differed across individuals. The male to female ratio was similar to the DAT gender distribution, with more males than females.

The inherent problem in data capture shows how difficult it is to measure the scale of the problems some of the drugs pose. Often duplicate counting occurs and this could only be checked at source. None of the above has been validated and the information needs to be considered in the wider context. No alcohol data were reported from these cases and alcohol may have also contributed to the hospital admission. Alcohol admissions (hospital episode statistics or HES) are presented in the Alcohol section in this information report.

## **Alcohol**

### **Hospital related admissions**

These data are collected in accordance with one of the agreed nine alcohol indicators. In 2009/10 a total of 12,140 admissions were recorded and 4,446 individuals were admitted to Noble's: 2,212 males and 2,234 females. Sixty percent (60%) of individuals are 65 years or older.

Of all individuals admitted during the year 345 (8%) were admitted with an alcohol-related ICD-10 diagnostic. The 2-year rollover 2005 to 2007 figure was 255 admissions. This latest 1-year figure shows a 35% increase which could be due to many factors.<sup>4</sup>

### **Young People**

Of the 345 individuals, 61 were in the age-group under-18 year olds: 26 boys and 35 girls. One individual had five admissions during this year and is the only one in this age group also identified with use of a 'Legal High' (piperazines). The over 18-year olds data are currently analysed for new substances.

The 61 individuals admitted in the 12-17 year olds represent 21% of all admissions due mental and behavioural disorders as a result of alcohol consumption. One in five of these admissions occur in under-18 year olds. A clinical protocol was adopted in Noble's in 2008 according to which all under-18 would be admitted if presenting with alcohol intoxication.

The 61 individuals as a number need to be cautiously compared with a previous 3-year rollover indicator for this age when 40 individuals were admitted due to alcohol intoxication and mental and behavioural disorders. It is not the absolute number which counts as numbers can fluctuate from one year to another and 40 or 60 do not differ significantly in a population of roughly 17,000 individuals. Rates per 100,000 are currently calculated for the

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<sup>4</sup> In 2008/09 the PAS was changed (patient administration system) therefore comparison needs to be made very cautiously; in broad lines the increase may be due to many factors; this is the first year after PAS was implemented a minimum 2- or recommended 3-year rollover figure is a reliable indicator

age-group to allow comparison with previous figures. Denominators may also have changed.

This latest one year estimate shows a 50% increase in hospital admissions in 12-17 year olds. Again, this is possibly due to better data capture, yet the figure remains high. Data up to March 2012 will be able to provide another 3-year rollover indicator which can be then benchmarked against the previous one of 40 individuals.

Given that a total of 105 individuals aged 12-17 years were admitted during this year, more than half or 58% of them were alcohol-related. The earlier 3-year rollover estimate (2003 to 2005) gave for a similar number of total admissions a proportion of 31% for alcohol-related ones. This helps with understanding that data capture has improved significantly, from 31% to 58%, possibly also due to the implementation of the A&E protocol regarding under-18 year olds. Only consistent data capture over time can explain future trends. Changes in policies should also be considered.

### **Adults – Over 18 Years**

Women and men get equally admitted to hospital. The difference is in the middle-age years when men tend to be admitted more than women and a significant increase in women over the age of 75 years, reflecting a compressed morbidity in women at an older age.

The 290 individuals who were admitted for mental and behavioural disorders due to alcohol, including "hangover" effects, drunkenness or pathological intoxication represent 84% of all 345 individuals admitted with alcohol specific conditions: 87% in men and 80% in women. It means that almost nine out of ten alcohol related admissions in men (87%) and four out of five in women (80%) are due to harmful and hazardous drinking. These are considered avoidable hospital admissions particularly when many occur at younger ages when physical health is not yet damaged; 50% of the males and 66% of the female admissions in age group 12-17 years were due to alcohol.

Cirrhosis accounts for a proportion of 7%, equally in men (7%) and women (7%) and cases peak in the 45-54 years, followed by the 55-64 age group.

Acute toxic effect of alcohol, other than mental and behavioural disorder, accounts for 7% (12% in men and 4% in women) and other diagnoses for 2%.

Work has also continued to improve the quality of information in this area, including consultation reports with various agencies.

## **European School Survey Project on Alcohol and other Drugs (ESPAD)**

In November 2009 an application was submitted to ESPAD for access to the European database on alcohol data. Access was granted by the ESPAD Database Application Committee in January 2010 for the Isle of Man ESPAD Principal Investigator to work on evidence from this large database on alcohol and violence in 15/16 year olds. The sample selected was from 11 countries, totalling over 16,000 of 15-16 year olds.

In analysing such a large dataset, the question to answer was: to what extent can the association of alcohol and violence be measured and quantified in ESPAD countries in mid-teenage year populations?

There is an association between violence and alcohol at this age. The strength of the association is weak at 15/16 years with alcohol contributing in a proportion of 3 to 13%. Remaining factors from ESPAD dataset have yet to be identified.

Information in more detail can be obtained from the Public Health Specialist who is responsible for all data processing for this Strategy. The information supports both Drug and Alcohol Policies across the areas of the Chief Minister's Drug and Alcohol Strategy.

## Future Challenges

Despite much effort and hard work the challenges outlined in our report last year remain and will continue to do so for some time. We outlined three areas to progress in our last report and all of these have moved forward:

Draft Alcohol Arrest Referral Scheme – A project has been drawn up but due to funding resources this is on hold;

Test Purchasing and Supermarket Sales and Promotions – Test Purchasing is to be included in forthcoming legislation but during the year integrity testing exercises took place and the Off licensed Trade agreed to a Voluntary Code operational from 1 April 2010;

Douglas Town Centre Youth Project – this project opened in January 2010.

The challenges relating to alcohol misuse continue to include changing the culture of 'heavy episodic drinking' among teenagers and the narrowing gender gap in this behaviour. Other challenges relate to the continuing promotion of parental and community responsibility relating to alcohol misuse. Much progressive work is being undertaken with the licensees and off licenses relating to availability and their continued cooperation and assistance must be positively acknowledged. In addition more research elsewhere is pointing to liver related problems for young adults and middle aged people and so often those over 60 years have been overlooked who also present with substance related problems. The challenge is to make a positive impact in some of these areas with limited resources. However, with the current resources the focus is on young people, parents and community awareness.

The challenges relating to drug misuse continue with the nature of uncommon chemicals and plant or herbal materials which have become available on the Island and elsewhere. This is a challenge facing us all as was clearly highlighted at the February Ministerial Meeting on Drug Misuse across Administrations. There are still the problems of the availability of Cocaine, Cannabis and Heroin, poly drug use along with the new psychoactive substances as well as the misuse of prescription medicines – all present additional challenges.

The need remains for improved and better collection and analysis of valid data and information across all areas. For treatment and support services the focus is moving towards treatment outcomes and the reintegration of the individual into society which involves accommodation, employment etc – a particularly tough challenge in these changing times. The presenting issues may well be drug and/or alcohol misuse but the causation factors may be wide ranging and much more complicated.

The Strategic Steering Group will continue to oversee the progress of work and a revised one Tasking and Coordinating Group has replaced the four working groups to ensure a more efficient and effective response to the above issues.

There are also the political, social and economic challenges which the Island faces over the coming year. The next extensive review of the Drug and Alcohol Strategy is likely to be in 2011. Resourcing and reviewing current resources of the Strategy will be considered with the next review.

## **Reports 2009-2010**

All working group reports, Information and Research Reports, Press Releases and Evaluation Reports of road shows etc are available from the Director of Drug and Alcohol Policy in the Department of Home Affairs as are the Drug and Alcohol Strategy plans for 2010-2011. Most reports are available on the Department of Home Affairs website.

## **Data and Information Reports 2009-2010**

Papers, reports or information listed above can be obtained from the Public Health Specialist, Senior Information Officer responsible for drugs and alcohol information in the Department of Home Affairs. She ensures that any relevant evidence is backed up by valid and reliable sources of data, projects and data items which need processing to assist the Strategy.

## Appendix 1

# Alcohol Strategy Plan April 2009 – March 2010

## Key Outcome:

**Quality of life, health protection, social wellbeing and community safety**

## Vision:

**To reduce the harms associated with alcohol misuse**

## Key Aims and Objectives:

### **Aim 1: To reduce alcohol related crime and disorder**

#### **Objectives:**

- To promote local partnerships and initiatives to tackle the problem of anti-social behaviour, under age drinking and alcohol related disorder and crime;
- To continue to work with the industry and the public to reduce the sale of alcohol to under 18's and to encourage the promotion and marketing of alcohol in a responsible way.

### **Aim 2: To promote integrated treatment and support interventions for alcohol misusers, parents, carers and families**

#### **Objectives:**

- To focus on early interventions in hospital, prison, probation and community settings;
- To increase the participation of those with alcohol related problems in alcohol treatment and support programmes;
- To promote opportunities for the inclusion of families, carers and/or significant others in the treatment and support services;
- To implement integrated interventions across agencies and partnerships to include employment, training, education and accommodation as part of treatment and support services.

### **Aim 3: To promote healthy lifestyle choices across all age groups in the community**

#### **Objectives:**

- To inform, support and assist parents, carers the general public, young people, vulnerable adults and offenders on all aspects of alcohol related harm;
- To improve the availability of education and prevention programmes for all young people in schools, colleges, care settings and the community.

# **Drug Strategy Plan**

**April 2009 – March 2010**

## **Key Outcome:**

**Quality of life, health protection, social wellbeing and community safety**

## **Vision:**

**To reduce the harms associated with drug misuse**

## **Key Aims and Objectives:**

**Aim 1: To reduce drug related crime and disorder and the availability of drugs**

### **Objectives:**

- To promote schemes and initiatives that tackle the problem of anti-social behaviour and drug related crime and disorder;
- To deliver co-ordinated activities addressing drug supply both in local neighbourhoods and drug importation to the Island;
- To ensure effective use of The Proceeds of Crime Act 2009.

**Aim 2: To promote integrated treatment and support interventions for drug misusers, parents, carers and families**

### **Objectives:**

- To focus on early interventions in hospital, prison, probation and community settings;
- To increase the participation of drug users in drug treatment and support programmes;
- To promote opportunities for the inclusion of families, carers and/or significant others in the treatment and support services;
- To implement integrated interventions across agencies and partnerships to include employment, training, education and accommodation as part of treatment and support services.

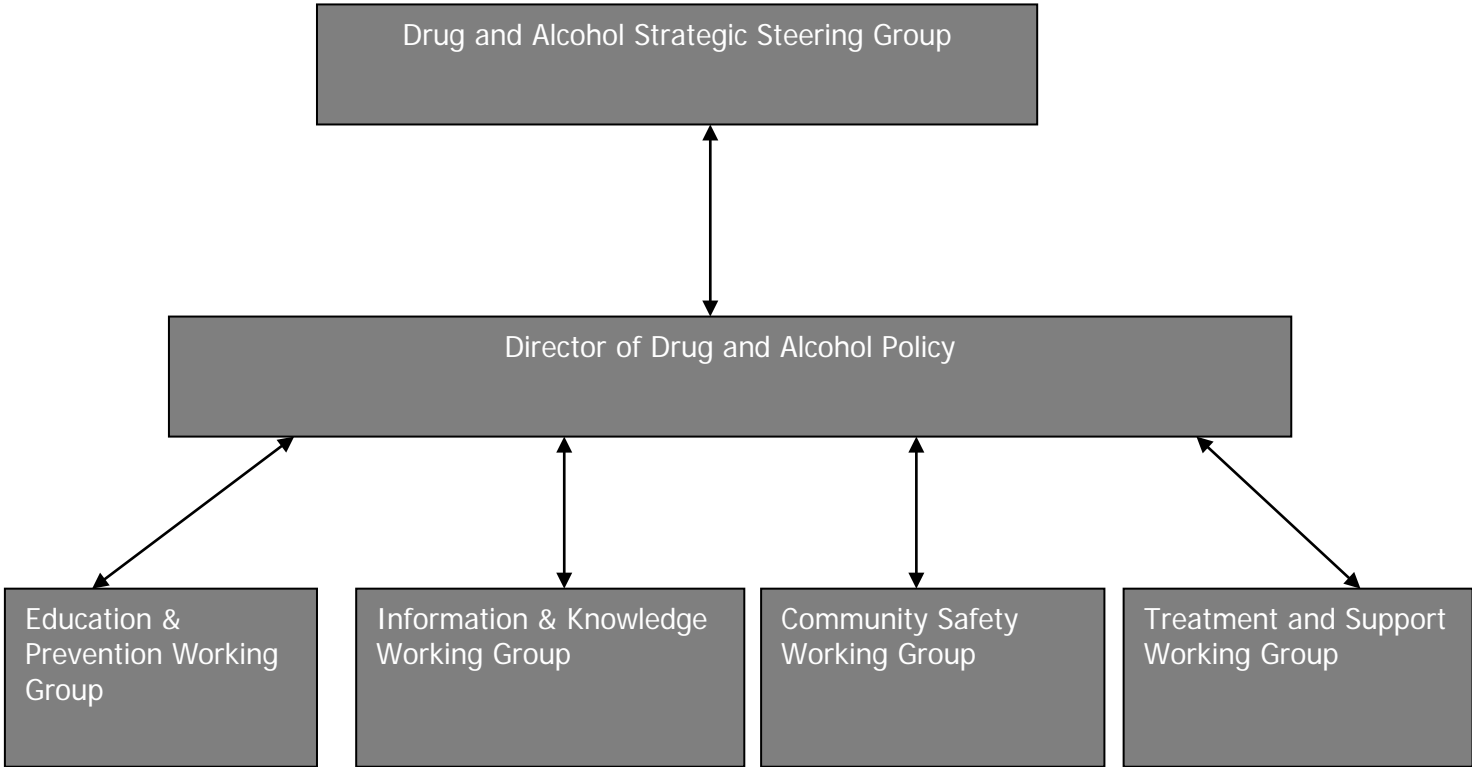
**Aim 3: To promote healthy lifestyle choices across all age groups in the community**

### **Objectives:**

- To inform, support and assist parents, carers the general public, young people, vulnerable adults and offenders on all aspects of drug related harm;
- To improve the availability of education and prevention programmes for all young people in schools, colleges, care settings and the community.

Appendix 2

Structure of Drug and Alcohol Strategy Working Groups



## Appendix 3

### MEMBERS - APRIL 2009 - MARCH 2010

#### Drug and Alcohol Strategic Steering Group

**William Malarkey MHK**, Chair

**Will Greenhow**, Chief Executive, Department of Home Affairs

**David Killip**, Chief Executive, Department of Health and Social Security

**Lesley Keenan**, Deputy Chief Executive, Department of Health and Social Security

**John Cain**, Director of Education, Department of Education

**Supt. Paul Cubbon, (Alcohol)** – IoM Constabulary

**Supt. Dave Hughes, (Drugs)** – IoM Constabulary

**Denis Maxwell**, Collector, Customs and Excise

**Alison Gomme**, Prison Governor, IoM Prison

**David Sellick**, Chief Probation Officer, IoM Probation Service

**Bob Jeavons**, Third Sector and Police Consultative Forum Chairman

**Caroline Convery**, Community Representative

**Brian Callow**, Community Representative

**Dr Geoff Sharpe**, General Practitioner, Community Representative

**Margaret O'Reilly**, Director of Drug Policy and Research, Department of Home Affairs

**Karl Cubbon**, Legislation Development Executive, Department of Home Affairs,  
(Secretary)

#### Education and Prevention Working Group

**Orla O'Donoghue**, Department of Education, Drug and Alcohol Liaison Officer,  
Chairperson

**Carolyn Shipstone**, Care for the Family, Chairperson

**Voirrey Kennaugh**, Department of Education, Play and Youth Services

**Suzanne McPhillips**, Inspector of Trading Standards, Office of Fair Trading

**Peter Whittaker**, Chairperson, Off Watch, Off Watch, Committee of Off Licence  
retailers

**Dawn Henley**, Department of Health and Social Security, Senior Health Promotion Officer, Public Health Division

**Kim Capper**, Head of Outreach Services, The Children's Centre  
Anne Seed, St Christopher's Unit

**Jackie Pate**, Department of Home Affairs and Department of Health and Social Security, Health Adviser for Looked After Children, Youth Justice Team

**Matthew Kelly**, Alcohol Advisory Service

**Carl Kinvig**, Department of Home Affairs, Fire Service Division, Station Officer, Community Fire Safety Department

**Susan Coyle**, Department of Health and Social Security, Social Services Division, Staff Development Officer

**Judy Jackson**, Department of Home Affairs, Isle of Man Prison Education Manager

**Gordon Edwards**, Department of Transport, Road Safety Manager

**Susan Brew**, Department of Home Affairs, Administrative Officer

## **Treatment & Support Working Group**

**Gary Reynolds**, Department of Health and Social Security, Mental Health Services, Clinical Governance and Standards Officer- Chairperson

**Martyn Mackie**, Department of Health and Social Security, Mental Health Services, Clinical Nurse Specialist, Drug and Alcohol Team, Chairperson

**Dr Kirsten Wafer**, Department of Health and Social Security, Mental Health Services, Consultant Psychiatrist, Drug and Alcohol Team

**Dave McClean**, Department of Health and Social Security, Mental Health Services, Young Persons Substance Misuse Specialist

**Bernice Ashworth**, Department of Health and Social Security and Department of Home Affairs, IOM Prison, Clinical Manager, Health Services

**Jayne Paton**, Department of Health and Social Security, Nobles Hospital, Ward 6

**Kathy Mylchreest**, Department of Health and Social Security, Ramsey Cottage Hospital, Service Manager, In-patients

**David Gawne**, Department of Health and Social Security, Consultant – Caring for Carers Strategy

**Jackie Pate**, Department of Home Affairs and Department of Health and Social Security, Health Adviser for Looked After Children, Youth Justice Team

**Dawn Henley**, Department of Health and Social Security, Senior Health Promotion Officer, Public Health Division

**Thea Ozenturk**, Director, Alcohol Advisory Service

**Shelly Stanley**, Director, Drug Advice Service and Helpline

**Ed Coates**, Department of Health and Social Security, Social Services Division, Child Care Co-ordinator

**Cathie Robinson**, Department of Health and Social Security, Mental Health Services, PA to the Assistant Director (Mental Health) & Operational Manager

## **Community Safety Working Group**

**Julian Lalor-Smith**, Department of Home Affairs, Director of Administration and Legislation, Chairperson

**Pat Ingram**, Department of Home Affairs, Probation Service, Director of Operations, Chairperson

**David Gawne**, Department of Health and Social Security, Consultant – Caring for Carers Strategy

**Orla O'Donoghue**, Department of Education, Drug and Alcohol Liaison Officer

**Suzanne McPhillips**, Inspector of Trading Standards, Office of Fair Trading

**Chris Taggart**, Heron and Brearley

**Neil Cowhig**, Department of Home Affairs, IOM Prison, Security

**Martyn Mackie**, Department of Health and Social Security, Drug and Alcohol Team, Clinical Nurse Specialist

**Briana Strickland**, Department of Home Affairs, Probation Service, Family Court Welfare Officer

**Inspector Gary Hardman**, Department of Home Affairs, IOM Constabulary, Youth Justice Team

**Paul Gelling**, Treasury, Customs and Excise, Surveyor Investigation Section and Acting Chief Officer, IOM Office of Fair Trading

**Andrea Callow**, Probation Service, Personal Assistant to Director of Operations

## **Information and Knowledge Working Group**

**Dr Andreea Steriu**, Department of Home Affairs, Public Health Specialist, Information and Research, Chairperson

**Jeanette Kelly**, Department of Health and Social Security, Social Services Division, Information and Communications Manager, Chairperson

**Colin Ring**, Department of Home Affairs, IOM Prison Deputy Governor

**Ray Beattie**, Department of Health and Social Security, Ambulance Service, Operations Manager

**Andrew Murdoch**, Alcohol Advisory Service

**Madeleine Sayle**, Department of Health and Social Security, Nobles Hospital, Business Analyst

**Carl Kinvig**, Department of Home Affairs, Fire Service Division, Station Officer, Community Fire Safety Department

**Neil Brindle**, Department of Home Affairs, Probation Officer, Drug and Alcohol Team

**Andrea Callow**, Department of Home Affairs, Probation Service, Personal Assistant to Director of Operations



**Isle of Man  
Government**

*Reillys Ellan Vannin*

**Department of Home Affairs**  
*Rheynn Cooishyn Sthie*



**Pssst!**  
be alcohol aware

**Isle of Man**  
Giving you Freedom to Flourish



The information in this report is available in large print  
or in audio format on request

**Chief Minister's Drug and Alcohol Strategy**

Chief Executive's Office  
Homefield, 88 Woodbourne Road  
Douglas, Isle of Man, IM2 3AP

[www.gov.im/dha/ceo/DandA](http://www.gov.im/dha/ceo/DandA)  
[www.bealcoholawareiom.com](http://www.bealcoholawareiom.com)