



ANNUAL REPORT

2014/15

Established 1978

Registered charity on the Isle of Man number 275

Rosemary House, Mount Havelock, Douglas, Isle of Man IM1 2QG

Tel 627656 email motiv8@iom.com Fax 610205

Web: www.motiv8.im





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1ST APRIL 2014 - 31ST MARCH 2015

SERVING OFFICERS:

His Hon. Jack W. Corrin CBE (President)

Mr Christopher Mitchell (Chairman)

Mrs Jo Brackett (Hon. Secretary)

Mr David Cole (Hon Treasurer)

Ms Jane Gray (Hon. Advocate)

DIRECTORS:

Darren Bradford

Mrs Rosemary Cowley

Mr David Cole

Rev. Malcolm Convery

Mr Quintin Gill

Mr John Shimmin MHK

Mr Christopher Sidley

Mrs Thelma Wilson

STAFF:

Thea Ozenturk (Director)

Consultant Clinical Psychologist Professor Robin Davidson

Kay Mylchreest (Deputy Director, Alcohol Counsellor)

Lyndsey Smart (Deputy Director/GamCare Counsellor)

Andy Murdoch (Young Persons Counsellor)

Josie Waldrum (DrugAware Counsellor)

Anne Cain (Team Administrator)

Louise McColgan (SMART Facilitator – Alcohol support worker)

Janine Vels (Alcohol Counsellor)

Elaine Muldoon (Alcohol support worker)

Nigel Macfarlane (Sessional Counsellor)

Directors Report

Welcome to Motiv8's Annual Report for 2015 with yet another memorable action packed year for all involved with our long standing charity.

The highlight of the year was undoubtedly the 'Pathways to Addiction' research project. This study was first envisioned when we launched our new drugs service DrugAware in 2013. Many people with addiction problems in small communities struggle to come forward for help. The reasons for this are varied and complex, sustained recovery can be challenging with cycles of relapse, disengagement and prolonged periods of further use a feature for many.

In order for DrugAware to be a success we knew that we had to find a way of engaging with service users to find out why they developed drug problems, why it started and what were the factors in their lives that led to increased use? Nobody starts out in life with the intention of having a dependency on a substance. We also wanted to know what we could learn from those in recovery, how did they do it and from those still reaching for recovery what were the barriers to sustained behaviour change?

A total of 51 participants were interviewed by a team of trained researchers and gave their life stories in the form of an in-depth biographical interview. The results have thrown light on what its like to suffer from an addiction, with particular reference to living in the Isle of Man.

We hope that the report will support our work, inform future strategies and also help to improve attitudes and create greater understanding and empathy for this client group.

This study is to our knowledge the first of its kind for the Island and gives a voice to a hidden population who often feel judged and stigmatised in our small and very visible community.

We would particularly like to thank the Manx Lottery Trust who funded the project and were supportive throughout. Also, Dr Kirsten Wafer Consultant Psychiatrist at the Drug and Alcohol Team, who supported the application and the National Centre for Social Research in London, who helped bring our project to fruition. You can read the executive summary of the report within and full copy of the report is available for download on our website:

<http://www.motiv8.im/wp-content/uploads/2014/11/Pathways-to-Addiction-Report-Nov-2014-Motiv8.pdf>



This year saw the service consolidate its services and the changes in provision after several successive years of development. The growth in recent years has seen service activity grow to unprecedented levels with record levels of referrals. The consolidation of services under one roof has led to many positive benefits. The team now stands at 11 which enhances safety in dealing with sometimes challenging situations. The skill base of the team has grown with staff now working across all client groups. This has built resilience into Motiv8, ensuring a smooth accessible service at all times for our client groups. The sharing of a common referral framework with the Drug and Alcohol Team and weekly attendance at their team meeting has led to a further increase in activity and a better service for clients, being appropriately placed in the right service for them at the earliest opportunity. You can read about the record breaking year of attendances in the statistics section later on in this report.

Earlier this year we saw Consultant Clinical Psychologist, Professor Robin Davidson join Motiv8 through funds allocated to GamCare Isle of Man from the Gambling Supervision Commission. Robin is contracted to our service for the next two years and the major part of his role is to see our most complex Problem Gamblers and their family members/significant others. He is also supporting some of our most complex other cases.

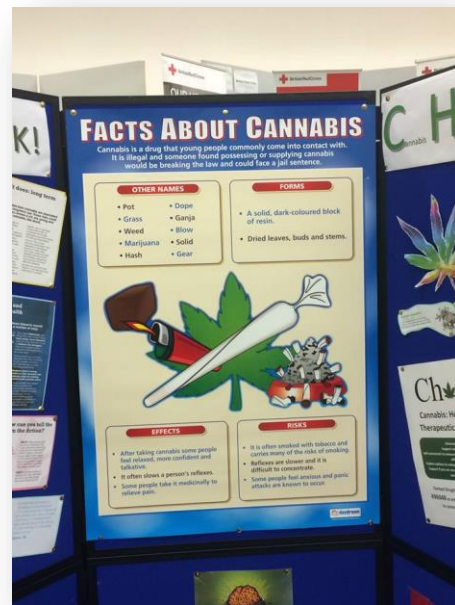
Robin has previously worked in the Leeds Addiction Service before moving to Northern Ireland as Head of Clinical Psychology for the Northern Health Board. He has published widely in the field of alcohol dependence, motivation and health psychology and has editorial responsibilities for a number of addiction journals. He left the NHS in early 2008 but continues as Hon Lecturer in the University of Ulster and the Faculty of Medicine at Queens. He is joint Chairman of GAIN, the Northern Ireland equivalent of NICE –National Institute for Clinical Excellence. He has also recently been appointed as Chairman of the Alcohol Education and Research Council and interim head of SMART Recovery UK.

Robin's contribution to Motiv8 to date has been outstanding. He offers training, development and supervision for the team in addition to the psychology provision for clients. His contribution, skills and never ending knowledge of addictive and mental health behaviours is immensely valued and we are extremely honoured to have a clinician of such calibre placed within our team.



Consultant Clinical Psychologist, Professor Robin Davidson

Other activities that have taken place throughout the year include our Island wide education sessions. The IOM College has contracted with us to conduct alcohol and drug tutorials for several years now and place great value on our contribution. All first year college students receive an hour's tutorial and we look forward to these sessions as a way of engaging with young people about the latest issues in drug and alcohol prevention. We have now added tutorials on Gambling awareness which have been well received by students. The latter sessions are paid for from the funds from the Gambling Supervision Commission. Other education sessions have been held in other schools including, Ballakermeen PHSE, (Personal Health and Social education) Castle Rushen and King Williams College.



IOM COLLEGE – HEALTH FAYRE 2015 – With staff members Louise McColgan and Andy Murdoch.



The AIRS scheme has taken off this year with good liaison between Motiv8 and the IOM Constabulary. This diversionary initiative is ran jointly with the Police Alcohol Unit and sees first time offenders who have been arrested for an alcohol related offence attend Police HQ for an education/ group work event. It has been a pleasant surprise to see the groups who attend engage in sessions and conversations about their drinking and the mishaps that have befallen them resulting in their attendance. The scheme to date has been evaluated with virtually no re-offending. Included in this report are the participant’s feedback & comments on the scheme to date.

This year our drugs service took over responsibility for delivering the Drug Arrest Referral Scheme (DARS). This scheme sees individuals arrested with small amounts of substances for personal use directed to Motiv8. This scheme offers education and support in what we refer to as ‘treatable moments’ and what we hope those referred gain is an opportunity to reflect on the event and consider positive change by maybe reducing or stopping their drug use. A report on the DARS scheme is included within the DrugAware section.

The SMART recovery group continues to run successfully with two trained service user/facilitators in place. Numbers have increased over time with in excess of over 30 group members. The success of this group has led to two meetings a week now with one evening and one lunch time. Louise the SMART facilitator has provided an overview report of their activities for the year herein.

Further afield, current issues making the headlines include the minimum pricing of alcohol. The Scottish Government first passed this ruling back in 2012 as Holyrood ministers argued minimum pricing was vital to address Scotland’s “unhealthy relationship with drink”. However a challenge from the Scottish whiskey Association delayed the policy with the argument that it breached European Law. This long running saga has taken a step further with the case now being heard at the European Court of Justice in Luxembourg. It is thought that if this ruling is successful and the minimum pricing of alcohol for Scotland is approved then other jurisdictions may consider reviewing their own minimum pricing.



Trends in drug use are also constantly shifting. Evidence from the 'World Drug Report' suggests that globally only 1 in 6 problem drug users in the world has access to treatment and that even though one out of three drug users is a woman, only one of five drug users in treatment is female. In regards to substances used, men are three times more likely than women to use cannabis, cocaine and amphetamines, whereas women are more likely than men to misuse prescription opioids and tranquilizers.

The emergence of 'New Psychoactive Substances (NPS) or Legal Highs' in recent years is of great concern. The long term risks to health are still not known and the sheer number and diversity of this covert market has made it difficult to establish trends in use globally. By December 2014, 541 NPS had been reported in 95 countries. The use of these substances has been noted to be a 'seismic shift' in drug use with many opting to use these substances in the hope of staying outside of the law. However, the physical and psychological risks to the individual are yet to be established.

And finally.....

All in all another successful year for Motiv8 – We are hopeful that Motiv8 continues to develop and support anyone locally affected by addiction issues. The year ahead is not without challenges. This year will see the service tendering to provide its range of services for the first time in its history. We are hopeful that the consistent hard work and dedication of the team and its charitable directors will stand us in good stead to see the charity continue in its current form as a long standing service provider for the IOM Government and for the people affected by these issues in the IOM.

Thea Ozenturk (Director)

PATHWAYS TO ADDICTION

Experiences of addiction and recovery in the Isle of Man

EXECUTIVE SUMMARY

This research investigates experiences of addiction and recovery in the Isle of Man. Based on in-depth biographical interviews with adults who have been addicted to alcohol or other drugs, it is the first study of its kind to be undertaken in the Isle of Man. Background Motiv8 Addiction Services, together with NatCen Social Research, conducted this study to understand the range of experiences of addiction among adults living in the Isle of Man. The study explores three areas:

- Pathways to addiction
- Pathways to recovery
- Perspectives on support services.

The findings are intended to help Motiv8 and other agencies improve the support they provide to their clients, and to identify broader changes which could help people living in the Isle of Man who are trying to recover.

Methods

This is a qualitative study based on biographical interviews with 51 adults living in the Isle of Man. Participants were recruited through Motiv8 and other support services, through a newspaper advertisement and by 'snowballing' through existing participants. The interviews were carried out by freelance interviewers recruited by Motiv8 and trained by NatCen researchers.

The interviews were recorded and anonymised transcripts were forwarded to NatCen for analysis. Throughout the project, great attention was paid to research ethics, focusing on informed consent, minimising the risk of harm to participants, and ensuring confidentiality and anonymity.

KEY FINDINGS -PATHWAYS TO ADDICTION

- **Childhood problems.** People whose upbringings were chaotic or abusive, or whose parents drank heavily, tended to develop addiction problems at an earlier age than others.

- **Ages at which alcohol and drug problems developed.** Some participants drank relatively little for years before developing an alcohol problem in middle age. In contrast, people who had problems with other drugs reported that their use had escalated earlier – usually in their teens or 20s.

- **Triggers and underlying reasons.** An escalation in drink or drug use was sometimes triggered by a traumatic event or the influence of other drinkers or drug users. Various underlying reasons for escalating drink or drug use emerged, including boredom, loneliness and mental health problems. Some people, however, saw no trigger or other cause for their addiction.

- **Consequences, shame and stigma.** The consequences of addiction included debt, prosecution and broken relationships. Shame and stigma also figured strongly in participants' accounts. There was a perception that, in the Isle of Man, drinking – including heavy drinking – was widely encouraged while alcohol addiction was stigmatised.

- **Press coverage.** People whose alcohol- and drug-related convictions and misfortunes had been publicised by the Isle of Man media felt great anguish – sometimes to the point of despair – as a result of the shame which they felt the coverage had brought on them and members of their family.

Pathways to recovery NatCen Social Research | Pathways to addiction 5



- **Recognising the problem.** People with alcohol problems sometimes drank heavily for many years before recognising that they had a problem. Drug users tended to reach this point sooner. One possible explanation for the disparity is that the risks associated with

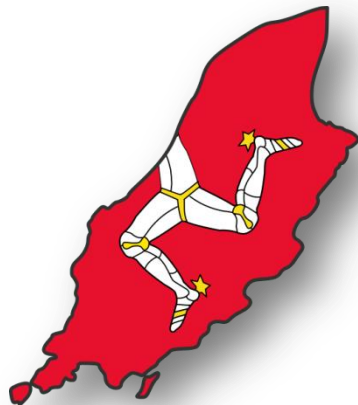
heavy drug use tend to arise faster than the consequences of heavy alcohol use. Another is that, because alcohol is legal and socially acceptable, it is easy for young people who drink heavily to think of their behaviour as normal.

- **Turning points.** In some cases there was a turning point – an event or series of events which made a person decide to address their addiction. In other cases the decision was gradual and linked to a long-term life change, such as having children or simply getting older.

- **Being ready to recover.** There was a consensus that a person had to be “ready” to recover and that nobody could force them to recover if they were not. Things which helped participants recover included finding a new purpose (an overarching goal, an absorbing activity, or responsibility for other people), avoiding temptation (for instance, avoiding pubs or carrying only a limited amount of cash), and receiving support from others.

- **Relapsing.** Staying sober was a challenge for everyone. Certain circumstances put people at greater risk of relapsing. One was living with people who were heavy drinkers or drug users. This was a particular problem for people on low incomes, who often lived in bedsits or guesthouses where other residents had drink or drug problems.

- **Isle of Man society.** For people who had lived in the Isle of Man for a long time, the small size of the island and its towns meant that they often ran into previous drinking or drug-using companions, which could trigger a relapse. The Isle of Man drinking culture was said to make it hard to avoid alcohol on social occasions, while some younger participants said the same about cannabis and “party drugs” such as ecstasy.



PERSPECTIVES ON SUPPORT SERVICES

- **Seeking help.** Participants who used support services generally took the decision to make contact soon after realising that they had a problem. The perceived stigma around alcohol and drug addiction was mentioned by some as a barrier to seeking help. For people addicted to illegal drugs, fear of prosecution may have contributed to their wariness.

- **Role of support services.** Addiction support services in the Isle of Man were widely praised. Some participants in recovery insisted that they could not have achieved what they did without the help they had received.

- **Importance of discretion.** The importance of discretion in support services was a recurring theme. Discretion was felt to be especially important on the Isle of Man, because the small size of the island made chance encounters likely.

- **Relationships with staff members.** Great value was placed on being able to build relationships with individual keyworkers, counsellors, doctors and other members of support service staff.

- **Co-ordination of services.** On the whole, support services appeared to be well coordinated. Participants often used two or more services simultaneously and reported few problems with this, which suggests that the services are well planned and operate collaboratively. There was, however, a perceived gap in relation to aftercare for people returning from residential rehabilitation in the UK. Conclusions

- **Features of the Isle of Man influencing addiction and recovery.** The size and nature of the Isle of Man community were seen to have both positive and negative 6 NatCen Social Research | Pathways to addiction aspects. Positive aspects included relative safety and, for people who had grown up on the island, the potential for support from family and friends. The addiction support services available on the island were highly valued by their users. The main disadvantage of living with an addiction on the Isle of Man was said to be a lack of privacy. It could be also hard for people in recovery to avoid their former drinking and drug-taking companions. There was a perception that attitudes on the island to alcohol and drugs were contradictory. Drinking and – especially among young people – drug use were said to be widespread, but alcohol addiction was said to be regarded as shameful and a drug conviction could be disastrous for a young person's career.

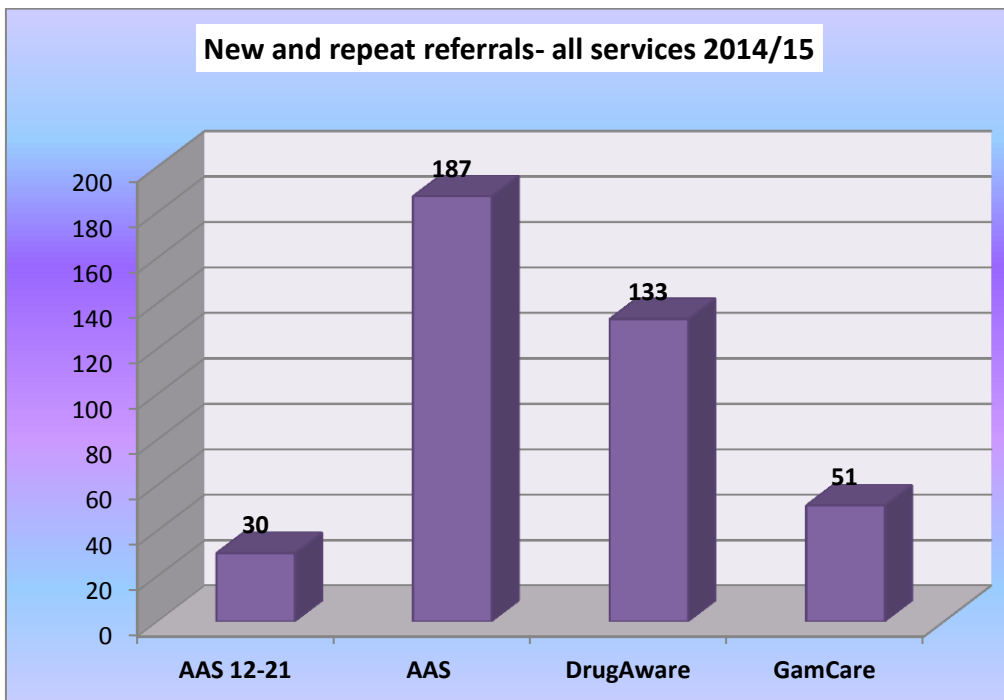
- **Changes suggested by participants.** The study participants made a range of suggestions for preventing addiction and promoting recovery. These included improving understanding of addiction through school programmes and public education campaigns, publicising addiction support services through posters and mailshots, and strengthening wider support services which provided activities like those of the Next Step Training Unit.

- **Further implications.** The pathways to addiction and recovery were extremely varied. There was no single approach to recovery which helped all participants, so it is important that a range of support services continues to be available to people living on the island. Other implications for alcohol and drug policy include: encouraging healthcare and criminal justice professionals to identify people at risk and direct them to addiction services at an early stage; improving access to mental health services; monitoring children growing up in chaotic households and intervening if necessary; holding a public debate about what drug

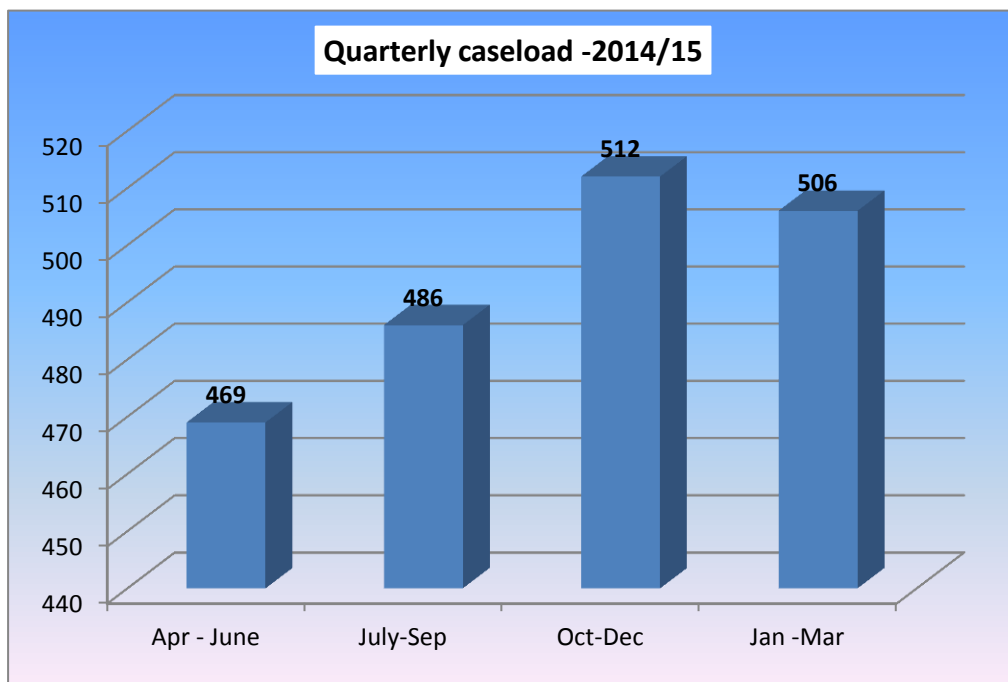
and alcohol laws would best promote the welfare of everyone in the Isle of Man; and urging the Isle of Man media to show sensitivity when reporting alcohol- and drug-related incidents.

- **Areas for future research.** The study has highlighted several areas where further indepth research would be useful: the use of new psychoactive substances in the Isle of Man; the experiences of family members of people with alcohol and drug problems; and the experiences of children growing up in a heavy-drinking or drug-using household, and the types of support which might help them.

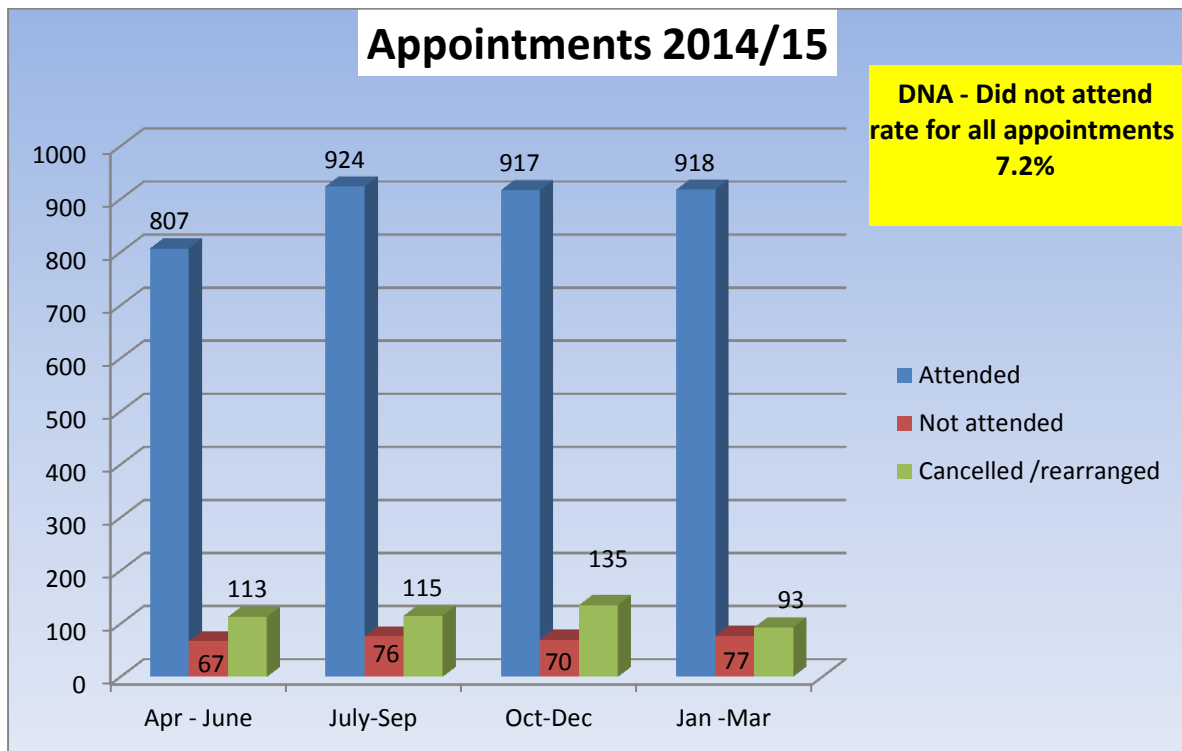
MOTIV8 ADDICTION SERVICES- ANNUAL STATISTICS 2014/15



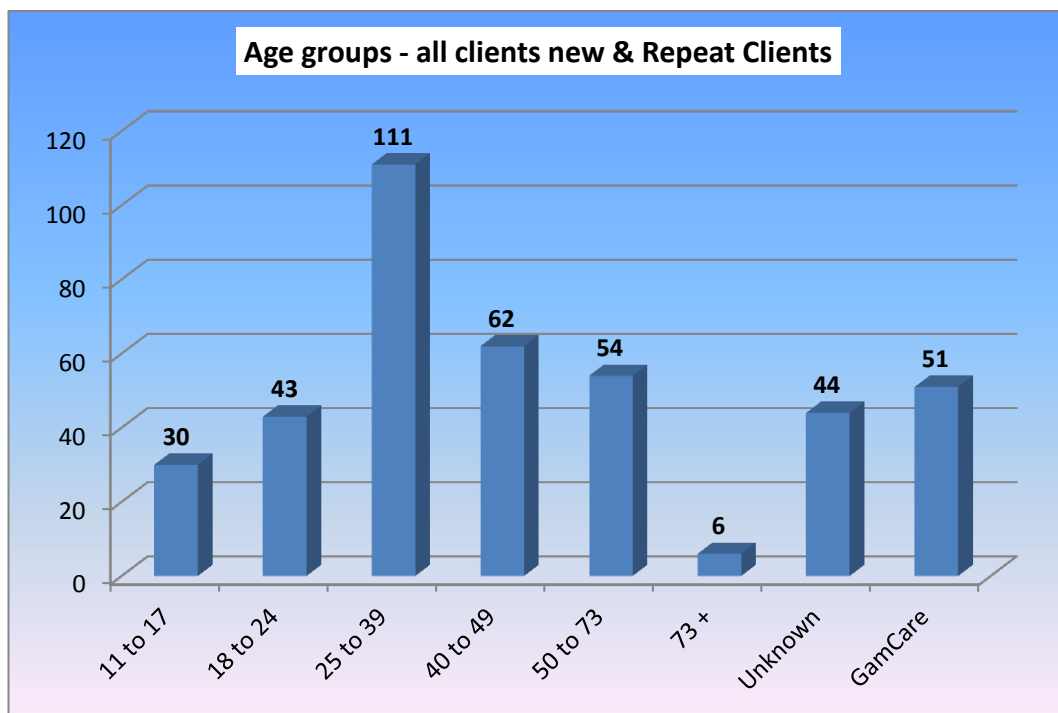
Total new and repeat referrals for all services = 401

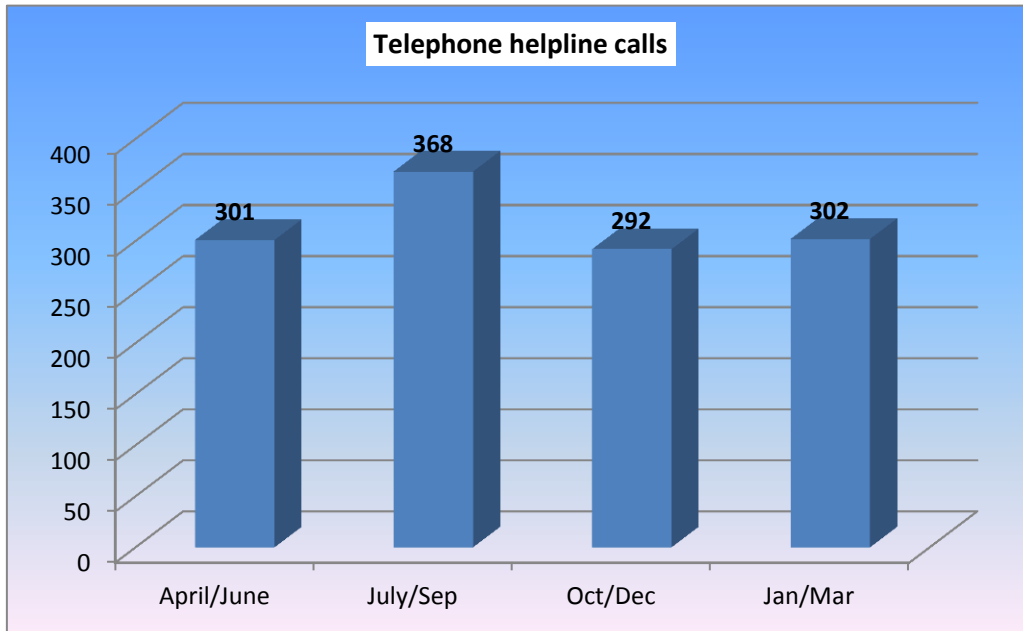


Whilst the new and repeat referrals demonstrate new service activity, the lower chart represents existing clients & how many are actually attending Motiv8 on a quarterly basis. In 2014/15 in the last quarter there were 506 individuals being seen at Motiv8 (excluding GamCare Isle of Man)

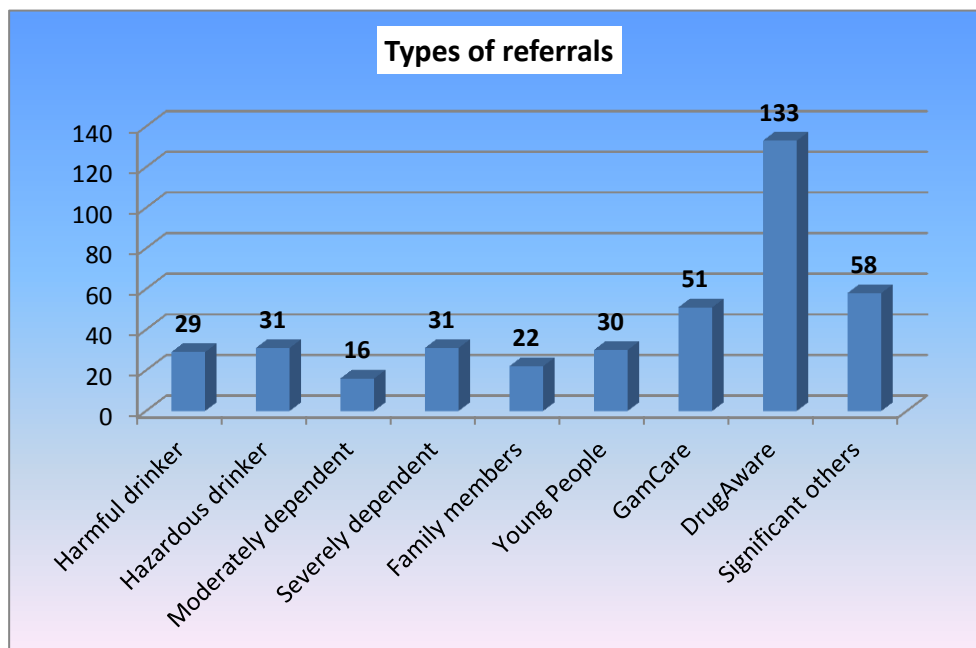


These figures represent the total number of appointments offered and the cancellation and non-attendance rate. The DNA – did not attend rate for appointments is very low at 7.2%.

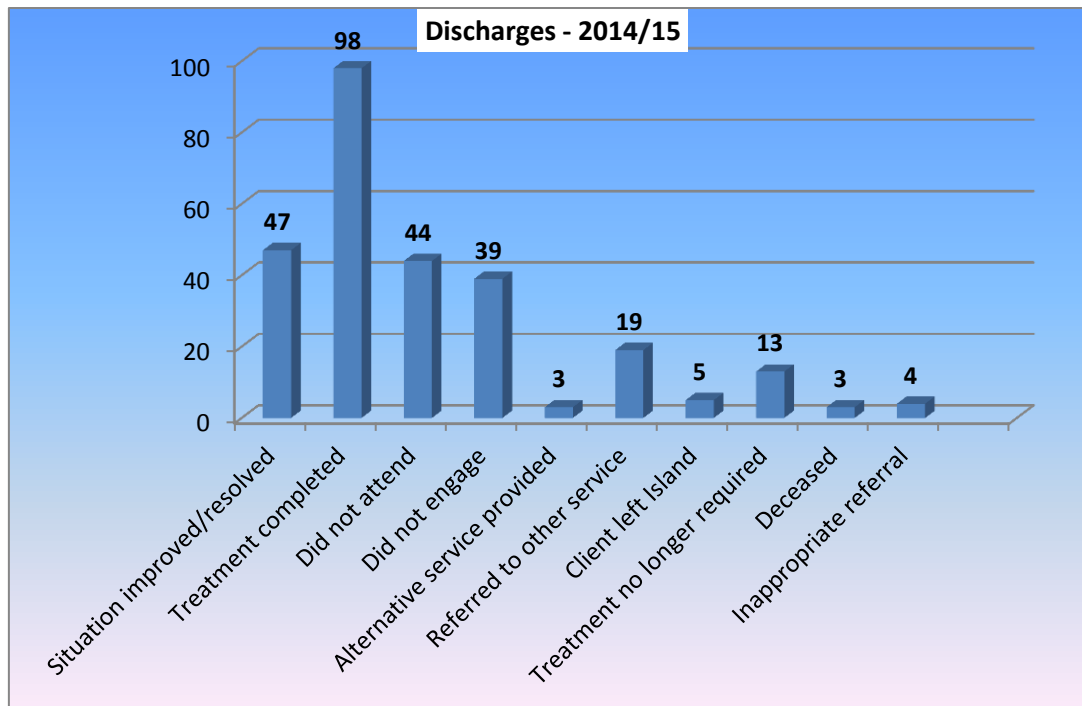




Telephone calls to the helpline can be brief or can be of a longer duration. Sometimes potential clients are reluctant to attend the service for fears of confidentiality and the helpline is a lifeline for these individuals. Also those who are struggling when trying to avoid drinking or using drugs utilise the telephone support between appointments. Motiv8 has a duty officer rota in place so that all clients/ potential clients have access to this support during opening hours.



This year we have categorised types of drinking problems into clinically recognised terms to recognise that alcohol problems are best described as a spectrum. Different approaches and skills are required at all stages to work with these client groups. Using this terminology is also useful as the term ‘alcoholic’ is not helpful when trying to encourage those in the earlier stages of problem drinking to come forward. Young people and drug users are categorised later in this report



This chart demonstrates the outcome for cases referred to the service. A significant proportion have a successful outcome with many leaving the service with either treatment complete or situation improved or resolved -145 with only 39 of those referred not engaging beyond an initial assessment. This is not to say the outcome wasn't successful as evidence suggests even brief advice has the potential to promote behaviour change. For more information on outcomes- please turn to our Outcomes section.



AAS 12-21 has had a good year with Andy Murdoch young person's worker conducting some sterling work with young people. As visible from the chart below many young people are referred to the service for an alcohol or substance-related issue, but a parental drinking issue is revealed upon developing a closer working relationship with the young person. We have for many years promoted this service in order to increase awareness and referrals about the impact of parental drinking and the service available to these young people at Motiv8.

Whilst Motiv8 doesn't receive the amount of referrals for youthful intoxication as in previous years – the work now is now more focussed on supporting the young people affected by parental drinking and for some young people Motiv8 has become a lifeline in what can sometimes be an enduring situation.

BREAKDOWN OF YOUNG PERSONS REFERRALS	2014/15	
	PARENTAL PROBLEM	DRINKING TOTAL
Drugs misuse	Mother	1
Drugs misuse	Not known	1
Alcohol/drugs misuse	None	3
Alcohol/drugs misuse	Not known	2
Intoxication	None	3
Intoxication	Mother & Father	1
Intoxication	Step father	1
Intoxication	Not known	1
Alcohol misuse	Father	1
Alcohol misuse	None	1
Alcohol misuse	Mother	1
Parental drinking only	Mother	8
Alcohol/drugs education		6

Whilst the referrals for young people affected by parental drinking are gradually increasing, what we have seen is a surge in referrals for an unprecedented amount of cases from Social Services, to work with parents and family members with alcohol or drug problems. In all of these cases the children have been placed on the 'Child Protection Register' or are classed as a 'Child in Need'. There are currently 15 such cases being dealt with by Motiv8. In the first six months of this year 36 conferences and meetings have been attended in connection with this work. This work is often very specialised and labour intensive. All team members have had to embrace working in this often challenging role with a balancing act being played between maintaining a therapeutic relationship with the parents and reporting into the statutory processes involved in the protection of children at risk of harm. This is indeed a skill and the sheer number of cases suggests that Motiv8 is being valued by the Department of Social Care, Children and families division for its work and the level of referrals by them shows how far we have come in our professional standing.



OUTCOMES 2014/15



Outcome measures have become increasingly important for voluntary organisations as funders and commissioners in all fields want to know the outcomes of projects they fund and the effectiveness of their interventions.

Since 2003 the service has been using Alcohol Concerns Outcomes Programme and for the last 8 years their 'Alcohol Outcomes Spider'. This wealth of data has informed our Commissioners of the outcomes of Motiv8 interventions with its clients, showing that we make a difference and that the positive changes individuals make undoubtedly provide excellent value for money to the public purse. The inclusion of drug counselling at Motiv8 has led us to seek out a new comprehensive Outcomes tool which has a proven track record in the UK for agencies substance misuse agencies.

This year saw us transfer to our new integrated system 'Domain' part of Orion Systems. Orion is a complex database management programme used by many drug and alcohol services in the UK. It is fully compatible with the National Drug Treatment Monitoring System and (Treatment Outcomes Profile). Orion provides us with a series of psycho-social assessments that allows us to measure outcomes effectively, and it furnishes us with a full set of reports from activity data to treatment outcomes profiles.

Since introducing this programme we have been conducting a base line interview with problem drinking & drug using clients on assessment in 8 key areas, using a scale of 1 to 5.

(1 being low risk, the client is in a good positive situation to 5 being in a high risk, negative situation) This scoring system is then followed up at review and/or discharge. The results detailed are based on all problem drinkers, drug users, significant others who have been assessed, and continue to engage in counselling and support sessions. If clients show improvement in any areas by moving up the scale they have achieved a positive outcome. The fields measured include: alcohol consumption/ drug use, risky behaviours including overdose and self-harm, social contact/networks, physical health, mental and emotional health, employment/ benefit status, and finally crime and community safety.

Looking at the first raft of results from Domain it is clear that many clients have made positive improvements. The clients who have negative outcomes and those with no change in their circumstances are low in comparison. Overall the programme reveals many positive changes undergone by the clients who have attended the service. This programme not only demonstrates the value for money this service brings to the Department of Health, Mental Health Service, but the positive changes problem drinkers who accessed this service have made holistically to their lives in the past 12 months. An explanation of the fields followed by the monthly results charts as follows.

Please note*

Gambling outcomes will be included in next year's outcome study.

Results based on 195 client entries on the 31/3/2015

Alcohol / Drug consumption

Higher up the scale clients can be drinking or using drugs at harmful levels, binge or other harmful drinking patterns or showing strong signs of dependency. Scoring higher on the scale can also indicate mixing substances. Those scoring highly may be attending the service intoxicated and/or not engaging in therapeutic strategies with no recognition of the severity of their problem with alcohol or drugs. Lower down the scale the client may be abstinent or have achieved their goal of less harmful drinking or drug using behaviours. With a good understanding of triggers, coping with urges and acknowledgement of the scale of the problem. They may have reached their goal and developed strategies to avoid alcohol misuse or drug misuse with a relapse prevention plan.

80 % of clients reduced consumption/achieved a goal of abstinence

Physical health

This scale covers actual improvement in physical health and also user involvement in managing any health problems. Some physical health problems may be too entrenched to see actual health improvements (liver cirrhosis). If this is the case, the user may still show improvements by managing health problems by complying with medical treatments. Higher up the scales, the client may be drinking at high risk levels and suffering multiple health problems with frequent attendances at A & E and few planned GP or hospital appointments. Lower down the scale the client may be taking responsibility for health and attending planned appointments; gaining or losing weight, improvements in liver function tests, reporting feeling healthier.

37.5% of clients made improvements to their physical health.

Mental health

This scale covers both mental/emotional health and also effective management of health issues. Some of those with diagnosed mental health issues may not show actual improvements in their mental health. If this is the case, the user will probably not go lower down the scale, but can still show substantial positive outcomes in taking responsibility and managing mental health issues. At the higher end of the scale the client may be in frequent crises, suffer from suicidal thoughts/attempts, self-harm, frequent bouts of depression, anxiety disorders, low self confidence and self-esteem. Going lower down the scale the client may be managing their mental health; starting to receive counselling from the service for past trauma, complying with medication regimes, have improved levels of self-confidence, self-esteem, less frequent episodes of depression, reduction in anxiety disorder.

57.5 % made improvements to their mental and emotional health



DrugAware continues to grow and continues to deliver successful interventions and build on its reputation as a confidential, non-judgemental drugs service.

This year we took responsibility for the DARS Scheme. (Drug arrest referral scheme) This intervention allows first time offenders who have been involved with the police for a small amount of any drug for personal use, to be seen by our Motiv8 drugs worker for advice & education on drug use. This service used to be delivered by the Drug and Alcohol Team, but it was felt that it belonged in an early intervention service such as Motiv8 rather than a treatment provider, as treatment is often not required in these cases. Since the launch of DARS at Motiv8 there have been 29 referrals and the vast majority have been for possession of Cannabis. Cannabis is probably the most widely used illicit substance on the Island and often one of the first drugs of experimentation. To divert youthful users into these schemes and offer support and education as an alternative to a Criminal Justice outcome is far preferable to what is often an experimentation period in a young person's life.

DrugAware as part of Motiv8 continues to visit the IOM Prison on a weekly basis. This year we received 21 referrals through the Prison HealthCare team. The referrals are for both Drugs and Alcohol and there has been some success with engaging this group and

continuing to see them in the community following release. Motiv8 continues to meet with key officers in the Prison service to ensure the continued smooth running of this service.

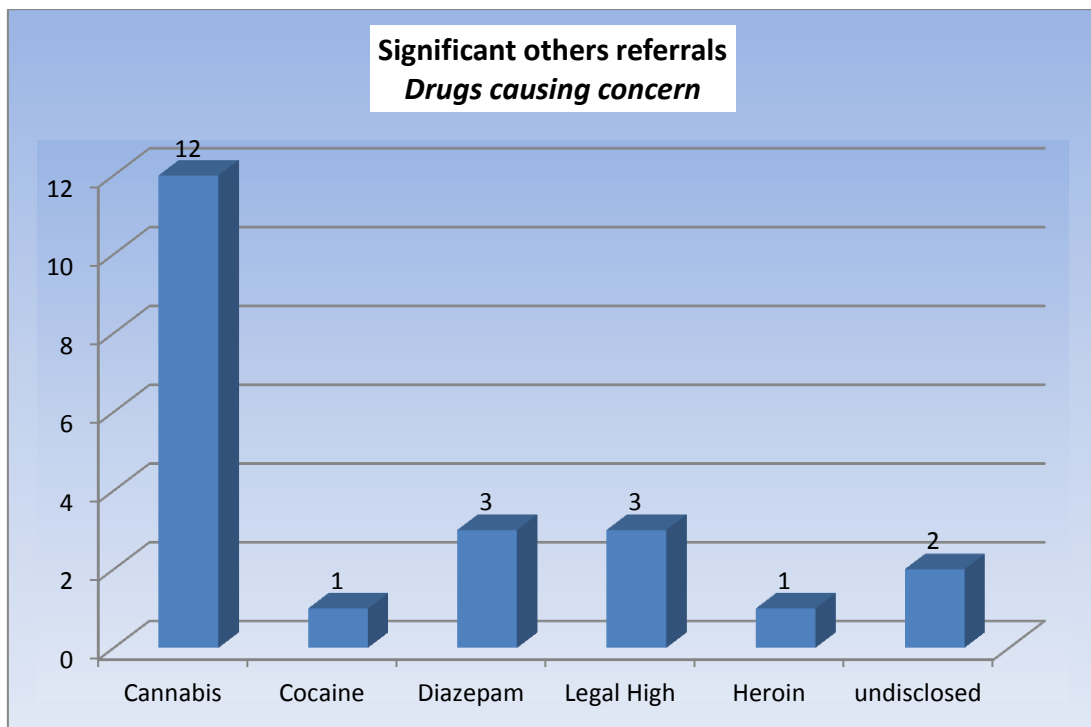
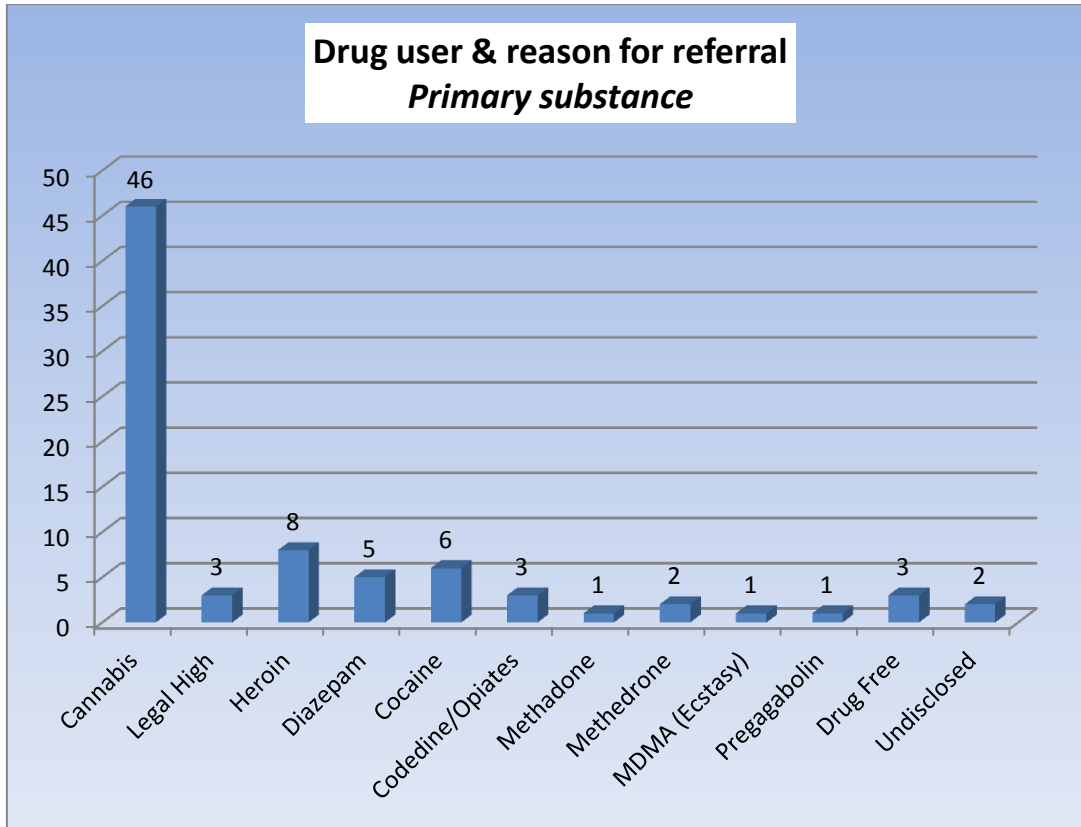
Offering support to family members remains a significant part of the work DrugAware and there have been 20 self-referrals for this service. Whilst we may never meet the person who is using the substances, we can help their families cope better with the situation. Indeed there is some research that suggests working with family members affected by someone else's substance use has the potential to alter dynamics in the family and promote positive change in the user without them ever coming to a treatment service.

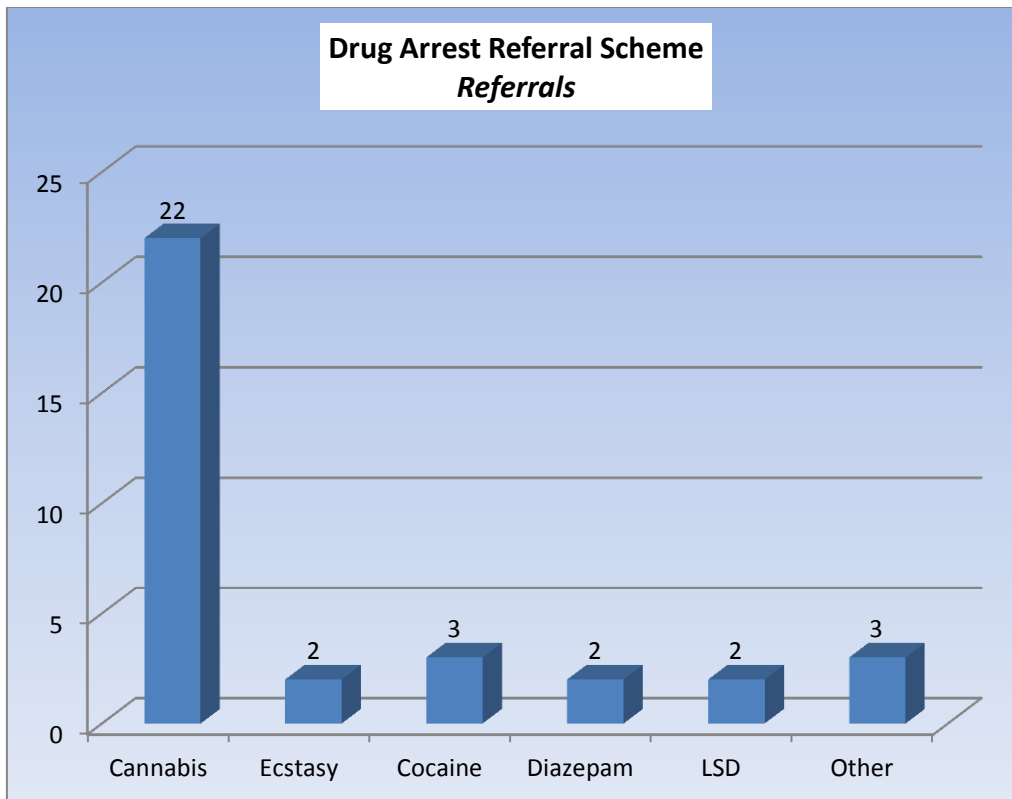
New Psychoactive substances, commonly known as 'Legal Highs' are often mentioned by the clients as something they have tried but they are not looked upon as a problem to their well-being because of the misapprehension that they are Legal and therefore safe! Work obviously does focus on the inaccuracy of this notion and dispelling myths around their use. The use of these substances is sometimes more concerning for drug services as we really don't know what the risks are for the health and mental well-being of users now and in the future.

The misuse of over the counter medication and prescribed medication also continues to be a reason for referral. More often than not people can develop an over reliance on these substances after an injury or a serious pain related condition which has required on-going use of a strong pain reliever. Any substance with a codeine or opiate base has powerful addictive qualities and if not monitored carefully can cause an episode of dependency. DrugAware has met several individuals who have indeed fallen into this category of misuse.

Cannabis though remains the most widely used drug which people seek help for amongst our referrals and we have developed a campaign called CHATS to offer a specific intervention for these individuals.







**GamCare Isle of Man
Annual Report 2014/2015**

It's been another busy year for GamCare Isle of Man and we continue to provide a reliable and well respected service. We are delighted that it continues to grow, offering support not only to those concerned about their own gambling, but to family members and friends concerned about someone else's gambling.

A highlight for the service this year has been the planning and production of stickers that are to be put on fruit machines in licenced premises. These stickers advertise the service and have motivational messages, such as 'Are you playing the machine or is the machine playing you? It is hoped that having local information directly on the machine will encourage anyone that would like to address their gambling to contact the service.

In September this year we facilitated a Social Responsibility and Interaction Training day for members of the Gaming Industry in partnership with GamCare UK and sponsored by Celton Manx. This was very well attended and continued to build a positive relationship between ourselves and the Gambling Industry on the island and our local Gambling Supervision Commission. It further

enhanced our successful and well established relationship with GamCare UK, which continues to provide access to extended support for clients and a plethora of information regarding gambling.

September also saw the Motiv8 team receive GamCare refresher training by attending on-island training focusing on the family and the impact of problem gambling. Ensuring a number of our staff are well trained and able to deliver GamCare counselling allows families to receive one to one individual counselling and support in confidence.

This year we have continued to provide gambling awareness education to some of the island's high schools and the Isle of Man College. We have also created our own Facebook page to encourage another route of entry into the service and with the aim of increasing the awareness of GamCare Isle of Man.

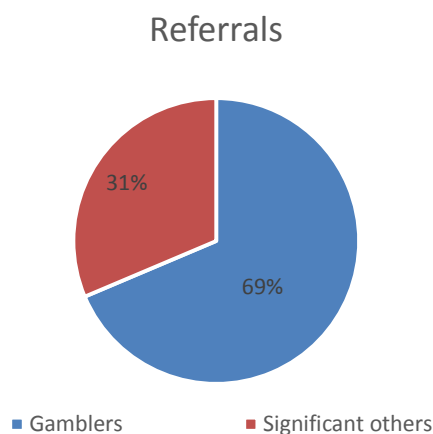
We continue to be able to offer a wide variety of information regarding problem gambling and have maintained links with other appropriate services to ensure a well-rounded and fluid access to services for clients. Self-referral continues to be the main route of entry into the service; however these services also increase the awareness of GamCare Isle of Man and can encourage these self-referrals. Again this year we have continued to visit other services to raise awareness of the service that we offer.

Our aim for this year is to continue with the service provision outlined in this report and to ensure that we continue to not only provide quality counselling to those accessing support, but to keep focused on providing education and increasing awareness of problem gambling and the service.

Statistical Review

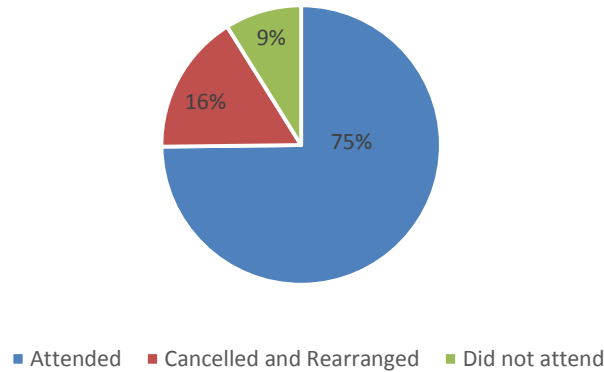
As shown by the following statistics, the service continues to be well utilised and successful. Clients are attending and engaging well with the service and unsurprisingly, word of mouth has been a significant source of service awareness this year.

We have received 51 referrals this year. As shown below, 69% of referrals received were from problem gamblers, 7% higher than last year. Of these 51 referrals, 40 clients were new to the service and with regards to gender, 31 were male and 20 female.



Clients have attended appointments well again this year. After offering a total of 405 sessions the low non-attendance rate of 9% is very encouraging.

Attendance Rates



Furthermore, 185 telephone sessions were offered this year.

With regards to reported gambling activities, this year we have seen online betting and attending the bookmakers as the most popular primary reported methods of gambling and fruit machines and the casino as the most popular secondary reported forms of gambling. It is important to recognise that some clients will only gamble via one form whilst others will partake in a variety of gambling activities. It is not uncommon for a gambler to find they are having difficulty in controlling one form of gambling, but manage to maintain control in another.



UK SMART Recovery (formally SMART Recovery UK) is a science-based programme to help people manage their recovery from any type of addictive behaviour. This includes addictive behaviour with substances such as alcohol, drugs and nicotine or compulsive behaviours such as gambling, self-harming, sex, eating, shopping and so on. It began in the United States in 1994 and began its journey to the UK in about 2000 with the Charity established in 2006.

SMART stands for “Self-management and Recovery Training” and uses the 4 Point Programme. The 4 Point Programme is the heart of SMART Recovery. Each point provides participants with tools and techniques that can help in their recovery. Many of these tools and techniques are skills individuals can use to help deal with any problems and achieve more satisfaction and balance in their life.

These points are not steps. For some people they are sequential, for others they are not. For example, some people come to SMART when they are coping with urges, having built their motivation to change on their own. The four points are:

- Building and Maintaining Motivation
- Coping with Urges
- Managing Thoughts, Feelings and Behaviours
- Living a Balanced Life

SMART uses techniques from Cognitive Behaviour Therapy (CBT), Rational Emotive Behaviour Therapy (REBT) and Motivational Enhancement Therapy (MET) amongst others to help participants gain a better understanding of how their emotions and thinking lead them to act in the way that they do.

SMART differs from other programmes in as much as it does not rely on a higher power or religious beliefs. It does not use a sponsor or buddy system and does not use labels such as “alcoholic” or “junkie”. Furthermore, the only role that the past plays is in learning from it. People can stay with SMART as long as they wish. There is no requirement to make a lifetime commitment to the programme, just to their recovery and leading a healthier life.

One of the key features of a SMART is the use of tools. The tools used in SMART have been chosen because there is evidence they are effective. Most of the SMART tools rest on the conditioning, social learning and cognitive models of addictive behaviour. In practice, the tools and methods of SMART are taken mostly from psychological understandings of addiction and behaviour change, because it focuses on what the participants can do to change themselves. SMART offers a rounded programme of recovery and uses well-established techniques from modern psychology to equip people with practical skills and tools to overcome their addiction. Some of the tools used in SMART are the ABC, Hierarchy of Values (HOV), Irrational Beliefs, Cost Benefit Analysis, DEADS, HALT the BADS and the Change Plan Worksheet.

SMART meetings provide participants with mutual support from others who understand the difficulties they may be facing. When trapped in an addictive behaviour, it is possible to become isolated and think that no one else knows what you are going through. At a SMART meeting you will find people who understand and have experience and success in dealing with these difficulties. SMART can help as a stand –alone programme but can also work alongside professional treatment or therapy.

Motiv8 has helped and supported SMART to get established in the Isle of Man and we held our first meeting in September 2013 and the meetings have gone from strength to strength. We now have 2 meetings a week; Wednesday evening and Friday lunchtime. We also now have 2 SMART Facilitators and a SMART Champion.

You can look at the SMART programme and find out more by visiting the SMART website – www.smartrecovery.org.uk

A.I.R.S. SCHEME EVALUATION

The AIRS scheme or Alcohol Intervention Referral Scheme was initially set up as a pilot scheme for 18 to 25 year olds. It has been hugely successful and now extends to any age group. Essentially anyone who is involved with the police for their first alcohol-related offence is invited to an educational intervention at Police Headquarters with a team member from Motiv8 and the Police alcohol unit. These sessions are run in groups and the participants play an active part in the sessions with many opportunities for discussion around their drinking behaviour and methods for cutting down/staying safe etc. The reports from the IOM Constabulary suggest recidivism rates are low. We are hoping this scheme continues giving people a chance to stay out of the Criminal Justice System. At the end of every session the participants fill in an evaluation form and these are the responses completed at the end of the evaluation stage. (September 2014 Evaluation. A total 26 respondents filled out the evaluation form)



Qu.1 Overall, how helpful did you find the A.I.R.S presentation?

Not at all	0
A little	4
Quite a lot	14
A lot	8

Qu.2 Were you aware of any of the following before attending the session?

The unit system	Yes 10
The health problems associated with alcohol	Yes 19
Issues around drink-driving even at or below the legal limit	Yes 14
The potential risks around 'pre-loading'	Yes 11
The reasons why alcohol impacts on our behaviour (e.g. aggression)	Yes 19
The financial costs to society from drinking	Yes 12
The impact of drinking on family members on the IOM	Yes 7

Qu.3 Would you say you have an improved knowledge on any of the following since attending the session?

The unit system	Yes 23
The health problems associated with alcohol	Yes 24
Issues around drink-driving even at or below the legal limit	Yes 24
potential risks around 'pre-loading'	Yes 23

The reasons why alcohol impacts on our behaviour (e.g. aggression)	Yes 23
The financial costs to society from drinking	Yes 23
The impact of drinking on family members on the IOM	Yes 24

Qu.4 Has the session made you think about your own use of alcohol?

Yes 26 No 0

Qu.5 Will any of what you have learnt make a difference to the way you see drink in the future?

Yes 25 No 1

Comments:

1. I will not drink anywhere near the amount I have in the past.
2. Will drink a lot less as understand better the consequences of drinking so much.
3. Just be more aware of the effects on me and others.
4. I will definitely be more wary of over-drinking.
5. Especially the part re effects on family.
6. Not to pre drink.
7. More aware.
8. Use of the unit system to help regulate the amount I drink.
9. It's a poison.
10. Made me realise I need to cut down.
11. Slow down and cut down.
12. I think I will be more cautious in future and watch how much I drink.

Qu.6 What have been the benefits to you of coming to an A.I.R.S session rather than your offence being dealt with via the courts?

Comments:

1. Massive benefits. Don't get a criminal conviction or lose my job or my daughter.
2. Constructive.
3. No criminal record, won't hold me back university/work wise.
4. Learnt a lot more than knew.
5. Learnt a lot more about alcohol awareness.
6. Aside from the information received, I will not receive a criminal record.
7. Shame, regret, possible job issues.
8. Gives me a chance to make amends.
9. I've learnt more about alcohol and its effects. I don't think I would have been given this info had I gone to court.
10. Statistics for drinking.
11. Potentially could have lost my job.
12. Been given a chance.
13. Was interesting and better than court.
14. Understanding about the alcohol.
15. Learnt more also being given the opportunity to know more about all the issues.
16. Education. Another avenue of it being dealt with may not prevent another case again, as it may only 'scare' people about committing another crime.
17. Thinking more.
18. No criminal record. Second chance.
19. The hassle.

20. Taught me a few things about alcohol.
21. I would not have learned without coming here.

Qu.7 What have you gained most from this experience and the A.I.R.S session?

Comments:

1. How much I should drink up to and the damage it can do.
2. Drink driving the day after/how long alcohol takes to leave the system.
3. Understanding of alcohol limits.
4. Awareness and the effects.
5. Much more awareness of the impact of alcohol on health and society.
6. Knowledge.
7. Dangers of drink.
8. Having a look at myself.
9. Knowledge about alcohol.
10. Control my drinking.
11. It was interesting.
12. More information about drinking.
13. How much units and what is my limits.
14. Learnt more about the dangers of alcohol.
15. The education about effects of alcohol at such small quantities.
16. Understanding of how bad the problem is domestically.
17. Information.
18. How dangerous drink really is.
19. Learning about the effects of alcohol.
20. To think before I drink a lot.
21. I've learnt useful information which could even help improve my own health and lifestyle.

Qu. 8 What have you found unhelpful about this experience and the A.I.R.S session?

Comments:

1. Nothing
2. Nothing, everything was helpful
3. I was already fully aware of drink-driving issues
4. General information
5. Nothing
6. Nothing
7. Realised I drink too much
8. Nothing all very informative

Qu. 9 What could be included or changed to this process or the A.I.R.S. session?

Comments:

1. Nothing! It's perfect really changed my outlook of drinking.
2. Too much text on slides
3. Nothing
4. More legal and up-to-date statistics
5. Show the effects of some people who are sufferers of an addiction
6. Thought it was informative
7. Hints on how to reduce intake or bingeing

8. Nothing
9. Possible more info on how to then change behaviours based on all the information given – intervention techniques.
10. Not too sure
11. More about drug use
12. Nothing I can see
13. Maybe some visual aspects of what alcohol can do e.g. pictures or videos of drunk people or the effects being drunk has had on them.

