



Supporting the Manx Community for 40 Years

Established in 1978



Annual Report 2017-18

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SERVING OFFICERS:

His Hon. Jack W. Corrin CBE (President)

Mr Christopher Mitchell (Chairman)

Mrs Jo Brackett (Hon. Secretary)

Mr Tony Davies (Hon Treasurer)

Ms Jane Gray (Hon. Advocate)

DIRECTORS:

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Mr Darren Bradford

Mrs Rosemary Barlow

Mr David Cole

Rev. Malcolm Convery

Mr Christopher Sidley

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Elaine Muldoon (Addictions support worker)

Joanne Yeardsley (Addictions support worker)

Nigel Macfarlane (Addictions support worker)

Holly Cordas (GamCare/addiction support worker)

Rhiannon Leece (trainee)

Motiv8 Addiction Services

Established in 1978, Motiv8 was the first service on the IOM to assist those with alcohol problems. The service has evolved and has had several name changes over time whilst it has taken on responsibility for both drugs and gambling services.

The primary aim of Motiv8 is to minimise the harm associated with drug, alcohol and gambling problems, not just for service users and their families but for the whole community. We offer a service that is easy to access, quick to respond with no waiting list offering a wide range of therapeutic interventions which offer choice and flexibility.

Motiv8 prides itself on its commitment to confidentiality. We recognise that stigma and embarrassment deter many in a small community from coming forward for help with this issue. Motiv8 understands this. We have no waiting room, no signs outside the premises. Our building is central but discreet.

Motiv8 is apolitical and impartial in approach preferring to remain low key to gain the confidence of potential service users as an organisation of trust. Our Mission statement and philosophy read:

Mission Statement

“The prevention of alcohol, drugs and gambling-related problems through education, research and community service, and the treatment and rehabilitation of anyone affected by alcohol, drugs and gambling-related problems and the alleviation of the effects of alcohol, drugs and gambling misuse amongst persons normally resident in the Isle of Man”.

Philosophy

“Motiv8 Addiction Services aims to provide a non-judgemental, person-centred, holistic approach with all our service users to promote self-empowerment and to **reduce the harm** associated with alcohol, drugs or gambling use in a supportive, confidential, accessible and safe environment.

We aim to offer a range of therapeutic interventions in line with best practice. We can refer to other agencies at the service users request and work with them for the benefit of the service user.

We abide by the FDAP (Federation of Drug and Alcohol Professional) code of ethics.

A service user charter with a promise of minimum service standards and practice is in place”.

(Passed by Special Resolution on the 5th December 2012)

Domain – 2018 results

'Domain,' part of Orion Systems is a complex data management programme used by many drug and alcohol services in the UK. Motiv8 moved to this new system in 2014/15 as our old system became obsolete and no longer fit for purpose with the increasing types of client groups now coming under Motiv8's remit.

The Domain outcomes programme and Orion systems provides us with a series of psycho –social assessments that allows us to measure outcomes effectively and is able to furnish us with a full set of reports from activity data to treatment outcomes profiles.

The fields measured include:

- Alcohol/ drug use dependency
- Injecting behaviour
- Risk behaviour
- Physical health
- Accommodation/family/children
- Criminal/legal
- Employment
- Benefits

Initial results from this programme are looking at alcohol and drug consumption/abstinence, physical health. From the results it is clear that many service users have made positive improvements. An explanation of the fields followed by the positive outcome results of all service users currently in treatment at Motiv8 is as follows: Total number of clients included in this years audit. -**574**



Key Facts 2017-18

- **(4634)** drug & alcohol appointments attended
 - **(232)** alcohol referrals
 - **(215)** drug referrals
 - **(55)** young persons' referrals
- **(71) FAS** family alcohol service referrals
 - **(47)** new gambling referrals
 - **(108)** DARS referrals
- **(314)** completed treatment/ partially resolved their behaviour
 - **(7.6%)** DNA (Did not attend their appointments)
 - **(2713)** - Helpline calls
 - Weekly clinic in the IOM Prison
 - Monthly AIRS groups for first time alcohol offenders
- Drug, Alcohol and Gambling education tutorials for all first year UCI students

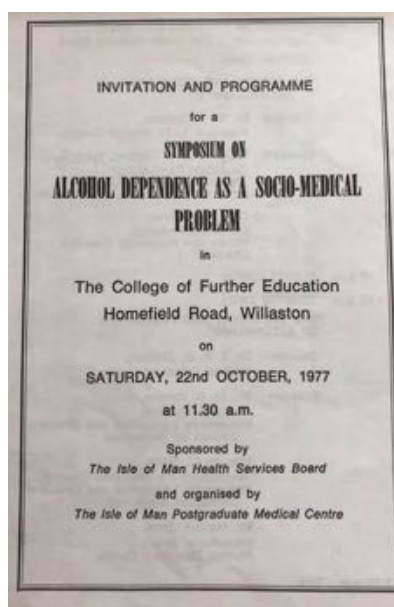


Directors Report

Welcome to Motiv8's Annual Report for 2018 as we celebrate our 40th Anniversary. Not many charities get to reach such an important milestone, not least in the addiction field and it is a testament to the hard working staff, Board of Directors and others along the years who have worked tirelessly for the charity.

First set up as the Council on Alcoholism in 1978, the charity was inaugurated after a Symposium the year previous formed a steering committee to look at the creation of the first support service on the Island. The first aims and objectives of the service were aimed at alleviating the effects of 'alcoholism,' with the setting up an 'Information and advisory centre on alcoholism.' As a quote from the archives states:

'The fellowship of Alcoholics Anonymous has shown that even people in an advanced stage of alcoholism can be helped to become respected sober citizens again. Many people have problems with alcohol long before they are so severely affected and it is an aim of the council to provide help for persons in these early stages and, indeed, to so educate the inhabitants of the Isle of Man in the dangers of excessive use of alcohol, so that many who might find themselves becoming alcohol dependent will avoid this fate.' The steering committee envisioned mostly male personnel as being employed by the charity with a Male Director with latterly females being employed in support roles.



Much has changed since then, the service has a focus on alcohol as an addictive substance as opposed to alcoholism and labelling the person. We now also see people who suffer from other addictive behaviours. There is much greater emphasis on the family and those impacted, as helping those affected to promote change has the ability to impact on the users behaviour as well. We also recognise that just stopping the behaviour is extremely challenging and having a range of options means that clients can have up to 4 groups and a one to one session per week to help build their recovery capital. However, the core belief of early intervention has endured.

Another reason why we have endured throughout the years has been partly down to our efforts to engage with the community and understand the changing nature of substance use and addictive behaviours with our comprehensive research programme.

Furthermore, remaining resilient and responsive to emerging needs has been our *modus operandi* and we will continue to adopt this approach into the future. Its also down to our continued efforts to build a strong therapeutic relationship with our clients, offering prompt and professional support with a focus on confidentiality and client choice.

This cause for celebration though provides us also with a moment to reflect and take stock of future direction. As many of our supporters know the last three years has seen us face many challenges. The practice of commissioning services has seen us be awarded an annual contract, with no surety for the future of the service. Not to be deterred by these developments the service has honed its skills in writing successful business applications to grant awarding bodies. Indeed, we have raised more funds from donations and grants these past three years than in any other period of our history.

This year for example has seen us be successful for two grants from the Manx Lottery Trust. Firstly, the trust has awarded us a one year grant of £20,000 to help develop our 'Five- point group work recovery programme'. Attempting recovery from an addictive behaviour can be an isolating and challenging time. Success is more guaranteed when those affected have a range of skills, techniques and goals to help them through this process. Better still meeting others in a similar situation with a common goal of overcoming an addiction gives sufferers the opportunity to meet like minded people. This project has been a great success to date with over 116 group work attendances and 195 SMART GROUP attendances. In just over 3 months. A full report of this exciting new initiative is included within.

The second project we have received a £30,000 grant is for a Young persons' drug, gambling and gaming service. This exciting new project was awarded one years funding from the Lottery. This project is timely, young people's alcohol use is reducing but the rise in drug use, gaming and gambling amongst young people is just starting to be realised. In order to embrace these expanding projects with young people we have rebranded our service with young people with a new name. YP@Motiv8, to encompass all our youth projects.

This year saw the publication of our most recent research project –'Understanding Alcohol and Substance Misuse in Older People on the Isle of Man. A Scoping Study. The findings give a true and revealing insight into rising misuse in the older generation amidst an ageing population. This revelation is giving health planners nationally cause for concern. Living longer does not necessarily equate to good health particularly for those who over indulge. We hope this report can be taken forward with the Department of Health planners who can use the findings to help prepare for this important shift in the ageing population need.

This year through our association with Consultant Clinical Psychologist Professor Robin Davidson, we organised a conference to look at the subject of 'Substance Misuse and Comorbidity'. It was often felt that a minority of substance users suffered from what was traditionally called 'Dual-Diagnoses.' Conversely, it has been realised that Comorbidity is the norm in substance misuse. Many people present with multiple issues from anxiety, depression

through to more complex mental health issues. The Conference held in spring 2018 was well attended with guest expert speakers on autism, psychosis, depression and anxiety.



Consultant Clinical Psychologist Robin Davidson, Consultant Clinical Psychiatrists Dr Kirsten Wafer and Dr Conor Davidson, with Motiv8 Director Thea Ozenturk at the conference.

The Lottery funded Family Alcohol Service continues to go from strength to strength. This project sees us working with many parents and young children impacted by alcohol. This work whilst often challenging is extremely rewarding and is meeting a need for some of the most vulnerable impacted families on the Island. Lyndsey Smart our Deputy Director and now the lead for our young persons services has written a detailed report on the work of the service as it approaches the last year of its grant period.



The gambling branch, GamCare Isle of Man continues to do well with a steady number of referrals. The funding for the service to continue now relies entirely on donations and has

seen a slight downturn in monies received. A committee has been formed within the Mental Health Division to undertake a joint strategic needs assessment to look at gambling issues locally. Below are some posters created by our new GamCare worker Holly Cordas.

Need a hand?



Responsible Gambling Week 12th - 18th Oct 2017



GAMCARE
ISLE OF MAN
A GAMCARE AFFILIATED PARTNER

For free and confidential help and support about your own or someone else's gambling call **622011**
gamcareisleofman@iom.com

Leave the hurdles to the horses



GAMCARE
ISLE OF MAN
A GAMCARE AFFILIATED PARTNER

For free and confidential help and support about your own or someone else's gambling call **622011**
gamcareisleofman@iom.com

FOLLOW THE GAME



NOT THE ODDS



GAMCARE
ISLE OF MAN
A GAMCARE AFFILIATED PARTNER

For free and confidential help and support about your own or someone else's gambling call **622011** or email gamcareisleofman@iom.com

And Finally...

In consideration of what the last Forty years has taught us, it is that in spite of great efforts by us and agencies like us many people will have problems with substances and other addictive behaviours. It is the human condition to rely on something to help us get through emotional trauma and crises. Sadly, there are elements of our society that are not working as we would hope. Issues of homelessness, family breakdown, food and fuel poverty, leaving people on the edges of society are still the lot for some sections of our community. For some the choice of a substance as a coping stratagem will always be the case and services like ours are needed more than ever before. The need to see addiction as a maladaptive coping mechanism, which needs a discrete and confidential counselling approach combined with a range of other recovery tools, the inclusion of the family and the hope of improved social conditions is undoubtedly the answer to supporting those impacted by addiction.

To conclude and on reflection, I wonder whether the original steering committee would approve of the charity in its format today. Apart from being mostly female in personnel we have certainly done our utmost to alleviate the effects of alcohol misuse, focus on early intervention and now indeed other addictive behaviours. Here's hoping they would have approved!

Thea Ozenturk Director

Motiv8 Group Work Recovery Programme & SMART recovery

Motiv8 was fortunate earlier this year to be awarded a grant from the Manx Lottery Trust to develop a life skills group work programme. The pilot project is for one year and we are hopeful that either the Lottery or the Commissioning Department of Government will see the value that the programme can bring to those attempting to change their lives.



The Hub

An addictive behaviour can take over many years of a person's life, leaving them detached often isolated and from mainstream society. Skills in basic living can be severely hampered with knowledge on nutrition, self care, parenting, job hunting, cv writing & general socialisation skills being forgotten or never truly practised.



The Lottery funded 'Pathways to Addiction' project clearly showed that addiction is an isolating experience. Sufferers reported hiding their addiction and avoiding social contact. Particularly in our small community due to stigma and embarrassment. The pathways research also showed being convicted of a drug or alcohol related offence can impact on a person's life chances. Opportunities sometimes just to gain employment can be severely hampered.

Modern addiction services in the UK have also embraced this model of recovery, understanding that building 'recovery capital' and recovery communities can help those impacted to break away from addictive behaviours and improve the outcomes for locally

affected individuals. The programme is run at the 'The Hub.' Our group room facility where we now host four 90 minute groups per week with a rolling curriculum.

Topics covered include our own five-point recovery programme.



MOTIV8 IS PROUD TO ANNOUNCE THE LAUNCH OF ITS NEW 5 POINT GROUP WORK RECOVERY PROGRAMME
 April 9th to May 14th Programme Held at MOTIV8'S Recovery Hub

TELEPHONE 627656
to reserve your place

Funded by the Manx Lottery Trust

LOTTERY FUNDED

April 9th 10am to 11.30am Anxiety Management (1)
 April 12th 2.00pm to 3.30pm Mindfulness and Relaxation
 April 16th 10am to 11.30am Anxiety Management (2)
 April 19th 2.00pm - 3.30pm Detox and liver wellness
 April 23rd 10am to 11.30am Relapse Prevention (1)
 April 26th 2.00pm to 3.30pm Nutrition & Relaxation session
 April 30th 10am to 11.30pm Relapse prevention (2)
 May 3rd 2.00pm to 3.30pm Mindfulness and relaxation
 May 9th 10am to 11.30am Self-esteem and confidence
 May 10th 2.00pm to 3.30pm Understanding benefits & relaxation session
 May 14th 10am to 11.30 Stages of Change, how people change and maintain recovery.

PHYSICAL AND MENTAL HEALTH WELL-BEING
 Detox/health reduction | Bloods, recovery and self-history
 Blood-borne viruses | Overdose | Medication
 Mental health | Nutrition | Increasing physical well-being

REHABILITATION
 SMART Recovery | Mindfulness | Relaxation | Relapse prevention
 Cognitive Behavioural Therapy | Sustaining recovery | Harm Reduction
 Motivational group work | Anxiety management | Self-esteem
 Confidence building | Coping with Depression

FAMILY AND PARENTING
 Protecting your children from | Substance misuse
 Increasing resilience in children
 Group for those affected by another's substance misuse/addictive behaviour

RECOVERY NETWORKS
 Mutual aid groups (SMART) | Life enhancing activities
 Guest speakers
 Discussions/get involved

IMPROVING LIFE OPPORTUNITIES
 Understanding benefits/therapeutic earnings Volunteering
 Employment advice and CV writing | Understanding of the law
 Rehabilitation of offenders Act | Legal issues | Homelessness/housing
 Accommodation and tenants rights | Debt advice

The success of the SMART group and other group ventures such as our Mindfulness 8-week programme has shown that even though stigma is more of an issue in our small community, people will still come forward for group work. Hence demonstrating the need.

The "Pathways to Addiction Research' showed that having an addiction on the Isle of Man is often an isolating and lonely condition for those affected and staying away from drug or alcohol using friends is a challenge. It is hoped that the new group programme will help build 'recovery friendships' and circles where sufferers are no longer alone and isolated.

It is important to note that the groups coordinator, a member of Motiv8's team is also in recovery for this past five years and she will be a hugely influential figure, demonstrating to others that life beyond substance misuse is possible and can lead to full recovery and paid employment.

SMART RECOVERY- the one year grant from the Lottery has also allowed us to continue in operating the SMART recovery meetings. SMART which stands for self management and recovery training is a mutual aid programme which uses CBT tools and techniques to help members manage thoughts, feelings and behaviours to live a balanced life free from addictive behaviours. SMART meetings are facilitated by those in recovery themselves and the recovery community which has sprung from the meetings is seeing many members achieving long periods of recovery with newer members gaining hope that freedom from addiction is achievable.

For the first quarter -9th April to the 4th July 18

There were 116 group work attendances and 195 SMART GROUP attendances

Below is selection of comments from group attendees.



Any further comments?



Motiv8 a service users view

Motiv8 is a third sector charitable organisation which complements the Health Service. I was very reluctant to engage at the outset because of the stigma of alcohol and drugs. When I eventually plucked up courage and phoned for an appointment, I listened to a friendly and non judgemental voice. This gave me the confidence to attend an appointment in a discreet building with no signage. This made it easy just to walk down the street and call in. Confidentiality and discretion are key success factors for Motiv8 and in all the time have been attending appointments, I have never seen another client.

The counselling is first class, down to earth and non judgemental. You are encouraged to be as honest and open as possible and you can talk about any concern. The environment is pleasant and there is also a welcome hot drink.

While I had my suspicions, I had never completely understood the link between addiction and mental health. Again Motiv8 gave me the encouragement to make an appointment with the Drug and Alcohol Team at Nobles Hospital. This is an effective partnership as it combined regular counselling with medication for mental illness. This is an excellent example of the third sector working with Government (subject to client consent) and I do not believe many people realise in the Island how fortunate we are to have access to these services.

Sadly, Motiv8 has had to develop a gambling service which again provides effective support. Motiv8 has just launched a New Group Work Programme held at Motiv8's recovery hub away from the main office which covers a wide range of relevant topics. I attended a session on mindfulness and relaxation which was delivered in a very pleasant manner. You just have to overcome the fear of joining a group.

Well done Motiv8.

Anon....



TIER 2 YOUNG PERSONS DRUGS & GAMBLING/GAMING SUPPORT

Excerpts from the business case which saw us awarded a 1 year grant from the Manx Lottery Trust

Motiv8 would like to create a new Young Persons Tier 2 support service for drugs that will work closely in partnership with the Drug and Alcohol Team (DAT) Tier 3 support service to provide a dedicated holistic support service for young people impacted by their own or someone else's drug misuse on the Isle of Man.

Alongside of this project, Motiv8 would like to create a Gambling support service for under 18's with youth focused support from GamCare Isle of Man and introduce a Gaming addiction service. We will also target these issues with an education project for schools and other youth settings. YP@Motiv8 - rebranding all youth services under one new service branch for young people (YP).



WHY DO WE NEED THESE PROJECTS?

These services are NOT provided locally. There is no dedicated service for young people at Tier 2 impacted by drug misuse since the closure of DASH (a local charity that supported drug users and their families on the Isle of Man).

Young people's drug use appears to be increasing. UK and International research suggests the use of NPS (Novel Psychoactive Substances) seems to be indicated in this increase. Another worrying development is the concern from many drugs services that the blanket ban on these substances in May 2016 has only served to put these substances into the hands of dealers, who are selling stronger and increased quantities. The Isle of Man is not immune to these developments. There are huge risks of using these drugs, including overdose and sudden death in the first instance. Also, the long-term health harms are still not known.

Furthermore, there is no dedicated funded project for young people impacted by gambling or gaming issues. Although there are strict procedures in place to prevent young people from gambling, it appears that many circumvent the safeguards.

Excessive Gaming is only just being acknowledged as a potential addictive behaviour, which requires measures and support for those affected by overuse. Furthermore, in spite of being an isolated, largely home-based activity, the risks of developmental delay, being exposed to online sexual exploitation and grooming are only just starting to be recognised.

WHO WILL WE HELP?

The branch will be dedicated for young people who may be affected by:

- Drugs (self or family member)
- Gambling or gaming issue (self or family member)
- Alcohol (self or family member - already funded by the Department of Health and Social Care)



After many decades of being at the frontline of dealing with addictive behaviours, we have long recognised that addiction and over-reliance on substances is often symptomatic of underlying complex societal, and psychological causes, often rooted in issues from childhood, youth and impaired family functioning. Furthermore, substance misuse can be inter-generational. Whilst many can overcome a childhood impacted by substance misuse, abuse, neglect and disadvantage, many can go on to suffer similar fates. Motiv8 regularly works with second and third generation impacted service users. Decades of responding to the complex needs and entrenched maladaptive family systems has given us the knowledge that positive change is more likely with targeted early intervention strategies with young people and families.



AGE GROUPS

We would like to offer support to young people aged between 10 and 18. However, these age groups will not be strictly enforced and the provision of service will be based on need.

THE EVIDENCE BASE FOR DRUG AND ALCOHOL USE IN YOUNG PEOPLE IN THE ISLE OF MAN

The Isle of Man Census 2016 reported that the Isle of Man has a resident population of 14,233 under 16's and 1960 16 to 18-year olds.

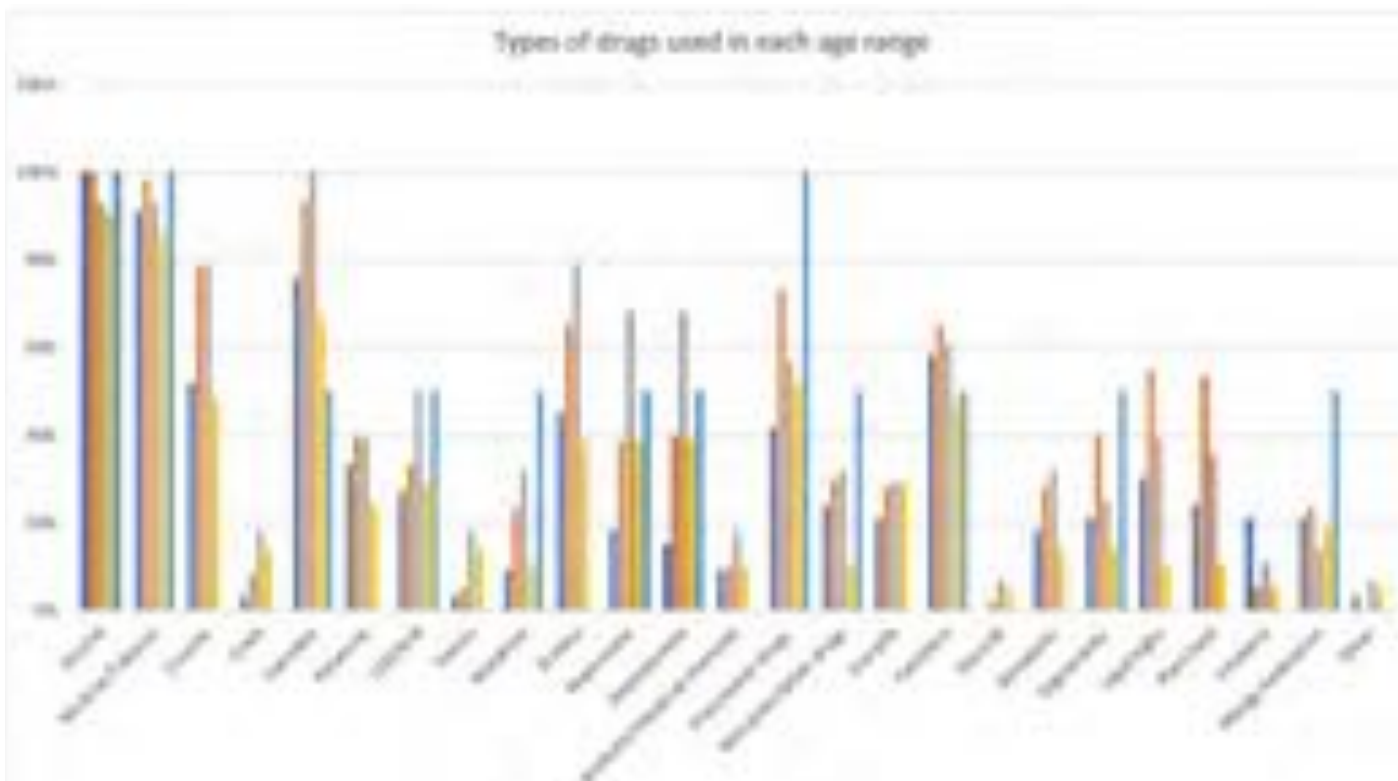
As previously mentioned, little has been done to estimate use locally in recent years. However, the Director of Public Health annual report 2017 reported that the annual health survey had yielded that "4000 people on the Island are estimated to have used 'any drug' (excluding drugs prescribed for medical use) in the last year, with cannabis being the most widely used". This equates to around 5% of the population. The survey is not completed by under 18's.

Motiv8 completed its own Drug Survey in 2017 with an online anonymous social media survey, conducted between August and October 2017. 124 responses were completed in total. The findings have proved enlightening, with 66% of respondents reporting to be Cannabis users. The age of onset of using drugs was highest in the 16-24 age group at 60%.

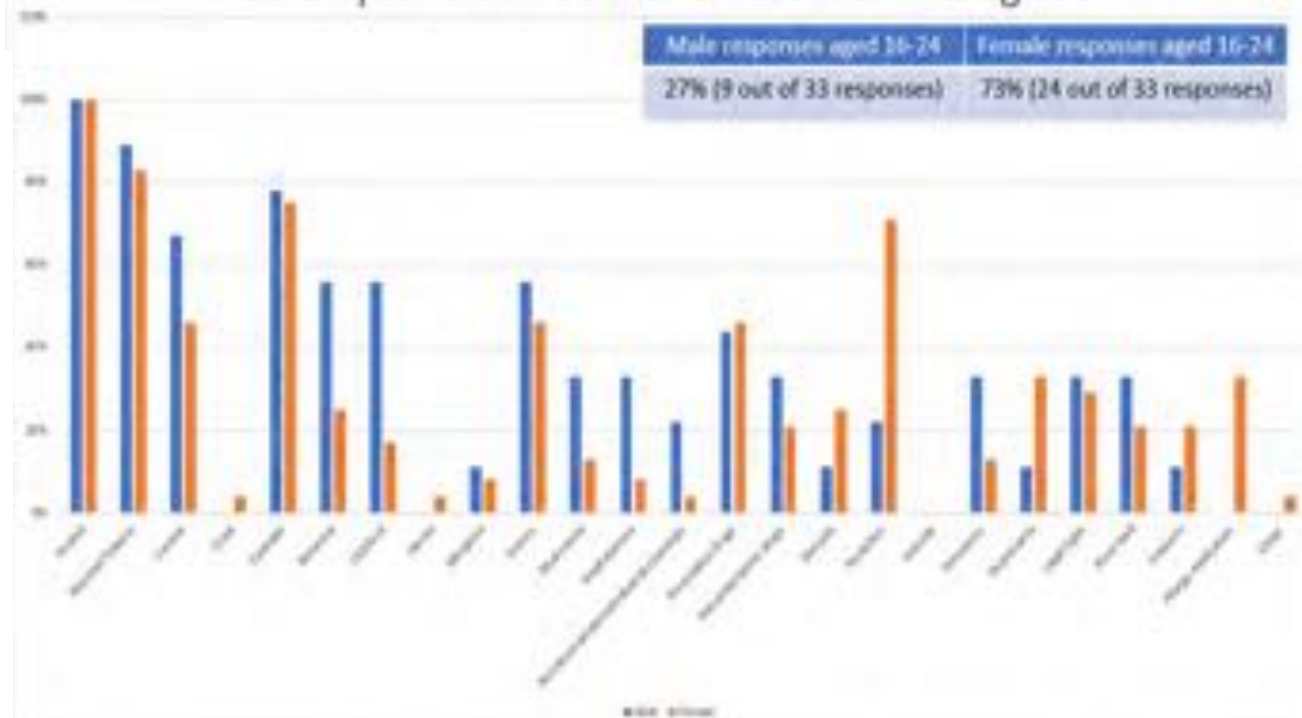
A worrying 31% of the sample started to consume drugs under the age of 16.

The gender differences in drugs of choice also shed light on where services should be targeted and the breadth of drugs used and misused is vast.





16-24 year olds - Gender differences in drug use



The 'Pathways to Addiction, experiences of Addiction and recovery in the IOM' study (2014), funded by the Manx Lottery Trust, gave us an insight into age of onset and the traumas local people endured in childhood and family life which contributed to using substances and subsequent addiction. Many endured significant traumas.

To conclude, preventative work with young people who live in traumatic family circumstances should be seen as a risk factor for later onset of addictive behaviours. Furthermore, new emerging trends in drug use are causing significant concern. There is sufficient evidence and growing concern that the challenges faced by young people today are changing with the emergence of new drugs which may have current and future consequences for this generation of young people.

GAMING AND INTERNET USAGE

The un-paralleled rise in the use of the internet, including social media and gaming online, is suggested to be a most worrying trend in youth behaviour. The potential for addictive use by young people is just starting to be recognised, with gaming being declared for inclusion with the DSM (Diagnostic Statistical Manual - Classification of diseases), the body that classifies psychiatric and psychological conditions.



Medical and addiction experts are becoming increasingly concerned about the amount of time children are spending playing online games with the spending on 'League of Legends, World of Warcraft and Grand Theft Auto topping £3bn this year! (*The Guardian 11/10/2017*)

It is worth reiterating that excessive Gaming is yet to be acknowledged as an addiction, yet growing numbers of young people are spending vast quantities of time immersed in gaming, affecting their normal development skills in socialisation, education and physical development.



Gaming and online usage also has numerous other damaging consequence. The potential to be bullied online, child sexual exploitation via online mediums and grooming via chat rooms are all creeping into our cultural understanding as the modern day unwanted consequences of online phenomena.

ESPAD has extended its remit to follow trends in gaming, gambling and internet usage and reported that online gaming was more prevalent among boys, 39% compared to 6% of girls.

Isle of Man data from the Big Youth Survey 2015 suggests that 27% used Social media for 3 or more hours daily and that 20% reported being cyber bullied.

Furthermore, 31% gamed for up to 1 hour daily, with 25% gaming 1 to 3 hours and 20% 3 or more hours

GAMBLING AND UNDER 18'S

Gambling and opportunities to gamble by young people is an increasing cause for concern. A study by the UK Gambling Commission found that:

16% of children aged 11 to 15 had gambled in the last 7 days, with 2% saying they had gambled online.

Across Europe, 23% of boys and 5% of girls stated they had gambled online with 12% in total reporting gambling frequently in the last year (ESPAD 2015).

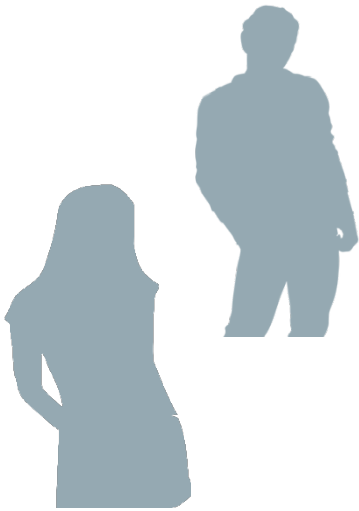
A very recent research study among 11-16 year olds 'Young People and Gambling in Great Britain; (December 2017) by GambleAware reported that:

- 0.9% of 11-16 year olds are classified as 'problem' gamblers, 1.3% as 'at risk' and 15.5% as non-problem gamblers
- 62% agree that gambling is dangerous, but only 8% agree that gambling is an easy way to make money and only 3% agree that most people their age gamble
- Among 11-16 year olds who stated that they had gambled in the past 12 months, 13% had felt bad due to their own gambling at some stage during this period
- Among 11-16 year olds who live with family or household members who gamble, 28% had felt bad as a result of this behaviour at some point during the past 12 months
- 39% of young people stated that their parents had discussed the problems that gambling can lead to with them

UNDER 18'S AND THE NATIONAL LOTTERY

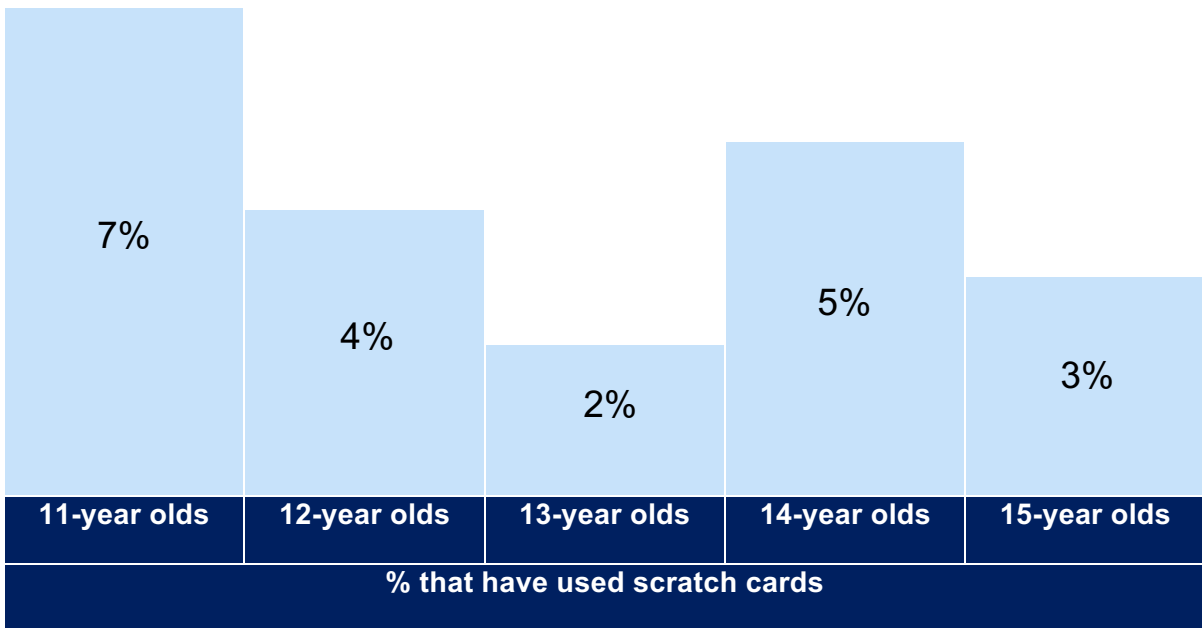
The UK Gambling Commission 2016 researched the use of the National Lottery amongst 11-15-year Old's in England and Wales. The study found that 5% of 11-15-year olds had played a National Lottery game of some sort within the past 7 days. The most popular form of lottery was scratch cards (4%), followed by Lotto (3%). 84% of scratch cards and lottery tickets are bought in the company of a parent/guardian and 78% of the time a parent/guardian hands over the money at the point of purchase.

Of 11-15 year olds, the following frequency of use was collated:



7% play 2 or more times per week
8% play once a week
10% play 2-3 times a month
9% play once a month
16% play every 2-3 months
35% play once or twice a year
16% did not know how often they would play scratchcards

The study then looked at the difference in usage of National Lottery scratch cards amongst ages:



A gender comparison was also conducted. This found that there are more boys in the age range of 11-15 year olds using scratch cards than girls, with 5% of boys participating compared to 3% of girls. <http://www.gamblingcommission.gov.uk/PDF/survey-data/Young-people-and-gambling-2016.pdf>

THE LINK BETWEEN GAMING AND GAMBLING AND THE RISE OF 'SKINS'

An escalating cause of concern is the phenomena of 'Skins'. These items are game add-ons that can be bought in virtual gaming in the form of weapons and accessories. Some of these items are rare, and their value can exceed hundreds of pounds. Like casino chips, some sites allow skins to be used as currency, virtual assets to bet or play with - arguably a form of gambling. Skins can even be put into an online account to play further games with. Some of these sites will allow young people an account as young as 13 without any scrutiny. A submission by Parent Zone, to a House of Lords select committee looking at children and the internet argued "These services seem to be operating with impunity or certainly without the scrutiny they deserve". (parentzone.org.uk/article/online-gambling-and-young-people-growingconcern)

ONLINE GAMING AND CHILD SEXUAL EXPLOITATION

Those who specialise in internet crimes against children are warning about the dangers of gaming chat rooms. The ability to chat with other players exists in all online games, raising the possibility of grooming and sexual exploitation, even for games aimed at very young children. Sadly, crimes of this type have increased due to the increase of these technological forums. Gaming is not only the forte of boys with many more girls taking up this activity and sadly, reports of experiencing online abuse and sexual harassment are on the rise.

PROJECT DELIVERY The service proposed will offer:

Drop-in



Counselling



Support



Advocacy



Education



The ethos will be on creative ways of engaging young people, using assertive outreach approaches and building up trust. Motiv8 recognises that young people can have multiple and complex issues to deal with in their young lives. They may be disadvantaged and suffer some exclusion and a mistrust of adults and services. This may be through a traumatic home life and/or a fear of family dysfunction being exposed and the consequences. Multiple attempts will be made to work with young people and discharge will be a last resort.

Criminal Justice Diversionary Schemes

"A drug conviction could be disastrous for a young person's career." *Pathways to Addiction Isle of Man, NatCen (2014)*.

"The Alcohol Advisory Services' work...through the JARS...and the AIRS...should be viewed as effective ways of targeting this group and are to be commended" *Plant, M et al; GENACIS Final Report (2014) (31)*

Motiv8 has for many years operated a range of interventions in conjunction with the IOM Constabulary. Diverting first time and low level offenders away from the Criminal Justice System arguably should be developed further. A conviction at any age can be detrimental and affect the person's life opportunities. It is important to note that these schemes operate out of Motiv8's Charitable funds and rely on the close partnership working between the police officers and Motiv8's team.

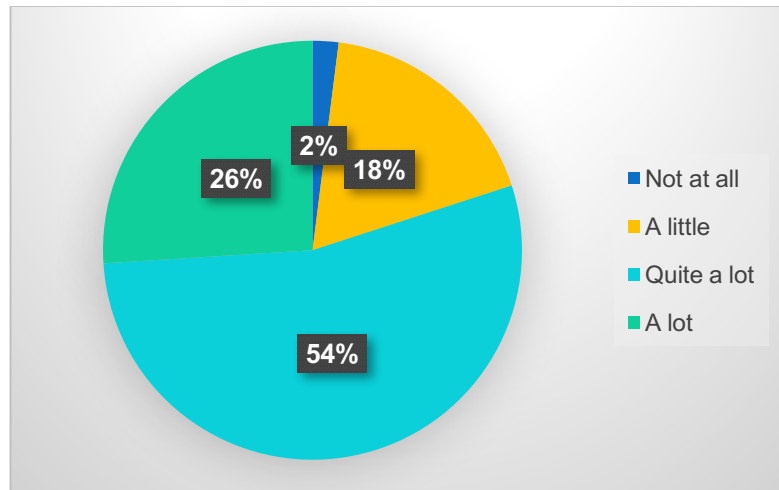
AIRS –Alcohol intervention referral scheme

AIRS - Alcohol intervention referral scheme, diverts first time offenders away from the Criminal justice system into a participatory group education evening with a Motiv8 worker and an officer from the Police Alcohol Unit.

This analysis will look at the evaluation forms for the programme for this annual return period (57 completed)

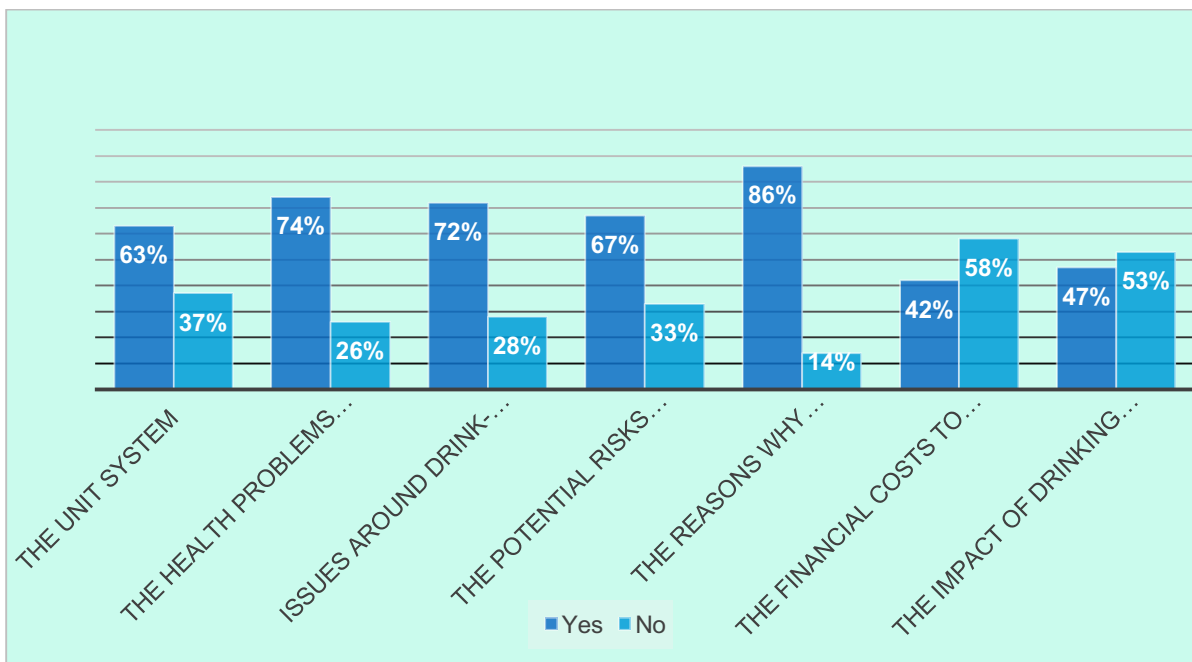
The evaluation form began by asking the clients how helpful they found the A.I.R.S presentation. Over half of the responses, 54%, said 'Quite a lot' with a further 26% answering with 'A lot', showing that the presentation was successful. Only 18% said 'A little' and 2% said 'not at all' (See Figure 1).

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

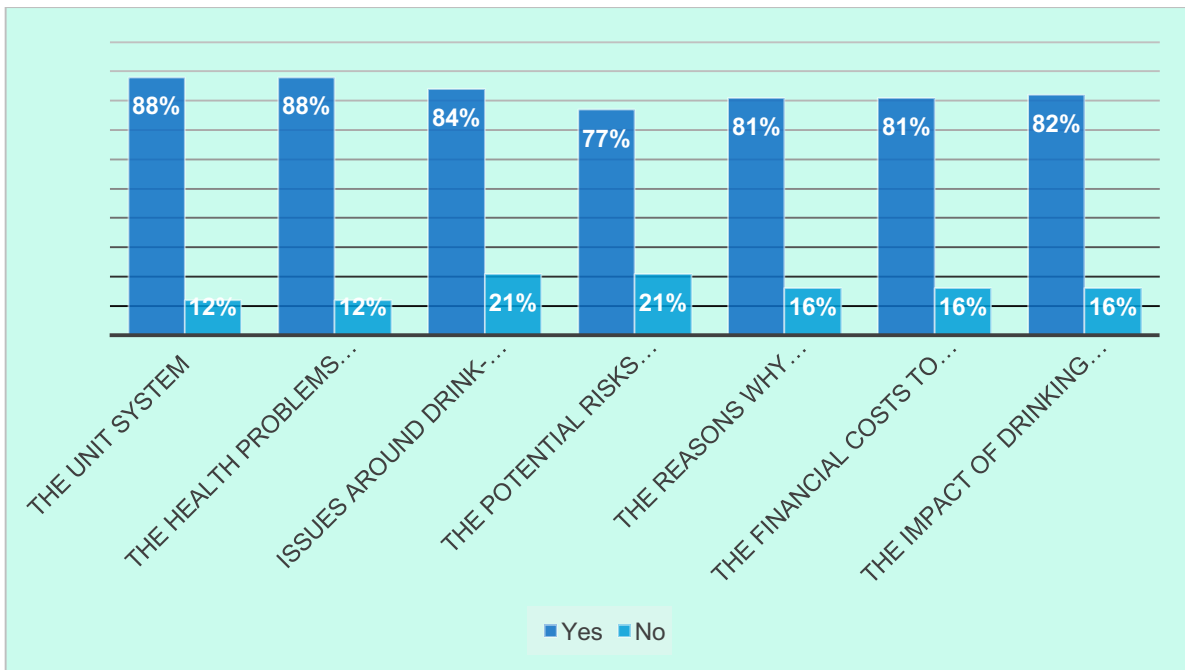


88% of responses provided positive feedback. This feedback included “Very informative and an opportunity to learn from my mistakes!”, “Genuine figures relating to the impact it has both on the UK and IOM”, “A lot of information on the sides about certain effects of alcohol on health that should be more commonly known”, “Made me aware of drink driving limits and will aid in me advising mates of limits on a night out” and “Real time to reflect” (See Appendix 1 for all responses).

Were you aware of any of the following before attending the session?

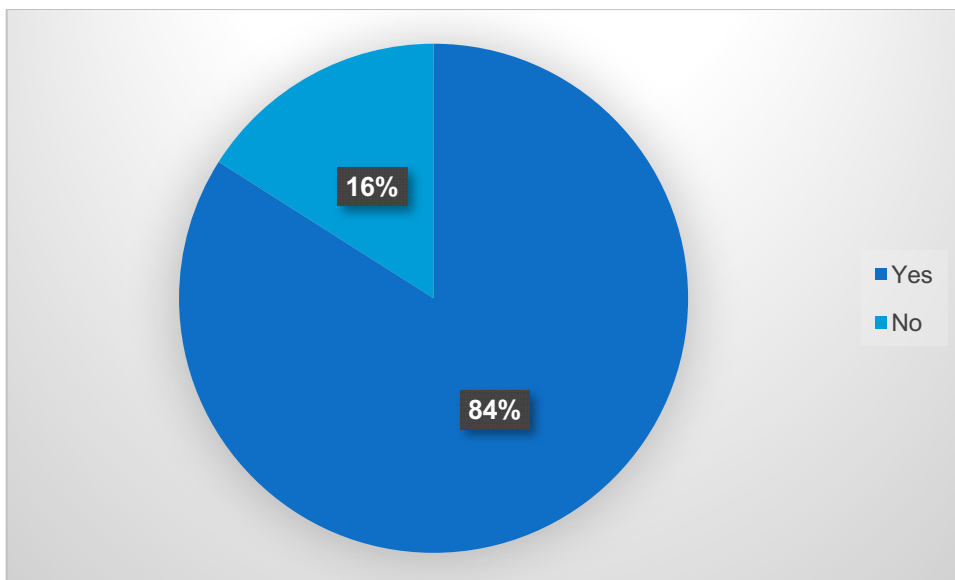


Would you say you have an improved knowledge on any of the following since attending the session?



The clients were next asked whether the session had made them think about their own use of alcohol. A positive 84% answered yes to this question, with 16% saying no (See Figure 4).

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



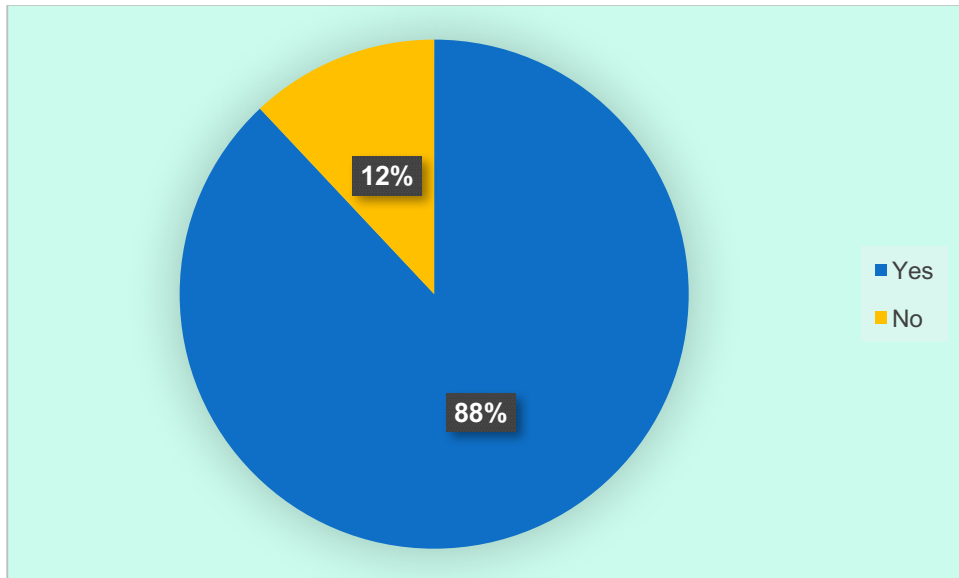
For the 16% who answered 'no' to this question, responses such as "I am not worried as to my level of drinking" and "I was relatively aware of the implications of my level of drinking and I was aware of my limits beforehand" were given (See Appendix 2 for all responses).

For the 84% who answered 'yes' to this question, more positive answers were given including "I will think before I pre-drink in future", "I'll aim to cut down in the future and know

my limit” and “I have taken a decision to abstain from alcohol for the time being” were given (See Appendix 3 for all responses).

Furthermore, the clients were asked whether any of what they had learned in the session would make a difference to the way they see drink in the future. 88% agreed that it had, and 12% said that it had not (See Figure 5).

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



For those who answered ‘no’, only two reasons were given. These were “I have had experience with alcohol in the past and have learnt most of my lessons from that” and “I have extensive experience of alcohol and am at a point where my views are fairly fixed”.

Reasons given for answering ‘yes’ to this question included “The signs will stay with me, help me slow down and warn others”, “I don’t want to end up with a lot of problems to my body so I will try and look after myself” and “I feel better educated about the potential risks of over-indulging” (See Appendix 4 for all responses).

Additionally, the next question asked about the benefits of going to the A.I.R.S session rather than their offence being dealt with via the courts. The majority of comments mentioned not receiving a criminal record or being charged for their actions. Others believed they had been educated enough for it not to happen again and many were grateful for their second-chance (See Appendix 5 for all responses).

When the clients were asked what they had gained most from their experience and attending the A.I.R.S session, many favourable responses were given. These included “A better awareness of alcohol units and effects on health and long-term impacts on health”, “Extensive knowledge of the effects of alcohol”, “Suggestions on how to cut down and how much to consume on a night out” and “The arrest and night in the cells were probably exactly what I needed at this stage of my life”. All responses proved that the session had been successful in both an educational and personal way (See Appendix 6 for all responses).

In comparison to the previous question, clients were next asked what they had found unhelpful about the experience and the A.I.R.S session. Only 4 responses were given here

and these were “Working in a group and discussing in a group”, “The temperature in the room”, “No soft drinks” and “Everything”. These responses are minor issues and only affected a small minority of clients over the 5-month period of sessions being analysed.

To conclude the questionnaire, clients were asked on their opinion about what could be included or changed to the process or the A.I.R.S session. One client positively said “I am grateful for the charity’s time and effort”, likewise another client said “For me, all boxes have been ticked”. Ultimately, from the high percentage of clients who found the presentation helpful, along with the high level of improvement in knowledge to all topics, it appears that the Alcohol Intervention Referral Scheme was successful in giving clients a second-chance, preventing them from charges or a criminal record as well as educating them on their levels of drinking and wider impacts to society.

DARS Evaluation (Drug Arrest Referral Scheme)

Motiv8 took over responsibility for the DARS scheme from the Drug & Alcohol Team in October 2014. It was thought that scheme was better placed in Motiv8 as a tier 2 lower intervention service. Anyone accessing the Drug & Alcohol Team has a ‘mental health’ service record allocated to them on referral. This was felt to be inappropriate and with the launch of Motiv8’s new branch of service ‘DrugAware,’ it was agreed by all parties that it was an opportune moment for Motiv8 to take over the scheme.

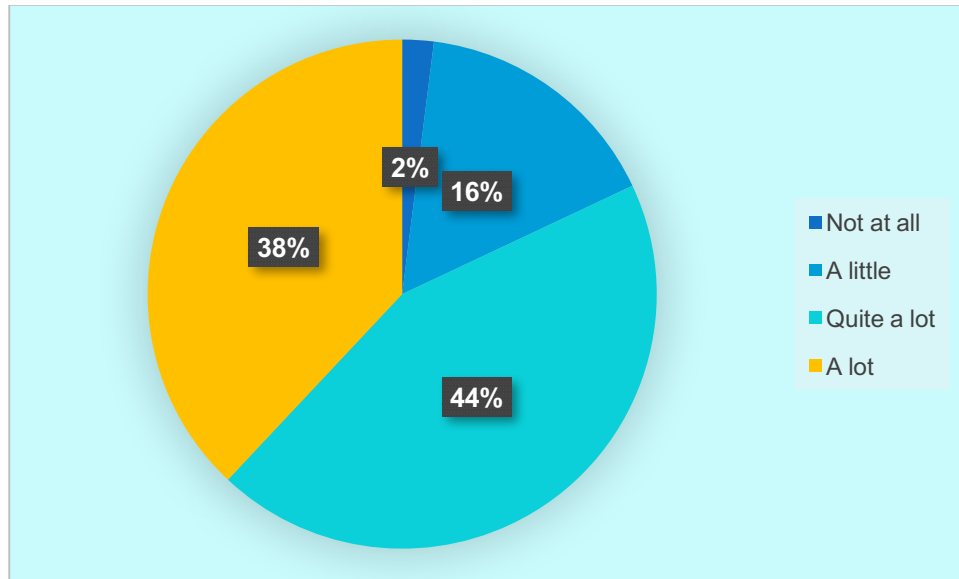
Essentially an appointment for the DARS lasts one hour. It involves a Psycho/Educational interview with elements of ‘motivational interviewing.’ Participants get an opportunity to reflect on the incident with the police and receive a physical/psychological health and well-being check. There is also an exploration of any level of dependency or harmful use and an overview of Motiv8’s services.

In our opinion the DARS has been a great success and there have been several examples of individuals continuing to be seen as clients beyond the initial DARS appointment, having recognised that their substance use is something they want to change and even cease.

Its clear the scheme brings many benefits for the participants. Many hundreds have been referred with only a tiny minority not attending. Nearly all are grateful for the opportunity to stay out of the courts. Many cite that they have learned something and have welcomed the opportunity to talk to a counsellor in a confidential manner. The DARS scheme in our opinion should be built upon and possibly extended for a further opportunity for those who come into contact with the Criminal Justice System for possession of a substance.

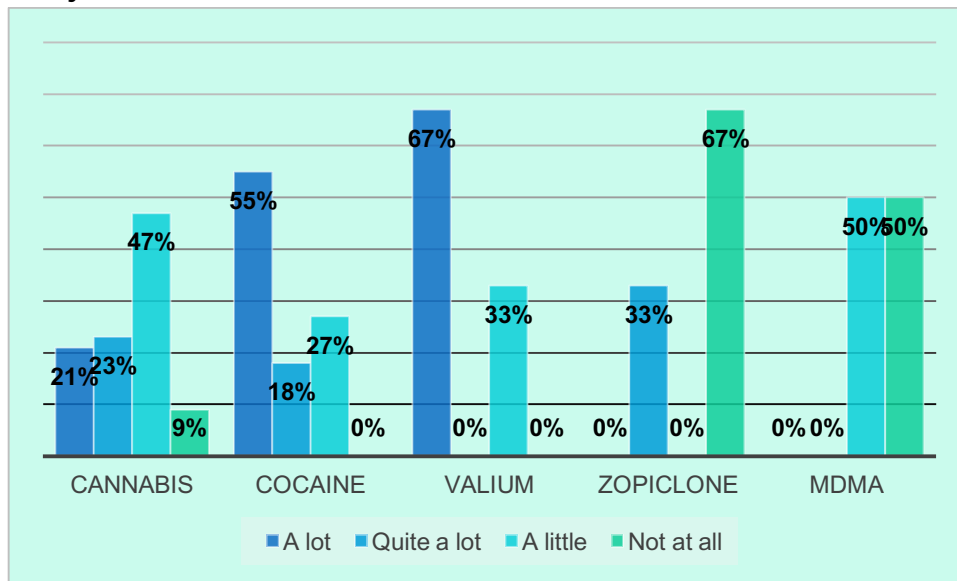
It is also worth noting that the charity runs this scheme from its own funds in entirety and does not receive any government funding for specific projects like this.

Overall how helpful did you find the DARS scheme?



- “It was very helpful because I have wanted to stop cannabis and having Nigel help me to understand properly what it can do to your mental health helps me want to stop”.
- “I had a good talk about the effects of smoking cannabis and the effects of development of the brain under the influence of cannabis”.
- “Fantastic service and extremely helpful”.
- “Very helpful and very supportive”.
- “Very helpful”.
- “Pretty much read my mind”.
- “New facts learnt”.
- “Andy very helpful and educational”.
- “Insightful and helpful information provided”.
- “Gave insight into certain drugs and how to handle them”.
- “Friendly, helpful and not what I expected”.
- “Explains the risks and outcomes well of dabbling with certain drugs and gets you to think about the consequences of your actions”.
- “I believe they made me think about my usage and risks involved in using/possessing illegal substances”.
- “Made me aware of the reaction two drugs can have on each other”.
- “Very informative – long standing previous should be erased. Make contact with police to have it wiped”.
- “It gives you a second chance to re-think about using substances”.
- “Nice to talk about it and see an outside perspective”.
- “Learnt a lot today”.
- “Helped me broaden my perspective on cannabis”.
- “I did find out things but could have found out more or less”.
- “Very friendly and relaxed, easy to speak to”.
- “Thanks for your support”.
- “Nothing bad against it but I already know it”.

Would you say you have improved your knowledge on this substance during your session today?



- “Mental/Physical/Social effects” (cannabis).
- “The other effects of what it can do i.e. increase paranoia etc” (cannabis).
- “Very informative” (cannabis).
- “Yes. Was informed about neglecting the substance and will bare that in mind in the foreseeable future” (cannabis).
- “Drugs are not for me” (cannabis).
- “Nigel told me how it effects the brain and helped me understand what it can do to you” (cannabis).
- “I now know what the main effects are” (cannabis).
- “Why I do it, not the affects it can have” (unknown substance).
- “I’ve learnt some new things about the substance” (cannabis).
- “Not a lot but I have learned a few things” (cannabis).
- “Found out a bit” (cannabis).
- “Mental health awareness” (cannabis).
- “From mates and social media and more, I already have an extensive knowledge of what they do” (MDMA).
- “Good factual and scientific information” (cannabis).
- “Long-term paranoia” (cannabis).
- “Learned a few things about the long-term effects” (cannabis).

What are the benefits to you coming to a DARS session rather than your offence being dealt with by the police and potentially the courts?

- “Won’t get a criminal record, helps to reduce the use of the drug”.
- “I’ve had a warning and some guidance about the drug”.
- “Preventing a criminal prosecution”.
- “I have new knowledge thus a greater understanding of how to stay safe that I feel I would not have achieved elsewhere”.
- “Gives people another chance”.
- “Gained information”.

- “Benefits are not going to court and having the help needed”.
- “More private”.
- “Don’t have a criminal record”.
- “Gave me a 2nd chance to get help”.
- “A lot more understanding of you as a person and not just what you have done”.
- “Getting me help with my addiction”.
- “I won’t get a record”.
- “I’m not under arrest. I feel this is more rehabilitating than being arrested”.
- “Lack of a criminal record has not escalated”.
- “Learn more and helps you change”.
- “No criminal record or charges”.
- “Better way to deal with the charge of being able to talk confidently about the uses etc”.
- “No criminal record, friendly and helpful advice”.
- “None – a cup of coffee”.
- “I’d have lost my job, become bankrupt and lost my home over £1.67p of weed”.
- “Makes me realise what trouble it can cause if having to be charged for it”.
- “Doesn’t escalate a small matter into a big one”.
- “Saves the embarrassment of names being dragged through mud”.
- “No because although I appreciate the police officers just making a living doing their job I strongly believe that my use of the substance has no negative effect on my attitude, work ethic or enthusiasm to get through life working hard loving family and friends, or leading myself towards real crimes like robbery, rape and violence”.
- “Don’t get a criminal record for an absurd amount of cannabis”.
- “I have a chance to get things right and not having to panic about court, I can learn from this chance not to be stupid as I was in the first place”.
- “It is really relaxing to speak about it and know my information I have gave won’t go anywhere. And how Nigel is actually interested to see how I feel and what he can do to help”.
- “No record”.
- “An extra chance to avoid trouble in the future”.
- “Learn about what I was taking and learn I wouldn’t be doing it again rather than going to court and not learning anything”.
- “Makes you think twice about using a drug like cannabis”.
- “A bigger insight to the drug”.
- “Reform my health and life”.
- “I don’t have to go to court”.
- “Opens your mind and makes you realise the effects it could have”.
- “You’re sort of given a second chance, which makes you realise that it is not something you should be doing”.
- “No conviction on my record that could mess up job applications”.
- “Learnt about the effects of weed and what it can do to people’s lives”.
- “It would affect my future career paths in public services”.
- “I still have a job and family. I am aware now of the effects cocaine has on the body”.
- “A second chance to not get a record”.
- “Feel welcome to be here and don’t feel under pressure. I can also be myself”.
- “I get a caution and the option for assistance if I feel I can’t cope”.
- “No criminal record which could affect my job”.
- “Don’t feel like a criminal, I feel like a human being”.

Family Alcohol Service

The aim of Motiv8's Family Alcohol Service is to improve the awareness and impact that alcohol has on a family by providing a structured, focused and innovative programme of intervention and support for the whole family. This whole care approach enables all family members to have a voice.

This year has seen the Family Alcohol Service continue to go from strength to strength. The service is now well established and there is successful referral pathway in places. The service has seen a steady rate of referrals from Social Services in particular and there is an effective and productive working relationship between the services. Referrals are also received from families themselves, schools and from within Motiv8.

SERVICE REVIEW

At present, a part time service is funded by the Manx Lottery Trust, however we are providing this service on a full time basis. As we head into our final year of funding, we are preparing for evaluation and for establishing the need for future service provision. The work that has been carried out with families continues to highlight the need for this service and the following observations and changes within the families routines and behaviours have been noted:

Working with Children and Young People

Children engage well with support and rapport and trust appears to occur quickly. Appointments use play therapy techniques and ensure that the children enjoy their sessions as this encourages engagement. Through play and crafts, they are able to express their thoughts and emotions and turn an arguably taboo subject into something they are not only confident in talking about, but to increase their resilience also. Sessions encourage children to have a voice and communicate confidently with others.

Schools have been very accommodating this year as children and families often prefer appointments within this setting. This also ensures that sessions do not disrupt the family routines that we are encouraging the family to build. Home visits are offered though if there is a preference for this and carried out within the school holidays also.



The impact on children is complex and often results in them feeling anxious or worried. The impact of alcohol on the families routines and boundaries often causes more disruption than the alcohol itself.

Working with Parents

It can be difficult for parents to accept and understand how their alcohol related behaviours could impact their children negatively and the focus of the work is to draw awareness and understanding of this impact, whilst supporting the parent to address the issues that have perhaps resulted in getting them to this point. Working with parents on communication, routine building, appropriately prioritising their child's and their own needs and improving their parenting skills as a whole has proved essential.



By working with children and parents and focusing on the key areas of communication, safeguarding, relationships and routines a positive outcome can be achieved for both parent, child and the family as a whole.

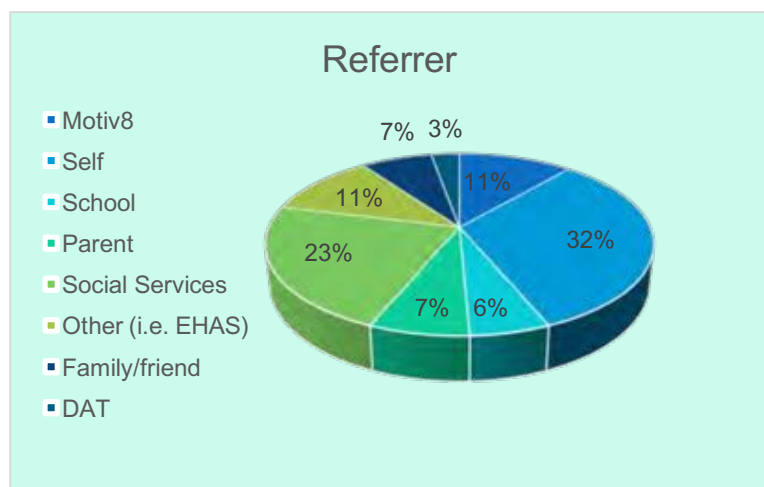
Working with Professionals

Liaison and joint working with other services this year has increased and working relationships have developed significantly. There is vital need for open communication between agencies and the Family Alcohol Service has a good balance between maintaining the confidentiality of the client and the need for sharing information and safeguarding. We have particularly developed a strong working relationships with Social Services and we are pleased to report that they are embracing the Family Alcohol Service and referring appropriately.

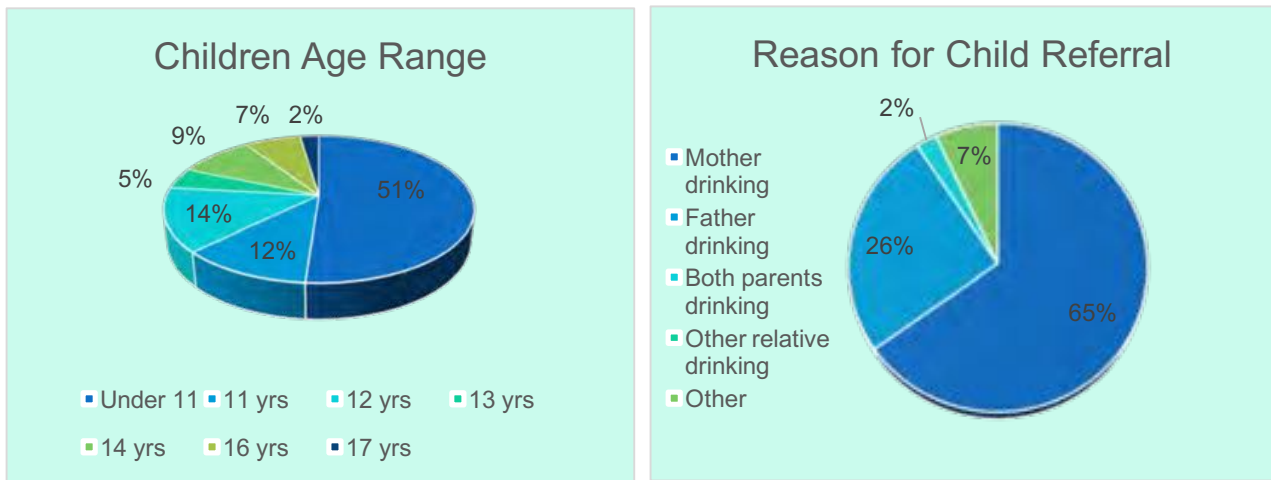
SERVICE USE

At this time, we are continuing to work with families using a person centred, whole care approach that recognising that all families are individual and therefore have differing needs. We do not offer time limited support and it remains that we are working with families for approximately one year. This consistent support allows families to engage with the service at their own pace, building trust and rapport between client and support worker.

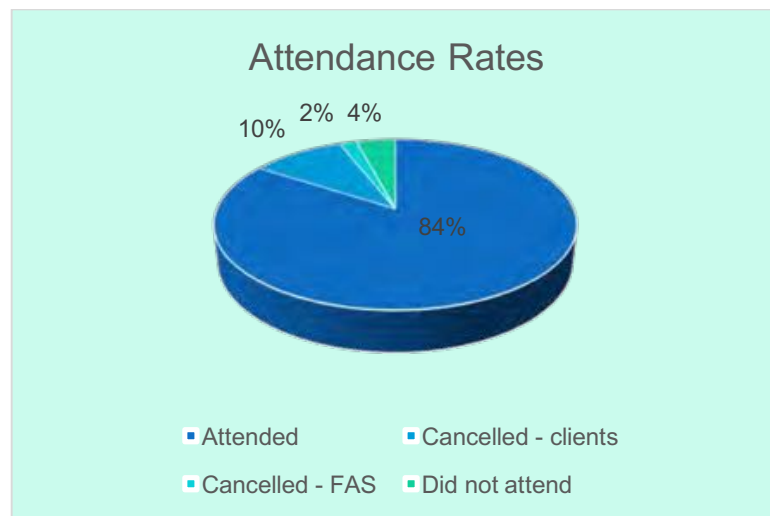
This year, we have received a total of **71 referrals** (43 children and 28 adults), compared to 35 last year. 8 of these referrals have been repeats which indicates the success or clients returning for support when needed. Of these 71 referrals, the referral pathway is broken down as shown. Most referrals are coming from within Motiv8/self referrals or via Social Services.



Of the children referred, over half are under the age of 11. 65% were seen due to their mother's drinking.



During this year, the Family Alcohol Service has offered **1035 appointments**. This is compared to 401 last year – this is a rapid increase in service use. Of these appointments, 84% were attended.



From the launch of the service to end March 2018, the Family Alcohol Service has now worked with **59 families**. Of these families, 64% have Social Services involvement and 41% are (or have been) on a child protection plan. Whilst we remain a separate agency from Social Services, it is clearly identifiable that there is a need for this support for families and we are pleased that we are able to offer this service.

FUTURE SERVICE PROVISION

The need for families and children to receive support with regards to the impact of alcohol has been recognised by the UK Government and funding is now available for services within the UK. Whilst the Isle of Man is not eligible for this funding, it is clear to see that we are forward thinking as a service and community, with a service already in place for families that have

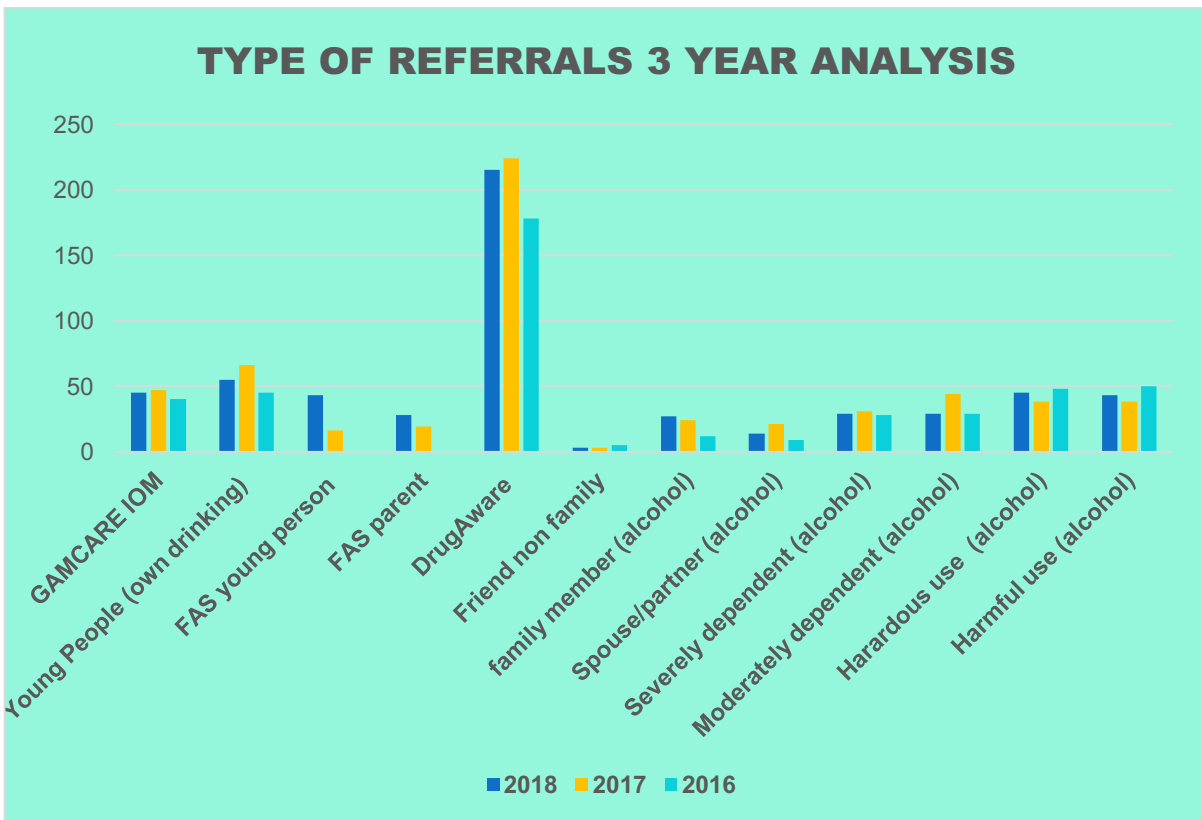
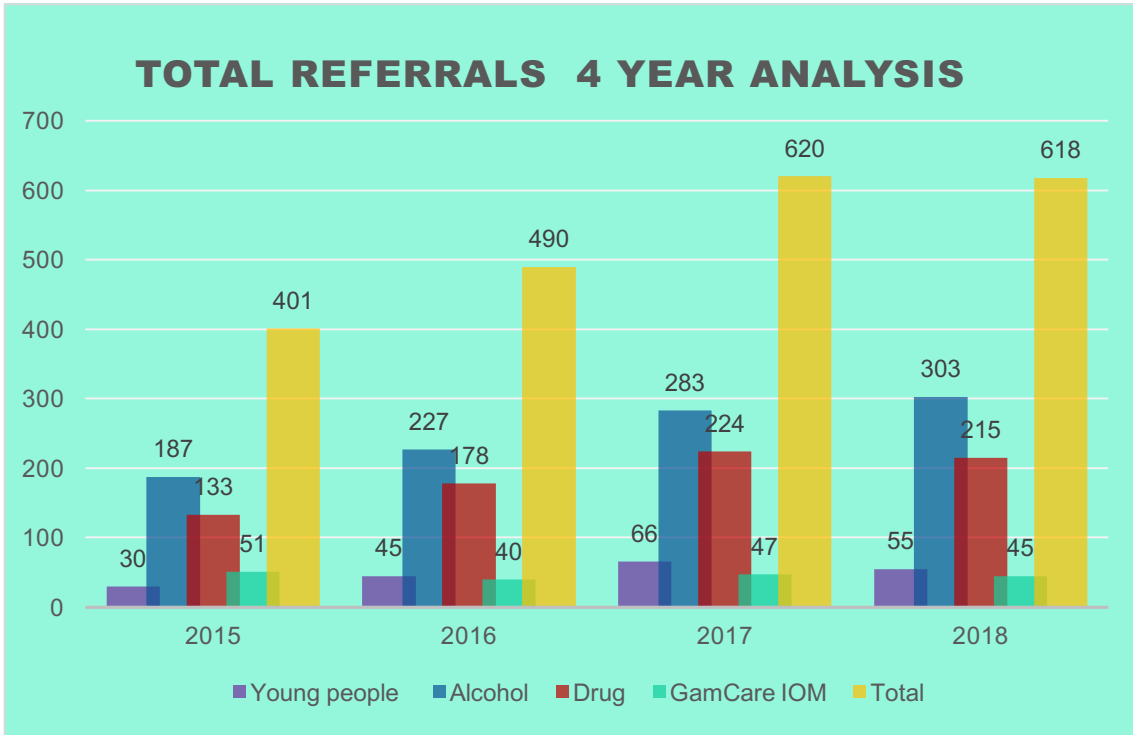
been recognised as being in need. Motiv8 continues to develop as a modern addiction service and the inclusion and creation of the Family Alcohol Service is testament to that.

As we plan ahead, we intend to start to raise the profile of the Family Alcohol Service, working with other services to understand the impact of alcohol and the support that is available for families and children. It is imperative that we are able to secure future funding for this much needed service to continue to support families that are impacted by alcohol and to give children a voice, building their resilience and working towards ending intergenerational alcohol misuse.

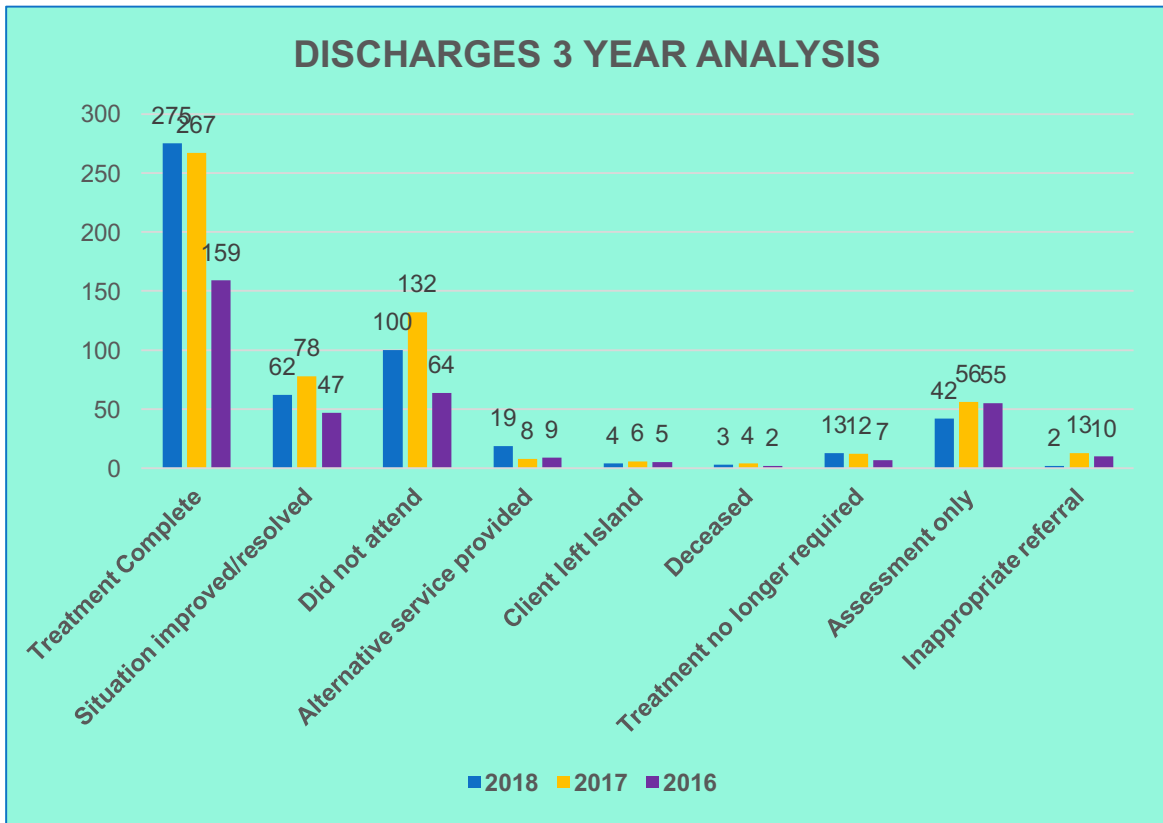


Annual Statistics

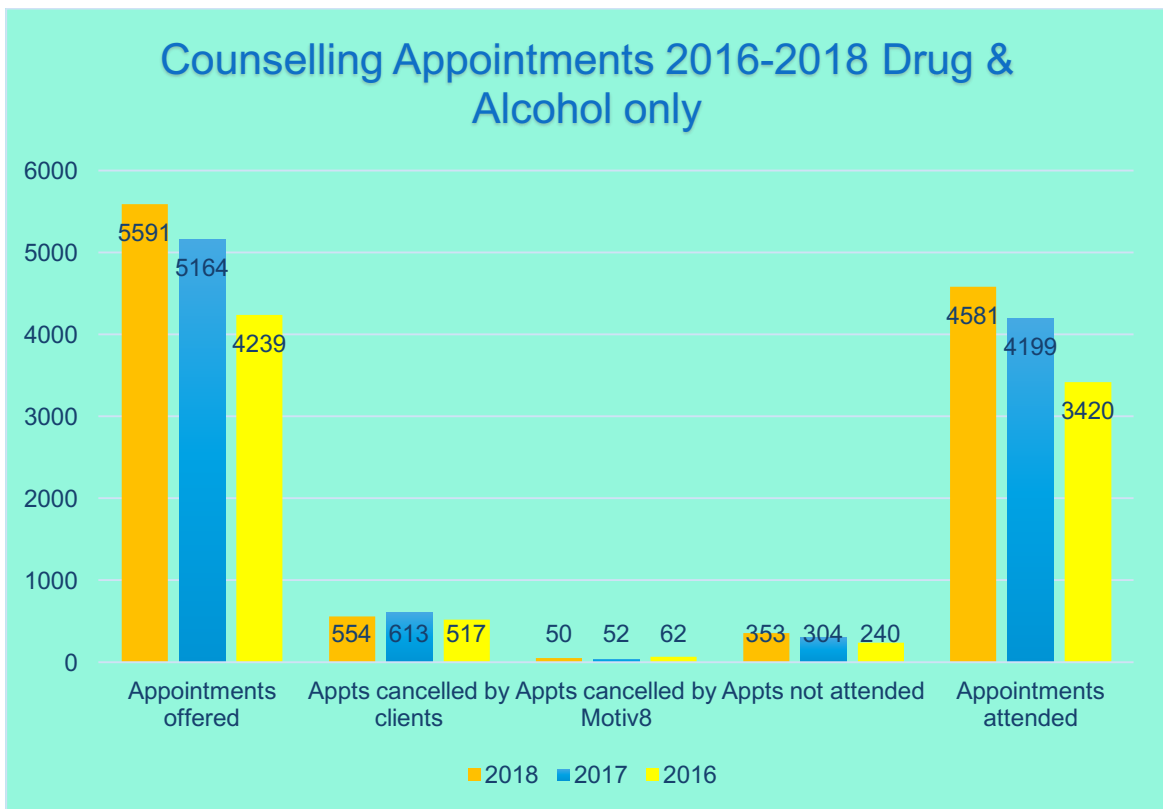
Target 1. Increase the number of people accessing Motiv8



Target 2. Increase the number of those successfully completing treatment



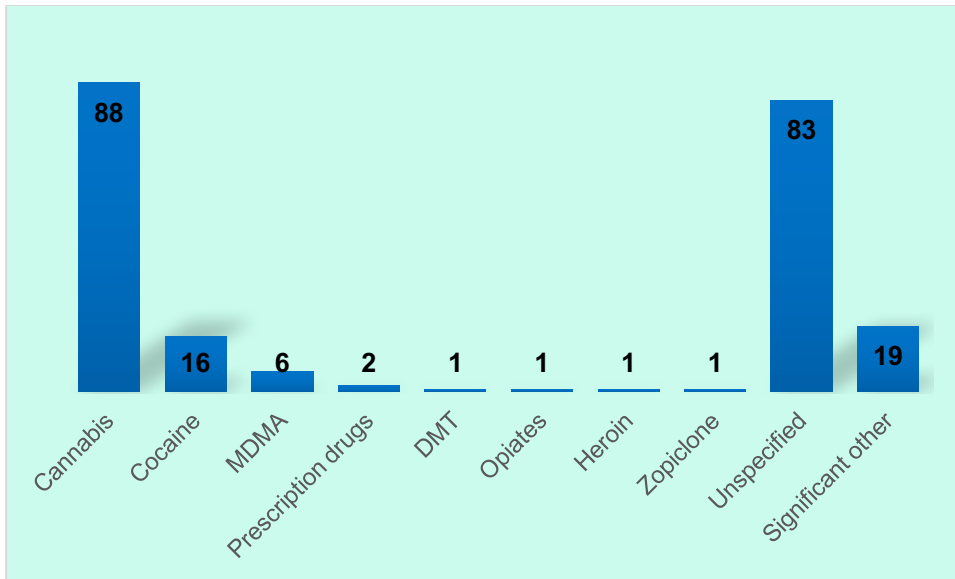
Target 3, Increase the numbers of sessions for those contacting the service



Target 4. Keep the DNA (did not attend) rate to less than 10% - **The DNA rate for 2018 was - 7.6%**

Drug Aware

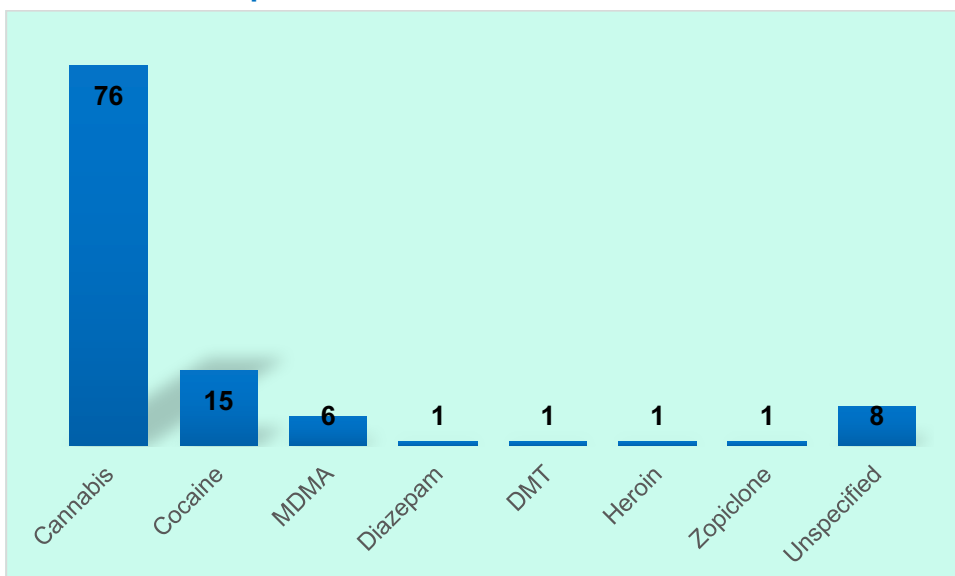
1st April 2017 - 31st March 2018



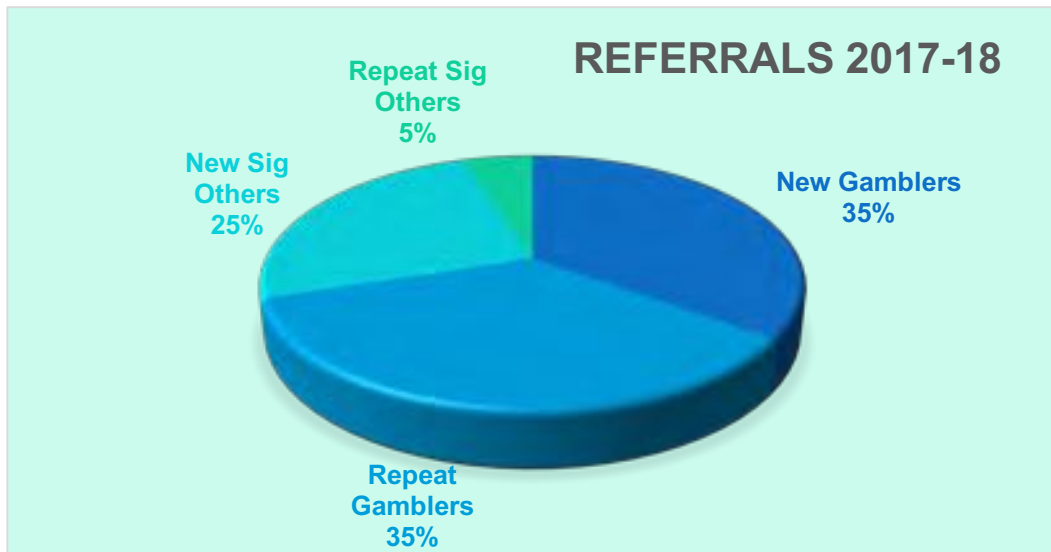
There were 215 drug aware referrals between the 1st April 2017 and 31st March 2018.

DARS - Types of drugs used

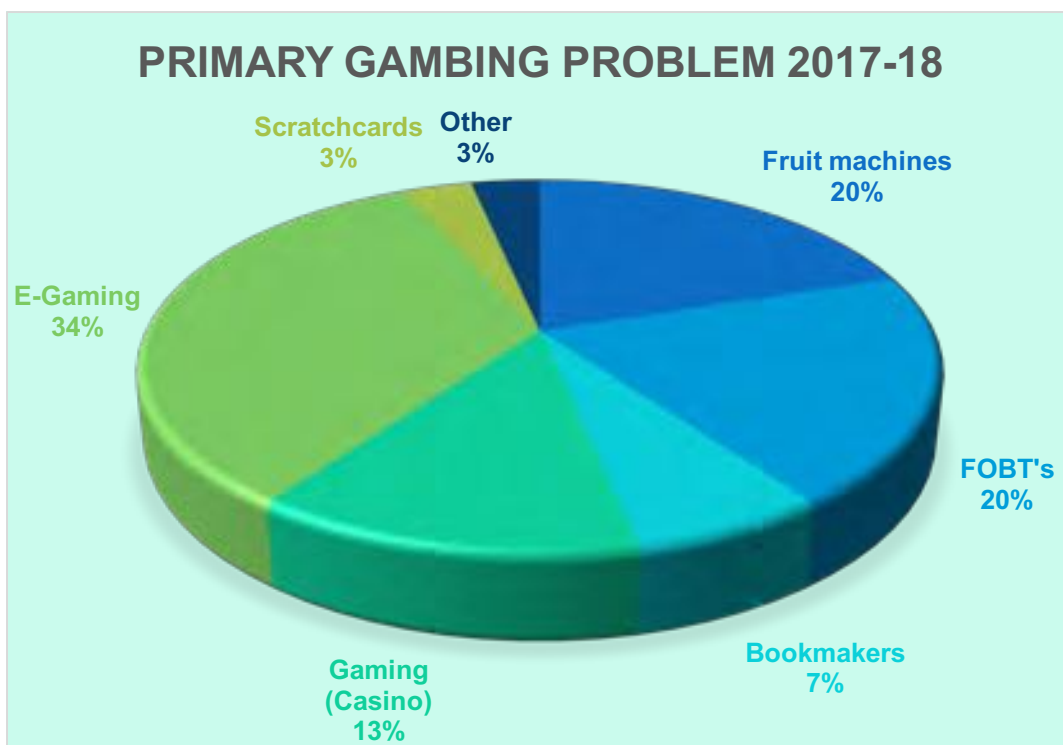
1st April 2017 - 31st March 2018



GamCare Isle of Man – Data 2017-18



Referrals		
New Gamblers	23	35
Repeat Gamblers	12	
New Sig Others	8	10
Repeat Sig Others	2	
Total	45	





Understanding Alcohol and Substance Misuse in Older People on the Isle of Man: A Scoping Study



Authors: Kay Mylchreest & Thea Ozenturk
Special Report by Professor Robin Davidson



LOTTERY FUNDED

Executive Summary

Motiv8 was awarded a grant from The Manx Lottery Trust (as a delegated partner of Big Lottery Fund) under their 2015 Community Awards Thematic Funding Programme for projects to address the needs of older people in the Isle of Man. Part of the grant was used to fund an awareness raising conference, which led to this scoping study into alcohol and substance misuse in older people living on the Island. There is growing evidence that we may be facing an epidemic of alcohol-related harm among older people.

At present, according to the census data of 2016, over 65's make up 21% of our resident population. Since 1996, those aged 95 and over has increased by 188%! *JSNA (2014)*

Isle of Man Government

This Scoping Study focused on 6 key areas:

1. The scope and extent of the issues
2. The types of substances that are causing harm, including legal, illegal, prescribed and over-the counter medication
3. The harm older people may be experiencing
4. The barriers that stop older people from accessing services
5. What types of services professionals feel would benefit this group?
6. What training and resources would enable professionals to work more effectively with this group

Data was collated using interviews, focus groups and a survey. The data was then subset to a systematic qualitative, thematic analysis from which a number of themes emerged.

The Scope and Extent of the Issues

The Isle of Man... a heavy drinking culture?

- Heavy drinking is a normalised activity in Manx culture
- The older generation are less likely to ask for help with substance problems because of a sense of pride and fear of exposure leaves older people at greater risk
- 8% of the adults on the Island meet the definition of binge drinkers, around 13,500 adults (1 in 5 of the adult population), are drinking at increasing and high-risk levels
- There are reports that older people were continuing to drink in pubs. There is also a correlation with smoking in this age group
- It is common practice to be prescribed certain prescription drugs which were potentially as addictive and physically damaging



Patterns of alcohol/drug use

- The IOM Social Attitudes Survey 2016 found that the group most likely to be at increased risk from alcohol were the 55 to 64-year-old males, at 43%
- Twice as much alcohol is now bought from shops than three decades ago (ONS, 2016)
- The Director of Public Health’s Annual Report 2017 reported that 4000 Manx residents are estimated to have used drugs (excluding prescription medication) in the last year
- Concern was expressed about the physical and mental wellbeing of older opiate users
- Cannabis use is “normal” in certain sections of Manx society
- Prescription drugs were reported to be widely used/prescribed
- Over the Counter (OTC) and internet New Psychoactive Substances (NPS) are emerging as a concern

Hospital Data

Many of the interviewees bemoaned the lack of research in all groups and fields of health, with one professional noting, “A & E data lacked statistical rigor.” Fortunately, it appears that there is some data that is being routinely collected – this is **ALL AGE GROUPS**. A recent Freedom of Information Request in October 2017 asked the following:

1. Can you please advise how many people were admitted to Nobles Hospital for drug abuse in the last 3 years?

The table below shows admissions for *intentional* drug poisoning.

Financial Year	Count
2014/15	186
2015/16	176
2016/17	134
2017/18*	86

*please note this is a part-year figure

2. What drugs were they, as (1) above?

The list of drugs is vast and complex, and possibly not what people would normally assume would be used as an intentional drug poisoning. For example, several categories include types of anti-epileptic drugs and drugs used in the treatment of cardio-vascular disorders – all of which could be prescribed. Illicit substances also feature, such as cannabis and cocaine. Caution should be used when interpreting this data as it does not include non-intentional overdoses and only codes for the ‘primary diagnosis’ which excludes other drugs and alcohol.

3. How many people were admitted to Nobles Hospital for alcohol abuse in the last 3 years?

The table below provides the number of patients (not private patients) admitted to Nobles Hospital with a diagnosis of any of the following: **Acute Intoxication/Alcoholic Liver Disease/Alcoholic Polyneuropathy/Degeneration of Nervous System due to Alcohol/Alcoholic Gastritis**.

Financial Year	Count
2014/15	1175
2015/16	1058
2016/17	1333
2017/18*	990

*please note this is a part-year figure

Again, these figures need to be interpreted cautiously as they do not include other alcohol-related admissions that are not part of ICD-10 coding, such as: alcohol-related accidents e.g. falls/broken bones, head injuries, assault. The World Health Organisation states that “the harmful use of alcohol is a casual factor in more than 200 disease and injury conditions.” And, “overall, 5.1% of the global burden of disease and injury is attributable to alcohol...” (WHO (2018) www.who.int/mediacentre/factsheets/fs349/en)

Service Access

- Older clients that drank heavily are reportedly difficult to engage
- Older people tend to drink at home and are less visible to health and social care services and police
- Lack of access to services, eligibility criteria, waiting lists and adherence to strict referral criteria acted as a barrier to the older generation accessing services

Impact of drug misuse in the elderly

- Premature ageing through the impact of substances
- Poor nutrition and frequent falls are a feature with older clients. There is evidence that this can lead to prolonged episodes in hospital
- The IOM Director of Public Health Annual Report 2017 noted that there were **343** emergency hospital admissions for falls for the over 65's
- Korsakoff's syndrome, alcoholic dementias and forms of ARBD, (Alcohol Related Brain Damage) are frequently cited as under-diagnosed and misdiagnosed as Alzheimer's



Accommodation

- A cohort of older drinkers live in substandard single-room accommodation
- The psychological impact of living in substandard accommodation is a risk factor for poorer mental health and can lead to persistence of substance misuse
- Social inequality and substance misuse led to the **alcohol harm paradox** (lower socio-economic groups consume less alcohol than higher groups, but experience greater alcohol-related harm)
- The Island's lack of homeless legislation and accommodation such as a wet house is recognised as a major barrier



Screening and Detection

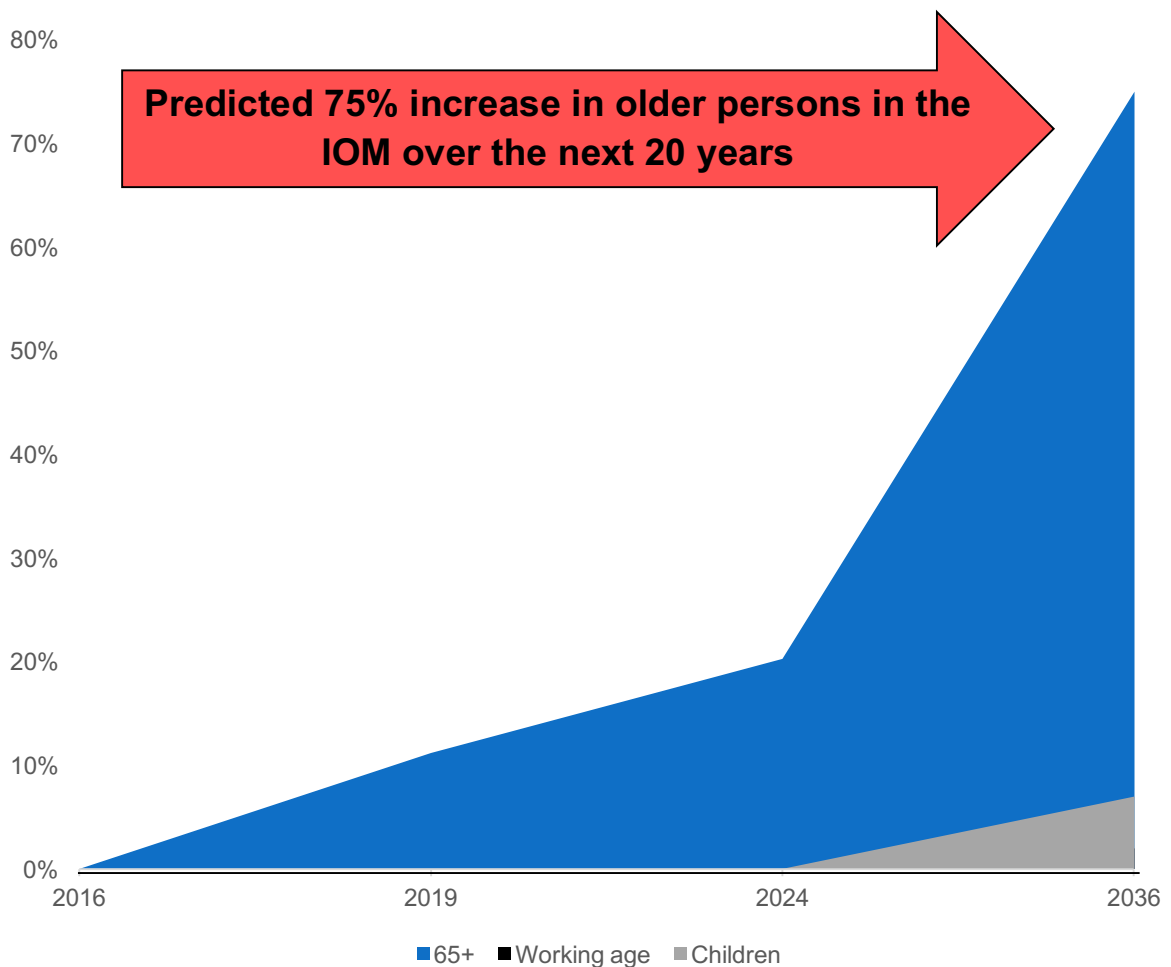
- Late detection due to lack of visibility is a factor of older drinker's care
- This is cited as a reason for a 'significant level of unplanned detoxes'
- Missed opportunities for diagnoses

Solutions for Screening and Detection

- Brief opportunistic interventions (BI's) tailored for elderly drinkers in primary health care settings; screening and BI's could be included in non-obvious health care settings
- The introduction of screening tools, validated on elderly populations, in hospitals and other primary healthcare settings
- Clear advice on diagnostic criteria for detection of ARBD

Population and Demographic Trends – Future Demand

“Over the next 20 years, the number of older persons in the IOM is projected to increase by 75%, compared to a 2% increase of those of working age and a 7% rise in the number of children. This represents a seismic shift in the population.”

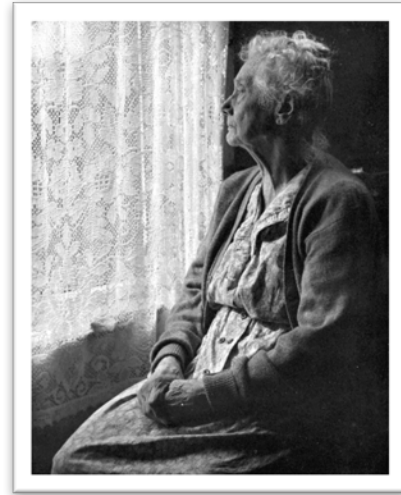


“The 65+ population in the Isle of Man will increase by 11.2% and 20.3% by 2019 and 2024 respectively. This is higher than United Kingdom projections. The proportion of the population aged 85 years and over, projected to increase until at least 2026, is again higher in the Isle of Man than in the UK. Unfortunately, there is a gap in data preventing identification of life expectancy in the Isle of Man. It is also recognised that the fastest growing sector of the population is the 85 + age group.” (DHSC, *Adult Social Care 2016*)

Manx at Risk Group Some population groups as they age were felt to be more vulnerable, highlighting potential at risk groups, concerns and indicators of demand.



Ex service personnel



Families who came to work and settle are finding their children are leaving the Island, leaving them ageing and possibly



Older drinkers living in substandard accommodation

Identified Concerns

A fear that older people's services may not be seen as a priority (over children services)

A shift in drugs of choice - more people who are on heroin replacement, people using cannabis and other addictions rather than smoking and alcohol

Physiological changes associated with ageing means that older people can experience harm even at low levels of drug use

Drugs prematurely age people, damaging health and wellbeing

Cannabis ages users at an exponential rate

Long-term effects of smoking cannabis on the cardiovascular system

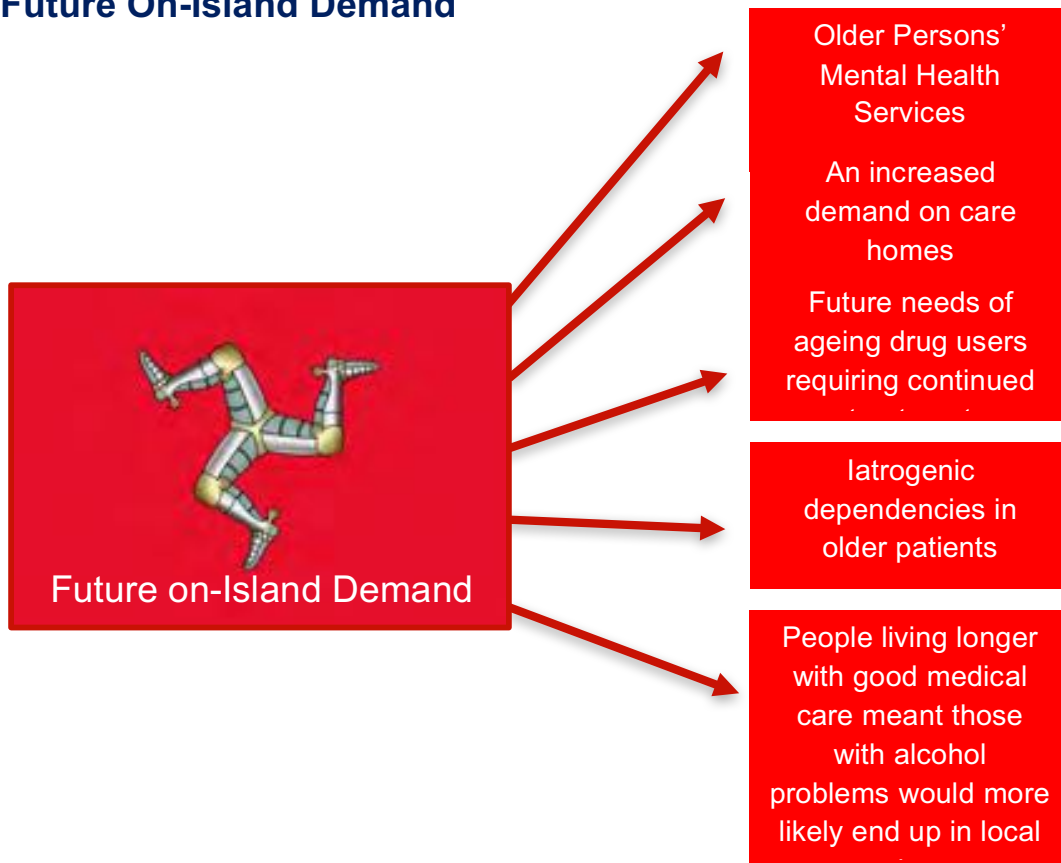
Injecting related vein damage that can lead to riskier injecting

Drug use leading to brain changes across the lifespan

Dependent cocaine users "exhibit an increased number of age-related white matter (brain) lesions"

Addiction to medication, both prescription and over-the-counter was a hidden issue. The way in which future older generations procure drugs may also change (the Dark-Web)

Future On-Island Demand



Morbidity/Mortality

- Living longer doesn't necessarily equate to living healthier and improvements in morbidity
- There is no local available data on ALL alcohol-related deaths
- The IOM's Health Minister revealed in May 2017 that drug-related deaths are higher here than in England. Mrs Beecroft confirmed that 14 out of the 23 deaths between 2013 to 2015 were related to opioids. **"The other main area of concern was the number of deaths relating to prescription drugs"**
- Mortality rate for liver disease on the Isle of Man that is considered preventable (i.e. through alcohol, obesity or viral hepatitis) is similar to the England average 12.6 per 100,000 in the under 75's

The Third Sector

- There are some indications that third sector opinion is that their operations have been, in part, undermined by the competitive tendering processes
- Lack of understanding that "lower level" interventions from the third sector stop the revolving door problems and potentially stop issues from escalating to crises point



Types of Substances

- Alcohol was the most misused drug by older people. Some services reported an increase in alcohol related referrals
- Misuse and multiple use of prescription medication
- Potential for unintentional prescription abuse and overdose
- The misuse of pain relief in some older clients and its interaction with psychotropic drugs

Illicit drugs

Cannabis

- Drug users from the sixties era are now elderly baby boomers for whom Cannabis use is 'normal'. *Long-term cannabis toxicity* deficits in people with a long history of heavy use is enhanced in the elderly
- Long-term use over years produces memory and attention dysfunction, as well as amotivational syndrome
- Preference of illegal drugs over prescriptions in terms of managing a health condition

Heroin

- Those with long histories of drug dependency are more likely to be in poor health and to engage in dangerous injecting behaviour, and are at greater risk of dying from overdose
- Studies have shown some deterioration of the brain's white matter due to heroin use

OTC – Over the Counter Medication

Hazardous for older people due to the complex interactions with ageing.

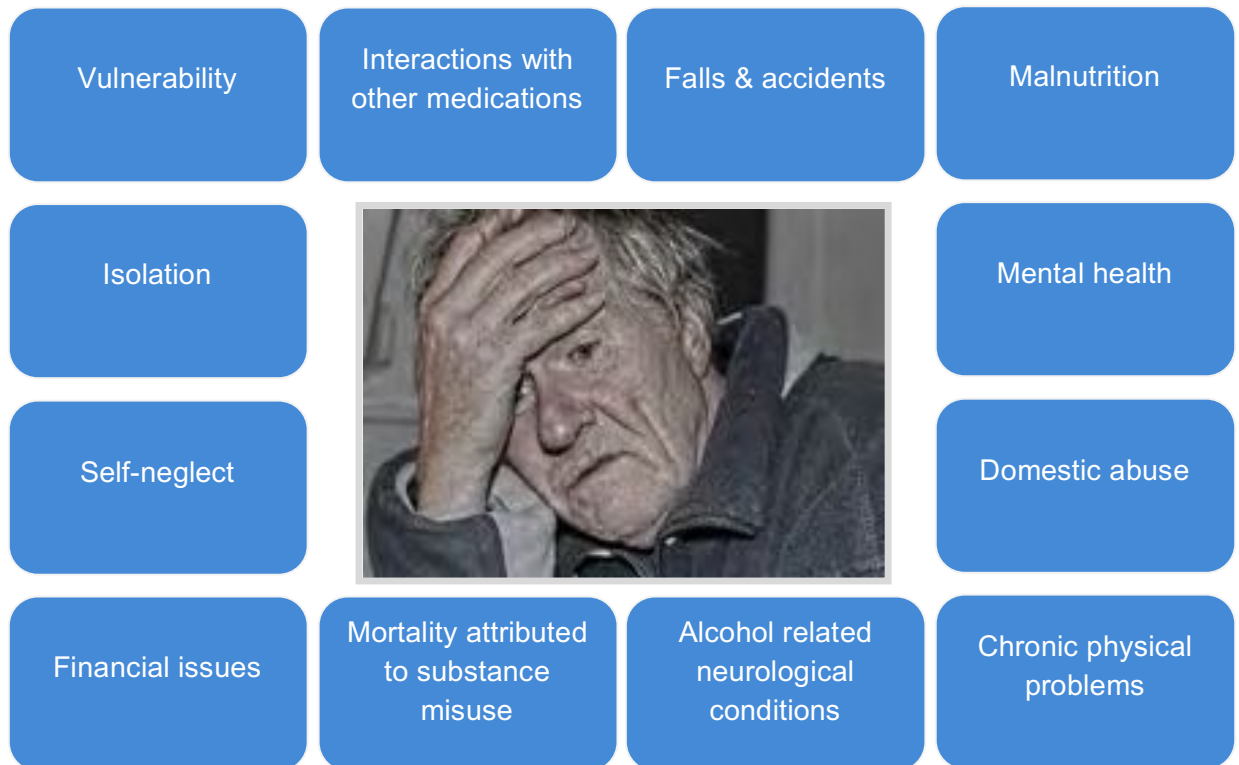
Prescribed drugs

Z-drugs, particularly Zopiclone, were noted to be one of the most used night sedatives.



The Harm Older People May Be Experiencing

There are numerous ways in which an individual can experience harm as a result of the use of substances:



Mental Health



The 2014 Isle of Man Government JSNA highlighted that 7% of referrals to mental health for anxiety were in the over 65's. Furthermore, for depression this was 16% in the over 65 age group.

Alcohol-related neurological conditions

Public Health England – the number of 60 to 74-year-olds treated as inpatients for **alcohol dependence** and alcohol withdrawal has almost doubled over the past decade.



Korsakoffs - An extrapolation of percentages to the over-18 adult population of the Island from the 2016 census data showed that somewhere between 345 (0.5%) and 1381 (2%) of adults **could** have changes to their brain as a consequence of alcohol misuse.

All of this points to a large cohort of older, heavy drinkers with neurological deficits remaining unidentified, undiagnosed and without evidence-based appropriate care.

Impact on crime



Typically, less than half of all arrests are noted as being alcohol related. However, in 55-64 and 65+ age groups the proportion is slightly higher than 50%. *(IOM Constabulary)*

Impact on Family

As an organisation that help support family members, Motiv8 knows how emotionally, mentally, financially and physically challenging it can be to either live with or try and help support someone with a substance issue.

In relation to older people, some participants noted in particular that there were 2 main aspects:

1. Family members may, in the end, remove themselves from a person/situation and therefore the substance using person may end up even more isolated and vulnerable.
2. Conversely, some family members may end up 'colluding' with the person by purchasing alcohol for them – this was even happening in care homes where staff had asked family members not to.



Grandparents who were left with the responsibility of caring for grandchildren sometimes found themselves embroiled in substance issues, leaving them vulnerable and potentially exploited.

Barriers to Change and Accessing Services

Stigma

- Living on a small Island led some to suggest that addiction is often hidden. As one drug and alcohol professional put it:

“The stigma associated with dependency in an older person is an important feature to consider”

- Embarrassment about seeking professional help.
- Families embarrassed for services to become involved with their substance-using relative.

- Difficulties in navigating services and a fear of authority, with some older people not being good at asserting their needs.

➤ "A fear of services and the outcome"



Professional ambivalence

Professional 'burn out' with chronic and revolving door clients. Also, a belief that older people should be 'left to it' and no point of trying to change them in their latter years.

Evidence based drug & alcohol policy

Political will and a lack of evidence-based alcohol policy was suggested by some as a local issue e.g. minimum pricing per unit.

Cost & accessibility

Low price of alcohol can lead to increased consumption for all age groups.

Lack of detection & signposting

Professionals were not being trained to pick up on the subtle signs of substance issues.

Austerity measures were affecting all manner of services.

➤ 'Gate keeping services', being "stripped back so far", with a suggestion that access was limited to the most acute cases therefore (they were) "missing out on early intervention opportunities"

Service design

- Service design was also a barrier, with services being more geared towards younger people.
- Also, the traditional ways of engaging with older people such as day centres were felt to be outdated.



Transport

Transport links and physical access for appointments is an issue.

Current service provision

- Only a fraction are presenting for help.
- Services were not adequately equipped and that having dedicated provision for older people might help to attract clients.

“The demographic shift doesn’t seem to be planned for in services. Accommodation and care seem to be the biggest problems.”

What Services, Training, Resources and Solutions Does the Island Need?

Community support mechanisms

- Inventive methods Community premises with a multipurpose remit
- Needs-based service provision
- Holistic approach and assertive outreach
- Older Persons’ outreach provision within Tier 2 addiction services
- A home visiting service
- An Older Persons’ Champion
- Age-appropriate social activities and groups that are needs driven
- To work more effectively together and share resources
- Preferred places for older people to socialise.



Recognitions of early signs

It was felt that people in their late 40's and 50's could be targeted more and that early preventative strategies were lacking.

Reducing stigma and increasing engagement

More public health messages around substance misuse that hopefully could reduce stigma and increase the likelihood of older people wanting to engage in services.

A basic education or understanding of substance misuse for all professionals who may come into contact with older substance misusers.

Workplace campaigns and the ageing workforce

There was a good example of OPMHS training about dementia awareness within the private sector. Similar models could be considered for substance misuse in later life.

Multi-agency retirement training

A lot of contributors queried how many companies did retirement training and if they did, were alcohol and drugs covered within that?

Future Demands

- Anticipate the demand for specialist beds for Korsakoff's/ARBD patients
- More recognition and support for private nursing homes who felt alone managing alcohol misusing residents
- Recognition of the large volume of mental health patients and the future implications of this



Recommendations

The following list of recommendations have been drawn out from the opinions expressed throughout this document. They have been raised with a view to them being used as discussion points amongst stakeholders or a working party group and not as a definitive or exhaustive list.

- The IOM could include drug 'mapping' of older drug users (the ACMD has established a working group to map the numbers of older drugs users in the UK and draw on UK and international evidence to establish the current and future needs of this cohort.)
- Charity regulator/Commission (UK model)
- Impact assessment on removing services for O.P. (eg. meals on wheels)
- Further supervision (of prescription medication) should be in place for older people who are known to have substance issues
- Perhaps GP surgeries could, with input from other agencies, formulate withdrawal/cutting downs plans with support to be put in place through practice nurses or similar before removal of drugs older people have been prescribed long term
- The RTLC consider introducing training for current and prospective taxi drivers on how to deal with moral dilemmas such as purchasing alcohol on behalf of the vulnerable and the elderly and dealing with older vulnerable adults/safeguarding.
- Campaign to remind older people taking medications to check with their doctor or pharmacist before getting behind the wheel (THINK! campaign UK – posters on the IOM govt site)
- Harm reduction work for change resistant older people (blue light project)
- More befriending style interventions which give rise to earlier detection/Training for befrienders
- Drug and alcohol and public health services increase professional and public understanding of the roles of services and increase assertive outreach approaches.
- Review of age-appropriateness of current services and pathways into support?
- Targeted public health campaigns for this population group e.g. Drink Wise, Age Well as an example of good practice
- Retirement planning programmes in the general population, preparing people for retirement and including substance education in this.
- Introduction of screening at A & E/Nobles
- Introduction of brief interventions at A & E/Nobles
- More intelligence gathering/systematic data collection needed, for example:

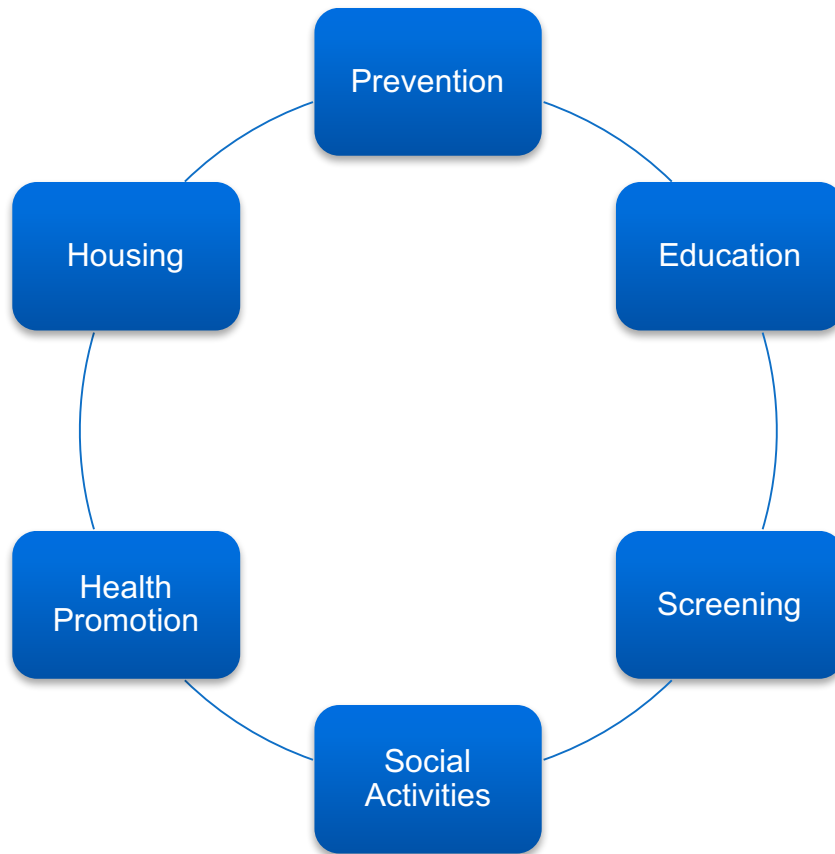
Recommendations continued..

- **Collection of alcohol and drug-related data at A & E department**
- **Review of alcohol/substance-related cases seen at OPMHS**
- **Review of alcohol/substance-related old person's admissions and outpatient's appointments at Nobles**
- **Review of alcohol/substance and mental health cases as admitted at Mannanan Court**
- **Review of drug and alcohol treatment services data to ensure relevance**

Conclusion

Whilst there is a growing body of research and evidence from the UK and further afield about older people and substance issues, it has been extremely interesting to gain a local perspective from professionals who work on various levels with this group. From the third sector, to criminal justice, mental health, care homes, substance misuse to those at more policy level, we feel we have been able to understand far more about how people are feeling about this issue both at a current and future level.

Whilst there is an acknowledgement that this is a somewhat hidden issue at times, it has become clear that workers are encountering this group and have very real and relevant concerns about them. This is reflected in their views on both how these individuals present and how complex their care can be to how the Island could perhaps be 'future proofing' this group through the likes of:



Certainly, there are obvious funding implications for some of the 'wish list' of services or activities that professionals would like to see and areas that improvement might be made. However, we feel that if a working party could be formulated to start looking at the areas that have been highlighted as possible recommendations then this would be a very positive start for the Island as a whole. If we are to avoid the consequences of ignoring this potential 'silver tsunami' then any action taken now would help professionals and services work together to address this often complex need.



ends



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