

A CRITIQUE

**MATERIAL PROPOSALS HAVE BEEN
MADE FOR SETTING UP**

**A DRUG & ALCOHOL
REHABILITATION CENTRE**

**TO BE BASED AT THE FORMER CRAFT &
AGRICULTURAL MUSEUM AT THE
VILLAGE**

OF

MINSTER - IN - THANET

**THESE PROPOSALS NECESSARILY BEG
FURTHER EXAMINATION IN THE
LIGHT OF CONCERNS NOW BEING
EXPRESSED BY MANY RESIDENTS OF
MINSTER**

MINSTER

Minster (population 3,400) is the largest village in the Isle of Thanet (population 132,000). However, Minster is **special and unique** in that it comprises a **Complete Local Community** fulfilled and energised by the dynamics of a population large enough to support a wide variety of shops and services including a Post Office, an excellent modern GP Health Centre, a General Stores, a butchers, a greengrocers, a bakery, a veterinary practice, a dental practice, three excellent restaurants and a coffee shop, three good English pubs, a pharmacy, an excellent Primary School, a Community Centre and library, a Village Hall, a thriving theatrical society, an art group, four hairdressing salons, craft workers, a repair and service garage, a saddler and there are numerous trades and professional people offering their skills. There are two busy estate agents, an excellent sports and recreation ground with pavilion well supported by the various sports teams. There are successful farms. There is a main line station in walking distance and a good bus service. Serving religious needs there are two churches and the Abbey and when the time comes, inevitably, for Parishioners to depart this mortal coil, there is the comfort and service of Minster's own family run firm of undertakers.

This overview is far from comprehensive but bears witness to Minster being the bedrock of a thriving, complete and confident community.

COMMUNAL AWARENESS IN MINSTER

Minster is unusual in so far as there is no through road to anywhere else and **the individuals who together constitute this community mostly know each other**, if not by name, then by familiarity through seeing each other in the shops, seeing each other when taking their children to and from school, meeting at the recreation ground, meeting in the Gossip Shop Café, meeting in the pubs and restaurants, passing in the street gathering in church and in hundreds of other local interactions.

What one may ask, has all this to do with the proposals for a Drug & Alcohol Rehab Centre?

Well, there is now in Minster a significant groundswell of discomfort, even anger, engendered in part with respect to the perceived manner of closure of Minster's favoured and popular Agricultural & Craft Museum, and in part with respect to the proposals for a Drug and Rehabilitation Centre, and the perceived manner in which such proposals may have arisen.

Let us address some background considerations:

IT IS OF CONCERN -

That of illicit drug takers who have injected One in sixty two is HIV positive - (2006 Health Protection Agency Vol 16 No 11). Fifty to ninety percent have Hepatitis C infection - ('The Dialogue' Summer 2003 Director Dr T Durham). Hepatitis C infection '..in many areas exceeds 80% ...' - (NIDA Community Drug Alert Bulletin May 2000).

That of illicit drug takers who have not injected 17% are positive for Hepatitis C - (NIM/Nat Inst on Drug Abuse May 9 2001).

That in both addiction groups a substantial portion have achieved a criminal record in relation to sustaining their habit and significant numbers, up to 90% (according to Dr Jack Cunningham BBC News 25.5.99) go on to re-offend.

Notwithstanding the efforts of others, many addicts relapse, witness the late George Best and the sad letter from Juliann Glead per Minster Matters July 2007.

However, whatever individual views might be held / expressed as to the adequacy or inadequacy of such persons in the first instance, no one would wish other than they would rebuild their lives and if necessary with some professional help.

IT IS OF CONCERN -

That the Proposal to Locate a Drugs and Rehabilitation Centre in Minster, can be sensibly held by those who are aware and sapient, as both naïve and ill considered.

The Minster population is special, Minster people in general are aware of each other. If not knowing each other personally, then knowing each other by sight and passing familiarity. Most Minster inhabitants can recognise other Minster inhabitants.

The putative Attenders at the proposed Centre, by virtue of the stigma and associated connotations with which they have inevitably already burdened themselves, consequentially and inevitably are perceived as unwelcome intruders in the Village. **Furthermore such individuals will be apparent and recognisable as outsiders and social intruders to most Minster inhabitants.**

Putting it quite simply, Minster inhabitants in general do not want to be subjected, quite involuntarily, to this proposed intrusion into their community with the attendant risks of consequential disturbance and undesired effects.

LOCATION OF SUCH A REHABILITATION CENTRE

It can be said that given the benefit of informed consideration, then by clarity of reason, it follows that the **preferred location for a Drugs and Rehabilitation Centre would be at a site located reasonably proximate to those population 'clusters' of addicts.**

However, given that there may be a preference to preserve the anonymity of Client Addicts, then it is arguable that location of such a centre might be either at a remote location well away from any close knit and self-identifying sensitive population, or at an anonymous location such as is to be readily found in many bustling non-residential urban centres.

Either way, Rehabilitation Attenders could with benefit to themselves, come and go anonymously and not be at risk of personal exposure to expression of local hostility.

ISSUES AS TO TRANSPORTING PUTATIVE ATTENDERS TO & FROM A CENTRE AT MINSTER

Such a service if located at Minster would necessarily be expensive. Attenders will be unlikely to all reside conveniently at one address. There would be need to closely scrutinise funding - who is going to pay for this exercise and the transporting of clients? Presumably the local voting tax payers, but why?

SUPERVISION & QUALIFICATIONS OF SUPERVISORS

What Authority is going to supervise and accredit those who put themselves forward to service such a centre? What transparent and verifiable checks will there be with respect to the alleged 'cleanness' of clients. What qualified supervision will there be with respect to procedures and programmes, what authority will be responsible for procedural supervising and of much local importance, at what cost to the Minster Community?

MONEY will have to come from somewhere. There will need to be critical regard as to beneficial and non-beneficial 'interests'. Why should such money come from the pockets of local rate payers?

EXISTING FACILITIES

The Proposers, perhaps for reasons better known to themselves, appear to be silent about this.

THE FACT IS THAT THERE ARE NUMEROUS CENTRES, READILY AVAILABLE PROPERLY SUPERVISED AND STAFFED BY DEDICATED PROFESSIONALS

Kent County Council - Strategy 2002/3 identified -

That the Isle of Thanet population is around 132,000. In this population less than 50 known drug abusers were identified in Margate, less than 50 in Ramsgate and less than 15 in Broadstairs and **none in Minster**. There were significant figures however for Canterbury, the Medway area and Maidstone with a total of some 2,471 drug takers having been identified for the County of Kent, however **there are now at least 27 Centres offering treatment in Kent** - (South East Drug Action Team Data Profile 2006).

There are excellent existing facilities for instance at the PROMIS Clinic at Pinner Hill, Nonnington where there are available Consultant Psychiatrists and trained Therapists and where individual treatment strategies, introductions to creative art and poetry etc can be provided on an Outcare and Incare basis.

There is the discrete Kenward Trust at Yalding with similar facilities and caring, also run by experienced and well qualified staff, offering horticultural training, counselling & rehabilitation.

The NHS provides Alcohol & Addiction Services at: **Ashford, Canterbury, Faversham, Folkestone, Hythe, Margate, Littlebourne, Ramsgate, Tonbridge and Walmer**. Individual and group help is available and there is a 13 week program available to non-residents.

It is not the intention here to make a comprehensive list of the various alternative Centres, such information is readily available via the Local Authority listings and the world wide web. Rather it is intended to point out that there is already a sufficiency of proper facilities and with the necessary expertise as has been identified by the KCC Strategy 2006 at some 27 centres.

IT FOLLOWS AS BOTH REASONABLE AND SENSIBLE TO HOLD THAT:

Those who are the self declared architects of this material proposal, not-with-standing their no doubt well intentioned, although with respect, self-evidently naïve frames of reference, would do well to recognise and acknowledge a responsibility to the COMMUNITY OF MINSTER, towards which community they might with advantage better focus their perceived duty and service.

Sad to say, the material proposals for a Drugs & Rehabilitation Centre at Minster appear as self-evidently misplaced, ill conceived and so far have served only to engender much local unrest.

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