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Arrest referral: emerging findings from the national monitoring and evaluation programme

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BRIEFING

This briefing summarises the emerging evidence from the national arrest referral monitoring and evaluation programme across England and Wales. Arrest referral schemes are partnership initiatives between the police, local drug services and Drug Action Teams (DATs)/Drug and Alcohol Action Teams (DAATs) that use the point of arrest within custody suites as an opportunity for independent drug workers to engage with problem drug-using offenders, and help them access treatment.

The effectiveness measures sought by arrest referral schemes include determining whether:

- Arrest referral schemes are successful in targeting the key group of problem drug-using offenders and ensuring their entry into specialist drug treatment services and
- Whether engagement with specialist drug treatment facilitates reductions in the levels of crime (through self-reported offending and in police arrest figures).

THE STUDY AT A GLANCE

The Home Office established a three-year programme of research to monitor and evaluate the arrest referral initiative. This commenced in 2000 and is due to be completed in Spring 2003. There are two main elements to the research programme:

- A national monitoring system collecting basic epidemiological information on the numbers, characteristics and referral outcomes of problem drug-using offenders screened by arrest referral workers and
- A programme of area-based research and evaluation studies to provide an assessment of the behavioural outcomes of arrest referral and how these can be maximised.



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KEY FINDINGS

REACHING THE TARGET POPULATION

- Arrest referral schemes have been effective in targeting prolific problem drug-using offenders – opiate and crack users; injectors and prolific shoplifters. It is estimated that those screened by an arrest referral worker spend around £550 million per year on illicit drugs (or around £11,000 per year for an individual).
- Over half of all problem drug-using offenders screened have never had a previous treatment episode.
- 48,810 individuals were screened between October 2000 and September 2001 in England and Wales, of whom over half were voluntarily referred to a specialist drug treatment service. Of those referred, a quarter made a demand for treatment (or 5,520 individuals).
- Problem drug-using offenders who were referred by an arrest referral scheme were significantly more likely to drop-out of treatment once engaged compared to self or GP referred drug users.

OUTCOMES

- Evidence suggests that the level of police re-arrest rates significantly declined six months after contact with an arrest referral worker compared to the six months before contact. Two thirds (67 per cent) were arrested less often following referral than before.
- Self-reported follow-up interviews also identified substantial and statistically significant reductions in offending. In one study, shoplifting declined by more than 50 per cent, with a two-thirds drop in reports of burglary, fraud and street robbery.
- There were statistically significant reductions in self-reported drug use (for example in the proportions using heroin and/or crack cocaine) including reductions in the average amounts spent on drug use and in levels of injecting at six-month follow up.
- Significant improvements were also reported in secondary indicators such as physical and psychological health.
- Treatment retention has been identified as an important predictor of a successful outcome. It is likely that there is a combined effect of initial contact with an arrest referral worker, impact of community or custodial sentencing and treatment engagement that contributes towards a successful outcome.
- Self-reported drug use was validated by biological assay screening (saliva sampling) and the concordance was high, suggesting that problem drug-using offenders provide accurate information on their drug-using habits.

PRELIMINARY ECONOMIC ANALYSIS

- Although a full economic analysis was not possible at this time, preliminary analyses suggest that the economic and social benefits of the arrest referral initiative are around £4.4 billion over an eight year period.
- The ratio of economic and social benefits to cost is in the region of 7:1 (and will increase over time as treatment is sustained).

Four key groups of problem drug-using offenders were identified that did not engage with specialist drug treatment services following referral:

- Black and Asian problem drug-using offenders.
- Older (aged 31 years and over) heroin and crack users with extensive prison and treatment histories. Qualitative evidence suggests that previous experiences of drug services (long waiting times and/or lack of appropriate treatment facilities) may be an important factor mitigating treatment uptake.
- Young, male crack-using street robbers (also committing burglaries and car crime).
- Female crack-using sex workers were identified as a group that may benefit from treatment, but often do not get referred.

In order to maximise outcomes the research suggests that effective local responses should be developed to minimise non-engagement with arrest referral schemes. Such responses need to include:

- Ensuring that arrest referral remains independent from routine police procedures.
- Consolidating the introduction of schemes by police custody staff.
- Arrest referral schemes should continue to develop local proactive approaches to contacting problem drug-using offenders (including use of 'cell-sweep' or 'cold-contacting').

In additional, the research recommends additional operational enhancements:

Targeting

- Guidelines should be developed to engage problem drug-using offenders who fail to attend or drop-out of treatment. The National Treatment Agency (NTA) in England, DATs/DAATs, arrest referral schemes and drug treatment services should develop strategies aimed at engaging specifically the four types of problem drug-using offender identified in this report.

Extension to Magistrates Courts

- Arrest referral should be extended, where locally appropriate, to magistrates' courts. Locally defined protocols are required to facilitate working in this environment.

Juveniles

- It is recommended that assessments should be made with juveniles and referral to Youth Offending Teams, where appropriate. Detailed guidance (to be developed by the Home Office, Youth Justice Board, Department of Health and the NTA) is required to examine the practicalities of working with juveniles within this setting.

Alcohol

- A number of schemes already provide a brief intervention with primary users of alcohol. Further feasibility and research is recommended to determine the efficacy of providing alcohol interventions in a custody suite environment.

Casework and facilitated placement

- Nearly two-thirds of arrest referral workers already hold a caseload (where an arrest referral worker maintains contact with a problem drug-using offender as opposed to acting as an information service). Research suggests that this model has benefits in maintaining the motivation of a problem drug-using offender to change and facilitate treatment demand.
- DATs/DAATs and other key stakeholders should consider the potential for arrest referral workers to develop 'facilitated placement methods' to ensure that problem drug-using offenders make a demand for treatment.

- In line with national good practice, arrest referral workers should be encouraged, where appropriate, to develop integrated care pathways at assessment that will facilitate treatment demand (and reduce assessment tiers). In England, these pathways should be consistent with the Department of Health's Model of Care approach.

Involvement at a strategic level and partnership working

- Arrest referral should be considered as part of the overall delivery of local drug service provision. In England it should be considered as an integral part of the Models of Care framework for the commissioning and provision of specialist drug treatment services. From July 2002, Models of Care will have the same status as a national service framework for drug treatment.
- Arrest referral workers need to have knowledge of all available local treatment options including waiting times and be able to contribute to the planning and delivery of drug treatment services. Workers should be represented on DAT/DAAT treatment planning forums and be invited to attend the NTA's proposed 'Action on Waiting Group' forums.

Aftercare

- Some problem drug-using offenders fail to engage with community-based treatment because they are retained in the criminal justice system. A number of arrest referral schemes have used this knowledge to develop appropriate links – for example with probation services when a Drug Treatment and Testing Order (DTTO) is considered and with providers of treatment services for prisoners. To ensure that the substance misuse needs identified at arrest continue to be addressed elsewhere in the criminal justice system, DATs/DAATs should continue to engage with relevant stakeholders to identify how this needs to be progressed.

Harm reduction

- Arrest referral is an ideal opportunity to provide a brief intervention within the custody suite and use the assessment process as an opportunity to deliver a public health harm reduction message to all drug users (regardless of referral). In particular, arrest referral schemes should, in partnership with local treatment agencies, be encouraged to provide proactive interventions to reduce drug-related deaths, particularly in reducing drug overdoses.

Accredited Training

- Arrest referral workers should be considered as drug workers who operate a peripatetic model of care within a criminal justice environment. The proposed National Occupational Standards for Drugs and Alcohol (DANOS) are an ideal opportunity to develop practitioner competency. There is a need for the National Treatment Agency and the Home Office to examine the ways in which the qualifications of arrest referral workers can be maintained and where necessary, improved. This should include standards around working with a more diverse range of problem drug-using offender (including crack users and black and other ethnic minorities).
- Police custody staff should also be provided with routine training on drug awareness issues (including key harm reduction messages).

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