

## **8.10 Arrest referral tackles drug-driven crime**

**Findings** British arrest referral schemes are making a substantial contribution to engaging drug-driven criminals in treatment and contributing to reductions in drug use and crime. The findings come from an [interim report](#) of the first national evaluation.

In its first year (October 2000 to September 2001) a monitoring system for England and Wales recorded 48,810 detainees who agreed to be screened by the schemes. Half were referred to drug treatment; most notable among those not referred were female prostitutes using crack. Another 12% were already in treatment. A fifth were taken on as a case by the worker or referred to services such as prison CARAT teams. Very few (1% or 2%) were referred to vocational, housing or social services. At least 22% of those referred to treatment (5520 individuals) attended, but not necessarily as a result of the referral.

Screened detainees generally used heroin and/or crack and typically spent £90 a week on drugs. Among treatment attenders the typical spend was £160, mainly derived from prolific shoplifting. 4 in 10 had never before been in treatment. Far fewer black or Asian than white detainees followed through on the referral (respectively, 10%, 13% and 23%). Also disproportionately missing were older non-injecting crack and heroin users and young male street robbers using crack.

Substudies attempted to assess outcomes. In London 71% of a sample of contacts were interviewed six months later. The proportions using heroin or crack had halved and average use days had been cut from nearly 20 a month to four. Virtually none were now committing burglary, fraud or street robbery and the proportion shoplifting had fallen from 53% to 23%. Contacts referred to treatment in Manchester were arrested a third less often in the six months after referral than before.

**In context** Perhaps 8500 detainees a year now enter treatment after arrest referral. Since many are imprisoned, among those who can attend the attendance rate after referral is probably about a third. Attenders consist disproportionately of the high-crime offenders from whom treatment reaps the greatest social cost savings. However, the scope for higher throughput is indicated by the fact that perhaps 180,000 problem drug users are arrested each year and that each worker on average screens less than one person every working day. As many more may be contacted but refuse screening. A study of all London schemes confirmed the national picture and also found that workers were contacting a higher proportion of black and crack users than treatment services but that these were also the ones least likely to attend treatment after referral.

Across relevant studies, methodological gaps (primarily the absence of comparison groups) mean the evidence for crime and drug use reductions is weak but sufficiently consistent to suggest a real effect.

**Practice implications** The report suggested many improvements. Only a few can be mentioned here. Stressing confidentiality should increase the contact rate among people worried about becoming known to the police as a drug user, particularly important for black and Asian users. Most referral contacts are made unsolicited by the worker, suggesting the need to be in the custody suite during peak times. Since most detainees have never before been assessed, comprehensive assessment including issues such as alcohol and housing should be the norm. Passing the results on to other agencies (including criminal justice) will help ensure needs are addressed. A motivational interviewing approach should maximise behaviour change and treatment uptake. Making intake appointments at the time and if necessary following them up will promote attendance. Lack of rapidly accessible services and of services for crack users are major obstacles, the latter disproportionately affecting black detainees. Especially as a safety net for contacts who do not enter treatment, assessment should incorporate a brief harm reduction intervention. Delivering this package requires time, high levels of skills and knowledge, and good links with local services. However, staff turnover is high and arrest referral is often seen as a low status post. Career development is an important infrastructure issue.

**Featured studies** Sondhi A. *et al.* [Arrest referral: emerging findings from the national monitoring and evaluation programme](#). Home Office, 2002. Copies: download from [www.drugs.gov.uk](http://www.drugs.gov.uk).

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