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## Testing children pointless but arrest referral offers early intervention opportunities

In 2007 a [three-pronged report](#) assessed an extension to drug testing to under 18s charged with 'trigger' offences, as well as arrest referral and drug treatment and testing orders for the same age group.<sup>1</sup>

Across the five pilot sites, so few treatment and testing orders were imposed (just 11 in a year) that it was impossible to make any recommendations about their continuance.

Testing on charge along similar lines to the adult programme netted about 100 children a month but only 5% of tests were positive for opiates or cocaine and these children were often already known to services. Comparison with non-pilot sites revealed no evidence that testing curbed the youngsters' substance use. With the unit cost of a positive test ranging up to over £2000, one worker saw the process as a "very intense way of trying to throw money at an issue with very little result" while the evaluators found "insufficient evidence ... to support wider rollout".

These verdicts might have been mitigated if, regardless of the test result, the testing process had brought more services to the aid of children who, if not using cocaine and heroin, were using other substances. However, very few – [perhaps](#) 3%<sup>2</sup> – accepted and acted on a referral to an arrest referral worker.

There were also serious procedural irregularities. Though mandatory, appropriate adults were recorded as present at only three-quarters of tests and just 11% involving 17-year-olds. Home Office checks elicited the questionable explanation that most such incidents were due to data entry error.

Of the three initiatives evaluated, the voluntary arrest referral scheme was the only one the evaluators could recommend for wider implementation. At the five sites, over 11 months 2327 youngsters were contacted by arrest referral workers, mainly on the 'proactive' model of being called in by the police or through cell sweeps by the workers. Possibly due to methodological limitations, the study found few concrete improvements in the children's lives or support structures compared to non-pilot sites, but the pilots did function well at bringing services to the attention of children not previously in touch with them. The vast majority were not substance misuse services but addressed the other issues the youngsters faced like accommodation and education (just 37% were in full time education).

If judged as a juvenile parallel to the adult schemes' attempts to intercept drug driven offending, arrest referral for under-18s would have to be considered a failure. But as a holistic, child-centred early intervention mechanism, it had considerable potential benefits and apart from cost (easily covered by very small crime reductions) no down sides.

1 **FEATURED STUDY** Matrix Research and Consultancy and Institute for Criminal Policy Research, Kings College. [Evaluation of Drug Interventions Programme pilots for children and young people: arrest referral, drug testing and Drug Treatment and Testing Requirements](#). Home Office, 2007.

2 7% accepted but "the number of referrals identified by arrest referral as originating with the drug testing process (n= 69) is lower than the number of young people who accepted an offer of arrest referral during the drug testing process (n= 143)".

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