

Arrest Referral Schemes: first port of call for drug users in the criminal justice process

George Mair describes the realities of putting the new arrest referral schemes into practice.

Arrest referral schemes are a major new initiative in criminal justice approaches to dealing with offenders who are problem drug users. They represent a first step in what is planned as a seamless web encompassing community sentences (e.g. drug treatment and testing orders) and custody (CARAT schemes and drug treatment in prison). The idea is not complicated: when a person is detained by the police and taken to a custody suite - and Bennett (2000) has shown that a high proportion of such individuals are drug users - he/she will be informed by the custody sergeant that there is a drugs worker present who is prepared to have a chat with the individual if he/she so wishes. If the person agrees, a brief meeting takes place between the drugs worker and the detained person where a fairly cursory assessment is carried out and - if necessary - an appointment is made for a fuller assessment with a treatment agency where the person may enter treatment or be referred on to another agency. This is very much a basic model and variations and additions are possible. For example, drugs workers may be based in the cell areas of magistrates' courts; or they may carry out a full assessment on the spot and refer direct to an outside agency.

Research (Edmunds *et al.* 1997; Edmunds *et al.* 1998; Edmunds *et al.* 1999) has indicated that a model such as that described above works in operational terms and in terms of getting people into

treatment - even though the numbers may be small. But such research has studied arrest referral schemes in single custody suites situated in fairly small, circumscribed localities where there are an adequate number of appropriate treatment agencies. Transferring such an approach to a wider geographical area could lead to problems. The theory is simple: those brought to a custody suite will be at a significant point in their lives and will therefore be more willing to discuss their drug problems (whether because they genuinely desire help, or because they see engaging with a treatment agency as a way of leading to a lesser sentence). Following this, they will be referred on to a suitable treatment agency where they will be helped with their drug problems which will, in turn, lead to a reduction in offending. The reality, however, is more complicated as the remainder of this article argues.

In the first place, arrest referral schemes do not tend to provide 24-hour coverage of custody suites. In some suites workers are only present for 8-9 hours of the day and not on weekends, so many - if not most - of those detained cannot be seen as part of the arrest referral process. Even when workers are present, some detainees are present in the custody suite for a short time (less than three hours) and this may make it difficult for a worker to find the time to see the individual. In addition, some detainees cannot be seen as a result of police decisions (they are resting, they are deemed to be serious offenders, they are said to have psychiatric problems, they are drunk). So coverage is only partial in the suites.

If arrest referral workers have access to court cells, then they may be able to see prisoners there before they appear in court, but again time is limited and it is busy. The similarities to bail information schemes (see Lloyd 1992; Mair and Lloyd 1996) are striking and the possibility of linking arrest referral to bail information work might be considered.

Some of those seen by arrest referral workers do not agree to an assessment. They may not wish to divulge their drug use, they may think that the worker cannot help them, they may distrust treatment services, etc. And even when they



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are subject to assessment, there may be various reasons why no further appointment is made for them: they may argue they have no problem, they may see themselves as heading for a custodial sentence, they may not agree to an appointment being made with an agency they do not like. Finally, some of those who do have an appointment made with a treatment agency do not turn up or fail to complete treatment. Lengthy waiting lists are off-putting to drug users who decide they wish to access treatment. If they cannot get an appointment quickly they may change their minds. So the attrition rate from the total of all those detained to those seen by arrest referral to those who attend and complete treatment is high, although as Edmunds and his colleagues (1998) have shown not many successful referrals are required to make a scheme cost-effective.

There may be ways of increasing take-up, e.g. having arrest referral workers carry a small caseload to 'keep them warm' while waiting to enter treatment, ensuring waiting lists are as small as possible and encouraging fast-track treatment for arrest referral clients, or using arrest referral workers to escort

meeting in a custody suite, or attendance over months at several treatment agencies) is vital. Without this, it is impossible to tell how many clients attend agencies, how many complete treatment, and how many drop out. Setting up such a monitoring system is difficult, however, as many treatment agencies do not recognise the need to feed information back and are concerned with confidentiality issues, and the practical problems of organising such a system are complex.

Arrest referral schemes can work; there are many such schemes now running across the country. The Home Office has commissioned evaluations of several schemes and expects to publish the results of these later this year. Funding has been made available for a third year of the arrest referral initiative starting from 1 April 2002. While there are certainly problems associated with arrest referral schemes, they do not seem insuperable. The evaluations should help to point ways forward for the initiative that will help it to be more effective in engaging with problem drug users as they enter the criminal justice process.

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clients to first appointments. But to utilise such approaches means working hard with treatment agencies, and resolving issues about which clients should be 'kept warm' and for how long? Indeed, it is possible that by keeping clients 'warm' gaps in service are masked.

Careful planning is required to implement an arrest referral scheme as the police regard custody suites as sacred territory and are suspicious of non-police personnel on their turf. The ability of arrest referral staff to quickly build up good relationships with the police, court security staff and treatment agencies is vital for a scheme to work effectively; joint training sessions can be a useful way of building trust. It is also important to try to target clients - those who are problem drug users, who are not in contact with a drug service and who are prolific offenders are a key group. But there are issues about targeting. What about young offenders - should arrest referral or members of the Youth Offending Team deal with them? Should they be a target because although they may not yet be heavy drug users they are likely to become so? What about those with alcohol problems - should they be included as part of the target group for arrest referral or is it confined to drugs?

Because arrest referral is a process that can include attendance at several treatment agencies, encompassing medical approaches as well as more welfare-based help such as accommodation, a data collection system that can track individuals through their arrest referral career (whether this be a single

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