

CHANGING TRACK

A STUDY INFORMING A JUVENILE ARREST REFERRAL PILOT IN THE NORTH INNER CITY

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Contents

Foreword	4
Introduction	6
Chapter 1 Context of North Inner City Juvenile Arrest Referral Research	6
Chapter 2 Arrest Referral Models and Case Studies	8
Chapter 3 North Inner City Pilot Juvenile Arrest Referral Scheme	18
Chapter 4 Recommendations and Conclusions	20
Bibliography	26

Foreword

This executive report represents an ambitious piece of work in developing a formalised pilot scheme and undertaking research on arrest referral. The resulting work is attempting to incorporate the learning outcomes of the research findings into the pilot scheme with a view to enhancing the development of the local operations.

The Steering Committee overseeing the project should be commended on their efforts to implement a pilot arrest referral scheme in the North Inner City Task Force Area. The co-operation in place between the Health Service Executive Northern Area, An Garda Síochána and the North Inner City Drugs Task Force, in operating this scheme is very welcome.

One of the measures most commonly applied across the European Union is to delay an initial custodial sentence by diverting young people to alternative programmes. This has led to the development of locally targeted early interventions young offenders. In Ireland's National Drugs Strategy this is partly represented in Action 19 –

'Incidences of early use of alcohol or drugs by young people coming to the Garda attention to be followed up by the Community Police and / or the health and social services, in order that problem drug misuse may be diagnosed / halted early on through appropriate early intervention'.

The concept of arrest referral is a simple one. Juvenile arrest referral is a scheme designed to encourage young drug using offenders to engage in an assessment process of referral, care and treatment, with the aim of reducing involvement in future drug use and associated criminal behaviour. The scheme, as an early intervention, has the potential to divert a young person away from more persistent criminal behaviour and the Criminal Justice System. It is completely of a voluntary nature and in no way interferes with the normal processing of the Criminal Justice System.

The principles and practices of arrest referral have been developed over a number of years in the UK and effective methods of best practice have been drawn together. The research for this report has drawn from the extensive monitoring of these programmes and highlighted relevant case studies with juvenile components. UK results have demonstrated that there are considerable economic benefits to services overall as well as social benefits

to individual participants, their families and local communities. Research has shown that investment in targeted prevention will achieve considerable savings in costly services.

In the North Inner City the arrest referral process, though in its early stages, is facilitating tracking of juveniles to services aimed at helping them address their drug use and related offending behaviour. Though initially there has been a low take-up of the scheme, this is comparable with findings in the set-up of this type of scheme in the UK and more recently there is an encouraging trend in the scheme being increasingly utilised in the North Inner City. The challenge now is to transform the idea into a practical, effectively functioning reality. With further discussion by all partners involved, the scheme can be reviewed and enhanced. Arrest referral schemes appear to offer much potential in delivering targeted intervention at a time of need for vulnerable young people.

With effective monitoring and evaluation, the pilot can become a transferable model of best practice in early intervention in line with the National Drugs Strategy's Action 13:

'To monitor the efficacy of the existing arrest referral schemes and expand them, as appropriate'.

Noel Ahern TD

Minister of State with responsibility for the National Drugs Strategy

Executive Summary – Introduction

Executive Summary Outline

- Introduction
- Chapter 1 Context of North Inner City Juvenile Arrest Referral Research
- Chapter 2 UK Arrest Referral Models & Case Studies
- Chapter 3 Profile of North Inner City Pilot Juvenile Arrest Referral Scheme
- Chapter 4 Recommendations & Conclusions

Introduction

This publication is a summary of a more extensive report examining a specific pilot juvenile arrest referral scheme, which was set up in Dublin's North Inner City during 2003.

In the North Inner City Drugs Task Force (NICDTF) first strategic development plan (1997), research on arrest referral schemes was identified as an action for further work. After an initial review was undertaken the need for further research was proposed in the NICDTF second plan (2000). A research proposal was approved for funding in late 2002, through the support of the Research Policy Unit (Department of Justice, Equality & Law Reform). It was agreed that a pilot scheme would run as part of the research.

This pilot scheme is an inter-agency initiative between An Garda Síochána, the Outreach Services of the Health Service Executive Northern Area (previously known as the Northern Area Health Board) and led by the North Inner City Drugs Task Force. A key aim of the pilot scheme was to implement and review an early

intervention system for juveniles detected by Gardai as engaging in drug use and related crime, which subsequently refers them to relevant treatment and support services in the Health Service Executive Northern Area.

The research also incorporates a review of a number of case studies in the UK regarding the operation of drug arrest referral programmes with a view to generating discussion concerning the introduction and application of drug arrest referral schemes in this country.

Although the initial uptake of the pilot scheme has been quite low, the implementation of the scheme in Dublin's North Inner City is one of the first such projects established on a formal basis between An Garda Síochána and the Health Authorities in Ireland and it is hoped it will be a significant development in working towards formalising policy and procedures around these schemes for the future.

What does the report cover?

Chapter 1: Context of North Inner City Juvenile Arrest Referral Research presents an overview of current drug use and crime on a European, national and local level. Responses to the drugs problem are examined including European and Irish policy initiatives.

Chapter 2: Arrest Referral Models & Case Studies outlines the rationale for arrest referral in the UK and a critique of three existing UK arrest referral models. From over 400 schemes operating across England, Wales and Northern Ireland, four case studies are presented in detail including the Derry Arrest Referral Team initiative, three of which also target juveniles. From this study of extensive regional and national monitoring & evaluation, characteristics of good practice are outlined.

Chapter 3: North Inner City Pilot Juvenile Arrest Referral Scheme examines the pilot scheme implemented to date in the North Inner City as well as a number of informal processes, operating within the pilot area and other areas of Dublin which act in encouraging young people to seek assistance for drug related problems. Key learning outcomes are identified.

Chapter 4: Recommendations & Conclusions includes recommendations for short, medium and long-term actions to develop both the North Inner City Pilot Juvenile Arrest Referral Scheme and for consideration in the expansion of the schemes nationally.

The overall recommendation of the research is that the pilot project be further developed. The study recommends that additional resources be made available now in terms of staff which will enable the project to grow in conjunction with the development of an appropriate monitoring and evaluation system.

Chapter 1 –

Context of North Inner City Juvenile Arrest Referral Research

Drug Use and Crime

This chapter examines key issues relating to drug use and crime in Europe and Ireland and the policies in place to tackle problems caused by drug misuse and the role of arrest referral.

There is growing evidence of the links between young peoples' drug use and offending behaviour. Research and practice is helping to clarify both the prevalence of drug use amongst young offenders and the value of risk factors in helping to identify those young people who are more likely to go on to develop drug problems and related offending behaviour.

The report points out that many studies already indicate that there is a clear link between substance misuse and offending behaviour. Many crimes are committed as a consequence of drug use or as a means of financing drug use and evidence suggest that a majority of drug users in treatment have been in contact with the criminal justice system at some point in their lives (Godfrey et al, 2002).

Estimates, from ADAM (Arrestee Drug Abuse Monitoring) UK research, suggest that 180,000 problematic drug users enter the criminal justice system through police custody in the UK every year. The 2003 Annual Report of the European Monitoring Centre for Drugs and Drugs Addiction (EMCDDA) highlights studies previously undertaken in Greece, England and Wales, which show that drug users are more likely than non-drug users to have committed several types of crimes. Property crimes are generally identified as the main type of crime committed by drug users.

A study of the Irish prison population found that 51% of men and 69% of women claimed to have been under the influence of drugs when they committed the crime for which they were jailed. Surveys estimate that 40% of the Irish prison population have a history of injecting drug use (Hannon et al, 2000).

Garda Síochána figures also estimate that, of suspected juvenile offenders in Ireland, 42% of cases were related to alcohol use, 17% to drug use and 4% to both, with alcohol being most likely to be associated with public order offences, while drugs were most associated with robberies (Millar et al, 1998).

In a separate study carried out by Eamonn Keogh at the Garda Research Unit in 1997 it was stated that of the 19,046 indictable crimes which were detected in the Dublin Metropolitan Area during the period under review, 12,583 of those crimes were known by an Garda Síochána to have been carried out by people misusing drugs, in effect stating that 66% of serious crimes in the Dublin region were committed by 'hard drug' users in the period under review. A further follow up study carried out by An Garda Síochána into the links between drug use and crime, which was published in 2004, provides further evidence of the clear links between opiate misuse and crime (Furey & Browne 2004).

A public attitudes survey carried out by An Garda Síochána (1999) highlighted enforcement of laws around drugs as the 'number one' priority. The Gardaí have outlined their commitment to work with local communities through continued participation in initiatives which co-ordinate service provision and promote early intervention (Garda Annual Report, 2002).

The *Drugs, Crime & Community in Dublin* study carried out in 2003 which monitored the quality of life in a specified urban area of Dublin's North Inner City shows that drug related crime and anti-social behaviour significantly compounds the already serious social problems being confronted in areas such as that included in the study. That particularly study also highlighted that drugs offences clearly remained the primary crimes of concern for residents of that area. (Connolly, 2003)

Drug Use across Europe

The Annual reports of the European Monitoring Centre for Drugs & Drug Addiction (EMCDDA) outline trends relating to drugs from a European perspective.

Their 2003 report identifies that cannabis remains the most widely available and commonly used drug across the EU. Estimates of recent use among young people between 18 and 34 years range in EU Member States from 5-20%, with Ireland at 17%. The report also states that in most EU countries, the majority of reports for drug law offences are related to cannabis and this is the most frequently reported substance at specialised drug-treatment services. After cannabis, amphetamines and ecstasy are the most commonly used illicit drugs.

Furthermore, the report states that almost all countries express new concerns about rising cocaine use (EMCDDA, 2003). Patterns of problem drug use are changing across the EU. Emerging trends include problem use of cocaine (often with alcohol), poly-drug use of substances such as amphetamines, ecstasy and prescribed medication, and heavy cannabis use.

European Drug Policy Developments & Practice

EU Member States have recently developed a new coordinated drugs strategy 2005-2012, and are currently in the process of finalising a four year Action Plan derived from this Strategy to be in place in respect of 2005-2008 with the European Union supporting activities at national and local levels as well as enhancing increased cooperation between the Member States.

The EU Action Plan on Drugs (2000-04) highlighted the need to examine the practice of handling problem drug users within the Justice System, including 'the identification of problem drug users following arrest'. Justice systems in Member States have designed special measures for young drug users, including early interventions and alternatives to prosecution. The current draft EU Action Plan on Drugs (2005-2008) being developed by the Member States reiterates this need and emphasises the importance of improving access to early drug intervention initiatives.

One of the measures most commonly applied across Member States is to avoid or to delay the first prison sentence by diverting young people to alternative socio-health programmes. A growing concern, highlighted by the EMCDDA, is that the most vulnerable young people will not be reached in schools. This has triggered the development of selective prevention initiatives and early interventions directed at socially excluded youths and young offenders. These initiatives seem to be most effective when tailored to the specific needs of a particular locality (EMCDDA, 2003).

Irish Policy Overview

The Irish National Drugs Strategy 2001-2008 '*Building on Experience*' was established with the cooperation of various State agencies, community and voluntary organisations. The National Drugs Strategy's overall aim is "*to significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus under four pillar headings of the Strategy which are supply reduction, prevention/education, treatment and research.*"

Implementation of the 100 actions contained in the Strategy is the responsibility of a range of Government Departments and Agencies involved in the delivery of Ireland's drugs policy. An Interdepartmental Group on Drugs chaired by a Minister for State at the Department of Community, Rural and Gaeltacht Affairs, the lead Department for Ireland's Drugs Strategy, oversees its implementation.

Specific aims of the Strategy include: i) to enable people with drug misuse problems to access treatment and other supports in order to re-integrate into society, ii) to reduce the risk behaviour associated with drug misuse & iii) to reduce the harm caused by drug misuse to individuals, families and communities.

This report identifies that in Ireland, An Garda Síochána's Juvenile Liaison Diversion Programme is playing an increasingly significant role in providing targeted responses to young offenders at risk of drug misuse. Preventative and rehabilitative community action projects and youth diversionary schemes in Dublin's North Inner City are engaging with young people at risk.

There are 100 actions in the Strategy and of particular significance to arrest referral are Actions 13 and 19.

Action 13: 'To monitor the efficacy of the existing arrest referral schemes and expand them, as appropriate.'

Action 19: 'Incidences of early use of alcohol or drugs by young people coming to the Garda attention to be followed up by the Community Police and / or the health and social services, in order that problem drug misuse may be diagnosed / halted early on through appropriate early intervention.'

The National Crime Council '*Crime Prevention Strategy for Ireland*' (2003) has also put forward a number of recommendations to tackle crime at the local level through the introduction of a National Crime Prevention Model to dovetail with the work of all Government Departments, statutory agencies and other relevant groups. Arrest referral schemes represent a means to contribute to the achievement of the aims of both the National Drugs Strategy and the recommendations of the Crime Prevention Strategy.

Chapter 2 -

Arrest Referral Models & Case Studies – The UK Experience

During the late 1980s and early 1990s, half of the police forces in England and Wales piloted a range of referral schemes, which gave arrestees information on independent advice and counselling. The evidence suggested that many drug users would enter the Criminal Justice System at some point (Godfrey et al, 2002). Arrest referral schemes are designed to identify drug-using offenders at the point of arrest and encourage them to engage with treatment and care services with the aim of reducing future drug use and associated criminal behaviour. Participation in the scheme is voluntary and it is not an alternative to prosecution or due process.

The Home Office in England and Wales has introduced arrest referral schemes as one element of the UK's broad Drugs Intervention Programme (formerly known as the Criminal Justice Interventions Programme). In the UK, under this programme, funding of Stg£20m was made available to fund arrest referral programmes for the period 1999-2002. Continuation and enhancement of this funding until 2006 has been secured.

One of the aims of the UK Government's ten-year drug strategy 1998-2008, under the objective of 'protecting communities from drug related anti-social and criminal behaviour' was for all police forces in England and Wales to operate arrest referral schemes by March 2002.

This report highlights that this was achieved by the end of April 2002, all police forces in England and Wales were by then operating proactive arrest referral schemes involving significant UK Government commitment and investment. Approximately 400 arrest referral workers were employed through schemes funded and delivered through a variety of organisations using matching funding secured under the Criminal Justice Interventions Programme. In practice, the UK Home Office provides a percentage of the funding required for an arrest referral worker and this is then "matched" by police authorities or other groups in local partnerships coming together to provide the remaining funds.

There are three broad intervention models:

- ■ ■ **Information-Giving Model** Arrestees are provided with information (such as leaflets) about local drug treatment agencies. There is no advice, counselling or follow up (Sondhi et al, 2002).
- ■ ■ **Incentive or Coercive Model** This involves cautioning a drug-using arrestee with the specific requirement to seek advice from a drugs worker or delaying the decision to issue a caution following attendance at a drug service (Ibid).
- ■ ■ **Proactive Model** This model involves specialist arrest referral workers based in the police stations or on call. They proactively contact and assess drug-using arrestees and refer them to the appropriate treatment service (Ibid).

By the end of April 2002, all police forces in England and Wales were operating proactive arrest referral schemes (Sondhi et al, 2002). Evaluation of the three models highlighted the proactive approach as the most effective way of engaging participants (Edmunds et al, 1998). Many of the schemes have been adult focused and are now extending their remit to include juveniles. Guidelines for this development were issued from the Home Office in 2003.

Cost effectiveness

Apart from the obvious benefits of successful drug treatment at the personal, family and societal levels, this report highlights the significant potential cost effectiveness and economic gains of drug intervention initiatives such as arrest referral schemes.

It points to UK research which suggests that for every Stg £1 spent on treatment, Stg £3 is saved on the cost of law enforcement (NTORS study, UK Department of Health 1998). In the Irish context, the report points out that the average cost of keeping an offender in custody is IRE84,750 per annum (1998) and that young people under 21 account for 16% of committals under sentence. Potential economic and social benefits of funding early intervention schemes such as arrest referral schemes, are significant (Young et al, 2001).

The fact that such schemes, unlike education and awareness programmes, do engage with people at a crisis point, following their arrest and work to encourage the individual to engage in a programme, which could divert them away from crime and drugs and reduce the probability of re-offending is key.

The report does acknowledge that young arrestees however will often not see drugs as a problem and at the juvenile level, many young people see their drug use as merely "dabbling" or "recreational" and often will not view their drug use as harmful or problematic and therefore will not seek help. Because of this arrest referral programmes should be developed incorporating best practice from effective and appropriate behavioural change models for working with people misusing drugs in order for such programmes to realise their full potential.

Findings from UK Arrest Referral Schemes

Arrest referral schemes in the UK are monitored and evaluated by the Home Office on an ongoing basis through the National Drug Treatment Monitoring System (NDTMS).

This report provides detail of a comprehensive Home Office evaluation programme undertaken in 2002 that examined the operation and results of arrest referral schemes between October 2000 and September 2001.

Some of the significant findings from this evaluation include the following:

- Over a 1-year period nearly fifty thousand (48,770) individuals were screened by arrest referral workers in England and Wales.
- Over half of all problem drug-using offenders screened had never had a previous treatment episode.
- Over half of the total of those screened (24,751) by arrest referral workers (where outcomes were known) were voluntarily referred to community based specialist drug treatment services).
- Of this number at the time of the evaluation, 5,520 were shown to have taken up and followed through with drug treatment programmes. This suggests that while only a certain percentage of those who are initially screened through arrest referral schemes will ultimately take up a treatment pathway in what is a voluntary process, for those concerned the process can be very effective as an intervention in an individual's drug misuse and be an effective way of reaching problem drug using offenders and diverting them to treatment.
- The net economic and social benefits taking into consideration both arrest referral and treatment costs from these 5,520 problem drug using offenders referred into treatment during the period October 2000 and September 2001 is approximately Stg£4.4 billion over an eight year period.
- The level of police arrest rates significantly declined six months after contact with an arrest referral worker compared to six months before contact.

Juvenile Arrest Referral Schemes (UK)

Extension of the adult arrest referral schemes to include people under the age of 18 was recommended in *'Arrest Referral: Emerging Findings from the National Monitoring and Evaluation Programme'* (Sondhi et al, 2002). Data from this report highlighted that a quarter of all arrestees in England and Wales were under the age of 18. Early contact with

juveniles who find themselves in the youth justice system is an effective way of accessing drug users at the earliest opportunity and can help to prevent some young people from developing a serious drug dependency. The guiding principles for the implementation of the scheme emphasised that the needs of young people are not the same as those of adults, and that an arrest referral scheme for young people must always be planned and commissioned with local children's services, and delivered as part of an integrated programme.

It was also recommended that an arrest referral worker understands and works with the relevant codes of practice associated with the Police and Criminal Evidence Act, 1984. These codes of practice explain the roles of the custody officer and appropriate adult. The guidelines also highlight issues relating to child protection, confidentiality, information sharing, competency and consent to intervention (Home Office, 2003).

For juvenile specific schemes, the issue of confidentiality is less clear-cut as child protection issues may arise. It is important that child confidentiality issues are openly addressed at the beginning of any assessment process. Workers are advised to encourage young people to discuss their substance use with their parents or carer and are familiarised with the Children's Act, 1989 which emphasises a 'duty to consult' with significant family members.

The importance of effective collaboration with Probation and Welfare Services has been stressed in the above case study areas. If the young person contacted already is in contact with services through probation, the workers do not become involved apart from handing over information to the relevant probation officer. Many schemes tend to limit their remit to facilitating entry into treatment without becoming involved in the judicial process.

Research shows that arrest referral schemes administered by both statutory and non-statutory providers have clearly defined management structures and work through multi-agency steering/commissioning groups representing all key stakeholders. Both types of provider usually consist of senior ranking police, Drug & Alcohol Addiction Team (DAAT) representatives, treatment providers and arrest referral service providers. It is considered that arrest referral teams serve as an effective management tool and their collective skills and experience can address the totality of client needs.

A key component of success for an arrest referral service is the knowledge, skills and abilities of the referral workers around drug issues, the criminal justice system, general social services, communication including basic counselling and assessment, monitoring & evaluation. It is also important that staff support systems are effective.

Caseload management is seen as important and was largely introduced to schemes to provide support to clients who may not otherwise engage with treatment due to a lack of motivation to cope with waiting times.

Monitoring and evaluation systems when ongoing and constantly updated have provided insight into best practice and data-based evidence of impact in terms of both crime reduction and delivery of appropriate supports and interventions for clients. This evidence has facilitated for improvements to schemes, promotion of good working methods and pointed to economic benefits of early intervention.

CASE STUDIES

The following is a summary of the four case studies examined as part of the full research report. Regular ongoing reporting to key stakeholders in the context of National Treatment Agency and Drug Action Team frameworks, in some cases by independent consultants, ensures quality evaluation. A high level of monitoring is a key element in such reporting.

CASE STUDY 1

Addaction Ltd. – Cleveland Arrest Referral Scheme, Middlesbrough: Young Person Specific – Voluntary Agency

Background: Middlesbrough is an identified drug/alcohol problem area. In the U.K it is one of the cheapest places to buy heroin. A young person specific scheme was established in November 2003. Many of the young people engaged are second and third generation substance misusers.

Process & Delivery: The scheme has two 'youth support workers' based in the custody suite. Police offer under-18s an opportunity to see a support worker. Those young people opting-out are sent a follow-up letter with information on the scheme's youth support service and worker contact details.

Elements of Success: Follow-on contact has proved successful in re-engaging those previously missed by the system. The change of name to 'youth support worker' has been a positive element. The scheme is linked with many local youth services. Preparatory training is provided for police personnel, this has contributed to an increase in referrals.

CASE STUDY 2

West Glamorgan Council on Alcohol & Drugs (WGCADA), Neath and Port Talbot, Wales - A Voluntary Treatment Agency

Background: The catchment area includes the two main towns. Commonly used drugs are cannabis, benzodiazepines and heroin.

Process & Delivery: The arrest referral worker is based at the treatment agency. Police notify the worker if clients wish to meet with him / her. An assessment is conducted during the meeting with a view to referring the client to a treatment agency. The arrest referral worker allows a three-month interaction period for clients.

Outcomes: In the scheme's second year, 439 arrestees requested help. The arrest referral worker saw 337, with fewer than 30% (102 individuals) wanting no further contact. 46% of clients assessed were referred to the Harm Reduction Service, whilst 4% were referred to an abstinence programme.

Elements of Success: Employment of skilled and experienced staff is key to the scheme's success. The treatment agency operating the scheme has a close network with services. The arrest referral worker has a supportive relationship with the police. Probation officers have been key to the success of the scheme.

Derry Arrest Referral Team (DART) Alcohol /Drugs Service, Gransha Hospital

Background: Established in 2000, DART deals mainly with adults, around 10% are juveniles. It is linked with the Neighbourhood Youth Project for Drugs (NYPD). Cannabis and poly-drug use are the main problems. Nubain, a highly addictive injectable prescribed drug for pain relief, is also a particular problem.

Process & Delivery: Police contact the clinic when a person is arrested. A drug worker then makes contact with the client. There are two full time drug workers, one with a background in social work and drug therapy and the other in psychiatric nursing, who regularly visit the station. Outside of this, the custody sergeant informs arrestees of the scheme and forwards details to DART.

Outcomes: First year of scheme (2001) was difficult, with only 85 people referred. In 2002, 214 referrals were made and this increased to 249 in 2003.

Elements of Success: A lot of time is spent, by the drug workers with police staff informing them about the scheme. This is ongoing with new recruits. From the beginning, the judiciary and law society were consulted in relation to the impact of the scheme and a positive informal understanding has developed. Clients have rapid access to treatment and the majority, following initial contact, attend the clinic for assessment within a week.

Camden Arrest Referral, Criminal Justice Initiative, Camden, London

Background: The Borough of Camden was identified under the Criminal Justice Interventions Programme (CJIP) as an area with high acquisitive crime. The scheme has been in operation for three years.

Process & Delivery: Three arrest referral workers engage with both adult and juvenile arrestees. They are 'on call' and rely on custody sergeants to contact them. Ongoing police training on arrest referral and drug misuse is incorporated into the scheme. Case management lasts for a period of three months. Arrest referral clients have service referral priority. This facilitates fast tracking of clients into treatment and support services.

Outcomes: Each staff member has set targets to access a minimum of 30 arrestees a month and access treatment for a minimum of five.

Elements of Success: Service level agreements were established from the outset. Recently, the scheme has become more effective by workers accompanying clients to services.

Chapter 3 - Profile of North Inner City Pilot Juvenile Arrest Referral Scheme

The National Crime Council's Crime Prevention Strategy identified priority areas around the needs of young people in relation to support services such as outreach work with 'at risk' young people, as a precursor to engagement with wider youth services and activities and the need for more drug and alcohol treatment services for young people. The strategy also put an emphasis on early intervention and targeted interventions to prevent crime.

Past reports on the North Inner City have highlighted the acute problem of drug use in this area with the proportion of drug users from the North Inner City much higher than would be expected from its population size compared to wider figures for the Dublin region and national prevalence estimates. Unemployment, the NICDTF area is 2.5 times the Dublin city average with seven DEDs three times greater than the Dublin average.

Early intervention programmes, particularly those targeted to people who come into contact with the criminal justice system, can add another element to the overall intervention programme in the North Inner City. The NICDTF operates, within phase two of development, to ensure that existing resources are effectively delivered to support pilot projects to enhance current and planned services.

Informal Referral Processes

A number of informal processes operate within the pilot area to refer young people and encourage them to engage with appropriate services. Youth Project Leaders will often contact the family of a young person, if they are aware that a young person is developing a problem with drugs, to express their concerns and discuss possible treatment options.

Juvenile Liaison Officers (JLO's) and other services contact treatment agencies and refer young people to them for follow up. Information on help available locally is relayed on an informal basis, by JLOs, to parents and young people.

These referral processes are significant and it is important that the role of youth leaders and Gardaí are not diminished in making such referrals.

In relation to other arrest referral schemes elsewhere in Dublin, Gardaí in conjunction with a number of other Local Drug Task Forces have also initiated work in the area of arrest referral in some local areas but these initiatives are at an early stage of development.

Analysis of Data for the pilot scheme area

Garda data for Juveniles arrested during the period May to September 2003 was provided for the Garda North Central Division stations in the North Inner City. The tables below provide a breakdown of the number of arrests for all offences made by station (Store Street, Mountjoy, Bridewell and Fitzgibbon Street), gender of arrestees and details of arrests made under the Misuse of Drugs Act.

Juvenile Arrests by Station – North Central Division:						
<i>May – Sept 2003 (21 weeks)</i>						
Station	Total	Male	Female	Unrecorded	Offence type MDA*	Non MDA
<i>Store St</i>	86	62	22	2	3	83
<i>Fitzgibbon St</i>	67	52	10	5	7	60
<i>Mountjoy</i>	37	32	2	3	2	35
<i>Bridewell</i>	24	21	3	0	2	22
Total	214	167	37	10	14	200

* MDA – Misuse of Drugs Act Source: Garda Síochána Division

The data shows that juvenile males are more likely to be arrested, and out of all the arrests made, only 6% were specific MDA offences. This is very important when considering if a scheme should be targeted specifically to juveniles who have been arrested on drug-related offences. Targeting all arrestees, regardless of their offence within appropriate qualifications has been highlighted as an element of best practice in the UK in running an effective scheme.

The take up of the pilot scheme during the period under study was quite low with only a small number of individuals taking up an opportunity to be referred to the health services although it is encouraging that An Garda Síochána now reports growing numbers of referrals as the pilot is becoming more established in the North Inner City. This is not unusual and is in fact in keeping with the initial stages of case study areas particularly in the example of the Derry City project.

Both of the agencies directly involved in the implementation of the pilot scheme, An Garda Síochána and the Health Service Executive Northern Area, remain very supportive of the initiative and are keen to further enhance its development.

This report takes on board a number of the lessons, which have been learnt both through the operation of the arrest referral schemes studied elsewhere and in the North Inner City pilot during its short period of operation to date. Issues for consideration for the most appropriate and effective development of the pilot project and for the wider development of arrest referral schemes, which will assist in the implementation of the relevant actions under the National Drugs Strategy are addressed in the report's recommendations.

Chapter 4 - Recommendations

This chapter refers to the experience of the case study schemes based in the U.K and draws on identified best practice to make recommendations for short, medium and long-term actions to develop the North Inner City Arrest Referral Pilot. The overall recommendation of the research is that the scheme continues into an extended pilot phase with additional resources in terms of staff, programme development and monitoring. If the success of this pilot is proven the model could then be replicated in other areas.

The recommendations have been divided into four categories:

Recommendations for Immediate Implementation – At the time of writing these recommendations are in the process of being implemented by the current steering group and include; training, increased interagency communication, and better use of information resources.

Recommendations for a Resourced Extension of Arrest Referral Pilot – this involves resourcing a model scheme in the NIC that operates on principles of good practice that have been informed by successful programme outcomes in the UK. This would include provision for two staff working alongside but independently of Gardaí.

Recommendations for Monitoring and Evaluation – This includes recommendations on evaluation of the pilot extension and co-ordinating information gathering and sharing between all agencies involved.

Long-Term Development of Arrest Referral – If the pilot is evaluated successfully it could be extended to all Local Drugs Task Forces and/or other areas experiencing high levels of drug related crime.

Recommendations for Immediate Implementation

The following recommendations will continue to be addressed by the steering committee within the ongoing implementation of the pilot scheme and within resources that are currently available. It should be noted that without additional resources dedicated to the extension of the pilot project and the implementation of the recommendations contained in this report, the potential of the pilot to achieve any significant success is severely limited.

Procedure

1. The Steering Committee overseeing the pilot juvenile arrest referral scheme should continue to monitor the co-ordination, planning and implementation of the pilot.
2. Facilitating a training and information day around arrest referral for Garda personnel, juvenile services and Health Service Executive Northern Area outreach services will offer an opportunity to clarify any queries staff may have around the operation of the scheme.
3. To ensure a consistent approach, a clear step-by-step procedure should be set out for Garda personnel who will be introducing the scheme to arrestees. This should include record keeping on scheme take-up.
4. Before action is taken on a referral, the Health Service Executive Northern Area (pending the employment of arrest referral staff) should contact the Probation and Welfare Service to ascertain if the individual is already engaged in a referral pathway.

Management Structure

5. The Steering Committee should be formalised through the NICDTF and a formal commitment secured from the Gardaí, the Health Service Executive Northern Area and the Local Drugs Task Force to pursue the arrest referral process in the North Inner City. Terms of reference should also be constructed for the extension of the pilot.
6. Representatives from treatment agencies and relevant diversionary programmes should be committed to the arrest referral process and be involved in the steering group as appropriate. The National Drugs Strategy provides that drug-specific interventions should link in with other interventions in related areas.
7. The Probation and Welfare Service should be represented on the steering committee and involved in project planning sessions.

Recommendations for a Resourced Extension of Pilot Arrest Referral

Staff

8. Two youth referral workers should be employed to run and develop the scheme. These positions would be managed and housed independently of Garda operations and access to arrestees would be organised in consultation with Gardaí. The positions would be offered to relevant organisations through a tender process.
9. The steering committee will need to establish a clear job description and person specification regarding experience and skills. Appropriate Garda clearance would need to be carried out. Staff will need to work flexible hours including weekends and evenings and should be involved in planning time frames, caseload management policy and in the monitoring of the scheme.
10. Staff will provide feedback to management and to the agencies directly concerned with the operation of the scheme, including An Garda Síochána and the Health Services Executive, as this is necessary for ongoing monitoring of the project and to ensure good communication with other relevant agencies.
11. Ensuring that local services including addiction outreach, Garda juvenile liaison, neighbourhood policing have the capacity to deal with the additional referrals and workload generated through the arrest referral procedures is essential through consistent monitoring.

Procedure

12. Staff should contact juvenile arrestees through 'cold calling' subject to agreed protocol with Gardaí. Parents/guardian need to be present for staff to talk with the youth. The operation of the scheme must meet all legal requirements governing work with young people and their parents/guardians. Agreement is needed between Gardaí and referral staff in relation to protocol, confidentiality and meeting space. The aim of establishing protocol is to protect Gardaí arrest processes and retain the independence of the scheme from routine police procedures.
13. When staff are not on-call, names and addresses of arrestees will be passed on by Gardaí on the next working day, the offer of the arrest referral service will be made as quickly as possible to the young person. The aim is to have all individuals receive their first contact within three working days.
14. To record offering the scheme to arrestees and consequent level of take up, a column could be incorporated into the Garda custody record. For the purposes of monitoring it will be imperative to have a system of recording in relation to

take-up of the scheme. If a young person declines to participate in a scheme, guidelines should be followed which allow for the scheme to be re-offered.

16. Timeframes, aims and objectives of the pilot should be clarified on an ongoing basis to ensure that stakeholders are continually made aware of how the scheme is running and to consider any necessary amendments or changes that may be required.
17. In the future if the scheme is extended and offered to adult arrestees, then it should run independently from the juvenile scheme (under 18) taking into account any additional resource requirements that this may necessitate.

Scheme Development

18. Information leaflets and cards (which are already held by some outreach workers relating to their outreach role) should be available to all arrestees. New leaflets and cards should be issued which specifically relate to the arrest referral scheme.
19. Raising the profile of the scheme within the community and making juveniles aware of the benefits could create a positive reputation for the pilot and increase the likelihood of engagement.
20. Existing information should be collated or a further needs analysis carried out in the North Inner City area to reinforce the added value and extent of local need for having an arrest referral scheme.

Funding

21. State funding should be made available to extend the NICDTF pilot scheme, this funding should be sufficient to cover all costs including two full-time staff, administration, publicity for the scheme, overheads and an evaluation of the scheme.

Management Structure

22. The steering committee, which was created for the short-term development of the pilot, should be formalised through the NICDTF.
23. For the continuation of the pilot the committee should be extended to include representatives from treatment agencies, probation & welfare services community projects, the arrest referral workers and any other relevant parties.

Recommendations for Monitoring and Evaluation

In setting up a monitoring and evaluation system for the extension of the pilot scheme, a number of issues need to be addressed:

- Does the intervention have clear and measurable objectives?
- Is accurate monitoring and evaluation information systematically collected?

24. A committee representative of the key stakeholders should manage an independent evaluation of the scheme after one year of implementation. This evaluation would also look into the possibility of a countrywide replication of the scheme.

Recommendations for Long Term Development of Arrest Referral

25. The scheme (dependent on evaluation outcomes) could be replicated in other Local Drugs Task Force areas and within Regional Drugs Task Force areas as deemed appropriate based on need.

26. The rolling out of the scheme would be dependent on sufficient resources being made available from appropriate Government funding.

27. Guidelines on best practice to be made widely available to organisations considering the implementation of an arrest referral scheme.

28. Arrest referral programmes need to be informed by best practice in relevant behavioural change models. The schemes' underlying assumptions should be that not all clients view their drug use as problematic and automatically be willing to take up treatment.

Conclusions

The co-operation in place between the Health Service Executive Northern Area, and An Garda Síochána North Central Division and the North Inner City Drugs Task Force in operating this scheme is very commendable.

The arrest referral process, though in its early stages, is facilitating tracking of juveniles to services aimed at helping them address their drug use and related offending behaviour. The scheme is completely of a voluntary nature and in no way interferes with the normal processing of the Criminal Justice System.

The principles and practices of adult arrest referral have been developed over a number of years in the UK and effective methods of best practice have been drawn together. Ensuring that the arrest referral scheme remains independent from routine police procedures and establishing a good working relationship with all stakeholders, particularly the police, are key to the success of the scheme.

The juvenile arrest referral scheme implemented in the pilot area has taken the principles of best practice from a variety of schemes and is adapting them to the specific needs, culture and institutional framework existing in the North Inner City.

The concept of arrest referral is a simple one, but the challenge is transforming the idea into a practical, effectively functioning reality. The Steering Committee overseeing this pilot should be congratulated on their efforts to implement a pilot arrest referral scheme. With further discussion by all partners involved, the scheme could be reviewed and enhanced in the North Inner City. With effective monitoring and evaluation, the pilot could become a transferable model of best practice in early intervention. Arrest referral schemes appear to offer much potential in delivering targeted intervention at a time of real need for people.

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