Review of the 'Test on Arrest' Pilot and Core Criminal Justice Provision for Drug-Using Offenders in Hertfordshire

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Key findings

Background

This independent review, funded by the Director of Public Health, Hertfordshire County Council (HCC), was undertaken by the Institute for Criminal Policy Research (ICPR) at Birkbeck, University of London. It sought to assess the impact of introducing a pilot of drug testing on arrest and required (initial and follow-up) assessments within one of the county's police custody suites. It also critically assessed the views and experiences of key stakeholders involved in the implementation, development and delivery of interventions with criminally involved drug misusers across Hertfordshire.

Research questions

The key questions for the review were:

- Does compulsory drug testing result in a higher proportion of criminally involved drug users entering and being retained in treatment?
- Are there changes in levels of self-reported substance use, health and social functioning following exposure to compulsory drug testing?
- What impact does exposure to compulsory drug testing have on the rate and volume of reoffending, and time to first re-offence?
- What are the views and experiences of key stakeholders in implementing, developing and delivering test on arrest arrangements and other criminal justice interventions with criminally involved drug misusers across Hertfordshire?

Methods

The review used a combination of quantitative and qualitative research methods. The main approaches involved linkage and secondary analysis of up to five administrative datasets, supplemented with key stakeholder interviews (*N*=10).

The sampling of cases for in-depth interviews was deliberative in order to ensure appropriate representation of county council, police, probation, prison and provider perspectives, as well

as gauging commissioner, senior manager, service manager and practitioner views and experiences.

Outcomes were measured using anonymised data derived from a number of routinely collated administrative sources. Those used were the:

- Drug Test Recorder (DTR);
- Drug Interventions Record (DIR) Reporting Form;
- National Drug Treatment Monitoring System (NDTMS);
- Treatment Outcomes Profile (TOP); and
- Hertfordshire Constabulary Crime Information System (CIS).

Using a quasi-experimental design, the sample for the impact element of the study comprised all detainees testing positive for Class A drug use following arrest in Hatfield police station between 1st December 2012 to 30th November 2013 (the experimental group; *N*=219) and those identified as drug misusers via conventional cell sweeps by arrest referral workers in Hoddesdon, Stevenage and Watford police stations (the comparison group; *N*=81) during this period.

Results

There were no significant differences between the groups in terms of their average age (32.8 vs. 31.0 years) or the proportion that were male (87% vs. 91%). In the five years leading up to the point of identification by arrest referral workers this cohort had committed 2,887 detected offences across Hertfordshire resulting in a police charge. There was no significant difference between the test on arrest and comparison group in the average number of detected offences committed over this period (9.4 vs. 10.3). Most of the assembled cohort was reported as being White (86%), with ethnicity evenly distributed across the two groups. Nearly half had spent time in custody during the follow-up period, with rates (45% vs. 48%) and average time detained being equivalent for the two groups (164 vs. 153 days).

Rates of engagement and retention in treatment

Around one in four of those identified via test on arrest in Hatfield were engaged in structured treatment at the time of their first positive test for recent use of opiates and/or cocaine. The average (median) length of time spent in treatment at this point was 324 days. By contrast, none of the detainees engaged via conventional cell sweeps were participating in structured forms of treatment at the point of identification (27% vs. 0%). From the 300 criminally involved drug users identified by arrest referral workers across Hertfordshire between December 2012 and November 2013, 35 (12%) subsequently went on to start a new treatment modality (see Figure A).

Figure A: Rates of engagement with structured treatment, by group (December 2012 – November 2013) (N=300)
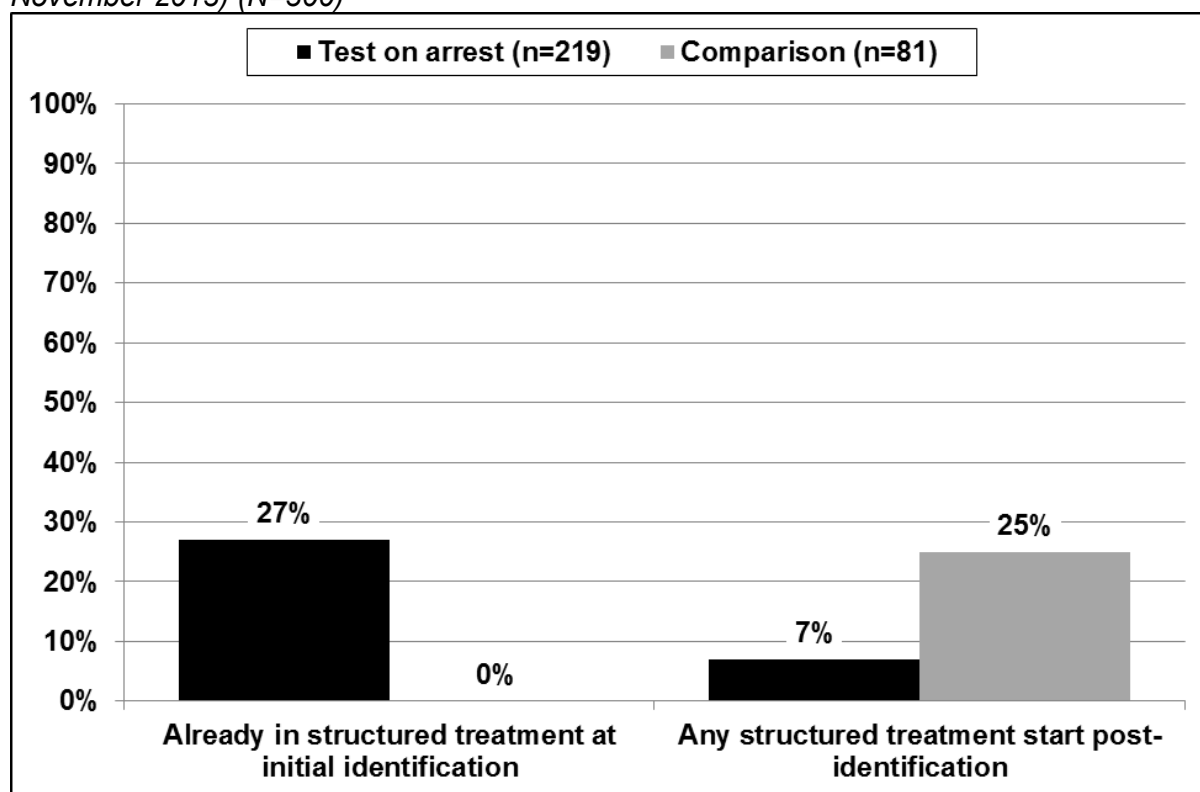
The average (median) time between arrest and modality start date was 31 days. Compared to the test on arrest cohort, those identified through conventional arrest referral methods were significantly more likely to subsequently access structured treatment (7% vs. 25%), but with no differences in the average (median) time taken to do so (31 vs. 30 days).

For those in structured treatment - either at the point of, or subsequent to their initial identification as a drug misuser during the first year of the pilot (*N*=92), there were no significant differences in the proportion retained in treatment for at least 12 weeks post-identification by arrest referral workers (74% vs. 85%), or the rate of successful completion (17% vs. 37%). However, a significantly higher proportion of those identified via test on arrest were still ongoing in structured treatment by November 2014 (28% vs. 5%).

Changes in reported substance use, health and social functioning

Among those engaged in structured treatment, there was a 21 per cent reduction in the self-reported maximum number of days an illicit drug had been used between completion of a baseline and follow-up TOP form (from an average of 15.2 to 12.0 days). The rate of reduction among the comparison group (33%; from 20.3 to 13.7 days) was twice that reported by the test on arrest cohort (16%; from 13.8 to 11.6 days).

Almost two-thirds (65%) of those engaged in structured treatment reported continued to use illicit opiates and/or cocaine at follow-up, with no significant differences observed in the proportion of cases reportedly using these drugs at follow-up (67% vs. 55%), or in the average number of days they were consumed (11 vs. 10 days).

Detainees' ratings of psychological wellbeing (e.g. anxiety, depression or problem emotions and feelings), physical health (e.g. extent of physical symptoms or being troubled by illness) and quality of life (e.g. ability to enjoy life, get on well with family and/or partner) during treatment were also measured using TOP. With the exception of cannabis use by the test on arrest cohort and psychological health for the comparison group, there were no significant changes observed over time in any of the domains recorded by TOP. This includes injecting behaviour, engagement with education and employment, housing problems and risk of eviction.

Impact on known offending in Hertfordshire

There was no association between identification as a recent user of opiates and/or cocaine via test on arrest in Hatfield and the rate of charge for a further detected offence committed in Hertfordshire during the following 12 months (49% vs. 53%). Shoplifting was the single most common re-offence for both experimental (36%) and comparison groups (28%). The average (median) time to first re-offence leading to charge was 71 days, with the test on

arrest group reoffending sooner than those belonging to the comparison group (99 vs. 109 days), but not significantly so.

In the 12 months following identification by arrest referral workers across Hertfordshire the assembled cohort of criminally involved drug users had been charged for 651 further detected offences committed in the county during this period. Among those reoffending, there were no significant differences between the test on arrest and comparison groups in the average (mean) number of re-offences leading to charge at 12 months (4.2 vs. 4.7).

Table A: Changes in the number of detected offences leading to charge in the 12 months pre and post-initial identification during December 2012 - November 2013, by group (N=300)

Group	Direction of change	N	(%)	Detected offences leading to charge 12-months pre-identification		Detected offences leading to charge 12-months post-identification		% change
				Sum	**Mean**	**Sum**	**Mean**	
All (*N*=300)	Reduction	188	63	715	3.8	172	0.9	-76%
	No change	39	13	36	0.9	36	0.9	0%
	Increase	73	24	187	2.6	443	6.1	+137%
	Total	**300**	**100**	**938**	**3.1**	**651**	**2.2**	**-31%**
Test on arrest group (*n*=219)	Reduction	134	61	474	3.5	101	0.8	-79%
	No change	31	14	24	0.8	24	0.8	0%
	Increase	54	25	126	2.3	322	6.0	+156%
	Total	**219**	**100**	**624**	**2.9**	**447**	**2.0**	**-28%**
Comparison group (*n*=81)	Reduction	54	67	241	4.5	71	1.3	-71%
	No change	8	10	12	1.5	12	1.5	0%
	Increase	19	23	61	3.2	121	6.4	+98%
	Total	**81**	**100**	**314**	**3.9**	**204**	**2.5**	**-35%**

When compared against the volume of detected offending leading to a charge in Hertfordshire during the 12 months prior to initial identification, the assembled sample recorded a 31 per cent overall reduction in the number of detected offences in the following 12 months (from 938 to 651 offences). And while more than three-fifths of cases overall (63%) reduced their known offending by 76 per cent, there was a 137 per cent increase in this offending for around one in four cases (24%). The remainder saw no change in their pattern of offending over this period (13%). The pattern of change in detected offending

leading to charge was broadly comparable across the two groups, but with a larger overall reduction observed among the comparison group (-35%; from 314 to 204 offences) relative to the 28 per cent reduction observed for the test on arrest cohort (from 624 to 447 offences) (see Table A). However, the total number of detected offences committed by both groups during the 12 months post-identification (651) was higher than at any point during the two to five years prior to this (see Figure B).

Figure B: Trends in the annual number of detected offences leading to charge in Hertfordshire, by group (N=300)
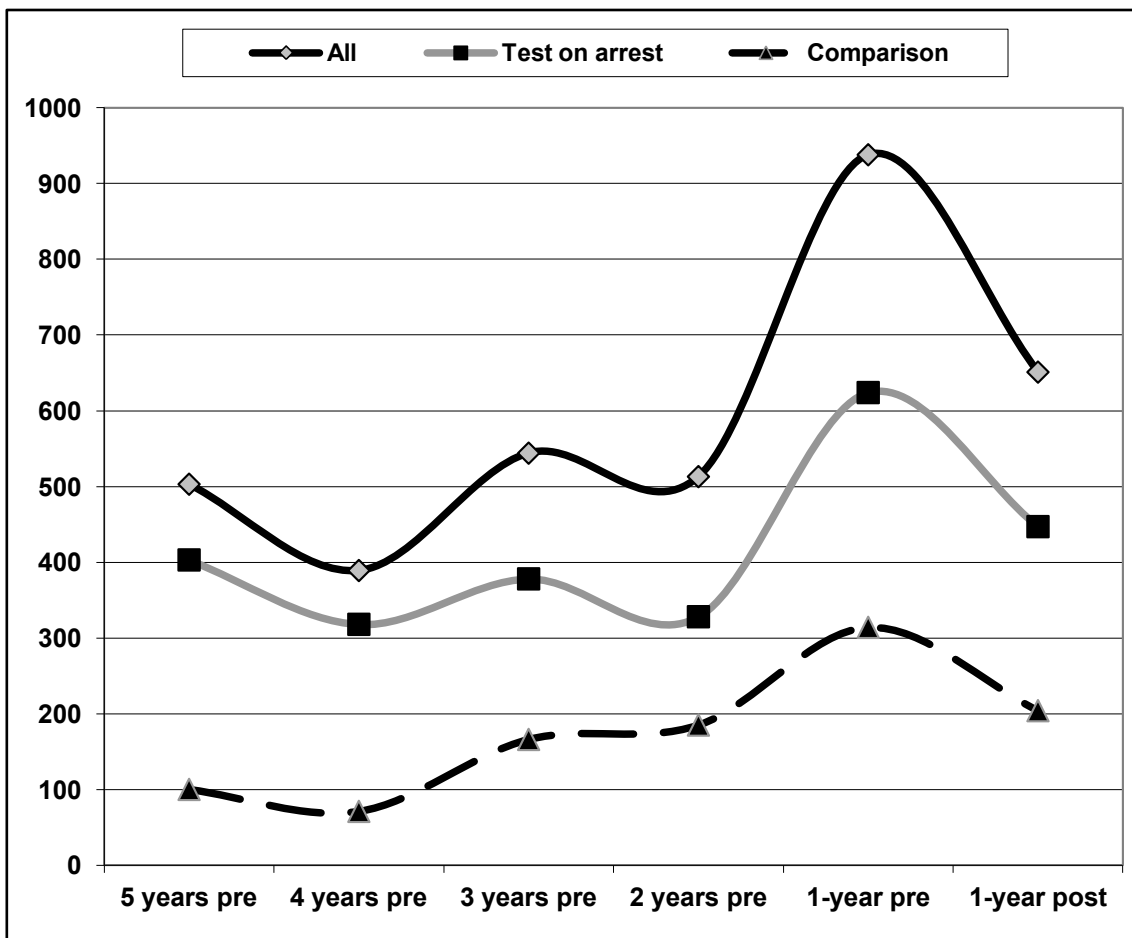
A number of variables were examined as potential recidivism risk factors (i.e. age, gender, ethnicity, whether identified via test on arrest, main offence, whether an integrated offender management (IOM) case, whether engaged in structured treatment, and number of detected offences in the previous five years across Hertfordshire). Only two of these factors were found to be significantly predictive of reoffending within 12 months. Each prior detected

offence leading to a Hertfordshire Constabulary charge during the five years prior to identification increased recidivism risk by around three per cent. And when compared to those initially identified following a theft offence, those arrested for a drugs offence had a 48 per cent reduced risk of being charged for a further offence committed in Hertfordshire within 12 months.

Stakeholder perspectives

While it was acknowledged that potentially useful measures for engaging criminally involved drug users - such as restrictions on bail - had failed to establish a foothold across HCC, provision was generally viewed positively by those stakeholders interviewed as part of the review. Inevitably though some concerns were raised. These tended to focus on the need for:

- greater clarity and consistency of intervention objectives around substance use, and the need for appropriate and constructive responses to continued illicit drug use;

- a tighter performance framework, governance structure and scrutiny of work with drug-misusing offenders;

- increased capacity and commitment of agencies to engage in joint working, which were seen to have been eroded as a consequence of austerity measures and organisational change; and

- more clarity about intentions, operating models, processes and structures for the new Community Rehabilitation Company (CRC).

Conclusions and implications

The main implications of the research findings for Hertfordshire's arrest referral provision are four-fold. These relate to HCC and its partners developing effective strategies to ensure that: (i) conventional forms of arrest referral identify and engage with a larger number of eligible arrestees; (ii) a higher proportion of those identified via arrest referral go on to access structured treatment; (iii) more is done to improve substance use, health and social functioning outcomes for this group; and (iv) offending outcomes for a large minority of those identified via arrest referral are improved.

While the results from this review offer little justification for extending test on arrest and required assessment arrangements across the county, it is important to note that testing appeared to be an effective mechanism for identifying Class A drug users. Custody data showed that the number of arrestees tested in Hatfield during the first year of the pilot exceeded the number of detainees who met existing criteria for targeted testing. By contrast, conventional cell sweeps appeared to identify only seven per cent of eligible arrestees. There is clearly considerable scope to increase the reach of arrest referral in these custody suites.

With reference to the ongoing work of the *What Works Centre for Crime Reduction*, the BeNCH Reducing Offending Strategy, with its emphasis on using evidence-based approaches, perhaps provides a timely opportunity to consider pooling existing knowledge around provision for drug-misusing offenders across the CRC area. This would assist in better understanding: the impact of this work on crime and public health outcomes; how it works across different locations; in what contexts these interventions work best; how to commission and deliver them more effectively; and, to measure cost-effectiveness. The benefits of developing this improved knowledge and understanding will not be limited to criminally involved drug users targeted by these interventions, but will also extend to those Hertfordshire residents and businesses affected by drug-related crime, in the form of reduced rates of victimisation.