

Evaluation of Arrest Referral Test of Change, North Lanarkshire

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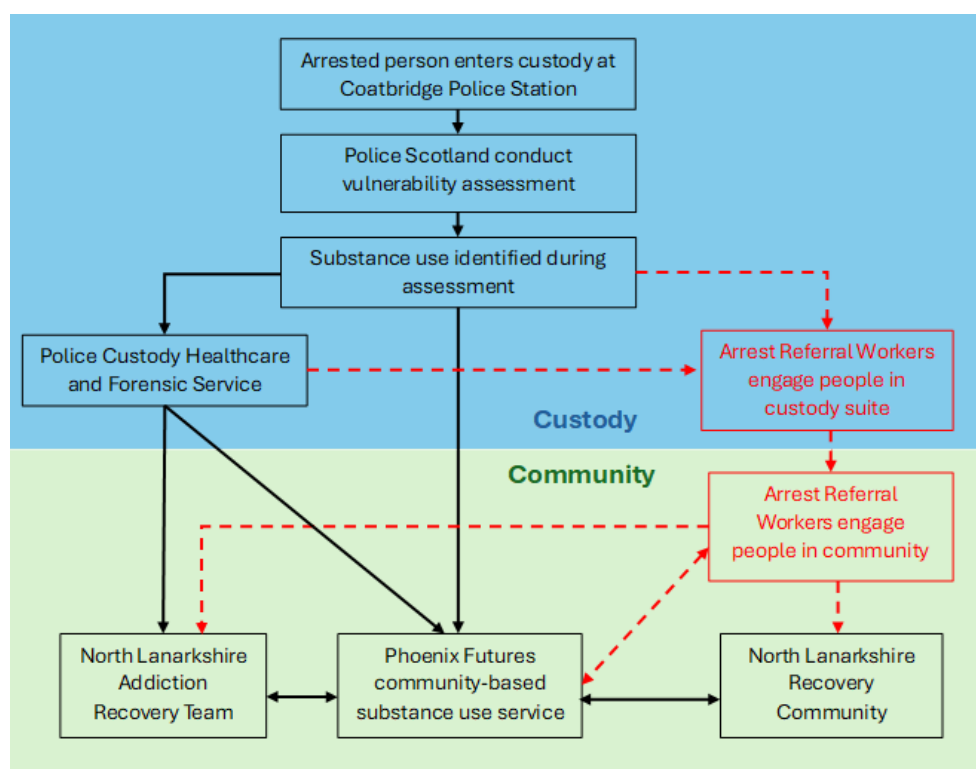
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Executive Summary

Introduction and Overview

The impetus for the Arrest Referral test of change (TOC) was the National Mission Plan to adopt a public health approach to drugs, to save and improve lives through a whole systems approach with services working better together addressing underlying issues. This TOC explores the impact of substance use support services having direct access in the police custody suites to people who have been to connect with them, with follow-up support provided through outreach. The research was commissioned to review the efficacy of the arrest referral process and understand the journey of those availing of support. The project is a partnership between Phoenix Futures, Recovery Scotland, with support from Police Scotland, and strategic management provided by the North Lanarkshire Alcohol and Drugs Partnership. Prior to and throughout the test of change, Police Scotland automatically referred people in custody where substance use had been identified during the assessment process to Phoenix Futures community based substance use service or the Police Custody Healthcare and Forensic Service. The test of change was therefore the addition of the two workers in the custody suite and in the community to try to engage people who had substance use identified during the assessment process by Police Scotland. The test of change is summarised in the following flow chart.



A rapid review of evidence and analysis of the quantitative data available was carried out. Fifteen staff from internal and external agencies and four people with lived experience of the support were interviewed. A limitation of this research has been the small number of interviews with people who engaged with the service. Recruitment was through the agencies and initially only those who continued to engage with the agencies were contacted, and 'light touch' cases such as those who did not engage with services in the community were not contacted. A second wave of recruitment was undertaken which led to additional interviews. This research has shown the benefits of asking all participants for consent to participate in future research/evaluation when they initially engage. Furthermore, the absence of centralised data on outcomes has also inhibited our assessment of the service.

There were 2,589 deaths in Scotland in 2023 because of alcohol and drugs. As well as the untold grief and ripple effect of harm, substances are also directly related to crime. The links between deprivation and substance use are clear. Drug related deaths are 15 times higher and alcohol related deaths almost five times higher in deprived areas.

Summary of rapid review of evidence

There are three different models that arrest referral could be defined as, that is the 'information' model, so people are provided with information about support when they are detained; the 'proactive' approach so that substance use workers work with the police to provide direct support such as alcohol brief interventions; and the 'incentive' model, where engagement with services affects the penalty people are given (Bacon, 2024). There are also other extensions to this support, such as the sobering centres in Australia, drugs courts and legalisation of possession, moving away from criminalisation. The benefits are potentially great, saving costs, freeing up the system to focus on more serious crime, and for individuals personally, reducing stigma and not limiting life chances. It also has led to a reduction in future offending and substance use (Harmon-Darrow et al. 2022); Kubik and Boxer, 2022). The main challenges are that the arrest referral system is simply a way of connecting people to support, the support thereafter though needs to ideally be tailored, particularly for more complex cases. Services too face challenges, such as what is possible to support people with and the stigma that may make coming forward to reveal the extent of addiction an issue. Other factors which affect engagement are the attitude of police officers (Bacon, 2024), the understanding of the scheme, 'buy in' (Grant and Schaible, 2022), partnership working, the setting and access to potential participants (Mair, 2002).

Key Findings: Quantitative data

Around 6% of people who have come to Coatbridge custody suite have engaged with the service. Significantly 35% of referrals that are seen by the workers in Police Custody would otherwise be missed. 60% of referrals had not engaged with substance use service at all before. The common connections made by the arrest referral team are to the Addiction Recovery Teams, Phoenix Futures and the Recovery Community.

Across around 19 months, from January 2023 to August 2024, the initiative cost approximately £120,000.

In terms of trying to understand the cost benefit of the service, the 35% or 160 people seen in custody by the workers who would have been missed represent the main added value of the service. National figures show that 26.9% of people reoffended at least once in the year following either a non-custodial conviction or release from a custodial sentence in 2020-21. If the national rates apply 26.9% or 43 people would reoffend and 117 would not. Based on the most recent figures available on the costs of criminal justice, a conservative estimate is that the Arrest Referral service could have saved the system between £50,000 and £250,000 per year. We stress however that there are several unknown variables which would need to be accounted for before a reliable figure on savings could be reached.

The data centrally collated does not show the outcomes and for the system to be sustainable this needs to be addressed.

Key Findings Qualitative Data: Staff Views

The main impact reported by staff is that people who would otherwise have been missed by services completely had at least some form of support, and that even if this was 'planting a seed', building hope and awareness of help available, this could be significant.

It was also pointed out by external services that even when people have been engaging with services, when they come back into the criminal justice system they can become lost, and so having presence within these spaces makes continuity of service much easier.

This had reframed the custody suites to be an 'opportune time' to promote harm reduction and raise awareness of services. The service can also provide support to the whole family.

This initiative has strengthened and extended partnerships across North Lanarkshire between the third sector, recovery community and police.

It was helping to change cultures, showing the value of lived experience and prompting the change in Police Scotland's vetting procedures. It was de-stigmatising the idea of who is in police custody and pioneering a public health as opposed to criminal justice response. It was also raising questions about the current infrastructure and what being trauma-informed means.

The factors underpinning success was the strategic leadership and coordination provided by the ADP. Staff were praised for their commitment and resilience, in overcoming the vetting procedures, determination to reach those 'hard to reach', and to build relationships with officers, getting their 'buy in.' The outreach offered within 48 hours was felt to be crucial to the engagement and a vital part of the model.

The challenges encountered can be divided into those that inhibit initial engagement, follow-up, gaps in provision and the wider structural challenges. For the initial engagement the barriers have been as a result of vetting, the court bus, a lack of police awareness with access not being granted or police feeling they are too busy to support the process. The type of contact granted is also reliant on police support. It was reported that 60% of first contact is through the 'hatch' or via the solicitors' room making getting a connection and building trust very difficult. Face to face contact, the preferred and most effective option is therefore not always granted. The main issue for follow-up is that people do not always know their contact details and Police Scotland do not share this information, even if the person has consented to this happening. Workers reported that young people and to a lesser extent women could be difficult to engage. The gaps in service provision identified were: difficulty accessing mental health services, with a common complaint of people being 'passed' around between mental health and substance use service; the lack of follow-up support after leaving hospital and prison; the lack of accessible rehabilitation; and secure accommodation available. Furthermore, the lack of provision generally and presence of the recovery community in more rural areas. The issues were also underpinned by structural challenges, in particular the extent of poverty people are living in and substances being a way to 'escape', and now the strength of drugs made them more dangerous than ever.

For development, interviewees suggested: having a female worker to provide gender balance; extending access to beyond custody suites, to work in the courts and with Criminal Justice Social Work; expanding the team to provide more flexibility; stronger links with ART; specific resource for data particularly to record outcomes; a 'one stop shop' to be developed for substance use and mental health support; taking a public health whole systems approach and reframing criminal justice spaces to provide health interventions.

Qualitative Data: People being supported

For the seven interviewed with direct experience of the service, four came to the service through face-to-face contact with workers. One woman did not remember meeting the workers in the custody suite but they came to her home the next day. The two others came to it indirectly, through receiving information within the custody suites and following up themselves. One received a contact card from a police officer, the other, a parent, through a poster in the custody suite. All seven said they wanted help at this time. However, the five who had face to face contact did not think they would have engaged otherwise. The woman who was given the contact card said she would have preferred if face to face contact initially had been possible. The parent said she was 'desperate' for help, and therefore the need for face-to-face connection was not as clear. This shows the importance of people becoming aware of the support in the first place and the repurposing of spaces such as custody suites to provide this. It also raises important questions, outside of this research, about the other spaces, like this, that could be used as access points, such as at the GP, the hospital, at court, Prison Visitor Centres.

The accounts of those who have received support through the service is that this can be transformational. Linking people into the recovery community and having the connection with others who really understand the underlying issues, the struggle that is being overcome daily, and that a better life is possible, builds hope and creates a sense of belonging. One man was completing his cognitive behavioural therapy through Phoenix Futures, helping him to develop more positive thinking and better decision making. One had stopped taking drugs, one was on opiate replacement therapy (Buvidal), and one woman had greatly reduced her substance use, one had stopped drinking alcohol, and one had reduced his alcohol use. Four said the incidents they were arrested for were a 'one off' and did not think they would reoffend. However, all with direct experience of substance use who had stopped or reduced felt they would be back taking substances to the same level without the support, and as their offences are directly linked to substance use their risk of offending would also have increased. It would be reasonable to conclude that the support given through the service has decreased the risk of offending for all. One woman had not offended until the past year and had been arrested repeatedly for visiting her child, which at the time was a breach of her bail conditions. She said that speaking to the worker even at the first visit in the custody suite made her rethink her substance use and begin to view it as problematic. Through support from the service she had regained custody of one of her children and was taking forward a complaint against the social work department. She said that without the support she would have completed suicide. One other man had been shoplifting and not engaging with his worker, but as a result of the interaction with the arrest referral workers who shared their lived experience, he realised change was possible. As a result he regained contact with his worker and successfully began opiate replacement therapy (Buvidal). He had stopped shoplifting. This highlights the impact of lived experience and evidence of 'planting a seed'. The mother interviewed reflected that through the recovery group she had achieved a sense of belonging, describing herself as a 'piece of Lego that fits in.' She was now sleeping better, going to work, gaining in confidence and prioritising her own needs. The difference therefore of making these connections, for those interviewed, has been dramatic. One of the limitations of this study is that there has not been more people with lived experience of the support interviewed, this was despite repeated attempts made to many of those who had initially indicated they would like to be part of the study. One worker also reported that many people approached said they just wanted to move on rather than focus or discuss this part of their life. It would have been good to hear particularly from those who received what could be described as more of a 'light touch' response. These cases at the very least show the potential of what the service can mean to others, as without the awareness of what is available, people are not getting the help and support they need and want.

Conclusions and Recommendations

To conclude, this test of change has shown that taking a public health approach can lead to positive change for both those affected by substances directly, their family, agencies and the wider community. Despite all the challenges with access the workers have been able to transform the lives of some people, and as this research shows, even having one conversation with the workers could have a significant impact on someone's life. The cost benefit analysis or value for investment is limited because of the lack of data, nonetheless the potential for this service is great in terms of reach, awareness raising of support, harm reduction and connections to support people want and need. As well as widening the routes to access, such as having access in court or having a presence within visitor centres in prison to make the 'offer' greater to families, the other alternative approaches that could be considered is that this service is much clearer that it is bridge to all the other services that currently already exist. In the future, the ideal would be that the infrastructure becomes trauma informed with health interventions accessible at all points and a public health approach taking precedence over the punitive. The evidence suggests that the Addiction Recovery Team and the service could have stronger links so they are better supporting people together. The systematic challenges related to substance use, such as the lack of accessible rehabilitation, mental health provision and secure accommodation are particular challenges that are outwith this service. Overall, a clearer remit and expansion of the team to provide connections within the community and increased support for the data and evidence gathering would allow for this initiative to reach fuller potential.

Drawing on the evidence and suggestions from staff and those with direct lived experience, the following recommendations are made:

Recommendation 1: The Arrest Referral delivery partners maintain comprehensive records on those engaged in the future, if the scheme is sustained.

Recommendation 2: A female worker employed to ensure the service is taking a trauma informed approach.

Recommendation 3: Police awareness and support of the initiative underpins the amount and type of access given. It is advised that a poster is available at the custody suites with staff named so that issues regarding access no longer happen. It is imperative that officers view their facilitation of access as part of their role rather than an 'add on', with being 'too busy' not an acceptable reason. As far as possible face to face contact should be prioritised as the first means of access.

Recommendation 4: An expansion of the test of change so that the service operates within the courts system could be explored and through connections with the wider legal system, in particular through criminal justice social work and Prison Visitor Centres.

Recommendation 5: Both workers have additional roles which blurs the boundaries of this support and the wider support offered. This has worked well for some. However, it is also worth the service employing people in full time roles so that they can take on the work of facilitating connections to services, rather than providing direct services, so that the engagement and connections made can be maximised.

Recommendation 6: It is strongly advised that the team work more closely with the Addiction Recovery Team to support people to make and attend appointments in the community, or an alternative service to support this process is explored.

Recommendation 7: That Police Scotland provide contact details to the service if an individual has given permission to do so, thus overcoming the current challenge of being able to provide outreach.

Recommendation 8: More resources are provided to create a centralised data system with a particular focus on recording the subsequent engagement with support services and outcomes of those assisted by the service.

1. Background and Service Overview

The impetus for the Arrest Referral test of change (TOC) has been the National Mission Plan to adopt a public health approach to drugs, to save and improve lives through a whole systems approach with services working better together addressing underlying issues (Scottish Government, 2022). Some of the key priorities are that people have access to treatment and recovery, are proactively identified and supported, with effective pathways between justice and community services established. The plan also sets out to have lived experience at the heart of provision, for families to be empowered to support their own and their loved one's recovery, so that communities are resilient. The national strategy Rights, Respect and Recovery set out a commitment to a public health approach to Justice, to ensure vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported (Scottish Government, 2018).

This TOC explores the impact of substance use support services having direct access in the police custody suites to people who have been arrested to connect with them, with follow-up support provided through outreach. This uses the space for engagement for people to become aware and have a choice to access the support they need and want in the community. It represents a shift from the space being used as simply a place of containment within criminal justice, instead to providing a public health approach and pathways to support. It therefore enacts the aims of the National Mission Plan. The broader aims of the arrest referral test of change will contribute to:

1. Reducing offending by addressing the causes of anti-social and criminal actions.
2. Building capacity in individuals, families and communities by connecting and guiding individuals to services that can repair and restore their lives.
3. Identifying financial and service delivery efficiencies through client engagement and service demand control and management.

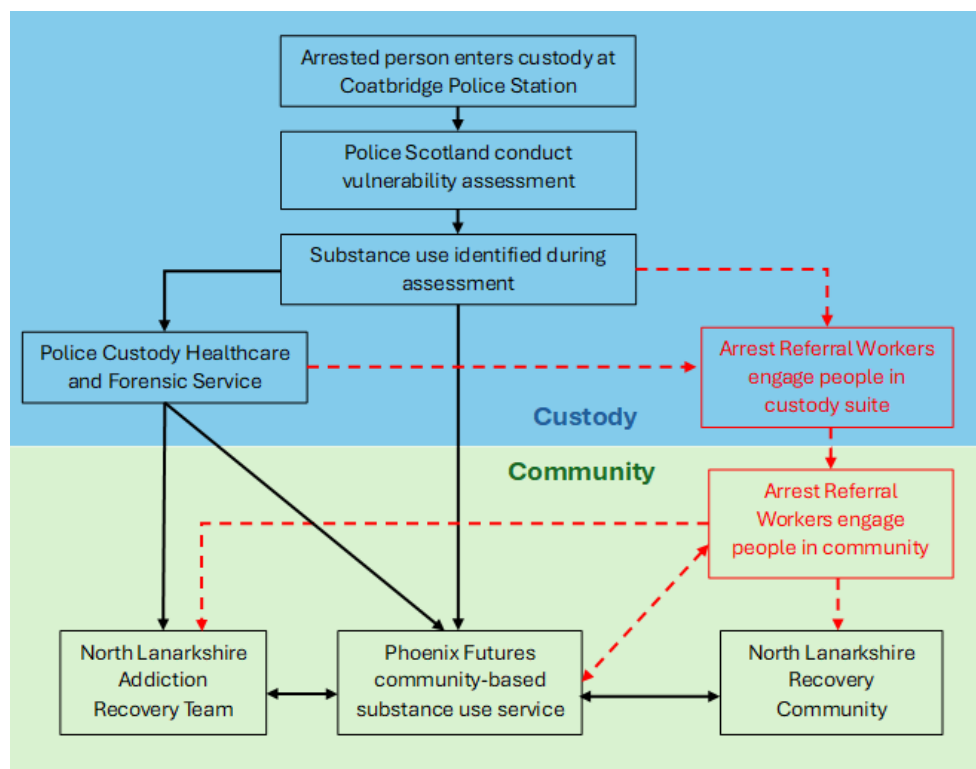
The project is a partnership between Phoenix Futures, Recovery Scotland, with support from Police Scotland. Strategic management of the project was undertaken by North Lanarkshire Alcohol and Drugs Partnership (ADP). The test of change evolved from a need identified locally to enhance support to people in the justice system with experience of substance use. Phoenix Futures and Recovery Scotland were commissioned by the ADP to deliver the test of change to build on their existing services in North Lanarkshire. Phoenix Futures delivers a community-based service that supports individuals and families affected by drug and/or alcohol use across North Lanarkshire. Recovery Scotland delivers the North Lanarkshire Recovery Communities service which provides recovery cafes across the area. Across around 19 months, from 24 January 2023 to 17 August 2024, the initiative cost approximately £120,000.

The service has two workers, one from Recovery Scotland and one from Phoenix Futures. The workers started in April 2023. They attend Coatbridge police station six days a week, arriving at 8.30. Police Scotland set this to allow them time to serve breakfast and, where relevant, administer medication to the people in custody before the workers arrived. The workers aim to engage people who have been arrested and are being held in the custody suite, where substance use has been identified by Police Scotland. Everyone entering custody is assessed by Police Scotland using the vulnerability assessment to allow custody staff/supervisors to ensure the person is looked after appropriately. This involves 21 questions which include questions around drug and alcohol use/dependency and mental health. There are also free text boxes to capture information based on observations made by staff/officers such as drugs being found during a search or the person appearing heavily under the influence. In addition, everyone should be asked on their views on an arrest referral. The custody Team Leader or Sergeant reviews the assessments and a decision would

be made to liaise with the Police Custody Healthcare and Forensic Service, if required. If substance use is identified staff will complete the arrest referral form and share it with the relevant support service (unless the person advises they do not want a referral). If the Arrest Referral workers are in the custody suite Police Scotland staff will identify appropriate people to allow the conversation to take place within custody. The referral would be emailed to Phoenix Futures if the workers are not in the suite at that time, or the person has already left custody prior to the workers attending. During the assessment process people could also be referred to the Police Custody Healthcare and Forensic Service or Phoenix Futures community-based substance use service via email or the Criminal Justice Secure Mail (CJSM) system. Both these options pre-date, and continued throughout, the test of change. The Police Custody Healthcare and Forensic Service can refer people to the Arrest Referral workers or Phoenix Futures.

When the Arrest Referral workers arrive at Coatbridge Police Station, Police Scotland notify them of people who had substance use identified during the assessment process. The workers then seek to engage them. If they do, they explain the substance use support available in North Lanarkshire and establish if the person is interested in speaking to them again following their release from custody. If they are, the workers will try to contact them within 48 hours of their release. In the community, the workers look to establish the support needed and wanted by the individual and their family members, if they want to be included, and link people into appropriate support in the community such as North Lanarkshire Addiction Recovery Team, Phoenix Futures, and North Lanarkshire Recovery Community. The workers also try to engage people in the community who had been referred by Police Scotland to Phoenix Futures and not been seen in the custody suite. Previously, existing members of the Phoenix Futures team would have attempted to contact these people in the community.

As noted above, prior to and throughout the test of change, Police Scotland automatically referred people in custody where substance use had been identified during the assessment process to Phoenix Futures or the Police Custody Healthcare and Forensic Service. The test of change was therefore the addition of the two workers in the custody suite and in the community to try to engage people who had substance use identified during the assessment process by Police Scotland. The test of change is summarised in the following flow chart.



2. Aims and methods of the research

The research set out to review the efficacy of the process and understand the journey of those availing of support. The key questions that underpinned the evaluation were also to understand the value for investment, alternative approaches that could be considered, and the additional work required to support people into treatment. A rapid review of evidence presented in the next section was undertaken at the outset. This focused on published and grey literature on arrest referrals and alternative approaches. Over a hundred abstracts from Edinburgh University search engine and Google were read and screened for relevance. Sixteen papers were included because of their relevance and thematically analysed, drawing out key messages. In addition, seven Scottish studies of the most recent research on the extent of alcohol and drug use and impact on offending is also presented to provide further context. Furthermore, data collated by the ADP to set out the case for the need for the arrest referral initiative in the area is presented. This review helped inform the draft research tools which were circulated to the Advisory Group for further feedback before fieldwork began.

The quantitative data collated by the ADP and external agencies has been analysed, giving insights into the journey of those who have benefitted. In addition, fifteen staff from the delivery partners and external agencies took part in the qualitative research. Nine in four online focus groups and six were interviewed by phone or digitally. This included representatives from Phoenix Futures, Recovery Scotland, Police Scotland, North Lanarkshire ADP, and North Lanarkshire Addiction Recovery Team (ART). In addition, seven people who had direct experience of being supported by the project were interviewed. The interviews were thematically analysed. This involved six phases, namely becoming familiar with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes and finally producing the report (Nowell et al. 2017). The report is structured to present the review of evidence as a backdrop to the study before moving on to the three main sections on findings, firstly the review of quantitative data and financial costs, secondly, views from staff, thirdly, views for those who were supported before moving on to the conclusions and recommendations.

A limitation of this research has been the small number of interviews with people who engaged with the service. Recruitment was through the agencies and initially it seems that only those who continued to engage with the agencies were contacted, and the more 'light touch' cases such as those who did not engage with services in the community were not contacted. A second wave of recruitment was undertaken which led to additional interviews. One worker reported that many people approached said they just wanted to move on rather than focus or discuss this part of their life. This research has shown the benefits of asking all participants for consent to participate in future research/evaluation when they initially engage. Furthermore, the absence of centralised data on outcomes has also inhibited our assessment of the service.

3. The Evidence Base

Overview of national and local data: Alcohol and drugs harm and crime

In 2023, in Scotland 1,172 people were recorded as having died because of drugs, an increase of 12% from the year before (National Records of Scotland, 2024). Males were twice as likely to have a drug death than females, and most of the increase has been down to the increase in male deaths. 80% of deaths were linked to opioids, 58% benzodiazepines and 41% cocaine (ibid). The vast majority (88%) were classified as being accidental (ibid). People living in the most deprived areas were more than 15 times as likely to die from drug misuse than the least deprived areas (ibid). In North Lanarkshire there were 103 drug related deaths in 2023. 70 were linked to heroin, 54 to benzodiazepine, 51 to cocaine, 30 to pregabalin and 10 to alcohol.

According to the Scottish Government (2023) data from the year before, 7,867 people started treatment who had an initial assessment recorded in 2022/2023. 29,161 were prescribed opioid substitution therapy, reduced by 12% since 2021 and 812 accessed statutory rehabilitation, an increase by 50% from 2021 (ibid).

There were 1,417 alcohol specific deaths in 2023, two thirds of which were male, and rates 4.5 times higher in deprived areas (National Records of Scotland, 2024b). North Lanarkshire had a higher rate of alcohol related death than the Scottish average (ibid).

In 2022/2023 there were 9,663 drug-related hospital stays in Scotland (Public Health Scotland, 2024), with most aged 35-44 years, and just under half lived in the most deprived areas. In 2022/23 there were 31,206 alcohol-related hospital admissions (stays) in Scotland. The majority of these admissions (92%) were treated in general acute hospitals (28,800) with the remaining 8% of admissions (2,406) occurring in psychiatric hospitals (Public Health Scotland, 2024b). People from deprived areas were seven times more likely to be admitted to an acute hospital for drugs than those from the least deprived areas (ibid).

Crimes of Possession of Drugs accounted for 34% of crimes against society and supply 7% (Scottish Government, 2024). Since 2010, 80% of all drug offences recorded by the police have been for minor possession offences (Transform, 2023).

In the Scottish Crime and Justice Survey 2021, two-fifths of victims thought the person was under the influence of alcohol, and one in three violent crimes the person was felt to be under the influence of drugs (Scottish Government, 2023b), so half of all victims thought the person was either under the influence of alcohol or drugs (ibid). In the last prison survey conducted, two fifths of people in prison said their drug use was a problem and 45% said they had been under influence of drugs at the time of the offence (Carnie and Broderick, 2019). 40% reported they had been drunk at the time of the offence and a third said their alcohol use affected their relationships (ibid).

Local data collated by the Alcohol and Drugs Partnership

The North Lanarkshire Alcohol and Drugs Partnership A review of arrest data was carried from 2018-2021:

1. Total number of arrested persons entering custody for each of the previous three years (1st April – 31st March) and current year to date.

Year	Throughput
2018	12,248
2019	11,904
2020	12,245
2021	5,698

2. Number of arrested persons who have said “Yes” to questions on the NCS Vulnerability Assessment regarding dependency on alcohol and drugs, mental health issues or any difficulties with reading and writing. For clarity, the same arrested person may reply “Yes” to one or more of these questions.

Year	Dependent on alcohol	Dependent on drugs	Mental health issues	Difficulty reading or writing
2018	1,640	1,781	5,154	1,381
2019	1,553	2,088	5,171	1,436
2020	1,554	1,880	5,060	1,405
2021	743	816	2,396	601

Taking 2021, this shows that 42% reported having mental health issues, 16% dependent on drugs, 13% dependent on alcohol and 10% difficulty with reading or writing.

Findings: The literature Review

The development and definition of arrest referrals schemes

A systematic review which included 47 articles carried out by Harmon-Darrow et al. (2022) draws attention to the political landscape that shapes policies. Specifically, in America, diversion had begun in the 1960s, but this was overshadowed by the ‘get tough’ policies of the 1980s and 1990s, and is now again growing in light of the pressured justice system (ibid; European Monitoring Centre for Drugs and Drug Addiction (2015)). Arrest referral schemes prevent low level crime from penetrating further into the justice system, identifying people who would benefit from treatment and support (Harmon-Darrow et al. 2022). In the UK the police have shifted towards public health approaches (Bacon, 2024).

The ‘theory’ of arrest referral schemes is ‘simple’, that is that those brought to a custody suite will be at a significant point in their lives and will therefore be more willing to discuss their substance use (whether because they genuinely desire help, or because they see engaging with a treatment agency as a way of leading to a lesser sentence) (Mair, 2002). 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 (ibid).

There are several different ways of describing arrest referral schemes. In the USA, they refer to the Crisis Intervention Team (CIT) where trained officers respond to calls where a health need is identified and can refer the person to a mental health receiving facility (Harmon-Darrow et al. 2022). A second model LEAD (Law Enforcement Assisted Diversion), participants are provided with intensive case management in lieu of arrest, making referrals to other agencies for people to get the support they need (ibid). The officers can also implement risk assessment tools followed by referrals to providers (ibid). Other initiatives include [sobering centres](#) such as in Melbourne Australia, which are safe places people are taken if they are intoxicated with on site and follow up support offered. Bacon (2024) draws on Edmunds et al. (1998) to outline three different models of arrest referral. Firstly, the 'information' model involved the provision of information by the police to people detained in custody. 'Proactive' schemes were where dedicated drug workers, based in custody suites or on an on-call basis, worked in cooperation with the police to directly access arrestees – screen, assess, advise, and refer. The 'incentive' model used the power of the CJS to offer arrestees a reduced penalty, or no penalty at all, in exchange for taking up opportunities for drug treatment.

Bacon (2024) reflects on the Drug Education Programme (DEP) in Bristol where anyone caught in possession of any illicit drug had a one-time opportunity to attend a course about the health impacts, social harms and legal implications of drug use as an alternative to criminalisation. A summons to court was deferred and no further action taken if the person attended the course. This is the same model used by Cranstoun's DIVERT Programme in the West Midlands. According to their website in response to drug possession offences there are education and treatment pathways for adults and young people. Since 2020 they have had more than 10,000 referrals from West Midlands, West Mercia, Warwickshire & Staffordshire. 62% completed the entire programme. 1 in 10 are children under the age of 18.¹

Benefits of arrest referral schemes

Arrest referral schemes can reduce stigma, costs related to jail, courts and improve community relations (Harmon-Darrow et al. 2022). It can mean people avoid criminal records that can limit life chances, can save 12 hours of police time per case and is cheaper (Transform, 2023). The evidence drawing on the impact on young people, is that they can reduce the likelihood of offending (ibid; Kubik and Boxer, 2022). It is reasoned that it may be that a referral to a service might signal to a young person that someone cares about them and their future outcomes (Kubik and Boxer, 2022). A study of adults also estimated that crime rates were halved in a three year follow up (Bukten et al. 2011 cited in Justice Analytical Services, 2023). Findings from one arrest referral scheme in London found that half of the arrests were for violent offences and 60% were not arrested again six months after the referral (Kennedy et al. 2012). Research on adults showed that officers engaging with mental health services improved their attitudes to dealing with people who had these issues and reduced the costs to the justice system (ibid). The review showed that most studies showed that the number of arrests fell, mental health referrals were most common, and officers' attitudes to mental health had an impact (ibid). A systematic review of 16 studies focusing on drugs, found that diversion to treatment led to a reduction of class A drug use, but that the impact on offending was unclear (Hayhurst et al. 2019).

Data

Many studies reflected that the research carried out in this field has been patchy. Harmon-Darrow et al. (2022) set out the different variables that were captured across the 37 studies they reviewed, namely: race, ethnicity, sex, and age, client life factors (e.g., employment status and school

¹ Information taken from their website: <https://cranstoun.org>

enrolment), client mental health variables (e.g., any mental health diagnosis, serious mental illness, and threatening or attempting suicide), variables related to substance use (e.g., current intoxication and cannabis use in the past month), criminal legal history variables (e.g., number of prior arrests, juvenile arrests, and institutional history), characteristics of the incident (e.g., time of the incident, use of a weapon, and resisting arrest). A few studies included control variables related to the police officer involved (e.g., officer rank and attitude). A couple of studies included a measure of the amount of time the client was at risk of recidivism during the study period, and a couple others included whether the client died during the study period. Control variables included in only one study was around perceptions of police legitimacy, physical health, level of functioning, whether the referral was at arrest or from a social contact, the number of months since the client was stopped by police, and the number of case manager contacts. One study included an index of multiple deprivation and a measure of crime deprivation. Harmon-Darrow et al. (2022) call for more qualitative and longitudinal research in this area.

Factors affecting use of arrest referral

Complexity of needs

A prospective data linkage study of almost 10,000 drug users in London who had availed of arrest referral schemes showed that women, those with severe housing needs and crack-cocaine users appeared to be the least likely to engage in support (Sondhi and Eastwood, 2021). In an older Scottish Study the piloting of the arrest referral schemes research found that young people and women were 'missing' from the support (Birch et al. 2006). This points towards the need for tailored support and also the need to understand the specific barriers different populations may face.

The importance of follow-up

A quantitative study of 116 people referred to support for drugs, showed that the greater retention the more positive the results were and pointed towards the benefits of intensive partnership working between criminal justice drug services and the police (Best et al. 2010). A study in London of 652 cases showed that there was a close relationship between the average length of time a problem drug user entered treatment following contact in police custody and the average length of an active case file, indicating the importance of maintaining motivation (Sondhi and Huggins, 2005).

Views of officers on their role

One of the main factors to arrest referral being used effectively is the views of police officers and how they view their role within the schemes. Interviews with 81 officers in England recently showed that where the police viewed criminal sanctions as being potentially harmful, they were more likely to push towards a more welfarist approach and arrest referral (Bacon, 2024). A study of 25 officers piloting the use of alcohol brief interventions showed the tensions between care and control officers felt, and also the differentiation officers made between those 'deserving' and 'undeserving' of support (McGovern et al. 2020). Where officers view their role as being legalistic rather than community oriented this makes them less likely to engage in arrest referral schemes (Grant and Schaible, 2022). One study showed that where there are differences in how the support services and police see their roles this creates barriers (Hunter et al. 2005). On the other hand, where there is strong leadership support within the police for arrest referrals, this means that staff are more likely to be invested (Barberi and Taxman, 2019). This shows that leadership and training are vital.

Communication between officers and services

Communication between the officers and services was critical and the change in shift patterns affected this, and took time to establish (Harmon-Darrow et al. 2022). One commentary reflected that the police could be suspicious of non-police on 'their turf' and this acted as a barrier to partnership working. One older study in London showed that drug services struggled to gain credibility with potential participants being based in the police custody suites, because they distrusted them, seeing them as part of the police (Hunter et al. 2005). A key finding from the evaluation of six schemes piloted in Scotland in 2006 was the importance of the environment, and police staff and voluntary agencies having built good relationships (Birch et al. 2006). Arrest referral was reported to work better in the court setting as opposed to at the police custody because in the former it was less busy and there was more consistent staff. Where officers did not understand the scheme, this was a significant barrier to it being effective (ibid). In Glasgow the local community addiction team was co-located with the arrest referral service and this worked particularly well (ibid).

The setting

It is likely that there will not be 24/7 coverage at police study so that services are not seeing everyone (Mair, 2002). The setting may also mean that people are unwilling to divulge their substance use (Mair, 2002).

Caseload management

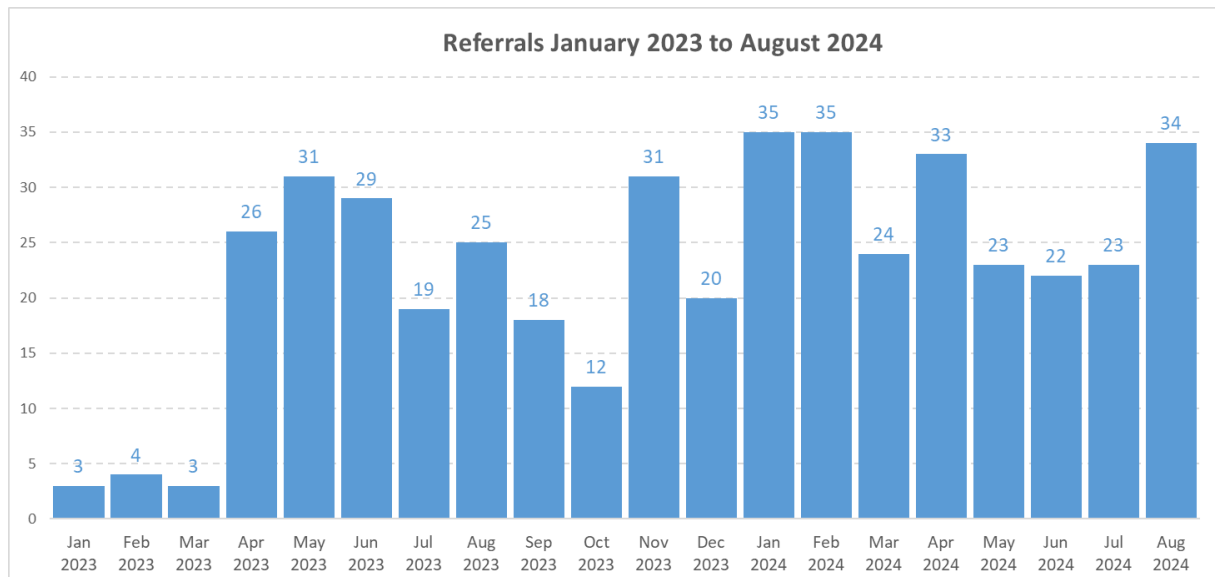
Lengthy waiting lists for treatment can be especially off putting for people (Mair, 2002). When referrals are made, the process should be quick and easy, and where possible 24-hour support should be available (Barberi and Taxman, 2019).

Other approaches to arrest referral

Other approaches to arrest referral are the legalisation of possession of drugs, police-involved crisis responses, either working alone or in tandem with mental health professionals, or non-police responses, so that social workers, paramedics or other non-police agencies respond to certain calls for service or criminalised conduct (Cadoff et al. 2023). In Portugal, police refer drug users, problematic or not to the national network of commissions of the dissuasion of drug abuse (European Monitoring Centre for Drugs and Drug Addiction, 2015). Drugs Courts are specialised courts developed in the USA initially and work with agencies so that people can get the treatment they need (ibid). A review of community sentences for substance use problems in Scotland showed that overall court ordered treatment is less effective than voluntary treatment but it can still produce more positive outcomes than custody (Justice Analytical Services, 2023). This research also emphasises the importance of there being a strong therapeutic alliance and support around effective alcohol treatment, that no single response is appropriate but needs to be individualised and the role of social exclusion (ibid). In short, it is not just getting people to these services, but the services themselves have to provide tailored support, taking account of all needs.

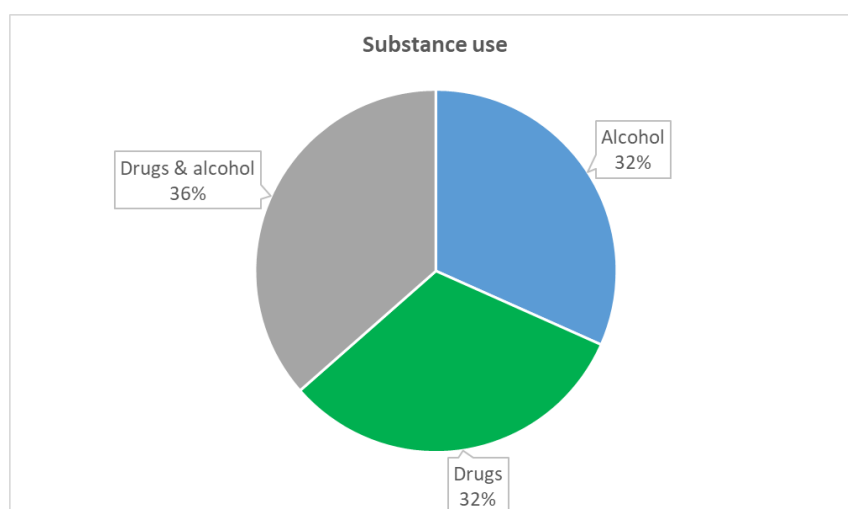
4. Findings: Quantitative Data and cost benefit analysis

From January 2023 to August 2024, there were 458 referrals to the North Lanarkshire Arrest Referral Scheme, an average of approximately 23 per month or 6 per week. From April 2023 onwards – when the workers took up their positions - there has been a steady flow of monthly referrals ranging from 12 in October 2023 to 35 in January and February 2024. There is no obvious pattern or seasonality to the monthly referrals.

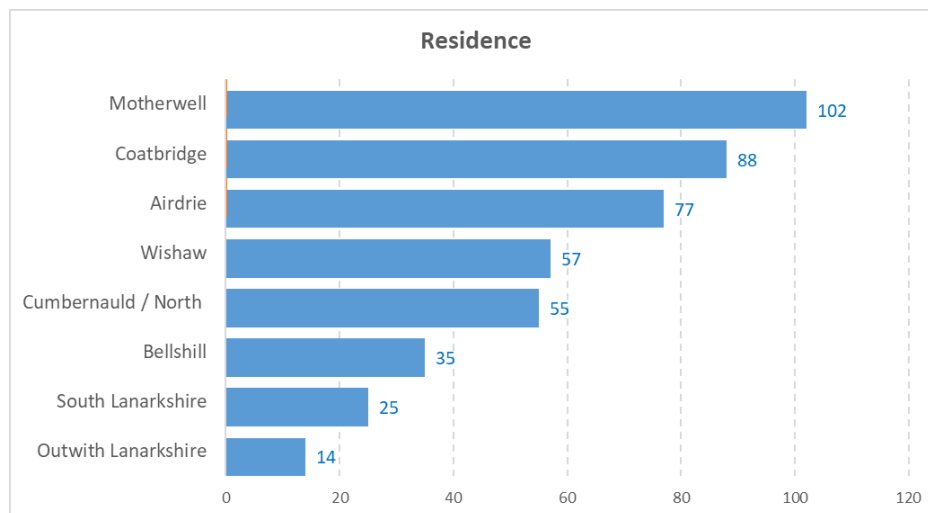


The majority of referrals to the Arrest Referral scheme have been male. Overall 84% of referrals to the scheme were male and 16% female. The proportion of females is slightly below the proportion of women in custody across Scotland as a whole which was recorded as 19% in the latest [Independent Custody Visiting Scheme Scotland Annual Report](#).

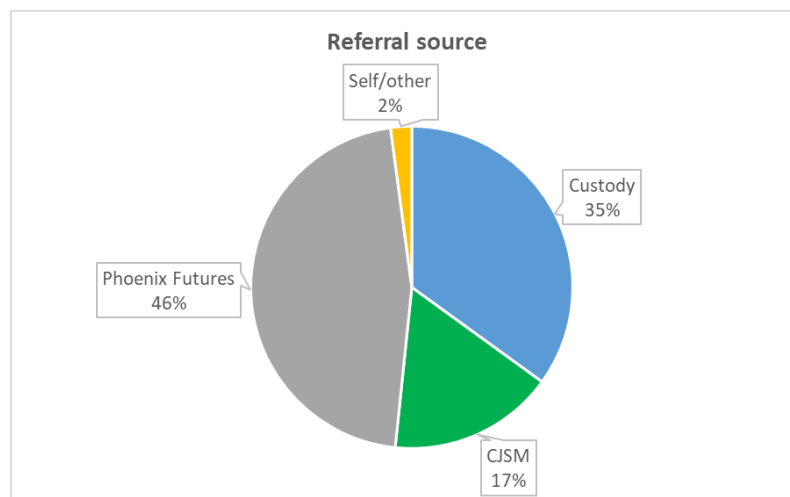
Substance use among those referred to the scheme has been divided relatively evenly between alcohol (32%), drugs (32%) and drugs & alcohol (36%). Drug use covered a wide range of drugs the most common of which were cocaine (55 referrals), heroin (24), benzodiazepines (18), and methadone (14). Poly drug use was also common involving a combination of different drugs including heroin & cocaine (8), stimulants & benzodiazepines (8), opioid & benzodiazepines (6), and opioid & stimulants (6).



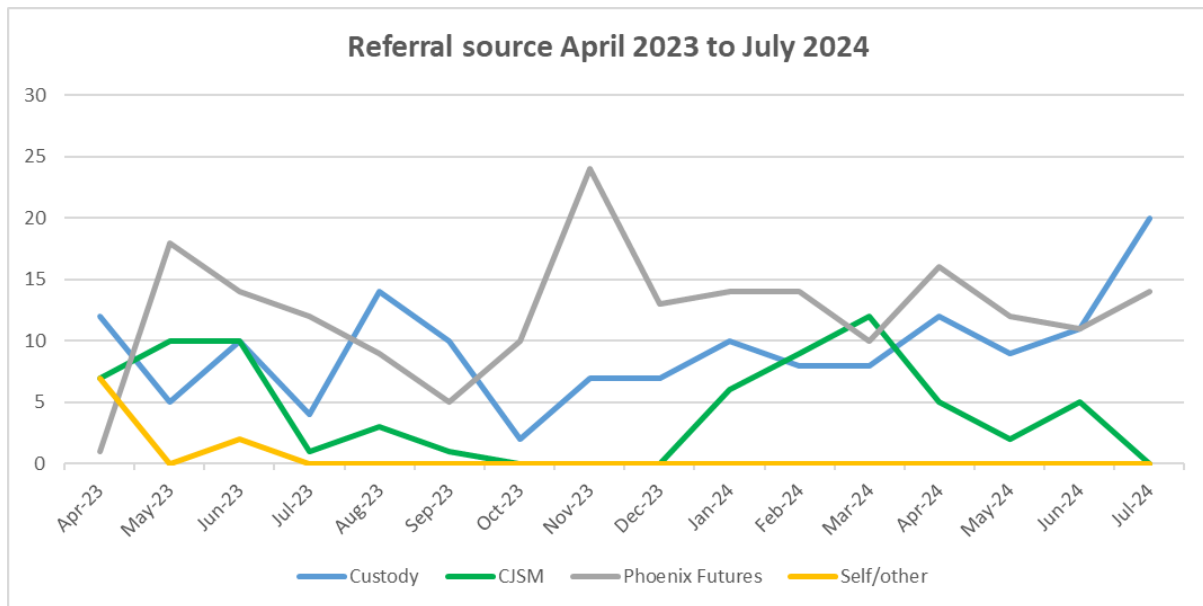
Almost a quarter of referrals were people who gave their residence as Motherwell (23%). Coatbridge (19%) and Airdrie (17%) were also prominent. More detailed analysis to assess the engagement of people across North Lanarkshire would require the number of people detained by Police Scotland from each locality, using the same boundaries.



Referrals to the scheme can be made in one of four ways: 1) from the workers seeing people in the custody suite at Coatbridge Police Station; 2) via CJSM email; 3) via email to Phoenix Futures; and 4) self-referral. The most common referral source was via an email to Phoenix Futures which accounted for almost half the total (46%). It should be noted that Police Scotland referrals to Phoenix Futures is a continuation of a process which preceded the test of change – previously the follow-up would have been undertaken by an existing member of Phoenix Futures team, during the test of change the workers took on this role. In our view, the added value of the service is most evident in the 35% of people seen by the workers in the custody suite. This relatively low level of figure reflects the challenges the workers experienced accessing those in the custody suite which are discussed elsewhere in this report.



The number of referrals per source have fluctuated month by month as shown in the graph below. Generally the relative importance of each source has remained constant over the period with Phoenix Futures averaging around 12 referrals per month, custody around 9, CJSM 4, and self/other 1. Over recent months, the number of people seen in the custody suite has increased slightly, although it is too early to interpret this as a significant change.



In total 183 of the people referred to the scheme were recorded as having previously engaged with substance use services. This is 40% of all referrals. It should be noted however that this information is limited as it was not recorded for all referrals.

Some information was recorded on the potential substance use support options workers have discussed with people although this information was also incomplete. The spreadsheet shows that workers frequently discussed the Addiction Recovery Team (ART), North Lanarkshire's primary treatment and support provider, Phoenix Futures community-based support service, and North Lanarkshire Recovery Community (NLRC) which is delivered by Recovery Scotland. The two workers are employed by Phoenix Futures and Recovery Scotland. Information on which service people were actually referred on to was also incomplete with nothing recorded for around a third of people. Where information was recorded, ART was the most common destination for onward referral with approximately a quarter of people referred to this service. Phoenix Future (18%) and NLRC (16%) were also frequent destinations. These figures demonstrate the Arrest Referral scheme has established links with the main service providers in North Lanarkshire. The strength of these links is assessed in more detail later in this report.

Onward referral	Number of referrals	Percentage of referrals
Addiction Recovery Team	119	26%
Phoenix Futures	82	18%
North Lanarkshire Recovery Community	75	16%
Advocacy	8	2%
Housing	1	0%
Other	35	8%
Not recorded	145	32%

From April 2023 to March 2024 there were 5,357 entries at Coatbridge custody suite. In the same period there were 305 referrals to the Arrest Referral scheme which represents 6% of the total. The monthly figures ranged from 2% in October 2023 to 8% in February 2024. As highlighted in chapter 3, Police Scotland data from 2018-21 shows that 13% of people entering Coatbridge and Motherwell custody suites were recorded as dependent on alcohol and 16% dependent on drugs. If we take these figures and assume the percentages have not changed in 2023/24 we can estimate that 699 people in the custody suite were dependent on alcohol and 835 dependent on drugs. In this context

the 305 referrals to the Arrest Referral scheme appears reasonable. It should be noted however that these figures are for alcohol and drug dependency and are self-reported. The true extent of alcohol and drug use (not necessarily dependency) among people entering the custody suites is likely to be markedly higher. Evidence from the latest [Scottish Prison Survey](#) supports this as it reported “Two fifths of respondents stated that their drug use was a problem for them on the outside (41%), with 45% confirming that they had been under the influence of drugs at the time of their offence and 16% reporting they committed their offence to get money for drugs.... Four in ten who completed a questionnaire reported being drunk at the time of their offence (40%). One fifth reported that drinking affected their ability to hold down a job (19%) and one third admitted that their drinking affected their relationship with their family (33%)”. These figures suggest, in our view, that there are many more people in the Arrest Referral Scheme’s target group entering the Coatbridge custody suite.

This evaluation has highlighted gaps and limitations to the information recorded for the Arrest Referral scheme. This includes information on follow-ups within 48 hours, previous engagement in services, and onward referrals. It also includes information on whether people engage with the services they are referred on to and their subsequent progress and outcomes. We recommend comprehensive records are kept in future if the scheme is sustained.

Cost benefit analysis

Across around 19 months, from January 2023 to August 2024, the initiative cost approximately £120,000.

During the same period there were 458 referrals to the North Lanarkshire Arrest Referral Scheme, an average of 23 per month.

The data shows that 35% or 160 people were seen in custody by the workers who, under the previous arrangements, would have automatically been referred by Police Scotland to Phoenix Futures. In very simple terms these 160 people represent the main added value of the service. We do not know what proportion of this 160 subsequently engaged with the workers or substance use services after their release from custody. We also do not know what proportion of people in custody who were directly referred to Phoenix Futures by Police Scotland were subsequently engaged by the workers and substance use services. We also do not know what proportion of people who engaged with the service reoffended. Four of the people who had engaged with the service interviewed as part of this evaluation, reported their offending was a ‘one off’ and they had no previous offences, police contact or hospital admissions. In addition, one woman interviewed had been arrested six times in the previous year, with no previous history of offending. She had just completed her community payback order and did not think she would reoffend, however there had been no time gap so the impact on reoffending is not known. It would be reasonable to assume, because of the lack of criminal history of this group, that the likelihood of them reoffending is lower than others in police custody. There are therefore a number of unknown variables.

National figures show that 26.9% of people reoffended at least once in the year following either a non-custodial conviction or release from a custodial sentence in 2020-21 ². Focusing exclusively on the 160 people seen in custody by the Arrest Referral workers which we have identified as the main added value of the test of change, if the national rates apply 26.9% or 43 people would reoffend and 117 would not. It is reasonable to assume that the input of the Arrest Referral workers would have helped some of the 43 people to engage in support and not re-offend who may have otherwise gone on to be re-convicted. For every person benefitting in this way, we can estimate the savings to public

² [Reconviction rates in Scotland: 2020-21 Offender Cohort](#)

finances that would accrue. Drawing on [Scottish Government](#) cost estimates for 2016/2017, and taking the lowest potential costs possible involved in reoffending, the potential savings are:

- Court appearance at the Justice of the Peace and having a guilty plea (£151), and therefore the 'cheapest options available' with court support (£181)
- only an hour of police time given which is likely to be a very conservative estimate (£22.94)
- with the lowest level of disposal given, diversion from prosecution (£764)
- this would total a saving of £1,119.94 per person.

Based on this conservative estimate, the Arrest Referral service could have saved the criminal justice system up to £48,157.42 if all 43 people supported by the service who may have otherwise gone on to re-offend did not do so. If half of the 43 supported by the service did not then go on to reoffend - a more realistic assumption - the savings would be £24,078.71.

Taking a more 'standard' case of someone who has had a trial at Sheriff Court, with legal assistance, this would cost for one person alone £12,748.³ This figure does not include police time, the potential costs of remand, and the costs that would be spent by families to support the person in prison (Nugent, 2023). The potential saving for 43 people supported by the Arrest Referral scheme not re-offending would be approximately £500,000 at £12,748 per person. As above, a more realistic assumption of half of the people supported by the service who may have otherwise gone on to re-offend, the saving would be approximately £250,000 at £12,748 per person. We stress however that there are several unknown variables which would need to be accounted for before a reliable figure on savings could be reached.

³ All of the data from above sourced from Scottish Government, [data](#) from 2016/17.

5. Findings Qualitative Data: Staff Views

This section presents findings from staff drawing on an analysis of participation from fifteen individuals. This section has four main sections, that is views on what has worked well, impact and the factors that underpin this; secondly, the impact made; thirdly, the challenges encountered, overcome and those that remain; and finally what participants would like to see being developed.

What has been effective, and the impact made

- Reaching those 'hard to reach', missed before or would have been 'lost'

The main impact is that all staff were clear that through this initiative people who would otherwise have not engaged in any services were now being connected with and getting some form of support. The impact of this initiative as 'widening the net' of who is being connected with is further emphasised as it was reported that the number of referrals to the Addiction Referral Teams (ART) has increased by 10%, and that a significant reason for this was this initiative. Interviewees from an external agency reflected that through the service they have been able to retain engagement with people who also would otherwise have been lost from their system.

"We just lose contact with people otherwise. We would have to work a lot harder to find out what happens. This helps us to work smarter." (Interviewee 15)

- Taking a whole family approach

The workers will support family members and where this has been possible, it has been recognised as 'needed'.

"I can't stress the importance of family support enough. The trust that has been broken and to have that family together. Having the support of the family to give them the strength to do that...To get them that support is needed. (Interviewee 1)

- Proactive engagement: Reframing custody as an 'opportune time' to offer support

The connection, even a short one, was seen as potentially 'planting a seed' that change is possible or promoting harm reduction. The workers also use the time to make people aware of naloxone, assertive outreach and the Overdose Response Team.

- Strengthening and widening partnerships

This initiative has strengthened the partnership between Phoenix Futures, Recovery Scotland, and developed this with Police Scotland, the ART, the recovery community, wider partner agencies such as Turning Point Scotland and housing. One worker described how it had made the recovery community 'smaller' and easier for people to navigate as a result.

- Changing cultures: Valuing lived experience

This project has shifted cultures particularly within the police to recognise the value of lived experience. This initiative has helped Police Scotland to change their vetting procedures so that for the future people with lived experience will have more and greater access within these spaces. It was reported that police officers increasingly recognise the importance of the external services having direct contact rather than them acting as gatekeepers to the service being accessed. This project has helped officers to build trust in the importance of external agencies having access.

“I think this has shifted how Police Scotland view lived experience. There has been such a change in the attitudes, and just the officers – some had their back up, now they welcome us. They know us by name, it is a different atmosphere.” (Interviewee 1)

“Early on the main challenge was the vetting issue. Police Scotland took ownership of that and North Lanarkshire... There was no hidden agenda or anything. I think those expectations could have been managed better... We have found a way around that though and there has been an extensive review. It wasn't just this but they were involved in the need for this to change. That would have been a big hurdle. The decision made will have ramifications for going forward – we will be able to welcome people with lived experience into the custody.” (Interviewee, 8)

- Changing Cultures: De-stigmatising

The initiative and evidence of how many people have been engaged with and the success stories have created a change in narrative promoting the process of desistance through taking a public-health approach.

“One of the stakeholder days it came to light that this is also about destigmatising. We had one person say they didn't think this would really work in practice, but we had the hard evidence that it is working, that people are engaging in treatment. It has been really helpful to build the evidence base and destigmatise the idea that people are not going to engage. It is about challenging perceptions about the people who end up in custody.” (Interviewee 9)

- Changing Cultures: Taking a Public Health Approach

This initiative is leading to a change in thinking about the responses to people in the criminal justice system, to take a public health approach recognising substance as an illness and that people require support. This is making the space of police custody more accessible, so that it does not sit separate to the community it operates, but rather within in.

“There has been a shift in culture – collective mindset – this is not about locking people up but providing a health-based intervention and taking pressure of Police Scotland. People were realising that and wanting to get into the custody suite.” (Interviewee 9)

- Changing Cultures: Taking a trauma informed approach

The interviews showed that those at all levels recognised that the infrastructure within systems is often not trauma informed. There was a frustration articulated that at present the spaces in the custody suites are not trauma informed and this raises the profile of this as being an issue.

Factors underpinning success

- Strategic leadership: 'Having the right people around the table' who had 'buy in' and were accountable

The Alcohol and Drugs Partnership was praised for getting the 'right people around the table', as part of the Advisory Group, providing coordination, monthly meetings, with open communication and a reflective approach. Over time the police involvement within the group has increased and this was felt to be evidence of their increased commitment to the project. The actions log was said to keep people on track, so that problems that arose were recorded, responsibility given and addressed as quickly as possible. This meant having what was described by one interviewee as 'courageous conversations' and through this partners built trust. However, one interviewee felt that the partner organisations could have done more earlier on in the process to challenge the vetting procedures which held up access for six months, rather than leaving it to the ADP.

- Experienced delivery providers and good partnership working

Phoenix Futures and Recovery Scotland are already known and recognised for their positive work in North Lanarkshire, and so them being commissioned to deliver the service was not an 'unknown.' Both services felt that because they had already worked closely together on other projects, it meant that they could get on with the work quickly. Whereas, if services were new to each other this may have taken longer and more time needed for establishing relationships would have had to be factored in. It was also reported that Police Scotland communicated well together. Both workers have widened the partnerships within the community by going out to services, telling them about the work they are doing and referring people on to them for support. They felt this is why they could be person-centred, directing people to the support they need and want.

"The partnership working has been great...I thought it might be a bit harder to get it up and running. There had to be one email and one system, and so even co-ordinating where information would be kept re data protection...Maybe that has been a factor that they knew each other and had worked together before. North Lanarkshire has good partnership working generally. Having worked in other areas I know that is not always the case. People often have their own ways of working. It maybe that them having already worked together has been a factor. It made it an easier transition." (Interviewee 10)

"Navigating Police Scotland bureaucracy and making sense of their procedures – national versus local, how it is interpreted, there were differences in how this was being done in part of – two custody centres. South had an arrest referral that had bail release and courts, but North didn't have that. We had a range of services providing different things, but they agreed to work together to make sure no one was lost." (Interviewee 9)

"He got his name out there and shared his own experience and about the service. Any possibility to share and to build links he has taken it." (Interviewee 2)

- Committed and resilient workers

Consultees described the workers as being committed, passionate about their work and going 'above and beyond' for those they have supported. They have shown resilience to stick with the initiative when vetting was preventing access, and approached the work with dogged determination, as they 'keep battering away', to connect with people. The service sets out to be person-centred and the support offered is wide ranging. For example, there were examples given of the workers sourcing phones and providing transport and support to get people to their first engagements within the recovery community.

"Arrest referral staff – their passion and drive, they never stopped, even when they could not get access, they were going back all the time....they have been as flexible as possible, they have offered assertive outreach for those who did not want to talk to them there, so they were able to contact them outwith." (Interviewee 10)

- The power of lived experience

It was recognised that the connection and rapport built with people through the workers' lived experience, helped to overcome stigma, distrust and built hope that a better life was possible. Interviewees were open that they knew the levels of distrust some people have are so great, they even view nurses as part of 'the system.'

"The lack of trust of the police – people in uniform, that is why lived experience is worth their weight in gold." (Interviewee 8)

- Investing time and building trust

The workers felt that the relationships they had now with the police were strong, but this took time and them seeing first-hand the differences that could be made. Initially officers were making decisions about who the service could see, but this has now changed with the workers having 'free reign' in terms of access.

- Outreach and practical barriers being addressed

The workers following up quickly with people in the community improves engagement, they have also supported people particularly to engage with the recovery community for the first time, and it was felt that without this extra support they would otherwise not attend.

"A lot of the outreach we do is quite successful. When people see you in the cells you are just another face, but then they see you out there. They don't expect to get the help. So when you go to their door, it makes them think they can do this... The question was around consent, so we got it on the day from people so we could do that." (Interviewee 1)

Challenges

The Arrest Referral test of change has encountered some challenges which can be divided into those that inhibit initial engagement, follow-up, gaps in provision and the wider structural challenges.

Initial engagement

The evaluation highlighted a number of barriers which have impacted on the initial engagement process: vetting; the court bus; awareness; and access.

- **Vetting** - Over the course of the test of change there have been four workers. All have lived experience of substance use. Police Scotland understandably required workers to be vetted before being allowed access to the Coatbridge custody suite. The vetting process progressed swiftly for the two original workers. However, the vetting process for the two current workers took months due to previous involvement with the justice system. During this period the workers were unable to access the custody suite. A workaround was sometimes provided whereby the workers could speak to people in custody in the solicitors' room. The workers explained this was challenging as they, firstly, relied on police officers to tell people in custody about the service, and secondly could only speak to people from behind a glass partition which made it difficult to build up a rapport. The vetting problems encountered during the test of change has however prompted a welcome change in processes going forward, for this and all other projects nationally.
- **The court bus** - The workers start at 8.30am, as this is the earliest time they are allowed access to Coatbridge Police Station. In theory, this should mean they have access to everyone who was arrested over the previous 24 hours. However, the contract with an external transport company that takes people to court (hereafter 'the court bus') means that sometimes people who have been arrested have already left the custody suite before 8.30 and therefore are not able to be seen.
- **Awareness** - Another issue has been awareness among officers at Coatbridge police station of the service. The workers reported numerous occasions when officers at the reception desk did not know about the service. This has led to sometimes lengthy conversations to gain entry which has involved telephone calls to service managers or seeking the involvement of the custody sergeant to confirm vouch for the workers and the validity of the service. This barrier has been encountered even after the workers have been fully vetted. On occasions the delay has meant the court bus has taken people in custody away. On some occasions the workers have had to use the solicitors' room with the challenges it brings as described above. On other occasions the workers have been refused entry and not been able to speak to anyone in custody. Awareness sessions were carried out with officers early in the process. However, new recruits and officers from other police stations covering the reception desk at Coatbridge has meant awareness has varied during the test of change. It was reported that over the past few months this has been less of an issue as police staff have been more consistent.
- **Access** - The other issue reported has been getting access to the custody suite when officers have been 'too busy.' A recent Old Firm football fixture was given as an example when the number of arrests was much higher than the daily average. Although we can understand why this was given as a reason it represents a missed opportunity to engage a number of people in custody where substance use was a factor and hints at a lack of understanding of the test of change. A further challenge has been if there is a medical emergency, or the Doctor is doing their rounds then access is also not possible.

The type of contact workers can have with those in the custody suites is also dictated by the police officers on duty. Based on interviews with staff, it was reported that 60% of first contact is through 'the hatch', or via the solicitors' room which makes getting a connection and building trust very difficult. Face to face contact, the preferred and most effective option is therefore not always granted.

People in the custody suites can be under the influence, hungover, and as well as this temporary physical state, they can also be distrustful of services. They also do not have access to their mobile

phones and can struggle to remember their phone number or addresses. As it stands, Police Scotland do not share this information, even if the person has consented to this happening. Therefore, even when access has been given, getting people to engage and establishing information is a challenge. The workers report that some repeat offenders have only begun engaging when they have been contacted a few times and through this have built a rapport. One of the key findings from this research has been the value of lived experience to overcome distrust felt and provide a breakthrough, reframing the custody suites as providing an opportune time for people to get the help they need.

Workers reported that young people and to a lesser extent women could be difficult to engage. There is no information to understand the needs to under-represented groups such as people from ethnic minority backgrounds and LGBT+. It was raised that having a female worker would help engage women, especially as some women in custody are there in the context of domestic abuse and may be less likely to want to speak to a male worker. There are arrangements in place for women in custody who want to speak to a female worker to be seen by female staff from Phoenix Futures or Recovery Scotland. Although this option is welcomed, it is convoluted and not ideal, in our view.

Initially the police had been making a judgement as to who could be 'seen' by the team and this restricted access, with reports of 'cherry picking'. However, as direct access for the team has improved this has become less of an issue.

Follow-up

Workers offer outreach, trying to follow-up and see people in the community within 48 hours of meeting them in the custody suites. As noted above, one of the main challenges is getting the correct contact details from people. Currently, Police Scotland do not share this information even if the person has consented and considering this as a test of change, this is a barrier that should be addressed. It was also raised that the large geographical area covered presents challenges.

Gaps in service provision

Consultees reported several gaps in support services which inhibited the impact of the Arrest Referral scheme. The issues identified were: difficulty accessing mental health services, with a common complaint of people being 'passed' around between mental health and substance use service; the lack of follow-up support after leaving hospital and prison; the lack of accessible rehabilitation; and secure accommodation available. Furthermore, the lack of provision generally and presence of the recovery community in more rural areas.

"If someone is asking for support and they suggest they have had any substance, they are passed back to them. We need to work together. People in recovery – their mental health has struggled. But mental health will not look at them. We had someone sent to us who was smoking 2 joints a week but mental health won't look at them – because they are taking those substances... When it comes to the recovery community, I can pester, but with mental health I don't know, I am shut out. As soon as they hear substance use – no. (Interviewee 2)

"One of the guys, he is homeless, he is in hospital. His sister is trying to get him into a residential rehab. She has heard about Phoenix in Glasgow but we can't get access to that. There is a lot of people who need residential rehab. It would save a lot of lives. We were told there was extra funding, but the only pathway we have through is ART, or prison. We need more residential rehab... There are only 6 people currently in rehab in North Lanarkshire.... They are reviewing it every 4 weeks. We are setting people up to fail. The pre-admission support is not there, so people are not staying and the aftercare is not there". (Interviewee 1)

"You hear sadly that people are better off in prison, they are living otherwise in high risk temporary accommodation and so being in prison they are getting fed." (Interviewee 2)

Structural challenges

A significant issue raised by consultees was the poverty people are often living in and returning to. People not being able to afford to attend appointments and substances being a way to 'escape' from complex needs that are underpinned by structural inequalities. The service appeared to support people to attend their initial contacts with the recovery community, but this was not provided to the same extent with the Addiction Recovery Teams (ART). One worker also raised how the ART are overwhelmed and the challenges they have to engage people meaningfully as a result. The drugs available were felt to be much more dangerous than in previous years aligning with the National Crime Agency (2024) that reported on the rise of synthetic drugs and escalation of nitazenes as a cheap way to increase the strength of certain drugs.

"Last week I was at a flat and there were no carpets, no furniture and a mattress on the floor, no white goods and this is how people are expected to live. If they get accommodation from the Council they are expected to get in there and do it all. They have no money, but all they can see is floorboards and a dirty mattress. (Interviewee 1)"

Ideas for future development

Interviewees suggested the following as potential future developments:

- Providing gender balance: It was felt that having a female worker could help the service to reach more women and ensure a trauma informed approach is taken.
- Extending access: As well as addressing the challenges above so that they had face to face contact at the custody suites, the workers wanted access to be expanded so they could operate within the courts including the drugs and alcohol courts, ensuring people were not being 'missed'. There were also opportunities to work with the Criminal Justice Social Work team to engage people with substance use issues.
- Expansion: Through expanding the team even more flexibility could be offered and would take some of the pressure of the service being delivered by two people.
- Information sharing: Workers raised that being able to get access to information when someone has given consent should happen. This would overcome the current barrier to getting correct information.
- Stronger links with ART: A couple of interviewees indicated that the team could provide more direct support to link people in with the Addiction Recovery Teams, in the same way they do to the recovery community, supporting people to attend their appointments.
- Data: Interviewees felt this project had brought services to work together but had not included the costs and time involved for services to gather and collate data, particularly around outcomes. For the future of the project they wanted this to be planned for. One participant raised that ideally data would be tracked longitudinally.
- A 'one stop shop': Some interviewees hoped that in the future a 'one stop shop' for substance use and mental health support would be developed, so that people would know where to go to get help at an early point, before reaching crisis.
- Taking a public health whole systems approach: It was felt that the health system could work more closely with criminal justice to offer healthcare interventions, potentially even shifting custody suites into health care centres, providing for example fibroscans, sexual health screening, and thus taking a preventative approach.

6. Findings Qualitative Data: Lived experience of support

Overview

Seven people (four women and three men) who had direct experience of support from the Arrest Referral scheme were interviewed. One woman had been in a domestic incident whilst both her and her partner had been under the influence of alcohol. She said she had reacted to long-standing abuse. This was her first time arrested with no previous appearances at court or hospital admissions reported. She was keen to complete her sentence of probation. One woman had been arrested six times within the past year because she had lost custody of her children and had been trying to visit, breaching her bail conditions. She reported that her abusive ex-partner had called the police resulting in her arrest. She had just completed her Community Payback Order (CPO) at the time of interview. One other woman had been arrested following a 'one off' assault and had received a suspended sentence. She explained that over the past three years her substance use had escalated following her father passing away. Two men interviewed, now in their late 20s, had previous incidents with the police several years ago, but this was the first time they had been arrested as an adult for breach of the peace, related to their substance use, and had no previous appearances at court or hospital over the past few years. All these interviewees referred to their incidents as being a 'one off.' For context, as noted earlier the reconviction rate in Scotland is 26.9%. For a third (34%), this is their first offence in ten years (ibid). In addition, another male was interviewed who had been using heroin for a number of years and had been arrested on several previous occasions, mainly for shoplifting. One of the other people interviewed was the parent of a male interviewee.

The different ways of connecting: Face to face and phone contact

The three men and one woman had connected with the service through speaking face to face with the workers at the custody suite. One other woman could not remember meeting the workers in the custody suite initially but they came to her home the next day. One woman contacted the service through a card she had received about the services from a police officer, and the mother said she contacted the service a couple of days after her partner had seen a poster at the police station about the service, taken a picture of it and encouraged her to get help.

Two of the men and two women had met again with the same worker 48 hours after their initial meeting in the community. Both men with the support of the worker attended the local recovery community for the first time. Both felt they had built a good rapport. They travelled to the group themselves but the worker who was already attending the group had met them outside. They said that having the worker there helped with their anxiety. Two women were supported to attend Phoenix Futures and despite living close to this they had never heard of it before. One woman even commented she hadn't even noticed the building before. Both women said that up until the point of having the conversation with the worker they had not recognised that their substance use was problematic. This shows the impact even a small interaction can make. The mother contacted the service herself as a result of her partner's encouragement 'desperate' for help. In the same way, the woman also made contact herself after receiving the card and checking online about both Recovery Scotland and Women's Aid. For both Women's Aid and Recovery Scotland she spoke with a female worker initially. Recovery Scotland informed her about the recovery cafes, and she attended them herself, although the worker she had spoken to was also working there the first evening. She reflected that she would have preferred to have face to face contact at the custody suites and would not have minded if it was a male or female worker. She said:

"I was embarrassed but I would have probably liked somebody to speak to. Because I felt panic-stricken and enclosed in the cell as I have anxiety and stress and I felt a bit claustrophobic."

The third man with a history of heroin use, also spoke to the workers in the custody suite. Interestingly, they reported they only did so to get out of the cell for a short time and, at that time, had no intention of engaging further on their release. However, when they spoke to the workers, their lived experience resonated and had subsequently inspired them to try to address their drug use. On their release they engaged with their existing “drugs worker” and they have since commenced an opioid replacement treatment (Buprenorphine). The person reported they did not have any contact with the Arrest Referral worker in the days following their release.

“I was in the cells recently and they came round all the cells asking if you wanted to speak to someone about it. I came out and we sat down and talked me through what it is they do, what kind of help they can offer. At the time, to be perfectly honest, I only done it so I could get out the cells for 10 minutes. I was doing a weekender and I just wanted a change of scenery. But when I sat down and was talking to them they were saying they’d done all this, they’d been in that situation. It definitely put the idea in my head. To speak to people who had lived that life, had recovered, have a career, are doing well for themselves, that was an incentive, it was a bit of an inspiration... I was sitting on one side of the glass and they were on the other, I was in a dirty t-shirt, worse for wear looking like a piece of shit and these two guys, nice clothes, watch, doing well for themselves, got a career, it just gave me that incentive to say I could do that”.

Engagement and Impact

One of the women had tried AA meetings before but did not like them and much preferred the recovery cafes, including the women only and mixed sessions. The only issue was that with her work pattern attending meetings was difficult. In other research with women who have substance use issues, it was found that a lack of childcare meant women were not able to engage in support groups that happened in the evening (Jeffrey and Nugent, 2024). Even though she seemed to only have had limited contact with the initial female worker from Recovery Scotland, she felt she could call her if she needed any further support. She was not referred to any services other than the recovery communities. She said of Recovery Scotland:

“They’ve been fantastic...the manager, she wrote me a letter for the court. If I needed advice on anything they’ve been very supportive. It worked for me”.

In terms of impact, apart from a few ‘blips’ she had stopped drinking. She said she was in a ‘good place just now’ and realised before she had been isolated. She said:

“I wasn’t socialising, I’d just gone into myself. Now going for a walk with friends or meeting up for a tea or coffee”.

One woman had never had contact with services before and had been completely unaware of the type of support available until coming in contact with the service. She wanted to engage with the recovery community and Street Soccer Scotland. She explained that she had severe anxiety and hoped that the worker would help her to attend the groups initially, as otherwise she did not think she could attend alone. She said that she had become isolated and attending Phoenix Futures and getting help had a positive impact, and over the month she had reduced her substance use from every day to once a week. One other woman explained that because of her childhood she was wary of engaging with any services. She had now known about the support available until she met with the worker and as a result had begun to engage with Phoenix Futures. She said that now her Community Payback Order (CPO) was complete she was very keen to engage in the recovery community. Through the support provided by the workers she had regained custody of one of her children which was life changing for her and she was taking forward a complaint against the social work department because of the way they had treated her and her family. It was the workers who made her realise that the interactions she had been having with one particular social worker were

not acceptable. She also felt that through the workers she had a better understanding of her own trauma and was now, through their support also getting access to counselling. She said she felt heard for the first time. Without their support she said she would have completed suicide, as she had become so low and had lost hope after losing her children.

"I was apprehensive to work with them because they are men but they were really nice. They were really compassionate and empathetic. I never felt judged. Their big focus was on coping strategies rather than just stopping completely. A lot of it was my mental health. They gave me a lot of telephone numbers. I was dealing with social work and they were being really bad with me. I started to record conversations. When I related this back he (the worker) spoke to the Care Inspectorate for me...I was being institutionally bullied. She got took off my case as a result...I had been asking for counselling, but I was getting fobbed off, but they helped me to guide me...So it wasn't just addiction. The root of all my problems is not having my kids...I had a lot of childhood trauma that I thought was normal. I thought everyone had been through this. He made me aware that this was really bad stuff...I think when I saw them I felt like I was heard, whereas I was fobbed off before. I felt like they actually wanted to help and were very genuine...I think a big majority of the change is down to them. Ian has helped to point me in the right direction. I was pretty clueless about where to go and how to get help."

One man had been attending the SMART recovery groups in the community and had called the arrest referral directly a few times when he had been down. He said he suffered from anxiety and depression which he felt was linked to his time in gangs and substance use from a young age, and more recently his mother passing away. As a result of his escalating substance use he had lost contact with his children. The support, mainly from the SMART groups, had been transformational. He reported he had not taken any drugs since engaging over the past few months and otherwise would still be using drugs. Connecting with people who he felt understood because of their own lived experience really helped. He felt he would like counselling to be more easily accessible, hubs in communities and more awareness in society for those younger about the dangers of alcohol and drugs was needed.

"I went to the group myself. I met him outside the group. There were a lot of other people there and you spoke about how you felt and your cravings and how to block things out...I have kept going and I have not offended or taken anything. See the way he talks to you, how to cope with it and if you feel you are going to do it again...I felt it was a stepping stone...it was easy, he had gone through it himself. Everyone who is in the group, they have been through it... SMART – 210% it has been the best support. I wish I had known about it years ago...I think I would have still been using. I am just on my own medication. I am out walking. You can phone him any hours of the day too. He is there to support you. I have called him a few times when I have been down...I think there should be more hubs for people to go to, I think there should be more explained in schools. Just telling kids about how bad drugs can affect them. "

One man and his mother were attending the SMART groups in the community because of the connections made by the arrest referral worker, and also receiving one to one support, the mother by way of counselling and son by doing a cognitive behavioural course with the worker from the arrest referral service, who also works in this capacity. Neither of them had known about support for recovery in the community until coming in contact with the arrest referral scheme. For both, the support has been transformational. They described no longer feeling alone, understood and were learning more positive ways of coping, making more considered decisions rather than reacting, building and respecting boundaries. The man said that he was now drinking a lot less. Like the other interviewees, being able to connect with others who had lived experience of substance use really made a difference. The man reported that when he had asked for support from the GP he felt fobbed off. He felt that the recovery community should be advertised within the GP surgeries so that people accessed support sooner. He said:

"I get to speak out to others who are on the same wavelength to me. I never realised how helpful that would be. So rather than keeping it in...Some have been abstaining for a long time and they check in. They share their tools...In the beginning I was nervous, but then it became second nature. He met me on the first day. So I met him one to one. You get reviewed every three months...He works out what your issues are and the problem...95% of things you overthink about never happen. Being able to step out and take a minute 'hold on, you are doing it again'... I have anxiety disorder and that is why drink puts a plaster on that. If you mention the alcohol to the Dr they basically ignore you....I mentioned my drink and then they didn't want to help me. If you mention it, the drink then becomes the main problem...I think after being released from the cells, I think I would have abstained and tried to do it on my own and then got back to the extreme. Not having the support. He phones and checks up...You build a good connection, and you can pick up the phone...Nobody there is reading from a script. It is all experience. It's real. It is professional...The police are offering more help than the GP, how ridiculous is that. So I was rejected for help by the GP 2 years ago, maybe if I had got that help then this might not have got to where it got."

The mother, who had already lost a child to substance use, described how through the support she had taken control of her life again and was no longer focused on her son to her own detriment. She felt a sense of belonging within the group and was hopeful about the future. She said without this she would have had a breakdown and wished she had this before in her life.

"It has actually made me step back. I am a human being. He has to help himself. I feel like before I was over involved and trying to sort it all out. When he was drinking, I was doing everything, lying for him... Before I was begging for someone to speak to. I have never had a call back. But now everyone has jumped in to help us. But not overtaking. It is a choice. When you go to the group, you are with people who know. You feel like a piece of Lego that fits in... All of my family – I have always jumped to their needs. My friends are even noticing the change in me. They have said – how confident I am getting and saying no to things. They know that I am listening and taking in... I see everyone of us has a lot of stories, it has been a hard place to get to the group. I feel like it should be known out there better. I think it should be more known... I think I would have had a breakdown. I was so desperate. I wasn't sleeping or functioning. Going to work and making a lot of mistakes...I honestly don't think I would be there without the group."

The male who had been inspired by the lived experience of the Arrest Referral workers to engage with their existing drugs worker and had started opioid replacement treatment reported this was having a very positive impact on them.

"I started a Buvidal jag, instead of going to the chemists for methadone every day, it's a monthly jag. I am feeling a lot better and a lot more clean headed. I've not felt like this for years. This is the best I've felt for years. I was in a rut, waking up, taking drugs, gauching out, going to sleep, repeat, repeat, repeat, repeat. Now I'm on this jag I'm up first thing in the morning, out walking the dog, I'm starting to feel like a normal person again and thinking about my future, getting back into work... If he wasn't there (in the custody suite) I'd probably still be out shoplifting".

The only change that people suggested is that they would like this support to be accessible sooner.

"I think early intervention to be honest. People need support earlier. I would never have lost my kids. ...I lost my cousin to heroin a while ago and I have struggled with that. I think if I had got in touch with them when I was grieving they could have helped."

7. Conclusion and Recommendations

In Scotland 2,589 people died because of drugs or alcohol in 2023. Half of victims of crime report the perpetrator being under the influence at the time of the offence. Scotland is currently experiencing a backlog of cases in the justice system and an overcrowded prison system, and the need for diversion from low level offending is stronger than ever. Looking at the wider evidence, models developed include mental health services, or officers themselves delivering alcohol brief interventions, or people having discounted sentences if they engage in support. The benefits as shown by the wider evidence are potentially great, cost saving, freeing up the system to focus on more serious crime, and for individuals personally, reducing stigma and not limiting life chances. It also has led to a reduction in future offending and substance use. The main challenges are that the arrest referral system is simply a way of connecting people to support, the support thereafter though needs to ideally be tailored, particularly for more complex cases. Services too face challenges, such as what is possible to support people with and the stigma that may make coming forward to reveal the extent of addiction an issue. In particular the wider research showed that people who are dealing with homelessness, women and those who have issues with crack cocaine face specific issues and may be being missed by services. Scotland currently has a housing crisis, and this will impact on the housing options people can access. Other factors which affect engagement are the attitude of police officers, the understanding of the scheme, 'buy in', partnership working, the setting and access to potential participants. Other approaches found are the legalisation of substance use, the police offering mental health crisis provision in partnership with other services and drug courts. Overall, the wider evidence shows that arrest referral schemes are a positive step away from criminalisation and instead taking a public health approach to issues related to substance use.

The National Mission sets out to do just that, taking a public health approach, to save and improve lives through a whole systems approach with services working better together addressing underlying issues. This test of change has shown that 6% of all people who came to Coatbridge custody suite were engaged with, 60% who had never engaged with any services at all, and without this intervention 35% of people may have been 'missed' entirely by services. This shows the value of this intervention to use the custody suite to proactively engage people, making them aware of what support is available, promoting harm reduction and providing outreach support, also connecting to families. For around six months the workers were not able to access the custody suites to the same extent as they now can because of the vetting issues. Had they had the same access throughout it is likely that the level of engagement would have been much higher. Their access issues have been further hampered because of a lack of police awareness and the 'court bus' taking people to court before the workers could gain access to the custody suite. There are also issues with people giving the workers correct information so that the outreach work can be unproductive.

In terms of systematic cultural change, drawing on the staff interviews, the initiative has supported Police Scotland to review and change the procedures around vetting and training for new recruits. As well as impacting this project, this has widespread ramifications for people with lived experience working with these contexts. This shifts the role of the police officer to directly supporting the process of desistance by making what was a closed space, accessible to 'external agencies' and working more as *part of* the community. This initiative has led to a widening and strengthening of partnerships across health, criminal justice and between the statutory and third sector. The shift towards having a public health approach is also raising questions about the infrastructure and how this is not trauma informed.

For those interviewed with direct experience of the service, five came to the service through the face-to-face contact with workers. The two others came to it indirectly, through receiving information within the custody suites and following up themselves. One received a contact card from a police officer, the other, a parent, through a poster in the custody suite. All said they wanted help at this time. However, those who had face to face contact did not think they would have

engaged otherwise. The woman who was given the contact card said she would have preferred if face to face contact initially had been possible. The parent said she was 'desperate' for help, and therefore the need for face-to-face connection was not as clear. This shows the importance of people becoming aware of the support in the first place and the repurposing of spaces such as custody suites to provide this. It also raises important questions, outside of this research, about the other spaces, like this, that could be used as access points, such as at the GP, the hospital, at court, Prison Visitor Centres.

The accounts of those who have received support through the service is that this can be transformational. Linking people into the recovery community and having the connection with others who really understand the underlying issues, the struggle that is being overcome daily, and that a better life is possible, builds hope and creates a sense of belonging. One man was completing his cognitive behavioural therapy through Phoenix Futures, helping him to develop more positive thinking and better decision making. One had stopped taking drugs, one was on opiate replacement therapy (Buprenorphine), and one woman had greatly reduced her substance use, one had stopped drinking alcohol, and one had reduced his alcohol use. Four said the incidents they were arrested for were a 'one off' and did not think they would reoffend. However, all with direct experience of substance use who had stopped or reduced said they felt they would be back taking substances to the same level without the support, and as their offences are directly linked to substance use their risk of offending would also have increased. It would be reasonable to conclude that the support given through the service has decreased their risk of offending for all. One woman had not offended until the past year and had been arrested repeatedly for visiting her child, which at the time was a breach of her bail conditions. She said that speaking to the worker even at the first visit in the custody suite made her rethink her substance use and begin to view it as problematic. Through support from the service she had regained custody of one of her children and was taking forward a complaint against the social work department. She said that without the support she would have completed suicide. One other man had been shoplifting and not engaging with his worker, but as a result of the interaction with the arrest referral workers who shared their lived experience, he realised change was possible. He regained contact with his worker, successfully began opiate replacement therapy (Buprenorphine) and stopped shoplifting. This highlights the impact of lived experience and evidence of 'planting a seed.' The mother interviewed reflected that through the recovery group she had achieved a sense of belonging, describing herself as a 'piece of Lego that fits in.' She was now sleeping better, going to work, gaining in confidence and prioritising her own needs. The difference therefore of making these connections, for those interviewed, has been dramatic. One of the limitations of this study is that there has not been more people with lived experience of the support interviewed, despite repeated attempts and two waves of recruitment taken forward. One worker reported that many approached to participate said they wanted to move on rather than focusing or discussing this part of their lives. It would have been good to hear from those who received what could be described as more of a 'light touch' response. These cases at the very least show the potential of what the service can mean to others, as without the awareness of what is available, people are not getting the help and support they need and want.

To conclude, this test of change has shown that taking a public health approach can lead to positive change for both those affected by substances directly, their family, agencies and the wider community. Despite all the challenges with access the workers have been able to transform the lives of some people. The cost benefit analysis or value for investment is limited because of the lack of data, nonetheless the potential for this service is great in terms of reach, awareness raising of support, harm reduction and connections to support people want and need. As well as widening the routes to access, such as having access in court or having a presence within visitor centres in prison to make the 'offer' greater to families, the other alternative approaches that could be considered is that this service is much clearer that it is bridge to all the other services that currently already exist. In the future, the ideal would be that the infrastructure becomes trauma informed with health

interventions accessible at all points and a public health approach taking precedence over the punitive. The evidence suggests that the Addiction Recovery Team and the service could have stronger links, so they are better supporting people together. The systematic challenges related to substance use, such as the lack of accessible rehabilitation, mental health provision and secure accommodation are particular challenges that are outwith this service. Overall, a clearer remit and expansion of the team to providing connections within the community and increased support for the data and evidence gathering would allow for this initiative to reach fuller potential.

Drawing on the evidence and suggestions from staff and those with direct lived experience, the following recommendations are made:

Recommendation 1: The Arrest Referral delivery partners maintain comprehensive records on those engaged in the future, if the scheme is sustained.

Recommendation 2: A female worker employed to ensure the service is taking a trauma informed approach.

Recommendation 3: Police awareness and support of the initiative underpins the amount and type of access given. It is advised that a poster is available at the custody suites with staff named so that issues regarding access no longer happens. It is imperative that officers view their facilitation of access as part of their role rather than an 'add on', with being 'too busy' not an acceptable reason. As far as possible face to face contact should be prioritised as the first means of access.

Recommendation 4: An expansion of the test of change so that the service operates within the courts system could be explored and through connections with the wider legal system, in particular through criminal justice social work and Prison Visitor Centres.

Recommendation 5: Both workers have additional roles which blurs the boundaries of this support and the wider support offered. This has worked well for some. However, it is also worth the service employing people in full time roles so that they can take on the work of facilitating connections to services, rather than providing direct services, so that the engagement and connections made can be maximised.

Recommendation 6: It is strongly advised that the team work more closely with the Addiction Recovery Team to support people to make and attend appointments in the community, or an alternative service to support this process is explored.

Recommendation 7: That Police Scotland provide contact details to the service if an individual has given permission to do so, thus overcoming the current challenge of being able to provide outreach.

Recommendation 8: More resources are provided to create a centralised data system with a particular focus on recording the subsequent engagement with support services and outcomes of those assisted by the service.

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