

ORIGINATOR: CHIEF CONSTABLE

PAPER NO: AP14/38

**SUBMITTED TO: ACCOUNTABILITY AND PERFORMANCE PANEL –
18 JUNE 2014**

SUBJECT: DRUG TESTING ON ARREST (DTOA)

SUMMARY:

1. Targeted Drug Testing on Arrest (DTOA) is a highly successful tool for local areas to identify drug-misusing offenders in order to address their behaviours and to reduce crime. Drug testing is firmly embedded within police procedures in many areas across England & Wales, with around 230,000 tests being conducted each year (April 2011).
2. During March 2012 Suffolk Constabulary, under their partnership umbrella within Suffolk Drug and Alcohol Treatment (DAAT-Public Health), took the decision to pilot DTOA at the Police Investigation Centre (PIC) at Martlesham Heath.

Following a submission to the office of the Suffolk Police and Crime Commissioner, £25,000 was awarded on 1/8/13 and transferred to the Constabulary on 4 September 2013 to allow the process to continue. DTOA at Martlesham Heath PIC was extended until 31st March 2014, and expanded to include Bury St Edmunds PIC from 18 November 2013.
3. This report shows the number of detainees arrested and taken to Martlesham and Bury St Edmunds Police Investigation Centre's (PIC's) from 1 April 2013 to 31 March 2014 who have tested positive for a specified Class 'A' Drug Heroin and Cocaine/Crack, and have subsequently been required as a legal obligation to attend for an initial, and a follow up Required Assessment Process with a trained Drug Worker. Consideration should be given to the fact that DTOA was not implemented at Bury St Edmunds until 18 November 2013, therefore the outcomes for Bury represent slightly over a four month period only.

RECOMMENDATION:

1. The Accountability and Performance Panel is asked to note the information in this report and endorse the progress made to date.

DETAIL OF THE SUBMISSION

1. KEY ISSUES FOR CONSIDERATION (Updated to reflect present situation)

- 1.1 The Drug Intervention Programme is a critical part of the Government's strategy for tackling drugs. The programme involves criminal justice and drug treatment providers working together with other services to provide a tailored solution for adults – particularly those who misuse specified Class A drugs – who commit crime to fund their drug misuse. The principle focus is to reduce drug related crime by engaging with problematic drug users, and moving them into appropriate treatment and support.
- 1.2 Drug addiction costs society £15.4 billion each year. The annual cost of drug-related crime is £13.9 billion and every year drug misuse costs the NHS £488 million. An addicted person not in treatment commits crime costing an average £26,074 a year¹. Intermittent spells away from offending is of benefit, not only to the Criminal Justice system but to the community as a whole.
- 1.3 Drug treatment prevents an estimated 4.9 million crimes every year saving an estimated £960,000,000 to the public, businesses, criminal justice and the NHS.²
- 1.4 Every £1 spent on drug treatment saves £2.50 in costs to society.³
- 1.5 Those that have a substance misuse problem can be referred into services in various ways, and much depends on their substance of choice, their willingness to engage, or where they are along their substance misuse recovery pathway.
- 1.6 An injecting heroin user's recovery pathway is on average 20 years. It is likely that during this pathway they will commit crime in order to fund their habit, dip into treatment services and become a burden to the NHS. Other drugs can have similar consequences but not to the degree that heroin can have.
- 1.7 Much can be done during a substance misuser's recovery pathway, which as mentioned earlier, can be up to 20 years. Drug Testing on Arrest, and the legislative procedure, followed by the Required Assessment Process is one of a number of successful options available.
- 1.8 Drug treatment can be a lengthy process and persistence, and the acceptance of a number of repeat offenders over a period of time, should be understood. Agencies working together can minimise repeat offending in the longer term.
- 1.9 It was noted some years ago that the referrals into treatment services in Suffolk was in need of improvement, especially through the Criminal Justice Intervention route. The majority of those entering services was via the courts on the various orders that they could impose, or on a voluntary basis.
- 1.10 Drug Testing on Arrest provides a statutory obligation on an individual who has been arrested for a trigger offence, and who tests positive for specified Class A Drug heroin and crack cocaine/crack, to be seen by a Drug Treatment Worker on at least two occasions. If they fail to provide a sample for testing, or fail to attend and engage with a Drug Treatment Worker, they commit a criminal offence and will be placed before the courts.
- 1.11 A trigger offence is an offence closely linked to potential substance misuse (acquisitive crime).

¹ National Treatment Agency for Substance Misuse

² National Treatment Agency for Substance Misuse

³ National Treatment Agency for Substance Misuse

1.12 Drug Testing on Arrest has significantly increased the numbers of users being referred to services for treatment and support.

2. OUTCOMES

2.1 This table below shows the number of detainees arrested and taken to Martlesham and Bury St Edmunds Police Investigation Centre's (PIC's) who have tested positive for a specified Class 'A' Drug Heroin and Cocaine/Crack, and have subsequently been required as a legal obligation to attend for an initial, and a follow up, Required Assessment with a trained Drug Worker.

2.2 Where there is a difference between Positive Test Result and Required To Attend, this would normally indicate that a confirmation test was required and the test result was over ruled or there were problems with the legal process.

| Testing Station | Tested Having Committed A Trigger Offence | Positive Test Result | Required To Attend An Assessment |
|--|---|----------------------|----------------------------------|
| Martlesham PIC 1/4/13 to 31/3/14 | 1477 | 462 | 420 |
| Bury St Edmunds 18/11/13 to 31/3/14 | 295 | 125 | 119 |

| | |
|--|-----|
| Clients referred for Drug Intervention as a result of DTOA 1/4/13 to 31/3/14 | 539 |
| Voluntary referrals for Drug Intervention | |
| 1/4/11 to 31/3/12 | 256 |
| 1/4/12 to 31/3/13 | 298 |
| 1/4/13 to 31/3/14 | 205 |
| Clients referred for other substance misuse problems as a result of DTOA 1/4/13 to 31/3/14 | 68 |
| New clients who have been referred for treatment as a result of testing positive. 1/4/13 to 31/3/14 | 13 |

3. FINANCIAL IMPLICATIONS

3.1 Drug Testing on Arrest was initially funded by Suffolk Public Health (formerly Suffolk DAAT's Joint Commissioning Group) as a pilot in the overall treatment process and implemented at Martlesham Police Investigation Centre on 1 August 2012. Further funds were allocated for the pilot, together with additional funding to support the extra drug workers required in order to support the process.

NOT PROTECTIVELY MARKED

- 3.2 The initial and subsequent funding has allowed the process to continue.
- 3.3 Following a submission to the office of the Suffolk Police and Crime Commissioner, £25,000 was awarded on 1/8/13 and transferred to the Constabulary on 4/9/13 to allow the process to continue at Martlesham and implemented at Bury St Edmunds Police Investigation Centre.
- 3.4 Implementation at Bury St Edmunds (18.11.13) was much later than anticipated; this was as a result of contractual issues being overseen by the Home Office on a national basis, these issues have now been rectified.
- 3.5 Public Health Suffolk is responsible for commissioning the Drug Treatment Service responsible for the Required Assessment Process and any long term treatment as a result of a positive test being given by a detainee in custody.

4. FUTURE FUNDING ARRANGEMENTS

Phase two of the Evaluation published 20th May 2014

- 4.1 As the funding for Drug Testing on Arrest had only been extended to March 2014, Suffolk Chief Officers have now approved an allocation of £50k from the Chief Officer Contingency Fund to enable the process to continue at both Martlesham and Bury St Edmunds Police Investigation Centres (PIC's) until March 2015. In addition, Suffolk Public Health has also committed £76k.
- 4.2 Subject to additional funding being found by Public Health Suffolk to commission an additional drug worker, (approximately £38,000) the long term aim will be to implement DTOA in the PIC at Great Yarmouth thus ensuring all those who commit a Trigger Offence (or those applicable) in Suffolk undergo DTOA where applicable.
- 4.3 A review of who is tested, in order to ascertain the best possible outcomes from the financial investment, will reduce the negative tests but maintain the positive tests, and be achieved by reducing the upper age limit and the offences for which tested. The review is being undertaken by the Constabulary Controlled Drug Liaison Officer, and is expected to be completed within the next month.
- 4.4 To work with partners in order to make all reasonable attempts to reduce the instances of repeat offenders being arrested and testing positive, this is being achieved by re-examining the prescribing history and amounts of alternative medication such as methadone, subutex and Shared Care and ascertaining what additional interventions could take place to reduce their reoffending history.
- 4.5 To continue to work with 180 scheme (Integrated Offender Management team) with a view of referring some of the repeat offenders for further intervention.

5. OTHER IMPLICATIONS AND RISKS

- 5.1 None.

| ORIGINATOR CHECKLIST (MUST BE COMPLETED) | PLEASE STATE 'YES' OR 'NO' |
|--|-----------------------------------|
| Has legal advice been sought on this submission? | N/A |
| Has the PCC's Chief Finance Officer been consulted? | N/A |
| Have equality, diversity and human rights implications been considered including equality analysis, as appropriate? | N/A |
| Have human resource implications been considered? | Yes |
| Is the recommendation consistent with the objectives in the Police and Crime Plan? | Yes |
| Has consultation been undertaken with people or agencies likely to be affected by the recommendation? | Yes |
| Has communications advice been sought on areas of likely media interest and how they might be managed? | No |
| In relation to the above, have all relevant issues been highlighted in the 'other implications and risks' section of the submission? | Yes |
| Has all relevant ethical factors been taken into consideration in developing this submission | Yes |