



Devon & Cornwall Police

Building safer communities together

Force Policy & Procedure	Substance Misuse Referral Schemes
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Devon & Cornwall Police Policy & Procedures – D280 Substance Misuse Referral Schemes

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1. Policy Statement (FOIA Open)

- 1.1 The aim behind substance misuse referrals is to refer problematic users to the appropriate treatment service, with the aim of reducing and eventually eliminating their problematic substance misuse. Evidence indicates that many problematic drug users commit crime as a means of funding their drug use. Problematic drug users who engage with and remain in drug treatment, reduce and often eliminate their drug related offending. Involvement with drug services is voluntary and is **not** an alternative to prosecution or due process.
- 1.2 In response to this, the point of arrest has been identified as one stage at which problematic drug-using offenders can be targeted for referral to the appropriate treatment service. Studies have identified significant gains that can be made in terms of crime reduction and reduced drug use.

2. Introduction (FOIA Open)

- 2.1 The Governments “Drug Strategy 2010 Reducing Demand, Restricting Supply Building Recovery: Supporting people live a drug free life” Annual Review – May 2012 continues to support the Drug Intervention Programme (DIP). The Strategy sets to support areas in delivering the DIP and ensure that offenders are encouraged to seek treatment and recovery at every opportunity in their contact with the Criminal Justice System (CJS). In addition the government strategy looks to increase recovery-focused services including making liaisons and diversion services available in police custody suites.
- 2.2 The commissioning and provision of custody based Drug Arrest Referral rests with the Drug and Alcohol Action Teams (DAATs). For some custody units, drug arrest referral workers will continue to work in the cells at the expense of the DAATs. For most units it is likely that contact be made via the 322(b) allowing our partners to ensure maximum time efficiencies are made. This is also available to nurses working in the custody environment to refer detained persons to substance misuse services.

3. Procedures / Principles (FOIA Open)

3.1 Pre-Arrest Referral

- 3.1.1 Pre-arrest referral: Intelligence led pre-arrest intervention systems exist whereby individuals identified with high offending rates related to drug use are approached before sufficient evidence exists for arrest and are offered entry to drug treatment services. An officer can directly refer an individual by the following three ways.
 - The officer can call the required treatment provider and make an appointment in the presence of the individual.
 - A pocket book entry can be made of their details followed by a sentence stating the person understands that their details can be

passed to the treatment provider who will make contact with them to arrange an appointment. The person should then sign this entry. The officer can then make contact with the treatment provider and pass the details.

- If the person states they do not wish to engage with treatment services a Be Safe card ([pdf held on Force Intranet](#)) should be given out with an explanation that the person can ring the relevant number to self refer at any time.

3.2 Arrest Referral - Devon and Cornwall Police Custody Units

- 3.2.1 Custody staff should ensure they are familiar with their local substance misuse treatment services in order to provide both arrestees and remand prisoner's advice and information about and referral to such services.
- 3.2.2 The aim of substance misuse arrest referral is to use arrest as a key point at which to invite the individual to address his or her substance misuse, including onward referral to appropriate treatment and/or other services. Critical to the success of arrest referral schemes is the need for all those with substance misuse problems to be given the opportunity to access help. Experience shows that the majority of those who are most likely to benefit from such schemes will not have been arrested for drug offences. For example, evidence suggests a strong link between drug misuse and those individuals involved in acquisitive crime.
- 3.2.3 When operating drug referral schemes, the police service must at all times act in accordance with all relevant legislation including the Human Rights Act 1998, the Data Protection Act 1998 and most importantly the Police and Criminal Evidence Act 1984, including the codes of practice made there under. Particularly relevant in this context is the definition of an interview set out in paragraph 11.1A of Code C of PACE.
- 3.2.4 Police Officers should be aware that any discussion between an officer and a suspect, even if restricted to a conversation about whether the suspect wishes information on treatment services, may constitute an interview within the meaning of PACE and will, in many instances, be either directly or indirectly relevant to the offence under investigation.
- 3.2.5 Accordingly, to ensure a proper distinction between the task of bringing the possibility of drug referral to the attention of the suspect and the questioning of the suspect regarding his or her involvement in the offence under investigation, it is the responsibility of the Custody Officer or an officer under his/her direction to bring drug referral to the attention of the suspect, as part of the booking-in or booking-out procedures as appropriate.
- 3.2.6 Drug workers will have access to custody centres and can be based at the police station or be on call. The most efficient way is for a Custody Officer to make the referral to treatment via a 322(b) form located in custody suites. This is then emailed immediately to the appropriately listed secure email address using the "scan to me procedures" adopted forcewide. This email

should also be sent to the **Custody Drug And Alcohol Referrals** email address to facilitate LPP monitor Force referral levels. The original can then be kept in the custody centre folder for 1 month before shredding, for drug workers to have access to as a backup facility. Since April 2005, responsibility for the commission and provision of any custody-based drug referral lies with the DAATs.

3.3 Community Sentences

- 3.3.1 The DRR (Drug Rehabilitation Requirement) is the main delivery route for drug interventions within community sentences for adult offenders. It involves treatment (either in the community or in a residential setting) and regular drug testing. The National Probation Service also has specific accredited programmes to tackle drug related offending. These would generally be used in the medium to higher sentencing bands alongside a DRR, as a requirement of the community order.
- 3.3.2 DRRs can be used instead of prison custodial sentence but are not a soft option. They offer the courts an intensive and effective vehicle for tackling the drug misuse and offending of many of the most serious and persistent drug misusing offenders.
- 3.3.3 DRRs are aimed at a wider target group than the previous Drug Treatment and Testing Orders (DTTOs) and treatment is more closely tailored to individual needs. In many cases, such orders have succeeded in engaging people in treatment for more than 12 weeks, which is regarded as a key milestone for many drug misusers in making real progress towards a drug-free lifestyle.

3.4 Access to prisoners

- 3.4.1 When the detained person asks to see a drugs worker, it will be for the custody officer, in discussion with the investigating officer and the drugs worker, to determine the most appropriate time and place for the meeting to take place, to ensure that it does not interfere with the investigation or the proper handling of the detained person, in accordance with PACE and the relevant codes of practice.
- 3.4.2 It will be normal practice for the drugs worker to see any prisoner in his/her cell, unless specific Health and Safety issues indicate that another location will be more appropriate. Drugs workers will be issued with Custody Personal Alarms when visiting prisoners.

3.5 Access to information

- 3.5.1 To ensure that the independence of drug workers is maintained, it is important that they have access within the custody unit (albeit restricted - for example, as per access by solicitor).

- 3.5.2 Access to a prisoner's custody record will only be permitted following the written authority of the detainee. The drugs worker will (if required) obtain this consent in writing during the interview. It should be attached to the custody record and detention log accordingly.

3.6 Collection of information

- 3.6.1 Drug Liaison Officers will be responsible for providing liaison between DAATs, Drug Services / Workers and Custody locally. Strategically, Local Policing and Partnerships Unit at HQ is responsible for facilitating and co-ordinating development of drug referral with the DAATs.

4.0 Audit/ Assessment Compliance (FOIA Open)

- 4.1 This policy has been drafted and audited to comply with the principles of the Human Rights Act. Equality and diversity issues have also been considered to ensure compliance with Equality legislation and policies. In addition Data Protection, Freedom of Information, Management of Police Information and Health and Safety issues have been considered. Adherence to this policy will therefore ensure compliance with all relevant legislation and internal policies.

5.0 Review and Ownership (FOIA Open)

- 5.1 Ownership of this policy is the responsibility of the Head of Local Policing and Partnerships and will be reviewed annually.