

## The Drug Interventions Programme (DIP): addressing drug use and offending through ‘Tough Choices’

Sara Skodbo, Geraldine Brown, Sarah Deacon, Alisha Cooper, Alan Hall, Tim Millar,  
Jonathan Smith, Karen Whitham

### Key implications

This paper examines the way that the Drug Interventions Programme (DIP) engages and directs Class A drug misusers from the point of arrest or charge to the point of treatment, and examines their offending levels before and after identification by DIP.

The Drug Interventions Programme was introduced in April 2003 with the aim of developing and integrating measures for directing adult drug-misusing offenders into drug treatment and reducing offending behaviour.

The research has a number of findings that have implications for policy makers and others involved in the area of drugs, crime and harm reduction and in particular the use of interventions that are targeted at underlying factors driving criminal behaviour.

Indications are that offending levels reduced following contact with DIP. Methodological limitations (the absence of a control group) mean that this does not represent a full outcome evaluation and accordingly it has not been possible to calculate how much of the observed change in offending was due to DIP.

What the data do show, comparing offending levels pre and post DIP contact, is that offending levels in the six months following DIP were lower than in the six months before DIP.

- The overall volume of offending by a cohort of 7,727 individuals was 26 per cent lower following DIP identification.
- Around half of the cohort showed a decline in offending of around 79 per cent.
- There was a subgroup of around one-quarter for whom offending increased following DIP contact.

The research supports the approach of using the criminal justice system as one route for getting drug misusers into treatment.

- Rates of entry into treatment for DIP referrals were higher than for previous arrest referral programmes.
- Levels of retention in treatment for DIP entrants equalled those of non-criminal justice route entrants to treatment.

The research also provides evidence about the role of semi-coercive approaches to improve engagement in programmes.

- The implementation of ‘Tough Choices’ and the introduction of a sanction for those who failed to attend an assessment with a drug worker has led to lower levels of attrition from the DIP programme than when less coercive measures were in place.

### Contents

Key implications	i
Executive summary	ii
The report	1
Context	1
Results	4
Conclusions	16
Appendices	17

### Keywords

Drug Interventions Programme  
DIP drugs  
Drug  
Drug treatment  
Tough Choices  
Arrest referral  
Crime  
Offending

*The views expressed in this report are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy).*

The Research, Development and Statistics Directorate exists to improve policy making, decision taking and practice in support of the Home Office purpose and aims, to provide the public and Parliament with information necessary for informed debate and to publish information for future use.

## The Drug Interventions Programme (DIP): addressing drug use and offending through 'Tough Choices'

Sara Skodbo, Geraldine Brown, Sarah Deacon, Alisha Cooper, Alan Hall, Tim Millar, Jonathan Smith, Karen Whitham

### Research scope

This paper outlines how individuals who test positive for heroin, cocaine or crack cocaine in the custody suite were engaged by the Drug Interventions Programme (DIP) and directed to the point of drug treatment, and how well DIP managed to retain individuals at various stages in the process. It also examines whether the implementation of Tough Choices from 1 April 2006<sup>1</sup> changed the characteristics of people coming through DIP and whether it improved the retention of drug users in the programme. Finally it describes the offending patterns of those testing positive before and after they are exposed to DIP.

Two cohorts were examined. These consist of *all* positive testers in DIP intensive areas in England during two time frames.

- The 'Testing on Charge' cohort pre-dates Tough Choices and consists of 7,727 individuals who tested positive at the point of charge during the period 1 July to 31 October 2005 and were successfully matched to the Police National Computer (PNC).
- The 'Testing on Arrest' cohort consists of 11,015 individuals who tested positive at the point of arrest during the period 1 April to 30 June 2006<sup>2</sup> and were successfully matched to the PNC. This time period covers

1 The Tough Choices project consisted of the introduction of new provisions under the Drugs Act 2005 – Testing on Arrest and Required Initial Assessment – combined with the national roll out of the Restriction on Bail provisions of the Criminal Justice Act 2003. The project moved the point at which a drug test (for heroin, cocaine or crack cocaine) was carried out in the custody suite from post-charge to post-arrest. It also introduced a new power for the police to require adults who had tested positive to attend an initial assessment of their drug use, rather than assessments being voluntary. (The Drugs Act 2005 also provided for a required follow-up assessment. However, this was introduced in April 2007, after the period with which this research is concerned).

2 Thus the second cohort has a slightly shorter sampling period (one month) than the first. The time periods were chosen as a result of the data available and the desire to have as large a cohort as possible. The effect of this on the analysis is minimal (a potential effect might be to inflate the number of high crime causing users in the second cohort as these are more likely to be sampled during a shorter period – however, this is not an issue for the current research where observations made do not suggest a bias of this kind).

three months where Tough Choices was fully implemented and running countrywide.

The cohorts were matched to the PNC, the Drug Interventions Record (DIR) and the National Drug Treatment Monitoring System (NDTMS).<sup>3</sup> Full criminal histories and treatment entry figures were accessed to explore the relationship of DIP to offending and treatment.

### Offending patterns

A reduction in offending is the key outcome required of the Drug Interventions Programme. This report shows that offending levels (as measured by offences for which individuals are convicted<sup>4</sup>) following DIP contact are lower than prior to DIP contact. The extent to which the reduction can be clearly attributed to DIP is limited as the design did not include a comparison group not going through DIP. Nevertheless, after compensating for sampling bias:

- the overall volume of offending by a cohort of 7,727 individuals was 26 per cent lower following DIP identification;
- Around half of the drug misusers who come into contact with DIP through the custody suite showed a decline in offending of around 79 per cent in the six months following DIP contact;
- offending levels increased following DIP contact for around a quarter of positive testers.

### Impact of Tough Choices on cohort characteristics:

- Before the implementation of Tough Choices, the Testing on Charge cohort was around 80 per cent male, 80 per

3 This work was carried out at the NTA at aggregate level.

4 Convictions at court, cautions, reprimands and warnings.

*The views expressed in this report are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy).*

The Research, Development and Statistics Directorate exists to improve policy making, decision taking and practice in support of the Home Office purpose and aims, to provide the public and Parliament with information necessary for informed debate and to publish information for future use.

cent White with a mean age of 30. The Testing on Arrest cohort was similar, though with a small increase in the oldest and youngest age groups.

- The Testing on Charge cohort had an average of 5.7 proven offences in the three years before their positive test. The Testing on Arrest cohort had an average of 4.1 proven offences in the same period.
- Nearly one-quarter of the Testing on Charge cohort was made up of 'high crime causing users' (HCCUs)<sup>5</sup>; this proportion was lower following Tough Choices (17%) for the Testing on Arrest cohort, although actual numbers of HCCUs coming through had risen by around 30 per cent.
- Serious offenders<sup>6</sup> made up 36 per cent of positive testers before Tough Choices and 32 per cent following Tough Choices. Prolific and other Priority Offenders (PPOs)<sup>7</sup> made up six per cent and five per cent of the Testing on Charge and Testing on Arrest cohorts respectively. Numbers of both offender types increased.
- Following Tough Choices there was a greater proportion of individuals who had few (from 49% to 62%) or no (from 10% to 15%) proven offences in the three years prior to cohort entry.

## Progress through DIP

The typical DIP process would include movement along a path:

Positive Test ‡ Contact ‡ Assessment ‡ Care Plan ‡ Treatment

Attrition was an early challenge for DIP, particularly between test and assessment. Progress through DIP has improved following Tough Choices.

- Seventy-seven per cent of the Testing on Arrest cohort received an initial contact from a drugs worker within 28 days, compared to 53 per cent before Tough Choices.
- Ninety-three per cent of those available<sup>8</sup> for assessment received one within 28 days, up from 77 per cent before Tough Choices.

5 Analytical categories were used to define high, medium and low crime causing users, based on the number of convictions for trigger offences (these are largely acquisitive offences which lead to a drug test. See Appendix I for overview) an individual had in the 3 years prior to cohort entry. These categories were 0-3, 4-8 and 9+ convictions respectively.

6 'Serious' offenders is an analytical category to cover those with a conviction for burglary, robbery, violent or sexual offences in the three years prior to DIP entry

7 PPOs are offenders specifically targeted by police on the basis of locally set priorities and intelligence, see <http://www.crimereduction.homeoffice.gov.uk/ppo/ppominisite01.htm>

8 The authors have excluded those who have entered custody or died in the interim. They have also excluded from this point those who are already on the caseload. This approach reflects operational differences before and after Tough Choices.

- Thirty-five per cent of all available positive testers received a care plan within 60 days of their test, compared to 28 per cent before Tough Choices.

## Treatment entry levels

- Of those with a known care plan referral to specialist treatment (structured community based or residential treatment) 55 per cent of the Testing on Charge cohort and 47 per cent of the Testing on Arrest cohort were found to have entered treatment within 12 weeks of care plan.
- DIP compares favourably with previous drug arrest referral programmes where around 25 per cent of those referred to treatment were recorded as entering treatment (e.g. Oerton *et al.* (2003), Millar *et al.* (2002)).

## Treatment retention levels

- Retention in treatment rates for DIP clients were good both before and after Tough Choices: overall retention at 12 weeks was 79 per cent for the Testing on Charge cohort and 74 per cent for the Testing on Arrest cohort.
- DIP compares well with national retention rates for non-criminal justice referrals; retention for non-criminal justice system (CJS) clients at 12 weeks was 76 per cent (for 2006–07).

## Implications

The findings are relevant for interventions aimed at tackling criminal behaviour associated with drug misuse.

- Indications are that offenders reduced their offending following contact with DIP.
- The criminal justice system can be an effective route for getting drug misusing individuals into treatment.
- Use of semi-coercive approaches such as Tough Choices can improve engagement in intervention programmes compared to non-coercive approaches.

## Further work required

- The overall picture shows that DIP was associated with declines in offending for the larger part of drug misusers coming through the custody suite. However methodological limitations (i.e. the lack of a comparison group) mean that the authors cannot with certainty ascribe these changes in offending behaviour to DIP. Further research is required to provide a fuller understanding of these findings.

- Work should be carried out to identify those who have successfully continued through DIP as well as those who have not completed DIP journeys, and establish why DIP is associated with good outcomes for some individuals and not for others.
- Work should be carried out with practitioners to augment existing centrally held data with additional evidence from case studies in the field and local data.
- Work should be carried out to explore the circulation of individuals through DIP and the intensity of treatment journeys to establish how many times individuals pass through DIP and the frequency of their contact and the impact of this on outcomes/offending.

## The Drug Interventions Programme (DIP): addressing drug use and offending through ‘Tough Choices’

Sara Skodbo, Geraldine Brown, Sarah Deacon, Alisha Cooper, Alan Hall, Tim Millar, Jonathan Smith, Karen Whitham

### Context

#### Introduction

This paper presents the findings of an analysis of the pathways of individuals testing positive for heroin, cocaine or crack cocaine in custody suites in England under the Drug Interventions Programme (DIP).

The purpose is to provide information to policy makers, practitioners and researchers about how DIP channels individuals to the point of drug treatment and how successfully DIP retains individuals throughout the process. The report also examines whether implementation of ‘Tough Choices’ from 1 April 2006<sup>9</sup> changed the characteristics of people coming through DIP and improved retention of drug users. Finally it describes offending patterns before and after DIP.

The report aims to identify key issues, provide evidence where it is available and to outline areas for further research.

#### Research questions

*How good is DIP ‘grip’?*

A key question for policy makers and practitioners is how well DIP manages to engage and retain drug misusers, how many it delivers to the point of treatment, and how well these individuals are retained in treatment.<sup>10</sup>

<sup>9</sup> The Tough Choices project consisted of the introduction of new provisions under the Drugs Act 2005 – Testing on Arrest and Required Initial Assessment – combined with the national roll-out of the Restriction on Bail provisions of the Criminal Justice Act 2003. The project moved the point at which a drug test (for heroin, cocaine or crack cocaine) was carried out in the custody suite from post-charge to post-arrest. It also introduced a new power for the police to require adults who had tested positive to attend an initial assessment of their drug use, rather than assessments being voluntary. (The Drugs Act 2005 also provided for a required follow-up assessment. However, this was introduced in April 2007, after the period with which this research is concerned).

<sup>10</sup> Equally important is the question of how well DIP supports people beyond treatment. This question is not considered directly in the current research.

For example, during the early phase of DIP (2003–2005) it became clear that a key stage of attrition was at the point of assessment (at that time voluntary). Individuals who had tested positive often failed to turn up to their voluntary assessments. The implementation of Tough Choices sought to address this by making attending an assessment a compulsory requirement, with sanctions imposed for non attendance.

*What does the DIP cohort look like?*

Another key question for policy makers and practitioners is the composition of the DIP target group. Who is being targeted, and what kinds of offending are they responsible for? Tough Choices moved the point of test forward to post-arrest rather than post-charge. How has this altered the composition of the DIP cohort?

*How is DIP related to offending?*

The aim of DIP is to deliver drug misusers to the point of treatment, to broker treatment and support services for them and support them beyond, with the ultimate aim of reducing offending. How does exposure to DIP interact with offending behaviour? What is the offending behaviour of those who engage in treatment?

#### The Drug Interventions Programme

The Drug Interventions Programme was introduced in April 2003, with the aim of developing and integrating measures for directing adult drug-misusing offenders out of crime and into drug treatment. The programme brings together a number of agencies including the police, the courts, the Prison and Probation Services, treatment providers, aftercare support services, government departments and Drug Action Teams (DATs). The purpose is to provide tailored solutions for drug misusers who commit crime to fund their drug use (particularly Class A drug users) from arrest, court, sentencing and prison through to post-prison and post-treatment situations. Its principal focus is to reduce drug-related crime by engaging with drug users and moving them into appropriate treatment and support.

*The views expressed in this report are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy).*

The Research, Development and Statistics Directorate exists to improve policy making, decision taking and practice in support of the Home Office purpose and aims, to provide the public and Parliament with information necessary for informed debate and to publish information for future use.

The programme involves a number of interrelated strands.

- *Drug testing in police custody for specified Class A drugs – heroin, cocaine and crack cocaine – for individuals arrested for trigger offences.* Trigger offences are primarily offences related to acquisitive crime, such as burglary and theft from the person (see Appendix 1). Drug testing is used to identify drug misusers in order to engage them with the programme.
- *Required assessment following a positive test.* There is a requirement to attend an assessment for individuals who test positive for heroin, cocaine or crack cocaine. The assessment is carried out by a drugs worker usually working within the police custody area and as soon as practically possible following the initial test. The purpose is to establish dependency on/propensity to misuse specified Class A drugs, and whether they might benefit from further assessment or from assistance and/or treatment. If the client agrees to engage in treatment (there is no compulsion to engage, except where Restriction on Bail (RoB) conditions have been applied, see below) then a care plan is drawn up with the client's consent and the client is then managed by a Criminal Justice Integrated Team.
- *Criminal Justice Integrated Teams (CJITs)* are based within local Drug Action Team areas and their purpose is to case-manage offenders referred to treatment and co-ordinate agencies and services so they offer access to joined-up treatment and support. By using a case management approach, the programme aims to prevent individuals falling through gaps in the system. Throughcare and aftercare – which aim to enable tailor-made treatment and support based on health and support needs – are central to this approach.

The majority of DIP referrals into treatment are achieved via drug testing in police custody suites. However, DIP also provides for interventions at other stages in the criminal justice process, such as during an initial bail hearing or at sentencing.

- *Conditional cautioning* was introduced in the Criminal Justice Act 2004 and allows for a condition conducive to rehabilitation (such as engaging in drug treatment) to be attached to a police caution. The conditional caution provides a sanction of the prosecution for the original offence if the offender does not comply.
- *Restriction on Bail<sup>11</sup>* reverses the presumption of court bail for defendants who have tested positive for heroin, cocaine or crack cocaine. RoB should be applied to any adult defendant attending court for a drugs offence, or an offence the court suspects was caused or contributed to by Class A drug misuse, unless the court believes there is no significant risk of the defendant re-offending. RoB

makes the requirement to undergo an assessment of the defendant's drug misuse and/or any proposed follow-up treatment a condition of court bail.

DIP also has key links with treatment-related community sentencing and the provision of treatment in prison.

- *Treatment-related community sentencing* is carried out through Drug Rehabilitation Requirements (DRRs) in community sentences given in court. DRRs are replacing Drug Treatment and Testing Orders (DTTOs) and aim to be easier to match to the assessed needs of offenders and to be suitable for a broader range of drug-misusing offenders. Probation officers manage drug-misusing offenders with DRRs to ensure they fulfil the requirements of the order. Offenders are tested regularly for drug misuse and courts monitor their progress.
- *Counselling, Assessment, Referral, Advice and Throughcare (CARAT) services.* CARATS case manage offenders on custodial sentences, provide drug treatment in prisons and liaise with the local CJITs in the preparation of release plans. CARAT caseworkers liaise with partners (e.g. Jobcentre Plus, progress2work, Citizens Advice, housing agencies and Probation Services) with the aim of managing the transition from intensely supported to independent living.

### Box 1 What is 'Tough Choices'?

This study looks in particular at the situation before and after the introduction of Tough Choices. This is the term used to cover the expansion of DIP to include three new elements in April 2006: Testing on Arrest, Required Initial Assessment and Restriction on Bail.<sup>12</sup> The intention of Tough Choices was to broaden the scope of early intervention and make it harder for drug using offenders to resist assessment and treatment.

- *Testing on Arrest* identifies more problem drug users by testing a larger group of people for specified Class A drugs: it moves the point of drug test forward from post-charge to post-arrest.
- *Required Initial Assessment* encourages more people who test positive to complete an assessment of their drug use, by adding a sanction to failure to attend and remain.
- *Restriction on Bail* reverses the presumption of bail for those who have tested positive unless they agree to undergo an assessment and to any proposed follow-up (treatment and/or other support) unless the court is satisfied that the defendant will not re-offend while on bail.

<sup>11</sup> See <http://www.homeoffice.gov.uk/rds/pdfs07/rdsolr0607.pdf> for *The Evaluation of the Restriction on Bail Pilot* for more information on RoB and the evaluation of the RoB pilot.

<sup>12</sup> See <http://www.drugs.gov.uk/publication-search/dip/tough-choices-FAQ?view=Binary> for further information and Tough Choices FAQs and <http://drugs.homeoffice.gov.uk/news-events/latest-news/DIP-TC-April-DAT-newsletter> for information on launch of Tough Choices.



## Evidence underpinning the creation of the Drug Interventions Programme

Research demonstrates that a substantial proportion of those arrested by the police have used illicit drugs and that those committing acquisitive crimes are more likely to report the use of heroin, cocaine or crack cocaine. (See e.g. Boreham *et al.*, 2006, Holloway and Bennet 2004). A meta-analysis of research describing the association and links between drugs and crime found that the odds of offending for those who used crack were six times greater, while the odds for heroin and cocaine users were three and two-and-a-half times greater respectively than those who did not use these drug types (Holloway, Bennett and Farrington, 2005).

The Drug Interventions Programme took as its premise two further key facts:

- first, that a significant number of drug-misusing offenders were not self-referring to drug treatment services and, in many cases, their Class A drug use (and accordingly levels of offending) went unchecked; and,
- secondly, those same offenders were in regular contact with the criminal justice system.

In relation to self-referral, a national evaluation of arrest referral schemes in England and Wales found that over half of problem drug-using offenders screened had never had a previous treatment episode (Sondhi *et al.*, 2002).<sup>13</sup>

A study of 148 drug-misusing offenders who were not directed towards treatment found that, after a year, there was little change in their pattern of drug use. The study lent support to the view that the criminal justice system should make drug treatment more widely available, since punishment of offenders does not by itself reduce their drug use (Home Office 1997).

In terms of contact with the CJS, research shows that drug-using offenders are more likely to be in contact with the criminal justice system and users of heroin, crack or cocaine more so. Over three in four (76%) arrested people who had taken heroin, cocaine or crack cocaine in the previous 12 months had previously been arrested during this period, and one in four (24%) had been arrested on five or more occasions in the past 12 months. This compares to 41 per cent and seven per cent respectively for those arrested persons who had not taken heroin, crack or cocaine in the previous 12 months (Boreham *et al.*, 2006).

In terms of the potential impact of drug treatment on offending behaviour, research shows that levels of crime fall after treatment (Gossop *et al.*, 2006). A systematic review of the

evidence (Holloway *et al.*, 2005) found that drug treatment programmes are effective in reducing criminal behaviour associated with drug use, with the odds of a reduction in criminal behaviour 41 per cent higher in the treatment groups than amongst comparison groups. UK studies show that the economic benefits of drug-use treatment are thought to range between £9.50 and £18 for every pound spent on treatment; key benefits were crime reduction and victims benefits (Godfrey *et al.*, 2004).

## Research design and methodology

### Examining offending

Evaluating interventions that address offending and drug use is methodologically challenging. To answer the question of whether the intervention has achieved the desired aim (here, to reduce offending) one needs to have a strong idea of how the individuals would have behaved had they not been exposed to the intervention (i.e. establish a counterfactual). In the current context it is impossible to make use of the most robust evaluation methods such as randomised control trials (this was an already established programme) or propensity score matching (due to a lack of data on drug use). Consequently, it is difficult to ascribe with certainty the changes in behaviour that one observes to the DIP programme, because there is no counterfactual; that is, one cannot say what could have happened if DIP had not been in place.

The current research design is based instead on a within-cohort analysis, examining differences in offending before and after contact with DIP for the DIP cohort as a whole and subgroups within it. Individuals were matched to the PNC and full criminal histories accessed. Offending was examined in the six months before and after the positive drug test that marked their entry into the cohort. Proven offences (convictions at court, cautions, reprimands and warnings) as recorded on the PNC were used as a proxy for actual offending behaviour.

### Mapping attrition

DIP is a complex programme with multiple entry, exit and re-entry points (see Appendix 9). Individuals enter DIP through a variety of entry points (drug testing, CARATS, self-referral, probation etc.) and may exit at any point for a number of reasons (e.g. refusal to participate, custody, illness/death etc.).

The research design takes a highly simplified version of this complexity by describing a one-way, linear process. The report describes what happens to individuals from a particular entrance point (positive drug test in the custody suite) and the subsequent interactions with DIP that are linked to that particular drugs test:

Test ‡ Contact ‡ Assessment ‡ Care Plan ‡ Treatment

The date of each individual's first positive drug test in the sample period was used as a reference point and subsequent interactions with DIP within the following time frames examined:

<sup>13</sup> Arrest referral schemes were introduced across England and Wales in 1999 as a precursor to the current Drug Strategy and the launch of DIP with the purpose of providing an opportunity for drug workers to engage with problem drug-using offenders and assist them with access to treatment. The research also found that those referred to treatment by an arrest referral scheme were significantly more likely to drop out of treatment once engaged compared to self- or GP-referred drug users.

- twenty-eight days from date of test for an individual's DIP *contact and assessment* ;
- sixty days from date of test for an individual's *care plan*;
- a further six or twelve weeks following care plan for individuals to enter *treatment* (total of 102 or 144 days from date of test, respectively).

All contacts, assessments, care plans or entry into treatment that fall outside of these windows (either before or after) were ignored. This approach gives only a partial account of DIP engagement as many individuals have repeated exposure to treatment and enforcement and complex DIP 'journeys'.<sup>14</sup>

## Mapping treatment retention

Treatment entry was measured from known entry (within a maximum of 144 days of entry test date). Forward matching to National Drug Treatment Monitoring System data was carried out by National Treatment Agency (NTA) researchers. Retention was measured up to 12 weeks.

## Time frames and cohorts

Two time periods were examined: one before and one after the implementation of Tough Choices in April 2006. Tough Choices brought forward drug testing to the point of arrest rather than charge. The two cohorts were all positive testers in DIP intensive areas in England during two time frames.

- The Testing on Charge cohort pre-dates Tough Choices and consists of 7,727 individuals who tested positive at charge during the period 1 July to 31 October 2005 and were successfully matched to the PNC.<sup>15</sup>
- The Testing on Arrest cohort consists of 11,015 individuals who tested positive during the period 1 April–30 June 2006<sup>16</sup> and were successfully matched to the PNC. This time period covers three months where Tough Choices was running countrywide.

All positive testers in the time frames were sampled and the cohorts thus represent the DIP population at that time. Where

---

<sup>14</sup> These time frames are chosen to reflect operational realities on the ground. Whilst the majority of events take place in shorter timescales than these, the time frames are chosen to maximise the chance of the research correctly identifying events that are in fact linked to the initial test. Events after these timescales are considered to have potentially been linked to a subsequent test. Systematising DIP journeys further (e.g. looking at subgroups in relation to different timescales to assessment, ratio of tests to assessments in particular timescales etc.) is beyond the scope of the current research.

<sup>15</sup> Police National Computer.

<sup>16</sup> Thus the second cohort has a slightly shorter sampling period (one month) than the first. The time periods were chosen as a result of the data available and the desire to have as large a cohort as possible. The effect of this on the analysis is minimal (a potential effect might be to inflate the number of high crime causing users in the second cohort as these are more likely to be sampled during a shorter period – however, this is not an issue for the current research where observations made do not suggest a bias of this kind).

individuals appeared more than once in a cohort, the first positive test was taken as the entry point and duplicates were removed; 1,870 individuals appear in both cohorts.

### Data sources

Key data sources used were:

- Drug testing data
- Police National Computer
- Drug Interventions Record
- National Drug Treatment Monitoring System

PNC data provided full histories of criminal records. Successful match to PNC was achieved for a majority of positive testers (around 70%).<sup>17</sup> The DIR was used to provide information on contacts, assessments and care plans drawn up for individuals by DIP, as well as instances of case closure. NDTMS data established proportions entering treatment and retained up to 12 weeks. (See Appendix 2 for further notes on data.)

## Further work

The evidence on offending that is presented in this report should be considered in conjunction with other evidence where available. Evidence from, for example, local evaluations and performance management data suggests that DIP is moving in the right direction. Further work is required to bring together the broader evidence.

DIP is a complex intervention and the current research provides a high-level picture of how individuals move through the programme and key figures on offending. Further analysis is required to identify: the strains in the system (DIP works for some and not for others); can one gain a fuller understanding of where the system might let people down, and establish why it has not worked for particular groups? How often do individuals move through DIP and what is the frequency of their contact with DIP?

---

## Results

### Characteristics of the two cohorts

#### Size, age and gender

Following Tough Choices the most noticeable difference in cohorts was the increase in the size with an average monthly size of 1,932 and 3,672 before and after Tough Choices respectively.

---

<sup>17</sup> In the current context many of the individuals coming through the custody suite will not have previous records on the PNC, and no match will be found. It is assumed that the matched sample is a count of the vast majority of those testing positive who have had previous records on the PNC.



In terms of gender, both cohorts were 81 per cent male and 19 per cent female. The mean age for the Testing on Charge cohort was 30 (29 for women, 30 for men) as it also was for the Testing on Arrest cohort (29 for women, 31 for men). Age and gender characteristics of the two cohorts were broadly similar, although there were slightly more in the oldest (over 45) and youngest (under 25) age groups following Tough Choices.

In terms of ethnicity, around 80 per cent of both cohorts were White. (Data were taken from the PNC; whilst this is coarse-grained it was available for all testers and provides a broad indication of ethnic groups using police classifications.)

**Table 1** Age group by gender, Testing on Charge and Testing on Arrest cohorts, all positive testers

Age group	Female		Male		All	
	Test on Charge (n=1,497)	Test on Arrest (n=2,080)	Test on Charge (n= 6,230)	Test on Arrest (n=8,935)	Test on Charge (n=7,727)	Test on Arrest (n=11,015)
< 25	30%	30%	23%	25%	25%	26%
25 – 34	48%	46%	49%	46%	49%	46%
35 – 44	20%	20%	23%	24%	23%	23%
45 – 54	2%	3%	4%	5%	4%	5%
55+	0%	1%	0%	1%	0%	1%
Total	100%	100%	100%	100%	100%	100%

(Due to rounding, columns do not always add to 100%)

**Table 2** Police classification categories of ethnic groups

	Testing on Charge (n=7,727)		Testing on Arrest (n=11,015)	
	n	%	N	%
Unknown	50	1%	322	3%
White European	6,344	82%	8,681	79%
Dark European	111	1%	177	2%
Afro-Caribbean	808	10%	1,210	11%
Asian	362	5%	562	5%
Arab	45	1%	54	0%
Total	7,727	100%	11,015	100%

**Table 3** Offence causing drug test (including non trigger offences where inspector's discretion used) Testing on Charge and Testing on Arrest cohorts, all positive testers

Offence type	Testing on Charge (n=7,727)		Testing on Arrest (n=11,015)	
	Average monthly		Average monthly	
	n	%	n	%
Theft	1,153	60%	1,842	50%
Burglary	216	11%	482	13%
Possession of specified Class A	127	7%	417	11%
Non-trigger offence	77	4%	176	5%
Robbery	57	3%	135	4%
Other	303	15%	621	14%
Total	1,932	100%	3,672	100%

(Due to rounding, columns do not always add to 100%)  
(For fuller breakdown see Appendix 3)

**Offending characteristics pre- and post-Tough Choices**

There were slightly different patterns of offences causing entry into DIP between the two cohorts (Table 3 above). In the post Tough Choices cohort a smaller proportion entered DIP as a result of suspected theft (50% compared to 60% pre-Tough Choices) while there were slightly greater proportions of burglary, robbery, possession and non-trigger offences; this may reflect different Arrest to Charge ratios for these types of offences.

Tough Choices increased the proportions coming into DIP with no convictions in the previous three years; for the Testing on Charge cohort this figure was 733 (9% of the cohort) while for the Testing on Arrest cohort it was 2,414 (15% of the cohort).

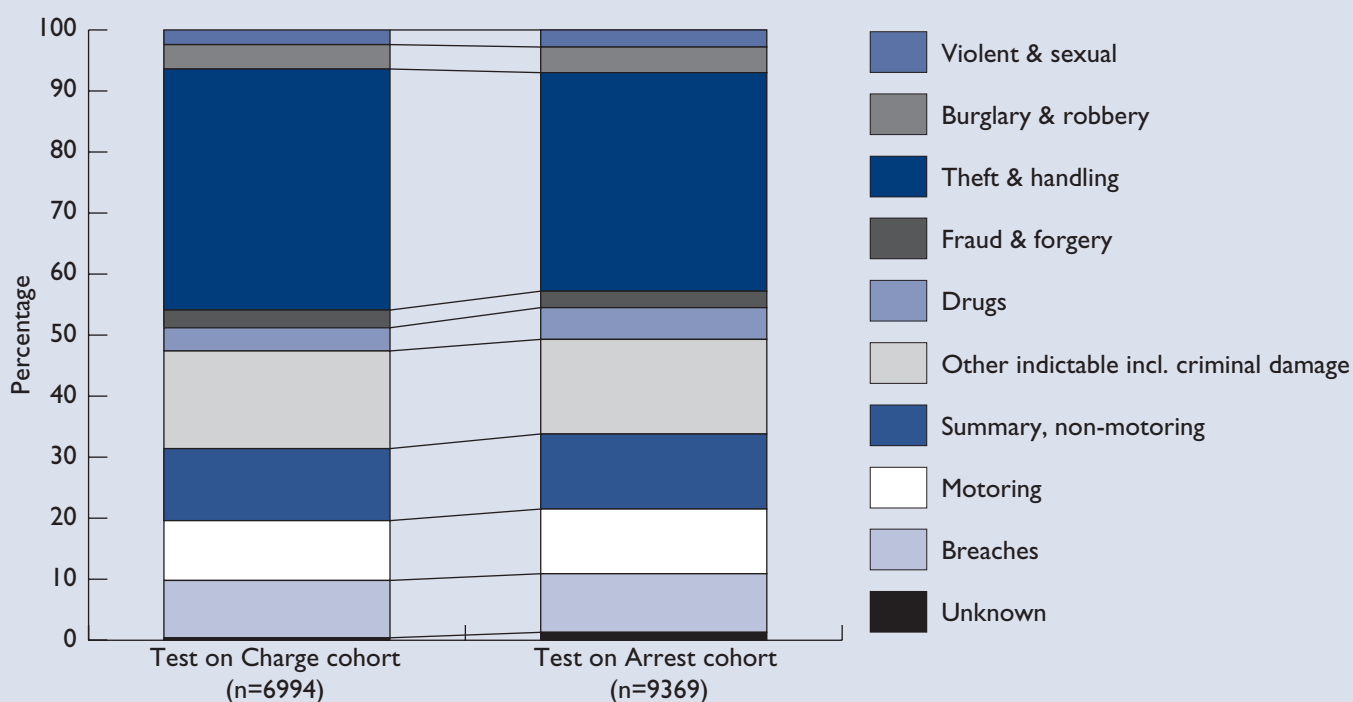
For those with previous convictions, the authors found only small differences between the cohorts. The proportion of previous convictions for drugs offences rose from just under four per cent to just over five per cent while the proportion of convictions for theft and handling was 39 per cent for the Testing on Charge cohort and 36 per cent for Testing on Arrest.

**Table 4 Numbers of convictions in three-year period prior to entry (all offences), Testing on Charge and Testing on Arrest cohorts, all positive testers**

Cohort	No. of convictions in 3 years prior to entry test (all offences)	No. of persons	Proportion of cohort
Test on charge (1st July to 31st Oct 2005) n=7727	0	733	10%
	1-9	3,368	44%
	10-19	2,180	28%
	20-29	951	12%
	30+	495	6%
Test on arrest (1st Apr to 30th June 2006) n=11015	0	1,646	15%
	1-9	5,368	49%
	10-19	2,589	24%
	20-29	999	9%
	30+	413	4%

(Due to rounding, percentages do not always add to 100%)

**Figure 1 Convictions in three years prior to entry test, by offence category (all offences), all individuals with convictions in three years prior Crime-causing groups**



### Crime-causing groups

Of particular policy concern is the question of whether DIP manages to capture and 'grip' (i.e. retain in treatment or other appropriate CJS response) the right offenders, in particular those offenders who have a high rate of offending and are causing a high level of harm.

Police officers, using locally available intelligence, are generally best placed to identify those offenders who cause most harm. It is often the case that offenders causing most current harm are difficult to identify using central data sources such as PNC convictions data, as an individual's number of previous convictions does not necessarily reflect his or her current offending behaviour. However, accessing and using more timely local intelligence data was impractical for the current analysis where large cohorts were examined.

Data on offending history on the PNC can give us some information about the degree to which DIP is gripping different groups, by examining the cohort in terms of previous convictions. Following exploration of DIP and PNC data the research identified that the most prolific 20 per cent of offenders accounted for around 60 per cent of convictions for trigger offences in the three years prior to cohort entry. This exploratory work led to definitions of three groups of offenders based on their conviction history.<sup>18</sup>

- High crime causing users (HCCUs): individuals with nine or more convictions for trigger offences in the three years prior to test.
- Medium crime causing users (MCCUs): individuals with four to eight convictions for trigger offences in the three years prior to test.

<sup>18</sup> The mean age at test for these three groups was the same at 31 years. The mean career start age (age at first conviction) was also similar at 17 for MCCUs and HCCUs and 18 for LCCUs, for both cohorts.

- Low crime causing users (LCCUs): individuals with zero to three convictions for trigger offences in the three years prior to test.

These definitions are intended as analytical aids and are not intended as a means to set operational priorities.

Other cohorts of concern examined include Prolific and other Priority Offenders<sup>19</sup> and 'Serious' offenders (here defined as those with a conviction for burglary, robbery, violent or sexual offences in the last three years).

### CCU characteristics before and after Tough Choices

As shown in Tables 5 and 6, around a quarter of the Testing on Charge cohort were HCCUs; they accounted for 51 per cent of convictions for all offences and 62 per cent of convictions for all trigger offences in the last three years. In the Testing on Arrest cohort 17 per cent were HCCUs and these accounted for 57 per cent of all offences and 45 per cent of trigger offences caused by the cohort as a whole in the three years prior to cohort entry.

Although the proportion of HCCUs was lower following Tough Choices the monthly number was higher, at an average of round 610 per month compared to around 460.

There was a large rise in the proportion and number of LCCUs in the Testing on Arrest cohort, from 49 per cent in the Testing on Charge cohort to 62 per cent (from an average of around 940 to 2,270 per month). The proportion of convictions accounted for by LCCUs also rose for both all offences (from 19% to 27%) and trigger offences (from 10% to 14%).

<sup>19</sup> PPOs are offenders specifically targeted by police on the basis of locally set priorities and intelligence, see <http://www.crimereduction.homeoffice.gov.uk/ppo/ppominisite01.htm>

**Table 5 Convictions accounted for by High, Medium and Low crime causing categories, for trigger offences (in last 3 years)**

Cohort	Crime causing category	Minimum number of convictions	Maximum number of convictions	No. of individuals in category	Proportion of individuals in category	Mean no. convictions per individual	Total no. of convictions accounted for	Proportion of total convictions accounted for
Test on charge n= 7727	LCCU	0	3	3,749	49%	1.1	4,250	10%
	MCCU	4	8	2,131	28%	5.8	12,255	28%
	HCCU	9	65	1,847	24%	14.7	27,204	62%
	Overall	0	65	7,727	100%	5.7	43,709	100%
Test on arrest n= 11015	LCCU	0	3	6,816	62%	0.9	6,211	14%
	MCCU	4	8	2,357	21%	5.7	13,324	29%
	HCCU	9	73	1,842	17%	14.2	26,085	57%
	Overall	0	73	11,015	100%	4.1	45,620	100%

(Due to rounding, columns do not always add to 100%)

Overall, there was an increase in throughput across all CCU groups, with the largest increase amongst LCCUs. This reflects the broadening of the DIP client base following Tough Choices, which aimed to bring greater numbers of individuals into contact with DIP at an earlier stage and to broaden the scope of the intervention.

The average monthly number of 'serious' offenders and PPOs engaged by DIP through testing also increased. (For full breakdown of figures see Appendix 4.)

### Summary of characteristics

Tough Choices has:

- introduced a larger average monthly number and proportion of positive testers with lower levels of previous offending;
- introduced greater numbers of serious offenders, HCCUs and PPOs to the DIP process through drug testing;
- increased slightly the proportions of the youngest and oldest age groups entering DIP.

Overall, Tough Choices appears, as intended, to have broadened the scope and size of the cohort coming into contact with DIP in the custody suite.

**Table 6 Convictions accounted for by High, Medium and Low crime causing categories, for all offences (in last 3 years)**

Cohort	Crime causing category	Minimum number of convictions	Maximum number of convictions	No. of individuals in category	Proportion of individuals in category	Mean no. of convictions per individual	Total no. of convictions accounted for	Proportion of total convictions accounted for
Test on charge	LCCU	0	98	3,749	49%	4.5	16,730	19%
	MCCU	4	55	2,131	28%	12.0	25,611	29%
	HCCU	9	105	1,847	24%	24.3	44,864	51%
	Overall	0	105	7,727	100%	11.3	87,205	100%
Test on arrest	LCCU	0	73	6,816	62%	3.8	25,645	27%
	MCCU	4	52	2,357	21%	11.9	27,993	29%
	HCCU	9	89	1,842	17%	23.4	43,041	45%
	Overall	0	89	11,015	100%	8.8	96,679	100%

(Due to rounding, percentages do not always add to 100%)

**Table 7 Overview of CCU levels, PPOs and Serious offenders, Testing on Charge and Testing on Arrest cohorts, all positive testers**

Offending categories	Test on charge (1 July to 31 Oct 2005 n=7,727)		Test on arrest (1 Jan – 30 June 2006 n=11,015)	
	Average monthly n	% of cohort	Average monthly n	% of cohort
HCCU	462	24%	614	17%
MCCU	533	28%	786	26%
LCCU	937	49%	2,272	62%
Total	1,932	100%	3,672	100%
Serious	699	36%	1,161	32%
Non-Serious	1,233	64%	2,511	68%
Total	1,932	100%	3,672	100%
PPO	111	6%	170	5%
Non-PPO	1,821	94%	3,502	95%
Total	1,932	100%	3,672	100%

(Due to rounding, percentages do not always add to 100%)

## Improving retention

Tough Choices aimed to reduce attrition, in particular at the point of assessment, by making assessments a required element of DIP rather than a voluntary one. The following examines progress to contact and assessment (within 28 days of a positive test) to care plan (within 60 days) and treatment entry (within 102-144 days) before and after Tough Choices.<sup>20</sup>

### From Contact to Care Plan

#### Initial contact

The point between test and contact was a key point of attrition before Tough Choices; 53 per cent of those available<sup>21</sup> had an initial contact with a drug worker within 28 days of a positive test before Tough Choices. Following Tough Choices this rose to 77 per cent.

#### Assessment

The implementation of Tough Choices made initial assessment a requirement for everyone with a positive drug test. This was previously a key point of attrition. Before Tough Choices, 77 per cent of those with an initial contact went on to receive an assessment within 28 days. Following Tough Choices this increased to 93 per cent receiving assessments within 28 days of their test.

#### Requiring and agreeing to further intervention

In the Testing on Charge cohort, 1,665 people were identified in voluntary assessments as requiring further intervention. Of these, 1,606 (96%) agreed to that intervention. In the Testing on Arrest cohort 3,869 individuals were identified as needing further intervention. Of these, 3,227 (83%) agreed to intervention.

Thus at this voluntary point of engagement attrition was higher following implementation of Tough Choices, with 17 per cent refusing further intervention although they had been identified as needing it.

This may reflect the greater proportions and numbers now reaching this point. Of the Testing on Arrest cohort, 71 per cent (or average 1,691 per month) of the available population were processed through to assessment. This was a substantial increase from 40 per cent (or average 446 per month) of the Testing on Charge cohort reaching this point.

A higher rate of refusal may have been due to greater numbers of people who were resistant to treatment being brought to the point of treatment, as well as greater numbers of low-level users who may not have been ready to recognise a need for treatment. In addition, under Testing on Charge, drug misusers were

assessed when already under charge for an offence – this may have motivated higher levels of participation due to the ‘crisis point’ prompted by a criminal charge.

The vast majority of DIP entrants did continue at this stage. Since this research was carried out, a second required assessment or follow-up assessment has been introduced. By providing an additional sanction for non- engagement this aims to encourage individuals to address their drug problem.

#### Care plan

A key milestone for DIP entrants is the establishment of a care plan. This is an important overall marker of DIP effectiveness, representing the efficacy of DIP in meeting clients’ need for care.

- The proportion of those who agreed to further intervention who had a care plan drawn up within 60 days of their test was 85 per cent under Testing on Charge and 88 per cent under Testing on Arrest.
- The proportion of all positive testers who were available to DIP (i.e. had not entered custody, were not already on a care plan or on probation, had not been referred to other DAT) who went on to have a care plan drawn up within 60 days of their positive test, increased; under Testing on Charge this proportion was 29 per cent, under Testing on Arrest this proportion was 35 per cent.

#### Summary of engagement in DIP process

Progress through DIP improved following Tough Choices:

- seventy-seven per cent of the Testing on Arrest cohort received a contact within 28 days, compared to 53 per cent before Tough Choices;
- ninety-three per cent of those available<sup>22</sup> for assessment received one within 28 days, up from 77 per cent before Tough Choices;
- Thirty-five per cent of all positive testers received a care plan within 60 days of their test, compared to 28 per cent before Tough Choices.

Figures 2 and 3 below illustrate the overall attrition and numbers moving through DIP in the two cohorts discussed above.

### Treatment – Tier 2<sup>23</sup>

1,100 individuals (an average of 275 per month) in the Testing on Charge cohort were referred to tier 2 treatment, representing

22 i.e. those not made unavailable through e.g. entering custody in the interim, or who were already on the caseload in the community.

23 The NTA groups treatment into four tiers or levels reflecting increasing intensity. Tier 1 mainly involves non-specialist, general healthcare and other services, e.g. hospital A&E, pharmacies, GPs, antenatal wards and social care agencies. Tier 2 covers more specialist open-access drug treatment, e.g. drop-in services, and includes triage assessment, advice and information. Tier 3 covers community-based drug treatment, e.g. regular sessions to attend and care plan. Prescribing, structured day programmes and structured psychosocial interventions. Tier 4 is residential drug treatment – inpatient treatment and residential rehabilitation. See [http://www.nta.nhs.uk/about\\_treatment/the\\_tier\\_system.aspx](http://www.nta.nhs.uk/about_treatment/the_tier_system.aspx)

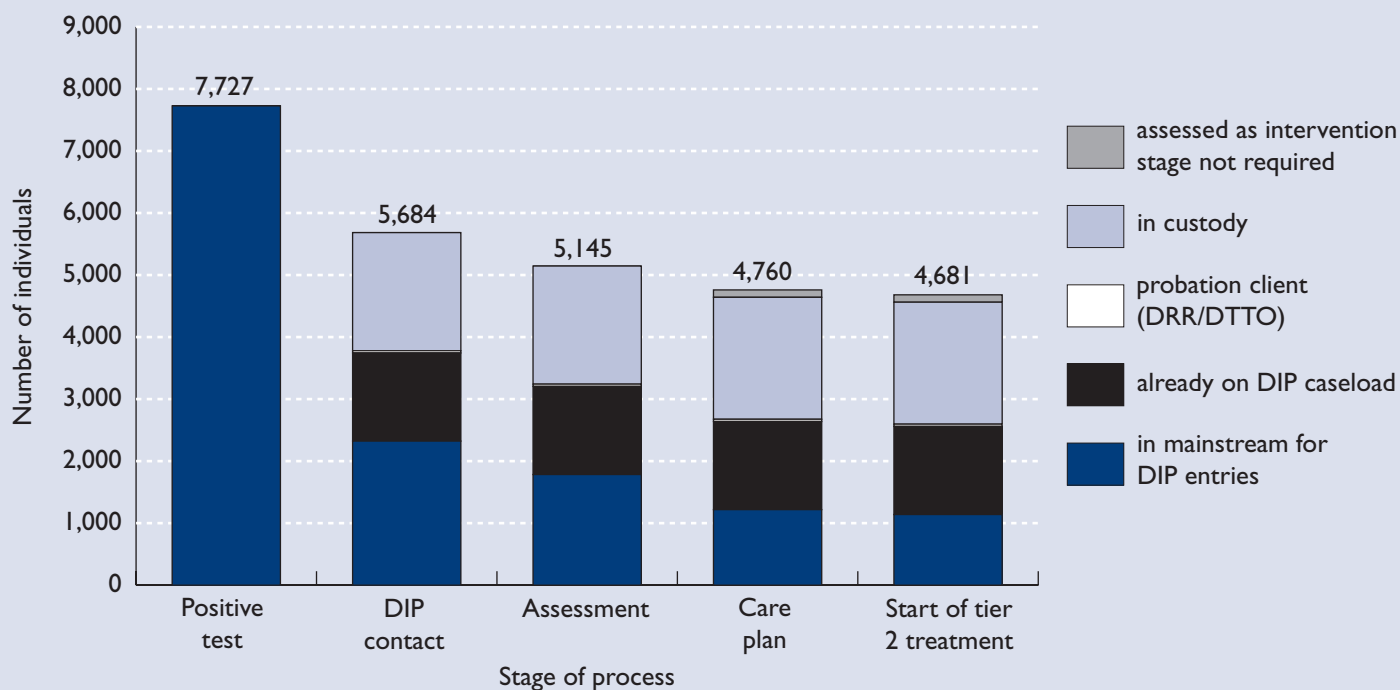
20 These time frames are chosen to reflect operational realities on the ground. Whilst the majority of events take place in shorter timescales than these, the time frames are chosen to maximise the chance of the research correctly identifying events that are in fact linked to the initial test. Events after these timescales are considered to have potentially been linked to a subsequent test. Systematising DIP journeys further (e.g. looking at subgroups in relation to different timescales to assessment, ratio of tests to assessments in particular timescales etc.) is beyond the scope of the current research.

21 i.e. those not diverted into custody or already on the DIP caseload.



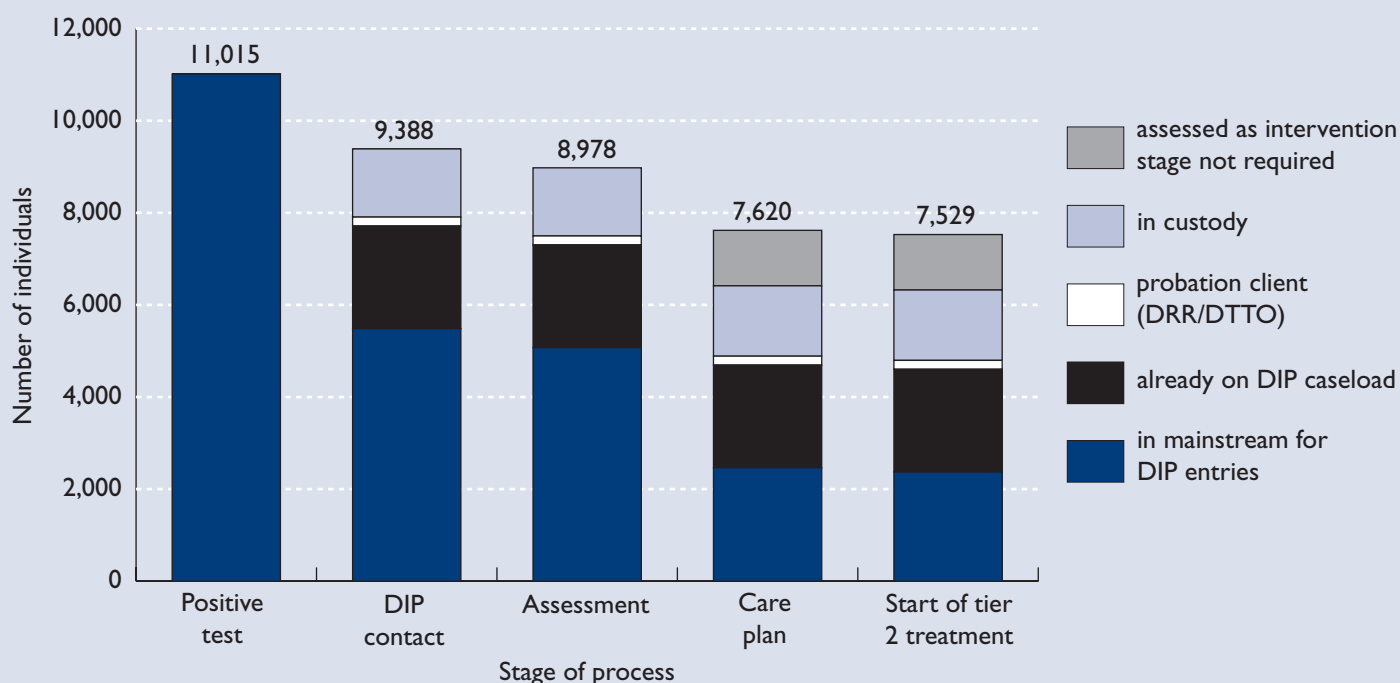
**Figure 2 Progress through DIP Testing on Charge cohort**

Tracking of Testing on Charge cohort (Jul-Oct 2005) through DIP process



**Figure 3 Progress through DIP Testing on Arrest cohort**

Tracking of Testing on Arrest cohort (Apr-Jun 2006) through DIP process



90 per cent of all of those who received a care plan. In the Testing on Arrest cohort this figure was 2,343 (an average of 781 per month); 95 per cent of all of those who received a care plan. These are individuals who received Tier 2 support on its own, usually delivered by the CJIT, or in conjunction with specialist treatment (tier 3/4).

A higher proportion of care plans in the Testing on Arrest cohort referred individuals to Tier 2 treatment only (55%) than in the Testing on Charge cohort (47%)<sup>24</sup>.

<sup>24</sup> Tier 2 treatment comprises a number of different interventions that are delivered in different ways; it does not lend itself well to measures of retention in the way that specialist treatment does. Retention (or successful delivery) of tier 2 services is not considered in this report.

**Specialist treatment (Tiers 3 and 4); structured community based or residential treatment**

This section reports several sets of figures:

1. care plan outcome recorded in all care plans recorded within 60 days of positive test ;
2. entry into tier 3 and/or 4 for individuals recorded as referred to tier 3 or 4 on their care plan (within 60 days);
3. entry into tier 3 and/or 4 treatment for anyone with a care plan within 60 days (i.e. including those only referred to Tier 2).

A far higher number of individuals in both cohorts entered specialist (Tier 3/4) treatment than those for whom a referral to Tier 4/3 is recorded in their care plan.

For the Testing on Charge cohort ,1,218 individuals received a care plan within 60 days of their positive test, and 47 per cent of these were referred to a Tier 3 or 4 intervention. For the Testing on Arrest Cohort 41% were referred.<sup>25</sup>

Of those recorded as referred to Tiers 3 and/or 4, 55 per cent were in found to be in treatment within 12 weeks of their care plan for the Testing on Charge cohort, with 47 per cent of the Testing on Arrest in treatment.

<sup>25</sup> These figures include those referred to treatment with a recorded triage, as well as those referred and found in treatment with no triage recorded (n=45 for Testing on Charge cohort and n=101 for Testing on Arrest cohort).

Of those recorded with any care plan (i.e. including those referred only to tiers 2 as well as those referred to tier 3/4) 54 per cent of the Testing on Charge referrals were found to be in specialist treatment within 12 weeks of their care plan, while 49 per cent of the Testing on Arrest referrals were

Thus, greater numbers of people were in specialist treatment (Tier 3/4) than those with recorded referrals. This may be a result of the way that DIP repeatedly confronts misusers with the nature of their drug problem whenever they enter the custody suite: an individual whose first recorded care plan was 60 days following his/her positive test may not have been ready or able to address their treatment needs. That individual may have had another care plan shortly after, which has been discounted by the methodology of the current study, which referred him or her to specialist (Tier 3/4) treatment. Alternatively, their encounter with the criminal justice system and DIP in the custody suite may have prompted them to seek out specialist treatment through another route. Individuals may prefer to present to treatment services as non-offenders.

Overall, the figures demonstrate that DIP compares well with other schemes in getting drug users into treatment. Of those referred under arrest referral Oerton *et al.* (2003) reported for a London study that approximately 30 per cent go on to attend an appointment at a treatment agency. Millar *et al.* (2002) report a lower figure in Manchester, with 25 per cent of those referred to treatment going on to access treatment within 60 days of referral. Millar *et al.* (no date) further found a 22 per cent uptake of treatment amongst arrest referred clients.

**Table 8 Referral outcomes for individuals receiving care plan within 60 days of positive test, Testing on Charge and Testing on Arrest cohorts, individuals with care plan**

	Testing on Charge N = 1,218		Testing on Arrest N = 2,463	
Referred to tier 2 only	568	(47%)	1,369	(55%)
Referred to tier 3 or 4 only	39	(3%)	29	(1%)
Referred to tier 2, 3 and 4	532	(42%)	974	(39%)
Outcome unknown	79	(6%)	91	(3%)
<b>Total referred to Tier 3 and/or 4</b>	<b>571</b>	<b>(47%)</b>	<b>1,003</b>	<b>(41%)</b>

(Due to rounding percentages do not always add to figure shown)

**Table 9 In specialist treatment within 12 weeks, individuals referred to tiers 3 and/or 4**

	Testing on Charge N= 571		Testing on Arrest N = 1,003	
No. in tier 3 or 4 within 12 weeks	342	55%	516	47%

**Table 10 In specialist treatment withing 12 weeks, all individuals with care plan**

	Testing on Charge N = 1,218		Testing on Arrest N=2,463	
No. in tier 3 or 4 within 12 weeks	652	54%	1,197	49%

## Retention in treatment

Treatment retention has been identified as an important factor in reducing the criminal activity of drug users (Gossop *et al.*, 2001; NTA, 2004). The proportion of non-criminal justice system clients retained for 12 weeks or more is 76 per cent for 2006–07 (NTA data, September 2007). Treatment retention for DIP clients compares very well at 79 per cent before Tough Choices and 74 per cent following.

Retention for HCCUs in the Testing on Arrest cohort is lower than for the Testing on Charge group, at 64 per cent compared to 87 per cent. It is difficult to draw any firm conclusions, as numbers are small. Lower retention figures may be due to:

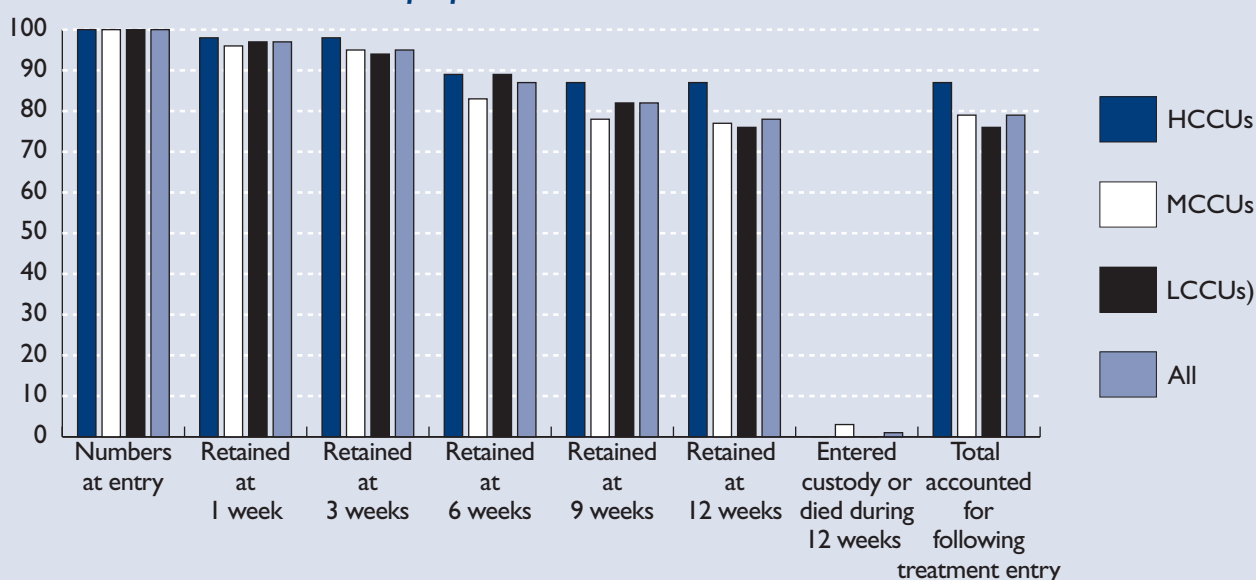
- greater numbers with drug-use patterns that were harder to treat (e.g. poly-drug use rather than heroin only);

- greater penetration of the target group by DIP, resulting in drug misusers who were more resistant to treatment (e.g. at an earlier stage of their drug-using career, not ready to stop taking drugs, or with more overall resistance to stopping) entering treatment

There was some evidence of differences in drug-use patterns reported at care plan between the two cohorts (see Table 11). Following Tough Choices a smaller proportion reported daily heroin-only use (26% to 18%) and a larger proportion reported heroin, crack, cocaine or amphetamines used less than daily (12% to 22%). Such differences may have contributed to lower retention rates, as certain types of drug use have more complex treatment needs (for instance, heroin-only users may have less complex treatment needs than poly-drug users), while less frequent users may not feel that they need treatment.

Retention figures for other cohorts of concern are provided in Appendix 5.

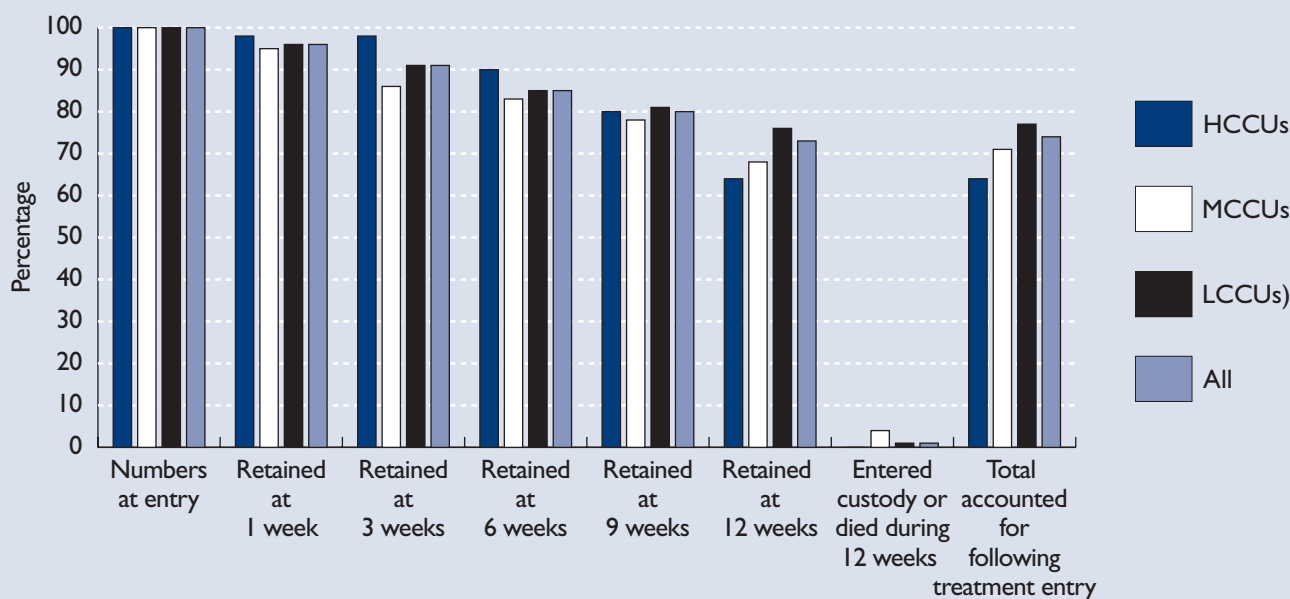
**Figure 4 Retention in treatment, Testing on Charge Cohort, individuals referred to tiers 3 and/or 4 and entry recorded within 12 weeks of referral**



**Table 11 Pattern of heroin, crack, cocaine and amphetamine use, testing on Charge and Testing on Arrest, for individuals with a care plan within 60 days and referral to Tier 3 or 4 treatment**

	Testing on Charge (July - October 2005) n=571		Testing on Arrest (April - June 2006) n=1,003	
	N	%	N	%
Daily heroin, with daily crack, cocaine or amphetamines	152	27%	259	26%
Daily heroin, with less frequent crack, cocaine or amphetamines	85	15%	128	13%
Daily heroin only (other drugs not used or not stated)	149	26%	185	18%
Daily crack, cocaine or amphetamines; NOT daily heroin	61	11%	96	10%
Heroin, crack, cocaine or amphetamines less than daily	66	12%	218	22%
Neither heroin, crack, cocaine nor amphetamines, or n/s	8	1%	24	2%
Not known	50	9%	93	9%
Total	571	100%	1,003	100%

**Figure 5 Retention in treatment, Testing on Arrest Cohort, individuals referred to Tiers 3 and/or 4 and entry recorded within 12 weeks of referral**



### Offending in the six months pre- and post-DIP

As discussed above, evaluating interventions that address offending and drug use is methodologically challenging. With a nationally rolled-out programme such as DIP it has not been possible to identify a comparison group who were not exposed to similar interventions.<sup>26</sup> In the absence of more robust methods (e.g. randomised control trials, propensity score matching) the authors are currently constrained to describing offending behaviour before and after contact with DIP. The current research thus scores a level 2 on the Maryland Scale of Scientific Methods (see Sherman *et al.*, 1998) in terms of measuring outcomes, not enough on its own to attribute behaviour change to the intervention.<sup>27</sup>

This challenge has been faced by other work in this area (see e.g. Gossop *et al.*, 2001). It is nevertheless important to present the current data – not otherwise available – for the large numbers of individuals coming through DIP. The data also provide interesting comparisons to other studies of offending in the field such as McSweeney *et al.*, 2006. This information will be useful for policy makers and others engaged in the field, and provides national-level figures which will be of interest to local areas when carrying out their own studies.

Convictions (proven offences) recorded on the PNC in the six-month period before and after the positive test which marked an individual's entry into the Testing on Charge cohort are counted.<sup>28</sup> Convictions are taken as a proxy (almost certainly an undercount) of actual offending behaviour. All offences counted are non-breach, proven offences recorded on the PNC.<sup>29</sup>

#### Offending levels

- Offending levels as measured by proven offences recorded on the PNC in the six months following DIP are lower than they are in the six months before DIP.

One key issue in looking at offending before and after interventions that take place in response to and at the time of (suspected) offending behaviour is that there is a risk of finding a reduction regardless of the nature of the intervention, as the sample will often have the shared characteristic of a recent conviction. This may result in an overestimate of differences as they would probably regress to the mean following the intervention. In order to compensate, therefore, the following focuses on figures for *pre-post offending minus one offence where an individual has a proven offence during the month of the positive drug test*.<sup>30</sup> This equates to the index offence that prompted entry into the cohort. It compensates for potential selection bias in the design and gives a more realistic indication of whether behaviour changes.

- A count of *all* pre-post convictions shows that offending for the cohort as a whole was 45 per cent lower post-DIP.

<sup>26</sup> Compulsory testing is only rolled out to DIP intensive areas (see Appendix); however, these were selected on the basis of their crime levels and drug use, hence DIP intensive and non intensive areas have important differences. In addition, there are drug-testing schemes in operation in some non-intensive areas. The situation is further complicated by the fact that other elements of DIP (i.e. CJITs) are rolled out in all areas, meaning that even if similar individuals in non-intensive areas are identified, they may be receiving similar interventions (care plan, treatment, etc.).

<sup>27</sup> Individuals may have received different combinations of CJS and DIP-specific interventions – e.g. care plan, assessment, treatment, custody, Restriction on Bail and so on. The current research does not separate these out but focuses instead on the entire cohort coming through the custody suite; these may have received a multiplicity of interventions over time.

<sup>28</sup> e estimated date of offence (recorded on PNC) is used (rather than the conviction date). This is because the authors are using proven offences as a proxy for actual offending behaviour.

<sup>29</sup> The Testing on Charge cohort is the only cohort for which the authors have sufficiently reliable PNC data. They have allowed six months offending post-entry test date, plus nine months waiting time for convictions occurring within six months to be recorded on the PNC.

<sup>30</sup> Where an individual has a proven offence recorded in month zero, offending in the six months prior is estimated by calculating 'proven offences in six months prior to cohort entry minus one'. Convictions from the 'post' period are counted for the six months following the test event.

- However, removing index offences from the calculation suggests that a more meaningful measure would be that offending was 26 per cent lower post-DIP.

### Offending patterns

The following examines offending patterns on the basis of proven offences *minus the index offence*.

Around half of the cohort (47%) had a lower volume of offending following DIP entry. Around a quarter (25%) showed similar levels of offending. Around a quarter (28%) showed a sharp increase in the volume of offending.

The 'rise' group consisted of 1,188 individuals with at least one conviction in the six months prior (with a mean number of 2.1 offences pre and 4.8 post DIP) and 989 individuals with no convictions in the six months prior, and a mean of 2.5 offences following DIP. Further work should be carried out to understand the nature of this group (for instance, their PPO status, length of criminal career, drug types) and where they may benefit from further policy attention.

The three CCU levels had similar proportions (between 46% and 49%) that had lower offending following DIP, and these showed a reduction of offending of between 71 per cent and 86 per cent. HCCUs were most likely to show an increase in offending: 34 per cent fell into the 'rise' group compared to 24 per cent of the LCCU group.

Fifty-six per cent of PPOs had lower volumes of offending following cohort entry, with 77 per cent lower volume in the following six months. For 'non-PPOs' 47 per cent had lower numbers of offences, with 79 per cent lower volume of offending. Similar proportions (29% and 28% respectively) showed a rise in offending.

Fifty-one per cent of 'serious' offenders had lower volumes of offending following DIP entry, and these had a 78 per cent lower volume of offending. Of the 'non-serious' group 45 per cent showed a decline, with an 80 per cent lower volume of offending. The proportion showing a rise was the same for both groups at 28 per cent.

If only the offending of those with a proven offence in the six months prior to entry (n=5555) is examined, the difference between number of offences before and after is 41 per cent.<sup>31</sup> For this group 66 per cent of the cohort show lower volumes of offending, 11 per cent stay steady and 21 per cent show an increase

See the Appendix for full figures for this and other groups, including breakdown by cohorts of concern. The Appendix also provides data on offending with and without the index offence..

<sup>31</sup> Where offending is presented for those with a conviction for a non-breach offence in the six months prior to cohort entry, this is calculated after index offence removed (n=5,555).

**Table 12 Index offence excluded. Offending volume of groups showing decline in, rise in or stable offending (n=7,727)**

Group	N	(%)	Offending before		Offending after		% change
			Sum	Mean	Sum	Mean	
Decline	3,656	47%	12,591	3.4	2,631	0.7	-79%
Same	1,894	25%	1,409	0.7	1,409	0.7	0%
Rise	2,177	28%	2,443	1.1	8,196	3.8	+235%
Total	7,727	100%	16,443	2.1	12,236	1.6	-26%

(Due to rounding percentages do not always add to 100%)

**Table 13 Index excluded. Offending by CCU level (n=7,727)**

CCU level	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
HCCU	Decline	893	48%	3,989	4.5	1,163	1.3	-71%
	Same	332	18%	572	1.7	572	1.7	0%
	Rise	622	34%	979	1.6	2,753	4.4	+181%
	Total	1,847	100%	5,540	3.0	4,488	2.4	-19%
MCCU	Decline	1,042	49%	3,594	3.4	751	0.7	-79%
	Same	443	21%	343	0.8	343	0.8	0%
	Rise	646	30%	713	1.1	2,415	3.7	+239%
	Total	2,131	100%	4,650	2.2	3,509	1.6	-25%
LCCU	Decline	1,721	46%	5,008	2.9	717	0.4	-86%
	Same	1,119	30%	494	0.4	494	0.4	0%
	Rise	909	24%	751	0.8	3,028	3.3	+303%
	Total	3,749	100%	6,253	1.7	4,239	1.1	-32%

(Due to rounding, percentages do not always add to 100%)



**Table 14 Index excluded. Offending by PPO status (n=7,727)**

PPO status	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
PPO	Decline	248	56%	1,008	4.1	234	0.9	-77%
	Same	64	14%	76	1.2	76	1.2	0%
	Rise	130	29%	192	1.5	577	4.4	+201%
	Total	442	100%	1,276	2.9	887	2.0	-30%
Non-PPO	Decline	3,408	47%	11,583	3.4	2,397	0.7	-79%
	Same	1,830	25%	1,333	0.7	1,333	0.7	0%
	Rise	2,047	28%	2,251	1.1	7,619	3.7	+238%
	Total	7,285	100%	15,167	2.1	11,349	1.6	-25%

(Due to rounding, percentages do not always add to 100%)

**Table 15 Index excluded. Offending by seriousness status (n=7,727)**

Serious status	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
Serious	Decline	1,416	51%	5,149	3.6	1,111	0.8	-78%
	Same	595	21%	518	0.9	518	0.9	0%
	Rise	784	28%	969	1.2	3,113	4.0	+221%
	Total	2,795	100%	6,636	2.4	4,742	1.7	-29%
Non-Serious	Decline	2,240	45%	7,442	3.3	1,520	0.7	-80%
	Same	1,299	26%	891	0.7	891	0.7	0%
	Rise	1,393	28%	1,474	1.1	5,083	3.6	+245%
	Total	4,932	100%	9,807	2.0	7,494	1.5	-24%

(Due to rounding, percentages do not always add to 100%)

**Table 16 Index excluded. Offending by groups showing decline in, rise in or stable offending; individuals with 1+ offence in six months prior (n=5,555)**

Group	N	(%)	Offending before		Offending after		% change
			Sum	Mean	Sum	Mean	
Decline	3,656	66%	12,591	3.4	2,631	0.7	-79%
Same	711	13%	1,409	2.0	1,409	2.0	0%
Rise	1,188	21%	2,443	2.1	5,704	4.8	+133%
Total	5,555	100%	16,443	3.0	9,744	1.8	-41%

(Due to rounding, percentages do not always add to 100%)

## Conclusions

The report has described the main route through which DIP channels drug misusers from the custody suite to drug treatment. Levels of attrition were described, and were seen to have improved following Tough Choices.

The research established that Tough Choices has changed the characteristics of the cohorts, largely by increasing the average monthly number (and proportion) of positive testers with lower levels of previous offending (i.e. LCCUs). It also increased the average monthly numbers of serious offenders, HCCUs and PPOs entering DIP.

Retention in treatment was examined before and after Tough Choices; retention in treatment up to 12 weeks were, for both cohorts, comparable with those of non-CJS referrals.

The research has a number of findings that have implications for central and local policy makers and practitioners involved in the area of drugs, crime prevention and harm reduction and the use of interventions that target underlying factors driving crime behaviour.

- The findings support the role of the criminal justice system in tandem with other agencies channelling drug misusers into treatment.
  - Rates of entry into treatment for DIP referrals are higher than for previous arrest referral programmes.
  - Levels of retention in treatment for DIP entrants equal those of non criminal justice route entrants to treatment.

The role of coercion in increasing engagement in the early stages of DIP (at assessment) raises the question of the role and limits of semi-coercive approaches.

- The introduction of Tough Choices led to lower levels of attrition from the DIP programme than when less coercive measures were in place.

The offending figures presented here provide an initial description of offending patterns before and after entry into DIP for different groups and indicate that offending is lower following DIP contact. The before and after design means that one cannot be sure those changes can be ascribed to DIP. The authors have attempted to compensate for selection bias by deleting index offences.

- The cohort as a whole was responsible for 26 per cent lower levels of offending after their entry into DIP than before.
- DIP cohort subgroups and their offending patterns have been described;

- Forty-seven per cent of the cohort as a whole showed a reduction in volume of offending following DIP.
- Similar proportions were found for the subgroups; 56 per cent of PPOs showed a reduction
- A significant minority showed an increase in offending following DIP contact; 28 per cent of the cohort as a whole had increased offending following DIP, with 34 per cent of HCCUs showing an increase.

These figures provide a national-level description which will be of interest to regions and local areas when they analyse their own performance in relation to reducing drug-related offending.

## Future research

The findings of the current research, along with the emerging field of UK research around the CJS and drug treatment (see e.g. Seddon 2007, McSweeney et al., 2006) support the ongoing development of evidence-based policy to tackle the link between drugs and crime. Further research might include the following.

- Further research into semi-coercive approaches such as required assessment – this would support the development of a robust evidence-base in this area.
- Addressing the questions raised by the findings on offending, such as the following.
  - Why does DIP appear to be associated with a good outcome for a large proportion of the cohort, yet with a poor outcome for a sizeable minority?
  - Are any observed changes in offending (positive and negative) sustained longer term?
  - How do offending patterns correlate with particular types of DIP journey?
  - Can one develop modelling techniques to estimate predicted offending levels for drug using offenders?
- Further modelling work around offending and the interaction with particular aspects of DIP would provide an important contribution to research in the field.
- Work with practitioners would augment existing centrally held data with additional evidence from case studies in the field and local data.

## Appendix 1 Trigger offences

Trigger offences with effect from 1 August 2007, as amended by Schedules 1 and 3 to the Fraud Act 2006 and by the Criminal Justice and Court Services Act 2000 (Amendment) Order 2007.

1. Offences under the following provisions of the Theft Act 1968 are trigger offences:
  - section 1 (theft)
  - section 8 (robbery)
  - section 9 (burglary)
  - section 10 (aggravated burglary)
  - section 12 (taking motor vehicle or other conveyance without authority)
  - section 12A (aggravated vehicle-taking)
  - section 22 (handling stolen goods) \*
  - section 25 (going equipped for stealing, etc.)
2. Offences under the following provisions of the Misuse of Drugs Act 1971 are trigger offences if committed in respect of a specified Class A drug:
  - section 4 (restriction on production and supply of controlled drugs)
  - section 5(2) (possession of controlled drug)
  - section 5(3) (possession of controlled drug with intent to supply)
3. Offences under the following provisions of the Fraud Act 2006 are trigger offences- \*\*
  - section 1 (fraud)
  - section 6 (possession etc. of articles for use in frauds)
  - section 7 (making or supplying articles for use in frauds)
- 3A. An offence under section 1(1) of the Criminal Attempts Act 1981 is a trigger offence, if committed in respect of an offence under:
  - (a) any of the following provisions of the Theft Act 1968 \*
    - section 1 (theft)
    - section 8 (robbery)
    - section 9 (burglary)
    - section 22 (handling stolen goods; or
  - (b) section 1 of the Fraud Act 2006 (fraud) \*\*\*
4. Offences under the following provisions of the Vagrancy Act 1824 are trigger offences: \*
  - section 3 (begging)
  - section 4 (persistent begging)

\* Offences added to the trigger offences in Schedule 6 to the Criminal Justice and Court Services Act 2000 by The Criminal Justice and Court Services Act 2000 (Amendment) Order 2004, (S.I. 2004/1892), which came into force on 27 July 2004.

\*\* Offences added by the Fraud Act 2006, which came into force on 15 January 2007

\*\*\* Offence added by the Criminal Justice and Court Services Act 2000 (Amendment) Order 2007 which came into force on 1 August 2007

Source: [http://drugs.homeoffice.gov.uk/publication-search/dip/DT\\_TriggerOffence1Aug07?view=Binary](http://drugs.homeoffice.gov.uk/publication-search/dip/DT_TriggerOffence1Aug07?view=Binary)

## Appendix 2 Notes on data sources

**PNC** The Police National Computer provides data on recorded convictions, reprimands, cautions and warnings, all of which are included here. Estimated offence date (rather than conviction date) is used as offence date. Offending months are 30-day periods counted from 15 days after the entry test. The research has not included breach offences as these are likely to be the direct result of CJS intervention to grip and retain offenders.

**DIR** The Drug Interventions Record has been in use in all DAT areas in England and all prison establishments across England and Wales since 2005 and within the community in Wales since early 2006. It consists of a suite of forms which collect information about initial contacts, assessments, care plan, and activities (e.g. case closed/transfer etc.). Forms are filled in by practitioners at each stage in the system, e.g. initial contact, assessment, care plan, case closed due to custody etc. Forms were accessed to assess individuals' journeys through DIP in the manner described above.

**NDTMS** The National Drug Treatment Monitoring System relates to the process of collecting, collating and analysing information from and for those involved in the drug treatment sector. All specialist drug treatment agencies provide information to the NDTMS on their activities each month, and the data provide information on clients, treatment interventions delivered, and length of time in treatment.

## Appendix 3 Trigger offence causing entry to cohort

**Table 17 Trigger Offences (including non trigger) causing entry into cohort**

Offence type	Testing on charge		Testing on arrest	
	n (average monthly)	%	n (average monthly)	%
Theft	1,153	60%	1,842	50%
Burglary	216	11%	482	13%
Possession of specified Class A	127	7%	417	11%
Non-trigger offence	77	4%	176	5%
Robbery	57	3%	135	4%
Begging	36	2%	35	1%
Handling stolen goods	36	2%	70	2%
Possession w/i to supply Class A	36	2%	121	3%
TWOC	35	2%	88	2%
Deception	30	2%	55	1%
Attempted theft	26	1%	48	1%
Supply of specified Class A	23	1%	45	1%
Going equipped	22	1%	55	1%
Aggravated vehicle taking	17	1%	18	0%
Attempted burglary	13	1%	25	1%
Attempted robbery	9	0%	10	0%
Attempted deception	7	0%	8	0%
Production of specified Class A	5	0%	28	1%
Aggravated burglary	4	0%	11	0%
Attempted handling stolen goods	2	0%	3	0%
Persistent begging	2	0%	1	0%
<b>Total</b>	<b>1,932</b>	<b>100%</b>	<b>3,672</b>	<b>100%</b>

(Due to rounding, percentages do not always add to 100%)

**Table 18 Non-Trigger offences causing entry into cohort**

Offence type	Testing on charge		Testing on arrest	
	n (average monthly)	%	n (average monthly)	%
Prostitution	18	23%	19	11%
Summary offences	16	21%	30	17%
Non-trigger drugs offences	11	14%	29	16%
Violence against the person	10	12%	39	22%
Other motoring offences	5	7%	8	5%
Driving whilst disqualified	5	6%	8	5%
Criminal damage	4	5%	14	8%
Driving with no insurance	3	3%	0	0%
Offences against the admin of justice	3	3%	6	4%
Public order	3	3%	16	9%
Firearms offences	1	1%	1	1%
Making off without payment	1	1%	2	1%
Fraud and forgery	0	0%	2	1%
Tampering with a motor vehicle	0	0%	1	0%
Total	77	100%	176	100%

## Appendix 4 Serious offenders and PPOs

### Serious offenders

Serious offenders are those with a conviction for a serious offence (violence, robbery, burglary, sexual) in the three-year period prior to the positive drug test marking entry into the cohort. The number of serious offenders entering DIP per month increased after Tough Choices (from 700 to 1,161) while the proportion fell slightly (36% to 32%)

In the Testing on Charge cohort, the 36 per cent serious offenders accounted for 48 per cent of all offences and 46 per cent of trigger offences. Serious offenders in the Test on Arrest cohort made up 32 per cent of the cohort and accounted for 47 per cent of all offences and 47 per cent of trigger offences in the three-year periods prior to tests.

**Table 19 Convictions accounted for by serious offenders, trigger offences (3 years prior to entry)**

Cohort	Serious offender status	Minimum number of convictions	Maximum number of convictions	No. of individuals in category	Proportion of individuals in category	Mean no. of convictions per individual	Total no. of convictions accounted for	Proportion of total convictions accounted for
Test on charge	Non-serious	0	50	4,932	64%	4.8	23,498	54%
	Serious	0	65	2,795	36%	7.2	20,211	46%
	Overall	0	65	7,727	100%	5.7	43,709	100%
Test on arrest	Non-serious	0	73	7,533	68%	3.2	24,423	54%
	Serious	0	69	3,482	32%	6.1	21,197	46%
	Overall	0	73	11,015	100%	4.1	45,620	100%



**Table 20 Convictions accounted for by serious offenders, all offences (3 years prior to entry)**

Cohort	Serious offender status	Minimum number of convictions	Maximum number of convictions	No. of individuals in category	Proportion of individuals in category	Mean no. of convictions per individual	Total no. of convictions accounted for	Proportion of total convictions accounted for
Test on charge	Non-serious	0	69	4,932	64%	9.3	45,702	52%
	Serious	1	105	2,795	36%	14.8	41,503	48%
	Overall	0	105	7,727	100%	11.3	87,205	100%
Test on arrest	Non-serious	0	81	7,533	68%	6.8	51,160	53%
	Serious	1	89	3,482	32%	13.1	45,519	47%
	Overall	0	89	11,015	100%	8.8	96,679	100%

### PPOs

Prolific and other Priority Offenders are offenders identified by police under the PPO scheme at a local level as being of particular concern. Average number of PPOs coming through increased slightly following Tough Choices (from 111 to 129) while the overall proportion of PPOs fell (from 6% to 5%).

The proportion of convictions accounted for by PPOs within both 'all' and 'trigger' categories declined slightly, as did the mean number of previous convictions for both categories of offence. This may reflect DIP engagement of PPOs at an earlier stage following Tough Choices.

**Table 21 Convictions accounted for by PPO offenders, trigger offences (3 years prior to entry)**

Cohort	PPO status	Minimum number of convictions	Maximum number of convictions	No. of individuals in category	Proportion of individuals in category	Mean no. of convictions per individual	Total no. of convictions accounted for	Proportion of total convictions accounted for
Test on charge	Non-PPO	0	57	7,285	94%	5.5	39,934	91%
	PPO	0	65	442	6%	8.5	3,775	9%
	Overall	0	65	7,727	100%	5.7	43,709	100%
Test on arrest	Non-PPO	0	73	10,505	95%	4.0	41,994	92%
	PPO	0	42	510	5%	7.1	3,626	8%
	Overall	0	73	11,015	100%	4.1	45,620	100%

**Table 22 Convictions accounted for by PPO offenders, all offences (3 years prior to entry)**

Cohort	PPO status	Minimum number of convictions	Maximum number of convictions	No. of individuals in category	Proportion of individuals in category	Mean no. of convictions per individual	Total no. of convictions accounted for	Proportion of total convictions accounted for
Test on charge	Non-PPO	0	105	7,285	94%	10.9	79,740	91%
	PPO	0	93	442	6%	16.9	7,465	9%
	Overall	0	105	7,727	100%	11.3	87,205	100%
Test on arrest	Non-PPO	0	89	10,505	95%	8.5	89,358	92%
	PPO	0	72	510	5%	14.4	7,321	8%
	Overall	0	89	11,015	100%	8.8	96,679	100%

## Appendix 5 Retention in treatment

**Table 23 Retention in treatment by CCU level, where entered treatment within 6 weeks of careplan**

Cohort(I)	CCU level	Numbers at entry	Retained at 1 week		Retained at 3 weeks		Retained at 6 weeks		Retained at 9 weeks		Retained at 12 weeks		Custody or died during 12 weeks	Accounted for at 12 weeks		
			Retained at 1 week	Retained at 1 week	Retained at 3 weeks	Retained at 3 weeks	Retained at 6 weeks	Retained at 6 weeks	Retained at 9 weeks	Retained at 9 weeks	Retained at 12 weeks	Retained at 12 weeks				
Testing on charge tri-aged within 6 weeks	HCCUs	42	100%	41	98%	41	98%	37	88%	36	86%	36	86%	0	0%	86%
	MCCUs	68	100%	66	97%	66	97%	59	87%	55	81%	54	79%	2	3%	82%
	LCCUs	153	100%	147	96%	144	94%	135	88%	126	82%	117	76%	0	0%	76%
All		263	100%	254	97%	251	95%	231	88%	217	83%	207	79%	2	1%	79%
Testing on arrest triaged within 6 weeks	HCCUs	37	100%	36	97%	36	97%	33	89%	29	78%	23	62%	0	0%	62%
	MCCUs	69	100%	66	96%	61	88%	58	84%	54	78%	47	68%	3	4%	72%
	LCCUs	233	100%	226	97%	212	91%	196	84%	187	80%	174	75%	3	1%	76%
All		339	100%	328	97%	309	91%	287	85%	270	80%	244	72%	6	2%	74%

**Table 24 Retention in treatment by CCU level, where entered treatment within 12 weeks of careplan**

Cohort(I)	CCU level	Numbers at entry	Retained at 1 week		Retained at 3 weeks		Retained at 6 weeks		Retained at 9 weeks		Retained at 12 weeks		Custody or died during 12 weeks	Accounted for at 12 weeks		
			Retained at 1 week	Retained at 1 week	Retained at 3 weeks	Retained at 3 weeks	Retained at 6 weeks	Retained at 6 weeks	Retained at 9 weeks	Retained at 9 weeks	Retained at 12 weeks	Retained at 12 weeks				
Testing on charge triaged within 12 weeks	HCCUs	45	100%	44	98%	44	98%	40	89%	39	87%	39	87%	0	0%	87%
	MCCUs	78	100%	75	96%	74	95%	65	83%	61	78%	60	77%	2	3%	79%
	LCCUs	174	100%	168	97%	164	94%	154	89%	143	82%	133	76%	0	0%	76%
All		297	100%	287	97%	282	95%	259	87%	243	82%	232	78%	2	1%	79%
Testing on arrest, triaged within 12 weeks	HCCUs	50	100%	49	98%	49	98%	45	90%	40	80%	32	64%	0	0%	64%
	MCCUs	80	100%	76	95%	69	86%	66	83%	62	78%	54	68%	3	4%	71%
	LCCUs	285	100%	275	96%	259	91%	242	85%	230	81%	217	76%	3	1%	77%
All		415	100%	400	96%	377	91%	353	85%	332	80%	303	73%	6	1%	74%

**Table 25 Retention in treatment by PPO/non-PPO, where entered treatment within 6 weeks of careplan**

Cohort	PPO status	Numbers at entry	Retained at 1 week		Retained at 3 weeks		Retained at 6 weeks		Retained at 9 weeks		Retained at 12 weeks		Custody or died during 12 weeks	Accounted for at 12 weeks		
			Retained at 1 week	Numbers at entry	Retained at 3 weeks	Numbers at entry	Retained at 6 weeks	Numbers at entry	Retained at 9 weeks	Numbers at entry	Retained at 12 weeks	Numbers at entry				
Testing on charge triaged within 6 weeks	PPO	6	100%	6	100%	6	100%	6	100%	5	83%	5	83%	0	0%	83%
	Non-PPO	257	100%	248	96%	245	95%	225	88%	212	82%	202	79%	2	1%	79%
	All	263	100%	254	97%	251	95%	231	88%	217	83%	207	79%	2	1%	79%
Cohort	PPO status	Numbers at entry		Retained at 1 week		Retained at 3 weeks		Retained at 6 weeks		Retained at 9 weeks		Retained at 12 weeks		Custody or died during 12 weeks		
	PPO	5	100%	5	100%	4	80%	4	80%	4	80%	3	60%	0	0%	60%
	Non-PPO	334	100%	323	97%	305	91%	283	85%	266	80%	241	72%	6	2%	74%
All	339	100%	328	97%	309	91%	287	85%	270	80%	244	72%	6	2%	74%	

**Table 26 Retention in treatment by PPO/non-PPO, where entered treatment within 12 weeks of careplan**

Cohort	PPO status	Numbers at entry	Retained at 1 week		Retained at 3 weeks		Retained at 6 weeks		Retained at 9 weeks		Retained at 12 weeks		Custody or died during 12 weeks			
			Retained at 1 week	Numbers at entry	Retained at 3 weeks	Numbers at entry	Retained at 6 weeks	Numbers at entry	Retained at 9 weeks	Numbers at entry	Retained at 12 weeks	Numbers at entry				
Testing on charge triaged within 12 weeks	PPO	6	100%	6	100%	6	100%	6	100%	5	83%	5	83%	0	0%	83%
	Non-PPO	291	100%	281	97%	276	95%	253	87%	238	82%	227	78%	2	1%	79%
	All	297	100%	287	97%	282	95%	259	87%	243	82%	232	78%	2	1%	79%
Cohort	PPO status	Numbers at entry		Retained at 1 week		Retained at 3 weeks		Retained at 6 weeks		Retained at 9 weeks		Retained at 12 weeks		Custody or died during 12 weeks		
	PPO	5	100%	5	100%	4	80%	4	80%	4	80%	3	60%	0	0%	60%
	Non-PPO	410	100%	395	96%	373	91%	349	85%	328	80%	300	73%	6	1%	75%
All	415	100%	400	96%	377	91%	353	85%	332	80%	303	73%	6	1%	74%	

**Table 27 Retention in treatment by Serious/Non-Serious, where entered treatment within 6 weeks of careplan**

Cohort	Serious offender status	Numbers at entry	Retained at 1 week		Retained at 3 weeks		Retained at 6 weeks		Retained at 9 weeks		Retained at 12 weeks		Custody or died during 12 weeks		Accounted for at 12 weeks
			Retained at 1 week	%	Retained at 3 weeks	%	Retained at 6 weeks	%	Retained at 9 weeks	%	Retained at 12 weeks	%	Custody or died during 12 weeks	%	
Testing on charge triaged within 6 weeks	Serious	75	74	99%	73	97%	65	87%	60	80%	56	75%	0	0%	75%
	Non-serious	188	180	96%	178	95%	166	88%	157	84%	151	80%	2	1%	81%
	All	263	254	97%	251	95%	231	88%	217	83%	207	79%	2	1%	79%
Cohort	Serious offender status	Numbers at entry	Retained at 1 week	%	Retained at 3 weeks	%	Retained at 6 weeks	%	Retained at 9 weeks	%	Retained at 12 weeks	%	Custody or died during 12 weeks	%	
Testing on arrest, triaged within 6 weeks	Serious	79	76	96%	71	90%	67	85%	60	76%	52	66%	3	4%	70%
	Non-serious	260	252	97%	238	92%	220	85%	210	81%	192	74%	3	1%	75%
	All	339	328	97%	309	91%	287	85%	270	80%	244	72%	6	2%	74%

**Table 28 Retention in treatment by Serious/Non-Serious, where entered treatment within 12 weeks of careplan**

Cohort	Serious offender status	Numbers at entry	Retained at 1 week		Retained at 3 weeks		Retained at 6 weeks		Retained at 9 weeks		Retained at 12 weeks		Custody or died during 12 weeks		Accounted for at 12 weeks
			Retained at 1 week	%	Retained at 3 weeks	%	Retained at 6 weeks	%	Retained at 9 weeks	%	Retained at 12 weeks	%	Custody or died during 12 weeks	%	
Testing on charge triaged within 12 weeks	Serious	81	80	99%	79	98%	69	85%	64	79%	60	74%	0	0%	74%
	Non-serious	216	207	96%	203	94%	190	88%	179	83%	172	80%	2	1%	81%
	All	297	287	97%	282	95%	259	87%	243	82%	232	78%	2	1%	79%
Testing on arrest, triaged within 12 weeks	Serious	107	101	94%	94	88%	90	84%	83	78%	74	69%	3	3%	72%
	Non-serious	308	299	97%	283	92%	263	85%	249	81%	229	74%	3	1%	75%
	All	415	400	96%	377	91%	353	85%	332	80%	303	73%	6	1%	74%

## Appendix 6 Offending tables with index offence removed

- All offences are non-breach, proven offences recorded on the PNC. PNC estimated date of offence is used as reference point.
- Tables in this Appendix show offences for different groups with the index offence removed; where an individual has a proven offence recorded in month zero, offending in the six months prior is estimated by calculating 'proven offences in six months prior to cohort entry minus one'.
- Offending patterns are shown for the cohort as a whole, for CCU levels, PPOs and non-PPOs, serious and 'non-serious' individuals.
- Offending patterns are presented for both the entire cohort (n=7,727) as well as for those with a conviction for a non-breach offence in the six months prior to cohort entry (calculated after index offence was removed) (n=5,555).
- Tables in the following Appendix show figures with index offences left in, for the sake of transparency.

**Table 30. Offending six months pre-post cohort entry (excluding index offence) Testing on Charge cohort.**

	N	Pre		Post		% change
		Sum	Mean	Sum	Mean	
Entire cohort	7,727	16,443	2.1	12,236	1.6	-26%
Only those with 1+ convictions prior	5,555	16,443	3.0	9,744	1.7	-41%

**Table 31 Index excluded. Offending by groups showing decline in, rise in or stable offending (n=7,727)**

Group	N	(% )	Offending before		Offending after		% change
			Sum	Mean	Sum	Mean	
Decline	3,656	47%	12,591	3.4	2,631	0.7	-79%
Same	1,894	25%	1,409	0.7	1,409	0.7	0%
Rise	2,177	28%	2,443	1.1	8,196	3.8	+235%
Total	7,727	100%	16,443	2.1	12,236	1.6	-26%

(Due to rounding, percentages do not always add to 100%)

**Table 32 Index excluded. Offending by groups showing decline in, rise in or stable offending; individuals 1+ offence in six months prior to cohort entry (n=5,555)**

Group	N	(% )	Offending before		Offending after		% change
			Sum	Mean	Sum	Mean	
Decline	3,656	66%	12,591	3.4	2,631	0.7	-79%
Same	711	13%	1,409	2.0	1,409	2.0	0%
Rise	1,188	21%	2,443	2.1	5,704	4.8	+133%
Total	5,555	100%	16,443	3.0	9,744	1.8	-41%

(Due to rounding, percentages do not always add to 100%)



**Table 33** Index excluded. Offending by CCU level (n=7,727)

CCU level	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
HCCU	Decline	893	48%	3,989	4.5	1,163	1.3	-71%
	Same	332	18%	572	1.7	572	1.7	0%
	Rise	622	34%	979	1.6	2,753	4.4	+181%
	Total	1,847	100%	5,540	3.0	4,488	2.4	-19%
MCCU	Decline	1,042	49%	3,594	3.4	751	0.7	-79%
	Same	443	21%	343	0.8	343	0.8	0%
	Rise	646	30%	713	1.1	2,415	3.7	+239%
	Total	2,131	100%	4,650	2.2	3,509	1.6	-25%
LCCU	Decline	1,721	46%	5,008	2.9	717	0.4	-86%
	Same	1,119	30%	494	0.4	494	0.4	0%
	Rise	909	24%	751	0.8	3,028	3.3	+303%
	Total	3,749	100%	6,253	1.7	4,239	1.1	-32%

(Due to rounding, percentages do not always add to 100%)

**Table 34** Index excluded. Offending by CCU level; individuals with 1+ offence in six months prior to cohort entry (n=5,555)

CCU level	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
HCCU	Decline	893	58%	3,989	4.5	1,163	1.3	-71%
	Same	224	15%	572	2.6	572	2.6	0%
	Rise	422	27%	979	2.3	2,151	5.1	+120%
	Total	1,539	100%	5,540	3.6	3,886	2.5	-30%
MCCU	Decline	1,042	65%	3,594	3.4	751	0.7	-79%
	Same	194	12%	343	1.8	343	1.8	0%
	Rise	356	22%	713	2.0	1,738	4.9	+144%
	Total	1,592	100%	4,650	2.9	2,832	1.8	-39%
LCCU	Decline	1,721	71%	5,008	2.9	717	0.4	-86%
	Same	293	12%	494	1.7	494	1.7	0%
	Rise	410	17%	751	1.8	1,815	4.4	+142%
	Total	2,424	100%	6,253	2.6	3,026	1.2	-52%

(Due to rounding, percentages do not always add to 100%)

**Table 35** Index excluded. Offending by PPO status (n=7,727)

PPO status	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
PPO	Decline	248	56%	1,008	4.1	234	0.9	-77%
	Same	64	14%	76	1.2	76	1.2	0%
	Rise	130	29%	192	1.5	577	4.4	+201%
	Total	442	100%	1,276	2.9	887	2.0	-30%
Non-PPO	Decline	3,408	47%	11,583	3.4	2,397	0.7	-79%
	Same	1,830	25%	1,333	0.7	1,333	0.7	0%
	Rise	2,047	28%	2,251	1.1	7,619	3.7	+238%
	Total	7,285	100%	15,167	2.1	11,349	1.6	-25%

(Due to rounding, percentages do not always add to 100%)

**Table 36 Index excluded. Offending by PPO status; individuals with 1+ offence in six months prior to cohort entry (n=5,555)**

PPO status	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
PPO	Decline	248	69%	1,008	4.1	234	0.9	-77%
	Same	34	9%	76	2.2	76	2.2	0%
	Rise	80	22%	192	2.4	423	5.3	+120%
	Total	362	100%	1,276	3.5	733	2.0	-43%
Non-PPO	Decline	3,408	66%	11,583	3.4	2,397	0.7	-79%
	Same	677	13%	1,333	2.0	1,333	2.0	0%
	Rise	1,108	21%	2,251	2.0	5,281	4.8	+135%
	Total	5,193	100%	15,167	2.9	9,011	1.7	-41%

(Due to rounding, percentages do not always add to 100%)

**Table 37 Index excluded. Offending by seriousness status (n=7727)**

Serious status	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
Serious	Decline	1,416	51%	5,149	3.6	1,111	0.8	-78%
	Same	595	21%	518	0.9	518	0.9	0%
	Rise	784	28%	969	1.2	3,113	4.0	+221%
	Total	2,795	100%	6,636	2.4	4,742	1.7	-29%
Non-Serious	Decline	2,240	45%	7,442	3.3	1,520	0.7	-80%
	Same	1,299	26%	891	0.7	891	0.7	0%
	Rise	1,393	28%	1,474	1.1	5,083	3.6	+245%
	Total	4,932	100%	9,807	2.0	7,494	1.5	-24%

(Due to rounding, percentages do not always add to 100%)

**Table 38 Index excluded. Offending by serious status; individuals with 1+ offence in six months prior to cohort entry (n=5,555)**

Serious status	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
Serious	Decline	1,416	66%	5,149	3.6	1,111	0.8	-78%
	Same	265	12%	518	2.0	518	2.0	0%
	Rise	452	21%	969	2.1	2,249	5.0	+132%
	Total	2,133	100%	6,636	3.1	3,878	1.8	-42%
Non-serious	Decline	2,240	65%	7,442	3.3	1,520	0.7	-80%
	Same	446	13%	891	2.0	891	2.0	0%
	Rise	736	22%	1,474	2.0	3,455	4.7	+134%
	Total	3,422	100%	9,807	2.9	5,866	1.7	-40%

(Due to rounding, percentages do not always add to 100%)

## Appendix 7 Offending tables with index offence included

- All offences are non-breach, proven offences recorded on the PNC. PNC estimated date of offence is used as reference point.
- Tables in this appendix show offences for different groups with the index offence included; where an individual has a proven offence recorded in month zero, all offending is included in the 'prior' count.
- Offending patterns are shown for the cohort as a whole, for CCU levels, PPOs and non-PPOs, serious and 'non-serious' individuals.
- Offending patterns are presented for both the entire cohort (n=7,727) as well as for those with a conviction for a non-breach offence in the six months prior to cohort entry (n=7,298).
- These figures are included for the purposes of comparison with those where the index offence has been taken out.

**Table 39** *Offending six months pre-post cohort entry (including index offence) Testing on Charge cohort.*

Group	N	Offending before		Offending after		% change
		Sum	Mean	Sum	Mean	
Entire cohort	7,727	22,304	2.9	12,236	1.6	-45%
With I+ conviction in 6 m prior	7,289	22,304	3.1	11,857	1.6	-47%

**Table 40** *Index included. Offending by groups showing decline in, rise in or stable offending (n=7,727)*

Group	N	%	Offending before		Offending after		% change
			Sum	Mean	Sum	Mean	
Decline	5,089	66%	17,782	3.5	3,725	0.7	-79%
Same	1,122	15%	1,648	1.5	1,648	1.5	0%
Rise	1,516	20%	2,874	1.9	6,863	4.5	+139%
Total	7,727	100%	22,304	2.9	12,236	1.6	-45%

(Due to rounding, percentages do not always add to 100%)

**Table 41** *Index included. Offending by groups showing decline in, rise in or stable offending; individuals with I+ offence in six months prior to cohort entry (n=7,289)*

Group	N	%	Offending before		Offending after		% change
			Sum	Mean	Sum	Mean	
Decline	5,089	70%	17,782	3.5	3,725	0.7	-79%
Same	837	11%	1,648	2.0	1,648	2.0	0%
Rise	1,363	19%	2,874	2.1	6,484	4.8	+126%
Total	7,289	100%	22,304	3.1	11,857	1.6	-47%

(Due to rounding, percentages do not always add to 100%)

**Table 42 Index included. Offending by CCU level (n=7,727)**

Group	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
HCCU	Decline	1,166	63%	5,465	4.7	1,627	1.4	-70%
	Same	240	13%	552	2.3	552	2.3	0%
	Rise	441	24%	1,078	2.4	2,309	5.2	+114%
	Total	1,847	100%	7,095	3.8	4,488	2.4	-37%
MCCU	Decline	1,400	66%	5,030	3.6	1,023	0.7	-80%
	Same	278	13%	467	1.7	467	1.7	0%
	Rise	453	21%	829	1.8	2,019	4.5	+144%
	Total	2,131	100%	6,326	3.0	3,509	1.6	-45%
LCCU	Decline	2,523	67%	7,287	2.9	1,075	0.4	-85%
	Same	604	16%	629	1.0	629	1.0	0%
	Rise	622	17%	967	1.6	2,535	4.1	+162%
	Total	3,749	100%	8,883	2.4	4,239	1.1	-52%

(Due to rounding, percentages do not always add to 100%)

**Table 43 Index included. Offending by CCU level; individuals with 1+ offence in six months prior to cohort entry (n=7,289)**

Group	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
HCCU	Decline	1,166	64%	5,465	4.7	1,627	1.4	-70%
	Same	221	12%	552	2.5	552	2.5	0%
	Rise	421	23%	1,078	2.6	2,236	5.3	+107%
	Total	1,808	100%	7,095	3.9	4,415	2.4	-38%
MCCU	Decline	1,400	69%	5,030	3.6	1,023	0.7	-80%
	Same	233	11%	467	2.0	467	2.0	0%
	Rise	410	20%	829	2.0	1,929	4.7	+133%
	Total	2,043	100%	6,326	3.1	3,419	1.7	-46%
LCCU	Decline	2,523	73%	7,287	2.9	1,075	0.4	-85%
	Same	383	11%	629	1.6	629	1.6	0%
	Rise	532	15%	967	1.8	2,319	4.4	+140%
	Total	3,438	100%	8,883	2.6	4,023	1.2	-55%

(Due to rounding, percentages do not always add to 100%)

**Table 44** Index included. Offending by PPO status (n=7,727)

Group	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
PPO	Decline	298	67%	1,312	4.4	288	1.0	-78%
	Same	46	10%	105	2.3	105	2.3	0%
	Rise	98	22%	201	2.1	494	5.0	+146%
	Total	442	100%	1,618	3.7	887	2.0	-45%
Non-PPO	Decline	4,791	66%	16,470	3.4	3,437	0.7	-79%
	Same	1,076	15%	1,543	1.4	1,543	1.4	0%
	Rise	1,418	19%	2,673	1.9	6,369	4.5	+138%
	Total	7,285	100%	20,686	2.8	11,349	1.6	-45%

**Table 45** Index included. Offending by PPO status; individuals with 1+ offence in six months prior to cohort entry (n=7,289)

Group	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
PPO	Decline	298	70%	1,312	4.4	288	1.0	-78%
	Same	41	10%	105	2.6	105	2.6	0%
	Rise	88	21%	201	2.3	457	5.2	+127%
	Total	427	100%	1,618	3.8	850	2.0	-47%
Non-PPO	Decline	4,791	70%	16,470	3.4	3,437	0.7	-79%
	Same	796	12%	1,543	1.9	1,543	1.9	0%
	Rise	1,275	19%	2,673	2.1	6,027	4.7	+125%
	Total	6,862	100%	20,686	3.0	11,007	1.6	-47%

**Table 46** Index included. Offending by seriousness status (n=7,727)

Group	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
Serious	Decline	1,884	67%	7,092	3.8	1,515	0.8	-79%
	Same	349	12%	596	1.7	596	1.7	0%
	Rise	562	20%	1,126	2.0	2,631	4.7	+134%
	Total	2,795	100%	8,814	3.2	4,742	1.7	-46%
Non-Serious	Decline	3,205	65%	10,690	3.3	2,210	0.7	-79%
	Same	773	16%	1,052	1.4	1,052	1.4	0%
	Rise	954	19%	1,748	1.8	4,232	4.4	+142%
	Total	4,932	100%	13,490	2.7	7,494	1.5	-44%

**Table 47 Index included. Offending by Serious status; individuals with 1+ offence in six months prior to cohort entry (n=7,289)**

Group	Group	N	(%)	Offending before		Offending after		% change
				Sum	Mean	Sum	Mean	
Serious	Decline	1,884	70%	7,092	3.8	1,515	0.8	-79%
	Same	282	11%	596	2.1	596	2.1	0%
	Rise	512	19%	1,126	2.2	2,500	4.9	+122%
	Total	2,678	100%	8,814	3.3	4,611	1.7	-48%
Non-serious	Decline	3,205	70%	10,690	3.3	2,210	0.7	-79%
	Same	555	12%	1,052	1.9	1,052	1.9	0%
	Rise	851	18%	1,748	2.1	3,984	4.7	+128%
	Total	4,611	100%	13,490	2.9	7,246	1.6	-46%

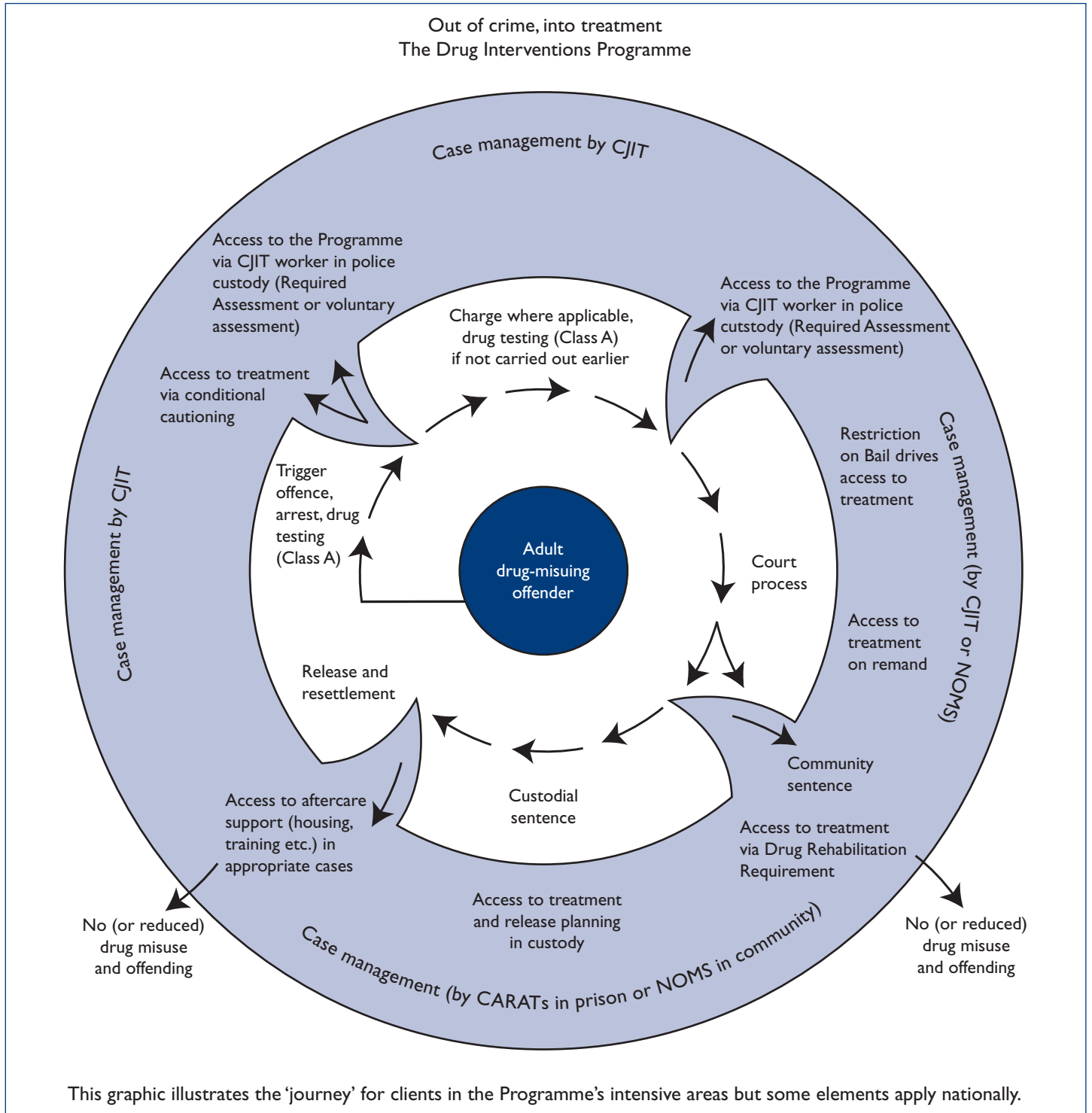


## Appendix 8 List of DIP intensive areas

**Table 29** *DIP intensive areas*

Region	DAT	Region	DAT
North West	Bolton	South West	Bristol
	Bury	North East	Gateshead
	Liverpool		Hartlepool
	Manchester		Middlesbrough
	Oldham		Newcastle upon Tyne
	Rochdale		Stockton
	Salford		Sunderland
	Sefton		East Midlands
	Stockport	Northamptonshire	
	Tameside	Nottingham	
	Trafford	Nottinghamshire	
	Wigan	West Midlands	Birmingham
	Wirral		Coventry
	Yorkshire & Humberside		Barnsley
Bradford			Sandwell
Calderdale			Solihull
Doncaster			Walsall
Kingston upon Hull		Wolverhampton	
Kirklees		South East	Oxfordshire
Leeds			Reading
North East Lincolnshire			Slough
North Lincolnshire		East of England	Luton
Rotherham			Peterborough
Sheffield	Wales	Cardiff	
Wakefield		Newport	
London		Brent	Swansea
	Camden		
	City of London		
	Croydon		
	Ealing		
	Enfield		
	Greenwich		
	Hackney		
	Hammersmith and Fulham		
	Haringey		
	Hounslow		
	Islington		
	Kensington and Chelsea		
	Lambeth		
	Lewisham		
	Newham		
	Redbridge		
	Southwark		
	Tower Hamlets		
	Waltham Forest		
Wandsworth			
Westminster			

## Appendix 9 The DIP cycle



## References

Boreham, Richard, Elizabeth Fuller, Amy Hills and Steve Pudney (2006) *The Arrestee Survey Annual report: Oct 2003 – Sept 2004* Home office Statistical bulletin 04/06, London: Home Office.

Godfrey C, Stewart D, Gossop M. Economic analysis of costs and consequences of the treatment of drug misuse: two year outcome data from the National Treatment Outcome Research Study (NTORS). *Addiction* 2004;99(6):697-707.

Gossop, Michael, John Marsden and Duncan Stewart (2001) *NTORS After Five Years. The National Treatment Outcome Research Study: Changes in substance use, health and criminal behaviour during the five years after intake* London: National Addiction Centre.

Gossop Michael, Katia Trakada, Duncan Stewart and John Witton (2006), *Levels of conviction following drug treatment – linking data from the National Treatment Outcome Research Study and the Offenders Index*, Home Office Findings 275, London: Home Office.

Holloway, Kate and Trevor Bennet (2004) *The results of the first two years of the NEW-ADAM programme*, Home Office Online Report 19/04, London: Home Office.

Holloway, Kate, Trevor Bennett and David Farrington (2005) *The effectiveness of criminal justice and treatment programmes in reducing drug related crime: a systematic review*, Home Office Online Report 26/05, London: Home Office.

Home Office 1997 *Research Findings No. 50 Persistent Drug-Misusing Offenders* London: Home Office.

McSweeney, Tim and Alex Stevens & Neil Hunt (2006) *The quasi-compulsory treatment of drug-dependent offenders in Europe: UK findings* King's College London and University of Kent February 2006.

Millar, T., Beatty, S., Jones, A., Donmall, M., Gemmill, I. (2001) *Outcome of Arrest Referral – Preliminary report to the Home Office*, Drug Misuse Research Unit, University of Manchester.

Millar, T., Beatty, S., Jones, A., & Donmall, M. 2002, *Outcome of Arrest Referral: Treatment uptake, treatment retention & behaviour change amongst drug misusing offenders referred for drug treatment*, Research report for the Home Office Research Development & Statistics

Directorate NTA (2004) *Treatment effectiveness: demonstration analysis of treatment surveillance data about treatment completion and retention*, National Drug Evidence Centre (NDEC), The University of Manchester. London: NTA.

Oerton, J., Hunter, G., Hickman, M., Morgan, D., Turnbull, P., Kothari, G. and Marsden, J. (2003), 'Arrest referral in London police stations: characteristics of the first year: a key point of intervention for drug users?' in *Drugs: Education, Prevention and Policy*, 10 (1), 73-85.

Sondhi, A., O'Shea, J. and Williams, T. (2002), *Arrest Referral: Emerging findings from the national monitoring and evaluation programme - DPAS Briefing Paper 18*, London: Home Office Drug Prevention Advisory Service.

Sherman, Lawrence W., Denise C. Gottfredson, Doris L. MacKenzie, John Eck, Peter Reuter, and Shawn D. Bushway (1998) *Preventing Crime: What Works, What Doesn't, What's Promising* National Institute of Justice Research in Brief July 1998, US Department of Justice.

## Further resources

<http://www.homeoffice.gov.uk/drugs/>

<http://drugs.homeoffice.gov.uk/drug-interventions-programme/>

<http://www.homeoffice.gov.uk/rds/drugs1.html>

<http://www.homeoffice.gov.uk/rds/pubsintro1.html>