Pilot to include Alcohol Brief Interventions and increase provision of an arrest referral service in West Lothian.

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Situation
Following the transfer in 2013 to a single Scottish police force, Police Scotland, the occurrence of individuals being detained in police custody from outside of their local area has increased. Livingston Police station is the designated custody suite for people who are detained from West Edinburgh and occasionally accepts individuals from Lanarkshire, Falkirk and other surrounding areas.

Additionally the overall responsibility for healthcare provision in police custody transferred to the NHS in 2014. Services are provided through Forensic medical examiner services which includes assessment of the needs and fitness of people with substance use issues, mental health problems, injured detainees or police officers. Providing care in police custody that is equitable and does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status is central to the ethos of the provision of healthcare in Scotland\(^1\).

Background
Arrestees in Livingston police station residing in West Lothian were screened for drug and alcohol use, given a brief assessment by West Lothian Drug and Alcohol Service (WLDAS) and followed up either in prison or the local community. This custody work is carried out as part of the Moving on Service within WLDAS, which is service which aims to engage with offenders and vulnerable adults, and is funded by the West Lothian Alcohol & Drug Partnership. Arrestee consent allowed information to be shared across local services to prompt appropriate service delivery. WLDAS were operating two visits per week to Livingston police station and following up paper referrals provided by the police on other days.

WLDAS increased service delivery to five days over the week providing screening, brief interventions and referrals to local service regardless of where each individual resided thus aiming to ensure equity of access to support for all individuals entering police custody and to forge new partnerships with services outside of West Lothian.

Analysis
Arrest referral within Livingston police station was an established service but offered an opportunity to consider both the needs of non-West Lothian residents subject to arrest and the impact of this service on all the individuals in contact police custody. There was an increasing emphasis on the justice system as an avenue for alcohol brief interventions and emerging recognition of the policy links between health and justice.

This service is part of an innovative, partnership approach which works in creative ways to follow up and support individuals to contribute to health improvement and potential reduction in likelihood of further offending. To inform this, NHS Health Scotland attended the service, agreed joint working, and provided some analytical and advisory support. Six months’ of data collected (27th July 2015 to 27th January 2016) were analysed alongside interviews with service users to provide an account of their experience.
Recommendations
This is an opportunity to explore, promote and learn from good practice. This project is recommended as an example of partnership working, innovative practice, person-centred care and aligned as an earlier opportunity for secondary prevention to an ultimate reduction in inequalities. The steering group therefore made the following recommendations:

1. To continue to integrate the service into mainstream delivery.
2. To further explore avenues for development and partnership particularly with other services in order to measure outcomes for those not treated by WLDAS
3. To further develop the partnership with Lifeline as an example of how services can work together, including where cross-boundary work can be mutually beneficial.

Introduction
This report describes a pilot to increase provision of an existing arrest referral service in Livingston police station, West Lothian and in particular to attempt to strengthen delivery of alcohol brief interventions. Staff (Substance Misuse Worker, Police) and client experience is described with particular reference to set up, delivery, partnership working and perceptions of success; and the identification, referral and follow-up of the target population. Further, the objective of this pilot was to scope the range of data (quantitative) collected and to make recommendations for best practice and future delivery.

Before the pilot began, arrestees residing in West Lothian only, were screened for drug and alcohol use, given a brief assessment by West Lothian Drug and Alcohol Service (WLDAS) and followed up either in prison or the local community. WLDAS were operating two visits per week to Livingston police station and following up paper referrals provided by the police on other days. Arrestee consent (see appendix 1) allowed information to be shared across local services to prompt appropriate service delivery.

Background
Many offences are committed under the influence of alcohol. Two in five prisoners who completed a questionnaire reported being drunk at the time of their offence (41%)\(^2\). The Scottish Prison Service’s regular survey of prisoners suggests that around two thirds of young people were under the influence of alcohol when they committed their most recent offence\(^3\). Around 8 out of 10 had used drugs in the 12 months prior to entry to prison and half reported being under the influence of drugs at the time of their most recent offence\(^4\). Therefore, if earlier interventions are successful there is greater potential to both prevent the harm and cost due to substance misuse and also to the associated costs of criminality and justice system.

41% of prisoners reported being drunk at the time of their offence and 40% of prisoners reported being under the influence of drugs (Carnie, Broderick, 2015). This is replicated in studies internationally. A study from America found offences committed under the influence of alcohol were more prevalent among heavier alcohol users and more serious individuals and a study from
New Zealand found that alcohol abuse was associated with significant increases in rates of violent crime (Shepherd 2007 pg. 252).

Evidence supporting ABIs in police custody is currently limited in comparison to other areas for example, primary care. Despite this there is plausible theory as to why ABIs should be delivered in this setting. With reference to ethical principles, ABIs are equitable in that each individual in police custody can be screened and offered an ABI and they are sustainable because of their quick delivery and low implementation costs after initial training is completed.

**Alcohol, Crime and Inequalities**

Men who have been imprisoned in Scotland were nearly three times more likely to die an alcohol-related death with figures for women being nearly tenfold. The justice setting provides an opportunity to detect, intervene and signpost into treatment those who are otherwise ‘hardly reached’. Although there is some evidence that prisoners may be unwilling to admit to having an alcohol problem, others are willing with 2 in 5 (415) of prisoners saying if they were offered help for their alcohol problem in prison, they would take it. Treating alcohol problems in individuals has the potential to contribute to tackling health inequalities (prisoners are predominately from disadvantaged areas which disproportionately suffer from alcohol-related harm).

People in criminal justice settings tend to be from hard to reach groups, with below average engagement with health and other services. They can have multiple health needs, with high levels of alcohol use disorders. Nearly three quarters (73%) of prisoners have an Alcohol Use Disorder (AUD) with over one third (36%) likely alcohol dependent. Research on the delivery of alcohol brief intervention in the (non-prison) custody setting demonstrates not only a reduction in alcohol consumption but also a reduction in associated crime.

Screening and alcohol brief interventions targeted towards those in a criminal justice setting have the potential not only for health gain and reductions in reoffending and the associated economic costs but also for reducing wider societal impact of their offending.

**The Impact of Alcohol, Drugs and Crime**

The consequence of alcohol-related crime affects individuals, their families, as well as the health and emergency services and wider society with costs of over £3.6 billion annually. Additionally, there is research to show that the average economic and social cost per problem drug user in England and Wales is around £50,000 per year. This includes costs to the victims of crime, costs to criminal justice and health and social care systems, and the costs of drug-related deaths. Assuming this figure would be similar for Scotland; the total economic and social costs of problem drug use in Scotland would amount to around £2.6bn per annum. In Scotland in 2014-15, in just over half of violent crimes (54%) the victim thought that the attacker was under the influence of alcohol. Victims reported that the attacker was under the influence of drugs in 23% of violent crimes.

**Policy and Delivery Levers**

The national alcohol strategy, *Changing Scotland’s Relationship with Alcohol: A Framework for Action (2009)* outlined the Scottish Government’s commitment to work with partners to
encourage the development of integrated care pathways for people within justice services and information sharing to ensure they receive continuity of alcohol support and treatment both in custody and in the community. ‘Better Health, Better Lives’ (2012)\(^\text{17}\) builds on ‘Equally Well’ (2008)\(^\text{18}\) and promotes a whole prison approach with three key elements:

- Developing policies in prisons which promote health
- Promoting an environment in each prison that is actively supportive of health
- Prevention, health education and other health promotion initiatives which address health needs within each prison

This includes a range of commitments to improving health which include alcohol and drugs misuse. In February 2016, the National Prisoner Healthcare Network also published guidance\(^\text{19}\) on Drugs, Alcohol and Tobacco Services in Scottish Prisons to build on this approach and emphasise the importance of equity of service provision on substance use, access to treatment and care and the links to the wider alcohol and drug recovery pathway.

The estimated number of individuals with problem\(^1\) drug use in Scotland is 61,500\(^\text{20}\). Scotland’s national strategy, ‘The Road to Recovery’\(^\text{21}\) was developed in recognition of the need to align the approach to problem drug use towards an evidence-based, recovery-focused model. Ensuring a person-centred, outcomes-focused approach to service delivery is also one of the core ambitions of the Health Quality Strategy for Scotland (2010)\(^\text{22}\). The Quality Alcohol Treatment & Support (QATS) report\(^\text{23}\), published in 2011 details a range of recommendations for improvements in alcohol service delivery and continues to inform access, outcomes and quality.

A set of nationally agreed standards and principles for delivery of care and support in alcohol and drug services were also published in 2014\(^\text{24}\) and these apply equally to those in custody or in communities. Local Alcohol and Drug Partnerships (ADPs) lead on assessing need and commissioning these alcohol and drug services. Through ADP Local Delivery Plans\(^\text{25}\), NHS Boards lead delivery of alcohol brief interventions both within custody and the community. Recent guidance\(^\text{26}\) has encouraged a focus to broaden delivery in wider settings, including the justice setting to capture ‘hardly reached’ individuals.

In 2014, NHS Health Scotland also published an Outcomes Framework for Problem Drug Use in Scotland\(^\text{27}\) aligned to four pillars (Prevention, Enforcement, Families and Recovery) and the strategic priorities in The Road to Recovery and building on the ADP Outcomes Toolkit\(^\text{28}\) (2009).

Prevention priorities in the framework include; a focus on enhancing life chances for those in the most deprived communities, reducing health inequalities, improved citizenship, access to credible

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\(^1\) In the context of these estimates, problem drug use is defined as the problematic use of opiates (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines and implies routine and prolonged use as opposed to recreational and occasional drug use. Source: Estimating the National and Local Prevalence of Problem Drug Use in Scotland 2012/13 (Updated - 4th March 2016) [https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2014-10-28/2014-10-28-Drug-Prevalence-Report.pdf](https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2014-10-28/2014-10-28-Drug-Prevalence-Report.pdf)
information and safer, stronger communities. These overlap with the enforcement priorities alongside approaches which reinforce recovery, reduced crime and drug related death, continuity of care on entry, during and upon release from custody.

For those who have a substance use problem, creating various access points to recovery-focused treatment options and services is important in a Recovery-oriented system of care (ROSC). Recovery is the process through which an individual is enabled to move-on from their problem drug use towards a drug-free life and become an active and contributing member of society\textsuperscript{29}. The underlying philosophy of a ROSC is that treatment, review and aftercare are integrated and priority is given to empowering people to sustain their recovery.

At its centre it has strength-based assessments, which take account of individuals’ recovery capital, and integrated interventions and services that are responsive to a person’s needs and beliefs. There is a commitment to peer recovery support services, and most importantly, it is inclusive of the voices and experiences of people, and their families, in recovery.

When someone is charged and convicted of a crime, the consequences and costs\textsuperscript{30,31} for the individual, their family, their community and the justice system itself are considerable\textsuperscript{32}. In addition, the experience of criminal behaviour as a victim can also have serious and lifelong effects on individuals, families and communities.

**Earlier Intervention and Mitigating Negative Impact**

Agencies planning and delivering services across community justice have ideal opportunities to mitigate against any negative impacts of the processes and decisions they deliver.

Interaction with the justice system can often provide an opportunity for earlier intervention with a group whose substance use and underlying inequality or health and wellbeing issues are the trigger for contact - sometimes at the start of a cycle of offending or risk of involvement. ABIs focused on alcohol use, for example have a growing evidence base on suitability within justice settings, in particular within prison custody and while delivery of ABIs have become a common feature of good practice in NHS and third sector in-reach, there is currently limited evidence on their direct impact on offending through delivery in police custody settings.

Police custody may be the first time an individual has contact with the recovery-oriented system of care, providing an opportunity to engage individuals for referrals to appropriate services whilst keeping them safe and free from harm. A suite of national police custody outcomes and indicators expands on this approach, alongside forthcoming substance use guidance from the National Coordinating Network for Healthcare and Forensic Medical Services for People in Police Care (2016). These cite increasing opportunity to engage, intervene and support vulnerable individuals who offend and enter police custody.
**Arrest Referral Pilot Development**

**Rationale**

The pilot developed from a partnership between West Lothian Drug and Alcohol Service, NHS Lothian and NHS Health Scotland. The Scottish Prisoner Survey (2015) found that four in ten had served between 1 and 5 sentences (41%), 12% between 6 and 10 sentences, and 15% had served over 10 sentences. Thus engagement with individuals in police custody could be considered to be ‘earlier intervention’ given the pattern of repeat offending and sentencing among individuals in prison:

<table>
<thead>
<tr>
<th>Table 1. Prison History</th>
<th>Never</th>
<th>1-5 times</th>
<th>6-10 times</th>
<th>&gt; 10 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of times on remand</td>
<td>26 %</td>
<td>43 %</td>
<td>12 %</td>
<td>19 %</td>
</tr>
<tr>
<td>Number of times previously on a sentence</td>
<td>32 %</td>
<td>41 %</td>
<td>12 %</td>
<td>15 %</td>
</tr>
</tbody>
</table>

Source: Prisoners Survey 2015, Scottish Prison Service

A steering group was established to agree data collected and guide and monitor progress.

**Steering Group Membership:**

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**West Lothian Drug and Alcohol Service (WLDAS)** is a third sector organisation providing accessible and confidential services to reduce substance misuse related harm to individuals, families and the community of West Lothian. West Lothian Alcohol and Drug Partnership fund WLDAS through the contract for working with offenders and vulnerable adults with substance misuse problems.

WLDAS works in partnership with NHS, local authority and voluntary sector providers to reach those in most need. Services include:

- Information and support.
- Prevention, education and training.
- Counselling.

**Livingston Police Station** holds up to 26 individuals in custody. The majority of arrestees are from West Lothian however the transfer in 2013 to a single Scottish police force, Police Scotland, has increased the occurrence of individuals being detained from further afield particularly West Edinburgh and occasionally from Lanarkshire and other surrounding areas.
Arrest Referral is an intervention generally taking place in police cells or in court premises aimed at individuals who have been arrested and whose offences may be linked to substance use. The intervention involves a brief assessment, information provision and referral to appropriate services. Arrest and appearing at court can act as a catalyst for individuals to reflect on their substance use “window of opportunity”. Arrest Referral has potential to reduce health-inequalities in a hard-to-reach group unlikely to engage in other mainstream health improvement initiatives and “offers a unique opportunity for an early intervention” (Effective Interventions Unit 2002).

The established arrest referral service was provided as part of a contract with the West Lothian Alcohol and Drug Partnership to provide support to people who offend and have a substance issue. It was delivered by WLDAS and operated in Livingston police station on two days per week and aimed to link all screened arrestees with local support services. Following funding from NHS Lothian and NHS Health Scotland, the face-to-face element of delivery was piloted to be increased to five days per week and to include screening and a brief intervention for arrestees from outside of West Lothian who were then linked to services local to them.

Training on Alcohol Brief Interventions was also delivered by NHS Lothian to all custody suite staff in Livingston police station and across all Lothian custody suites.

Aims of the Pilot
- To provide increased support and capacity across partnerships to achieve early identification of hazardous and harmful alcohol use and substance use.
- To engage with individuals and vulnerable adults who may not normally access services.
- To mitigate inequalities that emerge as result of offending
- To provide brief advice and screening for alcohol misuse where appropriate.
- To facilitate and improve engagement in treatment services for arrestees with alcohol and drug problems, providing opportunities to address substance issue and reduce offending.
- To promote and support multi agency partnership working across Lothian.
- To improve the evidence base in this area through evaluation.

Pilot Delivery
A member of West Lothian Drug and Alcohol Service staff attended Livingston police station every morning prior to court transfers (Tuesday to Friday) and on a Sunday night. Each morning the WLDAS staff member would call Livingston police station at approximately 7am to request permission for access. If the station was particularly busy or there are other issues, the WLDAS staff member may have been refused entry.

Upon arrival at the station, police were usually already aware of those who had expressed an interest in talking to someone about substance misuse. Either police custody staff or the WLDAS staff member escorted by an officer would knock on the door of each cell and ask if the individual would like to speak to a support worker about any substance misuse issues. The process is repeated on Sunday evenings.
If an individual wished to speak to the WLDAS support worker they were shown to a room to the side of the arrest bar. The door is always left open and the area immediately outside of the room is usually busy with custody staff.

The staff member, completes an assessment and alcohol brief intervention, if appropriate. The WLDAS staff member made a follow up appointment with the client and kept in touch to determine if they were released from custody or with the relevant prison if they were sentenced or remanded in custody. For clients residing outside of West Lothian a referral was made to a service local to them where possible. Some services only take self-referrals and in such cases information was provided to the individual.

Client Engagement
Upon meeting with individuals in custody, the WLDAS worker will complete an assessment form (see appendix 2) which includes basic demographics and undertake a CAGE assessment for alcohol and drugs (see appendix 3). Paper forms are then returned to the WLDAS office and data is entered onto the Access database where the individual is provided with a case file number and all subsequent data gathered by the service is recorded against this.

The support worker also asks brief details about their current circumstances. Often the individual will disclose the offence for which they have been arrested and details of their address and housing situation is taken alongside any drug use and drinking patterns (see appendix 2). A brief intervention is delivered should screening show that this is appropriate.

The WLDAS staff member provides a summary of the type of support they can offer in response to the issues the individual would like to address and either an appointment or arrangement to contact the individual is made. The follow-up depends on the outcome of their arrest which is decided at court. Should they be released, the individual will then ideally keep their appointment in the community for a full assessment and to be assigned a support worker. Should they be remanded in prison, WLDAS will keep in touch with the individual throughout their sentence, where possible. The WLDAS staff member will attempt to link any individuals residing outside of West Lothian with an appropriate support service local to them. A flowchart (appendix 5) was developed with the service to outline the pathways required and liaison with established and new partner agencies, especially those out-with West Lothian were created as the project developed.

Evaluation Method
Six months of quantitative data (27 July 2015 to 27 January 2016) recorded as part of the pilot was analysed to assess volume of uptake generated. This included the number of occasions access was granted to the police station, the number of individuals present in custody each morning and the number of individuals taking up the offer of a meeting with a substance misuse support worker. Follow up was possible for those who were offered an appointment with WLDAS and whether they attended their first appointment.
Face-to-face, semi-structured interviews (appendix 4) were also conducted with 5 clients who had accessed the service through arrest referral. Four interviews were conducted in the community and one in prison. Interviews were transcribed and analysed for common themes. The interviews tended to elicit a rich life history and circumstances leading up to arrest. While useful in context, the analysis has been careful to capture precisely to the details relevant to arrest referral and WLDAS.

Quantitative Findings
During the period 27 July 2015 to 27 January 2016, Livingston police station reported 1428 individuals in custody at the point at which the WLDAS worker made contact. The total number of individuals in custody is provided to the support worker when they call the station in advance of their visit. Of these, 76 (5.3%) agreed to meet with the support worker and 64 brief interventions were delivered.

- 63 were provided with a follow-up appointment (44 with WLDAS)
- 15 (34%) attended their appointment with WLDAS (follow-up data with other services is not available)
- 18 were referred to a service outside of West Lothian.
- All individuals not residing in West Lothian were from Edinburgh with the exception of one individual from Falkirk.
- 1 individual was provided with literature only
- 2 individuals received an alcohol brief intervention with no further follow-up
- 44 individuals were charged during this period with breach of bail being the most common offence (see Graph 1 below).

Graph 1
Breach of bail was also cited by WLDAS staff members as being seemingly the most common reason for individuals being in police custody. WLDAS staff also reported anecdotally that individuals frequently don’t understand their bail conditions and would return to an address, often their own home, without realising that they weren’t allowed to do so or under the threat of potential homelessness. Although the sample was very small, this issue was also reflected in the qualitative interviews when repeated breach of bail resulted in individuals presenting in police custody several times over the course of a few weeks.

Qualitative Findings
The arrest referral service in Livingston police station was initially set up by a WLDAS staff member contacting one of the police custody sergeants. The service has existed since 2004 and WLDAS employees report that having a positive relationship with the police who work at the station as being essential to the service’s existence. Such a relationship took time to establish and needs continued effort as there tends to be a high movement of police custody staff and regular contact and continued communication is necessary.

The transition to a single police force in 2013 meant that further effort was required to maintain the positive relationships and levels of communication around WLDAS’ service and aims and to fit around the daily structure of the custody suite. WLDAS staff members stated that the police are highly aware of the importance of the health and wellbeing of individuals in their custody. WLDAS staff reported that the police seem to recognise the benefit of the WLDAS intervention and often actively encourage ambivalent clients to engage with the service. They are also acutely aware of the role that alcohol and / or drugs usually play in the reasons behind individuals coming into custody. WLDAS posters and leaflets are on display at the arrest bar where individuals arrive to be ‘checked-in’. WLDAS employees felt that the police are very willing to engage the clients with their service and that they are accepted and welcomed into the police station.

Four of the interviewees had previously engaged with WLDAS (in some cases years before) meeting a support worker in police custody; although none were current clients of the service. It should be noted that all interviewees had engaged regularly with WLDAS over a period of months before the interviews took place and were therefore likely to have positive experiences of the service. The clients interviewed also all had the same support worker which adds to the bias of this sample.

Two clients found it difficult to recall specific memories of the offer to meet with a support worker in police custody. Three were able to describe their thoughts when they were asked if they wanted to meet with a support worker:

“...I was in the cell all night and the police asked me if I wanted to see a support worker and I realised I have got a problem here and it was affecting my family life and things like that...I was at rock bottom”

“...I felt like I was gonnae crack up, needed to talk to someone.”
“...during the 36 hours that I was detained I was asked if I would like to speak to someone from the Drug & Alcohol Service and I said no. I lay back on my bed and thought about the request and in all honesty I thought what a cheek! After considering it for about 10 minutes, I realised that if it hadn’t been for alcohol I would not be in the position I was in….. I met with [the worker] a short time later and we had a talk ....”

After accepting the offer of a meeting with a support worker. Individuals are escorted to a small room next to the arrest bar in the police station. Although the support worker and the individual are the only people in the room, the door is left open and the area immediately outside is busy with custody staff. All of the individuals interviewed reported feeling comfortable when talking to the support worker in this environment.

Livingston police station has WLDAS leaflets and posters on display however none of the interviewees recalled noticing them.

“To be honest I was paralytic – I wouldn’t have noticed anything like that”

Common to all of those interviewed was that being in police custody was a trigger or low point and that this had motivated them to speak to a support worker. Most reported feeling that being taken in to custody or receiving a prison sentence as compounding their already challenging circumstances.

“In the last 20 months I’ve lost my dad, lost my mum and my nephew...I’d hit a low point....everything I’d built up, I lost it all”

“Alcohol was taking me back to prison all the time”

All individuals interviewed reported the importance of feeling comfortable in disclosing personal experiences to their support worker and that it takes time to build up a relationship where this level of disclosure is possible. The value of continuity and of the support worker not ‘giving up’ on them was also significant.

“John’s stuck by me...can tell him anything, cannae tell him anything he’s not heard before”

“If you’ve got problems I can tell him, I don’t like the big group AA meetings”
Common to all of the interviewees was a background of trauma and challenging circumstances in addition to their substance misuse issues. This ranged from childhood trauma to current illnesses, homelessness, loss of employment, bereavement and relationship breakdowns either within families or with neighbours and friends.

“I’d seen a Psychologist and she said I had all the signs of post-traumatic stress disorder”
“My Dad’s disabled and his neighbours block his parking space….I usually react by getting aggressive”

All had achieved periods of sobriety with spells of drinking again before re-engaging with WLDAS. The sense that clients could return to the service following missed appointments or periods of substance use without any shame or stigma was highlighted.

“I had a blip a few months ago but John always says any problems just phone me”
“He’ll not give up on you”
“...you think you’re the only person in the world like this but eventually you understand that he sees people like me all the time”

The continuity of support and understanding the range of difficulties an individual is experiencing that comes from developing a relationship with one support worker was highlighted throughout the interviews as being of importance.

“If I’ve got someone like John, I’ve got someone to report to”
“He used to come up to prison and well, he was the only visitor I got”
“John told me I was high risk and my GP said she agreed. I thought, why has she never told me that before”

All interviewees reported that the flexibility of the service was valued to them. This was not only in terms of appointment times, locations and communication but also that the support worker was willing to engage with other services and agencies, family members and access activities appropriate to their interests e.g. fishing, painting and decorating.

“My partner, she’s phoned up a couple of times because she thinks I’m going to drink”
“We put together a list of things to do and now I’ve ticked every single box, finished decorating my house and stuff like that”
All interviewees reported that they felt the arrest referral service should continue and that it was essentially ‘a good idea’. All reported that they would recommend the service to a friend who was in need of support.

Aspects of the service that were most valued by clients:
- The strong relationship with the support worker, feeling ‘comfortable’ and not stigmatised.
- Support with ‘all manner of issues’ ranging beyond recovery to housing and GP appointments.
- Support to wider family, some reported that their partner could also call the support worker and that this was treated confidentially.
- Being able to return to the service after a ‘blip’ or relapse without feeling ashamed or that the support worker was ‘let down’.
- Help with recognising progress and improvements to their life for example, better relationships with family members.

**Further Findings**

**Timeliness:** The arrest referral service offered by WLDAS is illustrative of the flexible, positive ‘can do’ approach of its staff members. Individuals are offered access into a service at a point which, according to the qualitative research, was appropriate, acceptable and at times significant (both staff and users of the service reporting that being in custody can feel to arrestees like they’ve hit ‘rock bottom’). The service aligns well with national delivery drivers around best practice, inclusive of families, offering ABIs in wider settings and meets the underlying philosophy of a ROSC in that varying access points to service are available and that treatment, review and aftercare are integrated.

**Person Centeredness:** Furthermore it offers the opportunity of earlier intervention and provides equity of access for example, offering the same service to individuals in accident and emergency settings and to individuals regardless of where they reside. The approach of the service is to be inclusive of families and goes to great lengths to be as person-centred as possible; reflected in the
range of avenues the WLDAS staff will explore to support an individual (visiting them in prison throughout their sentence) and to provide continuity upon release back into the community.

**Partnership and Innovation:** Expanding the reach of the service has necessitated that new relationships have been created with services outside of the West Lothian area. This has taken time and persistence on the part of WLDAS staff and has had a very positive outcome in terms of the new links with the Lifeline service, offering opportunities for a more seamless referral for individuals and for longer term follow up in terms of capturing outcomes and data. The positive relationship with the custody suite staff is key to the service being able to operate. The high number of different staff on duty due to shift patterns means that continued, regular contact and communication is required to maintain the levels of partnership working demonstrated.

**Professionalism and Leadership:** As described, the arrest referral service starts each day with a phone call to the police station. This is seemingly low input however, in order to meet with arrestees before they are transported to court, the phone call must take place at around 7am. If access to the custody suite is denied then the WLDAS staff member effectively ‘pauses’ their working day to recommence their shift at 9 or 10am. The service is delivered all year and staff ensure cover for holidays and share the work at weekends. This illustrates not only the commitment and belief in the positive impact and best practice of the arrest referral service held by WLDAS staff members, but also the reliance on the good will of staff when trying to meet service user needs with limited funding.

**Limitations**
During the pilot phase, access was not granted or possible on 87 occasions out of a possible 137 (63%). 90% of the time access was not granted due the custody staff reporting that no individuals wanted to meet with the WLDAS worker. The rest of the time it was due to custody staff not granting permission due to the station being particularly busy or under pressure. This is a significant loss to the potential sample and makes attributing findings challenging. However this is not unexpected in this type of environment given the time of day, the potentially volatile environment where safety of arrestees and staff is of the foremost consideration to the police and where individuals may still be intoxicated.

Some data was missing and there is also a risk to accuracy when being recorded on paper and then entered into a database. There is also a loss to follow up for those who were signposted to services outside of the West Lothian area as most services would not take referrals and wished potential clients to self-refer.

The recollections of those interviewed also have some limitations due to the length of time passed since their first encounter with the arrest referral service, some had served prison sentences in the interim period and all had been intoxicated at some point while in police custody. All individuals interviewed had actively engaged with WLDAS over a period of several months and therefore present a biased sample of individuals who felt the service had benefited them.
Recommendations
The steering group framed the following recommendations:
1. To continue to integrate the service into mainstream delivery.
2. To further explore avenues for development and partnership particularly with other services in order to measure outcomes for those not treated by WLDAS
3. To further develop the partnership with Lifeline as an example of how services can work together and be mutually beneficial.

On data improvement:
- Collection on reoffending rates would allow comparison between clients of WLDAS engaged through arrest referral and those who did not to establish if there is an impact on reoffending.
- Further information on client’s previous engagement with services would be beneficial in establishing how ‘hard to reach’ they were when they came into contact with the arrest referral service.
- Encouraging sharing of information where possible on clients referred to services outside of West Lothian to measure engagement and outcomes where possible.
- Establishing data protocols in partnership with the police to improve the accuracy and reliability of the data provided.

Considerations for further research:
- In this setting alcohol and drugs are rarely isolated from each other and as WLDAS treat a range of issues it may be useful to consider all aspects of the service.
- The ‘no access’ to Livingston police station rate appears high and it would be useful to explore this further.
- Consideration should be given to how to increase uptake and around the identification of individuals in custody who would benefit.
- Consideration should be given to further research to explore the circumstances behind the most common offences individuals were charged with; breach of bail and driving under the influence.
Appendix 1 – Confidentiality Agreement

Any information held by West Lothian Drug & Alcohol Service (WLDAS), relating to you may be shared with other team members, as you may need support or guidance from them. There are several agencies that will be working alongside WLDAS and relevant information may be shared amongst these agencies, to provide you with the best support.

Confidentiality may only be broken if it is felt that you are at risk and/or may cause harm to yourself or others. Child Protection Guidelines and Procedures are in place to prevent physical, sexual or emotional abuse of all children or young people. In these instances it is not possible to give an absolute guarantee of confidentiality and agencies outwith WLDAS may need to be contacted. Support and assistance will be assured at all times and all issues will be dealt with sensitivity.

An “Open Access for Service Users” policy is in place for you to formally access personal information stored about yourself. All individuals will be informed about the Open Access Policy procedures and process during their induction/initial interview.

Your information will be added to relevant databases in order to track statistics and assess service use.

I have read, understand and agree to the terms of the above statement.

Client Name: _____________________________________________________________

Signature: __________________________________________________________________

Date: ___________________________________________________________________

Name of WLDAS Worker: ___________________________________________________

Signature: __________________________________________________________________

Date: ___________________________________________________________________
### ARREST REFERRAL SCREENING FORM

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Court</td>
<td>………………</td>
</tr>
<tr>
<td>Date of Appearance</td>
<td>………………</td>
</tr>
<tr>
<td>Name</td>
<td>………………</td>
</tr>
<tr>
<td>Address</td>
<td>………………</td>
</tr>
<tr>
<td>Postcode</td>
<td>………………</td>
</tr>
<tr>
<td>Tel No</td>
<td>………………</td>
</tr>
<tr>
<td>Tel No</td>
<td>………………</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>………………</td>
</tr>
<tr>
<td>Ethnic Group</td>
<td>………………</td>
</tr>
<tr>
<td>Contact Date</td>
<td>………………</td>
</tr>
<tr>
<td>Arrest Referral Number</td>
<td>………………</td>
</tr>
<tr>
<td>Alternative Address</td>
<td>………………</td>
</tr>
<tr>
<td>Postcode</td>
<td>………………</td>
</tr>
<tr>
<td>Substance: Alcohol</td>
<td>□</td>
</tr>
<tr>
<td>Substance: Drugs</td>
<td>□</td>
</tr>
<tr>
<td>Substance: Prescribed</td>
<td>□</td>
</tr>
<tr>
<td>Substance: Solvents</td>
<td>□</td>
</tr>
</tbody>
</table>

**Court Disposal:**
Howden/ Bathgate Assessment Clinic, Prison List, Evening List
West Lothian Drug and Alcohol Service, Floor 1A, Almondbank Centre, Craigshill, LIVINGSTON. EH54 5EH

Tel: 01506 432225, Fax 01506 441939, Email: enquiries@wldas.org
### Substance History:

- [ ]
- [ ]
- [ ]
- [ ]

### GP:

- [ ]

### Health centre Tel No:

- [ ]

### Contact with other Agencies:

- CPN
- Housing
- Hospital
- Social
- Work

### Other Agency:

- [ ]

### General Information:

- Client Employed: Yes [ ] No [ ]
- Living: Alone [ ] With Partner [ ] Friend/ Relative [ ] No Fixed Abode [ ]
- Number of Children: [ ]
- Ages of Children: [ ]
- Children living at home / elsewhere?: [ ]
- Other: [ ]
- What is your main source of income? Work [ ] Crime [ ] Benefits [ ]
### Offence:
…………………………………………………………………………………………………………………………………………………………

Were you under the influence of Alcohol/Drugs at the time of the Offence?  Yes ☐ No ☐

Previous Convictions: 1-5 ☐ 6-20 ☐ 20+ ☐

Is your Alcohol/Drug use related to your offending?  Yes ☐ No ☐

How much do you spend on Alcohol/Drugs weekly?
……………………………………………………………………………………………………………………………………………………

What has been the nature of your previous offences?
……………………………………………………………………………………………………………………………………………………

Brief Intervention Given?  Yes ☐ No ☐

Cage Score ☐ Alcohol Units (per day) ☐

Details of Intervention:
……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

Further Information about Client:
……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

Does client wish to be seen by the WLDAS Counselling Service?  Yes ☐ No ☐

Referral to other services:
……………………………………………………………………………………………………………………………………………………
<table>
<thead>
<tr>
<th><strong>Is Client on a prescription and requires information to be sent to Prison?</strong></th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
</table>
| **If yes, Details of Medication:** | ...
| **Prescription from:** | ...
| **Dispensing Pharmacy:** | ...
| **Tel No.** | ...
| **Contact Prison:** Yes ☐ No ☐ | Contact Prescriber? Yes ☐ No ☐ |
| **Has client received medication:** | ...

---

**Current Legal**

**Status:** ...

**Outstanding Charges, court dates etc:** ...

**Preferred Assessment Appointment:** Date / / Time: .........

Location: ...
Appendix 3 – C.A.G.E. Substance Abuse Screening Tool

Directions: Ask your patients these four questions and use the scoring method described below to determine if substance abuse exists and needs to be addressed.

CAGE Questions Adapted to Include Drug Use (CAGE-AID)

1. Have you ever felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

Scoring: Item responses on the CAGE questions are scored 0 for "no" and 1 for "yes" answers, with a higher score being an indication of alcohol problems. A total score of two or greater is considered clinically significant.

The normal cut-off for the CAGE is two positive answers, however, the Consensus Panel recommends that the primary care clinicians lower the threshold to one positive answer to cast a wider net and identify more patients who may have substance abuse disorders. A number of other screening tools are available.

CAGE is derived from the four questions of the tool: Cut down, Annoyed, Guilty, and Eye-opener

CAGE Source: Ewing 1984
Appendix 4 – Semi-structured Interview

Thank you for agreeing to take part in this interview. I am from an organisation called Health Scotland, part of the NHS.

I’m here to gather some information about the service WLDAS offers to their clients. I’m writing a report that is focusing on the presence of WLDAS workers at Livingston police station.

Everything that we discuss is confidential. With your permission I will record our conversation and type it up but it will be anonymised. Some of the information you provide may be used in a report but any identifying characteristics will be removed.

After the report has been finalised all recorded interviews and transcripts will be destroyed.

I just want to check that you understand everything and that you are happy to proceed?
Yes/No

I’d like to speak to you about your first contact with the WLDAS worker (insert name if possible) at Livingston police station.

1. What do you recall about your first meeting? If necessary prompt as follows:
   - How long approximately had they been in their cell
   - Had they been asleep?
   - Did you know that WLDAS visited Livingston police station?
   - Did the police chap on your door and ask if you wanted to see anyone or was it the worker themselves?

2. Can you describe some of your thoughts at the time they offered to meet with you?

3. Why do you think you decided to meet with them at that point?

4. How did you feel after speaking to the worker?

5. What’s happened since that meeting?
   - Explore – continuity / consistency
   - Ease of access / appointments made.
   - How quickly they were seen (depends on release / sentencing)

6. What are the important things to you about the service that WLDAS provides (e.g. being non-judgmental, help with variety of issues, flexible meeting times, worker themselves).

7. Have you ever spoken to any services (WLDAS or other) before about issues you were having?
   - If yes, how did that go?

8. Was there anything that made this time different (assume client is still engaged)

9. Would you recommend WLDAS to a friend if they were experiencing similar issues?
Appendix 5 – Project Flowchart

Note: When an individual does not agree to be seen, they are not given a leaflet about WLDAS but are verbally informed about the service and how to engage.


6 Graham et al Understanding extreme mortality in prisoners: a national cohort study in Scotland using data linkage EJPH 2015

7 MacAskill et al Assessment of alcohol problems using AUDIT in a prison setting: more than an 'aye or no' question. Available online at: www.biomedcentral.com/1471-2458/11/865

8 Graham L, Prison Health in Scotland 2007


14 Police Care Network: Substance misuse guidance 2016 Available online at: www.policecare.scot.nhs.uk/groups/healthcare-service-delivery-group/substance-misuse/


17 Better health, better lives for prisoners: A framework for improving the health of Scotland’s prisoners (Volume 1: The framework & Volume 2: Supporting Material) (Liz Brutus, Phil Mackie, Andrew Millard, Andrew Fraser, Ann Conacher, Sharon Hardie, Lesley McDowall, Hazel Meechan), 2012

18 Equally Well, This is the report of the Ministerial Task Force on Health Inequalities (2008) Available online at: www.gov.scot/Publications/2008/06/25104032/0


Scottish Ministerial Advisory Committee on Alcohol Problems (SMACAP) Essential Services Working Group: Quality Alcohol Treatment and Support (QATS) Available online at: www.gov.scot/Publications/2011/03/21111515/16


Publication pending


Ibid 81 - Available online at: www.scottishrecoveryconsortium.org.uk/


Diversion: the business case for action, Centre for Mental Health (2011), Available online at: www.centreformentalhealth.org.uk/diversion-business-case

Scottish Centre for Crime and Justice Research. Available online at: www.sccjr.ac.uk