

# ACMD

## Advisory Council on the Misuse of Drugs

Chair: Dr Owen Bowden-Jones  
4<sup>th</sup> Floor (NE), Peel Building  
2 Marsham Street  
London  
SW1P 4DF  
Tel: 020 7035 1121  
ACMD@homeoffice.gsi.gov.uk

16<sup>th</sup> April 2018

Dear Sir/Madam,

### **Call for Evidence - Custody-Community Transitions**

I am writing to you to request your assistance in relation to the Advisory Council on the Misuse of Drugs' (ACMD) Custody-Community Transitions Working Group.

The Custody-Community Transitions (CCT) Working Group has been established following concerns over the increasing harms related to drug use among offenders. Levels of drug use are high amongst offenders, and people entering and leaving custodial settings are known to be particularly vulnerable to harms, including death by overdose.

The group will focus on identifying the harms associated with transitions between custody and the community. The inquiry will identify existing recommendations in this area and ask to what extent these have been implemented. The CCT final report will specify the barriers and opportunities for more effective implementation and will assess if there is a need for new or adapted recommendations.

The Working Group will consider issues that are relevant to transitions by adults (aged 18 or over). It will include a specific focus on the needs of women and of people of black and minority ethnic origin.

The ACMD set up the CCT Working Group in 2017 under the Chairmanship of Alex Stevens, Professor in Criminal Justice at the University of Kent.

The ACMD is holding the CCT Evidence Gathering Public Meeting on **08 June 2018**; where the Working Group members will consider both oral and written evidence from key stakeholders.

The ACMD would like to invite you to submit both oral and written evidence as part of this Inquiry. Please confirm whether you will be willing to deliver a presentation at the Evidence Gathering Inquiry on 08 June 2018 or if you intend to submit written evidence to the working group.

We would request that oral presentations are submitted by **01 June 2018** and written evidence is submitted by **20 June 2018**. Please forward your evidence to Matthew Gavin at [ACMD@homeoffice.gsi.gov.uk](mailto:ACMD@homeoffice.gsi.gov.uk)

Please note if the ACMD receives a large response to its call for evidence, then a further meeting may be scheduled at a later date to take additional oral evidence.

**We would appreciate if you could kindly address the questions listed below within your oral and/or written evidence.**

***Although your expertise might be better suited to tackling only a subset of the following questions; it would be very helpful if you were to address as many questions as you can, especially in your written evidence. Your oral presentation may need to be more focused to fit into the time available for each presentation (up to 20 minutes).***

Q1. What are the most important harms and benefits associated with transitions between custody and community by people who use drugs?

We are specifically interested in evidence on:

- a) Recent developments in drug-related harms in police custody.
- b) Recent developments in harms related to the use of novel psychoactive substances (NPS) in custodial setting.
- c) Recent developments in harms and benefits related to the transition of people who use heroin between the community and custody (on entry to custody and on release).
- d) Development of diversion from custody provisions for people with substance misuse issues.
- e) The distribution of such harms and benefits across different groups of people who use drugs as they move in and out of custody (e.g. by area of deprivation, housing status gender, race, age, drug use pattern, remand/sentenced prisoners).
- f) How these harms are likely to develop as the average age of people in prison and of people with heroin problems increases.
- g) In what ways the current legislative framework affects these harms and benefits.

Q2. What are the most important existing recommendations in this area, and to what

extent have they been implemented?

We are particularly interested in:

- a) Existing recommendations in relation to prison security as it affects drugs and NPS, and the extent of their implementation.
- b) Existing recommendations in relation to the provision of healthcare in custodial settings to people who use drugs.
- c) Existing recommendations in relation to the provision of healthcare for those serving community sentences who use drugs
- d) How recent developments in the management and commissioning of drug, alcohol and mental healthcare services in custody and in the community have affected the provision of healthcare services to people who have drug problems, and the extent to which existing recommendations are met.
- e) Whether there is scope for learning from different models of service delivery between countries of the UK.
- f) Recent developments in information sharing between custody and community transition

Q3. What are main barriers and opportunities to improve community-custody transitions for people who use drugs?

We are specifically interested in:

- a) What mechanisms of support, accountability and management would facilitate the implementation of recommendations in this field?
- b) How working relationships between national and local bodies can best support improved practice?
- c) How the current legislative frameworks and harms from experience of custody may act as a barrier.
- d) How can the likely returns on investment that accrues to communities and criminal justice agencies through crime reduction be provided through the budgets that support the provision of health and other services that produce these benefits?

Q4. Could you share any practices, including international approaches, that:

- a) Appear to reduce harms (or maximise benefits) related to community-custody transitions?
- b) Appear to increase harms related to community-custody transitions?

Q5. Could you share any examples of commissioning or managing services in ways that address the community-custody transition in ways that fulfil existing recommendations?

- a) What are the commissioning or service delivery gaps around provision of drug testing and drug treatment?

I would like to thank you for your assistance in this matter and look forward to hearing from you.

Yours sincerely

A handwritten signature in black ink, appearing to read "Owen Bowden-Jones". The signature is written in a cursive style with a large initial 'O'.

**Dr Owen Bowden-Jones**  
ACMD Chair

A handwritten signature in black ink, appearing to read "Alex Stevens". The signature is written in a cursive style with a large initial 'A'.

**Professor Alex Stevens**  
Working Group Chair