
The impact and delivery of alcohol treatment requirements in the Leicestershire and Rutland Probation Trust area

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Key findings

Background

Leicestershire and Rutland Probation Trust (LRPT) was successful in its bid for funding to commission an independent research study as part of the National Offender Management Service (NOMS) alcohol best practice initiative, which sought to assess the effectiveness of LRPT's alcohol treatment requirement (ATR) provision, delivered by its Criminal Justice Drugs Team (CJDT), in reducing both probationers' dependence on alcohol and the frequency and seriousness of their related offending. This summary presents the key findings from this independent study undertaken by the Institute for Criminal Policy Research (ICPR), Birkbeck, University of London.

The key questions for the study translated into the following research objectives:

- Determine the extent to which any contribution made by ATRs towards reducing alcohol misuse and related offending amongst probationers can be most appropriately assessed using a range of existing measures (e.g. AUDIT, Treatment Outcomes Profile).
- Identify those programmes (both individual and delivered in combination) that are most effective in delivering reductions in alcohol misuse and related offending.
- Critically assess how LRPT targets its ATR provision through the use of AUDIT and comprehensive assessments.
- Establish and quantify the role played by peer mentors in enhancing the effectiveness of ATRs.

Research methods

Both quantitative and qualitative methods were required to achieve the project's aims and objectives. The research comprised three core elements:

- linkage and analysis of existing administrative datasets (Offender Assessment System (OASys), LRPT's case management system (CRAMS), Treatment Outcomes Profile (TOP), National Alcohol Treatment Monitoring System (NATMS) and the Ministry of Justice held extract of the Police National Computer (PNC));
- in-depth, semi-structured qualitative interviews with ATR staff, stakeholders and ex-service user/peer mentors (N=12); and

- questionnaire-based interviews with a cohort of alcohol misusing probationers exposed to the ATR (N=15).

Impact of the ATR on 'related' offending

One-year rates of proven reoffending were lower for the 182 probationers exposed to the ATR between August 2005 and December 2008 than for a matched comparison group of alcohol misusing probationers supervised by LRPT prior to their introduction. Overall 40 per cent of the ATR group was reconvicted for another 'new' offence (i.e. excluding breach of bail or statutory supervision) committed in the 12 months following commencement of the requirement. This compares to 45 per cent of the 294 alcohol misusing probationers supervised by LRPT between January 2002 and the introduction of ATRs across the region (the difference in proven reoffending rates between the groups was not statistically significant, however). Both the comparison group and ATR cohort were reconvicted at a lower than predicted rate, but with the greatest reductions observed amongst those exposed to the ATR.

There were though significant differences observed in the offending history, needs and circumstances of the ATR cohort which indicated that they were more intractable than their predecessors who made up the comparison group, thus presenting LRPT with particular challenges in terms of their efforts to engage and retain them in the supervision and treatment process. This variation between the groups also needs to be taken into account when interpreting the results of our assessment of the impact of the ATR.

For two-fifths (40%) of the ATR cohort the offence leading to reconviction had reduced in seriousness. For one-third (34%) their proven re-offence had increased in seriousness while for the remainder (26%) there had been no change. There were no significant differences observed between the two groups in terms of changes to the seriousness of their proven reoffending.

There was a 60 per cent overall reduction in the number of 'new' proven offences leading to conviction amongst the ATR group during this 12-month period. This was identical to the rate of reduction observed for the comparison group over the same follow-up period. Furthermore, there were no significant differences observed between the two groups in terms of the proportions producing reductions, increases or no changes in the number of proven offences leading to reconviction.

Based on these figures we estimate that every pound invested in ATR provision across the LRPT region up to the end of 2008 was effectively recouped in CJS crime cost savings alone (i.e. excluding the considerable costs of imprisonment, the physical, emotional or financial costs incurred by victims and wider public health savings from any reduced rates of alcohol misuse amongst this cohort).

Impact of the ATR on alcohol use

Available data on 209 probationers commencing the requirement during 2009/10 indicates that over the life of the ATR there had been a 37 per cent overall reduction in the self-reported number of drinking days. Over half the cohort reported a reduction in the number of drinking days over this period. For more than one in four probationers there had been no change in the frequency of their drinking whilst exposed to the ATR. The remainder recorded an increase in drinking days. The proportion reporting daily use also fell from 42 per cent to 23 per cent. And amongst those for whom average daily units of alcohol consumed were recorded at different times points during the ATR there was a 50 per cent reduction observed – from a daily using average (mean) of 26 units to 13 units. However, this level of consumption was more than three times the daily recommended limit for men (of 4 units).

There had also been a significant overall reduction in AUDIT scores while exposed to the ATR: from an average (mean) of 29.4 to 20.5. These AUDIT data indicated that nearly half (46%) the cohort moved from dependency during the course of the ATR. However, an overall mean score of 20.5 upon completion of the ATR nevertheless exceeded conventional cut-offs using AUDIT which are considered to be indicative of a high level of alcohol problems (i.e. 16+). Seventy per cent of cases produced an AUDIT score of 16 or more upon completion of the ATR, thus indicating high levels of on-going alcohol-related need even for those completing the requirement.

Which programmes were most effective in reducing alcohol misuse and 'related' offending?

Using survival analysis indicated that the largest protective effect against the risk of proven reoffending was completing an overall order successfully, which was associated with a 55 per cent reduction in the risk of recidivism. By contrast, logistic regression modelling indicated that those completing structured alcohol treatment were four times more likely to report a reduction in drinking days than others. Besides completing an ATR successfully, no

other programmes – delivered either individually or in combination – were found to be positively correlated with or predictive of reduced alcohol misuse or ‘related’ offending.

The role of mentors

Our research could not quantitatively establish and quantify the role played by peer mentors in enhancing the effectiveness of ATRs. However, data from qualitative interviews with various stakeholders indicated that mentoring was considered an innovative feature of ATR provision across LRPT and fulfilled a number of important functions - not least as a form of pro-social modelling for those exposed to the intervention. Through the use of peer mentors probationers exposed to the ATR could, for example, be introduced to different techniques and approaches to begin addressing their own alcohol misuse - strategies which the mentors themselves may have successfully employed.

Our combined analyses of OASys and TOP data also suggest that alcohol misuse outcomes could be improved by targeting support at those probationers experiencing more acute forms of social isolation (e.g. arising from a lack of close friends or associates). This could perhaps become a key area of focus for ex-service user/peer mentors working with ATR cases in the future in order to further improve alcohol misuse outcomes.

Conclusions

We believe that the main implications of the research findings for LRPT’s ATR provision are three-fold. These relate to developing effective strategies to ensure that: (i) ATRs and overall orders reach completion; (ii) offending outcomes for a large minority of the ATR group are improved; and (iii) adequate provisions for ongoing throughcare and aftercare in non-CJS settings, post-ATR completion, are in place.

Against the backdrop of considerable uncertainty and reform regarding the structure and commissioning of alcohol treatment at both local and national levels, our research provides some indicative evidence for potential funders and commissioners to support the contention that both public health and criminal justice objectives are achievable across LRPT in a cost-effective manner via the ATR.