EVALUATION OF THE ALCOHOL TREATMENT REQUIREMENT IN FIVE SITES ACROSS THE LANCASHIRE PROBATION AREA

Final Report

October 2010

Helen Baldwin Paul Duffy

Centre for Public Health
Research Directorate
Faculty of Health and Applied Social Sciences
Liverpool John Moores University
Henry Cotton Campus
15-21 Webster Street
Liverpool L3 2ET

t: 0151 231 4384
f: 0151 231 4552
e: h.f.baldwin@ljmu.ac.uk

www.cph.org.uk

liverpool JMU
Centre for Public Health

Contents

Tables

Figures

Acknowledgements

The authors would like to thank the following people for their contribution to the evaluation by way of providing data and/or participating in interviews: employees and clients of Addaction Blackpool, Greater Manchester West NHS Foundation Trust, CRI Inspire (formally Lancashire Care NHS Foundation Trust), Lancashire Probation Trust and Lancashire Constabulary.

Executive Summary

This final report produced by the Centre for Public Health at Liverpool John Moores University (LJMU) presents the findings of an evaluation of the Alcohol Treatment Requirement (ATR) schemes being delivered in five sites across Lancashire; Accrington, Blackburn, Blackpool, Burnley and Nelson. The schemes aim to engage offenders who have committed a serious violent offence, and who are identified as alcohol dependent, in treatment specifically designed to tackle their alcohol use and in turn reduce the likelihood of them re-offending. Lancashire Probation Trust has commissioned treatment providers in each area to deliver structured alcohol treatment to offenders sentenced to an ATR.

ATR Workers, who delivered alcohol treatment sessions, recorded quantitative measures of offenders' alcohol use, alcohol-related behaviour and health upon commencing an ATR. LJMU collected this data for offenders who consented to taking part in the evaluation. Several of these measures were repeated during treatment plan reviews conducted by ATR Workers, three and six months post-commencement. This enabled an examination of any changes in these measures over time. Qualitative data were obtained through semi-structured follow-up interviews with offenders, which were conducted by researchers, also at the three and six month stages. A stakeholder consultation provided insight into the processes and running of the schemes and its perceived benefits and limitations. Lancashire Probation Trust, Lancashire Constabulary and the alcohol treatment providers contributed additional data to the evaluation, such as offenders' arrest and attendance records.

This report examines the outcomes for offenders who participated in this evaluation and presents their views and experiences of the ATR schemes. A summary of the interim findings from interviews with stakeholders will also be provided.

The key findings of this report are as follows:

- Between 1st April 2009 and 31st March 2010, 32 offenders who had been sentenced to an ATR in Lancashire during this period were recruited for the evaluation. Three month review data were received for 25 of these participants and six month review data were received for 21 participants. Follow-up interviews were conducted with 21 participants at the three month stage and nine participants at the six month stage.
- Not all offenders assessed as suitable for an ATR were subsequently sentenced to an ATR; Community Orders or Suspended Sentence Orders (without an ATR) or custodial sentences were sometimes given instead.
- Several participants breached their ATR at least once. While offenders believed a breach would result in them being re-sentenced to custody, most who did breach either had their breach withdrawn, their order modified or were given a new order.
- Participants attended mandatory treatment and Probation appointments on a weekly or fortnightly basis. During these sessions participants' alcohol use, offending and related factors were monitored, discussed and addressed.

- Participants reported having good relationships with their ATR Worker, and in some cases, their Offender Manager.
- Offender Managers and ATR Workers were in close communication with one-another. Participants recalled attending three-way meetings in which their progress was reviewed by the partner services together.
- Participants were satisfied with the treatment they had received as part of their ATR. Their OASys scores and interview responses suggested their various needs were being addressed, although many required ongoing assistance with issues including accommodation and employment.
- Overall, participants felt confident about completing their ATR and continuing to tackle their problems, although several participants planned to remain in contact with their ATR Worker and/or attend further alcohol treatment sessions.
- There were significant reductions in participants' levels of alcohol consumption, dependency and alcohol-related behaviour, particularly during the first three months of their ATR.
- Arrest data showed that overall, participants' arrest levels were significantly lower in the six months following commencement of their ATR, relative to the six months prior to commencement.
- Findings also indicated significant improvements in participants' health and wellbeing.
- Relationships between participants and their friends, family members and partners had improved following a reduction in their alcohol use. Some participants had chosen to socialise less with drinking acquaintances in attempt to maintain control over their drinking.

In conclusion, there were positive outcomes for offenders who participated in the evaluation in terms of alcohol use, attitudes, offending, health and relationships. Participants also reported positive experiences of treatment. Elements of service delivery were examined, leading to recommendations for the implementation of existing or future schemes. Without comparison to a control group (offenders sentenced with similar profiles but who were not given an ATR) it is not possible to attribute the positive outcomes seen here to the ATR schemes alone.

1.0 Introduction

1.1 Impact of Alcohol Use

Over 90% of adults in Britain, nearly 40 million people, drink alcohol and the majority do so with no problems most of the time (Cabinet Office, 2003). However, alcohol dependence and misuse are common and costly. In 2007, it was reported that 41% of men exceeded the recommended daily guideline of four units on their heaviest drinking day, whilst 34% of women drank over the recommended daily guideline of three units (Office for National Statistics, 2007). In England and Wales, alcohol-related illness or injury accounts for 180,000 hospital admissions per year and excessive alcohol consumption is associated with between 15,000 and 22,000 premature deaths annually (Department of Health, 2007). Alcohol dependence is a complex, common disorder that arises as a consequence of biological, behavioural and environmental factors (Mossa et al., 2007). Offenders are thought to be under the influence of alcohol in 46% of domestic violence incidents and 17% of all violent incidents are committed in or around pubs and clubs in England and Wales (Walker et al., 2006). In terms of financial burden, Leontaridi (2003) estimated the public costs of heavy drinking in England and Wales to be between £18 and £20 billion.

Lancashire has substantial issues with alcohol and compares poorly with both regional and national averages for several indicators including rates of alcohol specific mortality, alcohol-related recorded crime, alcohol-related violent crime and hospital stays related to alcohol. In particular, Blackpool has pronounced problems being ranked bottom out of the 354 local authorities in England on several measures (North West Public Health Observatory, 2009).

1.2 Alcohol Treatment

There is a choice of effective treatments for alcohol misuse to suit the variety of potential service users: 7.1 million hazardous or harmful drinkers may benefit from brief interventions, while 1.1 million dependent drinkers may benefit from more intensive treatment given by specialist workers (National Treatment Agency (NTA), 2006). It is estimated that for every £1 spent on treatment, £5 is saved predominantly in health and social care systems and the criminal justice system (NTA, 2006).

Whilst the use of the criminal justice system as a route through which to engage with illicit drug users is relatively well established in the UK, its use to address alcohol misuse has until recently been an area less focused on. This is beginning to change with the increasing use of alcohol arrest referral, moves to better integrate treatment in prison and the roll out of the Alcohol Treatment Requirement (ATR). The Criminal Justice Act 2003 introduced the power to add the ATR as a condition on a Community Order or Suspended Sentence Order and replaced previous provisions under the Powers of Criminal Courts (Sentencing) Act 2000. ATRs could be required of offenders committing offences from 4th April 2005, however, the

use of the requirement has taken some time to roll out across the country while the structures to effectively deliver treatment have been put in place.

An ATR can be imposed when: (i) an offender is alcohol dependent, (ii) the offender may benefit from treatment, (iii) arrangements have or can be made for suitable treatment, and (iv) the offender is willing to comply with the order's requirements. An offender's level of alcohol use must be assessed using a validated measure before sentencing can be carried out. The Alcohol Use Disorders Identification Test (AUDIT) is being used in the Lancashire Probation Area, which is a validated short assessment of alcohol use developed through the World Health Organizations Collaborative Project on rapid alcohol assessment and brief interventions (Saunders et al., 1993). Requirements can be imposed for between six months and three years; currently in Lancashire, the length of an ATR is usually six months. The actual nature of the alcohol intervention is not standard and is tailored to the needs of each offender, however there are national guidelines for the regularity of contact that an offender must have under the order. Offenders are at least required to attend weekly appointments for the first 16 weeks of their requirement and then fortnightly after that, with some offenders attending weekly for the duration of their order (Ministry of Justice, 2007).

The ATR is being delivered in five areas across Lancashire. The roll out of the schemes to these areas has been staggered and Lancashire Probation Trust has entered into partnership with different treatment providers based in Blackburn, Blackpool and Burnley (the ATR Worker in Burnley also delivers treatment to offenders in Accrington and Nelson).

1.3 Evaluation Aims

This evaluation aims to: (i) examine outcomes for offenders sentenced to an ATR in terms of alcohol use, offending and health, (ii) examine whether the set-up and ongoing implementation of the schemes are effective, and (iii) provide recommendations for the implementation of existing and future schemes.

2.0 Methodology

The methodology has two elements; an outcome evaluation and a process evaluation.

2.1 Outcome Evaluation

2.1.1 Assessment Data

ATR Workers, who delivered the treatment sessions, routinely completed a standard comprehensive assessment tool at the start of offenders' treatment. Copies of selected pages from this document were sent to the research team for offenders who had consented to this information being shared with Liverpool John Moores University (LJMU). This provided contact and demographic information together with baseline indications of offenders' alcohol and drug use, treatment history and physical and mental health. Included in the document was the AUDIT. For the purpose of the evaluation, ATR Workers also completed several questionnaires which captured additional baseline measures to be used as the basis for an examination of treatment outcomes:

- Drink Diary – A seven day retrospective drink diary to record levels, locations and times of alcohol consumption on each of the past seven days
- Treatment Outcomes Profile (TOP) – The tool developed by the NTA to measure progress of clients through treatment
- Leeds Dependence Questionnaire (LDQ) – A validated ten-item measure of drug and alcohol dependency (Raistrick et al., 1994)
- Behavioural Questionnaire – A short assessment of the frequency of alcohol-related behaviours and incidents over the past four weeks
- Readiness to Change Questionnaire [Treatment Version] (RCQ[TV]) – A validated tool to assess motivational readiness to change drinking behaviour among individuals attending treatment for alcohol problems (Heather et al., 1999)
- 12-item General Health Questionnaire (GHQ) – A validated measure of general mental health (NFER-Nelson, 1992).

Between 1st April 2009 and 31st March 2010, 32 offenders who had been sentenced to an ATR during that period consented to their contact details and assessment and review information being shared with LJMU for the purpose of the evaluation (Burnley (n=12), Accrington (n=7), Blackpool (n=7), Nelson (n=4) and Blackburn (n=2)) (Table 1).

Larger numbers were referred to an ATR Worker for an ATR suitability assessment but offenders were not always subsequently sentenced to an ATR or sentenced before the end of the evaluation's recruitment period. Sentencing outcomes for those not given an ATR following assessment by an ATR Worker are examined in Section 5.1.1. Meanwhile, some offenders who were sentenced to an ATR could not be recruited for the evaluation. This was mostly due to their assessment forms taking ATR Workers more than a month to complete,

as a consequence of offenders' poor initial engagement, rapport-building taking priority over paperwork and/or offenders being transferred in from elsewhere. A few offenders did not wish for their information to be shared.

Table 1: Suitability Assessments, Commencements and Assessment Forms

Area	No. offenders who underwent an ATR suitability assessment	No. offenders sentenced to an ATR and commenced treatment with an ATR Worker	No. offenders whose assessment forms were received	No. offenders whose assessments were not completed within a month of their ATR start date	No. offenders who refused to participate in evaluation
Accrington	28	14	7	5	2
Blackburn	15	7	2	2	3
Blackpool	29	20	7	10	3
Burnley	43	25	12	13	0
Nelson	6	4	4	0	0
Total	**121**	**70**	**32**	**30**	**8**

2.1.2 Review Data

The quantitative measures of alcohol use, alcohol-related behaviour and health listed above, together with the AUDIT, were repeated during treatment plan reviews conducted by ATR Workers, three and six months into offenders' treatment. This enabled an examination of any changes in these measures over time. Three month reviews were received for 25 offenders participating in the evaluation and six month reviews were received for 21 participants (Tables 2 and 3). At each review stage, several participants were not available for review due to them having been breached or re-sentenced to custody, or having moved away or withdrawn from the evaluation. In other cases, ATR Workers could not complete reviews with participants due to poor attendance by those individuals. If a participant could not be reviewed at the three month stage, review data for that participant would not be collected at the six month stage, as a comparison across the three measurement stages would not be possible.

Table 2: Three Month Reviews Received

Area	No. offenders available for three month review	No. three month reviews received	No. three month reviews not completed
Accrington	5	4	1
Blackburn	2	2	0
Blackpool	7	6	1
Burnley	11	10	1
Nelson	4	3	1
Total	**29**	**25**	**4**

Table 3: Six Month Reviews Received

Area	No. offenders available for six month review	No. six month reviews received	No. six month reviews not completed
Accrington	4	4	0
Blackburn	2	2	0
Blackpool	4	3	1
Burnley	10	9	1
Nelson	3	3	0
Total	**23**	**21**	**2**

Comparisons made between data collected at assessment and data collected during reviews are inclusive of the 21 offenders for whom data were complete at all three measurement stages (unless otherwise indicated due to missing data). Non-parametric statistical tests were applied to the data and median values have been given, due to the sample size being fairly small.

2.1.3 Follow-up Interview Data

Three and six months into participants' ATRs, researchers also conducted qualitative semi-structured telephone interviews with participants to examine the types of care received, levels of satisfaction with treatment and any assistance still required. Follow-up telephone interviews were conducted with 21 participants at the three month stage and nine participants at the six month stage (Tables 4 and 5). At each follow-up stage, several participants were not available for interview due to them having been re-sentenced to custody, or having moved away or withdrawn from the evaluation. Several other participants could not be contacted following, on average, seven contact attempts by a researcher via phone and post. If a participant could not be interviewed at the three month stage, attempts were not made to conduct a six month interview.

Table 4: Three Month Interviews Completed

Area	No. offenders available for three month interview	No. three month interviews completed	No. offenders could not be contacted for three month interview
Accrington	5	3	2
Blackburn	2	2	0
Blackpool	7	6	1
Burnley	11	8	3
Nelson	4	2	2
Total	**29**	**21**	**8**

Table 5: Six Month Interviews Completed

Area	No. offenders available for six month interview	No. six month interviews completed	No. offenders could not be contacted for six month interview
Accrington	2	1	1
Blackburn	2	1	1
Blackpool	4	1	3
Burnley	7	5	2
Nelson	2	1	1
Total	**17**	**9**	**8**

2.1.4 OASys Data

Offender Assessment System (OASys) data routinely collected by Probation staff were obtained from Lancashire Probation Trust. The data comprised sets of scores for 36 offenders; this sample included the 32 offenders for whom assessment data were collected, plus another four who consented to their Probation records being included in the evaluation but who wished not to otherwise participate. Each score indicated an offender's level of need in relation to one of eight criminogenic factors. A comparison was made between offenders' OASys scores recorded upon commencement of their ATR and scores recorded during their first sentence plan review. The time between commencement and first review varied between 11 weeks and 20 weeks.

Scores recorded at both stages were provided for 34 of the offenders, as before their first sentence plan review one offender was discharged and another was sentenced to a new order. Therefore analysis of OASys data was inclusive of 34 offenders. Furthermore, for three criminogenic factors (relationships, lifestyle and associates, and alcohol misuse) there

were missing scores for two offenders, which meant scores for 32 offenders were included in the analysis of data for these three criminogenic factors.

2.1.5 Arrest Data

Arrest data were drawn from Lancashire's police intelligence system for 32 offenders; this sample included 30 of the offenders for whom assessment data were collected, plus two others who consented to their Probation records being included in the evaluation but wished not to otherwise participate. A further four offenders agreed to their arrest records being accessed but three of these individuals could not be identified on the police intelligence system and there were no recent arrest records for the remaining offender.

The dataset received contained the dates on which individuals were arrested and the types of offences they were arrested for, for the period 1st October 2008 to 30th September 2010. This enabled a comparison of offenders' arrests during the six months prior to and following their ATR commencement date.

For 17 offenders, there was no arrest record within the three months prior to their ATR commencement date. This could be explained if an offender was arrested outside of Lancashire, as such arrests were not included in the dataset, or if an offender received an ATR as an amendment to an existing order following breach of that order.

Offenders' arrest rates were also compared to measures of their alcohol use, to assess whether any relationship existed between these two factors. Arrest data and measures of alcohol use were complete for 19 participants. Differences between the number of times these participants were arrested in the six months pre- and post-ATR commencement were compared to the differences in measures of their alcohol use taken at baseline and six month follow-up.

2.2 Process Evaluation

2.2.1 Interviews with Stakeholders

Stakeholders interviewed included a County Substance Misuse Officer, Senior Probation Officers, Offender Managers, Treatment Provider Managers and ATR Workers. There were 27 interviewees in total; 12 from Burnley, six from Blackburn, five from Blackpool, two from Accrington, one from Nelson and one who worked across all areas.

The Blackpool site began to deliver the ATR on 1st March 2009, a month before the start of the evaluation, making it possible to capture information about the initial implementation of the scheme. Stakeholders in Blackpool were therefore interviewed in two stages; two months after the start of the scheme and again six months later, to assess whether the scheme had tackled any barriers and progressed. Due to the fact that the other sites had already been running for some time, a single set of interviews took place three months after

the initiation of the evaluation. Interviews were semi-structured, allowing flexibility to focus on issues most pertinent to individual stakeholders. Topics discussed included:

- Aims and successes of the schemes
- ATR group profile
- Service delivery (assessment process, treatment provision and treatment exit)
- Capacity
- Communication (day-to-day and strategic)
- Compliance and breach
- Areas of good practice
- Barriers to delivery (past, current and potential) and how they have been tackled
- Impacts on offenders
- Potential improvements to the schemes.

Interviews were transcribed and analysed thematically by two researchers using NVivo 8 software. Findings from this analysis were presented in our interim report.

2.2.2 Treatment Data

ATR Workers provided summary figures based on their treatment records for the period 1st April 2009 and 31st March 2010, containing the numbers of offenders who: (i) they assessed for an ATR, (ii) they assessed as suitable for an ATR, and (iii) were sentenced to an ATR and commenced treatment with them.

For the offenders who were sentenced to an ATR and commenced treatment during this period, ATR Workers provided details of: (i) planned and unplanned discharges, (ii) referrals made to external agencies, and (iii) offenders' attendance at treatment appointments for the period 1st April 2009 to 30th September 2010.

2.3 Scope of Final Report

This final report provides comparisons between baseline measures of offenders' alcohol use, alcohol-related behaviour and health, and the same measures collected during their three month and six month reviews. Insights into offenders' perceptions and experiences of their treatment obtained through the follow-up interviews provide further indications of the impact of treatment for the ATR group. Findings from arrest, OASys and treatment records are also examined. Findings from interviews with stakeholders, which were discussed in depth in the interim report, are summarised.

3.0 Summary of Interim Findings

The interim report presented a detailed examination of the baseline assessment information obtained for offenders recruited for the study. It also discussed findings from the stakeholder consultation. The key findings from the interim report were as follows:

- Assessment forms were received for 32 offenders who had been sentenced to an ATR. Offenders given an ATR had often committed violent offences (e.g. Assault) whilst under the influence of alcohol, particularly offences of a domestic nature.
- Upon assessment, there were high levels of alcohol consumption and dependence among the group. Offenders also presented to treatment with wide-ranging problems relating to employment, housing, health, relationships, finances and/or illicit drug use and generally had unstable lives.
- Processes for referring offenders to an ATR Worker for a suitability assessment varied between sites and needed to be formalised from the start to ensure offenders were seen promptly.
- Voluntary group treatment sessions would complement the mandatory one-to-one treatment sessions being delivered, by enabling more frequent contact for those who need it and facilitating the development of positive support networks.
- The schemes would benefit from a formal exit strategy designed to prevent offenders from disengaging towards the end of their treatment period and to encourage individuals to continue to access relevant support services beyond completion of their ATR.
- Caseloads were heavy for many Probation and treatment staff, who felt their time spent with ATR cases and efforts to perform outreach were compromised by time taken to complete paperwork, travel and/or see their other cases. There was demand for more than one ATR Worker to be available to deliver alcohol treatment in each area.
- ATR Workers were often taking on responsibilities beyond their role, which contributed to their heavy workloads. Referrals to services to address issues that are not specific to offenders' alcohol or drug use should be made by Offender Managers.
- Numbers of ATR commencements were lower than expected. The ATR and its eligibility criteria should be promoted to Pre-Sentence Report (PSR) writers, court staff and sentencers to ensure it is utilised where appropriate.
- Strategic communication within Probation, in relation to the ATR, would be improved through specific training for Offender Managers prior to schemes commencing and regular development updates communicated in person.
- Joint working between Probation and treatment providers was highlighted as an area of particularly good practice in each area. There was frequent and effective liaison between the services and three-way meetings were taking place between Offender Managers, ATR Workers and offenders.

- Overall, attendance rates were good, although some offenders demonstrated low motivation initially and others disengaged from treatment towards the end of their ATR. Informal measures were being taken to maximise engagement before breach proceedings were instigated.
- The ATR introduced offenders to a range of services that could help address the factors linked to their drinking and/or offending behaviour. According to stakeholders, offenders' drinking levels had reduced over the course of their treatment and many had benefitted from improved health, relationships and stability.

4.0 Findings from Assessment and Review Data

Assessment forms were completed by ATR Workers at the start of offenders' treatment and review forms were completed three and six months later. This section will provide a comparison between measures of participants' alcohol use, health and offending recorded at assessment with those taken at the review stages, to assess any changes over time.

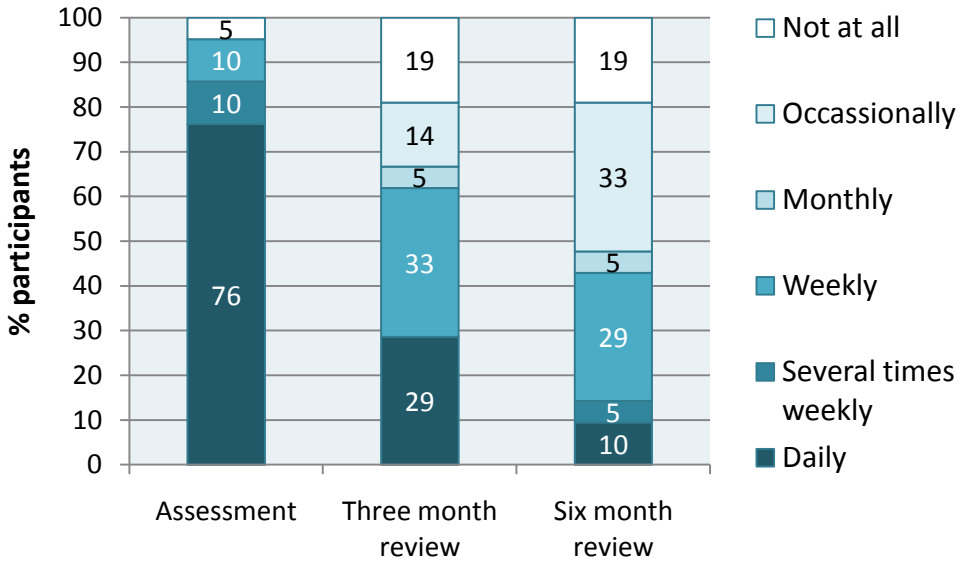
4.1 Measures of Substance Use and Related Behaviour

4.1.1 Drug Use Questionnaire

Drug use questionnaires provided a measure of the frequency with which participants had used alcohol and/or illicit drugs over the four weeks prior to their assessment and reviews.

At the assessment stage, 76% of participants had drank daily during the past four weeks; this proportion had reduced to 29% by the three month review stage and 10% by the six month review stage (Figure 1). Meanwhile, the proportion of participants drinking monthly or less in the past four weeks rose from 5% at assessment to 38% at three month review and 57% at six month review.

Figure 1: Frequency of Alcohol Use



While the majority of participants (76%) didn't report any use of illicit drugs at any stage, small proportions of participants had used cannabis, cocaine, amphetamines, (illicit) benzodiazepines, crack or mephadrone. Nearly half the participants (43%) were being prescribed medication, including antidepressants and benzodiazepines.

4.1.2 Drink Diaries

Participants completed drink diaries over the seven days prior to their assessment and reviews, which provided insight into their weekly drinking patterns.

From the drink diaries, the total number of alcohol units consumed by each participant during the seven days prior to assessment or review was calculated – see Table 6 for median scores at each measurement stage. The total numbers of units consumed fell significantly between the assessment and three month review stage ($z=-2.809$, $p<0.01$), then increased between the three and six month review stages, though the increase seen was not significant. The difference between assessment and six month review was significant ($z=-3.070$, $p<0.01$).

Table 6: Alcohol Units Consumed and Number of Drink-free Days

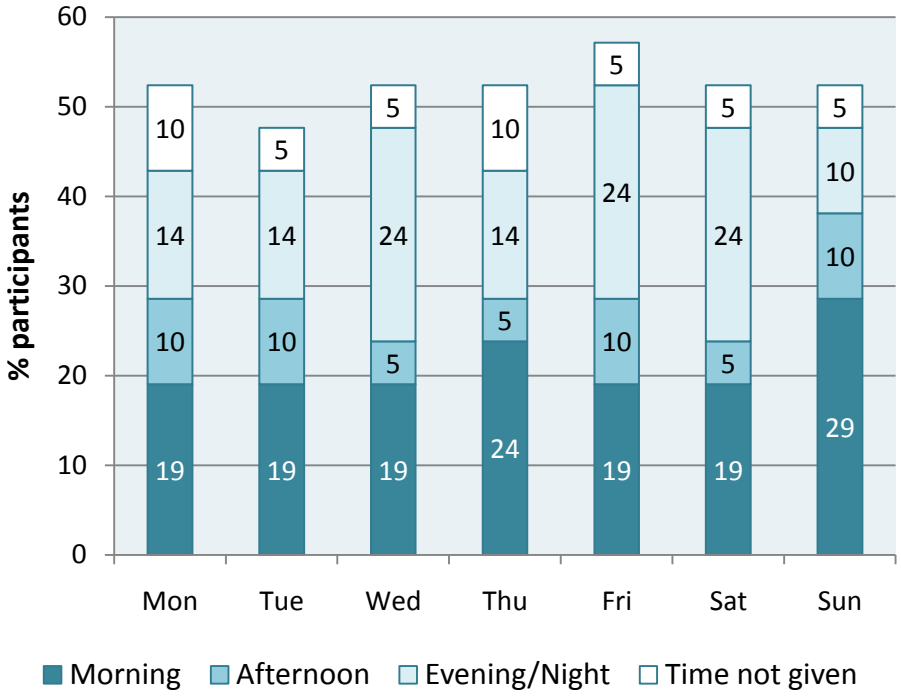
	Assessment	**Three month review**	**Six month review**
Median number of alcohol units consumed in the past seven days	60	8	18
Median number of drink-free days in the past seven days	3	6	6

The NHS recommendations for lower risk drinking state that males should not exceed three to four alcohol units – and females should not exceed two to three units – per day on a regular basis. Whilst the total number of units consumed over seven days reduced substantially over the evaluation period, participants' drink diaries revealed that nine (43%) participants had 'binge' drank (i.e. consumed at least twice their daily recommended alcohol limit in a single drinking session) on at least one of the seven days prior to their six month review.

Also calculated from the drink diaries was the number of days on which each participant had abstained from drinking alcohol during the seven days prior to assessment or review – see Table 6 for median numbers of drink-free days at each measurement stage. There was a significant increase in the numbers of drink-free days between the assessment and three month review ($z=-2.890$, $p<0.01$) and between the assessment and six month review ($z=-2.630$, $p<0.01$). There was no significant difference between the numbers of drink-free days reported at the two review stages. At each measurement stage, several participants had abstained from drinking every day during the prior seven days; 24% at assessment, 29% at three month review and 33% at six month review.

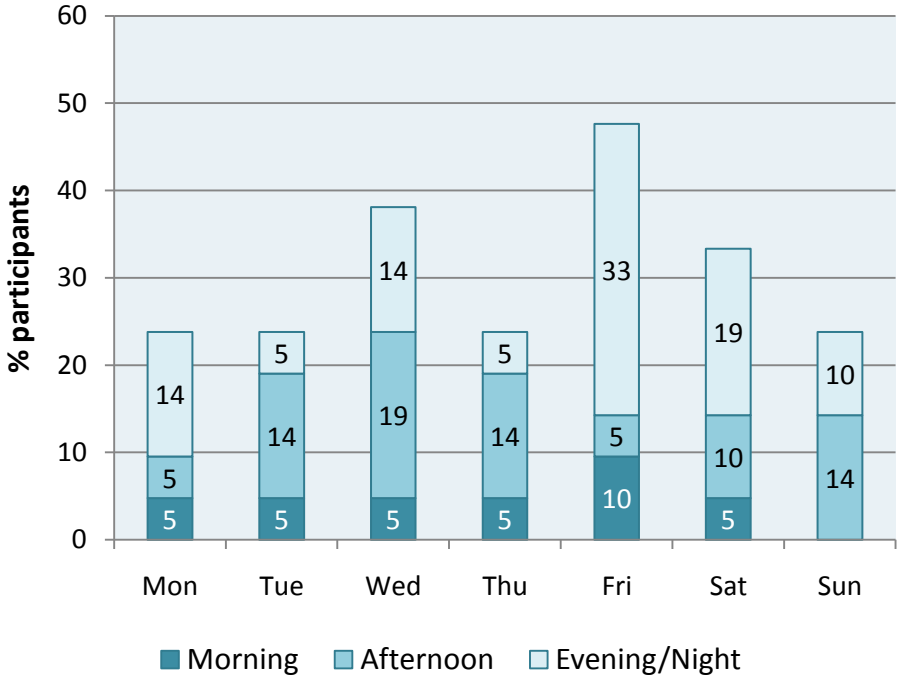
Participants recorded the time at which they began drinking for each day of the week on which they drank. On each of the seven days prior to assessment, around a fifth of participants had began drinking alcohol in the morning (Figure 2).

Figure 2: Drinking Patterns During the Seven Days Prior to Assessment



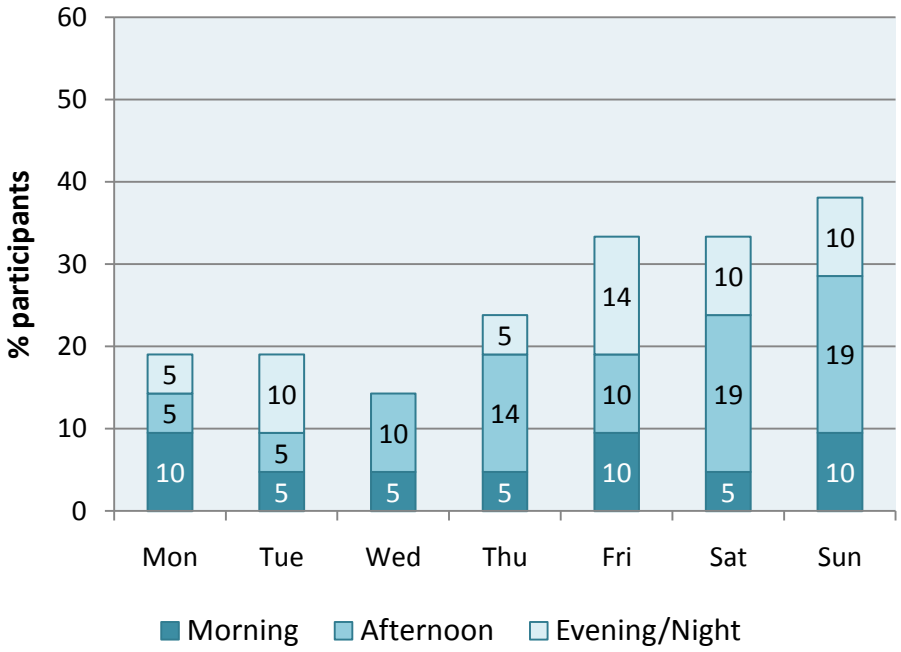
In comparison to the assessment stage, lower proportions of participants had been drinking on each of the seven days prior to their three month review (Figure 3). Drinking in the morning was also less prevalent.

Figure 3: Drinking Patterns During the Seven Days Prior to Three Month Review



Further reductions in drinking were evident from the drink diaries completed in the seven days prior to participants' six month reviews (Figure 4). Fridays, Saturdays and Sundays had become the most popular drinking days, revealing that some participants who had stopped drinking during the week continued to drink at weekends. One or two participants were still drinking in the mornings throughout the week, suggesting these individuals remained alcohol dependent.

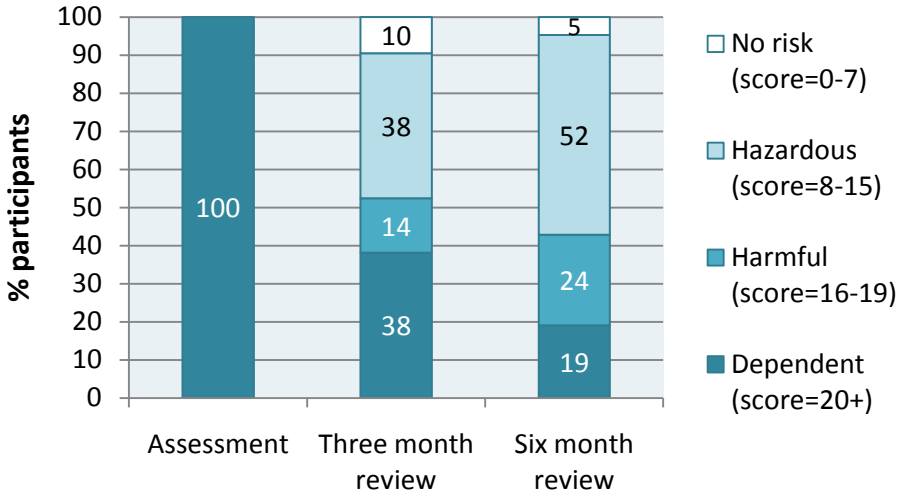
Figure 4: Drinking Patterns During the Seven Days Prior to Six Month Review



4.1.3 AUDIT

All participants' AUDIT scores fell within the 'dependent' range upon assessment (Figure 5). By the three month review stage over a third of participants (38%) were still categorised as 'dependent'. At the six month review stage only a fifth of participants (19%) remained 'dependent', while over a half (52%) were 'hazardous' drinkers.

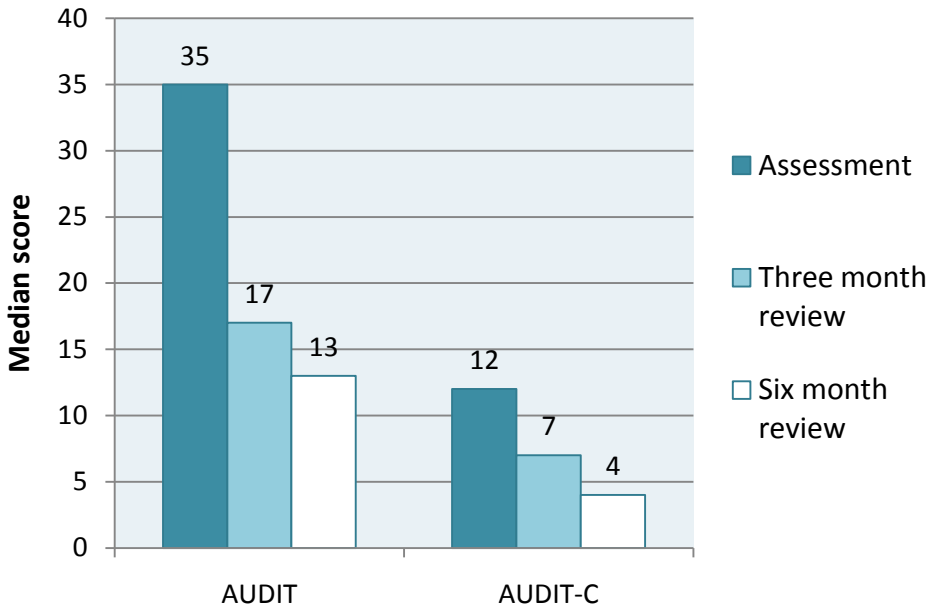
Figure 5: AUDIT Categories



The median AUDIT score decreased over the evaluation period (Figure 6) from 35 at assessment, which lies within the 'dependent' range, to 13 at six month review, which lies within the 'hazardous' range. Differences were significant between scores taken at the assessment and three month review ($z=-4.017$, $p<0.01$) and between the assessment and six month review ($z=-3.922$, $p<0.01$). Differences between the review stages (three and six months) were not significant.

The AUDIT-C is a short version of the AUDIT consisting solely of the AUDIT's first three items which measure current alcohol consumption. It has a maximum score of 12 and is useful in assessing changes in consumption over several months, as it excludes AUDIT questions that refer to drinking behaviour over the past year. Participants' AUDIT-C scores fell significantly between the assessment and three month review ($z=-3.724$, $p<0.01$), the assessment and six month review ($z=-3.931$, $p<0.01$) and the three and six month reviews ($z=-2.120$, $p<0.05$) (Figure 6).

Figure 6: Median AUDIT and AUDIT-C Scores

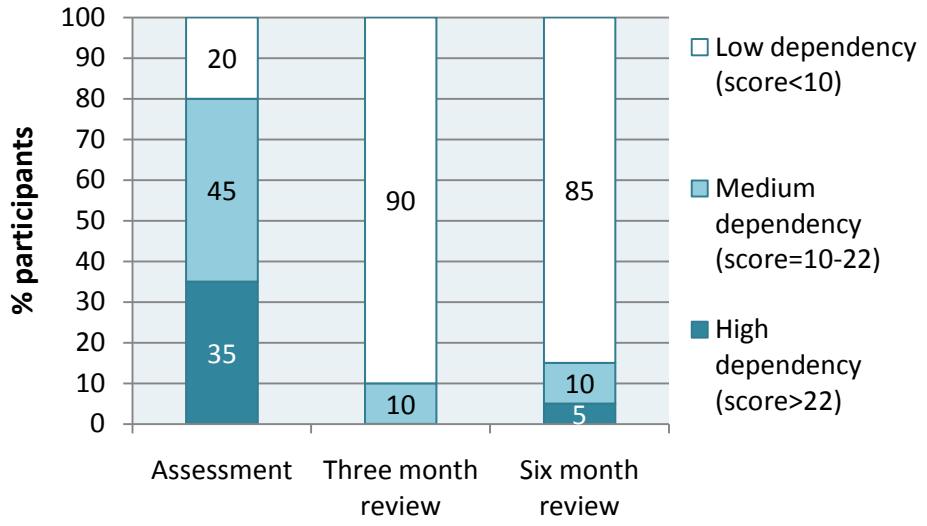


AUDIT and AUDIT-C scores therefore show an overall reduction in alcohol dependency and consumption over the evaluation period.

4.1.4 LDQ

Participants' LDQ scores provided evidence of a reduction in alcohol dependency levels. The findings presented here are inclusive of 20 participants for whom LDQ data were complete at all three measurement stages. The LDQ categorises the level of an individual's alcohol dependency as 'low', 'medium' or 'high'. According to their LDQ scores, 80% of participants had a medium or high level dependency at assessment (Figure 7). This proportion fell to 10% of participants at the three month review stage and rose slightly to 15% at six month review.

Figure 7: Dependence Levels According to LDQ

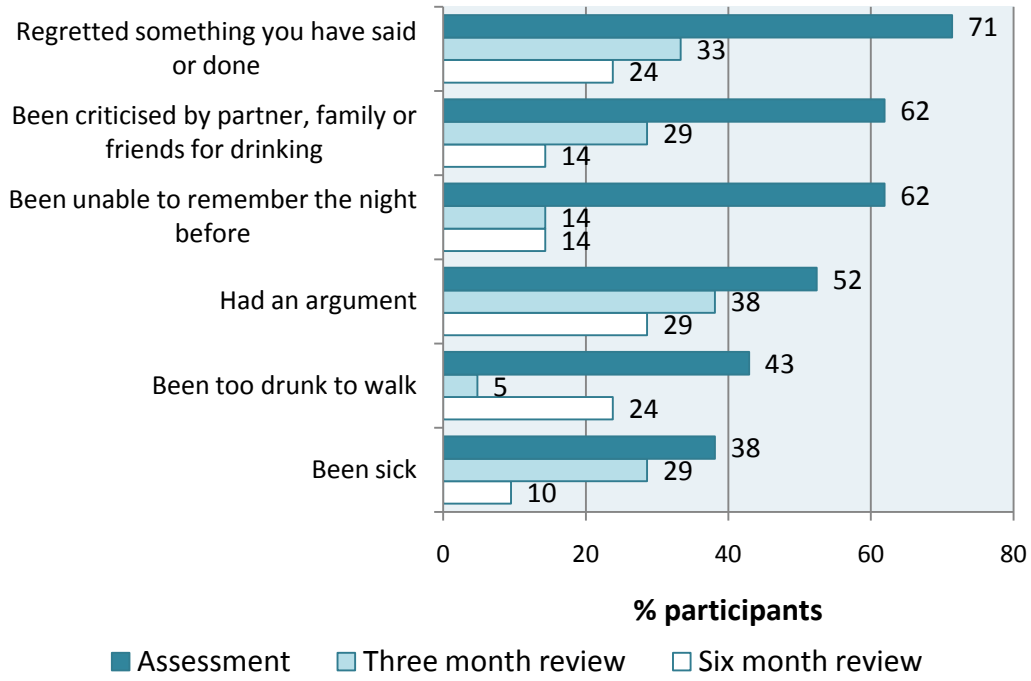


The median LDQ score was 17 at the assessment stage, 4 at the three month stage and 1 at the six month review stage. Differences between the assessment and three month review were significant ($z=-3.523$, $p<0.01$), as were differences between the assessment and six month review ($z=-3.811$, $p<0.01$). Differences were not significant between the three and six month stages.

4.1.5 Behavioural Questionnaire

Participants were asked whether they had been involved in certain negative alcohol-related behaviours or situations during the four weeks prior to their assessment and reviews. At assessment, large proportions of participants had regretted something they had said or done (71%), been criticised by a partner, family member or friend for their drinking (62%) or been unable to remember the night before (62%) (Figure 8 – data are shown for items reported by at least a third of participants at any stage). The proportions of participants reporting being involved in alcohol-related behaviour or situations in the past four weeks decreased substantially over the evaluation period.

Figure 8: Prevalence of Alcohol-Related Behaviours/Situations



The total number of times each participant had been involved in any of these alcohol-related behaviours or situations during the past four weeks decreased significantly between the assessment and three month review ($z=-2.417$ $p<0.05$), and between the assessment and six month review ($z=-3.250$ $p<0.01$). The difference between the two review stages (three and six months) was not significant.

4.2 Measures of Health

4.2.1 TOP

The TOP form contains three self-report scales designed to measure participants' outcomes in relation to their health and quality of life. The scales range from 0=poor to 20=good.

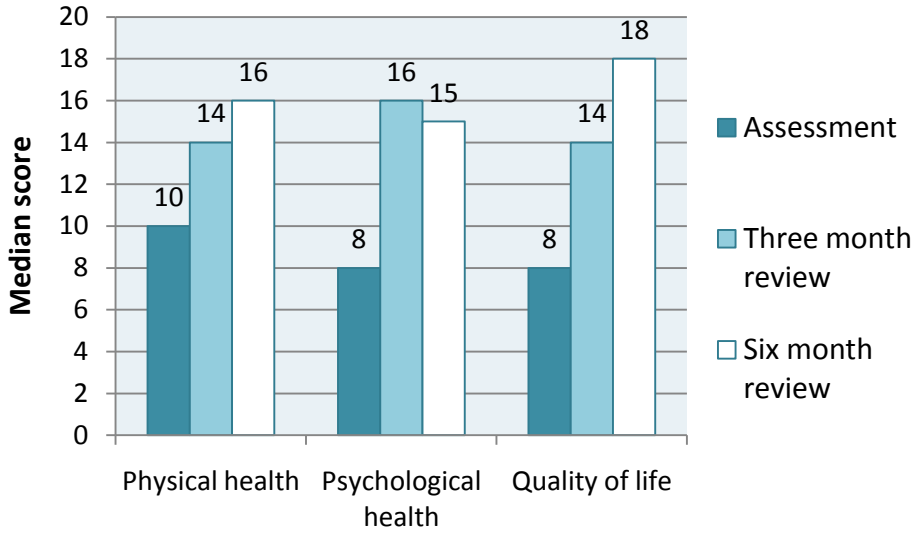
Participants' physical health ratings increased significantly between the assessment and three month review ($z=-2.889$, $p<0.01$) and between the assessment and six month review ($z=-2.111$, $p<0.05$) (Figure 9). The difference between the two review stages (three and six months) was not significant.

Psychological health scores rose significantly between the assessment and three month review ($z=-3.666$, $p<0.01$) and between the assessment and six month review ($z=-2.591$, $p<0.01$) (Figure 9). The difference between the two review stages (three and six months) was not significant.

Quality of life ratings increased significantly between the assessment and three month review ($z=-3.462$, $p<0.01$) and between the assessment and six month review ($z=-2.763$,

p<0.01) (Figure 9). The difference between the two review stages (three and six months) was not significant.

Figure 9: Median Health and Quality of Life Scores



4.2.2 GHQ

GHQ data were scored using the most recent scoring method developed for the scale (Goodchild and Duncan-Jones, 1985), which gives a minimum score of 0 and a maximum score of 12; the higher the score the higher the level of psychiatric morbidity detected. At assessment, the median GHQ score was 8, suggesting the existence of mental health problems among several individuals. This decreased significantly to 2 by the three month review stage and to 1 by the six month stage. Differences in scores were significant between the assessment and three month review (z=-2.797, p<0.01) and between the assessment and six month review (z=-3.271, p<0.01). The difference between the three and six month stages was not significant.

4.3 Completion

Key quantitative outcome measures taken at assessment were compared between two groups of participants: (i) participants for whom a six month review had been completed, and (ii) participants for whom a six month review had not been completed due to poor attendance, breach or custody. There were no significant differences in AUDIT, LDQ, GHQ, TOP or RCQ[TV] scores taken at assessment between the two groups. This indicated that participants who remained engaged in treatment for six months did not have significantly lower or higher levels of alcohol consumption, alcohol dependency, mental health or readiness to change upon assessment, than those who did not reach their six month review. However there was a significant difference in the total number of alcohol units consumed over the seven days prior to assessment between the two groups (z=-2.208, p<0.05);

participants who did not remain engaged for six months had consumed a significantly higher number of alcohol units during the seven days prior to assessment, relative to participants who did remain engaged for six months.

5.0 Additional Data

5.1 Probation Records

5.1.1 Sentencing Outcomes

Between 1st April 2009 and 31st March 2010, 120 offenders were assessed for an ATR in the Lancashire Probation Area (Table 7). Of these, 79 (66%) were sentenced to an ATR. The remaining offenders were given either a custodial sentence (18%), a Community Order without an ATR (10%), a Suspended Sentence Order without an ATR (4%) or were transferred elsewhere before being sentenced (2%).

Table 7: Sentencing Outcomes Following Assessment for an ATR

Area	No. offenders who underwent an ATR suitability assessment	No. offenders given an ATR	No. offenders given a custodial sentence	No. offenders given a Community Order (without an ATR)	No. offenders given a Suspended Sentence Order (without an ATR)	No. offenders transferred before being sentenced
Accrington	26	14	6	3	3	0
Blackburn	14	10	3	1	0	0
Blackpool	29	20	9	0	0	0
Burnley	45	32	3	6	2	2
Nelson	6	3	1	2	0	0
Total	**120**	**79**	**22**	**12**	**5**	**2**

Some of the figures received from Probation and shown in the first two columns of Table 7 differ from figures previously received from the ATR Workers and reported in Section 2.1.1. Differences could be due to various factors, such as offenders receiving treatment from an alternative provider (while in rehabilitation for example) or human error during inputting or manual compilation of data.

5.1.2 Breach Data

Of the 79 offenders sentenced to an ATR between 1st April 2009 and 31st March 2010, nine (11%) breached their order at least once. Breach proceedings were commenced but later withdrawn for a further 18 offenders (23%) (Table 8). One breach usually resulted in the offender's order being modified and a second breach usually meant a new order being given.

Table 8: Breaches by Offenders Sentenced to an ATR

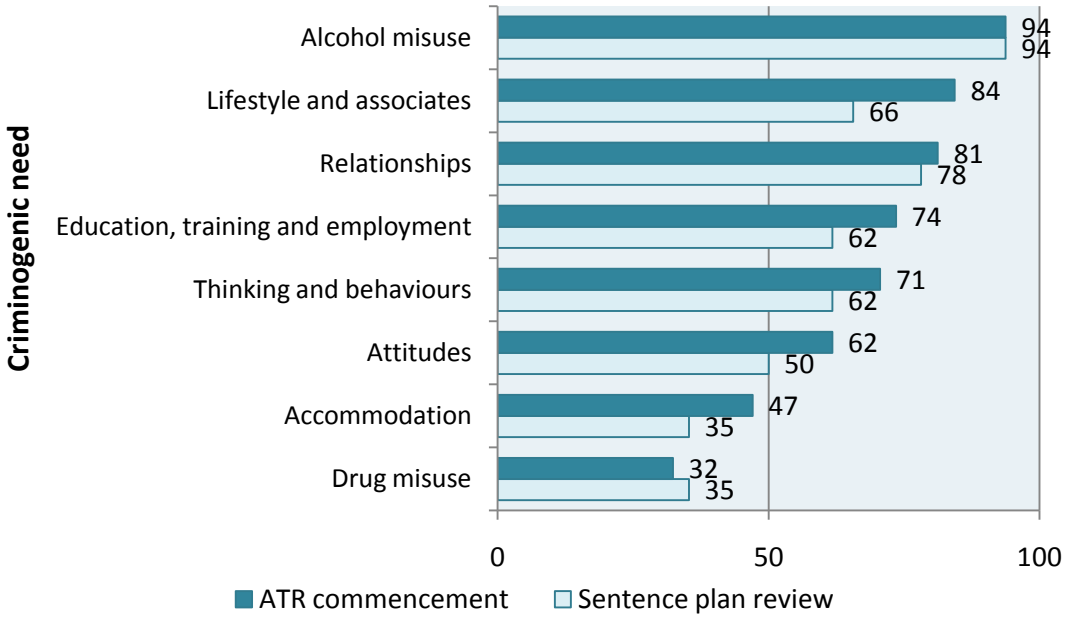
Area	No. offenders sentenced to an ATR	No. offenders where breach proceedings commenced then withdrawn	No. offenders breached successfully once	No. offenders breached successfully twice	No. offenders breached successfully three times
Accrington	14	1	0	1	1
Blackburn	10	1	1	0	0
Blackpool	20	2	3	1	0
Burnley	32	14	2	0	0
Nelson	3	0	0	0	0
Total	**79**	**18**	**6**	**2**	**1**

5.1.3 OASys Data

Comparison of participants' OASys scores taken at the start of their order and during their first sentence plan review revealed significant reductions in scores for six of the eight criminogenic factors: alcohol misuse ($z=-2.841$, $p<0.01$), lifestyle and associates ($z=-3.423$, $p<0.01$), relationships ($z=-2.750$, $p<0.01$), education, training and employment ($z=-2.189$, $p<0.05$), thinking and behaviour ($z=-3.785$, $p<0.01$) and attitudes ($z=-2.032$, $p<0.05$). There were no significant differences between OASys scores for accommodation or drug misuse taken at the two stages.

OASys scores were also used to determine whether or not participants had needs in relation to each criminogenic factor (e.g. an accommodation score of 2 or more indicated that a participant had an accommodation need). High proportions of participants were found to have needs in relation to many of the criminogenic factors at both stages, particularly alcohol misuse, lifestyle and associates and relationships (Figure 10). Therefore while participants' OASys scores decreased significantly during the initial stages of their orders, criminogenic needs remained for many participants at the time of their first sentence plan review.

Figure 10: Proportions of Participants with each Criminogenic Need



5.2 Arrest Data

Police arrest records were obtained for 32 offenders. For 22 (69%) offenders, arrest rates were lower during the six months following commencement of their ATR than during the six months prior to ATR commencement. Meanwhile arrest rates remained the same for six (19%) offenders and increased for four (13%) offenders.

Offenders had been arrested 40 times in total during the six months pre-commencement and 14 times in total during the six months post-commencement. A significant decrease was found between the numbers of arrests pre- and post-commencement ($z=-2.985$, $p<0.01$).

The most common offences for which offenders were arrested were Violence against the Person and Criminal Damage (Table 9).

Table 9: Arrests Pre- and Post-ATR Commencement

Offence Type	No. arrests during six months pre-ATR commencement	No. arrests during six months post-ATR commencement
Violence against the Person	24	5
Criminal Damage	6	3
Burglary	5	0
Theft and Handling Stolen Goods	3	2
Drug Offences	1	1
Other Offences	1	1
Fraud and Forgery	0	2
Total	**40**	**14**

There were no significant correlations between differences in the numbers of times offenders were arrested in the six months pre- and post-ATR commencement and differences in measures of their alcohol use at baseline and six month follow-up, including total numbers of alcohol units consumed and AUDIT-C scores (Figures 11 and 12). While this may suggest no association between changes in offenders' arrest rates and changes in their alcohol use, it must be noted that this analysis was based on a sample of 19 offenders and that the numbers of arrests within the six months pre- and post-commencement were generally low. Looking over a longer period of time, significant correlations may be found.

Figure 11: Relationship between Differences in Arrest Rates and Differences in Total Alcohol Units Consumed

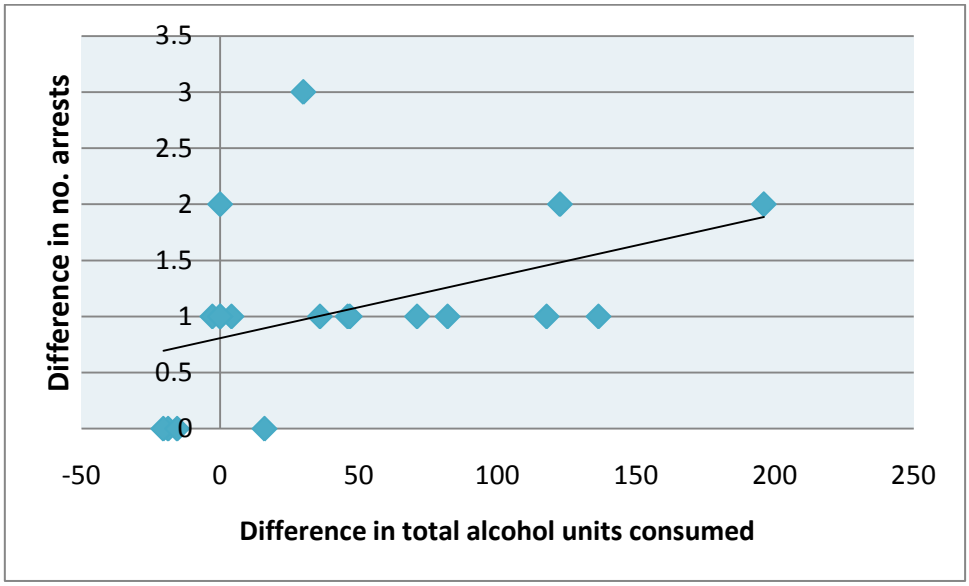
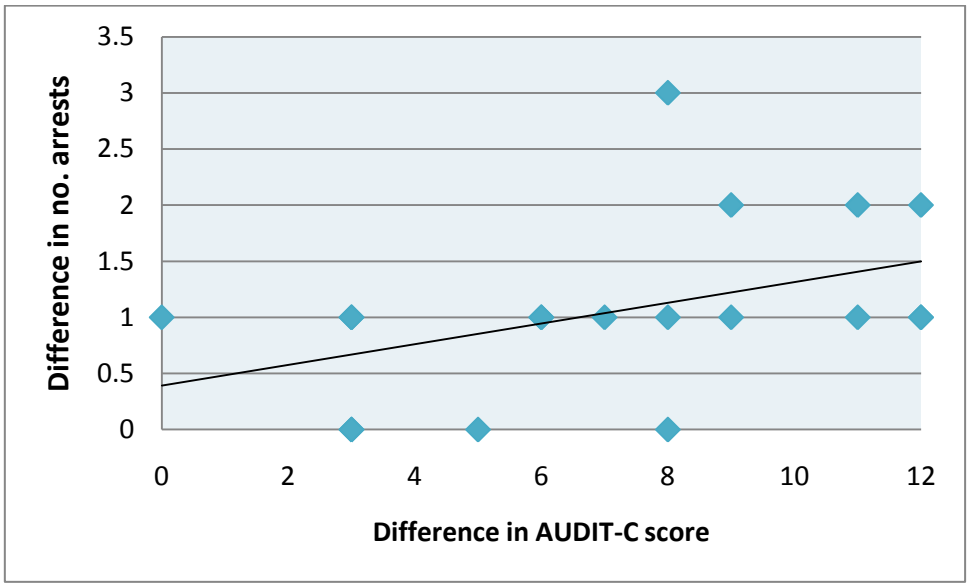


Figure 12: Relationship between Differences in Arrest Rates and Differences in AUDIT-C Scores



5.3 Treatment Data

5.3.1 Assessments and Commencements

Of the 120 offenders assessed for an ATR across all of the areas between 1st April 2009 and 31st March 2010, 100 (83%) were assessed as suitable for an ATR (Table 10). Of these 100, 70 (70%) were sentenced to an ATR and commenced treatment with an ATR Worker. Therefore not all offenders assessed as suitable for an ATR were subsequently sentenced to an ATR in court. It is possible however that some offenders were sentenced to an ATR but commenced treatment with a different treatment provider, due to undergoing detoxification or rehabilitation for example.

Table 10: Assessments and Commencements

Area	No. offenders who underwent an ATR suitability assessment	No. offenders assessed as suitable for an ATR	No. offenders sentenced to an ATR and commenced treatment with an ATR Worker
Accrington, Burnley and Nelson	77	59	43
Blackburn	14	12	7
Blackpool	29	29	20
Total	**120**	**100**	**70**

5.3.2 Discharges and Referrals

Across all areas, 67 (96%) of the 70 offenders who commenced treatment with an ATR Worker between 1st April 2009 and 31st March 2010 were discharged from treatment between 1st April 2009 and 30th September 2010. Of these discharges, 48 (71%) were planned and 19 (28%) were unplanned (Table 11).

In total, ATR Workers made 145 referrals to external services for additional support (Table 11). On average, two referrals were made per offender, although a particularly high number of onward referrals were made per offender by the ATR Worker for Accrington, Burnley and Nelson.

Table 11: Discharges and Referrals

Area	No. offenders discharged (planned)	No. offenders discharged (unplanned)	No. onward referrals made
Accrington, Burnley and Nelson	27	16	135
Blackburn	3	1	3
Blackpool	18	2	7
Total	**48**	**19**	**145**

5.3.3 Attendance

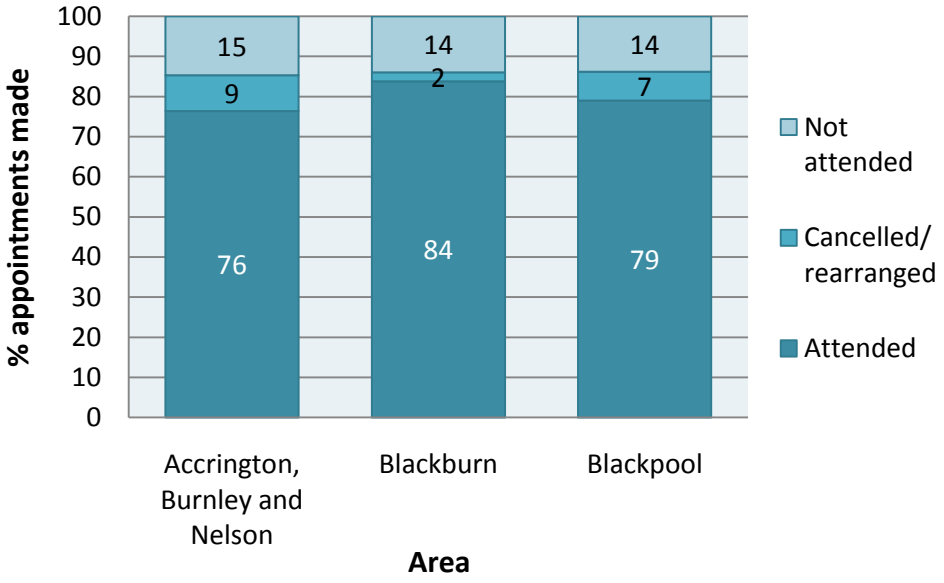
For the 70 offenders who commenced treatment with an ATR Worker between 1st April 2009 and 31st March 2010, ATR Workers provided a summary of attendance records for the period 1st April 2009 to 30th September 2010. The number of appointments made varied between treatment providers which reflected differences in the number of ATR commencements in each area (Table 12). On average across all areas, each offender attended 22 mandatory treatment appointments during the six months following ATR commencement.

Table 12: Attendance to Treatment Appointments

Area	No. offenders sentenced to an ATR and commenced treatment with an ATR Worker	No. appointments attended	Average no. appointments attended per offender
Accrington, Burnley and Nelson	43	1098	26
Blackburn	7	150	21
Blackpool	20	309	16
All areas	**70**	**1557**	**22**

Attendance to mandatory treatment sessions was good overall, with more than three-quarters of appointments made in each area being attended; the attendance rate was particularly high in Blackburn at 84% (Figure 13).

Figure 13: Attendance to Treatment Appointments



6.0 Findings from Follow-up Interviews with Offenders

6.1 Referral Process

Of the offenders who participated in an interview, 38% said they were given an ATR in court within a fortnight of being arrested, however just under a half (48%) waited more than a month to be sentenced. Almost all participants (91%) underwent a comprehensive assessment with an ATR Worker within a week of being sentenced to an ATR.

All participants had received some explanation of their ATR, including the treatment they were required to attend. A better explanation was sometimes given by the treatment provider than by Probation; 86% of participants said their ATR Worker had explained their ATR 'completely' while 67% of participants said their Offender Manager had explained their ATR 'completely'.

6.2 Alcohol Treatment

6.2.1 Treatment Received

All offenders attended one-to-one key working sessions with an ATR Worker, attendance to which was mandatory. In Blackpool, several participants also attended group sessions on a voluntary basis, which were held weekly by the ATR Worker. A few participants in Blackpool and Burnley accessed another local alcohol and drug treatment agency, either for one-to-one or group sessions, detoxification or complementary therapies. Other individuals were being prescribed medication or vitamins by their GP.

6.2.2 Frequency, Length and Location of Treatment Sessions

At the point of their three month follow-up interview, all participants were attending their mandatory one-to-one treatment sessions weekly. By their six month follow-up, 78% of those who remained engaged were still being seen weekly and the remainder had begun attending appointments fortnightly, usually due to them having other commitments, e.g. children or employment. Participants found the frequency of their sessions to be sufficient.

The length of the one-to-one sessions ranged from fifteen minutes to over an hour, depending on what issues needed to be discussed. Participants felt their ATR Worker always gave them enough time.

Treatment sessions were predominantly conducted at Probation offices but sometimes took place at the treatment agencies' premises (particularly in Blackburn). The location of the treatment sessions was convenient for most participants, who travelled to their appointments on foot or via a short bus journey, and the treatment environment was considered suitable and comfortable.

6.2.3 Format and Content of Treatment Sessions

One-to-one treatment sessions were conducted face-to-face in a consultation room. ATR Workers asked their clients how they had been feeling over the past week(s) and would monitor their recent drinking behaviour using a retrospective drink diary. According to a few participants, ATR Workers also took breathalyser readings. Participants received advice and support in relation to: alcohol units and recommended drinking levels, the health impacts of alcohol misuse, reducing and controlling alcohol use and treatment options available. Participants were encouraged to make positive changes and engage in alternative activities to drinking. A few were also offered drug advice.

> *"We talk about how I'm doing, how much I've been drinking and if I have been drinking...work, how my kids are doing, stuff like that, my girlfriend. It's generally about everything, about life really."*
>
> *"…at the end of a session usually we both do a bit of paperwork for about 15 minutes."*

6.2.4 Relationship with ATR Worker

A few participants commented on the relaxed, informal and friendly manner of their ATR Worker, which had made them feel welcomed and at ease. They appreciated the opportunity to talk to someone about their problems and felt able to talk openly and honestly with their ATR Worker. It seems the conversations that took place during treatment sessions were wide-ranging and two-way, as ATR Workers were both good at listening and giving advice. Some participants had their ATR Worker's telephone number in case they required additional support outside of their scheduled appointments. A few explained how they had a stronger relationship with their ATR Worker than their Offender Manager due to the depth of their discussions during treatment sessions.

> *"…he[ATR Worker] does talk to you like a human being, which is really good…and we see eye-to-eye and he listens to me and he's not judgemental, so that helps when you get along with the person you are talking to."*
>
> *"I've got his number, I can ring him whenever I want, he's told me to ring him if I need him for anything."*

ATR Workers remained constant in all areas except Blackburn, where three different individuals had performed the role over the course of the evaluation.

6.2.5 Perceptions of Treatment

Participants considered the alcohol treatment they'd received as part of their ATR to have been relevant to them and believed their ATR Workers were striving to address their specific needs. They benefited in particular from completing drink diaries and talking through their problems.

At both follow-up stages, all participants rated the quality of the service they had received from their treatment provider as 'good' or 'excellent'. Furthermore, all participants were 'very' or 'mostly' satisfied with the service they had received. Several participants attributed their satisfaction with the service to the advice and encouragement provided by their ATR Worker.

The vast majority of participants said they would 'definitely' return to their treatment provider if they were to seek treatment in future (95% at three month follow-up and 89% at six month follow-up). Only one participant said that they would 'definitely not' go back to their treatment provider. All participants said they would recommend their treatment provider to a friend if they were in need of similar help.

> *"The quality of the service to me goes down to [ATR Worker] because he has actually made me realise how I have been in the past with my drink. I can talk to him, he can talk to me."*
>
> *"Very satisfied, in fact sometimes depending on how I'm feeling I actually look forward to going to these meetings."*

Eight participants (38%) had received treatment for alcohol or drug use in the past, which usually consisted of medication from their doctor or attendance to AA meetings. The treatment received as part of the ATR was said to be far more effective in comparison, due to the focus on one-to-one support and the dedication of the treatment providers.

> *"You go to some people, different places, and they wouldn't try and help you at all, not like the ATR Worker, the ATR Worker will help you in every way he can."*

6.3 Probation

6.3.1 Frequency and Length of Probation Sessions

For the first three months of their ATR, two thirds of participants (67%) had attended weekly sessions with their Offender Manager. Fortnightly appointments had been scheduled for most others (19%), while 14% of participants said they had been seen monthly or less. As treatment appointments counted towards the Probation Service National Standards requirement of weekly contact during the first 16 weeks of an ATR, supervision appointments could be scheduled less frequently than weekly.

During the second three months of their ATR, a larger proportion of participants had seen their Offender Manager fortnightly (33%) relative to the first three months. Over a fifth (22%) had attended Probation monthly or less during this latter period. Appointments had therefore become less frequent as the order progressed. Probation sessions usually lasted 15-30 minutes, which was felt to be sufficient.

6.3.2 Format and Content of Probation Sessions

Probation sessions were one-to-one and consisted mostly of talking and completing paperwork and were generally informal. Offender Managers would ask the participants how they had been and what they had been doing since they had last seen them. They would ask them whether they had been in any trouble with the Police and discuss the factors surrounding their offending, including their family, relationships, housing, benefits and day to day activities. Participants' drinking behaviour would be examined briefly but this was usually left to the ATR Worker to address in greater depth. However there did appear to be some overlap between the content of the Probation and treatment sessions, a finding previously drawn from interviews with stakeholders.

> *"It's just a chat you know, he asks me how I am, it's just a nice friendly conversation really".*
>
> *"He just asks me as well about my drinking and stuff and if I have been out of trouble and things so, really the same sort of things I talk to the ATR Worker about."*

6.3.3 Relationship with Offender Manager

Participants' accounts of their relationships with Probation were mixed; some felt very comfortable talking to their Offender Managers about a range of issues, while other participants either attended Probation infrequently or couldn't relate to their Offender Manager. Reference was also made to Offender Managers' age and gender; it seemed these characteristics could impact upon the relationships formed.

> *"I tell her everything because she's really easy to open up to, because she doesn't judge or anything like that, she's really good and she's only young as well like, she's not much older than me."*
>
> *"It's been good yes, but I find it harder to talk to her about some things, I don't know, it's probably because she's a lady, it seems comfier with [ATR Worker]."*

6.4 Joint Working

Three-way meetings were sometimes held between a participant, their Offender Manager and ATR Worker so that they could discuss progress and any issues together. In other cases, Probation and treatment appointments were scheduled one after the other at the Probation office. Participants believed their Offender Manager and ATR Worker liaised regularly with regards to their case and were aware that information they shared with one professional would usually be communicated to the other.

> *"I always see one before the other. I've gone to see one and gone to the other and they have always mentioned what I've said...I know I can't lie to them…I am very aware that they communicate to each other."*

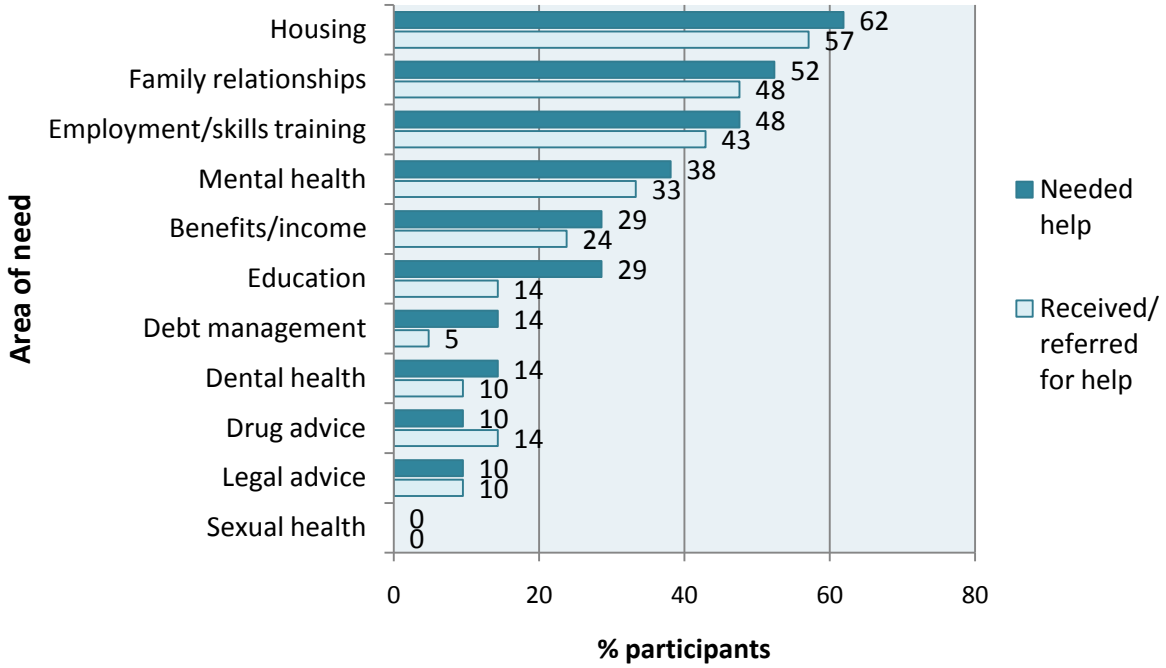
6.5 Needs Addressed

As part of the assessment process, ATR Workers and Offender Managers identified participants' needs, which were often wide-ranging and related to their alcohol use. Individuals were offered the relevant help and advice and were referred to external agencies for specialised assistance when necessary. Support was provided in the following areas:

- Health – many participants underwent blood screening and/or liver function tests and a few had been referred for counselling
- Housing – several participants were referred to housing associations or local authorities
- Employment and education – volunteering opportunities were sought and contact was made with colleges, government programmes and charities
- Families and relationships – participants appreciated the interest shown in their families and the help they received with their children
- Finance – help with benefits was given
- Law – a small number were referred for professional legal advice.

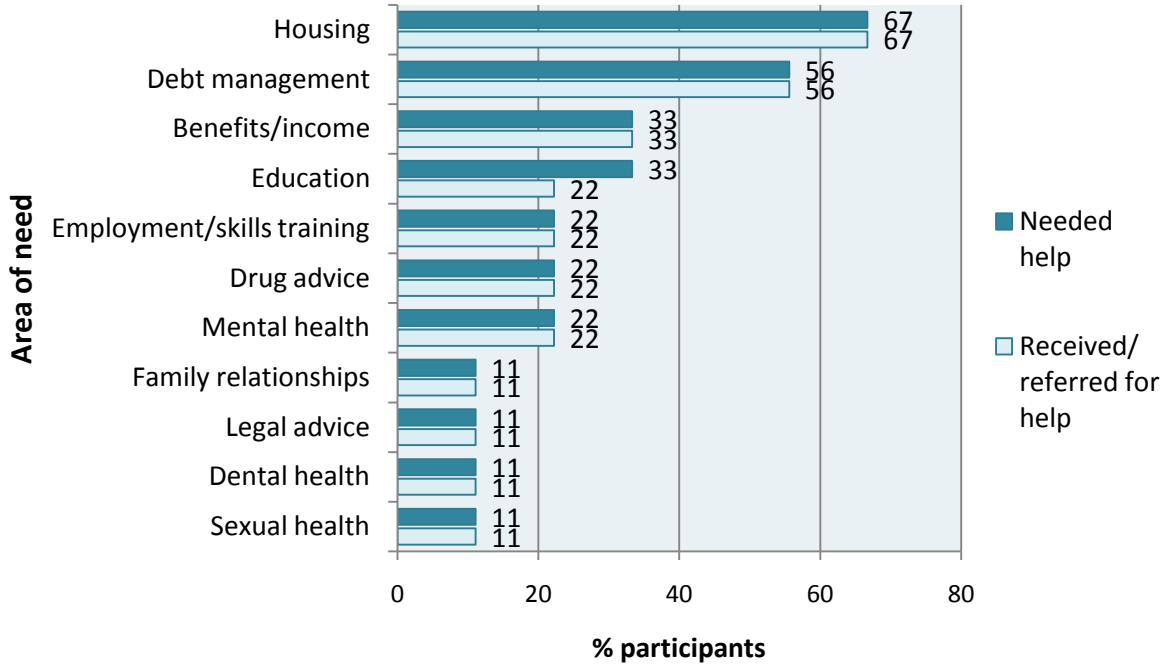
Substantial proportions of participants said they required help with housing (62%), family relationships (52%), employment/skills training (48%) and mental health (38%) during the first three months of their ATR. Figure 14 shows that for most areas of need, a slightly higher proportion of participants stated that they required help relative to the proportion who said they received help or were referred for help. However a few participants said they preferred to seek help for their problems themselves and didn't consider their personal issues relevant to the ATR.

Figure 14: Levels of Need Compared to Levels of Help Provided During the First Three Months of Participants' ATRs



Housing remained the largest issue for participants during the second three months of their ATR, financial difficulties were also prevalent (Figure 15). All participants who could be followed up at the six month stage reported receiving help and/or being referred for help with their needs.

Figure 15: Levels of Need Compared to Levels of Help Provided During the Second Three Months of Participants' ATRs



When asked to what extent their needs had been met by the ATR, 95% of participants at the three month stage and all participants at six month stage felt that 'almost all' or 'most' of their needs had been met.

Around two-thirds of participants felt that treatment had helped them 'a great deal' to manage their problems more effectively (62% at three month follow-up and 67% at six month follow-up). The remainder said they had been helped 'somewhat'.

> *"I've had quite a lot of problems in the past three months nearly, with my flat...so he [ATR Worker] was onto the Council for me, he has helped me so much in that respect."*
>
> *"I think I cope with my problems a lot better now, a lot calmer"*

6.6 Outcomes

6.6.1 Alcohol Use

Numerous participants reported drinking heavily on a daily basis prior to starting their ATR. Overall, participants felt that their alcohol consumption levels had reduced over the course of their treatment and some had abstained from drinking for periods of time. Methods adopted by participants to reduce and control their alcohol use included starting drinking later in the day, drinking at a slower pace and finding activities to distract them from their temptations to drink. However relapses were fairly common and despite having reduced

their alcohol intake somewhat since starting treatment, a few participants continued to drink alcohol at levels above the recommended intake.

> *"I used to be drinking every single day but now I've been seeing him [ATR Worker], it's like he's getting me to do other things rather than me thinking straight away, I need a drink."*
>
> *"I was drinking vodka and I was drinking quite a lot of it and he [ATR Worker] said to me, try drinking later on and try getting a few cans…it has worked…if I do go out I will only have a small bottle of vodka and then I will have pints…I'm not going to stop drinking altogether, I've always liked my Fridays."*

In some cases, changes in participants' circumstances had a positive impact on their drinking patterns. This suggests the ATR alone was not always responsible for improvements in individuals' drinking behaviour, although treatment providers had often been instrumental in bringing about such improvements in circumstances.

> *"I haven't really even thought about drinking, if I wasn't back with my family I probably would."*
>
> *"I just go during the week, have a couple of pints with my mates and then go back home. Since I've got my own place, I've not got the money for drinking all the time."*

6.6.2 Learning and Attitude Change

From their one-to-one treatment sessions, participants had learned about alcohol units, sensible drinking and the damage alcohol can do to health. Before entering treatment, some participants had been concerned about the impact of their excessive drinking but others had not been aware of any negative consequences at the time and had believed their drinking behaviour to be normal. Clear changes were apparent in participants' attitudes towards alcohol and the lifestyles they had previously led, as they became more aware of the negative impacts their drinking had had upon various aspects of their life, including their health, family and finances.

> *"[ATR Worker] told me drink does make you depressed…when you get depressed you just seem to drink more and try to forget all about it but it doesn't work that way, you still wake up with the same problem, and this is what [ATR Worker] has drummed into my head."*
>
> *"I didn't know what it was doing to my life…[ATR Worker] sat me down, talked me through all my stuff you know, it just all sunk in what it was doing, just destroying me really."*

6.6.3 Offending

Participants' offending histories commonly consisted of assault, drink driving, drunk and disorderly, criminal damage and/or burglary. Offences were often of a violent nature, which concords with the criteria used in Lancashire to assess an offenders' suitability for an ATR. Participants believed their offending would cease following a reduction in their alcohol use,

as they usually committed crime when under the influence of alcohol. Several participants said they wished not to re-offend.

> *"I took his advice and cut down on drinking so I'm not getting into trouble now…I just don't want to get in trouble again."*

Four of the participants interviewed at three month follow-up (19%) admitted to offending on one occasion during the first three months of their ATR. No offences were reported by participants in the second three months of treatment.

6.6.4 Health

Participants suffered a range of physical and mental health problems relating to their alcohol misuse, including: problems with their liver/kidney/pancreas, difficulties sleeping, poor diet and depression. A small number mentioned previously contemplating suicide. While some chronic conditions and health concerns remained, participants had noticed improvements in their health as a consequence of drinking less alcohol. Several participants said they were eating more healthily and had gained weight, whereas previously they had under-eaten due to their pre-occupation with alcohol. Sleep patterns had become more regular and participants were generally feeling fitter and more motivated, with clearer thinking and increased self-esteem.

> *"I wasn't eating because alcohol was my food…you go without food for four days…or if you are hungry you open a can, but now I am eating regularly at lunch time you see, I have a right appetite on me."*

6.6.5 Relationships

Many participants gave accounts of their relationships with their families, partners and friends and explained how since reducing their alcohol intake, these relationships had improved markedly. Participants were communicating better with their significant others, even those with whom they had previously lost contact due to arguments relating to their drinking behaviour. Participants felt they had learned to control their temper and made an association between their aggressive/violent behaviour and their drinking.

> *"I was barely speaking with my daughter at the time, we'd fallen out but we're back talking again. I missed my grandkids so I apologised."*
>
> *"I just thought everyone was getting on my case so that's why I kept attacking them all and that's why I was falling out with everyone. When I've been off the drink, I've realised it was the drink that was causing all that trouble because I get on a lot better with everyone now."*

In some cases, participants had deliberately stopped socialising with their old drinking acquaintances in attempt to avoid the temptation to drink and to enable them to focus on

other elements of their lives. This led to participants spending more time with family members or friends who didn't have an alcohol problem, or to spending more time alone.

> *"Friends that used to come round to my flat every morning, I don't see them anymore, I don't want to see them anymore you know, they are still doing what they want to do and I'm just doing what I want to do now, they are still drinking 24/7, I don't want to be like them anymore."*

6.6.6 Accommodation

Participants appreciated the help they had received from their treatment provider and Probation in obtaining suitable accommodation but six months after being sentenced to an ATR, several individuals were still experiencing housing problems.

6.6.7 Employment and Finances

While a few participants were actively seeking employment or training, others were experiencing barriers to employment, such as their age, ill-health or criminal record. Several participants had financial difficulties as a result of their expenditure on alcohol or due to losing their job as a consequence of drinking. However, a few participants felt more in control of their finances and were saving money since buying less alcohol.

6.7 Completion

Most participants had missed one or two mandatory appointments due to various reasons such as illness, forgetfulness or having conflicting responsibilities. ATR Workers and Offender Managers were said to be understanding about non-attendances, particularly if a valid reason and proof (e.g. a sick note) was provided. Missed appointments were re-scheduled and warnings were given to those whose attendance was poor. Home visits were occasionally made when necessary to keep offenders engaged. A small number of participants said that they had had appointments cancelled by their ATR Worker due to appointments being double-booked, which may reflect the ATR Workers' heavy caseloads.

> *"I did actually get arrested, with Probation Service threatening me that if I miss again they are going to take me back to court."*
>
> *"I rang him about half hour before to say I couldn't make the appointment and we arranged for him to come to the house instead."*

All participants were fully aware of the consequences of not attending their mandatory appointments; they would be returned to court following breach of their order and most likely given a custodial sentence. Such consequences were clearly explained to participants in court and/or at the beginning of their ATR by their Offender Manager and ATR Worker. Participants were instructed to contact Probation or their treatment provider if they knew they were likely to miss an appointment, in order to avoid being breached.

Participants felt confident that they would successfully complete their ATR. Their knowledge of the consequences of breach was a strong deterrent but also participants were proud of the progress they had made and were determined to continue to make positive changes to their lifestyles. Several said they had enjoyed attending their mandatory sessions and appreciated the support they had received as part of their ATR, which had helped to change their perspective on their drinking and offending behaviour.

> *"Well for one it's helping me, and it's a court order anyway so if I break that I'd go back to court and I don't want to do that. Not only that I will let [ATR Worker] down and I will let [Offender Manager] down because they are helping me as well."*

6.8 Treatment Exit

Several participants interviewed after six months in treatment felt that the final months of their ATR were more effective than the initial months, as the positive changes in their alcohol consumption and wellbeing were more prominent towards the end of their ATR.

> *"…the longer you keep it up, the more positive you are thinking and your mind, your attitude changes for the better, so it takes time to realise the benefits."*

ATR Workers made it clear to participants that beyond completion of their ATR, they could continue to attend one-to-one or group sessions on a voluntary basis, either with the ATR Worker or with an alternative local alcohol treatment provider. Several participants planned to remain engaged in treatment or re-contact their ATR Worker in future if they felt it necessary. A smaller number said they did not require ongoing treatment and would continue to address their problems alone, or with the support of their family and/or Offender Manager.

> *"…like [ATR Worker] said to me, once my time is up with him, it's on my own back. I can still go to the meetings on a Friday you know, and believe you me if I ever did get down then I would be on the phone first thing to [ATR Worker]."*

Overall, participants were feeling optimistic about their future and confident in their ability to continue to control their alcohol use. They recognised the benefits of not drinking excessively and were determined not return to their old drinking patterns; health and family were key motivators for many. However they also highlighted barriers to achieving their longer term goals, relating to employment for example.

> *"It's something I don't really want to get back into, do you know what I mean, I just can't see the point in sitting there every day and getting drunk. It's opened my eyes, it's like a wake-up call for me, I don't want to do it again."*

7.0 Conclusions and Recommendations

7.1 Delivery Process

7.1.1 Sentencing

The assessment and sentencing process took more than a month for almost half of the offenders but treatment began promptly once an offender had been sentenced to an ATR.

Referrals made to the alcohol treatment providers for ATR suitability assessments were generally appropriate, although a substantial proportion of offenders referred to the ATR Worker for Accrington, Burnley and Nelson were not assessed as suitable for an ATR.

A number of offenders who had been assessed as suitable for an ATR by an alcohol treatment provider were not subsequently sentenced to an ATR in court. The substantial proportion of offenders who were instead given a custodial sentence brings into question whether the ATR was being utilised as an alternative to prison as intended. Perhaps for those sentenced to custody, a community sentence was not considered appropriate but then it is unclear why these individuals were referred for an ATR assessment. **Recommendation:** The reasons why offenders assessed as suitable for an ATR were given an alternative sentence should be examined to ensure it is being fully utilised as a sentencing option.

7.1.2 Breach

While the majority of offenders felt they had been made fully aware of the requirements of their order, many required greater explanation, particularly from their Offender Managers. Furthermore, although participants believed the consequences of them missing mandatory appointments and breaching their ATR would include a custodial sentence, they were in fact more likely to have their breach withdrawn, their order modified or be given a new order – even if they were to be breached more than once. **Recommendation:** Offender Managers must fully explain to offenders the requirements of their ATR from the start of their order, including what the alcohol treatment will entail. Offenders also need clarity from their Offender Managers and ATR Workers on the consequences of breach; if failure to attend mandatory appointments does not necessarily result in a custodial sentence, this should not be communicated to offenders as it may result in a lack of re-engagement from clients as they believe that missing an appointment will result in them going to prison.

7.1.3 Service Provision

Probation and mandatory treatment appointments were scheduled on a weekly or fortnightly basis and became less frequent as offenders' orders progressed. Attendance to these appointments was good overall.

Through one-to-one discussions with participants, Offender Managers and ATR Workers examined the factors relating to their offending and provided support where necessary. ATR Workers closely monitored participants' alcohol use, imparted advice and encouraged participants to take steps to reduce their alcohol use. The roles of Offender Managers and ATR Workers often overlapped, a finding also drawn from the stakeholder interviews. As highlighted in the interim report, ATR Workers often took on responsibilities that were outside of their remit, which contributed to their large workloads. **Recommendation:** Referrals to services to address non-alcohol or drug specific issues should be made by Offender Managers to enable ATR Workers to focus on providing treatment for the substance misuse problems.

Good relationships had formed between participants and their ATR Workers. Participants often felt their relationships with their Offender Managers were not so strong, due to them having less frequent contact and less in-depth discussion with them. **Recommendation:** Although supervision appointments may be scheduled less than weekly while offenders are attending treatment sessions, in line with National Standards, offenders may benefit from more contact with their Offender Managers or an increase in the amount of time per session, where resources allow.

Participants perceived there to have been close communication between their Offender Managers and their ATR Workers, and recalled taking part in three-way meetings to discuss their progress. **Recommendation:** The joint working seen here between staff delivering the ATR is an example of good practice which should be emulated in future schemes.

7.1.4 Offender Needs

Participants had a range of needs relating to their alcohol use and offending, which were addressed during treatment and Probation sessions. Additional support was sought via referrals to various external agencies. Participants reported high levels of satisfaction with the treatment they had received and felt that most of their needs had been met by the ATR. OASys scores showed their criminogenic needs to have lessened between commencement of their ATR and their first sentence plan review. However, many individuals required ongoing support with accommodation, financial, employment and behavioural issues. **Recommendation:** Future schemes should continue to place emphasis on addressing factors relating to individuals' alcohol use and offending, and strive to remove the barriers to them obtaining suitable housing and employment.

7.1.5 Completion

Overall, participants felt confident about completing their ATR and were determined to make positive changes to their lives. Offenders were offered referrals on to other local treatment providers beyond completion of their ATR. Several participants planned to remain engaged in treatment with their ATR Worker on a voluntary basis; this could put

strain on ATR Workers' caseloads and reduce the time they have available to dedicate to other offenders. **Recommendation**: If treatment providers intend to continue providing services for their clients post-ATR they will need to review their capacity to accommodate them and make the necessary staffing arrangements. Delivering group sessions (such as those run by the treatment provider in Blackpool) would be one way to keep their clients engaged while minimising the additional resources required.

Aftercare arrangements were not made for some other offenders who wished not to continue engaging with treatment services, some of whom disengaged shortly before the end of their ATR. Many participants were found to have ongoing needs at the point of ATR completion and offenders leaving the schemes without any form of aftercare in place are at risk of relapse. **Recommendation:** It is necessary to have a robust exit strategy in place which provides offenders with a number of aftercare options, in order to ensure the improvements seen in offenders' behaviours, attitudes and circumstances are maintained long-term.

7.2 Outcomes

7.2.1 Alcohol Use

Participants' drink diaries and AUDIT, AUDIT-C and LDQ scores revealed significant reductions in their levels of alcohol consumption and dependency, and the frequency with which they drank, particularly during the first three months of their ATR. Behavioural questionnaires showed significant reductions in incidents of negative alcohol-related behaviour. Positive changes in participants' attitudes towards alcohol were also apparent, as they became more aware of the impacts of their drinking behaviour on themselves and others. However despite improvements in drinking behaviour, many participants were still drinking more than the recommended daily limits after six months in treatment.

Participants also reported reductions in their alcohol consumption during follow-up interviews. Some had used strategies learnt through the ATR to control their alcohol intake while others attributed reductions to positive changes in their circumstances. Therefore tackling offenders' needs around housing or employment, for example, may be as critical in producing long-term outcomes as directly addressing their alcohol use. If so, offenders' ongoing needs may have prevented further significant reductions in their alcohol use during the latter months of their ATR. This again highlights the importance of addressing the various factors that play a role in offenders' drinking behaviour and ensuring offenders are directed on to aftercare services that will continue to assist offenders in improving their circumstances.

Another explanation for reductions in participants' alcohol use being less substantial during the latter months of their treatment could be that by this stage, participants had reduced their alcohol consumption to levels comparable to the general population. According to

synthetic estimates for the North West of England, 22.1% of the population aged 16 years and over engage in 'increasing risk drinking' (defined as consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females). The median number of alcohol units consumed by participants in the seven days prior to their six month review was 18; below the criteria for 'increasing risk drinking' for males. Therefore it may be unreasonable to expect offenders to have reduced their alcohol intake below the levels seen after six months in treatment.

7.2.2 Offending

Participants made an association between their alcohol use and their offending and expressed a desire not to re-offend. Police arrest records showed the number of times offenders were arrested to be less in the six months post-ATR commencement, relative to the six months prior to ATR commencement. This is a positive finding, although arrest rates remained unchanged for some offenders and actually increased for a few others.

It was apparent from the arrest data that offenders had been arrested on numerous occasions outside of the timescales examined for this evaluation. Relatively few arrests could be incorporated into the analysis for the comparison of arrest rates in the six months pre- and post-ATR commencement. **Recommendation:** It is necessary to examine arrest data over a much longer period of time in order to suitably compare rates pre- and post-intervention.

7.2.3 Health

Participants noted improvements in their health since reducing their alcohol intake, although a range of health problems remained. Participants' GHQ and self-rating scores indicated they were feeling better physically and mentally, and more satisfied with their circumstances, just three months into their ATR. **Recommendation:** It is important that services for general health and wellbeing remain accessible to offenders once they have completed their ATR, so that health improvements can be sustained and ongoing problems continue to be addressed, rather than the health improvements seen being a short-term by-product of the ATR.

7.2.4 Relationships

Participants felt their relationships with family members, partners and friends had improved, as they felt better able to communicate effectively with others since addressing their alcohol use. Changes in participants' drinking behaviour often resulted in changes in their social networks, with some participants spending more time alone as a result of avoiding old drinking acquaintances. **Recommendation:** Staff delivering the ATR need to consider the social support available to offenders and offer opportunities to expand their social networks if necessary, in attempt to prevent offenders from becoming isolated.

7.3 Limitations of Findings

The number of offenders available for the evaluation was fewer than anticipated, partly due to poor initial engagement by some offenders and ATR Workers having limited time for administration, which meant the necessary paperwork could not be obtained. Outcomes for the group of offenders who were sentenced to an ATR but did not participate in the evaluation remain unknown. Therefore caution must be taken when generalising these findings to a wider population of offenders.

Follow-up data could not be obtained for some participants who disengaged from treatment before completing their ATR. However, key quantitative measures taken at assessment showed the drinking profiles of participants for whom a six month review couldn't be obtained were not dissimilar to the profiles of participants for whom a six month review could be obtained.

In addition, due to the lack of a control group for comparison (offenders sentenced with similar profiles but who were not given an ATR) it is not possible to conclusively attribute the undoubtedly positive outcomes reported solely to the scheme. The role of involvement with the criminal justice system (regardless of ATR provision) as an influence on behaviour cannot be discounted.

7.4 Overall Conclusion

This evaluation provides some evidence for the effectiveness for this relatively new approach to tackling crime by referring alcohol dependent offenders into structured alcohol treatment. There were positive outcomes for offenders who participated in the evaluation, including reductions in alcohol consumption and dependency, changes in attitudes towards excessive drinking, and improved health and relationships. Participants were satisfied with the treatment they had received as part of their ATR and had formed good relationships with their ATR Workers, who strived to address their various needs.

Conclusions drawn here are based on outcomes apparent during the six months post-sentence, during which time offenders were still on their ATR. Outcome data for these offenders should be re-examined in future to provide a comparison of alcohol use, health and offending over a longer time period, in order to determine the longer-term effectiveness of the ATR in producing positive outcomes.

8.0 References

Cabinet Office (2003) *Interim Analytical Report. Strategy Unit Alcohol Harm Reduction Project.* London: Cabinet Office.

Department of Health, Home Office, Department for Education and Skills and Department for Culture, Media and Sport (2007) Safe. Sensible. Social. *The Next Steps in the Alcohol Strategy*. London: Stationery Office.

Goodchild, M.E. & Duncan-Jones, P. (1985) Chronicity and the General Health Questionnaire. *British Journal of Psychiatry* 146, 55-61.

Heather, N., Luce, A., Peck, D., Dunbar, B. & James, I. (1999) Development of a treatment version of the readiness to change questionnaire. *Addiction Research* 7, 63-83.

Leontaridi, R. (2003) *Alcohol misuse: how much does it cost?* London: Cabinet Office, 2003. Available at: www.strategy.gov.uk/files/pdf/econ.pdf.

Ministry of Justice (2007) *National Standards for the Management of Offenders: Standards and Implementation Guidance 2007*. London: Ministry of Justice.

Mossa, H. B., Chiung, M. & Chenb, H. Y. (2007) *Subtypes of alcohol dependence in a nationally representative sample.* National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD 20892, USA.

NFER-Nelson (1992) *General Health Questionnaire (GHQ-12)*. Windsor, UK.

North West Public Health Observatory (2009) *Health Profiler: North West of England*. Available at: http://www.nwph.info/healthprofiler/.

North West Public Health Observatory (2009) *Local Alcohol Profiles for England.* Available at: http://www.nwph.net/alcohol/lape/.

NTA (2006) *Review of the Effectiveness of Treatment for Alcohol Problems.* Available at: http://www.nta.nhs.uk/publications/documents/nta_review_of_the_effectiveness_of_treatment_for_alcohol_problems_fullreport_2006_alcohol2.pdf.

Office for National Statistics (2007) *General Household Survey 2007: Smoking and drinks among adults*, London: Stationery Office.

Raistrick, D., Bradshaw, J., Tober, G., Weiner, J., Allison, J., & Healy, C. (1994) Development of the Leeds Dependency Questionnaire (LDQ): a questionnaire to measure alcohol and opiate dependence in the context of a treatment evaluation package. *Addiction* 89, 563–57.

Saunders, J. B., Aasland, O. G., Babor T. F., de la Fuente, J.R. & Grant, M. (1993) Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO

Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption-II. *Addiction* 88 (6), 791-804.

Walker, A., Kershaw, C. & Nicholas, S. (2006) *Crime in England and Wales 2005/06*. Home Office Statistical Bulletin 12/06, available at: http://www.homeoffice.gov.uk/rds/pdfs07/hosb1107.pdf.