

Summary of Probation Service comments in response to National Alcohol Harm Reduction Strategy

General

- Welcome the development of a national alcohol strategy but money needs to be available to support its implementation.
- The work on alcohol needs to link in with other relevant Government agendas- e.g. social exclusion, neighbourhood renewal and Supporting People.

Introduction

- The probation service should be included in the list of organisations that tackle alcohol related harm.

The principles that should underpin the strategy

1. There is a substantial body of research linking alcohol misuse with crime, particularly violent crime, including domestic violence, and it is also associated with anti-social behaviour and health problems. Government has a responsibility to protect its citizens from anti-social and criminal behaviour by others and also from self-harm.
2. Alcohol misuse is always a matter of individual responsibility because the misuser has to commit themselves to doing something about the problem. However, the role of Government should include pointing out the harm people are doing to themselves and others, offering services to help them overcome their misuse and protecting the vulnerable and young people.
3. The dividing line is when people's drinking causes harm to others and themselves.
4. The probation service's role is to protect the public and to prevent further offending by rehabilitating offenders, which for some means helping them overcome alcohol misuse problems.
5. Alcohol misuse causes considerable harm to society and should be taken seriously.

The cultural and behavioural issues around alcohol use and misuse

6. Alcohol is misused when:

People's behaviour is affected so that they become aggressive or violent or act in a criminal or anti-social way that they would not have done had they been sober; they under-perform at work or cannot gain employment; they run into debt; their social and family relationships deteriorate; their health is affected.

7. Alcohol dependency or consistent excessive drinking, binge drinking and/or where alcohol is a component of offending, including persistent offenders. All are susceptible to change once the misuser has acknowledged and understands that there is a problem but are likely to require very different types of intervention. Government should concentrate its efforts at pointing out the dangers of excessive alcohol consumption, including the health problems caused by persistent heavy drinking, and on getting young people to appreciate the hazards of drunkenness with a focus on violence and fighting and casual sex.
8. There may be a relationship between the widespread use of drugs and increased levels of drinking among the young. This may be the result of greater freedom, more earning capacity and less family responsibility among young people.
9. Some very young children are drinking regularly and may well come from families where heavy alcohol consumption is the norm.

Many people from the ethnic minorities feel disinclined to approach alcohol services, which are perceived to be unreceptive to their needs. These needs include providing services in the person's first language, being sensitive to religious responsibilities, and recruiting more ethnic minority workers into the treatment and probation sector. Alcohol Education and Research Council (AERC) are doing some work on alcohol and ethnic minority groups. Len Hay is the contact.

Anecdotal evidence from probation and treatment staff suggests a strong link between drinking, offending and homelessness.

N.B. See diversity section of framework document for more detail.

12. All these factors influence behaviour, but it depends on the individuals as to which is the most influential.
13. Substance misuse and risk taking behaviour are frequently co-related, particularly in the young.

Health: prevention, treatment and the impact on the NHS

General

Other issues for consideration

- Identification of those with alcohol problems and referral routes. Use of screening and assessment tools e.g. CISS, AUDIT etc.
- Abstinence vs. harm reduction models. What works best with what type of alcohol misuser (see framework document)?
- Effectiveness of different forms of treatment. What can we learn from trials such as Project Match, Mesa Grande, UKAT? Do specific groups e.g. women, ethnic minority offenders need separate treatment approaches? Need to link with Models of Care & National Occupational Standards for drug and alcohol workers.

- Drug & Alcohol Misuse - There is a clear link between drug and alcohol use and offenders often misuse both substances. Single point assessment and dual diagnosis for treatment services are essential to tackle from a multi-modal approach.
 - Should the NTA have a role with alcohol and if so what should it be? It was generally felt by those probation and treatment staff whom we interviewed when putting together our framework document that the NTA's role with alcohol should be broadly similar to drugs, including driving up quality, information management, workforce planning and research and that its scope was also broad enough to include education.
14. From a criminal justice perspective drinking is problematic if it is an offence in itself e.g. drink driving; if it causes people to commit offences e.g. theft to obtain alcohol, fighting; if it disinhibits people so that they act in a way that they might not otherwise have done e.g. a few drinks before committing a burglary.
 - 17 Probation officers should be trained to offer basic advice on safe drinking levels, and to be able to challenge offenders about the impact that drinking has on all aspects of their lives. Gatekeeping skills are required for all those who may need to make an evidence based assessment as to whether an offender has an alcohol problem.
 - 18 Brief interventions are neither good or bad in general terms. The majority of brief interventions that have been validated are based upon the controlled drinking model. Evidence has shown that there are minimal differences between the results of different manualised approaches. It is more important that the staff delivering them have been adequately trained.

Alcohol problems tend to be under diagnosed, including by health professionals. One of the reasons is that an individual will usually only be screened for alcohol use if there is somewhere to send him to should he be deemed to be likely to benefit from treatment. Individuals at the lower end of the scale are less likely to be picked up than those whose alcohol problem is obvious e.g. they "stagger in".

- 19 Alcohol education groups for drink/drivers have been proved to be effective in terms of re-conviction rates with a broad range of offenders.

Current treatments for alcohol dependence do work for many people but services are usually over subscribed and there are long waiting lists. Many people find it difficult to approach services for a variety of reasons. All will face the stigma of having an alcohol problem, and ambivalence about giving up something on which they have become dependent, but there are additional problems such as language, childcare, strong ties to lifestyle and social networks revolving around drinking etc. Access to services is often easiest through a more generalised route e.g. a probation officer or alcohol probation partnership worker who can assist motivation.

Hazardous drinkers overwhelmingly favour and respond to brief interventions based upon a controlled drinking approach.

Different treatment approaches should be evaluated. It is important to establish that programmes are being targeted at the right type of offender e.g. alcohol

residential projects and specialist alcohol and offender projects in the residential sector have a very good record at dealing with higher tariff offenders.

You should focus not only on what does work but also what doesn't work e.g. scare tactics/fear based approaches.

Guidance to commissioners is always a good idea but what is the best model for commissioning alcohol treatment? The benefits of multi-agency working and commissioning for drugs services are beginning to impact. There are no forums to replicate this for alcohol issues and some DATs remain drugs specific. There are lessons to be learnt from the pooled budget for drugs and joint commissioning which could be linked to the provision of alcohol services.

20 Drug prevention and treatment demonstrates that the incentive of prescription aids motivation to engage in treatment. There is no direct comparison for alcohol. Complementary therapies do appear to assist, as with drugs intervention, in lessening stress and managing wider symptoms of misusers.

22 Alcohol misuse and mental ill-health are frequently inter-linked. Alcohol is often used as a form of self-medication in an attempt to combat depression, thereby aggravating the condition and making assessment of mental health difficult.

More could be done to provide a cohesive response to offenders suffering from both problems, rather than treating the two separately which is what tends to happen at present. More effective partnership arrangements need to be established between agencies, particularly the alcohol treatment sector and mental health services, and better training needs to be provided for those non-specialists who might have to deal with patients with severe mental health problems.

Crime, disorder and anti-social behaviour: the effects on our surroundings and community

General

There needs to be a greater emphasis on the following:-

- Throughcare & Aftercare of alcohol misusing offenders (see my draft framework document). This has been identified as a key area for improvement in respect of drugs with a significant bid made under the SR2002 process. Many of the problems and potential solutions are the same with alcohol. Shereen Sadiq (CLEDU) has lead within the Home Office on this in respect of drugs and I am sure that there is a lot that we can learn from the work she has done.
- The work of crime & reduction partnerships, whose strategies address several of the issues raised.
- Effectiveness in tackling alcohol related offending - What is being done well and what needs to be improved? Where are the gaps?

23 Please see bibliography to alcohol framework document. Alcohol and Crime: Taking Stock (Ann Deehan) provides a good overview and is, therefore, a very good starting point. Kath Dodgson's as yet unpublished "Alcohol, Crime and the

Prison Service” also contains a lot of useful data about the relationship between alcohol and crime.

OASys will provide a very valuable source of information about the problems and needs of offenders and the links between alcohol and different types of offending.

Community safety partnerships should be a source of data on the influences of alcohol and anti-social behaviour and ASBOs.

NEW-ADAM is a source but excludes people who present themselves as intoxicated in the custody suite so underestimates the numbers involved.

The British Crime Survey has some useful data about alcohol and violent crime. One of the questions asks victims if they thought their assailants were under the influence of alcohol when they were attacked. About 40 % thought they were but this is not wholly reliable data as it relies solely on the victim’s perspective.

The Probation Criminality Survey will provide some information about general alcohol consumption patterns and whether drinking was related to the key offence(s) of those under probation supervision.

The main gap seems to be that, while we know that alcohol misuse can contribute significantly to crime, a causal link between alcohol and crime has not been established. Also, there is little knowledge of the social groups that tend to be associated with alcohol-related crime and what treatment works for different groups.

24 Alcohol can be a persistent factor in violent and disorderly behaviour, domestic violence and petty theft. It is difficult to make assertions regarding the type of alcohol use (e.g. binge drinking vs. sustained use/dependence) associated with different types of crime, although there would appear to be a link between binge drinking and repeat offending e.g. pilot schemes run in Dudley and Gloucs. targeted at binge drinkers found that the same individuals tended to offend again and again. It can also be a factor in one-off sex offences.

25 Rowdy behaviour in those who have been drinking can be intimidating and a nuisance without being criminal to those who are sober, and may feel vulnerable, such as the elderly or children. However, there is no doubt that alcohol can disinhibit some individuals with a propensity to violence so that they will behave in a very dangerous and irrational way. Even if they do not resort to physical violence they can be very aggressive and intimidating which is a psychological violence and can cause great distress to their victims.

Also, alcohol can disinhibit less volatile people so they come more easily under the influence of others e.g. football hooliganism. Perceptions of the damage that alcohol can do are fuelled by witnessing it.

26 A lot of young people together under the influence of alcohol will cause problems. Town centres where there is not much to do but drink in the evening tend to be a focus of disorder. Local authority planning and licencing should be

able to exert control over what is available to the public and this includes the amount of alcohol as well as other activities.

- 27 The more there is to do apart from drinking the more likely that alcohol fuelled disorder will be avoided. Consequently the impact of alcohol on urban environments will probably be less than rural environments. Also, a recent Alcohol Concern mapping exercise identified widespread regional variations, particularly a marked urban/rural split, in the range of treatment available. The greater the likelihood of getting alcohol misusers into treatment interventions tailored to their individual need the more likely that their offending/anti-social behaviour will be effectively addressed and, as a consequence, the impact on the surrounding community reduced.
- 29 A partnership approach to tackling alcohol misuse is certainly the right one. The probation service works in partnership with voluntary and statutory agencies such as Drug and Alcohol Action Teams and Crime and Disorder Strategy Partnerships and Greater Manchester and London probation areas have developed models within which a treatment worker is attached to each probation office or borough. However, differing priorities and tight resources, which do not give much scope to act outside of strict performance indicators, can inhibit more imaginative joint working between agencies.
- 30 Young people are responsible for a lot of alcohol-related disorder and petty crime. Identifying and tackling a young person's alcohol misuse and offending early on can prove very cost effective.
- 31 A successful intervention is one that leads to a reduction in alcohol related problems not necessarily the number of units consumed. The desired outcome may be achieved by changing the pattern and context of a person's drinking (social model), although some misusers will never be able to control their drinking and will therefore need to stop completely.
- 32 There is no point in moving street drinkers around the area. It would be more sensible to give them somewhere to drink where they will get help and not cause a nuisance.
- 33 Most people drink and enjoy themselves without causing distress or nuisance to others. Rowdy behaviour is not acceptable if it affects other people adversely.
- 34 Drink drive policies are an example of effective public information backed up by serious penalties for the offenders. Drink impaired drivers programmes show very positive results in reducing drinking below safe drinking levels.
- 35 Alcohol misuse and domestic violence should be addressed together. Drinking by the victim will often be exacerbated by the abuse. Services for victims of domestic violence should not exclude women with alcohol problems.

We could learn a lot from Mary McMurrin on this issue. You may want to tap in to the results of the COVAID pilot referred to in the probation framework document. Also, must link in to the Government Domestic Violence Strategy.

The implications for vulnerable groups

- 36 Young offenders who are often care leavers are vulnerable. Alcohol will often be one of many activities which create a dysfunctional lifestyle. Children of alcoholic parents may suffer from neglect and are susceptible to drug and alcohol misuse themselves.
- 37 People who are isolated or oppressed are vulnerable to alcohol misuse e.g. victims of domestic violence. Also, users of other drugs who, following treatment, may substitute alcohol for their original drug(s) of choice.
- 38 People with complex needs find it difficult to get help because services tend to focus on one problem. They also have problems with housing and money because they do not function well, and are expected to seek out services rather than services reaching out to them. Interventions should be able to deal with alcohol misusers in a holistic way and more emphasis should be placed on outreach support.
- 39 London Probation Area has sponsored a SRB funded project “From Dependency to Work” which will only deal with offenders with multiple needs. The project workers can assess individuals for drug, alcohol, mental health and educational/learning problems and will create a multi-agency package to respond to a variety of needs. Other examples of joined up delivery are DTTO teams, Yots, Prolific Offending projects and Mentally Disordered Offender projects.
- Perceptions of different specialist expertise and knowledge and different organisational priorities and performance indicators get in the way of joining up services. Also, the complexity of different funding sources.
- 40 The co-existence of drug, alcohol and mental health problems are becoming more prevalent. However there are skills needed to work with these problems which are common to all e.g. counselling, assessment. Probation officers through OASys are being enabled to make a very comprehensive assessment of needs, but it is unrealistic to expect them to offer a specialist counselling or therapeutic service because they now have a case management rather than treatment role. However, they would certainly be expected to ensure that the offenders problems were addressed by specialist treatment agencies. We are looking increasingly to agencies that can address a range of substance misuse and mental health problems whose workers are trained to deal with individuals who have complex needs.

Education and communication

General

- It is my understanding that DfES have done some work on alcohol education. Katie Farrington/Elaine Dyer (020 7273 5093) are the contacts.

41 We should aim to do all these things. Alcohol education groups run for drink drivers have had a real impact. The alcohol strategy could also follow the example of the non-smoking campaign which has reduced consumption.

42 The effectiveness of alcohol education groups is demonstrated in the reduced reconviction rate of those who have attended them. Anecdotal evidence from group leaders indicates that the public are quite ignorant about the effects of alcohol and do not see it as a potentially harmful substance.

In general, however, education, which is built on the premise that if people know what they are doing to themselves in terms of crime and health then they will make a rational choice to stop, has not proved to be a successful approach with alcohol misusing offenders.

43 The sensible drinking message is confused and undermined by the industry targeting young people e.g. through alco-pops.

People with alcohol dependency problems do not take any notice of sensible drinking because the concept is out of reach.

45 The probation service should be ensuring that all offenders receive comprehensive alcohol education as the prevalence of alcohol misuse among offenders is high.

48 A good television campaign, which gives a balanced view, would have an impact. The detrimental impact on behaviour should be addressed, as well as the health implications.

49 Drugs education tells us not to over dramatise the problem. Advice has to be realistic and warnings believable.

The economic costs and benefits of alcohol

56 Alcohol misuse clearly has an economic cost to the criminal justice system e.g. the police, the courts, prisons, probation etc. There is also the cost of drink-related damage to communities.

58 Costs to the criminal justice system are mainly met by the government, although offenders can be made to pay compensation and court costs.