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► [Delivering the Alcohol Treatment Requirement: assessing the outcomes and impact of coercive treatment for alcohol misuse.](#)

Ashby J., Horrocks C., Kelly N. [Request reprint](#)

Probation Journal: 2011, 58(1), p. 52–67.

In one English district, most of the problem-drinking offenders who agreed to be ordered in to alcohol treatment by the courts stopped drinking or successfully cut back.

Summary Available in Britain from 2005, alcohol treatment requirements can be imposed for up to three years as part of a community-based sentence or two years within a suspended sentence. The offender has to have a drinking problem considered susceptible to treatment, which should reflect the severity of their drinking and offending, be acceptable to the offender, and locally available. The featured study reports on research that aims to understand and evaluate the implementation and impacts of these requirements in a district in West Yorkshire in northern England.

In this district the requirements were jointly delivered by the local probation service and the NHS alcohol team. Where previously probation staff would have addressed offenders' alcohol misuse, two alcohol treatment workers were now also employed to work in partnership delivering alcohol treatment across the district to offenders on alcohol treatment requirements. Though national guidance sees the requirements as for dependent drinkers, the reported severity of 'binge drinking' across the district led to a decision to extend this option also to hazardous and harmful drinkers. Detoxification is available for dependent drinkers but most of the work focuses on support and counselling. Staff trained in motivational interviewing techniques ask offenders to monitor their drinking using a drink diary, offer education about safe levels of alcohol consumption, and aid in individual goal setting, lifestyle change and relapse prevention strategies.

The alcohol treatment workers were located in probation offices and worked in an integrated manner with probation. They assessed offenders for an alcohol treatment requirement after offender managers had identified evidence that drinking was a key factor in the offender's criminality. At the time of data collection there had been 181 such

assessments leading to 120 offenders being assessed as suitable for treatment and being sentenced to an alcohol treatment requirement. Due to the severity of their offences, a small proportion of offenders assessed as suitable were not sentenced to the requirement but to a custodial sentence instead.

Main findings

The research was based on data in probation and treatment files relating to 81 offenders who had finished or were near the end of their alcohol treatment requirements. Nearly all were white men and had been previously convicted, most (59%) were aged 18–35 years, 78% were unemployed, and three quarters were considered dependent on alcohol, meaning they drank heavily on a daily basis and reported withdrawal symptoms upon waking or after not drinking for a time. Most of the rest were heavy episodic or 'binge' drinkers. For 40% the offence for which they were sentenced to an alcohol treatment requirement had involved violence, and in half these cases the victims were partners, relatives or other members of the household. Over 8 in 10 were assessed as posing at least a medium risk of reoffending.

Of the 81 offenders, 57 or 70% had completed their alcohol treatment requirement, mainly a matter of attending as required whether or not they were still drinking heavily. Despite completing, 12 of these offenders had not engaged successfully with treatment and 8 had relapsed towards the end of their treatment. Just 15% failed to complete due to non-attendance or reoffending and were re-sentenced to custody. At the time the data was collected, 59 of the 81 offenders had not been reconvicted, but many were still on or had recently completed their alcohol treatment requirement. Mainly young unskilled men, few of the unemployed gained employment.

As assessed by the treatment workers, on completion of the requirement 44 of the offenders – just over half – were either not drinking at all (26) or had successfully curbed their drinking.

The authors' conclusions

This analysis provides evidence of a high completion rate for the alcohol treatment requirement with most offenders positively engaging in treatment. Perhaps the flexibility and openness of the requirement is one of its main strengths in terms of maintaining alcohol-related offenders in treatment. The acceptance of self-report and the non-punitive approach to relapse could be seen as permitting continued heavy drinking, but in fact many offenders who had completed or almost completed their requirements reported having cut down or stopped drinking. It seems that by enforcing regular attendance, the coercive element of the requirement provides an opportunity for a flexible and supportive approach to facilitating behaviour change which worked for most but not all the offenders in this sample.

This draft entry is currently subject to consultation and correction by study authors.

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