

## DRUG & ALCOHOL FINDINGS *Research analysis*

This entry is our analysis of a study considered particularly relevant to improving outcomes from drug or alcohol interventions in the UK. The original study was not published by Findings; click [Title](#) to order a copy. The summary conveys the findings and views expressed in the study. Below is a commentary from Drug and Alcohol Findings.

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### ► **Alcohol Abstinence Monitoring Requirement: A review of process and performance from Year 2.**

**Hobson Z., Harrison A., Duckworth L.**  
**Mayor of London Office for Policing and Crime, 2018**

*What difference could 'court-ordered sobriety' make to people committing alcohol-related offences? Two-year study in London boroughs gives a sense of what to expect before a national rollout of the programme in 2020.*

**SUMMARY** In 2011 the Mayor's Office for Policing and Crime in London (England) introduced a new sentencing power to tackle the significant problem of alcohol-related offending in London: the Alcohol Abstinence Monitoring Requirement. Under the [Legal Aid, Sentencing and Punishment of Offenders Act 2012](#), judges were permitted to use the Alcohol Abstinence Monitoring Requirement to enforce abstinence from alcohol for a fixed time period of up to 120 days. A transdermal alcohol monitoring device (a tag around the ankle) was used to monitor adherence to the requirement, and if the requirement was breached (ie, the rules of the requirement were broken), the person was required to return to the court for further sentencing.

The featured report examined whether the Alcohol Abstinence Monitoring Requirement performed as intended during the main two-year delivery period (April 2016 to March 2018).

Information was collected from four different types of sources: (1) surveys of people subject to the Alcohol Abstinence Monitoring Requirement; (2) surveys of professional stakeholders; (3) interviews with professional stakeholders; and (4) performance monitoring data ([unfold the supplementary text](#) to read about each element in detail).

[Close supplementary text](#)

**1. Surveys of people subject to the Alcohol Abstinence Monitoring Requirement:** They were asked to complete a survey at the time the electronic tag was fitted (entry survey), and when it was removed (exit survey). These elicited their first impressions of the tag and perceptions of what life may be like while wearing the tag versus when it had been removed. Completing the survey was not compulsory, and some people chose not to participate. In total, 412 out of a possible 915 participants (45%) completed the survey when the tag was initially fitted, and 407 out of a possible 837 (49%) completed it during tag removal.

**2. Surveys of professional stakeholders:** A survey was distributed electronically to all local justice areas and probation trusts across London, with a follow up email to encourage responses. In total 44 stakeholders completed the survey, sharing their understanding and experiences of the Alcohol Abstinence Monitoring Requirement. Most respondents were Magistrates (24), or working for the National Probation Service or a community rehabilitation company (11).

**3. Interviews with professional stakeholders:** To gain a more in-depth understanding of professional stakeholders' views, 24 semi-structured interviews were conducted with people working at practitioner and strategic levels. Topics included understanding the rationale for the Alcohol Abstinence Monitoring Requirement, partnership working, implementation, usage, decision making, suitability, perceived impacts, good practice, lessons learned, challenges, and broader attitudes to the equipment.

**4. Performance monitoring data:** This included data about the number of Alcohol Abstinence Monitoring Requirements given, types of offences, court details, demographics of people who received the tag, number of breaches, days of abstinence from alcohol, and compliance with the tag.

[Close supplementary text](#)

The following summary includes some headline statistics about the use of the Alcohol Abstinence Monitoring Requirement, but largely focuses on the effects of the Alcohol Abstinence Monitoring Requirement from the perspective of people who received it. People subject to the Alcohol Abstinence Monitoring Requirement were asked to complete a survey at the time the electronic tag was fitted (entry survey), and when it was removed (exit survey). In total, 412 out of a possible 915 participants (45%) completed the survey when the tag was initially fitted, and 407 out of a possible 837 (49%) completed it during tag removal.

### **Main findings**

Over the two-year period, 1,014 people received an Alcohol Abstinence Monitoring Requirement, wearing the transdermal alcohol monitoring device for an average of 61 days. Most participants were male (86%) and white (55%), with an average age of 33 years old.

Participants were monitored for 71,584 days in total, and no alcohol was consumed on 98% of those days. The Alcohol Abstinence Monitoring Requirements were usually imposed as part of a community order (73%), rather than a suspended sentence order (27%) (see [side panel](#)).



#### **Key points** From summary and commentary

From 2016, judges across London were able to issue Alcohol Abstinence Monitoring Requirements for alcohol-related offences. These were orders enforcing abstinence from alcohol for a fixed time period of up to 120 days either as a standalone sentence or in combination with another measure (eg, unpaid work in the community).

Over a two-year period, 1,014 people received an Alcohol Abstinence Monitoring Requirement, and wore a 'sobriety tag' to monitor adherence to the requirement for an average of 61 days.

Most participants understood how to comply with the Alcohol Abstinence Monitoring Requirement and felt confident they would successfully complete it. These findings were validated by the high (94%) rate of compliance with the sentence.

[According to](#) the Centre for Crime and Justice Studies:

The **community order** consists of one or

In most cases (69%) the Alcohol Abstinence Monitoring Requirement was ordered in combination with something else, rather than being a standalone requirement. The most common combination (19%) was the Alcohol Abstinence Monitoring Requirement plus unpaid work.

Alcohol abstinence monitoring requirements were given for a variety of offences, most commonly for violent (45%) or drink-driving offences (29%).

In 94% of cases the Alcohol Abstinence Monitoring Requirement was complied with. Of the 940 Alcohol Abstinence Monitoring Requirement cases where the order was complete by the end of the study period, there were only 60 breaches where the participant returned to court and was found guilty or pled guilty to the breach.

Uptake of the Alcohol Abstinence Monitoring Requirement with domestic abuse perpetrators was very low (four cases) despite the fact that alcohol was a factor in 33% of the domestic abuse cases appearing at the courts. Anecdotally, this was probably because probation officers could not contact the survivor within the five-day timescale identified in the Alcohol Abstinence Monitoring Requirement protocol. It could also be due to a lack of understanding about the use of the Alcohol Abstinence Monitoring Requirement for domestic abuse perpetrators. Most professional stakeholders (70%) were of the opinion that the Alcohol Abstinence Monitoring Requirement should be used in domestic abuse cases, especially where there was a clear correlation between the perpetrator drinking alcohol and the domestic violence. However, they emphasised that in such instances the Alcohol Abstinence Monitoring Requirement would need to be delivered alongside a specialised programme (eg, [Building Better Relationships](#)) to specifically address the causes of domestic abuse offending and the ongoing risk of further abuse and harm.

### At the entry survey...

Most tags were fitted inside the person's home (99%). Most of those who had committed an alcohol-related offence and were subject to the requirement, and participated in the survey, reported having a good relationship with their close family (93%) and friends (94%), to be in good physical health (88%), have suitable accommodation (86%), and have a relatively good sense of wellbeing (75%). While 62% stated that they had a job they enjoyed, a third (36%) agreed that their current financial situation was difficult.

Although a strong majority (92%) understood why they had received the Alcohol Abstinence Monitoring Requirement, less than half of participants felt that drinking alcohol had a negative effect on their life (43%). There were mixed views around whether their offending behaviour caused problems, with 39% stating that it did and 39% saying that it did not.

Most participants understood how to comply with the Alcohol Abstinence Monitoring Requirement (96%) and felt confident they would successfully complete the requirement (97%) – findings seemingly supported by the high compliance rate with the Alcohol Abstinence Monitoring Requirement (94%).

Although not the primary intention of the Alcohol Abstinence Monitoring Requirement, wearing the tag did was perceived to provide some participants with the opportunity to reflect on their lives, make changes, and benefit from abstinence. When first receiving the tag, participants were broadly optimistic that the Alcohol Abstinence Monitoring Requirement could improve their life in general (56%), as well as specific parts of their lives such as their relationships with family (46%) and friends (38%), current financial situation (48%), physical health (57%), mental wellbeing, (50%) and their offending behaviour (53%).

*"I think this should help me to improve my overall life as a whole."*

However, there was also a sense that having to wear the ankle tag could have a negative impact on their lives, especially given its size and weight.

*"...I am a student and it is so big on my leg and I am worrying what my fellow students and lecturers would say? This is another stress of my life."*

*"The device is too large and may cause me difficulties."*

A considerable proportion of participants were concerned about what friends and family would think of the tag (39%) and that it would make it more difficult to socialise (21%). One in ten participants (10%) also felt that wearing the tag would make their employment situation worse.

### At the exit survey...

At the end of their Alcohol Abstinence Monitoring Requirements, 70% of participants reported having a good sense of wellbeing. Overall, participants were positive about their lives, but to a significantly lesser degree than when they initially received the tag. Participants still reported having a good relationship with family (76%) and friends (78%), suitable accommodation (75%) and being in good physical health (75%). There was no significant difference between the entry and exit survey in participants reporting that they were happy with their job (59%), and feeling that their current financial situation was manageable (36%). Just over a quarter felt that their offending behaviour caused them problems (28%), significantly fewer than at the start of the requirement.

At the exit survey, 51% disagreed with the statement 'going out socialising with my friends causes me problems' – significantly fewer than the 62% at the entry survey. This could suggest either a change in understanding about the relationship between drinking and offending behaviour or greater capacity to have positive experiences socialising while abstaining from alcohol. The latter may have been supported by the fact that significantly fewer participants said that drinking alcohol had a negative effect on their life (33%) after being subject to the Alcohol Abstinence Monitoring Requirement.

Most participants (86%) reported a good understanding of the aims and objectives of the requirement, and half or fewer reported that it improved their health (50%) and offending behaviour (44%).

*"Having the tag on my leg was the best thing for me and now I can finally say I'm totally free from alcohol."*

more of 12 possible requirements, and may last as little as 12 hours or as long as three years. If a community order is breached, the court can amend it by making it more onerous, or it can revoke and re-sentence, which may mean custody, even where the original offence was not punishable by imprisonment.

The **suspended sentence order** is a custodial sentence (ie, it includes a component of custody in prison or another setting). However, it is designed to be served in the community unless the order is breached, in which cases the court can either order time in custody, or, if there are strong reasons for not doing so, impose more onerous requirements than the initial suspended sentence order or lengthen the period of supervision.

*"It's good because it made me look at alcohol in another light."*

Concerns were raised about the tag itself, with many stating that the tag was too large and uncomfortable. Three-quarters (74%) reported that the tag was uncomfortable to wear for the duration of the requirement, and many said that it was too large and the design was flawed. Additionally, participants commented that it had negatively impacted their daily lives, for example preventing them going swimming. Participants were also concerned that the tag stigmatised them, with 44% saying they were concerned about what their friends and family thought. Some felt they had to go to the expense of buying new clothes to hide the tag from friends and colleagues.

### The authors' conclusions

Between 2016 and 2018, 1,014 people across London who had committed an alcohol-related offence were given an Alcohol Abstinence Monitoring Requirement, committing them to a period of abstinence. Just under half responded to a survey about their experience at the start of the requirement, and again just under half completed a survey at the end.

Most participants understood how to comply with the Alcohol Abstinence Monitoring Requirement and felt confident they would successfully complete the requirement. These reports were validated by the high rate of compliance with the Alcohol Abstinence Monitoring Requirement (94%), which indicates that the intervention would be able to achieve its primary aim of preventing alcohol-related offences through preventing drinking.

However, there were drawbacks to wearing the alcohol tag used to monitor adherence to the requirement. Participants criticised not only the size and shape of the tag, but also that they could not take a bath or swim wearing it, which impacted their daily lives. Future iterations of the tag would be enhanced by being smaller and more comfortable to wear, as well as being fully waterproof.

Although the original plan was for the featured evaluation to be followed by a national rollout of the measure, this seemed unlikely at the time of publication. In June 2018 the Alcohol Abstinence Monitoring Requirement ceased to be imposed by London courts after the government indicated a change in national policy.

**FINDINGS COMMENTARY** The featured study examined whether the Alcohol Abstinence Monitoring Requirement performed as intended between 2016 and 2018 in London. This came after a 12-month [feasibility study](#) in four London boroughs (Croydon, Lambeth, Southwark and Sutton), and was intended to inform the national rollout of the programme. At the time the featured report was published, the London programme had been wound down and a national rollout seemed unlikely. However, in a press release dated 19 May 2020, the UK Ministry of Justice [announced that](#) the Alcohol Abstinence Monitoring Requirement would go nationwide later that year after two "successful pilots": one in London ([featured study](#)); and the other in Humberside, Lincolnshire and North Yorkshire ([see report](#)).

In both pilots the design of the studies meant that positive (or indeed negative) changes could only be described as being associated with an Alcohol Abstinence Monitoring Requirement, rather than being caused by it. Furthermore, they only included people subject to the Alcohol Abstinence Monitoring Requirement who agreed to participate in research, so may not be representative of everyone receiving the requirement.

Having said that, the London pilot demonstrated a high rate of compliance with the Alcohol Abstinence Monitoring Requirement, meaning that almost all participants (94%) successfully completed a court-ordered period of abstinence, and for at least the period of time covered by the requirement, would not have committed *alcohol*-related offences. In theory, however, participants may still have committed non-alcohol-related offences or resumed drinking and committed alcohol-related offences after the Alcohol Abstinence Monitoring Requirement had expired. This is a limitation of the study design, and a reminder that the full context and impact of an intervention may not always be understood until it has been rolled out more widely or been in place for a longer period of time.

**Explaining** the desired outcomes of the Alcohol Abstinence Monitoring Requirement, and the motivation for adding this to the sentencing options judges have in front of them, researchers for Humberside, Lincolnshire and North Yorkshire said:

*"For wearers, ['success'] meant complying with their order, not reoffending and improved health outcomes. At a societal level, long-term success would be demonstrated by reduced reoffending, resulting in less pressure on criminal justice agencies; and healthier communities which would lead to less demand on health and social care and third sector support services."*

The major drawback to the programme from the perspective of people subject to the Alcohol Abstinence Monitoring Requirement was surprisingly not the obligation to abstain from alcohol, but the imposition of wearing the monitoring device full-time. A finding running through various publications on the Alcohol Abstinence Monitoring Requirement in the UK ([1](#) [2](#)) was that participants

### Timeline of events

**2011** | The Mayor's Office for Policing And Crime secured legislation to allow for the introduction of the Alcohol Abstinence Monitoring Requirement.

**2014** | A 12-month pilot commenced, testing the feasibility of the Alcohol Abstinence Monitoring Requirement in the London boroughs of Croydon, Lambeth, Southwark and Sutton (see Effectiveness Bank [analysis](#)).

**2015** | The Conservative government's manifesto committed to making sobriety tags available across England and Wales.

**2016** | The Alcohol Abstinence Monitoring Requirement was rolled out across London.

**2017** | The Alcohol Abstinence Monitoring Requirement was rolled out across Humberside, Lincolnshire and North Yorkshire.

**2017** | The follow-up Conservative government's manifesto did not include a reference to sobriety tags.

**2018** | As of June 2018 the Alcohol Abstinence Monitoring Requirement ceased to be imposed by London courts.

**2020** | The UK Ministry of Justice announced that the Alcohol Abstinence Monitoring Requirement would go nationwide after two successful pilots.

have remained unhappy about the appearance and 'wearability' of the tag.

"It's big and ugly. I'm also not happy about the bathing arrangements". [London feasibility study](#)

"...The tag is very big and uncomfortable to wear in bed". [London feasibility study](#)

"The device is too large and may cause me difficulties." [London pilot study](#) ▶ [Featured study](#)

"I was a bit gobsmacked by the size of it and stuff". [Humberside, Lincolnshire and North Yorkshire pilot study](#)

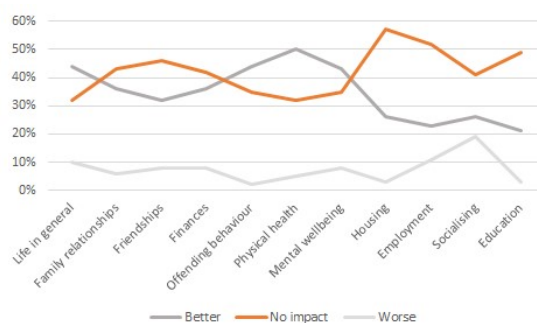


A 'sobriety tag' used to detect alcohol consumption during periods of court-ordered abstinence

This finding has remained consistent even where there was overall satisfaction or understanding of the Alcohol Abstinence Monitoring Requirement and evidence of improvements in the lives of people subject to it. The authors of the featured study recommended that future iterations of the tag should be smaller and more comfortable to wear, as well as being fully waterproof. It is unclear whether or how soon improvements in the technology would be available, or to what degree current technology has been perceived by policymakers as an obstacle to effective rollout.

Despite the inconvenience of the tag itself, overall participants seemed to be optimistic about the Alcohol Abstinence Monitoring Requirement at the start of the study, and concluded that it had a positive impact at the end of the study. However, there was a slight decline between the two points in time whereby more participants at the entry survey thought it would make their lives better than thought it actually did make their lives better at the exit survey (56% vs. 44%). This may have been a case of participants overestimating the potential benefits of the Alcohol Abstinence Monitoring Requirement or underestimating the complications it might cause for them. This pattern was also the case for the following:

- Family relationships – 46% said it would make their lives better at entry survey compared with 36% saying it actually did at exit survey
- Friendships – 38% to 32%
- Finances – 48% to 36%
- Offending behaviour – 53% to 44%
- Physical health – 57% to 50%
- Mental wellbeing – 50% to 43%
- Housing – 29% to 26%
- Employment – 26% to 23%



As shown by exit survey figures, participants were considerably more likely to say that the Alcohol Abstinence Monitoring Requirement made their lives 'better' or that it had 'no impact', than they were to say that it made their lives 'worse'.

The two exceptions were education and ability to 'go out'/socialise, which saw the reverse trends – more people thought the Alcohol Abstinence Monitoring Requirement made a positive impact than predicted it would at the start:

- Education – 18% to 21%
- Socialising – 24% to 26%

Although the design of the study meant the same group of participants did not necessarily take part in both surveys, the results suggest that the decrease can be explained by an increase in the proportion of participants saying the Alcohol Abstinence Monitoring Requirement made no impact, rather than a shift towards participants saying it made their lives worse. In general, participants were considerably more likely to say that the Alcohol Abstinence Monitoring Requirement made their lives better or that it had no impact, than they were to say that it made their lives worse (see ▶ [chart](#)). This was also evident at the entry survey.

### What has research in the US shown?

Enforced sobriety has been successfully applied in other contexts. An example is South Dakota's 24/7 Sobriety programme ([1](#) [2](#) [3](#)), which sought to tackle repeat drink-driving in a new and more direct way with the message:

"If you don't quit drinking and driving, we will make you quit drinking."

Judges imposed a special set of bond conditions on the target group requiring defendants to completely abstain from alcohol, and to report twice-daily for alcohol testing or later to wear an alcohol-detecting ankle. Failed tests constituted a violation of bail terms and were punishable by immediate 24-hour imprisonment; missed tests led to an arrest warrant.

However, any positive results probably reflected the strategy of requiring participants to attend twice daily to be tested for drinking (normally at law enforcement premises), a procedure which may well entail much more quasi-therapeutic and/or deterrent contact than anonymous testing on its own. Across the sample, findings of lower recidivism than among other drink-driving offenders were based on a comparison which, apart from the offender having to live in the state, made no attempt to ensure it was comparing like with like.

Nevertheless, results among 24/7 Sobriety-programme participants were on the face of it

impressive, at least while subject to the constraints imposed by the courts, and the programme [was thought](#) to have contributed to reduced alcohol-related traffic accident deaths and a declining prison population.

It seems the closest we have come to an evaluation which assessed criminal recidivism using an adequate comparison group was a [US study](#) which recruited a sample of 114 drink-drivers convicted in North Carolina between 2005 and 2007 and ordered to wear a version of the same SCRAM anklet used in London. They were matched to 261 people convicted of drink-driving, selected from a pool of 3,000 to be as similar as possible in age, race, sex, where convicted, and criminal history. Remaining differences were adjusted for in the analysis.

It was immediately apparent that implementation had been suboptimal – the bracelet being worn for typically just two months and its fitting delayed for on average just over nine months after arrest. While the anklet was operational, SCRAM participants were rarely reconvicted of any new offence, but the analysis was silent on whether overall during the 28 months of the study they were reconvicted less often. Instead it identified a subgroup of 'repeat offenders' who wore the anklet for at least three months, among whom just 10% were reconvicted for a new offence compared to 21% of non-SCRAM participants. Sub-grouping in this way, however, robbed the analysis of the reassurance of a matched sample, because no selection corresponding to a three-month wear was possible among comparison offenders.

Among those who wore the anklet for less than three months there was some evidence of short-term suppression of reoffending, but also of a longer term bounce-back in a period when normally the bracelet would have been removed. Overall the study was vulnerable to differences between people or circumstances for whom courts considered the anklet suitable and/or acceptable, and situations in which the anklet was not offered or was rejected. These differences may have contributed to the results, regardless of whether people were ordered to wear the anklet.

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