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► [Scoping study of interventions for offenders with alcohol problems in community justice settings.](#)



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McCoard S., Skellington Orr K., McKellar J. et al.  
NHS Health Scotland, 2011.

Investigates what outside prison is being done in Scotland to meet the needs of problem drinking offenders by criminal justice and other services, and assesses whether local arrangements measure up to the size and nature of the task. Non-evidence based funding and the need to develop integrated care pathways emerged as key issues.

**Adapted abstract** This report presents the findings of a scoping study of alcohol problems among offenders in the community justice setting. It is one of three studies that make up the portfolio of the Alcohol and Offenders Criminal Justice Research Programme which is led by NHS Health Scotland and funded by the Scottish Government.

The overarching aim of the portfolio is to understand better the extent and nature of alcohol problems in offenders, and which effective interventions can address them, recognising that the criminal justice setting is an opportunity to detect and intervene in an often 'hard to reach' population.

This research sought specifically to inform policy and practice by mapping plans, arrangements and procedures in local areas throughout Scotland to identify and intervene with offenders with alcohol problems, as part of the criminal justice process or otherwise, in community settings, including identifying emerging good practice. It also sought to establish what is known about the effectiveness of interventions for this group.

## Methods

The research adopted a two-stage, mixed method approach, including a brief review of the evidence from both published literature and routine data and primary research interviews with [community justice authority](#) chief officers and local partners.

The review of evidence focused on both published articles and grey literature covering prevalence, trends, screening and interventions for alcohol problems in offenders in the community justice setting. The review concentrated on the community justice setting

and, although research was uncovered from the prison, primary care, and other settings which may have relevant messages, coverage of this material was not in scope of the current study.

For the primary research, **community justice authority** chief officers were interviewed in the first instance, and they provided contact details for relevant partner organisations able to provide more in-depth information and local knowledge. Follow-up depth interviews (by phone and face-to-face) and electronic evidence-gathering with core authority partners was then undertaken to explore some of the information of greatest relevance to the scope of the research.

## Review of evidence

The review of evidence revealed that there is a limited amount of routine data relating to the prevalence of alcohol problems in offenders and associated offending.

Information on the contribution of an offender's alcohol consumption to the offence is not routinely collected as part of police reporting or recording procedures. Alcohol-related offending can only be estimated through alcohol-related offences which are 100% attributable to alcohol (eg, drunkenness/drink-driving), or through official criminal justice statistics where alcohol has been identified as a significant contributory factor in the offence, as determined by the court, eg, homicide. Further, such statistics are often influenced by local police initiatives, so it is difficult to interpret if a change in statistics reflects changes in the prevalence of alcohol-related offending, or in the enforcement and identification of perpetrators.

Criminal justice social work statistics provide an indicator of the proportion of community-based sentences by area, including those with alcohol treatment/education conditions attached. Data from 2009/10 show that, at the national level, the number of conditions of alcohol treatment/education attached to probation orders was 1208, representing 11% of all conditions awarded.

Data from the Scottish Prison Service Prisoner Survey 2009 show that around half those sentenced to custody or on remand in a Scottish prison reported being drunk at the time of their offence. Data relating specifically to young offenders showed that more than three quarters (77%) of young offenders reported being drunk at the time of their offence. The Scottish Crime and Justice Survey 2009/2010 reported that a large proportion of victims (62%) thought the offender was under the influence of alcohol at the time of violent crimes.

NHS Quality Improvement Scotland undertook the Scottish Emergency Department Alcohol Audit in 2006 which provided an indicator of alcohol-related assaults and violence, based on attendances at emergency departments. The national audit, covering 16 departments in Scotland, showed that at least 70% of all assaults may be alcohol-related. With an estimated 110 assaults presenting to departments each day, this means that there may be at least 77 alcohol-related assaults presenting each day.

Although survey and other data highlight positive associations between alcohol and offending, there is relatively little published research on interventions which engage with offender groups to identify, screen and intervene with those who have alcohol problems.

Among the research undertaken, there are some examples of the application of the

**Alcohol Use Disorders Identification Test (AUDIT)** for screening in police custody and probation settings, which show varying levels of operational success in identifying offenders with alcohol problems.

Whilst there is a considerable body of evidence that supports the effectiveness of brief alcohol interventions delivered in the primary care setting, there is limited evidence which specifically explores the suitability or effectiveness of these interventions in criminal justice settings. Indeed, there is limited evidence that explores the suitability or effectiveness of alcohol interventions or treatment of any kind in this setting. Much of the evidence in this population relates to drugs or combined drug and alcohol interventions, rather than alcohol interventions per se.

One effective intervention that is evident from the published literature is **arrest referral**, which has proven to be effective at targeting offenders with both alcohol and drug misuse problems early in their criminal justice journey, ie, at the point of initial police detention. Research in Scotland has shown that arrest referral can identify individuals with significant drug and alcohol problems and offending behaviour linked to substance misuse, and link them to appropriate services. There is, however, limited evidence to date which shows that **arrest referral**, reduces alcohol consumption and/or harm.

Evidence of effective interventions for offenders post-sentence or post-release is also limited. The absence of research literature does not, of course, necessarily mean the absence of practice, rather that work may not be systematically recorded or documented, or if recorded, is not readily identifiable in the literature.

### **Local practice**

Interviews and evidence gathering at the **community justice authority** level revealed a strong awareness among partners of the need to focus more on tackling alcohol problems in offenders in Scotland, as reflected in local area plans.

The research revealed a multitude of generic and specialist drug and alcohol services, many of which will engage with offenders as part of their role, but which do not actively target this client group or tailor their services to offenders' needs. The number of interventions, services and future plans to engage specifically with offenders with alcohol problems is far more restricted, especially when focussing specifically on community justice clients.

Research has shown considerable support across Scotland for **arrest referral**, and it seems this might usefully be applied more widely to identify and refer those at risk. The research has also shown that there is already awareness among interviewees of how brief alcohol interventions can be incorporated into the criminal justice process. Several local authorities appear to have already trained staff to deliver these for community justice clients, though this is being applied differently in local jurisdictions.

There seems little proactive identification of offenders with alcohol problems beyond routine criminal justice social work risk assessments and SERs. Most interventions appear to occur post-sentence, although there are some interventions which occur earlier in the process, for example, at police arrest and detention stage.

Across all **community justice authority** areas, two groups emerge as priorities for action:

young people, and women offenders. There are numerous examples of specifically tailored services into which women and young people can be referred (both mainstream and some specifically for offenders) but, again, there is little evidence of early intervention work for women or screening at early points in the criminal justice system for either group.

The scoping study has not identified many practical uses of care pathways for offenders with alcohol problems between statutory and other support and treatment organisations. There is also a limited availability of offender-specific services, as many of the interventions and treatments available to tackle the alcohol problems of offenders are delivered by generic substance misuse programmes or services. It has therefore been difficult to isolate specific referral routes or interventions for offenders with alcohol problems independently.

There appears to be considerable variation both between and within **community justice authorities**, with regards to the level and nature of engagement with alcohol and drug partnerships, health boards and community health and care partnerships. The research interviews suggested that there is some scope for ensuring that local strategic plans and priorities are better aligned between criminal justice and health partners. In areas where there is closer joint working between **community justice authorities**, and alcohol and drug partnerships, these partnerships appear to be working well.

Several examples of good practice were identified which may provide reference for the development of initiatives elsewhere. Despite this, there seems to be little evidence-based development of services (especially evidence to inform the continuation of existing services) or routine monitoring or evaluation of new services and interventions.

## Conclusions

The scoping study has shown there is significant evidence pointing to the extent and nature of alcohol problems in offenders. It has also shown that there is little in the published literature about what works in addressing alcohol problems among offenders, although the body of evidence is growing. At present, there appears to be no clear pattern of referral activity or standard practice locally across Scotland with regard to plans, arrangements and procedures in place to identify and intervene with offenders with alcohol problems.

One of the concerns that is apparent from the consultation is that there may be a need for funding to be based more on evidenced success, rather than historically based and automatically continued. However, the measurement criteria for success are difficult to define. There appears to be a paradox in that services are required to be evidence-based, with a need for robust monitoring and evaluation of performance, yet local partners reported that funding is limited to undertake formal evaluation work. As a consequence, many forgo formal evaluation in favour of anecdotal 'verbal' evaluation from service users and staff running the schemes, as this can be undertaken at no cost. Whilst the value of service users' and staff voices is acknowledged, the limitations of this approach are clear.

Having said this, there are numerous examples of good practice locally, both with regard to partnership working, and effective screening and interventions, although the absence of formal monitoring and evaluation data makes it difficult to substantiate their impact.

Most interventions available for offenders with alcohol problems were developed locally, with several being cited as examples of good practice by local partners. The positive comments made regarding these services provides a good opportunity to share examples of best practice beyond the local area, something already undertaken among a number of **community justice authorities**, and which could be extended.

Encouragingly, what the research has shown is that the need to focus on alcohol and offending is well recognised by health and criminal justice partners alike, and there is a willingness to move forward to meet future needs in line with national priorities.

**FINDINGS** This report complements a [similar investigation](#) of problem drinkers and responses to them in Scottish prisons.

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