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► [The impact and delivery of alcohol treatment requirements in the Leicestershire and Rutland Probation Trust area.](#)



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McSweeney T., Bhardwa B.

London: Institute for Criminal Policy Research, Birkbeck College, 2011.

In the English Midlands, problem-drinking offenders who agreed to be ordered in to alcohol treatment by the courts had a worse prognosis than comparable previous offenders but slightly fewer reoffended; also their drinking was reduced but for many remained excessive.

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 counties in the English Midlands.

The featured report is a summary of key findings from an independent evaluation of the effectiveness of alcohol treatment requirement provision in the Leicestershire and Rutland Probation Trust area. Delivered by its criminal justice drugs team, the schemes aim to reduce probationers' dependence on alcohol and the frequency and seriousness of their related offending.

The research comprised three core elements:

- analysis of existing administrative records originating from the probation service, police, and treatment systems;
- in-depth interviews with staff, stakeholders and ex-service users/peer mentors involved with local alcohol treatment requirements; and
- questionnaire-based interviews with 15 alcohol misusing probationers sentenced to alcohol treatment requirements.

Main findings

Offending Overall 40% of the 182 offenders sentenced to an alcohol treatment requirement between August 2005 and December 2008 were reconvicted for another **new proven** offence committed in the 12 months following the start of their requirements. This was lower (but not to a statistically significant degree) than the corresponding figure of 45% for a matched comparison group of 294 alcohol misusing probationers supervised by the same probation service before the introduction of the requirements. Both these figures were lower than the expected re-offending rate of 59% based on the offenders' profiles. There were no significant differences between the two groups in whether their new offence was more or less serious than the offence for which they were originally convicted.

However, the roughly equivalent offending rate and severity across requirement and comparison offenders must be seen in the light of the fact that the former seemed (based on their offending histories, needs and circumstances) a more intractable group than their predecessors.

Drinking Available data on 209 probationers commencing requirements during 2009/10 indicated that during their time on the orders they had cut (according to their own accounts) the number of days on which they drank by on average 37%. The proportion reporting daily drinking fell from 42% to 23% and, among those for whom this data was recorded, daily UK units of alcohol consumed had halved from on average 26 to 13 – still over more three times the daily recommended limit for men. Continuing severe if reduced drinking problems were also indicated by scores on the **AUDIT questionnaire** which fell from an average of 29 to 21; by the end of their orders, 46% of requirement offenders no longer scored as dependent. But even among requirement completers, 70% recorded scores indicative of high levels of on-going alcohol-related need.

Most effective programmes The factor associated with the largest reduction in proven new reoffending (a 55% reduction) was successfully completing the court order of which the alcohol treatment requirement formed a part, while offenders who completed structured alcohol treatment were four times more likely than other offenders to report a reduction in drinking days. No other programmes were positively correlated with or predictive of reduced drinking or related offending.

The role of mentors Interviews with various stakeholders indicated that mentoring from peers or ex-service users fulfilled a number of important functions as part of the service delivered to offenders on the requirements. Prominent among these was pro-social modelling. Mentors could, for example, introduce probationers on the orders to different techniques and approaches to begin addressing their drinking – strategies which the mentors themselves may have successfully employed. Our analyses also suggested that a key focus for ex-service user/peer mentors could be to support probationers experiencing more acute forms of social isolation, a strategy which may further improve drinking outcomes.

The authors' conclusions

The main implications of the findings for the area's alcohol treatment requirement provision are that efforts should be made to develop effective strategies to ensure that alcohol treatment requirements and overall orders are completed, that offending outcomes for a large minority of those on requirements are improved, and that adequate

provision is made for ongoing throughcare and aftercare following completion of the requirements. Against the backdrop of considerable uncertainty and reform regarding the structure and commissioning of alcohol treatment at both local and national levels, the research provides some indicative evidence for potential funders and commissioners to support the contention that both public health and criminal justice objectives are achievable across the area via alcohol treatment requirements.

Thanks for their comments on this entry in draft to Tim McSweeney of the Institute for Criminal Policy Research, at Birkbeck College in London. Commentators bear no responsibility for the text including the interpretations and any remaining errors.

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