Main findings

Having constructed a closely matched comparison group, the study went on to assess whether over the 12 months since they started their sentences, the group whose sentence included an alcohol treatment requirement were as a result less likely to re-offend than matched comparison offenders. Based on official records of proven offending, no reliable evidence was found for such an effect; more details below.

Over the 12 months about 60% of offenders sentenced to alcohol treatment requirements were known to have re-offended versus about 63% of comparison offenders, and the average number of known offences was 2.4 versus 2.3. In neither case were these small differences statistically significant, meaning chance variations could not be ruled out. This remained the case when the analysis was confined to fresh offences rather than those due to offenders transgressing the requirements of their current sentence.

A further analysis integrated all the relevant factors known to the study which might have affected the chance that an offender would be reconvicted. Again, whether they had been sentenced to an alcohol treatment requirement did not emerge as a statistically significant factor. The factor most strongly associated with re-offending was the risk of re-offending associated with the offend.
associated with re-offending was whether the offender had successfully completed their sentence: if they had not, they were three times more likely to have been convicted for a further offence committed within 12 months of starting the current sentence. The picture remained similar when the analysis was re-run including all the offenders, not just the 112 pairs who could be closely matched.

The authors’ conclusions

In the study area no association was found between proven re-offending and whether the offender’s probation supervision programme had included an alcohol treatment requirement. Instead the factor most closely related to further known recidivism was whether an offender had successfully completed their sentence.

The findings suggest that it is important to understand what enables dependent drinkers to successfully comply with court requirements and complete their period on probation, and to find ways to raise the proportion who do so. For the study area, the findings suggest it is important to engage offenders in meeting the requirements of their sentence, and to do so in ways responsive to the needs of younger offenders and those with extensive criminal histories. Considerations might include scheduling and timing of appointments and interventions, the content and intensity of this support, and sanctions and rewards to these strategies should be relationships. A core aspect of the probation staff which demonstrate concern about the offender and their future, not just control, monitoring and surveillance. However, such strategies are unlikely to make a significant difference to rates of non-compliance with probation orders unless attention is also paid to broader policy and systems issues linked to training, guidance, funding, and the provision of appropriate and accessible alcohol treatment.

Among the limitations of the study are that its findings cannot be assumed to apply outside the studied probation area, and that trends in offending over 2002 to 2008 could have affected the comparison between the two sets of offenders, obscuring the impact of the advent of alcohol treatment requirements.

FINDINGS COMMENTARY

There is no doubt from this and other studies (1 2 3 4) that offending and the intensity of drinking fall during the course of probation orders assisted by alcohol treatment requirements, but for the first time the featured study has shown that in respect of re-offending, this is probably not due to the requirements but would have happened even without these.

The study hinged on its ability to engineer a truly comparable comparison group of offenders from before the advent of alcohol treatment requirements. How difficult this must have been can be appreciated from the fact that only a small proportion of alcohol-dependent offenders potentially eligible to be sentenced to a requirement actually are ordered into treatment. Those chosen for and who accept this option may be a distinctive set of offenders judged at especially high risk of re-offending due partly to the severity of their dependence on alcohol. Conceivably the requirements really did reduce re-offending in the study area, but this was obscured by the very high risk levels of those selected for this option, an elevated risk which the study was unable to fully adjust for. Also, if the requirements did have an impact but only a small one, this might only have been found significant in a much larger sample.

The featured study seems to have been based on the same samples of offenders from the Leicestershire and Rutland probation area reported on in a previous and less sophisticated analysis. The conclusions of that report and of the featured report focused on the need to raise the rate of successful completion of probation orders, including those with an alcohol treatment requirement. However, it does not automatically follow that interventions which boost compliance with sentences, such as making appointments easier to keep, would correspondingly boost crime-reduction effects. Instead it could be that compliance is a marker of the kind of offender who will do relatively well due to their motivation and circumstances, regardless of treatments.

Why no significant effect?

If on the re-offending yardstick the requirements are ineffective, it is not because they fail to get offenders in to treatment. In another British study, over the first six months of their supervision orders, offenders on requirements attended alcohol treatment services on average six times compared to less than once for those who were not selected for them. Among the remaining possible explanations is that the extra attention paid to offenders on treatment requirements makes it more likely that one of the many new crimes they may commit are uncovered, inflating the record of proven crime, even if offending overall (proven and not) has actually been reduced.

Another possibility is that coerced treatment of the kind offered in the study area is simply ineffective. The programme relied largely on group education and counselling sessions rather than intensive therapy and/or anti-relapse medications. Such groups have to cater for offenders for whom treatment is an unwanted and perhaps unwanted extra burden in order to avoid a harsher sentence, and those who do not naturally speak deeply about their feelings, needs and impulses or grasp cognitive-behavioural strategies for controlling their behaviour. National guidance says the kind of offenders suitable for a requirement “need intensive, specialist, care-planned treatment [such as] day programmes, detoxification, residential rehabilitation”. The broader policy and systems issues alluded to in the featured article make this kind of provision difficult to organise and pay for, even if it is (often it is not) locally available. As public service cuts bite deeper, accessibility of alcohol treatment from local service providers is likely to become even more of an issue for the community rehabilitation companies now responsible for supervising all but the highest risk offenders.

Rather than being ineffective, it could be that the treatment did help tackle alcohol problems, but offending among this sample was not substantially related to their drinking. To qualify for an alcohol treatment requirement, drinking does not have to have been a cause of the offender's crime, but the intention is that these are for offenders who are very likely to re-offend unless their drinking is immediately addressed. The proportion of drug-related or other crimes related to intoxication, violent crime accounted for just a third of the offenders, and other sorts of crimes are not closely related to drinking.

For whatever reason and though perhaps limited to the study area, the study’s results mean alcohol treatment requirements join the main substance-focused anti-offending programmes run by British probation services in failing to prove effective in studies which engineered an adequate comparison group.
STUDY 2012 The effect on reconviction of an intervention for drink-driving offenders in the community
STUDY 2011 Evaluation of the Addressing Substance-Related Offending (ASRO) program for substance-using offenders in the community: a reconviction analysis
STUDY 2011 The impact and delivery of alcohol treatment requirements in the Leicestershire and Rutland Probation Trust area
STUDY 2011 Delivering the Alcohol Treatment Requirement: assessing the outcomes and impact of coercive treatment for alcohol misuse
STUDY 2010 Evaluation of the alcohol treatment requirement in five sites across the Lancashire probation area
DOCUMENT 2012 Will intensive testing and sanctions displace treatment?
STUDY 2013 Criminal justice responses to drug related crime in Scotland
HOT TOPIC 2015 Will intensive testing and sanctions displace treatment?
REVIEW 2011 A new paradigm for long-term recovery
STUDY 2009 Evidence-based practice? The National Probation Service's work with alcohol-misusing offenders