

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. Free reprints may be available from the authors – click [prepared e-mail](#). Links in [blue](#). Hover over [orange](#) text for notes. Clicking [underlined](#) text highlights passage referred to. The Summary conveys the findings and views expressed in the study. Below is a commentary from Drug and Alcohol Findings.

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Criminology and Criminal Justice: 2015, 15(4), p. 464–483.

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The first UK evaluation of court-ordered alcohol treatment to feature an adequate comparison group finds no statistically significant reductions in recorded re-offending associated with alcohol treatment requirements imposed as part of a probation sentence.

SUMMARY From 2005 in England and Wales courts have been able to order an offender to undergo treatment for their drinking problems (an 'alcohol treatment requirement') for up to three years as part of a community-based sentence or two years within a suspended sentence. [Though the offender's assent is required, they may feel pressured to agree to avoid a harsher sentence.] The main aim is to tackle drinking problems which may have led to some degree to the offending. Offenders must be dependent on alcohol and treatment should reflect the severity of their drinking and offending, be acceptable to the offender, and locally available. Between 2005 and 2012 over 50,000 such requirements were imposed. The featured study aimed to assess whether in one English probation area these helped reduce re-offending. It is one of the few studies to date to have assessed the impact of the requirements, and the first to have assembled an adequate comparison group of offenders not sentenced to an alcohol treatment requirement.

The core of the requirements in the studied area were eight group-based sessions covering harm minimisation, relaxation and behaviour change, with options including hypnotherapy, gardening, acupuncture, relaxation, gym, women's group, peer mentoring, access to a family engagement worker, and the use of drink diaries. As well as these groups and supervision appointments with a probation officer, the minimum programme included a weekly one-to-one session with an alcohol treatment worker for up to six months, a group-work programme exploring the adverse consequences of alcohol misuse, and appointments with a GP and (if needed) a liver function test.

Impacts of this programme were assessed using data routinely collected by probation and police services. The study started by identifying all 182 offenders in the study area who started probation sentences which included an alcohol treatment requirement between August 2005 and December 2008. To provide a benchmark against which to assess the impacts of the requirements, from the same area a comparison set of 294 offenders was identified who started probation supervision from January 2002 to August 2005, before alcohol treatment requirements were available. Like the later set, all had alcohol misuse recorded as factor related to their offending. They were also selected to have a similar risk of re-offending based on their sex, age and offending history.

More detailed matching based on age, main offence, employment status, and [risk of alcohol-related offending](#) was able to individually pair 112 offenders sentenced to the requirements with 112 very similar offenders sentenced before these were available. Typically they were unemployed white men in their 30s and they averaged about a dozen previous convictions. For a third violence had been involved in the main offence leading to their current sentence. On average their risk of alcohol-related offending was just above the cut-off used to identify drinking likely to lead to crime.

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

Key points
From summary and commentary

Alcohol treatment requirements ordered by courts in England and Wales as part of a probation supervision sentence are intended to treat severe drinking problems underlying an offender's criminality.

The first evaluation with an adequate comparison group found only small and statistically insignificant reductions in recorded re-offending associated with the requirements.

However, the study was done in only one area and may not have been able to fully account for the high risk of recidivism among offenders sentenced to the requirements.

treatment requirement did not emerge as a statistically significant factor. The factor most strongly 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 their 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 promote compliance. At the heart of these strategies should be relationships with 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 other problem-drinking offenders. 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 extra burden accepted only 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 (an 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. Though some forms of violent crime [are 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.

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Russell Webster, independent consultant in substance misuse and crime. Commentators bear no responsibility for the text including the interpretations and any remaining errors.

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