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Delivering the Alcohol Treatment Requirement (ATR) in Wakefield: Phase Two

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Executive summary

The Alcohol Harm Reduction Strategy for England (2004) proposes a 'whole system approach' which encompasses not only health but social services and the Criminal Justice System. It is recognised that alcohol misuse cuts across all these areas and demands an integrated response. Indeed the Models of Care for Alcohol Misusers (MoCAM) (NTA, 2006) reflects this approach highlighting how alcohol misuse should be tackled from a local perspective:

> 'Commissioners need to ensure that all tiers of intervention are commissioned to form a local alcohol treatment system to meet population needs. Local systems should allow for some flexibility in how interventions are provided, with the crucial factors being the pattern of local need and whether a service provider is competent to provide a particular treatment intervention' (p.19)

Alcohol Treatment Requirements (ATRs) were introduced through the legislation of the Criminal Justice Act 2003, which makes available to the courts an ATR as one of the possible requirements of a community order for offenders who have committed an alcohol related offence. The ATR is said to provide an opportunity to introduce legal supervision and coercion into evidence based models of alcohol treatment for problem drinking.

Overview of the research

The NHS Wakefield District and the criminal justice service adopted a collaborative approach which enabled the development and implementation of the ATR across the District in August 2007. This ongoing research involved a multi methods approach to exploring the delivery of the ATR which has been undertaken in three phases:

- *Phase one* involved gathering collating and evaluating existing information on assessment and the process of the ATR.
- *Phase two* consisted of analysing probation records and treatment records in order to identify offender characteristics and potential 'outcomes' of the ATR.
- *Phase three* involved participant observations undertaken when visiting and observing the running of the ATR, and qualitative interviews conducted with offenders and offender managers.

Main findings

This report presents a quantitative review of data collected during *Phase two* of the research project. Probation records and treatment records of 81 offenders who had been granted an ATR order by the courts between August 2007 and March 2009 were analysed.

- To date, a total of 181 ATR assessments have been conducted across the Wakefield district. Out of these assessments, a total of 120 (66 per cent) offenders were granted an ATR order by the courts.
- Currently there have been a total of 63 completed orders with only a small amount of orders either revoked or transferred.
- Only a small proportion (14 per cent) of offenders assessed as suitable for treatment, were not granted an ATR. These offenders were more likely to have received a custodial sentence due to the severity of their crime.
- A large proportion of offenders referred for an ATR assessment by the probation service were considered suitable for treatment by the alcohol treatment workers. This suggests that the referral process between the offender managers and the alcohol treatment workers is an effective process.
- The 81 offenders analysed consisted of 74 males and 7 females. Over half of this data sample were between the ages of 18 – 35 years (59.3 per cent) and were predominantly 'white British' (98.8 per cent). A large proportion, (77.8 per cent) were described as unemployed at the time of data collection.
- A large proportion of the offenders were assessed as 'dependent' on alcohol (75 per cent) with only 12 per cent described as 'binge drinkers'. Thus the ATR has made available alcohol treatment to a large number of predominantly alcohol dependent young men within the Wakefield district.
- At the time of the ATR being granted, the most common offence category on conviction was 'violence against the person' (39.5 per cent) of which nearly half (46.8 per cent) involved domestic violence. This was followed by driving offences (12.3 per cent) and public order offences (11.1 per cent). Upon being assessed by their offender manager using the Offender Assessment System (OASys) it was found

that a large proportion of the offenders were assessed as having a 'high' (30.7 per cent) and 'medium '(56.5 per cent) risk of reconviction.

- Only 16 per cent of the offenders from this research reported that they had received alcohol treatment on a voluntary basis prior to receiving an ATR order. Therefore, for many clients the ATR may be the first time they have received any support or treatment for their alcohol consumption.
- It was found that a large proportion of the sample had completed their Alcohol Treatment Requirement (81.9 per cent). Just over half had made positive changes to their alcohol consumption levels. For example, upon completion of their orders, just over 32 per cent were recorded as 'abstinent' and a further 22 per cent had achieved levels of 'controlled drinking' or had made attempts to reduce their level of alcohol consumption.
- For those offenders who completed their treatment, 24 (27 per cent) were found to be accessing further services. 13 offenders had been referred to either the mental health services or local alcohol services, and 9 offenders had accessed employment services.
- In relation to reoffending outcomes the data currently remains inconclusive. At the time of data collection (July 2007 to March 2009) a large majority of the sample (over 80 per cent) had completed their ATR with no further offences committed, however this data set is to be analysed again in 2010.

Recommendations

In relation to the delivery of the ATR, the research highlighted that there appeared to be successful interagency working between alcohol treatment workers and probation staff, and the implication to expand the ATR to prison leavers has been considered.

- Prison 'In-reach', largely based on relapse prevention strategies conducted within the ATR could provide a continuum of care for offenders with alcohol problems as they move through different components of the criminal justice system, from custody to community.

Introduction

Drug and alcohol misuse has a significant impact on crime rates, and has been acknowledged as a growing area of concern both nationally, through the 'Tackling Drugs, Changing Lives' report (2004), and locally across the Wakefield district (Wakefield District Partnership, 2004). Whilst the statistics on alcohol related crime have remained the same over the past few years, (Kershaw, Nicholas and Walker, 2008) approaches to tackling local alcohol related problems have been a main focus of Crime and Disorder Partnerships (CDRPs) throughout England and Wales (Home Office, 2004). One of the aims of the Wakefield District Community Safety Strategy 2005-2008 was to increase year on year the number of clients accessing alcohol treatment. As a result, Alcohol Treatment Requirements (ATRs) were introduced under section 212 of the Criminal Justice Act (2003) in August 2007, offering treatment for those whose offending behaviour was found to be linked to either hazardous or harmful drinking patterns.

Delivering the ATR is a joint initiative between the West Yorkshire Probation Service and the Wakefield Alcohol Team. Since the implementation of the ATR in the Wakefield District, research, funded by the NHS Wakefield District, has been ongoing aiming to investigate the delivery of the ATR at both the Pontefract and Wakefield probation sites.

The ATR is delivered by two alcohol treatment workers who are permanently situated at the probation sites across the District. The ATR's treatment approach is based around a motivational, supportive and individualised approach to bringing about positive behaviour change. Similar to some drug treatment (Rumgay, 2003; Turner, 2004), the ATR operates within an 'open policy' environment with regards to the delivery of the ATR. Individual treatment can thus consist of a variety of interventions for a range of offender needs. Whilst the overarching aim is the reduction of alcohol misuse and alcohol related offending, there can be additional varying factors that can often take priority in the process of working towards a therapeutic goal. For example, improved mental health, job prospects, accommodation and other social and personal issues may well be taken as proxy indicators of reductions in alcohol misuse and crime. Medical detoxification is offered to offenders on the ATR, however it is very rarely conducted in isolation, and is considered as only one small element of the treatment process.

For this research project, multi methods research has been conducted which has the over-arching aim to investigate the delivery of the ATR in the Wakefield district. More specifically the research aims to:

- explore and understand the process of assessment and eligibility for the ATR;
- explore in depth, the subjective experiences of offenders, in relation to engagement, progress and completion of the ATR;
- explore offending behaviour and offender characteristics in relation to alcohol related crime and disorder in Wakefield;
- develop a comprehensive theoretical framework for assessment and delivery of alcohol treatment, and
- disseminate findings to reflect on current practice and to assist in the ongoing development of the ATR.

This current report builds on research from the preliminary report (Ashby, 2008) which documented how the ATR is delivered across the Wakefield District, and aims to provide further information around the characteristics of individuals who have participated in the treatment. The report is based on quantitative data collated from probation records and treatment files and is part of a wider study of the ATR. Since the introduction of the ATR nearly 2 years ago, 181 offenders have been assessed for alcohol treatment and 120 offenders have been granted an ATR. Data collected from 81 offenders[1] who have been granted an ATR will be explored in this report.

[1] This number is based on data collected during *Phase two* of the research and represents 67 per cent of the total ATR client base from July 2007 to March 2009.

Outline of the research data

This report specifically focuses on data that has been collected from probation records and treatment files which aim to provide further insight into the characteristics and progress of offenders who have been granted an ATR, either in Wakefield or Pontefract.

Collecting the data

Permission was granted by West Yorkshire probation to access both the Offender Assessment System (OASyS) and the Case Record and Management System (CRAMS) where details of individual offenders are stored and updated. Access to these details enabled the extraction of offender information that provided insight into the characteristics of individuals who were deemed 'suitable' for an ATR. In addition, permission to access treatment files held by the Wakefield Alcohol Team was granted by the NHS Committee for Research Ethics (COREC), now known as the National Research Ethics Service (NRES). Access to treatment files provided further information about the offenders' treatment, participation and progress.

With the introduction of the ATR, data was collected between the months of July 2007 to March 2008 for offenders who were granted an ATR. During that time, 81 offenders' details and characteristics were explored in more detail. During the data collection phase all offenders were identified by using a code number in order to ensure anonymity.

Clients on the ATR

Table 1 overleaf provides a breakdown of the figures for Wakefield and Pontefract's client base. To date a total of 181 ATR assessments have been conducted across the Wakefield district. Out of these assessments, a total of 120 (66 %) offenders were granted an ATR by the courts.

Table 1. Showing ATR figures for Wakefield and Pontefract's client base. July 2007 to March 2009.

	Wakefield	Pontefract	Total for the District
Total No. of ATR assessments attended	**107**	**74**	**181**
No. of ATRs proposed	**81**	**64**	**145**
(% of total no. of assessments)	*(75%)*	*(86%)*	*(80%)*
No. of ATRs granted	**79**	**41**	**120**
(% of total no. of assessed)	*(73%)*	*(55%)*	*(66%)*
(% of total no. of ATRs proposed)	*(97%)*	*(64%)*	*(82%)*
No. of ATRs proposed but not granted	**7**	**14**	**21**
(% of total no. of ATRs proposed)	*(8%)*	*(21%)*	*(14%)*
No. of ATRs completed	**43**	**20**	**63**
(% of total no. of ATRs granted)	*(54%)*	*(48%)*	*(52%)*
No. of ATRs revoked	**16***	**3**	**19**
(% of total no. of ATRs granted)	*(20%)*	*(7%)*	*(15%)*
No. of ATRs currently ongoing	**27**	**18**	**45**
(% of total no. of ATRs granted)	*(34%)*	*(43%)*	*(37%)*

* including breach of order, custody and 2 client transfers

Table 1 above shows that out of the 181 offenders assessed for an ATR, a large proportion, (80 %) were deemed suitable for the ATR. Out of those who were assessed as suitable, a large majority (82 %) were granted an ATR by the courts. To date there have been a total of 63 completed ATRs (52 %) with only a small amount of ATRs either revoked or transferred (15 %). There are, in addition, 45 clients (up to March 2009) currently undergoing treatment on the ATR across the Wakefield district.

Only a small proportion (14 %), of offenders, assessed as suitable for treatment, were not granted an ATR. Upon further examination of the data, it was evident that the small amount of offenders who were not granted an ATR were more likely to have received a custodial sentence due to the severity of their crime. As these offenders were assessed as suitable for alcohol treatment, it could be suggested that there is a cohort of offenders who may benefit from alcohol treatment whilst in custody and upon being released from prison. Indeed, Senior (2003) found that up to 70 per cent of those entering prison have a mental health or substance misuse problem. Furthermore Stewart (2008) found that between November

2005 and November 2006, out of 1,457 newly sentenced prisoners in England and Wales, 36 per cent reported that they were 'heavy' alcohol consumers.

Since the launch of the Alcohol Strategy (HM Prison Service, 2004) alcohol treatment has been available for offenders who are serving a prison sentence. However it seems important to consider if effective 'through care' and timely follow up care is made available on release. The Offender Management Model (National Offender Management Service, 2006) highlights the need for offender managers to plan and manage interventions for offenders throughout their sentence whether or not they are in custody or the community. Furthermore, the Resettlement Strategy (Senior, 2003) also highlights the need to address substance misuse post-release in order to tackle reoffending rates. Under existing legislation, in 2005 offenders could receive extended drug testing as part of a 'post conditional licence' (Home Office, 2004) upon early release from prison. This process aims to reduced reoffending and increase up-take of treatment for drug misuse. Considering the ATR as a conditional licence requirement could have a beneficial impact upon offenders who have had the opportunity to abstain from alcohol use during their prison sentence. Prison 'In-reach' work, largely based on relapse prevention strategies conducted within the ATR could provide a continuum of care for offenders with alcohol problems as they move through different components of the criminal justice system, from custody to community.

The figures presented in Table 1 show that overall a large proportion of offenders who are referred for an ATR assessment by the Probation Service (i.e. offender managers) are indeed considered suitable for treatment by the alcohol treatment workers. This suggests that the referral process between the offender managers and the alcohol treatment workers in Pontefract and Wakefield is an effective process. Initiatives like the ATR rely on interagency working which involves the merging of two different cultures; public health that aims to treat substance misuse and addictions and public safety that aims to protect the community. The success of such inter-agency working relies largely on the ability to communicate effectively (Lacey, 2003). Notably, effective communication is said to lead to trust which in turn makes it more likely that professionals will work together in the same premises with the same aims (Lacey, 2003). The reported effectiveness of the referral process suggests that communication is working well and this may relate to proximity. Both the Wakefield and Pontefract probation services have accommodated the alcohol treatment

workers ‘on site’. Tilstone and Rose (2003) found that effective interagency working depends on factors such as having specific locations and opportunities within which to develop, for example working in close proximity or having a shared project. Furthermore, they suggest that having shared aims between agencies, powerful enough to counter their very different core purposes is further testament to an effective way of interagency working. Therefore, the shared aims of the ATR and the physical proximity of working in the same building appears to be enabling effective communication and positive working relationships between the alcohol treatment workers and the offender managers.

Offender characteristics

Some of the characteristic features of offenders that emerge consistently in the research literature can often be useful in determining risk factors of, for example, alcohol related violence (Budd, 2003). Characteristics such as age, gender, ethnicity, and employment are considered to be important risk factors for criminal behaviour. Indeed it has been reported that in the UK young men are more likely than other people to engage in excessive alcohol consumption (de Vissor and Smith, 2007) and as a result there is widespread concern about the health and social consequences of young male drinkers, for example alcohol related crime. Table 2 presents data collected regarding 81 ATR clients and shows some of the main characteristics of the clients, taken from probation and treatment records.

Table 2. Wakefield and Pontefract client characteristics

ATR client characteristics	n	%
Gender		
Male	**74**	**91.4%**
Female	**7**	**8.6%**
Ethnicity		
White British	**80**	**98.8%**
Black Caribbean	**1**	**1.2%**
Age Group		
18-35	**48**	**59.3%**
36-50	**30**	**37%**
51-65	**3**	**3.7%**
Employment		
Unemployed	**63**	**77.8%**
In work	**13**	**16%**
Unknown	**5**	**6.2%**

Gender, age and ethnicity

Table 2 shows that the majority of the ATR clients within this sample, are male, with a larger proportion of younger (aged between 18-35) males who describe themselves as 'white British'. Across the UK, alcohol-related aggression and violence is most typically associated with young white males who consume alcohol to intoxication (McMurran, 2007).

Employment

A large proportion (77 %) of the 81 ATR clients were recorded as unemployed at the time of data collection (Table 2). This category included any individual who was recorded as 'unable to work' due to ill health or disability. Indeed across the District, unemployment levels are slightly higher than the national average, with the District's Community Strategy (WDP, 2006) showing that unemployment across the District has remained high since 2003. The unemployment rate in May 2006 was 2.8 per cent with around 5,500 people claiming jobseekers allowance. There are around 30,000 people in the District claiming incapacity benefit and severe disability allowance. During the ATR, clients are given the opportunity to consider employment and can be 'signposted' to other agencies who offer support for those who wish to take up employment. This has benefitted some of the clients on the order and will be explored in more detail later in this report.

Identifying drinking 'patterns'

Stimson, Grant, Choquet and Garrison, (2007) note that over the past two decades, research into drinking 'patterns' has provided a wealth of information about individuals who consume alcohol, their behaviours, and the likely consequences of consumption. For example, drinking patterns can comprise of *quantity* of alcohol consumed, *duration* and *frequency* of drinking, the *settings* in which drinking takes place and the *cultural role* and significance of alcohol.

The Models of Care for Alcohol Misusers (MoCAM) (National Treatment Agency, 2006) specify four main categories of alcohol misusers who may benefit from some kind of intervention or treatment; *hazardous drinkers; harmful drinkers; moderately dependent drinkers* and *severely dependent drinkers* (p.12). Drawing on MoCAM, the alcohol treatment workers operate within an approved framework that identifies three main categories of

alcohol consumption namely, *'dependent' 'binge'* and *'hazardous'* . These are utilised in order to identify clients' patterns of alcohol consumption. Table 3 below provides a brief overview of each category.

Table 3. Brief definition of drinking categories

Drinking pattern	Description
Dependent	*Where clients were found to be consuming alcohol heavily on a daily basis and reported having withdrawal symptoms upon waking or going long periods without alcohol*
Binge	*Where excessive amounts of alcohol were consumed over a short period of time, often with the intention to become intoxicated*
Hazardous	*Where clients are consuming alcohol over the sensible drinking limits and may increase the risk of harmful consequences for the user.*

Data sources of drinking patterns

In order to examine ATR client's drinking patterns, three main data sources were examined:

- *Comprehensive assessments*: Upon being granted an ATR, each client undergoes an initial comprehensive alcohol treatment assessment which provides the alcohol treatment worker with an opportunity to gain a more in-depth understanding of the client's background, lifestyle, health and current alcohol consumption. This information enables the alcohol treatment worker to decide and develop an individual treatment plan for their client.
- *Drink diaries:* From the client's initial assessment, the alcohol treatment worker gains insight into the client's alcohol consumption, and drinking 'pattern'. However, it is often the case that at this early stage in the treatment, clients are not fully aware of the amounts they have been, or are currently consuming, and understandably in many cases, often find it difficult to 'quantify'. One of the most common methods used to identify drinking patterns on the ATR is the use of 'drink diaries'. The client is asked to record daily, the amount of alcohol consumed (often converted into units either by the client or during treatment sessions by the alcohol treatment worker) on a weekly chart which can be discussed in more detail during treatment sessions. For the majority of clients this method appears to be to be an effective way of recording and reporting their

alcohol consumption. Moreover, there appears to be an educational aspect to the diaries as clients have the opportunity to learn about alcohol units and in turn, how to safely reduce their alcohol consumption (see Appendix 1 for examples of drink diaries). Clients' drink diaries (where available[2]) provided a further source of information in relation to the identification of drinking patterns.

- *CRAMS data base*: All ATR clients have the same supervision conditions to attend treatment as the probation service's National Standards (Ministry of Justice, 2007), therefore alcohol treatment workers are also required to document all ATR activity (including treatment progress, non attendance; telephone calls etc.) with their clients on the CRAMS data base via an electronic 'contact log'. Information about the clients' treatment has been explored via contact logs written by the alcohol treatment workers.

The data has been collected, collated and analysed using comprehensive assessments, drink diaries and CRAMS. It must be acknowledged that the data sources above were not specifically designed for research purposes and it was often found that there were variations in the content and detail of the records that were held. In addition, and more importantly, it is essential to acknowledge that a large part of the information gathered in relation to drinking patterns is based on clients' 'self-reporting'. This method has raised controversy in the research literature in relation to its validity when assessing levels of alcohol consumption and drinking behaviour patterns (Connors and Volk, 2004). However it has also been argued that self-reports can be relied upon when there is assurance of confidentiality and where the setting encourages honest reporting (Allen, 1997).

Table 4 presents a breakdown of the clients' drinking patterns in relation to age categories, showing that a large proportion of the clients were assessed as 'dependent drinkers' (75 %) and out of those, just under half (44 %) were aged between 18 - 35. A smaller proportion were classified as 'binge' drinkers' (14 %). Only 5 per cent of the sample was classified as 'unknown'. This was due to either the complexity of the clients' alcohol consumption and other lifestyle factors or the low level of engagement during treatment sessions. Both of these factors resulted in difficulty with regard to accurately identifying any specific patterns of alcohol consumption by the alcohol treatment worker. Only one client was recorded as

[2] Some clients choose not to utilise drink diaries during their treatment.

'abstinent' at the beginning of the treatment. This was due to a 'client transfer' thus the client had received alcohol treatment in a different geographical area prior to being transferred to the ATR in Wakefield.

Table 4. Drinking patterns and age range of ATR clients

Drinking pattern	Age Categories			Total
	18 – 35	36 – 50	51-65	
Dependent	36	22	3	61
% of total	**44.4%**	**27.2%**	**3.7%**	**75.3%**
Binge	7	5	0	12
% of total	**8.6%**	**6.2%**	**0%**	**14.8%**
Hazardous	1	1	0	2
% of total	**1.2%**	**1.2%**	**0%**	**2.5%**
Unknown	4	1	0	5
% of total	**4.9%**	**1.2%**	**0%**	**6.2%**
Abstinent *	0	1	0	1
% of total	**0%**	**1.2%**	**0%**	**1.2%**

* Female client reported as 'abstinent' prior to sentencing.

With the apparent rise of binge drinking over the past few years (British Medical Association, 2008) seemingly prevalent among young men (Lader, 2009), there was a tendency to expect a higher proportion of young male binge drinkers being sentenced to the ATR. Indeed research shows that the prevalence of binge drinking among adult men and women to be much higher than the prevalence of alcohol dependent adults. For example the Alcohol Needs Assessment Research Project 2004 (Department of Health, 2005) found that 21 per cent of men and 9 per cent of women were 'binge drinkers' compared to only 3.6 per cent of adults (6 % men, 2 % women) who were found to be alcohol dependent. On a local level, data from the Health Survey for England (National Centre for Social Research, 2005) revealed that within the Wakefield district, the estimated proportion of adults that binge drink is just over 21 per cent, and in 2009 the proportion of adults who binge drink had increased to 22 per cent, higher than the national average of 18 per cent (Association of Public Health Observatories 2009). During the development phase of the ATR, the ATR

Stakeholder Group acknowledged that dependent drinkers would be assessed as priority cases, however the group discussed at length and agreed that the ATR would also allow hazardous and harmful drinkers due to the severity of the binge drinking problem across the District The higher proportion of young men assessed as dependent drinkers found in this data has uncovered an unexpected characteristic. Thus the ATR has identified problematic drinkers and is predominantly providing much needed alcohol treatment to a large number of alcohol dependent young men within the Wakefield district.

Offending behaviour

Historical information about offenders' previous convictions is used as a predictor for identifying offending behaviour and levels of reoffending by the probation service. Based on data extracted from probation records, information regarding the offender's current and previous offence history was explored. A large majority of the offenders had up to 5 previous offences with only 7.4 per cent of the entire sample having no previous offences upon being granted an ATR (Table 5).

Table 5. Previous offences

No. of previous offences	No. of offenders	%
None	6	7.4%
1- 5	44	54.3%
6- 10	12	14.8%
11-15	3	3.7%
16-20	2	2.5%
21-25	1	1.2%
26-30	1	1.2%
30 and above	6	7.4%
Missing	6	7.4%

The main risk prediction instrument used in the Probation Service is the Offender Group Reconviction Scale 2 (OGRS 2) which is a predictor of re-offending based only on statistical risks (Howard, Francis, Soothill and Humphreys, 2009). The OGRS 2 system forms part of the OASys documentation and primarily uses previous offending histories and demographic

variables in order to predict subsequent offending. Offender managers enter information about the offender, based on 13 offending related factors (see Appendix 2) and the OGRS calculates a percentage probability of reconviction. The percentage score is then categorized into *'High', 'medium'* or *'low'* risk of reconviction. The age that the offender first came into contact with the police and the age that the offender first appeared in court was taken from the OASys records. This was then explored in relation to their risk of reconviction (OGRS score). It was found in this research that the younger the offenders were when they first came into contact with the police and the courts, the more likely they were to have a 'higher risk' of reconviction. This is shown in Table 6 below. Indeed Home Office Statistics (2008) from the 2006 cohort show that just over 50 per cent of offenders given a community sentence reoffend within two years with younger offenders aged below 35 years having the highest frequency rates of reoffending.

Table 6. Risk of reconviction in relation to age category

Age first in contact with police/courts		**Risk of reconviction**			**Total**
		High	Medium	Low	
Age category	11-19	21	19	2	42
	20-25	3	16	0	19
	26-30	0	4	3	7
	31-35	0	3	0	3
	36 and above	0	2	5	7
	Total	24	44	10	78*
	%	30.7%	56. 5%	12.8%	100%

*missing value = 3

Over half of the sample was assessed as having a medium risk of reconviction with over 30 per cent assessed as high risk. Only a small proportion of the sample was assessed as having a low reconviction rate. The ATR is aimed at reducing the levels of alcohol related crime therefore, offering offenders alcohol treatment as part of a community sentence may enable offenders to reconsider their criminal careers and help to break the 'cycle' of reoffending.

Offence category

Identifying and recording crime data is argued to be an important measure of activity locally and a source of operational information to help identify and address local crime problems (Hoare and Povey, 2008). At a local level, violent crime in Wakefield accounts for 35 per cent of all recorded crime in the District and in town centres, the influence of alcohol is estimated to be considerably higher than elsewhere (The Yorkshire and Humber Public Health Observatory, 2005). Thus the ATR was developed to directly address alcohol related crime across the District. Indeed all of the 81 ATR clients in this sample had committed crimes that were assessed as 'alcohol related' by their offender manager. That is, offender managers found alcohol to be a significant factor when committing the convicted offence. Table 7 provides a summary of clients' main offences in relation to the three main drinking patterns recorded by the alcohol treatment workers. 'Violence against the person' was the most common offence category which included common assault; aggravated bodily harm; actual bodily harm and sexual assault (1 incident of sexual assault was recorded out of the entire sample). Out of the 32 offenders who were convicted of an assault, nearly half (46.8 %) of these offenders were perpetrators of domestic violence, the assault involved partners, ex-partners, other relatives or household members. All of the domestic violence offences were committed by males to female victims with the exception of one client who was a female perpetrator to a female victim.

Table 7. Offence categories

Offence category	Drinking pattern				
	n	%	Dependent	Binge	Hazardous
Violence against the person (Proportion involving domestic violence)	**32**	39.5%	**20**	**8**	**1**
	(15)	(46.8%)	(11)	(2)	(1)
Driving offences	**10**	12.3%	**8**	**1**	**1**
Public order	**9**	11.1%	**9**	**0**	**0**
Theft & handling stolen goods	**7**	8.6%	**7**	**0**	**0**
Burglary	**6**	7.4%	**6**	**0**	**0**
Harassment	**4**	4.9%	**3**	**1**	**0**
Criminal damage	**3**	3.7%	**2**	**0**	**0**
Possession of weapon	**3**	3.7%	**3**	**3**	**0**
Drug offences	**2**	2.5%	**1**	**1**	**0**
Other	**5**	6.2%	**1**	**0**	**0**

The high level of alcohol related assaults, reflect the findings of the British Crime Survey 2007/08 (Kershaw, Nicholas and Walker, 2008) which found that in nearly half (45%) of all violent incidents, victims believed offenders to be under the influence of alcohol; 37 per cent of domestic violence cases involved alcohol; and in nearly a million violent attacks in 2007/08 the aggressors were believed to be drunk. Moreover, a large majority of the assaults including domestic violence were carried out by offenders who were subsequently assessed as alcohol 'dependent'.

Analysing the ATR's 'outcomes'

All ATR clients (who are assessed as 'dependent') have the opportunity to undergo an alcohol 'detoxification' with the support of the alcohol treatment workers and medical assistance from the Wakefield Alcohol Team and local General Practitioners. However this procedure accounts for only part of how the treatment on the ATR is delivered. The majority of the ATR focuses on support and counselling which is offered throughout the duration of the treatment. Both alcohol treatment workers are trained in 'motivational interviewing'

techniques (Miller and Rollnick, 2002) and work with clients involves education around safe levels of alcohol consumption; individual goal setting; lifestyle changes and relapse prevention strategies.

The data presented in the following sections is largely based on a systematic review of each ATR client in relation to their alcohol treatment records and CRAMS contact logs kept by the alcohol treatment workers. These consist of a record of every treatment episode throughout the duration of the client's treatment.

Completion of ATRs

Table 8 below shows the number of clients who completed their ATR. Out of the 81 ATR client data that were analysed it was recorded that a high proportion, 57 (70%), completed their ATR. A smaller proportion (14 %) failed to complete their ATR due to 'breach' or committing a further offence (reoffending and consequently receiving a custodial sentence). A small number of clients (11%) were currently still serving on ATR during data collection.

Table 8. Number of ATRs completed

	ATR completed?	
	No.	%
Completed	57	70.4%
Transferred	3	3.7%
Order revoked/breach	12	14.8%
ongoing	9	11.1%

The ATR requires the offender to undergo treatment for a set period of between 6 months and 2 years. In the time that this data sample was collected, more than half of the ATRs were for a duration of 6 months (61%) and just over 30 per cent were 12 months and above. Notably, completion rate for the ATR is relatively high compared to other treatment requirements such as the Drug Treatment and Testing Orders (DTTO) now known as the Drug Rehabilitation Requirement (DRR) where offenders receive treatment for drug misuse. In 2003 it was reported that retention rates for DTTOs were relatively low with only 30 per

cent completing their ATR and 67 per cent having their ATRs revoked (Home Office, 2003). Therefore the ATR appears to be successful in retaining clients throughout the set duration of the treatment. Nevertheless, it must be acknowledged that alcohol, as a socially accepted drug, cannot in many ways be compared to illegal drug misuse and is not subject to the same method of testing. Clients who relapse with a positive drug test on a DRR can be subjected to further punitive measures whereas testing for alcohol use during an ATR (using a breathalyser) is mainly used as a motivational tool for measuring reduced consumption levels and therefore has no punitive consequences.

Outcomes in relation to changes in alcohol consumption and drinking 'patterns'

By accessing treatment files and consulting alcohol treatment workers, it was possible to quantify how their ATR clients were assessed upon completion (or near to completion) of their ATR. Both alcohol treatment workers were asked to make a brief assessment of each client and describe, where possible, their drinking behaviour upon completion of their treatment. Alcohol treatment workers made their assessment based on what progress was made during the treatment and the clients' self reports about their alcohol consumption and other lifestyle changes.

Table 9. Summary of ATR client's treatment outcome

Description of outcome	No. of clients	% of total	
Abstinent	26	32.1	
Reduced alcohol consumption	9	11.1	Positive outcome = 54.4%
Controlled alcohol consumption	9	11.1	
Same – no engagement	13	16.1	
Too complex/unknown	12	14.8	Negative outcome = 45.6%
Binge	1	1.2	
Deterioration of alcohol consumption/relapse	10	12.3	
'Heavy' alcohol consumption	1	1.2	
Total	81	100%	

The results are shown in Table 9 above. It was found that a larger proportion of the clients (32 %) were described as 'abstinent' upon completion of their treatment. 11 per cent were described as achieving a state of 'controlled' alcohol consumption and a further 11 per cent were described as having 'reduced' their alcohol consumption. Each of these categories were described as 'positive outcomes' by the alcohol treatment workers and in total it was found that over half of the entire sample was recorded as having made positive changes to their levels of alcohol consumption and drinking behaviour patterns.

Table 9 also shows that just under half of the client sample (45 %) had either no change in their alcohol consumption or indeed their alcohol consumption had 'deteriorated' whilst serving on the order (i.e. alcohol consumption had increased). A large proportion of the negative outcome clients were described as 'too complex' or 'unknown'. This according to the alcohol treatment workers, was due to clients presenting with many additional complex issues during treatment (for example drug addiction; mental health issues etc.) that could not be 'oversimplified' into one single category.

Previous treatment involvement

During examination of the client's treatment files, it became evident that some clients had previously attended voluntary alcohol services in their local area. Table 10 below shows the number of clients who were known to have accessed voluntary alcohol services previous to their ATR treatment (based on self reporting). Only 16 per cent of the client sample had reported that they had received alcohol treatment on a voluntary basis prior to receiving an ATR. For a large majority of the clients however, this was either not reported or not recorded. This information could be explored in more depth and further research involving client interviews may provide more detail. Nevertheless for many clients, the ATR may be the first time they have received any support or treatment for their alcohol consumption.

Table 10. Number of ATR clients previously known to WAT or other voluntary alcohol services

Previously accessed voluntary services?	Number of clients	% of total
Yes	13	16
No	22	27.2
Unknown	46	56.8
Total	81	100%

Additional outcomes in relation to the ATR

Table 11 shows a summary of the ATR client data in relation to outcomes other than their alcohol consumption. Just over 37 per cent of the sample completed their ATR 'successfully' without needing any further support (this information is based on their alcohol treatment worker's reports). It was also evident that, out of the large majority of clients who completed their ATR, there were some clients who, again according to their alcohol treatment worker, did not 'engage' successfully during treatment (14.8 per cent) or relapsed towards the end of their treatment (9.8 per cent).

Table 11. Final assessment of clients upon completing treatment

Final overall assessment by alcohol treatment worker	No. of clients	% of total	
Completed ATR successfully *(No. and % of originally unemployed clients who completed are actively looking, training or in work; % of total sample)*	30 *(7)*	37.1 *(11)*	27% of clients accessed further services
Poor outcome – never engaged/attended	12	14.8	
Relapsed	8	9.8	
Referred to Wakefield Alcohol Team (WAT)	7	8.6	
ATR revoked /unknown	7	8.6	
Referred to Mental Health Services	6	7.4	
Unknown	6	7.4	
Currently 'doing well'	4	4.9	
Currently 'not engaging'	1	1.2	
	81	100%	

Social factors such as accommodation, education and employment are said to be significantly associated with reoffending (Social Exclusion Unit, 2002). The ATR offers clients the opportunity to engage in additional support services during their treatment. These additional services are often 'signposted' by their alcohol treatment worker or offender manager. For example, due to the high number of alcohol 'dependent' clients within this data sample, it would understandably be expected that a large majority would find it difficult to remain in employment. However during treatment, the client may feel more able to begin to look for employment opportunities. This social element of rehabilitation is concerned with helping offenders re-construct their social positioning to allow them a realistic way of living without alcohol and offending (Turner, 2004). Through their alcohol treatment worker, clients can be referred to agencies such as 'Progress to Work' where help and support in finding employment can be provided. Table 11 shows that, out of the 63 unemployed ATR clients at the beginning of their treatment, 7 were either in employment,

or were looking/training for employment by the time they had completed their treatment. On further analysis it was found that 5 out of the 7 ATR clients in this category who were abstinent upon completing the ATR were classified as 'alcohol dependent 'at the beginning of their treatment. In addition all of the ATR clients who were employed at the beginning of their treatment requirement remained in employment throughout, showing a possible overall increase in employment figures from 13 (16%) up to a potential of 20 (25%). This suggests that for some, the ATR can positively change a person's overall lifestyle as well as their alcohol consumption.

It is further acknowledged that many alcohol misusers have multiple needs and that alcohol misuse and mental health are frequently interlinked (Stimson et al, 2007). Table 11 indicates the number of clients who were referred to the mental health services after completion of their order (7.4 per cent) and the number who were referred on to the Wakefield Alcohol Services (WAT) in order to continue with their treatment (8.6 per cent). All ATR clients have the opportunity to be introduced to these services whilst participating on the ATR. A psychiatric mental health nurse visits the treatment site regularly (usually every 3 to 4 weeks) and clinics are held at WAT for those who are preparing for an alcohol 'detox'. Although these figures are relatively small, the 27 per cent of clients who are now accessing other services are being provided with ongoing support that they may not have accessed if they were not participating in the ATR.

Outcomes in relation to completion rates

The ATR was developed through a need to locally address and reduce the level of alcohol related offences across the Wakefield district. The Ministry of Justice (2009) reported that nationally, reoffending rates for offenders who are released from custody or receive a community sentence in 2007 has reduced from 43 per cent to 39 per cent since 2000. Table 12 presents a summary of offending behaviour for those who had completed their ATR. Out of the 81 ATR clients who were examined, 57 clients had completed their treatment requirement. At the time of data collection it was recorded that a large majority of the clients had not reoffended (81 per cent). Only 6 per cent had reoffended and 11 per cent had gone on to receive a prison sentence. This appears surprising and unexpected in

relation to reoffending rates and the high proportion of offenders in this sample who were classified as high/medium risk offenders.

Table 12. Number of ATR clients who have reoffended

Has the client reoffended?	No. of clients	% of total who completed ATR
No further offence recorded	59	81.9
Prison	8	11.2
reoffended	5	6.9
Total	72	100%

These figures show a relatively low percentage of reoffending rates. However, the Ministry of Justice (2009) report reoffending rates by measuring the actual number of offences the cohort committed during the one year follow-up period which resulted in a conviction at court. It must be noted therefore, that this data set was collated over a period of approximately 1 year, therefore the time lapse from completion of an ATR, for each client, varies considerably. For example, some of the clients in the data set had only recently completed their ATRs, whilst others completed as long as 6 to 12 months previously. In order to allow for a substantial time lapse with which to measure reoffending rates within a one year follow-up, this data set will be revisited at the beginning of 2010.

Summary

The aim of this report has been to explore and understand in more detail the characteristics of 81 offenders who were granted an ATR by the courts as part of a community sentence. Moreover, this report has aimed to provide a quantitative evaluation of 'outcomes' in relation to the treatment.

Findings

- The large proportion of offenders who were granted ATRs by the courts upon being assessed as 'suitable' for alcohol treatment, demonstrates that the ATR exceeded its targets for the Wakefield district.
- The large percentage of offenders who received an ATR also demonstrated the success of inter-agency working between the Criminal Justice System and the Health Service. Both agencies have worked effectively to ensure that individuals receive appropriate support and treatment whilst serving on a community order.
- For both agencies, having shared goals and working in close proximity appeared to be pivotal to the ATR's operational success.

A larger proportion of the 81 ATR clients were male, described as White British, aged between 18 – 35 and unemployed. Just over three quarters of the sample were described as 'dependant drinkers' followed by 14 per cent described as 'binge drinkers'. Just over half the sample had experienced contact with the police or courts from a young age of 11- 19. Only 7 per cent of the sample had no previous offences prior to receiving an ATR and over half of the sample had between 1 and 5 previous offences. A larger proportion of the main alcohol related offences were found to be 'violence against the person' involving assaults and domestic violence. In this sample, over half of the clients were assessed as having a 'medium risk' of reoffending followed by 30 per cent who were assessed as 'high risk'.

Evaluating 'outcomes'

There is now a more contemporary approach to evaluating treatment outcomes in the drug and alcohol field (McLellan et al, 2005). There has been a move away from the traditional reliance on abstinence as the sole criterion of treatment success. Treatment outcomes have recently extended to a focus that attempts to answer questions such as 'are patients/clients engaging in treatment; reducing their alcohol intake; improving their health and social function; and reducing threats to society?' Below is a summary of the findings based on this approach:

- It was found that there were more 'positive outcomes' overall than 'negative outcomes'.
- A large majority of ATR clients completed their treatment and on closer inspection it was found that just over half had made positive changes to their alcohol consumption levels.
- Just over 32 per cent were recorded as 'abstinent'.
- A further 22 per cent had achieved levels of 'controlled drinking' or had made attempts to 'reduce' their level of consumption.
- In relation to reoffending 'outcomes' of the 81 clients the data analysis showed that a large majority (over 80 per cent) had completed their ATR with no further offences committed.

It must be noted that all clients had the same conditions to attend treatment as the probation services' National Standards, therefore non-attendance would result in 'breaching' the ATR and the client may have had to go back to court for further sentencing. According to the alcohol treatment workers, the 'coercive' element of the treatment (offenders can refuse to receive treatment but may face further undesirable options such as custody) enforces the clients to attend regularly, and for many of the clients, this appeared to have resulted in them remaining longer in treatment and consequently moving closer to their therapeutic objectives.

Nevertheless, a smaller proportion of clients were found to have made no changes to their alcohol consumption during treatment, and according to their alcohol treatment worker this was due to clients failing to engage during treatment sessions. This would suggest that

'coercive' treatment may be successful in getting the client to attend treatment sessions, but, for some clients, is not necessarily effective in bringing about the desired changes. There were a small number of clients who were recorded as having 'relapsed' where controlled or abstinent drinking had been achieved at some point during treatment, but not sustained. Although these clients have been recorded as a 'negative' outcome, it could be argued that they have at the very least had the opportunity to experience sobriety and consequently, have been made aware that there is support in the community should they decide to voluntarily access services in the future. Indeed 27 per cent of clients who had completed their ATR were referred to other voluntary services (for example, mental health; alcohol treatment; employment agencies etc.) where ongoing support is offered post treatment.

Recommendations

Currently, there is the potential for the ATR to include offenders who are due to be released from prison on a conditional license. Potential clients could be assessed prior to their release date from prison and steps could be taken to ensure that on the day of release, there is immediate treatment (i.e. detox medication) and relapse prevention awareness, available through the ATR. This was evident in the number of clients (14 per cent) who were assessed as suitable for alcohol treatment in the community, but were custodial sentenced by the courts.

Further research

The quantitative data presented in this report has served to provide an 'objective' overview of the ATR. The very nature of the data could, if viewed in isolation result in an oversimplification of the complexity of the ATR, its clients, the treatment workers and the everyday functioning of the service.

There can be a whole range of social, environmental, individual and cultural factors which exert an influence on the 'therapeutic relationship' and the treatment, making it more complex to precisely establish the role of the ATR in behaviour change through statistical analysis alone. Therefore the third phase of this research has begun to focus on qualitative observations of the service and interviews with ATR clients. This third phase of the research aims to build on the quantitative phase and provide a more 'holistic' view of how the ATR is delivered across the Wakefield district and explore its impact on individual lives.

In relation to reoffending outcomes, the time lapse post treatment was not recorded and further analysis on this data will need to be conducted. It is intended as part of this ongoing research, that this client data base will be revisited in early 2010 in order to gain further insight into reoffending rates.

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Appendix 1: Daily Drinks Diary

	Type of Drink/How Much?	Time of day	Who with?	Why did you drink? How did it make you feel?
MONDAY	LAGER (cans) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 CIDER (bottles) 1 1 1 1 1 1 1 1			
TUESDAY	LAGER (cans) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 CIDER (bottles) 1 1 1 1 1 1 1			
WEDNESDAY	LAGER (cans) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 CIDER (bottles) 1 1 1 1 1 1 1			
THURSDAY	LAGER (cans) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 CIDER (bottles) 1 1 1 1 1 1 1			
FRIDAY	LAGER (cans) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 CIDER (bottles) 1 1 1 1 1 1 1			
SATURDAY	LAGER (cans) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 CIDER (bottles) 1 1 1 1 1 1 1			
SUNDAY	LAGER (cans) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 CIDER (bottles) 1 1 1 1 1 1 1			

Appendix 2: Offending related factors

Offending information
Offence analysis
Accommodation
Education training and employment
Financial management and income
Relationships
Lifestyle and associates
Drug misuse
Alcohol misuse
Emotional well-being
Thinking and behavior
Attitudes
Health and other considerations