

Offender health: alcohol services review

Summary

November 2010

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Introduction and Methodology

Alcohol-related crime costs the economy around £1.5 billion per annum¹. As such policy has recorded a commitment to its reduction². Effective treatment services and interventions are required to do this; however there is little information available as to the existing status of such services for offenders (in prison and the community). In light of this the North West Regional Offender Team commissioned the Centre for Public Health (Liverpool John Moores University) to review all alcohol services in the North West (both those that target offenders specifically³ and more generic⁴ services).

The review had four stages. Stages one and two were conducted in December 2009 and stage three and four were conducted between January 2010 and April 2010:

1. A literature review of published evaluations and strategic documents;
2. The analysis of structured alcohol treatment data (via NDTMS, National Drug Treatment Monitoring System);
3. A series of telephone interviews with stakeholders, from health, criminal justice and young people's services;
4. Online searches to further uncover services that offer alcohol treatments and interviews with those involved.

In total 84 interviews were conducted. Of those 17 interviews covered organisations in Cheshire, 24 in Cumbria, 60 in Greater Manchester, 41 in Lancashire and 42 in Merseyside (some organisations covered multiple regions).

Findings

National Drug Treatment Monitoring System Findings

NDTMS data for the North West in 2008/09 showed overall that 20,183 individuals (4.28 per 1,000) aged 15-64 were in contact with structured alcohol treatment. This ranged from 2.6 per 1000 (n=590) in Central Lancashire and Oldham to 6.5 (607) in Blackpool and 7.1 (1455) in Wirral. Of those in treatment, the median age was 40 years old with the most prevalent age group being 35-44 (30%; 6015); additionally 24% (4827) were aged 45-54 and 16% (3272) were below 25 years old. Data show 146 treatment providers delivered structured alcohol interventions across the region. This consisted of Alcohol only, Drugs and Alcohol, and Young Peoples' specific services. However, inequities in service provision and availability were apparent across the North West of England, in relation to treatment modalities targeted at specific populations. Overall Greater Manchester and Merseyside had the highest number of providers; Cumbria had the lowest.

¹ Strategy Unit (2003). Alcohol Misuse: how much does it cost? Prime Minister's Strategy Unit, London.

² HM Government (2007). PSA Delivery Agreement 25: Reduce the harm caused by drugs and alcohol. HM Government, London.

³ Services designed for the offender.

⁴ Services that are open to all members of the population, these include (ex-) offenders and potential offenders.

Review and Interview Findings

The review highlighted the wide range of services in place to target alcohol-related harm in general. These included:

- Structured services delivering interventions in a residential and/or community setting;
- Non-structured services such as: alcohol awareness/personal and social development services, screening programmes and peer support groups (Alcoholics Anonymous).

Interventions for offenders specifically were less common. For example, whilst 17 (of 23) Primary care trusts (PCT) strategic plans mentioned the need to reduce alcohol-related harm and discussed the implementation of initiatives to do this, only three mention the provision of such services in relation to criminal justice. These were Central Lancashire, Salford and Wirral. Nevertheless, beyond the PCTs mentioned, we identified a number of services and interventions in place for offenders in custody suites and for those individuals on probation and in prison. These included conditional cautioning, Alcohol Arrest Referral (AAR), Alcohol Treatment Requirements (ATRs) and structured alcohol treatment in prisons. Box one provides details of service in Wirral as an example case study.

Box One: Case Study - Wirral

Wirral Primary Care Trust (PCT) was one of the three PCTs that explicitly mentioned the link between alcohol and criminal justice in their strategic plan and aimed to reduce the levels of alcohol-related crime and violence. The plan called for the development of interventions in a criminal justice setting, for example, developing a post-arrest alcohol intervention programme and the development of a conditional cautioning programme. In addition Wirral PCT offers a series of interventions that are targeted at the offender:

- The Wirral Alcohol Arrest Intervention Programme, targets individuals in the custody suite arrested for alcohol-related offences, providing screening (via The Alcohol Use Disorders Identification Test, [AUDIT]) and brief interventions;
- Young Person Alcohol Intervention Programme, involves the referral of young people stopped by the police for alcohol-related incidents (for example, consuming alcohol in public or alcohol-related anti-social behaviour) to Response, who offer a brief intervention and if necessary, referral to specialist services;
- ATRs can be imposed on the offender by the courts involving a series of bi-monthly sessions with alcohol treatment specialists for a total period of 24 weeks.

On the whole, service availability reflected population density, with areas such as Greater Manchester and Merseyside offering the highest number and concentration of generic and offender specific services, whilst Cumbria offered the least. Those services that were targeted at offenders were predominantly concentrated in custody or prisons, with fewer services specifically available to (ex/potential) offenders in the community. Additionally across the North West, a number of population groups are targeted by alcohol services including: young people (including young offenders), women, the homeless, and those with mental ill-health. These services were sparse and such programmes were not available to all individuals, as for example just one residential facility (in Stockport) catered to young people.

Discussion

The offender health service review identified a wide range of different services and interventions available for offenders in custody, in prison and in the community across the North West. These included structured treatment, peer support and ATRs. However, because services are constantly developing the review provides only a snapshot of alcohol service provision. Further, whilst services were evident across the region, provision was inconsistent with considerable geographical variation and a lack of community-based offender-specific services in some areas. The apparent disparity in service provision may be influenced by a number of factors. For example because of NDTMS coding, where one agency code may represent a number of different services as in the case of Cumbria's Drugs and Alcohol Recovery Team. Variation could result from gaps in available intelligence; for example literature did not always report whether the project was still ongoing. The significant variation in population density, levels of alcohol related harm (as identified in LAPE⁵, 2010) and the distribution of prisons and offenders institutions would also have had a considerable effect. In light of the findings it is recommended that:

- Consideration is given to availability of alcohol-related services for offenders (and those at risk of offending) under the age of 18.
- Adequate alcohol treatment services targeted at offender groups in a community setting are in place, ensuring a continuity of care and full integration with services that are established within the secure environment.
- Programmes are fully evaluated to maximise their effectiveness. To facilitate this, it is recommended that a standardised evaluation format be established, ensuring the inclusion of core data items and clear objectives to enable robust monitoring and evaluation.
- A network of "champions" is developed to aid in the evaluation and development of alcohol interventions for the offender population.
- This review is developed into a virtual tool. This tool would be live (could be updated and accessed by outside/stakeholder agencies) and provide a number of valuable resources graphical, geographical and tabulated formats to policy makers and other stakeholders. The provision of timely data relating to the extent and characteristics of both service provision and the population served, together with outcome and care pathway information would facilitate the further development of effective service provision.

The full report is available on request from the Centre for Public Health. To obtain a copy please contact Michael Burrows (m.j.burrows@ljmu.ac.uk) or Michela Morleo (m.j.morleo@ljmu.ac.uk).

⁵ LAPE: Local Alcohol Profiles for England. (<http://www.nwph.net/alcohol/lape/>)