

Interim Report on the Effectiveness and Outcomes of the ATR/ASAR Pilot.

Jo Heaney & Jeff Evans

3rd December 2012

Executive Summary

A report was submitted to the Safer Stockton Partnership in October 2011 outlining the initial findings from an Alcohol Treatment Requirement (ATR) and Alcohol Specified Activity Requirement (ASAR) order pilot. It was agreed at this time that a further report would be submitted in an attempt to provide a clearer picture of the impact of these orders as at the time of the original report the data available on both offending and alcohol behaviour was limited.

Within the first report a number of recommendations were made, all were taken forward with the below outcomes-

- ***A DRR (Integrated Offender Manager) model has been applied to this group of offenders since January 2012 the outcome of which has been improved communication and relationships between probation and Lifeline. This is the case as there are only two key offender managers who deal with the orders as opposed to 18***
- ***A number of meetings have taken place, although not on a regular basis. This has been as a result of maternity leave, sick leave and staff leaving posts.***
- ***A direct line is now in use with answer phone which ensures that a member of the ATR/ASAR team receives all enquires related to the orders.***
- ***Further non-recurrent investment has been secured until 31st December 2013 this is in-line with the re-procurement time line for alcohol treatment services.***

The cost associated with crime is commonly known as immense. In Stockton during 2010-2011 there were 10,678 crimes committed of those it is estimated that 14,914 were alcohol related, this is an estimated number which is calculated by taking the (actual number of crimes) x (under reporting factor) x (proportion of crime type which is alcohol related). The cost associated with all crimes was £102,709,487, the cost of alcohol related crime was £19,417,909.

In relation to the outcomes of the original cohort of individuals there was a 45% reduction in offending observed within the ATR group and a 5% reduction in the ASAR group. In relation to alcohol intake 29% within the ATR group remains abstinent and 60% of the ASAR group.

Positive outcomes have also been observed within the orders which have since completed with 84% of AUDIT scores improving within the ATR group and 51% within the ASAR group.

Wider alcohol offending has been reviewed within this report which highlights that 37% of those arrested for an alcohol related crime received an intervention, and those offences can be largely group into the following; a) acquisitive b) assaults, drunk and disorderly, public order, criminal damage c)driving offences.

It has also been identified that 58.2% of the whole I.O.M caseload is has alcohol as a criminogenic need.

There has continued to be challenges within the pilot this has mainly been in relation to getting the people onto the orders. A number of reasons is suggested to be contributing to this challenge; the complexities associated with this cohort of individuals who are by no means an homogenous group, thus require a variety of different ways to engage firstly with the notion that alcohol is causing a problem and secondly that an ATR/ASAR is a way to help them tackle it. A further compounding problem is that for some people the order had not had a positive impact therefore solicitors are reluctant to suggest them.

In conclusion the pilot has provided some evidence of positive outcomes in relation to alcohol intake and treatment status. Furthermore we have been able to provide some of the wider determinant of health benefits to a much bigger cohort than the original group. The outcome of which in relation to addiction is an improvement in their recovery capitol and health and well-being. There is also evidence of a reduction in crime in the initial cohort with the ATR group observing a 45% reduction and ASAR observing a 5% reduction.

It also appears that unlike within the first report the greater outcomes appear to be associated with those who have been given an ATR, this may be as a result of the fact that ATR's have a minimum of 6months attached to them which allows both organisations to work with the individuals to address the often complex issues which are associated with both their alcohol consumption and offending behaviour.

Future recommendations have been outlined as follows;

- To re-establish regular meetings which include both strategic and operation staff.
- To explore the benefit of doing an in-depth piece of analysis to find the true cost versus benefit figure.
- To explore the notion of identifying and adopting different strategies for the sub groups outlined within section 4
- To identify if the outlined orders should a) be available on a recurrent basis b) presented to the Police Crime Commissioner to secure investment

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1 Introduction

This report will provide an update of the ATR (Alcohol Treatment Requirement) and ASAR (Alcohol Specified Activity Requirement) pilot project which has been running within the borough of Stockton since December 2010. It will provide an outline of actions taken in relation to the recommendations within the interim report, as well as providing an update of the outcomes for the initial cohort and subsequent offenders who have accessed and completed either order. The report will also provide a conclusion in relation to the effectiveness of the orders and outline recommendations for the future.

2 Background

In October 2011 a report was submitted to Safer Stockton Partnership (SSP) outlining the initial findings in relation to the ATR/ASAR pilot being delivered in partnership between probation and Lifeline. At the time of submission the level of data relating to the outcomes of the orders was minimal due to the duration of the orders themselves, thus it was suggested that a further report be submitted at a point at which 1years re-offending data was available for the cohort of offenders presented within the initial report.

It also provides an opportunity to update the partnership on the outcomes of the recommendations made within this report.

2.1 Outcomes of Recommendations

Within the initial report there were four recommendations made, below they have been highlighted along with the actions taken and outcome of the activity-

- Explore the possibility of applying the Drug Rehabilitation Requirement (DRR) model adopted within probation to these orders, in an attempt to improve communication and offender outcomes.

A DRR (Integrated Offender Manager) model has been applied to this group of offenders since January 2012 the outcome of which has been improved communication and relationships between probation and Lifeline. This is the case as there are only two key offender managers who deal with the orders as opposed to 18

- Continue to have regular/monthly meetings where both organisations and DAAT are represented.

A number of meetings have taken place, although not on a regular basis. This has been as a result of maternity leave, sick leave and staff leaving posts.

- Lifeline to identify a direct phone contact point to ensure all queries are received by the appropriate person.

A direct line is now in use with answer phone which ensures that a member of the ATR/ASAR team receives all enquires related to the orders.

- Secure longer term investment which would allow for a more extensive evaluation of the pilot to occur.

Further non-recurrent investment has been secured until 31st December 2013 this is in-line with the re-procurement time line for alcohol treatment services.

2.2 The cost of alcohol related crime

In terms of the cost of alcohol related crime and disorder there are a number of areas which could be included to estimate the actual cost. However it is extremely difficult to identify accurate costs as there are a number of complexities in terms of what should be taken into consideration when calculating.

In Stockton during 2010-2011 there were 10,678 crimes committed of those it is estimated that 14,914 were alcohol related, this is an estimated number which is calculated by taking the (actual number of crimes) x (under reporting factor) x (proportion of crime type which is alcohol related). The cost associated with all crimes was £102,709,487; the cost of alcohol related crime was £19,417,909.

Although we are not able to identify individuals from these figures and therefore not able to establish the at this time the cost of the crimes committed associated with those individuals receiving one of the outlined orders we think it is worth highlighting the costs associated with delivering both orders. This is approximated at £302,248 (1.56% of the estimated cost associated with alcohol related crime), this includes both probation and Lifeline costs of managing and delivering all the orders to date which is 114- ATR and 89- ASAR. It is acknowledged that the outlined figures only provide a piece of the jigsaw in terms of cost versus benefit/outcomes of the orders, further detailed analysis would need to be undertaken in order to accurately assess this.

Thus a potential next step would be to analyse the number of crimes committed by those who are currently/have been on an ATR/ASAR calculate the costs of those crimes and assess them against the cost of delivering an ATR/ASAR.

3 Re-offending

3.1 Outcomes to date

This section of the report focuses on those offenders who were given an ATR or ASAR and the reduction or otherwise that it had on their re-offending. In addition to the support they receive from the Lifeline Alcohol project they also undergo a Citizenship programme whilst under the supervision of the DTV Probation Trust. This is a modular programme which seeks to address the how, why and when of offending and then seeks to explore strategies to desist from re-offending.

The table below outlines the number of Court Orders since the commencement of the service in December 2010:

| Period: | Court Orders ATR: | Court Orders ASAR: |
|----------------------------------|--------------------------|---------------------------|
| December 2010 – March 2011 | 26 | 10 |
| April 2011 – June 2011 | 16 | 12 |
| July 2011 – September 2011 | 32 | 15 |
| 1 October 2011 – 31 October 2012 | 134 | 87 |

Between the 1 October 2011 and the 31 October 2012, 134 offenders have been given an ATR and 108 completed (80%). During the same period 87 offenders were given an ASAR with 58 completing (61%).

4 Methodology for Evaluating Impact

At the time of writing the initial report a total of fourteen offenders had completed their ATR's and five offenders had completed their ASAR's. In order to assess what, if any, impact this had on their offending, examination of the number of arrests twelve months prior to, during and after the completion of their respective Order was examined.

As the total number of those completions was relatively low, 14 out of 74 ATR's, and 5 out of 37 ASAR's the sample could only indicate whether or not there is an impact on offending or otherwise. This low number is expected due to the length of time the

sentences have been in operation. Likewise cognisance must also be taken of the fact that some of these offenders may well have been sent to custody and therefore not able to further offend within the community.

The table below outlines the initials and arrests by those completing an ATR. All are males other than those outlined (f) The Arrests post column has two figures, the first figure is the number of arrests as at September 2011 and the second figure is the total number of arrests at September 2012. This enables a more detailed analysis of whether or not this cohort has continued or otherwise to offend.

| Initials: | Arrests prior: | Arrests during: | Arrests post: |
|------------------|-----------------------|------------------------|----------------------|
| AH | 5 | 0 | 0/1 |
| KA | 6 | 0 | 1/5 |
| DR | 4 | 0 | 0/0 |
| MMc (f) | 4 | 2 | 2/0 |
| RM | 12 | 5 | 2/4 |
| MO'C (f) | 12 | 2 | 1/0 |
| DP | 13 | 1 | 0 /0 |
| LH | 1 | 0 | 0/0 |
| DB (f) | 11 | 1 | 0/0 |
| MS | 7 | 5 | 0/0 |
| BC | 4 | 2 | 4/4 |
| DW(f) | 6 | 2 | 0/0 |
| NS | 8 | 0 | 0 /0 |
| RL | 1 | 0 | 1/1 |

A total of 94 arrests were committed twelve months prior to the sentence of an ATR and 31 arrests during and post completion of the Order. A reduction of 63 arrests (67%). However, with the benefit of a further twelve month period in the community the arrests post intervention has raised from 31 arrests to 46 an overall reduction of 49%.

The table below outlines the initials and arrests by those completing an ASAR. All are males.

| Initials | Arrests Prior | Arrests during | Arrests post |
|----------|---------------|----------------|--------------|
| PC | 5 | 0 | 0/0 |
| LT | 13 | 0 | 4/7 |
| KR | 0 | 0 | 1/7 |
| JS | 1 | 0 | 0/0 |
| DP | 1 | 0 | 0/0 |

A total of 20 arrests were committed twelve months prior to the sentence of an ASAR and 5 arrests during and post completion of the Order. A reduction of 15 arrests (75%) reduction. However with the benefit of a further twelve month period in the community the arrests post intervention has raised from 5 arrests to 19 arrests an overall reduction of 5%.

Information from Addaction, the commissioned service who deliver drug and alcohol awareness in the custody suite on behalf of the DAAT, below from the 1 April 2012 until 31 October 2012 identifies the following information.

The first chart identifies the number of persons arrested between the 1 April 2012 and the 31 October 2012 where alcohol has been identified as a factor in the arrest. It also highlights the number of alcohol brief interventions that have been given to offenders by the Addaction team.

| Stockton | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-------------|
| Alcohol Related Arrests | 154 | 192 | 180 | 164 | 207 | 195 | 194 | 1286 |
| Interventions Given | 52 | 60 | 36 | 56 | 108 | 99 | 71 | 482 |
| % Alcohol Related Arrests that received an intervention | 34% | 31% | 20% | 34% | 52% | 51% | 37% | 37% |

The chart below identifies the type of offences that relate to the 482 person identified. The category marked other is acquisitive crime and is predominantly shop thefts.

The offence types can be broadly broken down into three categories, **a)** Other (acquisitive crime), **b)** Assaults, Drunk and Disorderly, public order, criminal damage and **c)**

Driving/drug offences. The partnership may wish to consider looking at particular strategies for the identified categories.

| STOCKTON: | TOTAL: | % |
|------------------------|---------------|----------|
| Appointments Attended: | 482 | |
| OFFENCE TYPE: | | |
| Assaults | 105 | 22% |
| Assault Police | 6 | 1% |
| Criminal Damage | 41 | 9% |
| Driving Offences | 33 | 7% |
| Drug Offences | 17 | 4% |
| Drunk and Disorderly | 73 | 15% |
| Other | 179 | 37% |
| Public Order | 28 | 6% |
| TOTAL: | 482 | |

One of the key issues since the introduction of the Lifeline Service has been to identify those who are offending to support an alcohol addiction. The Durham Tees Valley Probation Trust, Stockton office, as at the 31 October 2012 had 900 individuals on their caseload.

Some of those offenders are in custody, the majority, however are in the community. Of the 900 individuals, 608 are managed by the Reintegration Team (OMU), 230 are managed by the Integrated Offender Management scheme (IOM) and 62 have a stand alone Unpaid Work Order.

Those on a stand alone UPW Order do not have a full assessment (OASys) completed, therefore 838 individuals did.

In total 391 (256 OMU and 135 IOM) representing 46.6% declared drugs as a criminogenic need and therefore a problem in their lifestyle.

411 (277 OMU) and (134 IOM) representing 49% of the caseload declared alcohol as a criminogenic need and therefore a problem with their lifestyle.

201 (131 OMU) and (80 IOM) identified both as a criminogenic need and therefore a problem with their lifestyle.

Analyses of the IOM cohort in comparison to the OMU cohort then figures are as follows:

| | | |
|---------|-----------------|-----------------|
| Drugs | OMU 256 = 42% | IOM 135 = 58.6% |
| Alcohol | OMU 277 = 45.5% | IOM 134 = 58.2% |
| Both | OMU 131 = 21.5% | IOM 80 = 34.7% |

Data obtained from HMP Holme House identifies a caseload of approximately 450 inmates who have had treatment for alcohol or drug misuse, including those who have been released or files closed during October and November 2012.

There were 90 inmates from the Stockton locality who were being treated for alcohol/drug issues with 15 for alcohol only.

5 Impact on Alcohol Misuse

As with the initial report we attempted to assess the impact of the orders on offender's alcohol intake and engagement with structured treatment. The table below shows the treatment and alcohol status (where available) of those clients who completed an ATR, all were male except where an (f) is inserted.

| Initials | Completion of order | > 1year post completion |
|-------------|----------------------|---|
| AH | In treatment- tier 2 | In treatment- tier 2 |
| KA | In treatment- tier 2 | Abstinent-In treatment- tier 2 |
| DR | Abstinent | In treatment |
| MO'C (f) | Abstinent | Completed 2 nd ATR abstinent |
| DP | Custody | Custody |
| LH | In treatment- tier 2 | Tier 2 support on |

| | | |
|---------|-----------------------|-------------------------------|
| | | occasion |
| DB (f) | Abstinent | Abstinent |
| MS | Controlled drinking | Controlled drinking |
| MMc (f) | Chaotic/poly drug use | On DRR |
| RM | NA | NA |
| RL | Abstinent | Abstinent- relapse prevention |
| BC | Controlled drinking | Controlled drinking |
| NS | Custody | Custody |
| DW (f) | Abstinent | Abstinent |

(Where N/A is inserted it relates to not available)

The table outlines that at the time of completion of their order 5 individuals in service for non-structured (Tier 2) interventions, that figure has remained the same. The number who was abstinent at completion of their order continues to be, the number drinking in a controlled way has increased to 3.

The table below shows the treatment and alcohol status of those clients who completed the ASAR, all were male.

| Initials | Completion of order | >1year post completion |
|----------|-------------------------|-----------------------------------|
| PC | Abstinent | Abstinent |
| LT | In treatment-Tier 2 | In treatment-Tier 2 completed ATR |
| KR | Reduced alcohol intake. | Reduced alcohol intake. |
| JS | Abstinent | Abstinent (as far as aware) |
| DP | Reduced alcohol intake | Abstinent |

In relation to the 5 individuals who completed their ASAR the alcohol intake remained the same for four individuals the client whose alcohol changed has done so in a positive way as they are now abstinent. There is one individual who following completion of their ATR had further re-offending and has subsequently completed an ATR.

In addition to the above outlined cohort it was deemed relevant to highlight the outcomes of those individuals who have since completed their ATR orders which equates to 71. Outcomes which are associated with those orders include, improvement in 60 (84%) individual AUDIT scores, with 20 (33%) people choosing to be abstinent. One individual received a medicated community detoxification and a further three accessed residential rehabilitation which supported the attainment of abstinence. There was also positive outcomes observed within the wider determinants of health, 26(36%) individuals secured accommodation, 10(14%) have gained employment, 6(8%) have accessed training, and one individual now has his own business. In terms of continued treatment support 32(45%) are still accessing Lifeline.

In relation to the additional ASAR orders there have now been a total of 43 completed, outcomes associated with these completions are minimal, and are as follows 22(51%) people have shown an improvement in their AUDIT score, 3(6%) are abstinent and 1 is now running his own business. In relation to continuing with treatment 25(58%) are still currently accessing Lifeline for un-structured support.

6 Challenges

Throughout the last year of the pilot there has continued to be challenges especially in reaching the target for intended orders which was set at 132 ATR and 58 ASAR. A number of reasons is suggested to be contributing to this challenge; the complexities associated with this cohort of individuals who are by no means an homogenous group, thus require a variety of different ways to engage firstly with the notion that alcohol is causing a problem and secondly that an ATR/ASAR is a way to help them tackle it. A further compounding problem is that for some people the order have not had a positive impact therefore solicitors are reluctant to suggest them.

Communication between probation and Lifeline staff has improved tremendously however there have been a number of occasions where this has fallen down, particularly if there has been sickness in either organisation as the number of individuals working directly with

the orders are small. However changes to internal processes in managing such situations should minimise these problems moving forward.

7 Conclusion

As stated in the previous report the initial cohort whose outcomes we are tracking is small, however it has still been possible to demonstrate a reduction in the overall offending within both groups. We have also been able to demonstrate some positive outcomes in relation to alcohol intake and treatment status. Furthermore we have been able to provide some of the wider determinant of health benefits to a much bigger cohort than the original group. The outcome of which in relation to addiction is an improvement in their recovery capital and health and well-being. There is also evidence of a reduction in crime in the initial cohort with the ATR group observing a 45% reduction and ASAR observing a 5% reduction.

It also appears that unlike within the first report the greater outcomes appear to be associated with those who have been given an ATR, this may be as a result of the fact that ATR's have a minimum of 6months attached to them which allows both organisations to work with the individuals to address the often complex issues which are associated with both their alcohol consumption and offending behaviour.

8 Recommendations

- 8.1 To re-establish regular meetings which include both strategic and operation staff.
- 8.2 To explore the benefit of doing an in-depth piece of analysis to find the true cost versus benefit figure.
- 8.3 To explore the notion of identifying and adopting different strategies for the sub groups outlined within section 4
- 8.4 To identify if the outlined orders should a) be available on a recurrent basis b) presented to the Police Crime Commissioner to secure investment