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**Alcohol Identification and Brief Advice in England's Criminal Justice System: a  
Review of the Evidence**

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## Abstract

### Background

Alcohol Use Disorders (AUD) in England have a prevalence rate of about 27% in the general population. There is good evidence to suggest that Alcohol Identification and Brief Advice (IBA) delivered in health care settings reduces both consumption and related harms. Criminal Justice Settings offer opportunities for the identification of AUDs and afford a “teachable moment” where a link is made between alcohol use and consequence at which to deliver appropriate interventions.

### Objective

To identify areas in the English Criminal Justice System where the deployment of alcohol screening and brief interventions could reduce alcohol consumption and related harms.

### Methods

A rapid literature review for prevalence of alcohol use disorders and the effectiveness of screening and brief interventions in criminal justice settings as well as conducting telephone interviews of key informant interviews.

### Conclusion

With young offenders, there is a lack of trials and none from the U.K. With AssestPlus screening it would appear more feasible to conduct a trial here than in other criminal justice settings which may offer an advantage than other settings.

Keywords: Alcohol, Brief intervention, Criminal Justice, Setting

## **Introduction**

Alcohol Use Disorders (AUD) have a prevalence rate of about 27% (n=148/551) from a household survey in the English general population (McManus, *et al.*, 2016) with higher rates found in Criminal Justice Settings (Barton, 2011; McManus, *et al.*, 2016). Underage hazardous drinking amongst girls between the ages 15-16 years is more than boys (Healy, *et al.*, 2014) and Kelly, *et al.*, (2015) from the UK Millennium cohort study indicated that boys were more likely to have been drunk more than girls. The Crime Survey (Office National Statistics, 2018) estimates that up to half of all violent crime is related to excessive consumption, and research suggests that there is a complex relationship between alcohol use and offending behaviours (Boden, Fergusson and Horwood, 2013; Graham, *et al.*, 2012). Alcohol related crime is estimated to cost £11 Billion in the UK (Home Office, 2013). Interventions to reduce consumption and harm are effective and cost effective and are not limited to health care settings (Patton, 2014). Criminal Justice Settings offer opportunities for the identification of AUDs and afford a “teachable moment” [where a link is made between alcohol use and consequence at which to deliver appropriate interventions] (Graham, *et al.*, 2012; Williams, *et al.*, 2005). Recent statistics (Office National Statistics, 2018) also indicate that over half of all victims of violent crime had been intoxicated when the incident occurred, therefore this group may also benefit from help or advice to reduce their drinking.

There is good evidence to suggest that alcohol Identification and Brief Advice (IBA) delivered in health care settings reduces both consumption and related harms (Bertholet, *et al.*, 2005). A Cochrane review of the effectiveness of IBA in primary care (Kaner, *et al.*, 2007) reported that in men at 12 months follow-up from the baseline there was a reduction in alcohol consumption of 32g of alcohol (four alcohol units), however this benefit was not clear for women. In addition, Anderson, Chisolm, and Fuhr (2009), reported that IBA in primary care

settings demonstrate a mean reduction in consumption of alcohol from 40 to 35 units per week. However, the recent Screening and Intervention Programme for Sensible Drinking (SIPS) studies (Kaner, *et al.*, 2013; Drummond, *et al.*, 2014; Newbury-Birch, *et al.*, 2014) concluded that IBA is difficult to implement

Newbury-Birch, *et al.*, (2016) summarised evidence on the prevalence of AUD and effectiveness of IBA across the Criminal Justice System (CJS; Custody Suite, Magistrates Court, Prison and Probation). Prevalence ranged from 51-95%, with the highest proportion found in the Magistrates Court. They found limited evidence of effectiveness of BI in terms of reduced consumption; however, Birch, Scott, Newbury-Birch, *et al.*, (2015) and Addison, McGovern, Angus, *et al.*, (2018) did find reductions in re-offending rates. There is evidence that more focused and intensive interventions such as Motivational Interviewing (MI) are effective at reducing levels of alcohol consumption and related harms in CJS (Andrews and Bonta, 2010).

There are several gaps in the evidence base relating to IBA and the CJS. No UK study has explored prison settings, considered crimes that are dealt with via fixed penalty or police caution, or when courts dismiss cases or find defendants not guilty. There is also a paucity of IBA research focusing upon young people (aged 18-30) in the CJS. As such, the present research aims to map the relative journeys of offenders, young people, and victims of crime through the CJS to determine novel opportunities (locations and sub-populations) to identify AUDs and deliver appropriate interventions, and to review the evidence within the CJS with regards to alcohol IBA.

## **Methods**

Ethical approval was obtained from the Faculty of Health and Medical Sciences Research Ethics Committee of the University of Surrey. This study takes two key approaches in identifying novel areas where deployment of IBA could be beneficial: A rapid review of the evidence for prevalence of AUDs and the effectiveness of IBA, as well as conducting key informant interviews from those working and researching in the criminal justice arena using telephone interviews. This was undertaken using the key words Alcohol Brief interventions\* and Criminal Justice settings\* or Young people\* using the databases Psych INFO, EBSCO and JSTOR. The list of interviewees was generated by searching for relevant research groups - this gave a decent sample of academics (N=12). For the practitioners, LinkedIn and Twitter contacts were used to make contact (N=12). The telephone interviews used a semi-structured approach with areas to explore with each interviewee. These processes were conducted simultaneously to build up a comprehensive map of the offender's pathway through the CJS, as well as those for young people and victims of crime. Triangulation of the outputs of these two processes allows for the identification and assessment of existing knowledge, to determine where any gaps in effectiveness data exist. Figure 1 shows the English offender and victim pathways in the CJS.

[Insert Figure 1 here]

## **Police custody suites**

Of the four feasibility trials found between 2006 and 2012, the largest samples were found from the Kennedy, *et al.*, (2012) and McCracken, *et al.*, (2012) papers, which represented two phases of the same trial. Neither paper found a reduction in re-arrest following brief intervention – in fact McCracken *et al.*, (2012) found an increase in re-arrests in the intervention group compared to the matched control. Both papers suffered from limitations due to inconsistent control of intervention attributes – with variations in session numbers, length, and location. Hopkins and Sparrow (2006) and Barton, Squire, and Patterson (2009) papers represented case studies of police custody suites (Nottingham and Plymouth

respectively). Hopkins and Sparrow (2006) reported a promising 86% reduction in arrests for alcohol violence (75% reduction in arrests for all offences), however without a matched control group, the reduction could also be explained due to one-off arrestees, contact with police, or punishment, rather than the brief intervention. Barton, *et al.*, (2009) also reported a reduction in violent crime, however this may be confounded as the trial ran alongside the “Plymouth After dark” initiatives. The most common difficulty noted was in delivering screening and interventions for offenders who are still intoxicated at this setting (Best *et al.*, 2002; Coulton, *et al.*, 2012; Deehan, *et al.*, 1998; Deehan, Marshall, and Saville, 2002; Kennedy *et al.*, 2012). The busy nature of the police custody suite also made screening difficult (Addison, *et al.*, 2018; *et al.*, 2018; Coulton, *et al.*, 2012; Hopkins and Sparrow, 2006). Other barriers included: being refused access to violent offenders (Hopkins and Sparrow, 2006), disengagement from police officers (Kennedy, *et al.*, 2012), arrestee dishonesty (Brown *et al.*, 2010), and their keenness to get away from the custody suite (Addison, *et al.*, 2018; Kennedy *et al.*, 2012).

Despite these limitations, there remains an optimistic feeling that the police custody suite is well placed for the delivery of IBA. Best *et al.*, (2002) suggest that the custody suites provides the opportunity to “strike while the iron is hot”, whilst Hopkins and Sparrow (2006) felt that that a detainee may be more receptive to an intervention.

There have been a number of other recent feasibility studies as well as one pragmatic cluster trial in Police Custody Suites in England from 2010 to 2018 where follow-up has been attempted and to pilot for future studies (Tobutt and Milani, 2011; Barton, 2011; Newbury-Birch, *et al.*, 2015). Of these, the largest pragmatic cluster trial was in the North East and South West of England (Addison, *et al.*, 2018). This study found that of those recruited to the

study 34% were hazardous drinkers, 16% were harmful and 50% were possible dependent, which is similar to the findings from the feasibility study by Tobutt and Milani (2011). However, Addison *et al.*, (2018) only recruited a third of all arrestees who consented to be screened and there was a poor follow-up of only a 26% at 12 months.

All of these recent studies have highlighted the difficulties in doing so such as timing and practical issues, reflecting the busy nature of the setting as identified in the literature (Brown *et al.*, 2010; Hopkins and Sparrow, 2006; Tobutt and Milani, 2011; Barton, 2011; Newbury-Birch, *et al.*, 2015; Addison, *et al.*, 2018).

In addition, and as with the previous setting, there is difficulty saying one way or the other as to whether interventions would be effective without a Randomized Controlled Trial (RCT):

“...you can’t say without a trial, and there hasn’t been a trial in that setting. So, it may also be the case that they’re so relieved to get out of the custody suite, whether or not they’ve been charged, that they’re just not ready to so you could argue that it’s possible that it may not be a teachable moment on that basis...who knows, until a trial’s been done in that setting.”

### **Out of court disposals**

Out of court disposals include cautions, penalty notices, warnings, and community resolutions. For alcohol-related offences, the College of Policing (College of Policing, 2014) recommend the use of sobriety testing or attendance on an alcohol awareness course. However, no trials were found documenting the prevalence of AUD, nor the impact of interventions for this population.



## **Magistrate's court**

Only one paper was found that conducted a trial in the Magistrate's Court setting or reported the prevalence of AUDs among defendants (Watt, Shepherd, and Newcombe, 2008). The rate of AUDs was unsurprisingly high, as the sample was recruited from those who had been sentenced "for a violent crime whilst intoxicated". The results suggested that using Motivational Interviewing (MI) as a brief intervention had no effect on reducing drinking or on re-offending. However, there was a reduction in the likelihood for the offender to re-attend the Emergency Department (ED) with an injury at both the 3 months and 12-month follow-up. There was also a significant improvement in offender's Readiness to Change (Miller and Johnson, 2008) at 3 months, although this effect reversed by the 12-month follow-up, suggesting some short-term benefit. Despite the conclusion that IBA was ineffective at the Magistrate's Court, it is worth noting that follow-up rates for offenders were comparatively high, suggesting that they may engage with the process overall (87% at 3 months, 75% at 12 months), but might not have the capacity to fully engage with the initial Motivational Interviewing session. One of the interviewees commented that offender engagement was a challenge when delivering IBA due to the overwhelming nature of the setting:

"...we think that the likely explanation is that the people were, the offenders, were so engaged with the whole court process and being found guilty, fined etcetera, that that occupied there, pretty much their, whole attention and weren't then able to engage with the alcohol issue"

## **Probation**

The Coulton, *et al.*, (2012) paper was a feasibility study assessing three main settings: Probation, Prison, and Police Custody Suites (PCS). Addison *et al.*, (2009) reported that it is

possible to recruit in police custody suites, however, there was poor follow-up for any meaningful analysis. Probation was thought to be the most feasible setting to conduct an RCT. This was in part due to major challenges identified with the other two settings: intoxicated offenders in the PCS, and literacy issues coupled with enforced abstinence in prisons. Skellington-Orr, McAuley, Graham, *et al.*, (2013) initiated an RCT in the probation setting, however due to low follow-up rates (22%), there was no effectiveness data.

One study was found of an RCT of IBA in the probation (Newbury-birch *et al.*, 2014). Three different interventions were compared (leaflet only, brief advice, brief lifestyle counselling), with findings showing an increase in AUDIT negative status across all groups, suggesting that there was no advantage in more intensive interventions for reducing consumption. However, these interventions (brief advice and brief lifestyle counselling) showed a reduced likelihood for re-offending in the following year, compared to the leaflet only group.

The results of this study are promising, particularly the re-offending data. This was one of the only studies to utilise a fidelity check to ensure proper delivery of the intervention: offender managers were not allowed to deliver the brief lifestyle counselling until reaching the correct standard on the Behaviour Change Counselling Index setting (Lane, Huws-Thomas, Hood *et al.*, 2005).

“Now the trial, the SIPS trial (Newbury-Birch *et al.*, 2014), which occurred in probation settings, that reduced reoffending, there’s evidence that it reduced reoffending, so I think overall the message is rather than try to intervene in court settings, or in the immediate aftermath of an offence, ... wait until the dust has

settled and the offender is in the probation service. Then do the brief intervention, or the screening and brief advice.”

## **Prison**

Despite a promising number of intervention studies in the prison setting being captured, there are concerns about generalisability. No trials were conducted in the UK, and four were conducted in the USA (Begun, Rose, and Lebel, 2011; Davies, *et al.*, 2003; Stein, *et al.*, 2011a; Stein, *et al.*, 2010), whilst Forsberg, Ernst and Farring, (2011), was carried out in 14 Swedish prisons. The USA studies (Begun, *et al.*, 2011; Davis, *et al.*, 2003) were conducted in local jails, rather than state or federal prisons, with Clarke, Anderson, and Stein (2011) confirming their sample jail was for short term incarceration (roughly four days). Three of the USA studies focussed on female offenders (Begun *et al.*, 2011; Clarke, Anderson, and Stein, 2011; Stein *et al.*, 2010), whilst Davis *et al.*, (2003) focussed on veterans.

Two of these studies suggest that Brief Interventions (BI) delivered in the prison setting could have a positive effect on reducing drinking (Begun, *et al.* 2011; Stein *et al.*, 2011a). However, it is also worth noting that the follow ups were in the short-term: 2 months (Begun *et al.*, 2011) and 3 months (Stein *et al.*, 2011a) following release. Stein *et al.*, (2011a) found that these effects had decayed by the 6 months follow up and were no longer significant, suggesting that IBA in this setting has a short-term impact.

Clarke, Anderson, and Stein (2011) found that IBA had no effect upon consumption and noted that the timing of the intervention needed to be within the offender’s first days after release. Stein *et al.*, (2011a) agree, proposing more intensive interventions timed at pre-release and at re-entry to society.

Interviewees felt that prison would be a good location for delivering IBA, particularly at the time the offender was about to be released. The intervention would be preparative and could educate the offender as to what support is available:

“...I suppose a number of points actually in prison itself. Perhaps while they’re serving their sentence, but also particularly trying to help them prepare for release, then supporting them through that process...so, you’re stepping up the support so at the point when they’re leaving [prison] they know about what’s available to them in the community and they have support available when they arrive back into the community bearing in mind the point at which things can quite rapidly begin to go wrong.”

Prisoners on remand (those who have not yet been found guilty or received a custodial sentence) are also worthy of special consideration (MacAskill, Parkes, Brookes, *et al.*, 2011) with almost two thirds of this population identified as having an AUD (Miller, Yahne, Moyers, *et al.*, 2004; Martino, *et al.*, 2011; Parkes, MacAskill, Brooks, *et al.*, 2011) report 68% and 62% AUD +ve respectively.

### **Young people**

Newbury-Birch *et al.*, (2016) sampled youths (11-17 years old) from Young Offender Institutes and Youth Offending Teams (YOT) and suggested that the typical AUDIT cut off point (8+) for AUD may be too high when assessing young people. Using a lower cut from 2+, they found that 81% of the sample would have been classified as having an AUD. Furthermore, the study suggested that the current measure used in this setting (Asset) had low sensitivity: 30% of those identified as having an AUD were not picked up by Asset.

Current changes in the Youth Justice System include a shift from Asset to AssetPlus, which includes an AUDIT measure. Considering the Newbury-Birch *et al.*, (2016) finding, this is a positive step to help identify alcohol issues amongst young people. However, not all YOTs currently use AssetPlus. It is also worth considering that despite using AUDIT, the thresholds for AUD in Youth Justice Settings remain at the adult level. In addition, the lower scoring for adolescents when using the AUDIT-C screening tool can be tested (Coulton, *et al.*, 2018).

Two intervention studies were found on young offenders from the US, using a sample of 14-19-year olds recruited from juvenile correctional facilities. Stein *et al.*, (2011a; 2011b) found a trend for reduced consumption, however MI was no more effective than relaxation training. Stein *et al.*, (2010) found that MI resulted in significant improvements for several drinking measures (drinks per day, % heavy drinking days, % days drank > 5 drinks). Both studies were limited due to a reliance on self-reporting, as offenders may not be honest when completing questionnaires. A further limitation is the short term follow up (3 months), therefore it is uncertain whether the beneficial outcomes of MI would have been retained in the longer term. On asking whether there were novel points in the young offender's journey where screening and brief interventions could be conducted, interviewees were pessimistic, as young people in the system should be assessed anyway:

“Tricky, once they're in contact with the Youth Offending Team they should be getting that done anyway, so if there are gaps it's going to be before that. So you know people who are picked up by the police...and either kind of held and then released without a charge or something, or just given a warning and told to go away...So I think it might be those coming into contact with the police but not getting further into the system, they're the ones probably who are least likely to

have anything picked up. Whereas I think anyone who gets further in should be picked up by the Youth Offending Team, or by the prison”

One point which could present a novel opportunity would be very early in the pathway for young people who have not been charged yet, but are known to be at risk and therefore in contact with the youth justice system:

“There might be others who are initially involved in some kind of prevention scheme, which is targeted, you know some of them are targeted at kids who haven’t offended but are thought to be at risk of doing so. So, they might have contact with statutory agencies through that, even though at that point they haven’t technically offended. So, there is that route where they might come into contact with someone from the Youth Offending Team for example, even though that point they haven’t got anything on their record.”

Another theme that developed from the interviews, was the idea that the youth justice system was more joined-up, or cohesive than the adult system. The Youth Offending Teams were sometimes referred to as a “one stop shop”, although not all interviewees liked that title.

## **Discussion**

The police custody suite showed promising results (Addison, *et al.*, 2018), but strict control over experimental groups was not possible – meaning the reduction in arrests/offending could be explained by other factors and the follow-up was poor. In addition, Kennedy *et al.*, (2012) and McCracken *et al.*, (2012) were from the same Home Office trial and identified as being high risk of bias (Newbury-Birch *et al.*, 2015). This trial also reported wide variations in the

way the interventions were used, such as number of interventions, length of intervention, and location. It is also worth noting that none of the above studies reported fidelity checks for the delivery of their brief interventions. This is not to say that the interventions used in a police custody suite were ineffective, but without an appropriately stringent RCT, it is not possible to conclude either way. This in itself suggests that the police custody suite has untapped potential for further study, and it was the first setting that came to mind in the interviews. However, challenges concerning offender intoxication, staff workload and follow-up would need to be overcome (Scantlebury, *et al.*, 2017a; Scantlebury, *et al.*, 2017b).

This presents a dilemma for future RCT: if the intervention is carried out in the custody suite itself by a Drug Intervention Project (DIP) worker, the above issues are likely to be encountered. However, if the intervention is delayed taking place in the community, similar to arrest referral schemes, the numbers of individuals voluntarily attending post-release might be too low.

The fact that only one trial has been identified in the Magistrate's Court setting suggests that this would be a relatively novel location to explore IBA effectiveness, although considering the outcome, there would need to be procedural changes (Brennan, Moore & Shepherd, 2010). For instance, the delivery of MI in the paper was after sentencing. At this point it is possible that offender engagement would be particularly low. The timing could be changed to deliver MI earlier, although this presents its own challenge in interfering with sentencing. The court setting may also present a 'teachable moment' (Shepherd, and Brickley, 1996; Williams, *et al.*, 2005) for those persons discharged or found not guilty, who may also benefit from help or advice about their consumption.

Both Skellington-Orr *et al.*, (2015) and Coulton Newbury-Birch *et al.*, (2012) identify the probation setting as appropriate for alcohol IBA. Newbury-Birch *et al.*, (2015) noted that the Offender Assessment System (OASys) tool currently used for alcohol screening in probation is not sensitive enough as 40% of offenders identified as AUD +ve using AUDIT were not being identified by OASys. Building on the success of the SIPS trial (Newbury-Birch, *et al.*, 2014), changes could be made to increase the effectiveness of IBA in this setting. A RCT involving private companies responsible for the probation work of low risk offenders, represents a novel setting for alcohol IBA research, as well as being of interest given the recent organisational changes to the probation system.

Interventions could be delivered in the critical time immediately following release from prison. Clarke, Anderson, and Stein (2011) found that “The majority of hazardously drinking women relapsed to alcohol use within the first week of release from jail”, meaning that:

“...interventions to maintain abstinence upon return to the community need to reach women within their first day’s post release”.

Similarly, Stein *et al.* (2010) suggest “A brief intervention during incarceration, supplemented by a booster visit after return to the community”. Taking these comments with those from the interviews, it appears that offering IBA to offenders’ pre-release into the community could be beneficial. An opportune moment for running a trial in this setting could be when offenders leave prison to serve the remainder of their sentence on licence.

When considering young offenders, there appears to be an imbalance between assessment and intervention in the literature compared to what is occurring in practice. There is almost



continuous screening of young people in the youth justice system which could provide much-needed effectiveness data. The more cohesive nature of the young person's journey compared to the adult system, may also mean the follow-up and tracking of participants is more straightforward. In addition, the lower scores for the AUDIT-C can be tested that were suggested by Coulton et al., (2018).

Given the information coming out of the interviews, researchers should consider that any alcohol IBA trial conducted in a victim's setting may present a danger of victim blaming. Nevertheless, it has been shown that IBA can be beneficial for victims when delivered in a health setting (Smith, Hodgson, Bridgeman, *et al.*, 2002; Newbury-Birch, Harrison, *et al.*, 2009). Therefore, researchers and practitioners have a responsibility to cooperate, and find a way to examine this setting in a sensitive way. As noted in the interviews, one possibility might be for some form of self-identification and enrolment for brief advice.

## **Conclusions**

There needs to be further and better research in this area of IBA and the CJS. The novel settings for further research of alcohol brief interventions we have identified are Custody Suites, Magistrates Courts, Prison, and youth justice settings. However, there are methodological challenges with regards to conducting a RCT in each location, but the youth Justice may offer the best setting for this to be conducted in. Some studies have attempted to develop fidelity of IBA using MI, but this needs to be developed further.

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**Declaration of Interests**

None to Declare

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