

Criminal Justice Alcohol Strategy

A strategic plan for the development of alcohol interventions for adult offenders within the Criminal Justice system in Devon



Devon & Cornwall Police
Building safer communities together



Safer Devon Partnership



Information for Reader Box	
Document Purpose	Strategy
Title	Criminal Justice Alcohol Strategy
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Target Audience	All agencies involved with alcohol treatment for offenders in the Criminal Justice System
Description	To target and engage alcohol related offenders into appropriate alcohol interventions at all stages throughout the criminal justice system. Divert them, where possible, from prison, and engage them successfully into treatment, support their ongoing needs and help them to be effectively rehabilitated by providing screening, brief interventions and referral at all points within the criminal justice system. To create a sustainable, mainstreamed, central framework of interventions to address crime driven by alcohol use and misuse in New Devon.
Superseded Documents	Criminal Justice Alcohol Strategy – Draft for Consultation
Action Required	All agencies to implement action plan and strategy vision
Timing	See action plan
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Contents

Introduction & Summary 3 - 5

Foreword 3

Executive Summary 4

Context Setting 6 - 30

Typology of Drinking 6

Offender Management 11

Criminal Justice Alcohol Interventions 12

Policy Context 15

What's the Problem in Devon? 21

Mapping Existing Provision 26

Strategic Plan 31 – 36

Aims and Objectives 31

Outcomes and Targets 32

Action Plan 33

Partnership Structure, Local Groups 36

Further Information 37 – 40

References 37

Glossary 39

Foreword

The misuse of alcohol by offenders has long-lasting effects on our communities in Devon. The disinhibiting effects of alcohol can make people more prone to committing criminal and anti-social acts, but alcohol misuse also has devastating effects on offenders' health and well-being as well as that of their families.

The Criminal Justice System provides many opportunities when alcohol interventions with offenders can take place. This strategy illustrates the local needs of the offender group population during the various stages of the Criminal Justice System. It outlines the current provision at each stage and underlines what needs to be achieved in order to create a more effective and efficient, joined-up approach to providing robust alcohol intervention and treatment pathways for offenders.

This strategy is an innovative example of how aligning organisational priorities and developing successful working partnerships is crucial to ensuring consistent services that maximise impact and deliver best value for money. Along with the Devon DAAT's Alcohol Strategy 2008/11, we are in an excellent position to address alcohol related harms across Devon and help tackle alcohol-related crime and disorder.

Tackling alcohol-related crime, including violence, domestic abuse and drink driving, is part of core business for Devon & Cornwall Police. The front-line officers and staff of Devon Basic Command Unit are also focused on identifying and reducing harm within our communities, together with preventing crime and its' causes, in order to reduce the number of offences committed each year and reduce the number of victims.

This strategy will help align our priorities in order to tackle the problem of alcohol-related crime and harm together. We consider it essential that together with partners, we help those offenders with alcohol problems into the correct treatment at any point in the Criminal Justice System. A joint approach is essential to create safer communities and to help people living and working in Devon to feel safe and confident in the steps being taken to tackle alcohol-related crime.

I am very pleased to fully endorse this innovative Criminal Justice Alcohol Strategy which will help to ensure that the complex alcohol related needs of offenders are met at all stages of the Criminal Justice System. The Alcohol Strategy will enable the Devon and Cornwall Probation Trust, working in partnership, to significantly reduce the risk of reoffending.

The evidence clearly shows that the inappropriate use of alcohol is a major cause of crime and reoffending. In Devon, a high proportion of offenders who are subject to community orders or released following imprisonment experience significant problems with alcohol which is a major factor in their offending. Access to the right service at the right time is key to reducing alcohol related harm.

The strategy embodies integrated partnership working which is underpinned by joint strategic commissioning, shared responsibilities and shared outcomes. Significantly these are fully understood and endorsed by a number of key statutory and non-statutory agencies ensuring a successful collaborative, cost effective approach which will make a real difference to our communities.

Dr Virginia Pearson
Chair of Devon DAAT
Joint Exec Director of Public Health
NHS Devon / Devon County Council



Chief Superintendent Jo Tennant
Devon BCU Commander
Devon & Cornwall Police



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Executive Summary

The relationship between alcohol and crime is complex and differs from the relationship between drugs and crime. Higher drinking patterns do not necessarily lead to an increased level of offending and a need for a higher level of offender management. Alcohol misuse has a high impact on health and social care systems and also places costs on the criminal justice system, especially with regard to public order. However, major savings can be made and research¹ has shown that treatment for alcohol problems is cost-effective: overall, for every £1 spent on treatment, £5 is saved elsewhere.

Public protection is a key priority in the criminal justice system and in achieving that we must have the support and confidence of the public. Appropriate management of offenders with alcohol problems may contribute to a reduction in re-offending, lowered suicide rates, reduced serious mental health problems and chronic health problems, including heart and liver disease.

Commissioners need to ensure that a wide range of evidence-based alcohol interventions are accessible to all offenders at every stage of the Criminal Justice System. Alcohol pathways for offenders need to be improved and the continuity of care across both community and secure settings needs to be maintained.

Vision:

This Criminal Justice Alcohol Strategy for New Devon (County of Devon, excluding Plymouth and Torbay) will bring together all of the existing alcohol treatment systems currently in place throughout the criminal justice system and illustrate what else is needed (and expected) in order to create a fully integrated service of alcohol treatment provision at every step of the CJ system and beyond (from arrest through the courts, to sentencing, during community or custodial sentences, during post-custody licence and reintegration into society).

The strategy will draw together agency and partner priorities, targets and actions to ensure coherence, consistency, impact and value for money.

At each stage of the criminal justice system there is an opportunity to identify individuals who are misusing alcohol and to provide appropriate interventions, ranging from brief advice and information through to referral to alcohol specialist treatment and rehabilitation. These provide an opportunity to:

- reduce offenders' alcohol consumption to sensible drinking levels;
- improve offenders' understanding of how to drink sensibly and of the risks of not doing so; and
- reduce the likelihood of reoffending.

Concerted local action to target alcohol-related offenders, using a combination of penalties and health and education interventions to drive home messages about alcohol and its risks and to promote behaviour change will be implemented. Neighbourhood policing presents a significant opportunity for the police to work proactively in local communities with local agencies to help to identify people with alcohol problems, in particular, those at risk of offending or re-offending.

There is a tangible link between the night-time economy, excessive consumption of alcohol and consequent anti-social behaviour (ASB). It is the intention of the ASB Co-ordinators within New Devon to develop further proficiencies in addressing and managing the adverse effects of alcohol consumption and they will be instrumental in rolling out the strategic delivery of this Strategy.

¹http://www.nta.nhs.uk/publications/documents/nta_review_of_the_effectiveness_of_treatment_for_alcohol_problems_summary_2006_alcohol3.pdf

Aim:

The strategy aim is to target and engage alcohol related offenders into appropriate alcohol interventions at all stages throughout the criminal justice system. Divert them, where possible, from prison, and engage them successfully into treatment, support their ongoing needs and help them to be effectively rehabilitated by providing screening, brief interventions and referral at all points within the criminal justice system.

Objectives:

- A. To establish a criminal justice alcohol team (virtual or real)
- B. To establish contact and access points in Custody, Court, Prison and with Probation services and ensure communication links between these
- C. To establish and maintain integrated treatment care pathways into and through prison
- D. To develop effective and credible alcohol intervention / treatment orders
- E. To develop and maintain integrated care pathways for offenders to access appropriate treatment services, relapse prevention and aftercare within community services
- F. Establish links with the Anti Social Behaviour Agenda to address alcohol misuse as part of ASB orders
- G. Establish links and integrate with the PPO and IOM schemes running in Devon
- H. To train the broader criminal justice team to screen for alcohol misuse, deliver brief interventions, undertake motivational interviewing and make referrals
- I. To ensure all services are based on evidence of effective alcohol interventions in a criminal justice setting
- J. Contribute to the production and delivery of the Devon Alcohol Awareness Partnership work
- K. Establish success criteria, qualitative and quantitative

- L. Monitor performance and effectiveness of all interventions in order to produce a cost-effective service
- M. Create adequate data capture opportunities and consistent paperwork across CJ sectors
- N. Monitor local developments in IDTS, as well as new orders, such as DBOs.
- O. Facilitate effective transitions from young people's services to adult services
- P. Increase awareness of motivational issues and increase use of effective techniques to increase motivation
- Q. Establish service user involvement and evaluation opportunities

Outcomes:

- Reduce Reoffending
- Reduce alcohol-related crime and disorder / Common assault
- Reduce serious violent crime (alcohol-related)
- Contribute to the reduction of alcohol-related harm
- Contribute to the reduction of alcohol-related A&E attendances
- Establish and reinforce acceptable levels of behaviour and reduce levels of alcohol-related ASB

Typology of Drinking

Sensible Drinking

Sensible drinking is defined as regularly consuming less than the recommended daily limits. The government advises² adult women not to drink more than 2-3 units and adult men not more than 3-4 units of alcohol a day on a regular basis, to reduce their risk of alcohol-related harm. At least one day a week should be alcohol-free and two days should be alcohol-free following a heavy drinking session. The risk of harm from drinking above sensible levels increases the more alcohol that you drink and the more often you drink over these levels.

Categorisation of Alcohol Misuse

There is no single concise way of categorising individuals in need of alcohol treatment. The extent to which individuals would benefit from interventions depends on a number of factors:

- the level of consumption
- the context in which alcohol is used
- the seriousness of the alcohol-related problems
- the severity of the dependence on alcohol.

The Department of Health produced that Models of Care for Alcohol Misusers (MoCAM)³ in 2006 using the World Health Organisation (WHO)'s tenth revision of the International classification of diseases (ICD-10)⁴ to identify four main categories of alcohol misusers: hazardous drinkers; harmful drinkers; moderately dependant drinkers and severely dependent drinkers. In 2008, the Department of Health (DH) consulted with experts to agree a new description of categories of drinking based on risk. This resonated better with the public and non-specialist health professionals than the terms hazardous and harmful used in the WHO classification. Both sets of terms are described below:

- **Hazardous drinkers / Increasing Risk:** The WHO defines hazardous use of a psychoactive substance, such as alcohol, as 'a pattern of substance use that increases the risk of harmful consequences for the user... In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user'⁵. Hazardous drinkers are drinking at levels over the sensible drinking limits, either in terms of regular excessive consumption or less frequent sessions of heavy drinking. However, they have so far avoided significant alcohol-related problems. The hazardous drinking level is defined as consuming more than 21 (men) or 14 (women) units per week with increasing risk defined as more than 4 (men) or 3 (women) units per day on a regular basis.

² Safe, Sensible, Social. The Next Steps in the National Alcohol Strategy, June 2007. Home Office: <http://www.ias.org.uk/resources/ukreports/revnational-strategy.pdf>

³ Models of Care for Alcohol Misusers, Department of Health, June 2006:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4136806

⁴ <http://www.who.int/classifications/icd/en/>

⁵ <http://www.who.int/classifications/icd/en/>

- **Harmful drinkers / Higher Risk:** The WHO defines harmful use of a psychoactive substance, such as alcohol, as ‘a pattern of use which is already causing damage to health. The damage may be physical or mental.’ Harmful drinkers are usually drinking at levels above those recommended for sensible drinking, typically at higher levels than most hazardous drinkers. Unlike hazardous drinkers, harmful drinkers show clear evidence of some alcohol-related harm. Many harmful drinkers may not have understood the link between their drinking and the range of problems they may be experiencing. Harmful drinking is defined as consuming more than 50 (men) or 35 (women) units per week and/or experiencing the harmful effects of alcohol consumption (e.g. an alcohol-related accident, acute alcohol poisoning, hypertension or cirrhosis) but not alcohol dependence. Higher Risk drinking is defined as consuming more than 8 (men) or 6 (women) units per day on a regular basis. The category of Higher Risk, as defined by DH, also includes all dependant drinkers.
- **Moderately Dependent Drinkers / Higher Risk:** Dependence is essentially characterised by behaviours previously described as ‘psychological dependence’, with an increased drive to use alcohol and difficulty controlling its use, despite negative consequences. The level of dependence of drinkers in this category is not severe. It is a very broad category and includes a wide range of severities and types of problem. Moderately dependent drinkers’ treatment can often be managed effectively in community settings, including medically assisted alcohol withdrawal in the community. The choice of setting in each individual circumstance will depend on the range of accompanying physical, psychological or social problems, including risk posed to the drinker and risks to others from the drinker’s behaviour.
- **Severely Dependent Drinkers / Higher Risk:** People in this category may have serious and long-standing problems. Typically, they have experienced significant alcohol withdrawal and may have formed the habit of drinking to stop withdrawal symptoms. They may have progressed to habitual significant daily alcohol use or heavy use over prolonged periods or bouts of drinking. Medically assisted alcohol withdrawal can safely be provided to many severely dependent drinkers in the home or in community settings. However, more drinkers in this category may be in need of inpatient assisted alcohol withdrawal and residential rehabilitation. Some may have special needs, such as treatment for co-existing psychiatric problems, polydrug dependence or complicated assisted alcohol withdrawal; others may need rehabilitation and strategies to address the level of their dependence, or to address other issues, such as homelessness or social dislocation. Some may have had multiple previous episodes of treatment.
- **Binge Drinking:** *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*⁶ defines binge drinking as ‘drinking too much alcohol over a short period of time, e.g. over the course of an evening and it is typically drinking that leads to drunkenness. It has immediate and short-term risks to the drinker and to those around them’. This is typically quantified as consuming more than twice sensible drinking levels in a single session – 8 units for men or 6 units for women. Many binge drinkers consume substantially more than this level or drink this amount more rapidly. Binge drinking cuts across all the other categories listed above.

⁶ Safe, Sensible, Social. The National Alcohol Strategy: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075218

Screening

The Alcohol Use Disorder Identification Test (AUDIT) was developed and evaluated over a period of two decades, and it has been found to provide an accurate measure of risk across gender, age and cultures. It is a simple method for screening for excessive drinking and to assist in brief assessment. The manual⁷ is particularly designed for health care practitioners and a range of health settings, but with suitable instructions it can be self-administered or used by non-health professionals. Screening for alcohol consumption carries many potential benefits: it provides an opportunity to educate individuals about low-risk consumption levels and the risks of excessive alcohol use; it provides information about the amount and frequency of alcohol consumption that may inform the diagnosis of the individual's presenting condition; and it also offers the opportunity for practitioners to take preventative measures that have proven effective in reducing alcohol-related risks.

The scores of the AUDIT range between 0 and 40, with specific banding corresponding to different levels of drinking:

- 0 - 7 indicates lower risk drinking for which no alcohol intervention is required
- 8-15 indicates increasing risk (*hazardous*) drinking levels
- 16-19 indicates higher risk (*harmful*) drinking levels
- 20+ indicates complex/dangerous/dependent or *very harmful* drinking

These cut-offs should be considered tentative and should be subject to clinical judgement that takes into account the individual's medical condition, presentation and perceived honesty when answering the questions.

Risk	Men	Women
Lower risk This level of drinking means that in most circumstances you have a low risk of causing yourself future harm	No more than 3-4 units a day on a regular* basis	No more than 2-3 units a day on a regular* basis
Increasing risk Drinking at a level that increases the risk of damaging your health and could lead to serious medical conditions.	More than 3-4 units a day on a regular* basis	More than 2-3 units a day on a regular* basis
Higher risk This level of drinking has the greatest risk of health problems.	More than 50 units per week (or more than 8 units per day) on a regular* basis	More than 35 units per week (or more than 6 units per day) on a regular* basis

*Regular in this context means drinking at this sort of level every day or most days of the week; whilst for weekly drinking, it refers to the amounts drunk most weeks of the year.

⁷ http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf

The Four Tiers of Alcohol Interventions

Alcohol treatment interventions are categorised into four tiers in MoCAM⁸. The tiers refer to the level of intervention provided and create a stepped approach to alcohol problems (starting with a very brief intervention and intensifying efforts in case of no success).

- **Tier 1 Interventions:** Identification of hazardous, harmful and dependent drinkers; information on sensible drinking; simple brief interventions to reduce alcohol-related harm; and referral of those with alcohol dependence or harm for more intensive interventions. Delivered in wide range of settings and agencies, the main focus of which is not alcohol treatment: primary care (e.g. A&E departments, psychiatric services, social services, homelessness services and police, probation and prison settings) by non-specialist professionals with the necessary Drugs and Alcohol National Occupational Standards (DANOS)⁹.
- **Tier 2 Interventions:** The provision of open access and outreach facilities that provide: non-care-planned, alcohol-specific advice, information and support; extended brief interventions to help alcohol misusers reduce alcohol-related harm; alcohol-specific assessment and referral of those requiring more structured alcohol treatment; shared care arrangements with other agencies; mutual aid groups; and triage assessment. Tier 2 interventions can be delivered in a range of settings (as per Tier 1) by competent alcohol workers who should have competencies in line with DANOS.
- **Tier 3 Interventions:** The provision of community-based specialised alcohol misuse assessment and treatment that is care co-ordinated and care-planned. Interventions include: comprehensive substance misuse assessment; care planning, review and keyworking; evidence-based prescribing interventions, including community-based medically assisted alcohol withdrawal (detoxification) and prescribing interventions to reduce risk of relapse; a range of structured evidence-based psychosocial therapies and support within a care plan to address alcohol misuse and co-existing conditions, such as depression and anxiety; structured day programmes; liaison services for health services and social care services. Interventions are provided by specialised alcohol treatment services in the community by staff who are alcohol specialist practitioners and have competencies in line with DANOS.
- **Tier 4 Interventions:** The provision of residential, specialised alcohol treatments which are care-planned and co-ordinated to ensure continuity of care and aftercare. Interventions include: comprehensive substance misuse assessment; care planning and review; evidence-based prescribing interventions, including medically assisted alcohol withdrawal (detoxification) in inpatient or residential care and prescribing interventions to reduce risk of relapse; structured evidence-based psychosocial therapies and support; provision of information, advice and training and 'shared care' to others delivering Tier 1 and 2 and support for Tier 3 services.

⁸ Models of Care for Alcohol Misusers, Department of Health, June 2006:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4136806

⁹ Available at <http://www.skillsforhealth.org.uk>

Individual Needs

The categories above should be seen as a conceptual framework to assist commissioners in planning for a full range of services for a local area. Individual drinkers may move in and out of different categories. It is important to understand that there can be no precise mapping of categories of drinkers to the level of provision required. This is because a number of other factors are taken into account in determining such decisions for each individual.

Those drinkers with additional and co-existing problems, including people with mental health problems, learning difficulties, older people and those with social and housing problems may be particularly vulnerable. They may have complex needs that require more intensive or prolonged interventions, even at lower levels of alcohol use and dependence. Complex problems may also include difficulties that have significant impact on others, such as domestic abuse, whether as victim or perpetrator. Added to this are the complexities of those engaged in the Criminal Justice System, who require timely but effective interventions that take account of a wide range of needs.

Diversity of Need

It is important to recognise the diverse requirements of the local population in Devon, as well as those accommodated here through the Criminal Justice System, when commissioning alcohol treatment for offenders. Black and minority ethnic population groups may require approaches that are sensitive to cultural or religious attitudes to alcohol, or that can be provided in a range of settings.

Safeguarding children is of critical importance when working to provide alcohol interventions with parents and families, whilst striving for the best outcomes for all concerned. Those living in rural areas also require a more creative approach to providing treatment, with outreach work or help with transport facilities.

Offender Management

The National Offender Management Service (NOMS)'s Offender Management Model (OMM) defines a four tier classification structure for the management of offenders under supervision. The tiered approach coupled with systematic assessment of offenders is designed to ensure that the level resources and services applied to the supervision of individual offenders is commensurate with the assessed level of risk of serious harm to the public and assessed likelihood of re-offending behaviour. The OMM is designed to be progressive – subsequent tiers building on the preceding tier. The primary purpose and approaches required at each tier are:

- **Tier 1 – Punish:** to ensure that the sentence requirements imposed by the Court or prison licence are carried out as intended and to ensure that the offender complies with them. Arrangements are made for the implementation of sentence requirements, with due regard for decency, health and safety and the preservation of citizenship; monitor risk factors; and signpost to helping resources. Approach is hands-off; administrative; organising; monitoring; and signposting.
- **Tier 2 – Help:** to motivate and refer offenders to resources providing practical help to address particular circumstances or situations linked to offending, to reduce the likelihood of re-offending. Motivation is encouraged to access resources provided – typically employment, accommodation, basic life skills, support and encouragement of participation. Approach is hands-on; motivating; encouraging; referring; supporting; and problem solving.
- **Tier 3 – Change:** to extend Tier 2 arrangements by motivating offenders to take advantage of specialist resources providing treatments and interventions designed to produce behavioural change which will lead to reduction in frequency and/or seriousness of re-offending. Implementation of carefully planned programme designed to achieve personal change, typically including offending behaviour programmes (OBPs), drug and alcohol treatment and social skills. Approach is hands-on; treatment to complement or as part of a specialist treatment programme; co-ordination of all inputs to complement one another therapeutically and sequence interventions effectively.
- **Tier 4 – Control:** to use the trust's best endeavours to ensure that these offenders, particularly those classed as Prolific and other Priority Offenders (POs), are managed safely within prisons and the community and, where appropriate, to take all necessary actions in partnership with MAPPA (Multi-Agency Public Protection Arrangements) partners and other agencies to: minimise the risk of serious harm to offenders and the public at large; respond expeditiously to any developing threats; work with offenders to radically reduce the frequency and seriousness of re-offending; ensure that breaches of sentence and/or licence result in appropriately swift return to court or recall to custody. This involves: intensive, inter-agency, multi-faceted programmes to control and monitor behaviour, including surveillance and intelligence work. Approach is hands-on, risk management; inter-agency co-ordination; and high level of teamwork.

Criminal Justice Alcohol Interventions

The relationship between alcohol and crime is complex and differs from the relationship between drugs and crime. The tier structure for alcohol interventions (MoCAM) cannot be directly aligned with the Offender Management Model tier structure, as higher drinking patterns do not necessarily lead to an increased level of offending and need for a higher level of offender management. Commissioners need to ensure that a wide range of evidence-based alcohol interventions (at each tier) are accessible to all offenders at every stage of the Criminal Justice System. Alcohol pathways for offenders need to be improved and the continuity of care across both community and secure settings needs to be maintained.

Public protection is a key priority in the criminal justice system and in achieving that we must have the support and confidence of the public. There needs to be a proportionate and effective response to offender health, so that we are able to balance the twin objectives of public protection and the needs of offenders: delivering improvements to the way offenders are able to access alcohol services whilst ensuring they are properly risk managed. Appropriate management of offenders with alcohol problems may contribute to a reduction in re-offending, lowered suicide rates, reduced serious mental health problems and chronic health problems, including heart and liver disease.

The continuity of care for individuals with alcohol issues during transition points within the CJ system, especially when entering and leaving Police Custody, Prison, Probation, or Approved Premises is vital. Successful transferral of a service user is not only important to the continued engagement of that individual but also to reduce reoffending and help change patterns of behaviour for those engage in the Criminal Justice System. This approach will rely on active inter-agency working partnerships with groups such as: Devon Drug and Alcohol Action Team, Addaction alcohol services, Devon Partnership Trust, Devon and Cornwall Probation Area, CARATs teams in prisons (HMP Exeter, HMP Channings Wood and HMP Dartmoor, as well as HMP Eastwood Park for women), Devon and Cornwall Police, courts, benefit agencies, housing support, mental health treatment agencies, Women's Aid, domestic violence organisations and young people's services.

Dual Diagnosis

The co-existence of substance dependence with mental health problems or a learning disability was highlighted as a key issue by Lord Bradley's review¹⁰. Devon DAAT has worked closely with adult mental health, homelessness and Support People interests, to develop a dual diagnosis strategy and descriptions of effective care pathways. This followed a needs assessment that indicated that 72% of people using drug or alcohol services in Devon reported current or past mental health problems. The Sainsbury Centre for Mental Health¹¹ has also found that approximately 70% of prisoners have a psychosis, a neurosis, a personality disorder, or a substance misuse problem. A focus of the dual diagnosis strategy is for commissioners to collaborate to ensure an effective system of services with a high standard of outcome and for providers to collaborate to deliver effective recovery coordination and informed responses.

¹⁰ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098694

¹¹ http://www.scmh.org.uk/criminal_justice/issue_overview.aspx

Early Intervention & Diversion

In most cases, the police are the first point of contact with the criminal justice system and there is an early opportunity through police intervention and liaison to engage services and potentially avoid future problems. The police stage is currently the least developed in the offender pathway in terms of engagement with services, as intervention generally occurs further along the pathway at the court and sentence stages.

Neighbourhood policing presents a significant opportunity for the police to work proactively in local communities with local agencies to help to identify people with alcohol problems, in particular, those at risk of offending or re-offending. Safer Neighbourhood Teams would seem to be the ideal forum for looking at these issues, and the early identification of people at risk of offending. The use of escalation processes that result in an Anti-Social Behaviour Orders, Conditional Cautions, Drink Banning Orders and/or Penalty Notices for Disorder provide an early opportunity to intervene with an individual with alcohol problems. However, if these penalties are not complied with, they can have a perverse effect, accelerating vulnerable people into the criminal justice system, rather than promoting referral to appropriate services. Therefore, it is essential to create robust referral pathways from these early interventions points, that will maximise the opportunity of intervention with an individual and also increase motivation levels wherever possible.

There is a tangible link between the night-time economy, excessive consumption of alcohol and consequent anti-social behaviour (ASB). The Government's Alcohol Harm Reduction Strategy¹² estimates the population of binge drinkers at 5.8 million; this equates to one fifth of the working population of the UK. It is the intention of the ASB Co-ordinators within New Devon to develop further proficiencies in addressing and managing the adverse effects of alcohol consumption and they will be instrumental in rolling out the strategic delivery of this Strategy.

Integrated Offender Management (IOM)

IOM is the strategic umbrella or overarching framework that brings together agencies to prioritise interventions with offenders who cause crime in their local area. It build on and expands current offender-focused programmes, such as the Prolific and Priority Offenders (PPO) scheme, multi-agency public protection arrangements (MAPPA) and the drug intervention programme (DIP), recognising that an offender of concern may end up being no-one's responsibility.

IOM is currently being developed in Devon and it is planned that co-located groups of staff from all agencies (Police, Probation, Drug Service and Alcohol Services) will manage a selected and locally defined cohort of offenders who are in the community, regardless of whether they are under statutory supervision or not. In targeting those offenders of most concern, IOM aims to manage them consistently, using pooled local resource to turn them away from crime, punishing and rehabilitating them as appropriate.

¹² Alcohol Harm Reduction Strategy: <http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/caboffice%20alcoholhar.pdf>

Integrated Drug Treatment System (IDTS)

Devon DAAT, in conjunction with NHS Devon, was tasked with developing the integrated drug treatment system (IDTS) across all three prisons in Devon (HMP Exeter, Dartmoor & Channings Wood). IDTS is a national initiative aiming to address the needs of substance misusing prisoners, providing an intensive service to: better identify people's multiple needs; improve support and retention; manage prisoners in a specific wing and concentrate substance misuse services around those prisoners; enhance links between prisons and community services to offer appropriate support throughout a prisoner's journey through the criminal justice system; develop care pathways and continuity of care from prison into the community; and contribute to the reduction of re-offending.

IDTS is now operational in all three prisons and has quickly increased the numbers of prisoners being treated. At present IDTS is only available for those with a drug problems or a combined drug and alcohol problem. Those prisoners with a sole alcohol problem have drastically less provision of service available to them. However, NOMS have now specified that CARATs (counselling, assessment, referral and throughcare) teams can now work with alcohol-only prisoners, which will help to expand alcohol services within prisons. Although, this step forward is welcomed and congratulated, there has not been any increase in resources for CARATs teams to be able to undertake this work and it is feared that alcohol-only prisoners will not share the same prioritisation for treatment that prisoners with drug problems afford.

Automatic Unconditional Release (AUR)

Under the Criminal Justice Act (2003), legislative provision was granted for a new type of sentence called 'Custody Plus' that was to consist of a shorter period in custody followed by a longer period of community supervision. Under this arrangement, post release supervision was to be extended to prisoners serving shorter sentences (less than 12 months). Custody Plus has not been introduced and in its absence it is important to consider the proportion of prisoners who are released under post custody supervision and therefore could benefit from alcohol treatment services provided by the probation service and the proportion of prisoners released *without* post custody supervision whose through care and alcohol treatment needs are in danger of being neglected..

A new report by the National Audit Office¹³ has said that more could be done to rehabilitate prisoners serving short sentences and reduce their risk of re-offending. More than 60,000 prisoners serve sentences of under 12 months each year at a cost to NOMS of around £300 million. These prisoners present a significant challenge to NOMS: they tend to have more previous convictions than other offenders, with an average of 16 previous convictions each and, as a group, they also have a high level of homelessness, joblessness and drug and alcohol problems. NOMS is successfully keeping the vast majority of short-sentenced prisoners safe and well - a notable achievement in a time of prison overcrowding - but is currently struggling to manage this group effectively, in part because most spend six weeks or less in prison. Only a small proportion of prison budgets are spent on activity intended to reduce re-offending by prisoners on short sentences, despite the fact that 60 per cent of such prisoners are reconvicted within a year of release, at an estimated economic and social cost of £7 billion to £10 billion a year.

Approximately 2,250 AUR male prisoners and approx 2,000 remand prisoners are released into the South West community annually *without post-custody supervision*; estimates suggest between 650-700 of these will be alcohol dependent (as measured by an AUDIT score of 16+). Unfortunately, it is unknown what percentage of these settle in New Devon.

¹³ http://www.nao.org.uk/publications/0910/short_custodial_sentences.aspx

Policy Context

This Strategy will have links and important benefits that will fit with a range of other policies and strategies at both local, regional and national levels. The strategy aims to draw together agency and partner priorities, targets and actions to ensure coherence, consistency, impact and value for money. Relevant policies and strategy links include:

National Policy

- Models of Care for Alcohol Misusers¹⁴
- Alcohol Harm Reduction Strategy¹⁵
- Safe, Sensible, Social. The National Alcohol Strategy¹⁶
- Signs for Improvement – Commissioning Interventions to Reduce Alcohol-Related Harm¹⁷
- Local Routes: Guidance for Developing Alcohol Treatment Pathways¹⁸
- Alcohol Needs Assessment Research Project¹⁹
- Lord Bradley’s report on people with mental health problems or learning disabilities in the Criminal Justice System²⁰
- The Government’s response to Lord Bradley’s Review²¹
- Improving Health, Supporting Justice²²
- Crime and Disorder Act 1998 (amended by the Police Reform Act 2002)
- Criminal Justice Act 2003
- Violent Crime: Tackling Violent Crime in the Night-Time Economy
- Licensing Act 2003

¹⁴ Models of Care for Alcohol Misusers, Department of Health, June 2006:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4136806

¹⁵ Alcohol Harm Reduction Strategy: <http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/caboffice%20alcoholhar.pdf>

¹⁶ Safe, Sensible, Social. The National Alcohol Strategy: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075218

¹⁷ Signs for Improvement, Department of Health, July 2009: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_102813

¹⁸ Local Routes: Guidance for developing alcohol treatment pathways, Department of Health, December 2009:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110423

¹⁹ Alcohol Needs Assessment Research Project (ANARP): The 2004 National Needs Assessment for England, Department of Health:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4122341

²⁰ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098694

²¹ <http://www.justice.gov.uk/publications/docs/bradley-mental-health-cjs-gov-response-grid.pdf>

²² Department of Health, November 2009, The National Delivery Plan of the Health and Criminal Justice Programme Board: <http://www.nmhd.org.uk/silo/files/improving-health-supporting-justice.pdf>

Nationally, the Government is committed to a number of criminal justice alcohol-related obligations, including:

- Making a strong case for tackling alcohol-related harms through the recently-revised Alcohol Strategy (*Safe. Sensible. Social. The next steps in the National Alcohol Strategy*, June 2007²³)
- Tackling alcohol-related repeat offending by further piloting arrest referral schemes (*Alcohol Harm Reduction Strategy – March 2004*²⁴);
- Increasing routes into alcohol counselling, including through conditional cautioning (*Delivering Simple, Speedy, Summary Justice – July 2006*²⁵);
- Considering introducing an ‘alcohol interventions programme (AIP)’ (*Rebalancing the Criminal Justice System – July 2006*²⁶).

National Offender Management Service: The National Probation Service

- Working with Alcohol Misusing Offenders – A Strategy for Delivery²⁷
- Evidence Based Practice? The National Probation Service’s Work with Alcohol – Misusing Offenders²⁸
- NOMS Alcohol Interventions Guidance²⁹

The key elements in the National Probation Service Strategy include:

- Identify alcohol misuse and offending needs at an early stage of contact
- Ensure that staff are fully competent to deliver brief advice and support
- Improve the advice and information provided to offenders
- Develop and promote the delivery of evidence based interventions
- Increase the consistency of what is delivered across the probation service
- Promote inter-agency working
- Monitor performance

²³ Safe, Sensible, Social. The Next Steps in the National Alcohol Strategy, June 2007. Home Office: <http://www.ias.org.uk/resources/ukreports/revnational-strategy.pdf>

²⁴ Alcohol Harm Reduction Strategy: <http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/caboffice%20alcoholhar.pdf>

²⁵ Delivering Simple, Speedy, Summary Justice, July 2006, Home Office: <http://cjss.cjsonline.gov.uk/documents/about/delivering.pdf>

²⁶ Rebalancing the Criminal Justice System, July 2006. Home Office: http://www.cjsonline.gov.uk/downloads/application/pdf/CJS_Review.pdf

²⁷ The National Probation Service Alcohol Strategy:

<http://www.probation.homeoffice.gov.uk/files/pdf/Working%20with%20Alcohol%20Misusing%20Offenders%20a%20Strategy%20for%20Delivery.pdf>

<http://www.justice.gov.uk/publications/docs/research-paper-alcohol-misusing.pdf>

²⁹ <http://www.alcoholpolicy.net/2010/02/noms-alcohol-interventions-guidance-.html>

The National Probation Service has also produced the Alcohol Information Pack³⁰ for offenders under probation supervision, including a practitioner's guide for offender supervisors and offender's guide for understanding their treatment.

The research document: *Evidence Based Practice? The National Probation Service's Work with Alcohol – Misusing Offenders*³¹ identifies that a key priority for policy should be to increase the use of evidence-based alcohol interventions and treatment with offenders whose criminal behaviour is related to their use of alcohol. That priority should be addressed in the short term by sharing and disseminating emerging best practice and identifying effective strategies for ensuring more offenders commence and complete those programmes that are available. The longer term emphasis should be on developing the evidence base and then disseminating empirically informed advice and guidance about the appropriate targeting of interventions, and increasing further the range, capacity and funding of the NPS's alcohol-related work.

Improvements are still required in many areas to aspects of: alcohol screening and specialist assessment processes; the accessibility of specialist alcohol treatment services; and the level of training for probation staff on delivering brief interventions, specifically, and alcohol issues more generally.

The dearth of British research evidence means there is currently limited scope for developing empirically informed guidance to instruct senior probation managers and practitioners on key issues. These include the effective targeting of interventions within a criminal justice context and identifying which ones are likely to be most effective for whom e.g. different offender management tiers and those offenders presenting with hazardous, harmful or dependent drinking patterns.

National Offender Management Service: HM Prison Service

- Addressing Alcohol Misuse – A Prison Service Alcohol Strategy³²
- Alcohol Treatment Interventions – Good Practice Guide³³
- Alcohol Testing for Prisoners – Manual of Policy and Procedures³⁴
- Alcohol Services in Prisons: an unmet need - Thematic Report by HM Inspectorate of Prisons³⁵

³⁰ Alcohol Information Pack for Offenders under Probation Supervision, National Probation Service. http://www.noms.homeoffice.gov.uk/news-publications-events/publications/guidance/alcohol_info_pack_08/

³¹ <http://www.justice.gov.uk/publications/docs/research-paper-alcohol-misusing.pdf>

³² HM Prison Service Alcohol Strategy, 2004: http://www.hmprisonservice.gov.uk/assets/documents/1000082AAddressing_Alcohol_Misuse.doc

³³ Alcohol Treatment Interventions Good Practice Guide, HM Prison Service, December 2004. http://www.hmprisonservice.gov.uk/assets/documents/100008CCalcohol_treatment_interventions_good_practice_guide.doc

³⁴ Alcohol Testing for Prisoners Manual of Policy and Procedures, HM Prison Service, December 2004. http://www.hmprisonservice.gov.uk/assets/documents/100008CBalcohol_testing_for_prisoners.doc

³⁵ http://www.justice.gov.uk/inspectors/hmi-prisons/docs/Alcohol_2010_rps.pdf

The Alcohol Harm Reduction Strategy for England and its update Safe, Sensible, Social, state that detoxification in a prison or hostel is unlikely to have much impact unless backed up by after care and support. Effective alcohol treatment services for prisoners require:

- Consideration of alcohol as an issue at sentencing
- Screening of new prisoners to identify alcohol problems
- Provision of a range of treatments
- Effective follow-up, as part of wider rehabilitation policy – to ensure prisoners are directed to appropriate services when they leave prison

The latest report (February, 2010) by HM Inspectorate of prisons, found that in 2008-09, 19%, nearly one in five of prisoners reported having an alcohol problem when they entered prison. It was even higher among young adults (30%) and women (29%). These figures almost certainly underestimate the scale of the problem, as many of those with alcohol problems will fail to recognise or acknowledge them. While most alcohol users, particularly women, reported concurrent use of illegal drugs, there were a significant proportion of male substance misusers for whom alcohol was the only problematic substance. This was true for half of the men in local prisons who reported having an alcohol problem. Among young adults, only a minority reported having drug problems, but no alcohol problem.

Prisoners with alcohol problems are likely to be more problematic in general and to need greater support. More are high risk offenders and more had been in prison before. They were more likely than other prisoners to come into prison with pre-existing difficulties, such as housing needs and health, particularly mental health, issues. Alcohol use is accepted as a key risk factor in predicting violent reoffending. Yet the thematic report shows that at every stage in prison, their needs are less likely to be either assessed or met than those with illicit drug problems.

Nationally, services for alcohol users are very limited, particularly for those who did not also use illicit drugs. There is a shortage of healthcare staff with training in alcohol misuse, or dual diagnosis (mental health and substance use). Interventions so far have largely consisted of Alcoholics Anonymous, an abstinence-based self-help approach which is not suitable for all those with alcohol problems. Historically, CARATs (counselling, assessment, referral, advice and throughcare service) teams have not been resourced to work with those who have only an alcohol problem. However, NOMS have now specified that CARATs should now work with alcohol-only prisoners, but have not provided any extra resources to support this.

South West Policy & Research

- A Needs Assessment of Alcohol Treatment Services for Offenders in the South West Criminal Justice System, A Walsh, October 2007
- South West Reducing Reoffending Delivery Plan 2009-10

The Needs Assessment of Alcohol Treatment for Offenders in the South West Criminal Justice System identified high levels of alcohol treatment needs among offenders and suggested that:

- Nearly two thirds of prisoners have an alcohol use disorder, and of these, roughly half are hazardous / harmful drinkers and half are alcohol dependent
- More male (66%) than female (56%) offenders in the community have an alcohol use disorder
- About three-quarters of offenders aged 16-19 years have an alcohol use disorder
- 51% of offenders with an alcohol use disorder are motivated to tackle their alcohol problem
- Approx 5,000 offenders with an alcohol use disorder in the year prior to entering prison are released annually from prisons into the South West region
- Approx 2,250 AUR (Automatic Unconditional Release) male prisoners and approx 2,000 remand prisoners are released into the South West community annually *without post-custody supervision*; estimates suggest between 650-700 of these will be alcohol dependent (as measured by an AUDIT score of 16+).

Following this, the South West Reducing Re-offending Partnership produced a delivery plan³⁶ based on the seven pathways of re-offending. For the Alcohol pathway, three key regional priorities were set for 2009-10 to be completed by March 2010:

- To ensure that prisons and probation areas are using AUDIT to assess offenders alcohol treatment needs – by providing training, guidance and support to enable prisons and probation areas to implement and use AUDIT for planning and co-commissioning purposes
- To improve understanding of the alcohol needs of short sentence prisoners and treatment provision they can access in custody and the community – carrying out targeted surveys in selected prisons and probation areas to inform understanding and to identify recommendations for action to improve access to provision along this pathway
- To build capacity for delivery of alcohol treatment requirements in court community orders – to provide guidance for probation areas and PCTs in relation to ATRs and the need to build capacity based on assessed needs and national requirements.

³⁶ South West Reducing Reoffending Delivery Plan 2009-10

Devon Policy & Research

- Devon Local Area Agreement 2008 – 2011, Devon Strategic Partnership³⁷
- Devon DAAT Alcohol Strategy – 2008/11³⁸
- Devon DAAT Alcohol Needs Assessment and Service Development Framework
- Devon DAAT Annual Report 2009³⁹

The Devon DAAT Alcohol Strategy 2008-11 suggested that we should: Make the night time environment safer by:

- Running targeted information campaigns promoting safer drinking messages and challenging drunken behaviour
- Promoting public safety by challenging attitudes to drunken, irresponsible behaviour
- Working with Licensees to develop consistent standards and expectations for the management of licensed premises
- Improve targeting of resources at alcohol related crime and disorder hot spots
- Use evidence based interventions to combat alcohol related crime and disorder and anti social behaviour in the night time economy

And; Target alcohol related offenders into intervention and treatment services by:

- Providing alcohol screening and referral services from custody, court and prison
- Further developing the 'Alcohol Conditional Caution' for alcohol offenders with Devon and Cornwall Police
- Training all front line probation staff to screen, deliver brief interventions and make referrals
- Working with probation and courts to develop community alcohol treatment sentences, including the Alcohol Treatment Requirement
- Developing a systematic alcohol education, intervention and treatment model within HMP Exeter
- Establishing care pathways to support throughcare from prison
- Ensuring appropriate alcohol services are available for Prolific and Priority Offenders.

³⁷ Devon Strategic Partnership: Devon Local Area Agreement 2008 – 2011: <http://devonsp.org.uk/sustainablecommunitystrategy/outcomes/devonlaa0811.pdf>

³⁸ Devon DAAT Alcohol Strategy 2008-11: <http://www.devonpct.nhs.uk/documents/Devon%20DAAT%20Alcohol%20Strategy%202008.pdf>

³⁹ <http://www.devonpct.nhs.uk/documents/BM25112009/2009.11%20Annex%2010.7.pdf>

What's the Problem in Devon?

Alcohol-Related Crime

A needs assessment carried out by Devon Drug and Alcohol Action Team (DAAT) in 2007, showed the impact of alcohol misuse on crime and disorder with a particular emphasis on violent crime⁴⁰:

- During 2006/07, there were 3,904 recorded alcohol-related violent crimes across New Devon – this makes up 37% of all recorded violent crime
- Recorded violent crime accounts for 21.4% of all recorded crime
- Alcohol-related violence accounts for 8.1% of all recorded crime
- In 2006/07, 36.4% of all individuals arrested appeared to be under the influence of alcohol at the time they arrived in custody⁴¹
- Across Devon and Cornwall 30.2% of violent offences were committed in connection to licensed premises

It's important to consider the proportion of total offences which are alcohol-related violent crimes (ARVC) to provide an accurate picture of how much violence is related to alcohol consumption. Table 1 shows a slight decrease in the overall level of violent crime from 2004/05 to 2006/07 but an increase in the proportion of this that is alcohol-related. It should also be noted that offences where alcohol has been a factor are not always recorded as alcohol-related crime by the police, especially where the crime has already been recorded and it is only found out at a later date that alcohol was involved. Officers are unlikely to go back and change the initial recording of that data.

Table 1 shows an increase in alcohol-related violent crime as a proportion of all crime*

DCC	2004/05	2005/06	2006/07
Total alcohol related violent crime	3822	3242	3904
*Total violent crime	11495	10678	10366
ARVC as % of violent crime	33.2	30.4	37.7
*Total offences	51281	47791	48360
ARVC as % total offences	7.5	6.8	8.1

Table 2 shows alcohol-related violent crime as a proportion of all violent crime*

District	2004/05	2005/06	2006/07
East Devon	35.4	32.2	40.0
Exeter	32.7	29.0	36.8
Mid Devon	32.7	28.7	35.4
North Devon	33.1	30.6	39.4
South Hams	30.4	32.5	39.7
Teignbridge	35.0	30.8	35.6
Torridge	31.9	31.2	37.8
West Devon	31.9	28.7	35.7

⁴⁰ Devon Drug and Alcohol Action Team: Alcohol Needs Assessment and Service Development Framework, November 2007. *Total offences and total violent crime obtained from Devon and Cornwall Constabulary Internet Site

⁴¹ Devon and Cornwall Constabulary Force Alcohol Problem Profile Report – December 2007

Table 3 shows alcohol-related violent crime as a proportion of total crime*

District	2004/05	2005/06	2006/07
East Devon	7.3	6.4	7.9
Exeter	6.9	6.4	7.3
Mid Devon	7.8	7.1	7.2
North Devon	7.8	7.1	9.7
South Hams	6.2	6.1	7.7
Teignbridge	8.3	7.3	7.6
Torridge	8.0	7.6	9.8
West Devon	8.1	6.6	8.2

In Prison

Although offenders are a 'captive audience' whilst in custody, their alcohol problems often go unaddressed. Offenders with alcohol problems may turn to drugs as a coping mechanism whilst in custody or manage to abstain, but often return to alcohol misuse upon release from custody. A large proportion of incarcerated offenders have been identified as having problems with alcohol and/or as having mental health issues (see Table 4).

Table 4 has been amended and taken from 'A Needs Assessment of Alcohol Treatment Services for Offenders in the South West Criminal Justice System'⁴². The table shows estimated numbers of prisoners in the South West with alcohol use disorders and with concurrent mental disorders / drug misuse. (Source: estimates ONS Survey: Psychiatric Morbidity in prisoners (1998))

Table 4.

Prison	% with an alcohol use disorder (AUDIT score 8+)	% Hazardous / harmful drinkers (AUDIT score 8-15)	% Dependent drinkers (AUDIT 16+)	Score 8+ and assessed as having an additional 2 or more mental disorders	% with an alcohol use disorder, current smoker and using at least one illicit substance
estimated proportions *	60.5% (m) 37.5% (f)	30% (m) 18% (f)	30% (m) 19.5% (f)	65% (m) 82% (f)	27% (all)
Channings Wood	398	197	197	259	178
Dartmoor	376	187	187	245	168
Eastwood Park	122	58	63	100	62
Exeter	308	153	153	200	137

*based on ONS mid estimate of remand & sentenced proportions

⁴² A Needs Assessment of Alcohol Treatment Services for Offenders in the South West Criminal Justice System' by Alice Walsh, Government Office for the South West, October 2007.

The differing turnover in the region's prisons will have implications for the types of alcohol treatment services provided in each prison. HMP Channings Wood (operational capacity 731) and HMP Dartmoor (operational capacity 646) are both Category C prisons with a comparatively low turnover – approx 30 people a month, nearly half of whom are there for more than three months. HMP Exeter (operational capacity 533) is a Male local prison with a high turnover, although roughly a third of prisoners stay over three months. HMP Eastwood Park (operational capacity 362) is a Female Local prison, the nearest women's prison to New Devon and has a very high turnover.

Assessments carried out in HMP Exeter identify approximately 20 prisoners a month as having an alcohol use disorder which requires detoxification treatment. Not enough is known about the variance in alcohol need across the three prisons in Devon. Devon DAAT plan to carry out a prisoner alcohol needs assessment during next year.

In the Community

The National Probation Service uses the Offender Assessment System (OASys) to screen for alcohol problems with offenders. Using this tool, it was found that 3,252 offenders in Devon and Cornwall Probation Area⁴³ had an identified alcohol use disorder.

From the offenders identified as having a *current* alcohol use disorder, 23% reported a '*significant current alcohol use problem*' (in the past year).

Of the 2,310 offenders identified as '*Binge drinking or excessive use of alcohol in the past 6 months*', 32% reported have a '*significant binge drinking problem*'.

Of the 3,013 offenders identified as having had a problem with alcohol misuse in the past, 39% reported having had a '*significant problem in past*'.

49% of offenders identified with an alcohol use disorder reported having 'no motivation to change their alcohol misuse', 41% reported 'some motivation' and only 10% reported 'strong motivation to change their alcohol misuse'.

This lack of motivation displayed by half of all offenders highlights the need for the incorporation of motivational techniques during interventions to bring offenders to the point of readiness for change before they can engage successfully with alcohol treatment services.

⁴³ A Needs Assessment of Alcohol Treatment Services for Offenders in the South West Criminal Justice System' by Alice Walsh, Government Office for the South West, October 2007.

Devon & Cornwall Probation Trust

A recent data analysis⁴⁴ (see Table 5) was conducted using data gathered from eOASys on all offenders on the DCPT caseload between 1st April 2006 and 1st April 2009. The aim was to: establish the extent to which offenders demonstrate difficulties in respect to various criminogenic need areas that are covered by the OASys assessment; establish any disproportionality represented among sub-groups of offenders (i.e. women and ethnic minority offenders); establish any disproportionality among particular geographical delivery units of DCPT; and assist in the targeting of support services in relation to needs and local areas.

The research highlighted that 59% of offenders in the North & East Local Delivery Unit of DCPT had alcohol problems linked to their offending behaviour, compared to 44% who had drug problems related to offending behaviour. Alcohol problems were also linked to risk of serious harm in 43% of offenders, compared to 19% of offenders with drug problems linked to risk of serious harm.

Table 5. North & East Local Delivery Unit of DCPT Research into Criminogenic Needs and Sub-group Disproportionality

		All offenders (% of total offenders)	Female Offenders (% of Total Female Offenders)	Ethnic Minority Offenders (% of Total Ethnic Minority Offenders)
Alcohol Issues Linked to:	Risk of Serious Harm	1107 (43%)	109 (41%)	18 (37%)
	Offending Behaviour	1533 (59%)	150 (56%)	28 (57%)
Total		2599 (100%)	266 (100%)	49 (100%)

The data also showed that a significantly greater proportion of female and ethnic minority offenders had alcohol issues linked to risk of serious harm and offending behaviour, compared with all other local delivery units within DCPT. Other criminogenic need areas that were significantly linked to offending behaviour were: relationship issues (58% of offenders); lifestyle issues (69% of offenders); and thinking and behaviour issues (86% of offenders).

A more recent review of eOASys data from 1st April 2009 to 31st December 2009, looked at the bread down of OASys scores for the number of offenders with Alcohol issues in each area of DCPT. Table 6 indicates the weighted score given by the OASys tool for alcohol issues, ranging from 0 (no issues) to 5 (significant issues). A weighted score of above 2 highlights alcohol as an issue for an offender. Each local delivery unit within DCPT (N&E: North & East Devon; SOU: South Devon; PLY: Plymouth; CNW: Cornwall) is compared on alcohol issues.

⁴⁴ Unpublished Devon & Cornwall Probation Research 2009 Report: Consisting of 7740 offenders supervised by DCPT from 01/04/06 to 01/04/09.

Table 6. OASys weighted scores for Alcohol by DCPT LDUs

ALCOHOL	N&E	SOU	PLY	CNW	Total
0	256	136	164	178	734
1	104	48	72	70	294
2	43	40	43	43	169
3	193	120	161	179	653
4	108	59	115	87	369
5	79	34	52	42	207
Total	783	437	607	599	2426

Figure 7. Weighted scores from OASys Assessment Tool, showing numbers of offenders by score and by DCPT LDU. (Data from 01/04/10 – 31/12/10)

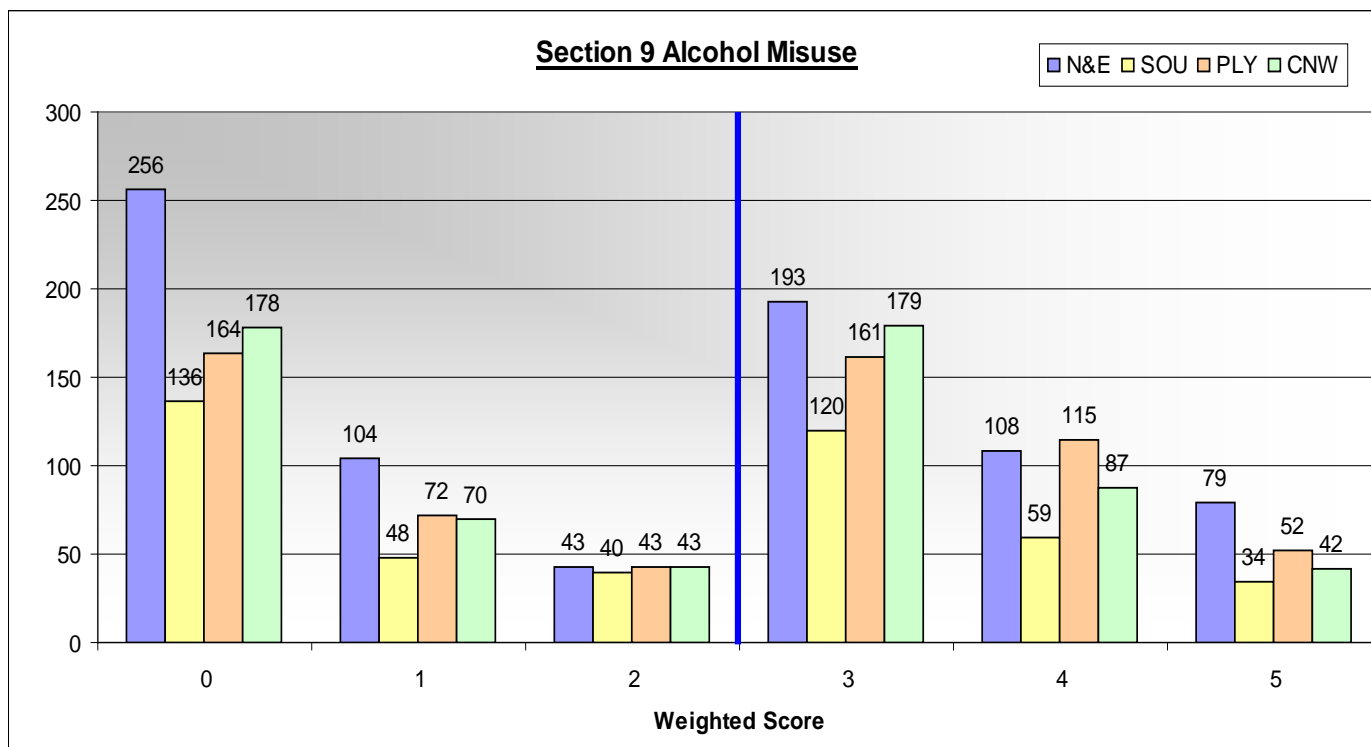


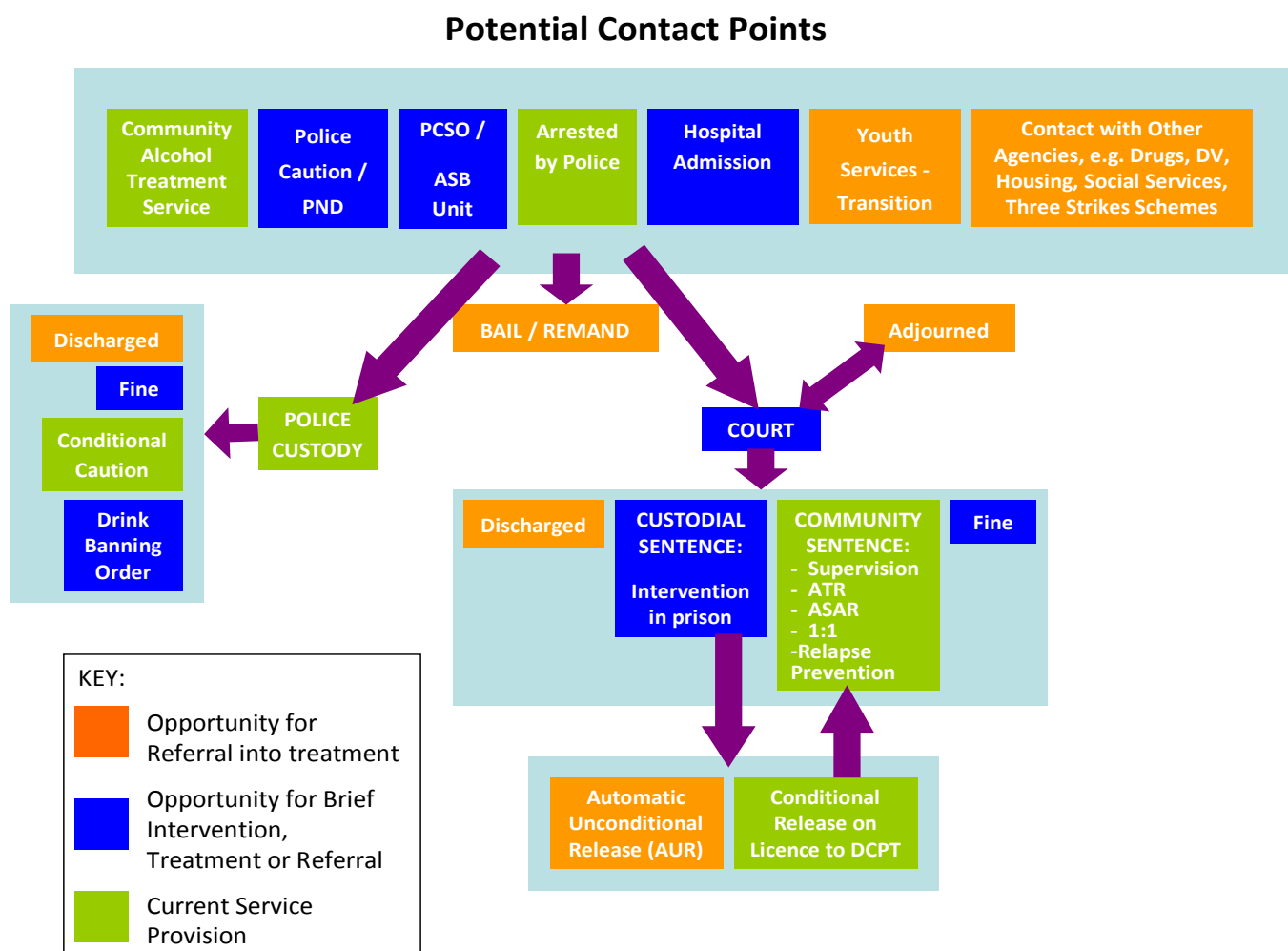
Figure 7 shows that 380 offenders from North & East LDU alone have been highlighted as having an alcohol issue as a ‘criminogenic need’ by the OASys assessment tool, in only 9 months of last year.

A comprehensive assessment of offenders’ alcohol needs across prison and community criminal justice settings, using the AUDIT tool, as well as other measures, is required to establish the degree and variance of alcohol needs of offenders. This combined approach would enable better targeting of interventions, a focus of provision where it is most needed, inform effective commissioning and provide an opportunity to evaluate the impact of those interventions.

Mapping Current Provision

This strategy will bring together all of the existing alcohol treatment systems currently in place throughout the criminal justice system and illustrate what else is needed (and expected) in order to create a fully integrated service of alcohol treatment provision at every step of the CJ system and beyond (from arrest through the courts, to sentencing, during community or custodial sentences, during post-custody licence and reintegration into society).

The diagram opposite illustrates the pathway that an offender takes through the Criminal Justice system and highlights the potential contact points that could be utilised to engage the individual at every stage.



In the Community: Devon Alcohol Service

This service provides a single point of contact for initial referrals into alcohol treatment from multiple sources in Devon. The service provides interventions at Tiers 1, 2, 3 and 4 through Addaction and Devon Partnership Trust. It is spread over three local areas and offers a range of treatment options for people, including: outreach provision in General Practitioner surgeries; community hospitals; community mental health premises; criminal justice agencies; and local voluntary agencies,. Devon Alcohol Service was recently awarded 'Highly Recommended' by HubCAPP Most Useful Project of the Year⁴⁵.

In the Community: ASB & Night-Time Economy

Community Safety Partnerships in Devon have worked with the Police and local partners to establish a Three Strikes Scheme: A football-style referee scheme using red and yellow cards to warn late night troublemakers of the consequences of their behaviour launched by Devon & Cornwall Police in partnership with Community Safety Partnerships in Exeter and North Devon and all participating pubs and clubs. The scheme incorporates a banning system whereby anyone committing more than one alcohol-related anti-social crime, in or outside pubs and clubs, between 6.00pm and 6.00am can be excluded from participating pubs and clubs. A yellow card will be issued following a first offence and a warning letter sent by the Police spelling out the consequences of further anti-social behaviour and providing alcohol help agency details. A red card will be issued to anyone re offending within 12 months and they will also be given a 12 month ban from any pubs or clubs participating in the scheme. Anyone committing a third offence within 12 months risks facing an Anti-Social Behaviour Order or Drink Banning Order banning them from town centres in the evening.

This scheme has been running in Exeter very successfully for a number of years and has recently been implemented in North Devon as well. It provides an early opportunity for intervention with an individual with an alcohol issue that is having a harmful effect on themselves and those around them. More needs to be done to integrate these schemes with treatment agencies and improve the engagement of those involved in the scheme into treatment.

The use of escalation processes that result in an Anti-Social Behaviour Orders, Conditional Cautions, Drink Banning Orders and/or Penalty Notices for Disorder provide an early opportunity to intervene with an individual with alcohol problems. However, if these penalties are not complied with, they can have a perverse effect, accelerating vulnerable people into the criminal justice system, rather than promoting referral to appropriate services. Therefore, it is essential to create robust referral pathways from these early interventions points, that will maximise the opportunity of intervention with an individual and also increase motivation levels wherever possible.

One such opportunity to intervene with individuals who cause problems due to binge drinking is through the use of an Alcohol Diversion Scheme linked to the use of Penalty Notices for Disorder. An example of such a scheme established by a local CDRP in Hertfordshire, has been evaluated and found to be very successful⁴⁶. All adults who are arrested and receive a Penalty Notice for: Drunk & disorderly; Drunk & incapable; or Section 5 Public Order, are provided with a leaflet advising them that should they wish to attend a three hour course for a fee of £40, the current £80 penalty notice will be waived. However the PND will still be recorded against them. The course focuses on: the link between alcohol, violence and offending; physical and psychological harms; the legal impact on

⁴⁵ <http://www.hubcapp.org.uk/FAYB>

⁴⁶ Alcohol Diversion Scheme, Herts: <http://www.druglink.co.uk/general.asp?id=738>

a person's future life; and units and unit content. As participants pay to attend the course, after an initial outlay to setup, it becomes self supporting. If such a scheme could be implemented in Devon, it could be combined with other group interventions and provide an added revenue stream to existing services facing difficult financial times in the current climate. The courts could even request that individuals pay a fine which goes towards completing the course, after committal of drink driving, or alcohol-related anti-social behaviour.

There is a tangible link between the night-time economy, excessive consumption of alcohol and consequent anti-social behaviour (ASB). It is the intention of the ASB Co-ordinators within New Devon to develop further proficiencies in addressing and managing the adverse effects of alcohol consumption and they will be instrumental in rolling out the strategic delivery of this Strategy.

Police Custody

Addaction provide an Arrest Referral Service in Exeter and Barnstaple that has been commissioned through Devon DAAT. A member of staff from the Alcohol Arrest Referral service has received a commendation from Devon & Cornwall Local Criminal Justice Board⁴⁷ for her partnership work with the police and dedication to helping detainees with alcohol issues. This service is provided in partnership with EDP (joint provider of adult drug treatment service across Devon) and until recently also involved a third worker from NHS Devon. The partnership between the three agencies worked in collaboration with the police to screen for mental health, drug or alcohol issues with detainees in the Barnstaple custody suite. Unfortunately, the funding for the Mental Health arrest referral worker recently ended and has not been renewed.

The Police themselves can refer offenders into treatment and have the option to give offenders a conditional caution. This means an individual is released with a caution with certain conditions attached to it, i.e. attending an appointment with an alcohol worker. These interventions offer a early opportunity to effect change in an individual whose drinking is causing harm to themselves and/or others. The use of alcohol conditional cautioning by the Police is minimal, with only a very small number being issued each year. This appears to be due to complications with the paperwork involved in issuing a conditional caution and processing it through the Crown Prosecution Service. If these problems could be ironed out, the alcohol conditional caution could be another effective tool for engaging offenders into alcohol treatment at an early stage and diverting them from the criminal justice system.

Courts

The Court stage is one of the least developed in the offender pathway through the Criminal Justice system, in terms of assessment, referral and intervention with those individuals with alcohol issues. The majority of work is carried out via the Probation Service's report writers (see below for details), but more work needs to be done to encourage court staff to establish effective screening services in courts, referral into treatment and diversion from prison, where appropriate.

⁴⁷ <http://lcjb.cjsonline.gov.uk/Devon%20And%20Cornwall/2992.html>

Devon & Cornwall Probation Trust⁴⁸

DCPT court teams prepare reports for criminal courts. The teams give information to magistrates and judges who make sentencing decisions. Over 4000 reports are produced for DCPT's area criminal courts each year. A full Pre-Sentence Report offers an analysis of an offence, and the offender. It gives an insight into the offender's circumstances and background, and proposes the sentence most likely to reduce risk and prevent further crimes. Sentencers want to see that the report addresses two key issues:

- That the public is going to be protected by the proposed measure and
- That the offender will be properly dealt with by this punishment.

Probation Court staff are also asked to provide simpler reports that are produced on the same day as the hearing – Fast Delivery Reports (FDRs). This report gives immediate assessment and sentencing advice, so that courts can deal quickly with less serious matters.

The Court can then sentence an offender to a custodial or community sentence. The community order has 12 requirements options: unpaid work; activity requirement; accredited programme requirement; prohibited activity; curfew; exclusion; residence; mental health treatment; drug rehabilitation; alcohol treatment requirement; supervision; and attendance centre.

In Devon, there is current provision for Alcohol Treatment Requirements (ATRs) which are ordered by the court after recommendation by the Probation report writer and consent to engage in treatment by the offender. The current contract between Addaction and DCPT allows for timely alcohol assessments for offenders who are being considered for an ATR, by an Addaction alcohol worker who is based in the Probation offices. If the ATR order is made in court, treatment then commences with Devon Partnership Trust who are the Tier 3 treatment providers. The ATR is made for a period of 6 months to a maximum of 3 years and runs alongside a period of Supervision.

Previous accredited offending behaviour programmes, such as ASRO (Addressing Substance-Related Offending) and DID (Drink Impaired Drivers) courses have ceased and been replaced with the Thinking Skills Programme which will have bolt-on modules that specifically look at substance misuse issue and substance-related offending.

Specified Activity Requirements are another option for sentencers, with an Alcohol Specified Activity Requirement (ASAR) being developed to be rolled out in North & East LDU of DCPT currently. This will target lower level drinkers than the ATR, with a focus on hazardous and harmful drinkers and binge drinkers who offending is related to their alcohol consumption. The ASARs will consist of a range of interventions, based around the individual's needs, providing 3 – 12 sessions of alcohol work, including a preparation to change group, 1:1 sessions and relapse prevention work. This range of interventions will also be available to other probation offenders who are not subject to an ATR or an ASAR.

Targeting of these interventions and effective evaluation of ATRs and ASARs will be key to maintaining a robust treatment pathway for offenders on community sentences.

⁴⁸ www.dcpa.co.uk

Prison – HMP Exeter, Dartmoor, Channings Wood

HMP Exeter currently has a part-time alcohol worker who targets post-detox prisoners who are sentenced to less than 12 months custodial sentence or are on remand in prison. This provision provides assessment, brief interventions and onward referral to these prisoners, attempting to link them in with alcohol-services in the area that they are being released into.

Some alcohol work is carried out in HMP Dartmoor and HMP Channings Wood, but, as yet these provisions have not been fully developed into offender care pathways and linked up with community services. NOMS have recently given CARATs teams permission to work with alcohol-only clients in prisons, although have not allocated any extra resources for this. This work is still being developed and work will need to be carried out in order to link up the work being done inside and outside of prisons to ensure a robust offender care pathway into and through prisons in Devon.

Strategic Plan

Aim of the Criminal Justice Alcohol Strategy

To target and engage alcohol related offenders into appropriate alcohol interventions at all stages throughout the criminal justice system. Divert them, where possible, from prison, and engage them successfully into treatment, support their ongoing needs and help them to be effectively rehabilitated by providing screening, brief interventions and referral at all points within the criminal justice system. To create a sustainable, mainstreamed, central framework of interventions to address crime driven by alcohol use and misuse in New Devon.

Objectives

- A. To establish a criminal justice alcohol team (virtual or real)
- B. To establish contact and access points in Custody, Court, Prison and with Probation services and ensure communication links between these
- C. To establish and maintain integrated treatment care pathways into and through prison (HMP Exeter in the first instance, but ultimately HMPs Dartmoor, Channings Wood and HMP Eastwood Park for women) and ensure robust treatment integrated care pathways for offenders on release
- D. To develop effective and credible alcohol intervention / treatment orders
- E. To develop and maintain integrated care pathways for offenders to access appropriate treatment services, relapse prevention and aftercare within community services
- F. Establish links with the Anti Social Behaviour Agenda to address alcohol misuse as part of ASB orders
- G. Establish links and integrate with the PPO and IOM schemes running in Devon
- H. To train the broader criminal justice team to screen for alcohol misuse, deliver brief interventions, undertake motivational interviewing and make referrals
- I. To ensure all services are based on evidence of effective alcohol interventions in a criminal justice setting
- J. Contribute to the production and delivery of the Devon Alcohol Awareness Partnership work
- K. Establish success criteria, qualitative and quantitative
- L. Monitor performance and effectiveness of all interventions in order to produce a cost-effective service
- M. Create adequate data capture opportunities and consistent paperwork across CJ sectors
- N. Monitor local developments in IDTS, as well as new orders, such as DBOs.
- O. Facilitate effective transitions from young people's services to adult services
- P. Increase awareness of motivational issues and increase use of effective techniques to increase motivation
- Q. Establish service user involvement and evaluation opportunities

Outcomes

- Reduce Reoffending
- Reduce alcohol-related crime and disorder / Common assault
- Reduce serious violent crime (alcohol-related)
- Contribute to the reduction of alcohol-related harm
- Contribute to the reduction of alcohol-related A&E attendances
- Establish and reinforce acceptable levels of behaviour and reduce levels of alcohol-related ASB

It should be noted that increasing the intervention points will increase the number of clients being referred into the service. Consideration should be made for the 'knock on' effects to community services; i.e. increased waiting times due to increased referrals and suitability for mixed group work. Commissioners will need to consider this impact of the Criminal Justice Alcohol Strategic approach when funding the community elements of the service as well as the criminal justice parts.

Targets

- **Police** - Devon and Cornwall Police Authority - 2010/11 Target: To be one of the 10 Forces nationally with the lowest levels of serious violent crime One-year target: To achieve a reduction of at least 15% in serious violent crime. Contribute to the improvement of public confidence in Police services and reassure the public that action is being taken to reduce alcohol-related crime and disorder.
- **Probation** – ATRs: 6 completions in 2010/11; ASARs: 30 completions in 2010/11; improved retention of offenders on caseload; improved attendance rate; improved effective diversions from custody; improved alternatives to breach through better alcohol interventions and outcomes; and improved through the prison gate work. NI 18: Overall contribution to reduction in re-offending rates.
- **PPOs** - Deliver alcohol intervention / T3 treatment to 100% of appropriate PPOs
- **Alcohol-related crime and disorder / Common assault** - NI 20 – Assault with less serious injury crime rate: Reduce assault with injury crime rate by 3% by 2010/11 from a rate of 5.76 crime per 1000 population in 2007/8 to a rate of 5.59 crimes per 1000 population in 2010/11. (Target part of the 2008/11 LAA)
- **Anti-Social Behaviour** – contribute to the reduction of ASB - LAA 34
- **Prisons** - Prison Health Quality Indicators: For alcohol screening, intervention and support: Green indicator:- all prisoners are screened for problem drinking and a full range of interventions is available, including brief advice, structured treatment, access to alcohol awareness courses and access to peer support for people with drink problems.

Action Plan

	Objective	What's happening locally? How will it happen? (actions)	Who is responsible?	Status R=Red A=Amber G=Green	Time-scale	Resource
A	To establish a criminal justice alcohol team (virtual or real)	CJ Alcohol workers from community services (Addaction/DPT), 1 x 30hrs prison in-reach post (HMP Exeter only), Addaction Probation workers Need to work more as a team – IOM and expand team to include court liaison workers, extra police custody referral workers and other prison in-reach workers to include all Devon cluster prisons plus HMP Eastwood Park for women. How? – communication, practitioner groups, IOM co-location	DAAT Probation BCU HMPS IDTS teams Addaction / DPT	G R		Arrest Referral: SDP / BCU funded HMP Exeter: PCT pooled with DAAT / SDP alcohol budget Expansion of team: Funding Gap
B	To establish contact and access points in Custody, Court, Prison and with Probation services and ensure communication links between these	Police Custody: Key times covered in North, Exeter and East, none in South Devon. Court: None present Prison: HMP Exeter (30 hrs) only Probation: Addaction workers in North and Exeter Need expansion of contacts in Police Custody, Court, Prison (to include all Devon cluster and womens) and Probation (due to new Alcohol order development) How? – further funding needed to expand contact points (i.e. number of workers available). Also need to train existing staff to screen and deliver BI.	DAAT Probation BCU HMPS IDTS teams Addaction / DPT	G R		Police Custody: SDP / BCU funded Court: none Prison: PCT pooled with DAAT / SDP alcohol budget Probation: Expansion of contact points: Funding Gap
C	To establish and maintain integrated treatment care pathways into and through prison and ensure robust treatment ICPs for offenders on release.	IDTS in HMP Exeter alongside Addaction's prison in-reach worker, development of ICPs for alcohol clients with community services. Need further development of this in HMP Exeter, also rolled out to Devon cluster prisons and HMP Eastwood Park for women clients. How? – greater use of IDTS framework to include alcohol. Alternative to DIRs for greater transfer of alcohol treatment information (AIRs).	CJ Alcohol Lead IDTS teams DAAT HMPS Addaction / DPT	A R	On going	HMP Exeter work: PCT funding pooled with DAAT / SDP alcohol budget Expansion to other prisons: Funding Gap
D	To develop effective and credible alcohol intervention / treatment orders	ATRs ongoing ASARs will follow ATRs Need co-ordinated efforts to create, sustain and manage treatment orders. Monitor effectiveness, capacity levels and data collection. How? – maintain established partnership working and communication. Follow best practice examples and take learning points from piloted treatment orders.	Probation CJ Alcohol Lead Addaction / DPT DAAT	G – A A – R	On going	ASAR: Torbay – probation funding pooled with DAAT matched with SDP ATR: no additional funding, within existing resource
E	To develop and maintain integrated care pathways for offenders to access appropriate treatment services, relapse prevention and aftercare within community services	Offenders currently have some provision in community services with Addaction / DPT, however no formal ICP specifically for CJ clients in place. Need ICPs specifically for CJ clients to be developed in all areas, work with community services to develop and maintain these, bearing in mind capacity levels and waiting times. How? – CJ Alcohol lead to develop these with agencies.	CJ Alcohol Lead Addaction / DPT	G A – R		No extra funding other than existing resources Funding needed to expand services, keep waiting times down and maintain capacity levels.
F	Establish links with the Anti-Social Behaviour Agenda to address alcohol misuse as part of ASB orders	Need to develop links to police ASB unit, PPO unit to help target and prioritise these offenders into treatment How? – CJ Alcohol Lead to initiate and develop links and referral pathways.	CJ Alcohol Lead Police – ASB and PPO Unit	A		
G	Establish links with	Need to establish care pathways for those prolific	CJ Alcohol Lead	A		

	the PPO and IOM schemes running in Devon	and priority offenders together with other agencies involved. Co-location of alcohol staff in IOM teams, integrate services and maintain links with community services How? – CJ Alcohol Lead to develop links with this agenda and develop these care pathways and report this to the Drug and Alcohol Theme Group.	IOM teams PPO teams Drug and Alcohol Theme Group CJ & IOM Steering Group			
H	To train the broader criminal justice team to screen for alcohol misuse, deliver brief interventions and to make referrals	Tier 1 alcohol training commissioned to and delivered by EDP Need evaluation of effectiveness of current training and scope of demand and need and number of referrals generated.	DAAT	Some G R		DAAT funding
I	To ensure all services are based on evidence of effective alcohol interventions in a criminal justice setting	Addaction / DPT work within MoCAM / NTA guidelines, effective practice. Probation work to DANOS guidelines. Need to inform wider CJ team of best practice and monitor this. How? - CJ Alcohol lead to monitor published guidelines on effective practice and communicate to all parties via practitioner groups to share knowledge. CJ Alcohol assigned leads from all agencies to inform other staff of evidence based practice.	Addaction / DPT CJ Alcohol Lead CJ Alcohol leads in all agencies	G & A	On going	
J	Contribute to the production and delivery of the Devon Alcohol Communications Strategy	Need consistent messaging and all agency communications – make use of all newsletters, emails, briefings etc. Need to identify champions to drive this work forward	CJ Alcohol Lead		On going	
K	Establish success criteria, qualitative and quantitative	Partnership agency targets Need to develop success criteria in collaboration with partnership agencies and monitor these by the D&A Theme Group	CJ Alcohol Lead Drug and Alcohol Theme Group	A	Establish criteria – ASAP On going	
L	Monitor performance and effectiveness of all interventions in order to produce a cost-effective service	Need to measure performance against success criteria (see above) and cost effectiveness of service. Need to meet partnership agency targets, as well as those specified by success criteria. Feedback success and failures to staff and ensure changes are made based on performance management.	CJ Alcohol Lead Drug and Alcohol Theme Group Alcohol Liaison Group Contract Monitoring Group	A	On going	
M	Create adequate data capture opportunities and consistent paperwork across CJ sectors	All agencies capturing data in different ways, using different systems and paperwork currently. Need to be consistent with measuring tools (i.e. AUDIT) and recording of data, in order to measure progress of strategy and outcomes intended (i.e. reduction in alcohol-related crime). Work with agencies to ensure adequate data capture and recording.	CJ Alcohol Lead Agency CJ Alcohol Leads Drug and Alcohol Theme Group	A	On going	
N	Monitor local developments in IDTS as well as new orders, such as DBOs	IDTS is being rolled out in Devon cluster prisons, but does not contain any alcohol treatment elements at present. Need to monitor these developments and consider them in Drug and Alcohol Theme Group. Consider alcohol services role to play in them.	CJ Alcohol Lead Drug and Alcohol Theme Group CJ & IOM Steering Group	A	On going	
O	Facilitate effective transitions from young people's services to adult services	Review transition arrangements for those changing services and ways to improve this transition. Develop protocol for all agencies to advise on transition arrangements	CJ Alcohol Lead Young People's services	A		
P	Increase awareness of motivational issues and increase use of effective	Maintain up to date information on motivation techniques and training. Ensure all staff are trained in motivation techniques and promote the use of these to all CJ Alcohol team	CJ Alcohol Lead All agencies CJ Alcohol Team			

	techniques to increase motivation					
Q	Establish service user involvement and evaluation opportunities	Maintain links with service user groups, establish communication channels and feedback processes. Link with work carried out by Sainsbury Centre for the South West Alcohol group into improving care pathways for offenders with alcohol problems.	CJ Alcohol Lead Service User Reps CJ Alcohol Team	A		

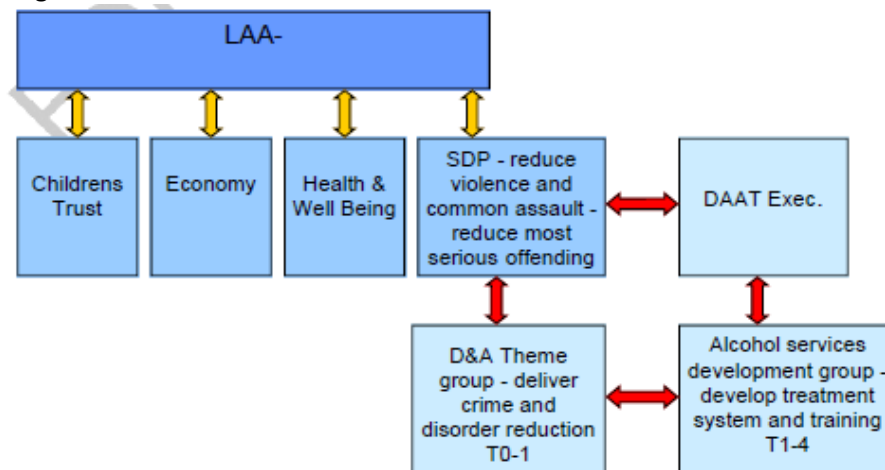
Partnership Structure

The Safer Devon Partnership is the agreed mechanism to deliver on behalf of the Devon Strategic Partnership the safer communities theme of the Devon Local Area Agreement.

Devon Local Area Agreement 2008 – 2011, related priorities and indicators:

- Priority: Reduce the harm caused by alcohol and drugs (LAA32).
 - ❖ Indicator: NI 20 "Assault with injury crime rate"
- Priority: Reduce antisocial behaviour (LAA34).
 - ❖ Indicator: NI 27 "Understanding of local concerns about anti social behaviour and crime by the local council and police"
- Tackle the most harmful offending behaviour (LAA37).
 - ❖ Indicator: NI 16 "Serious acquisitive crime rate"
NI 30 "Re-offending rate of prolific and priority offenders"

One of the four themes of the LAA is to promote and deliver 'A Safer Devon' via the Safer Devon Partnership, within which sits the Drug and Alcohol Theme group that is chaired by the DAAT. The DAAT have produced the 'Alcohol Strategy – 2008/11, Reducing Harm, Empowering Change' and the Criminal Justice Alcohol Strategy will sit alongside this.



Local Strategic & Operational Groups

The following delivery groups will contribute to the delivery of the alcohol strategy:

- Peninsula Drug and Alcohol Strategy Group – Police Chaired strategic group
- Devon Alcohol Awareness Partnership – Focuses on communications / resources around alcohol use
- Drug and Alcohol Theme Group – Will 'own' the criminal justice alcohol strategy and be updated by the Criminal Justice Alcohol Lead
- Alcohol Liaison Group – Addressing treatment system issues
- Young People's Alcohol Implementation Group – delivers young people's alcohol strategy
- Criminal Justice and PPO Strategy Group – Alcohol standing item on agenda
- Adult Joint Commissioning Group – DAAT commissioning group
- Prison Health Partnership Board – Oversees delivery of prison health and substance misuse services
- Violent Crime Working Groups – based in North Devon and Exeter
- Conditional Cautioning Development Meetings
- Crime and Disorder Reduction Partnerships

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Glossary

ASAR	Alcohol Specified Activity Requirement
ASB	Anti-Social Behaviour
ASBO	Anti-Social Behaviour Order
ASRO	Addressing Substance Related Offending – Offending Behaviour Programme run by the Probation Service
ATR	Alcohol Treatment Requirement
BCU	Basic Command Unit
CARATS	Counselling, Assessment, Reference, Advice and Throughcare Service: a multi-disciplinary Tier 2 and 3 drug treatment service in prisons that provides a gateway to drug treatment and other services for those in custody
CDRP	Crime and Disorder Reduction Partnership: multi-agency partnerships set up in each local authority in England with funding from the Home Office to achieve a community based approach to crime reduction. The statutory partners are police, the local authority, the police authority, the fire authority and primary care trust.
CJSSS	Delivering Simple, Speedy, Summary Justice Initiative: an initiative established in 2007 to improve the speed and effectiveness of the magistrates' courts system
CPS	Crown Prosecution Service
CSP	Community Safety Partnership: multi-agency partnerships set up in each local authority in Wales with funding from the Home Office to reduce crime and substance misuse. Key organisations include the police, local authority, fire and rescue service, National Health Service, voluntary organisations and community groups.
DANOS	Drug and Alcohol National Occupational Standards
DBO	Drinking Banning Order (for description see Appendix A)
DCPT	Devon & Cornwall Probation Trust
ECL	End of Custody Licence (for explanation see Appendix B)
HDC	Home Detention Curfew (for explanation see Appendix B)
HMCS	Her Majesty's Court Service
HMP(S)	Her Majesty's Prison (Service)
ICD	International Classification of Diseases
ICP	Integrated Care Pathway
IDTS	Integrated Drug Treatment Service (for description see Appendix A)
IOM	Integrated Offender Management (for description see Appendix A)
ISPP	Indeterminate Sentence of Imprisonment for Public Protection
JTrack	Web-based programme tracking Prolific and other Priority Offenders through the Criminal Justice System
LAA	Local Area Agreement

LCJB	Local Criminal Justice Board: these boards bring together the chief officers of the local Criminal Justice Service agencies to coordinate activity and share responsibility for delivering criminal justice in their areas. They report to the National Criminal Justice Board
LDU	Local Delivery Unit (Geographical Region of a Probation Trust, e.g. North & East LDU of Devon & Cornwall Probation Trust)
LIAP	Lower Intensity Alcohol Programme – Offending Behaviour Programme run by the Probation Service
MoCAM	Models of Care for Alcohol Misusers
NOMS	National Offender Management Service: the evolving single service covering both the probation and prison services
NTA	National Treatment Agency
OASys	Offender Assessment System: the prescribed framework for both the probation and prison services to assess offenders
OGRS 3	Offender Group Reconviction Scale 3: a predictor of reoffending based only on static risks, such as age, gender and criminal history
OMM	Offender Management Model
PCSO	Police Community Support Officer
PNC	Police National Computer
PND	Penalty Notice for Disorder
PPO	Prolific and other Priority Offender (for description see Appendix A)
PSR	Pre-sentence report: a written document prepared at the request of the court. It usually contains proposals for sentence and comments on the Risk of Harm posed by offenders, their likelihood of reoffending and the factors which need to be addressed to support desistance from future offending
Risk of Harm (CJ point of view)	As distinct from likelihood of reoffending: if an offender has a medium or higher Risk of Harm it means that there is some probability that they may behave in a manner that causes physical or psychological harm (or real fear of it) to others. The offender's Risk of Harm can be kept to a minimum by means of restrictive interventions
SHA	Strategic Health Authority
SLA	Service Level Agreement
VOO	Violent Offender Order (for description see Appendix A)
WHO	World Health Organisation
YJB	Youth Justice Board: an executive, non-departmental public body which oversees the youth justice system in England and Wales. Its Board members are appointed by the Secretary of State for Justice
YOT / YOS	The Youth Offending Team/Youth Offending Service works with children and young people aged between ten and 17 years who have offended or are at risk of offending. A partnership approach with workers seconded from children's services, police, probation, health, etc. Managed under the auspices of the local authority's chief executive's office.