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What do we know about alcohol use disorders and alcohol brief interventions (ABIs) in the criminal justice system?

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- Alcohol misuse is estimated to cost £21 billion annually in healthcare (£3.5b), crime (£11b) and lost productivity (£7.3b)
- For every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs

LGA, 2015



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Prevalence of alcohol use disorders in the general population

- Primary health care (20-30% 8+ on AUDIT and ~4% 20+) (*Funk et al, 2005*)
- Young People (15-16 year olds)
 - 88% drank, 30% usually binged (5+)
 - 24% frequent, 50% public drinkers (*Bellis et al, 2007*)



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A rapid systematic review of what we know about alcohol use disorders and brief interventions in the criminal justice system

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Methods – Part one

- A rapid systematic review of alcohol use disorders prevalence in the UK(2000-2014)
 - PubMed, Scopus, Medline
 - Terms: alcohol; screening; crime (police, probation; court; prison) *or versions of.*
 - Grey literature was also searched
 - **15 articles relating to 15 studies were included in analysis**



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Methods – Part two

- A rapid systematic review of effectiveness studies of brief alcohol interventions in the CJS
 - PubMed, Scopus, Medline
 - Up to three hours of brief intervention included
 - Grey literature was also searched
 - **10 articles were included in the analysis**



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Police custody suites in UK

– Alcohol use disorders (8+ on AUDIT)

- 64-84% (*Brown et al, 2010; Hopkins & Sparrow, 2006; Barton, 2011; Kennedy et al, 2012; McCracken et al, 2012*)

– Probable dependency (20+ on AUDIT)

- 21-38% (*Barton, 2011; Hopkins & Sparrow, 2006; Kennedy et al, 2012; McCracken et al, 2012*)



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Magistrates' court in UK

– Alcohol use disorders (8+ on AUDIT)

- 95% (*Watt & Shepherd, 2005*)

– Probable dependency (20+ on AUDIT)

- 39% (*Watt & Shepherd, 2005*)

- *NB: eligibility was participants had to have been sentenced for a violent offence committed whilst intoxicated*



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Probation in the UK

- Alcohol use disorders (8+ on AUDIT)
 - 59% and 67% (*Orr et al, 2015; Newbury-Birch et al, 2009*)
- Probable dependency (20+ on AUDIT)
 - 17% and 33% (*Orr et al, 2015; Newbury-Birch et al, 2009*)



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Prison in the UK

– Alcohol use disorders (8+ on AUDIT)

- **51 – 83%** (Parkes et al, 2011; Newbury-Birch et al, 2009; Graham et al, 2012; MacAskill et al, 2011; Lader et al, 2000; McMurrin and Cusens, 2005)

– Probable dependency (20+ on AUDIT)

- **25 - 43%** (Parkes et al, 2011; Newbury-Birch et al, 2009; Graham et al, 2012; MacAskill et al, 2011; Lader et al, 2000)



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Young people in the CJS in the UK

(Newbury-Birch et al, 2014)

– Adult cut- offs (8+ and 20+)

- 64% 8+ and 30% 20+

– Young people cut-offs (2+ and 3+) (Knight et al, 2003)

- 81% 2+ and 77% 3+



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• **Police custody suites – interventions**

- Two articles from two phases of the same trial (Kennedy et al., 2012; McCracken et al., 2012). High risk of bias. UK based
- **Focus:** A scheme to deliver brief interventions (less than 30 minutes) in custody suites after the arrest, or in a noncustodial venue, was carried out across 12 police forces in the UK between 2007 and 2010
- A matched control group was used to identify arrest data differences
- **Effect.** No statistically significant differences were found for reoffending at either of the two phases



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• **Magistrates' courts – interventions**

- One study (Watt and Shepherd, 2005; Watt et al., 2008). Low risk of bias
- **Focus:** A RCT that compared a control condition of usual care to a single 15-20 minute manualised session of brief intervention in a Cardiff magistrates' court . The interventions were based on the works of Miller and Rollnick (1991).
- **Effect.** No significant findings were found in any of the alcohol measures (AUDIT or number of drinking days or total number of standard weekly units of alcohol) or reoffending.



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• Probation – interventions

- Two studies from the UK were included (Newbury-Birch et al., 2014 (low risk of bias); Orr et al., 2015 high risk of bias)
- **Focus:** Orr et al. conducted a pilot RCT with offenders given probation or community service orders. Newbury-Birch et al. (2014) carried out a pragmatic cluster RCT. Offender managers were randomised to one of three interventions, each of which built on the previous one; feedback on screening outcome and a client information leaflet control group, five minutes of structured brief advice, and 20 minutes of brief lifestyle counselling.
- **Effect.** In the Orr et al. (2015) study only 22% were followed up, therefore, no effectiveness data were available.
- Follow-up rates were 68% at six months and 60 % at 12 months for Newbury-Birch et al. (2014). At both time points there was no significant advantage of more intensive interventions compared to the control group in terms of AUDIT status.
- Those in the brief advice and brief lifestyle counselling intervention groups were statistically significantly less likely to reoffend (36 and 38%, respectively) than those in the client information leaflet group (50%) in the year following intervention.



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• Prison- interventions

- There have been no effectiveness studies in the UK. Three studies were found from the USA (Davis et al., 2003; Stein et al., 2010; Begun et al., 2011). Stein et al. (2010) showed a low risk of bias whereas the other two had an unsure risk of bias.
- **Focus:** Davis et al. (2003) carried out an RCT of veterans in a USA county jail. Participants were recruited in the month prior to leaving jail. Only 41% of participants were followed up.
- An RCT to evaluate brief intervention for alcohol use and risky sexual behaviour among women in a prison in the USA was carried out by Stein et al. (2010). Women were eligible for the trial if they had consumed alcohol at a hazardous level and if they had recently engaged in risky sexual behaviour. The first session of MI was delivered in prison with the second taking place approximately 1-3 months after leaving prison.
- **Effect:** In the Davis et al. (2003) study no differences were found between groups for any alcohol measures. Those in the intervention group were more likely to schedule appointments at a veterans' addiction clinic following their release (31 vs 14 per cent; $p < 0.08$).
- Stein et al. (2010) found that participants randomised to MI had significantly fewer drinking days (OR=1.96, 95% CI 1.17, 3.30) and reported fewer alcohol-related problems at three months ($p < 0.05$). Although, this effect was not maintained at six month follow-up. There was no significant difference between participant groups for the number of drinks consumed per drinking day. The study suggests that brief MI may be effective at reducing the frequency of alcohol use in the short term but further sessions may be necessary to maintain the effect in the longer term. Because of a low-response rate (20%).
- Begun et al. (2011) could not test any effectiveness of the intervention.



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• Young people- interventions

- There have been no effectiveness studies in the UK. Two studies with a low risk of bias were found from the USA (Stein et al., 2011a, b).
- Focus. Both studies looked at two sessions of MI compared to relaxation therapy for young people in juvenile correctional facilities. The RCTs were designed to evaluate the effects of depressive symptoms on reducing alcohol and marijuana use.
- Effect. Stein et al. (2011a) did not find any significant effects between groups. Stein et al. (2011b) found that participants who received MI reported a significantly lower average number of alcoholic drinks consumed per day, a lower percentage of heavy drinking days, and a lower percentage of days where more than five drinks were consumed at three months post-release. Participants were automatically enrolled in the facility's substance misuse treatment programme, which involved two hours per week of psycho-education for substance use over a period of eight weeks. It is unclear if this contributed to the results.



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- It could be argued that the stages in the criminal justice system described above are analogous to the health care system.
- **POLICE CUSTODY SUITES** are busy and chaotic very like accident and emergency departments.
- **PROBATION** is similar to primary care, appointments made and an emphasis on dealing with the underlying issues.
- **PRISON** is similar to hospital wards in as much as often the person is there for a period of time.



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Alcohol crime often overlaps with health issues so it is important for the CJS to work closely with health and wellbeing boards and other health professionals to tackle the issue





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