

**IAS response to Briefing from the Mayor of London  
Police Reform and Social Responsibility Bill  
Amendment to the Bill  
New Clause: Alcohol Monitoring Requirement**

The Institute of Alcohol Studies (IAS) is an independent research organization that seeks to raise awareness of effective policies to reduce alcohol related harm using scientific evidence. This document is a response to the above briefing from the Mayor of London, which outlines proposals to trial a compulsory sobriety scheme in London for offenders who commit alcohol related crimes.

This response provides an overview of the international evidence base for compulsory sobriety schemes, outlines similar initiatives that currently exist in the UK and provides some points for discussion on the implementation of this proposal.

### **Compulsory sobriety schemes: the international evidence base**

#### **South Dakota<sup>i</sup>**

South Dakota's 24/7 Sobriety program began in the 1980s in one rural county with extensive alcohol abuse problems. The program required repeat DUI (driving under the influence) arrestees to submit to twice-daily (7–9 a.m. and 7–9 p.m.) breath testing as a condition of bail. Failed tests constituted a violation of bond terms and were punishable by immediate 24-hour incarceration; missed tests led to issuance of an arrest warrant.

Four testing modalities are used: (i) twice-daily breath testing for alcohol; (ii) ankle bracelets that monitor alcohol consumption continuously with daily remote electronic reporting; (iii) twice-weekly urine testing for drugs; and (iv) sweat patches for drug monitoring (worn for 7–10 days and mailed in). Random drug testing was added to alcohol testing to discourage substitution.

Roughly two-thirds of those subject to twice-daily alcohol testing never had a single positive or missed test. That proportion increases to 94% when one includes those with just one or two positive or missed tests. Similarly, 78% of those wearing ankle bracelets were fully compliant. Clean tests increased with frequency of testing; 99.6% of twice-daily alcohol tests, 98% of twice-weekly urinalysis tests and 92% of drug patches were clean.

The 24/7 Sobriety program has not been evaluated scientifically.

#### **Existing UK legislation**

There are a number of initiatives that exist within the current UK sentencing guidelines that deal with the issue of compulsory alcohol monitoring:

**Drink Banning Order:** a specific order from a civil court imposed on an individual who has behaved in a disorderly manner or who has committed a criminal offence while under the influence of alcohol. DBOs were introduced by the Labour Government in 2009.

A DBO may impose any prohibition on a person that the court considers necessary to protect others from alcohol-related crime, or disorderly conduct committed while they were under the influence of alcohol. The prohibitions must include whatever the court thinks is necessary with regard to that person entering premises that sell alcohol. This could include exclusion from:

1. Purchasing alcohol
2. Consuming alcohol or being in possession of alcohol in public
3. Individual or sets of licensed premises
4. All licensed premises in a geographically defined area

DBOs can last from two months to two years. Offenders who breach a DBO are liable to a fine of up to £2,500.

The police (including British Transport Police) and local authorities in England and Wales can apply to the courts for a DBO to be made. DBOs can also be granted on conviction for an alcohol-related offence in specified local justice areas.

The Violent Crime Reduction Act also enables courts to offer an approved course to those subject to a DBO, as a means to address their behaviour. This is on a voluntary basis. These courses focus on educating people about the serious social and health implications of heavy alcohol consumption. Successful completion of the course may lead to a reduction in the length of the order.

Currently, 50 local justice areas in England and Wales are authorised to impose DBOs, including a number of London Boroughs.

**Alcohol Treatment Requirement:** either as part of a community sentence [up to 3 years] or attached to a suspended sentence order [up to 2 years]. Breach means a return to court for more onerous conditions to be applied, or a substituted prison term [activated prison term in the case of the SSO].

This order requires a high level of intervention:

1. Prescribed treatment including detoxification
2. 1:1 contact or interventions
3. Care planned counselling
4. Assistance to obtain Residential Rehab subject to Community Care funding and general waiting lists

There are two points to note from this. Firstly that this order requires considerable and expensive resources to be devoted to each defendant. Secondly that in terms of sentencing, this is a highly intrusive intervention which will

commonly be imposed as a direct alternative to a custodial sentence. It will be reserved for the most serious offences and defendants with a long history of alcohol related offending.

### **Addressing Substance Related Offending [ASRO]**

This is a nationally accredited programme which can be imposed as a formal requirement of a community sentence or SSO. It addresses substance-related offending and is targeted at adults with a pattern of offending linked to drugs or alcohol. It is a programme of 20 sessions over 10 weeks and includes 6 monitoring and evaluation tests. It is designed to be used either as a stand-alone programme or alongside other requirements. Of course, it is another expensive and resource-intensive programme requiring a high degree of expertise from those delivering it. It is not currently offered in London.

### **Low Intensity Alcohol Programme [LIAP]**

A nationally accredited programme aimed at offenders who are not clinically alcohol-dependant, rather those who binge-drink and offend at weekends – such offences as assault and criminal damage. It seeks to address problematic drinking behaviour and again can be run alongside other requirements. It includes group sessions designed to examine behaviour, increase awareness of the effects of alcohol, triggers to drinking and to develop self awareness. Offenders are required to keep an alcohol diary and plan for the future. This programme is not currently offered in the London area.

### **Drink Impaired Drivers Programme [DIDS]**

This is a higher level of intervention than the national alcohol awareness course that is offered to drink-drivers before the court with the incentive that completion of the course triggers a reduction in the period of disqualification from driving.

## **Points for discussion**

### **1. Evidence base**

The South Dakota model illustrates how compulsory sobriety schemes can prove successful at changing drinking behavior. It is well proven that policies that have a strong element of incentivisation can change behaviour and this theory is used across a number of policy areas – for example confiscation of driving licenses for speeding offences.

However, it must be highlighted that the South Dakota AMR scheme was designed to tackle primarily drink-drive offences, and not alcohol related violent crime. This must be taken into consideration when using the South Dakota scheme as evidence for success, as it has substantially different objectives to the proposed Mayor of London compulsory sobriety scheme.

## 2. Resourcing the scheme

Implementing an Alcohol Monitoring Requirement scheme will be very resource intensive and unlikely to be covered by an individual charge of £1 per day to offenders. Daily testing will require a venue, specialist staff to administer tests, resources to seek out and detain those who fail to comply and court time and resources to deal with those in breach. Furthermore, a high level of failure to comply would be likely to increase the prison population.

However, it must also be noted that a proportion of current costs to the health and criminal justice systems from alcohol related violent crimes could be diverted if such a scheme were proven to prevent recidivism.

## 3. Existing schemes

As outlined above, there are a number of existing programmes to address alcohol-related offending within the current sentencing guidelines. However, seemingly many of these are not offered or used because of the costs involved.

The London Probation Trust issues a regular **Newsletter for Sentencers**. This is an extract from its Spring 2011 issue.

*London Probation Trust has changed its approach to assessing offenders with alcohol problems. The provision of community alcohol treatment is both limited and variable across London and we must ensure that resources follows those who pose the greatest risk. We and our contracted alcohol partnerships will continue to provide interventions for all offenders referred with an alcohol need. However, in line with new national guidance, Alcohol Treatment Requirement (ATR) assessments are now only being undertaken on offenders who score above 50 on the Offender Group Reconviction Score (OGRS). Where an alcohol need is identified but the OGRS score is too low, Pre Sentence Report authors are being trained to complete the Alcohol Use Disorder Identification Test (AUDIT) screening tool and depending on the level of dependency identified propose alternative interventions. These may involve the delivery of an extended 'brief intervention' or referral to community alcohol services where available.*

This can be seen as a result of a need to cut expenditure and restrict these expensive interventions to the most serious offenders.

It would be good to clarify how this intervention fits into the current sentencing guidelines and whether it would be used in conjunction with other existing schemes.

## 4. Parallel treatment referral

This proposal states that magistrates could determine suitable sanctions, including attendance at brief intervention sessions. It is imperative to include support for alcohol addicts and sufferers of mental health conditions within this scheme. Imprisonment will not provide the solution for many individuals who

require support from healthcare professionals and community services. A parallel process must be in place to deal with such offenders, with adequate resources available, in order for the scheme to prove successful.

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<sup>i</sup> Information taken from CAULKINS, J. P. and DUPONT, R. L. (2010), Is 24/7 sobriety a good goal for repeat driving under the influence (DUI) offenders?. *Addiction*, 105: 575–577. doi: 10.1111/j.1360-0443.2009.02844.x