



Home Office

ALCOHOL ARREST REFERRAL

A GUIDE TO SETTING UP SCHEMES

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ALCOHOL ARREST REFERRAL

INTRODUCTION

This document has been produced to assist commissioners of services e.g. Drug and Alcohol Action teams (DAATs) and project teams who are considering establishing or further developing Alcohol Arrest Referral (AAR) schemes. Arrest referral is a term generally used to describe the process of engaging in terms of a brief intervention with a detained person in a police custody suite and facilitating their referral into treatment or some other diversionary channel. This is typically done by conducting a brief intervention with the offender. Alcohol Arrest Referral schemes specifically look at individuals committing alcohol related offending and so are quite different from interventions designed to improve the health of an individual.

This guidance provides a summary of some of the issues that have been identified in the Home Office Alcohol Arrest Referral pilot schemes that have been established primarily to examine the effectiveness of brief interventions in a criminal justice setting. Equally, and no less importantly, it also includes some of the experiences drawn from other locally funded projects that try to deliver a broader range of intervention.

It must be noted that the Home Office funded Alcohol Arrest Referral pilot schemes are currently in the process of being evaluated and that the content in this document has been compiled from observations and anecdotal feedback from twenty seven of the forty projects contacted. Once the final evaluation has been completed (expected Autumn 2010) this guidance will be updated in light of the findings and recommendations. We are grateful to the people who gave up their valuable time in providing the information we requested.

A BRIEF HISTORY

Arrest referral schemes for substance misuse have been operating in some parts of England since the 1980's principally for drug users, although some did address alcohol use. During the 1990's there was renewed interest in drug intervention initiatives eventually

leading to the centrally funded Drug Intervention Programme (DIP) being rolled out to areas with high levels of drug related crime. This led to the introduction of legal requirements such as drug testing and a requirement to attend assessments.

Around the same time, some areas developed their own arrest referral schemes specifically for issues surrounding the consumption of alcohol. They relied upon local funding and were not as common as their drug counterparts. Where policy and practice allowed, drug referral schemes often included an element of support for alcohol-related offenders albeit more often those classed as chronic dependant drinkers or where it was associated with their drug dependency.

A few schemes for tackling alcohol-related offending, e.g. Gloucestershire did, however, emerge and began to demonstrate the potential of referring offenders to alcohol services in order to deal with their alcohol use. Some of this early work has been extremely useful in advising the alcohol referral pilots.

WHY ALCOHOL ARREST REFERRAL?

According to the 2008/09 British Crime Survey in nearly half (47%) of all violent incidents, victims believed that offenders were under the influence of alcohol. Furthermore alcohol was perceived as a major cause of crime by 53% of respondents to the survey¹.

The Drug Interventions Programme (DIP) has been effective in dealing with individuals who have been referred into the service for offences linked to substance misuse. The lessons learned and many of the processes developed in DIP such as the process of embedding drug referral into custody procedure, provide a pool of knowledge that we consider can be applied to Alcohol Arrest Referral, e.g. acceptance of workers by the police, development of good working practice within custody, location of workers and sensitivities around shared accommodation with other service providers.

¹ Walker, A., Flatley, J., Kershaw, C., and Moon, D (2009) *Crime in England and Wales 2008/09*. Home Office Statistical Bulletin 09. London: Home Office.

Taking the evidence from the DIP model, it could be hypothesised that addressing alcohol misuse by offenders could potentially have a positive impact on reducing alcohol related crime. There are a number of Home Office publications about Drug Arrest Referral² and contact with the local DAAT should provide the necessary contact details for local drug referral schemes. It should be noted that DIP are currently developing detailed guidance on their approach and this will be available in the near future.

Brief interventions (or brief advice sessions) are usually offered in primary health-care settings (through the Department of Health Identification and Brief Advice Trailblazers). There is a significant body of evidence supporting the use of brief interventions in healthcare settings including research that suggests brief interventions are also cost effective in reducing alcohol related harms³. However they have not been tested in criminal justice settings for outcomes such as reduction in re-offending or re-arrest. Alcohol Arrest Referral Schemes seek to test this.

WHO ARE ALCOHOL ARREST REFERRAL SCHEMES AIMED AT AND WHY?

In recent years the term binge drinking has been generally used to refer to a high intake of alcohol in a single drinking occasion. For research purposes, binge drinking is often defined as the consumption of more than a certain number of drinks over a short period of time - a single drinking session, or at least during a single day.

Binge drinkers appear to be a suitable target group for referral to brief advice sessions (brief interventions) where alcohol specialists can educate them about the effects of their drinking and the links between unsafe alcohol consumption and criminal behaviour thus aiming to reduce re-offending behaviour. The link between alcohol consumption and disorderly behaviour suggests that binge drinkers

are likely to engage in this kind of behaviour in the night time economy. In addition, screening processes used whilst offenders are in custody will identify chronic dependent drinkers who can then be referred into appropriate care pathways.

There is consistent and robust evidence from a wealth of literature supporting the effectiveness of brief interventions in reducing alcohol consumption amongst hazardous and harmful drinkers. A review by the National treatment Agency concludes the effects of brief interventions persist for periods up to two years and perhaps for as long as four years, and that brief interventions are preferable to 'no treatment'. Many problem drinkers never come into contact with alcohol services, therefore post arrest brief interventions offer an opportunistic and encouragingly effective option for addressing alcohol misuse and the harmful consequences.

HOME OFFICE ALCOHOL ARREST REFERRAL PILOTS SCHEMES

As part of Safe. Sensible. Social – the next step in the National Alcohol Strategy, the Government set out its intention to evaluate the impact that brief interventions for alcohol related crime and disorder could have in the criminal justice area. Four pilot sites⁴ were established in October 2007, followed by a second phase of nine further pilot sites⁵ that began in November 2008. Following a commitment made in the Government's Youth Alcohol Action Plan, a further six young people's Alcohol Arrest Referral schemes⁶ were launched in April 2009.

These pilots were set up to determine the benefits of referring individuals, who have been arrested for committing alcohol-related offences, to brief advice sessions. The project aims of the nine pilots are:

2 Home Office Research Development Statistics (RDS) web site <http://rds.homeoffice.gov.uk/rds/>

3 Crawford et al 2004, Kaner et al Cochrane review of B.I. in primary care 2007

4 Cheshire, Ealing, Liverpool and Manchester.

5 Bristol, Cleveland, Cumbria, NE Lincolnshire, Islington, Leicester, Northampton, Stoke and Swindon.

6 Liverpool, Newcastle, East Sussex, Blackpool, Stoke-on-Trent/Staffordshire and Lincolnshire.

- To develop a model of Alcohol Arrest Referral that reduces alcohol re-offending among adults arrested for alcohol related offences. (Primary aim)
- To establish what lessons can be learned from the process of delivering alcohol arrest referral that will improve the client/practitioner experience and engagement with the schemes. (Secondary aim)
- To establish whether brief intervention sessions reduce levels of harmful and hazardous drinking among adults for alcohol related offences. (Secondary aim)

The Government is evaluating the original four pilot Alcohol Arrest Referral schemes and a final report is due in 2010. Responsibility for ongoing funding of these pilots transferred to the local Drug and Alcohol Action teams (DAATs) from April 2009.

A formal evaluation of the phase two Alcohol Arrest Referral schemes commenced in March 2009. The evaluation will also include Gloucester, the longest running Alcohol Arrest Referral scheme in England which began in 1999. The Phase two pilots will run initially until April 2010, with evaluation results to follow in Autumn 2010. It is anticipated that information gathered from the pilots can be used to establish good practice and to identify whether there are benefits to local areas of prioritising existing resources in their own alcohol referral schemes.

SECTION 1

ISSUES FACED WHEN SETTING UP A SCHEME

A robust partnership approach is required in setting up an Alcohol Arrest Referral scheme. It is a vital part of the process that all potential partners are engaged at an early stage. Clearly defined aims should be addressed such as:

- A reduction in crime and the fear of crime
- A reduction in re-offending
- Safer communities

Funding and recruitment of Alcohol Arrest Referral workers are key elements for maintaining an effective scheme and should be taken into consideration alongside aligning the scheme with current powers available to police in dealing with alcohol related offending such as Penalty Notices for Disorder.

The benefits of having a strong framework in place covering all elements will ensure that all offenders referred into the scheme, both in and out of custody, receive advice and support on modifying their drinking habits and behaviour. The result of this should be a reduction in alcohol related crime and therefore a reduction in the community's perception of drunk or rowdy behaviour.

WHAT ARE THE STRATEGIC DRIVERS FOR AN ALCOHOL ARREST REFERRAL SCHEME?

Although the majority of adults drink alcohol and do so responsibly, a minority of drinkers cause a disproportionate amount of harm to themselves and to others in the form of alcohol-related crime and disorder, anti-social behaviour, public nuisance, and an increased burden on the NHS. The Government's National Strategy, Safe. Sensible. Social. set out a comprehensive programme of action to be taken forward to deliver a holistic approach to tackle such alcohol-related harm. It is anticipated that by building on the DIP model we can establish whether or not brief interventions can be successful in reducing re-offending for alcohol related crime and disorder, as they have been with drug related offences.

IS THERE A SET CRITERION FOR ESTABLISHING AN ALCOHOL ARREST REFERRAL SCHEME?

The short answer is no. Alcohol Arrest Referral schemes have developed in response to local requirements and are often adapted from existing systems or developed to provide the best fit between criminal justice and health based resources. Often being constrained by the level of funding available, schemes have been resourceful and innovative in producing solutions to meet individual need. However, the purpose of an intervention scheme in a custody setting is re-offending, so that needs to be the main focus.

WHO WOULD BE INVOLVED IN AN ALCOHOL ARREST REFERRAL SCHEME?

Many of the schemes responding were based on a partnership involving both criminal justice and health organisations.

Drug & Alcohol Action Teams (DAATs) are part of Community Safety Partnerships (or Crime and Disorder Reduction Partnerships), responsible for implementing the Government's National Drug (and Alcohol) Strategy at a local level. The DAATs ensure that the work of local agencies is brought together effectively and that cross-agency projects are co-ordinated successfully. DAATs take strategic decisions on expenditure and service delivery within the aims of the National Strategies. Hence they can be in the most appropriately placed position to set the scheme up.

The primary reason why a scheme is established i.e. for crime reduction and re-offending reduction has a bearing on the type of scheme developed. Whilst aims of each organisation involved may differ the primary aim of the scheme is to reduce re-offending. However in addition, it is appropriate for schemes to seek to improve, or prevent deterioration of an individual's health. Striking a balance between the two should ensure that the needs of all parties can be met.

Consideration should also be given to developing a training and awareness package that will be delivered prior to the launch date and delivered to front line custody personnel to ensure that they are able to promote the scheme and identify the right clients. Similar training and awareness should be considered for the Crown Prosecution Service (CPS), defence solicitors, Clerk of the Court/Legal Advisors and Magistrates who should also be involved.

ARE THE COURTS INVOLVED IN THE PROCESS?

Most schemes with a criminal justice focus have developed links to court processes and liaison with their management is essential to ensure full engagement throughout the system when establishing referral pathways. Generally, when voluntary referrals to alcohol services are made a letter certifying successful attendance at the intervention is provided to the client. This can then be presented to the court who may take it into account when deciding upon sentence. In circumstances where the attendance at an intervention is a condition of bail, failure to attend at the intervention would become a breach of bail conditions.

WHAT COSTS ARE ASSOCIATED WITH ESTABLISHING AN ALCOHOL ARREST REFERRAL SCHEME?

Much will depend on the outputs required of a scheme, performance requirements and local variations. Cost areas that should be considered will include set up, staff (alcohol workers and administration), accommodation, training, information technology, publicity and publications.

A number of factors will also need to be taken into account for example;

- The availability of alcohol treatment services and additional capacity to deal with increased numbers of referrals
- Whether or not the right services are available for the client group

- The number of arrestees that are processed through the custody suite each year
- Whether brief interventions will be delivered or a broader range of outcomes will be required
- Location of workers in custody or access based only
- The number of custody suites to be covered
- Existence of an established drug referral scheme and whether there is scope to expand the service or share resources
- Days/hours of operation
- Targeted offence type/client group

Taking all the above factors into account it is not surprising that costs cover a broad range of areas. Within the Home Office pilot schemes, the annual cost in 2009/10 for one of the smaller schemes, Bristol is £48,000. For one of the larger schemes, Cleveland it is £227,000. Both schemes aim to deliver a unit cost below £90 per individual intervention. The schemes listed in Annex F can be contacted individually for specific costs.

HOW ARE SCHEMES FUNDED?

Schemes responding to the research questionnaire previously referred to, fell into identifiable groups. Some were funded through community safety/safer community partnerships, others were NHS funded and the remainder were funded by Home Office grant as part of the pilot programme. In some cases the Drug Intervention Programme referral scheme was extended to cover alcohol referral without additional funding. Generally there was some mixing and matching of funding sources dependant upon the partners that were in place for each scheme. Areas also highlighted the fragile nature of time limited funding with some schemes having to close.

HOW DO ARRESTEES/CLIENTS ENTER THE PROCESS?

The main contact point with the offender is in the police custody suite. Identification of an alcohol

related offender by custody staff is a vital element of the referral process. Some areas are also introducing a small number of offenders via other routes e.g. pub watch, solicitors, domestic violence units and court.

The systems used to pass the arrestee/client between criminal justice and alcohol services and where they deliver the intervention can differ greatly and some of the variations are outlined below.

- Police/ custody staff provide information, refer or make an appointment with an alcohol service
- Dedicated alcohol or generic drug/alcohol custody based arrest referral workers identify, screen, refer and/or give brief intervention in custody
- Off site dedicated alcohol or generic drug/alcohol workers allowed access into the custody suite and carrying out the same action as above.

For more detail on the conditional cautioning referral route please see Annex C.

Getting clients to attend appointments can either be done via voluntary or compulsory routes. Voluntary routes are where attendance is left to the client's discretion whereby they have been signposted to a service provider or a voluntary follow up appointment is made for them with the key worker, this depends on how the referral system has been set up. Compulsory routes involve processes that are linked to the criminal justice system for example making attendance a condition of bail or a condition of a caution. An example of a bail model is provided at Annex C.

Other schemes are piloting fixed penalty notices for disorder (PND) whereby the fine or part of it is waived if a brief intervention is attended. Many existing schemes operate with a mixture of these types of referral methods. Examples are given in section 5 and Annex D and F.

A number of schemes take referrals from other agencies or routes e.g. MARAC, Working Woman's Service, DIP caseloads and self-referral.

SECTION 2

DELIVERY AND MANAGEMENT

WHAT ARE THE FIRST STEPS TO ESTABLISHING AN ALCOHOL ARREST REFERRAL SCHEME?

A number of scheme managers reported that they would have made more rapid progress in establishing their scheme if they had made earlier contact with police, and in particular, custody suite managers. The understanding of police custody procedures and the criminal justice system was reported to be fundamental to developing a viable scheme. It is therefore suggested from the outset that a multi-agency approach be adopted and a steering group established including the Police, Alcohol leads, Health and Community Safety Partnerships. Where possible the service provider should also be involved from an early stage of development.

It is also worth considering recruitment of personnel and the sourcing of suitable training providers at a very early stage in the planning process. Projects reported that they had difficulties in recruiting the right people and that there are not many organisations delivering specific alcohol intervention training (DAATs will be the source of information on local providers). Recruitment can be a lengthy process and deadlines for implementation can easily be missed because personnel have not been recruited and trained in time. This can be subject to further lengthy delays caused by security and vetting procedures for workers having access to police custody suites.

WHAT ARE THE BENEFITS OF A STEERING GROUP?

Most of the schemes across the country have a multi-agency steering group. They provide the opportunity to ensure that Alcohol Arrest Referral is part of a complete system that caters for the needs of the criminal justice system in reducing re-offending as well as addressing the needs of the individual and communities. Steering Group members should be able to troubleshoot blockages, provide introductions to appropriate contacts, identify resources, give direction to the project and keep it on track. Terms of reference drawn up at an early stage will help guide steering group members to develop a successful Alcohol Arrest

Referral scheme that integrates into existing processes. An example is included in Annex A.

Setting up an operational group of practitioners that are involved from the outset will greatly assist in creating workable systems. Greater ownership should result and problems arising can be dealt with quickly. A service level agreement with the service provider will also assist with performance issues and help resolve difficulties.

IS THERE A SUGGESTED MODEL FOR ALCOHOL ARREST REFERRAL?

There are a number of different models emerging for the delivery of Alcohol Arrest Referral across the country, but no evidence has emerged as yet that one is more effective than the other.

Two approaches should be considered, those being either a voluntary or coercive (using conditional cautioning or bail) route. Generally coercive schemes appear to have greater take-up from the point of referral to attendance at the first appointment. Some areas have reported that there are problems with the interpretation and practical implementation of the legislation surrounding conditional cautioning and the Bail Act (conditional cautioning and bail issues are covered in the next chapter). A voluntary approach can also have high levels of take-up unless the intervention takes place within the custody environment which appears to be a deterrent to attendance. A combination of these elements may provide a solution for some schemes. It should be noted that there is currently ongoing debate as to whether by moving your referrals off site into possibly a more facilitative therapeutic environment you may have more motivated individuals and therefore a greater success rate.

WHERE SHOULD WORKERS BE BASED?

This will depend to a large extent on the availability of office accommodation. The schemes responding to the questionnaire tended to either be based in custody suites; at police stations, but outside of the custody facilities; or off site in nearby premises. Those with

more modern, purpose built custody suites could generally cater for a broad range of services. Some had the capacity to accommodate workers from a number of partnership agencies and therefore allow screening interviews to be conducted or for brief interventions to be delivered in custody. Practice in existing schemes indicates that clients are predominantly identified in custody by cell sweeps, either by an alcohol/drug worker or through referral by custody staff. Therefore basing workers in the custody suites could be considered preferable. Figure 1 examines the advantages and disadvantages of each approach.

FIGURE 1: ADVANTAGES/DISADVANTAGES OF INTERVENTION APPROACHES

CUSTODY BASED INTERVENTIONS

Advantages

- Immediate intervention
- Clients are vulnerable and receptive at a moment of crisis to a supportive intervention
- Clients benefit from spending time with a person who is interested in them
- Clients willingness to spend time out of the cell encourages engagement and access to information and treatment options which otherwise they would not have received
- A captive audience

Disadvantages

- Clients may be hung-over and therefore not in the optimal cognitive state for a therapeutic intervention
- Custody environment may not always be conducive to therapeutic work
- Some custody suites may lack adequate facilities for delivering interventions.
- Custody sergeants may want to clear the cells

INTERVENTIONS OUTSIDE CUSTODY

Advantages

- Clients are sober and more able to engage
- Clients display motivation by attendance
- A more relaxed environment

Disadvantages

- High attrition rates – schemes reporting between 19 -29% attendance rates
- Clients have had time to justify behaviour
- Having been out in the ‘real world’ the memory of the arrest has faded and the client is more likely to minimise/ rationalise or deny an alcohol misuse problem

CAN CUSTODY BASED DRUG INTERVENTION PROGRAMME (DIP) RESOURCES BE USED FOR ALCOHOL ARREST REFERRAL WORK?

More than half the respondents to the questionnaire indicated that DIP resources were involved in the operation of their scheme. There are three basic resourcing patterns emerging.

- DIP workers taking basic details from clients and referring those details on, either to a treatment provider or for an assessment /brief intervention.
- An integrated DIP/AAR team where additional funding has been secured for the existing drugs team to increase the hours covered or the staff capacity available.
- A separate alcohol team which in some instances used the same service provider as the DIP team.

Issues around commissioning, operational restrictions and commercial interests can mean that there are some challenges to be dealt with when deciding upon the staffing model. However the use of resources should be examined to ensure that they are used as efficiently and as effectively as possible. Section 5 provides some examples of different resourcing models.

HOW MANY CLIENTS ARE LIKELY TO BE AVAILABLE FOR REFERRAL?

One of the larger schemes has conducted its own local research and has found that 45% of arrests passing through the custody suite would be alcohol related. This demonstrates that there is potential to obtain high numbers.

Schemes identified the importance of examining custody data at an early stage in the planning process. This will provide evidence of the likely throughput and a breakdown of the offence type and peak times for disposals. Dependant upon the resources available the volume of work generated could be regulated by restricting the type of offence or the age range. This information is gathered by the police and so needs to be agreed at the time of

setting up the scheme. It could then be used to plan the resources required to run the scheme.

Consideration needs to be given to the fact that once the scheme is up and running it may be that following risk assessment by custody staff some offenders are found to be unsuitable for inclusion in a scheme due to violence or their demeanour.

Consideration should also be given to the following:

- The screening processes employed - whether certain types of drinkers are eligible e.g. restrict to harmful and hazardous drinkers or include dependent drinkers;
- the focus of the scheme i.e. brief interventions, a broad based approach;
- voluntary or coercive referrals;
- the 'buy in' by custody staff;
- the resources available.

ARE THERE ANY TYPES OF ARRESTEES OR OFFENCES THAT ARE EXCLUDED FROM A SCHEME?

Partnerships may have their own local targets to pursue and may wish to use a scheme to further those aims. Examples of these include reducing domestic violence or antisocial behaviour. On the other hand, some schemes have chosen to avoid drink drive offences as support was already provided through Court Sentencing. A suggested list of alcohol related offences to include in an Alcohol Arrest Referral scheme is provided in Annex E.

Many schemes only offer the service to persons over 18 years, however six Home Office pilot schemes have been established specifically for young people⁷. These schemes are not covered in this document, but all six areas will undertake their own evaluation in order to assess whether advice sessions specifically tailored to young people are effective.

⁷ Blackpool, East Sussex, Lincolnshire, Liverpool, Newcastle and Staffordshire

CAN ADULT SCHEME ALCOHOL ARREST REFERRAL WORKERS DEAL WITH OFFENDERS UNDER 18 YEARS OF AGE?

Services for young people are generally developed separately from those services available to adults to ensure that the needs of young people are met. The Home Office pilot sites were specifically set up for offenders over the age of 18 years but as mentioned earlier a number pilot projects have been established. Inevitably people under 18 years and arrested for alcohol related offences will be highlighted to Alcohol Arrest Referral workers during the course of their work. All workers therefore should have a knowledge of local procedures and the agencies involved with young people, so as a minimum, they are able to signpost them or if appropriate make a referral to those services. Once again DAATs will be in the best position to advise on this locally and provide appropriate details and this should be included in the planning process.

WHAT CORE HOURS SHOULD AN ALCOHOL ARREST REFERRAL SCHEME COVER?

In determining the hours of operation there should be close liaison with custody suite managers in order to identify peak operating times. Alcohol related offending patterns need to be mapped, and care taken to examine the time of arrest and perhaps more importantly the time of disposal. Additionally consideration needs to be given to other custody activities as they could impact on the operation of the scheme. Examples of this are; Police and Criminal Evidence act (PACE), legal requirements, disposal policy, the practical application of it and shift change over times. See Annex F for details of specific scheme operating hours.

WHAT STATISTICS SHOULD A SCHEME COLLECT?

The Home Office pilot sites are required to complete a number of returns and data collection tools. This includes the Alcohol Intervention Record (AIR)⁸ at

Annex B and a monthly Home Office performance return that collates the numbers of referrals made and the appointments actually attended. Some schemes are collating data which is broken down to shift and even custody officer level which feeds into monthly performance information for the shift. Other schemes are capturing data which highlights how much alcohol features in certain crime types.

Obviously a key feature would be re-offending data in order to assess the success of the scheme. This can be powerful data for partnerships and the police alike. Schemes should scope the data required by all partnerships and then identify what is really necessary as there is a risk that data collection could become too onerous.

HOW SHOULD THE DATA BE RECORDED?

Electronic recording of data would be the preferred method as this can ease the sharing of data where it is appropriate. Some schemes were able to use sophisticated systems by enhancing drug case management systems that were already in place e.g. Mi-Case and ILLY. This has enabled a more in depth analysis of available data which can be used in the evaluation process to breakdown information into gender, age, location and other categories.

HOW ARE DATA SHARING REQUIREMENTS MET?

Some areas will already have developed data sharing protocols for use with Drug Arrest Referral and these should provide a template for Alcohol Arrest Referral schemes. They can be modified and new agreements drawn up with the relevant partners involved. In areas where the Home Office pilots are taking place additional consents are being sought via the AIR to allow for detailed independent analysis of the pilot programme. Any scheme wishing to do an evaluation and contact clients should include specific consent arrangements within their documents and preferably provide clients with a copy of that consent and an outline of what they have signed and why.

⁸ The (AIR) is used as an evaluation tool for the pilot project collecting individual personal high level data.

SECTION 3

OPERATIONAL ISSUES

WHAT IS THE BEST WAY OF ENGAGING WITH AN OFFENDER WHILE THEY ARE IN CUSTODY?

The way that custody personnel facilitate access to the detainees, introduce the Alcohol Arrest Referral staff, 'sell' the scheme to the detainees and arrange and communicate the appointment makes a huge difference to the engagement of the offender.

Therefore, a positive approach initially from custody staff in promoting the benefits of talking with the key worker is the best way of engaging their participation in the first instance. Ownership of the project by the police at all levels will assist in reinforcing these processes. Furthermore, training and awareness raising to all custody personnel is vital in establishing operating arrangements that optimises the engagement of detainees.

Following identification in custody, the following methods of engaging offenders within the existing schemes are being used:

- Custody staff or drug worker provides information in leaflet form regarding the scheme and permission is sought for the person to be contacted by an alcohol arrest worker at a later date
- A full screening and brief intervention takes place in custody with the offer of a second appointment at a later date outside of custody
- AUDIT screening takes place in custody and dependant upon the results a voluntary appointment outside custody is offered
- An appointment outside of custody for screening and brief intervention is offered
- Clients are referred directly into an alcohol treatment service for triage assessment

CAN A DRUG WORKER CARRY OUT AN ALCOHOL BRIEF INTERVENTION?

Yes. In many schemes across the country drug workers are seeing alcohol offenders. In some cases they take brief details and refer on to treatment services or for a brief intervention session. In other

cases they are delivering a brief intervention to the offender while they are in custody. In both cases it is important that the worker has the necessary skills and experience to deal with the issues that the offender may present. If the intervention is being delivered by the drugs worker they should be appropriately trained.

HOW DOES CONDITIONAL CAUTIONING FIT IN WITH THE ALCOHOL ARREST REFERRAL SCHEME?

Conditional cautions aim to keep lower level offenders from overburdening the court system. They have the ability to address the offender's behaviour quickly by imposing rehabilitation conditions. These conditions could include attendance at alcohol misuse programmes or other interventions tackling alcohol misuse. Links into alcohol services will be similar to alcohol arrest referral schemes however the intervention may well be tailored differently.

The Crown Prosecution Service (CPS) Director's guidance on conditional cautioning gives a full explanation of when a conditional caution can be considered. The Conditional Cautioning Directory of Conditions⁹ outlines in more detail what type of offences and offenders could be considered specifically for an alcohol conditional caution. In all cases authority from CPS is required, and generally the number of sessions and the content of them will be agreed at the local strategic steering group.

HOW DOES CONDITIONAL POLICE BAIL WORK?

Section 3A Bail Act 1976 provides authority for a custody officer to impose conditions of bail where they are available to him/her, which is **after charge** (s47(1A) PACE) and on the grounds specified. One of the grounds on which a custody officer can impose conditions is to prevent a person committing further offences whilst on bail. Where offences committed are alcohol related, then a custody officer

⁹ Crown Prosecution Service (CPS) web site www.cps.gov.uk/Publications/directors_guidance

may consider that a referral to an alcohol specialist as a condition of their bail will prevent further offences from taking place. Local arrangements will need to be examined to ensure that there is sufficient time to attend an appointment between charge and attendance at court. A flow chart of the process used by the Cumbria AARS is shown in Annex C.

Where attendance at an intervention is made a condition of bail, failure to attend the appointment will be a breach of bail conditions for which the client could be arrested (Section 7 Bail Act 1976).

CAN AN ALCOHOL CONDITION BE GIVEN AS PART OF POLICE BAIL WITHOUT CHARGE?

A condition to attend an alcohol appointment may be given where the 'normal powers to impose conditions of bail' are available to the custody officer. That is where a person is released on bail to attend court following charge, but not otherwise (s.47(1A) of PACE). The 'normal powers to impose conditions of bail' are those in S.3(6) of the Bail Act, including conditions to secure the person does not commit further offences. Where a person is bailed without charge from the police station the only condition attached is that he returns to the police station as required.

ARE ANY SCHEMES DELIVERING AN ALCOHOL BRIEF INTERVENTION AS PART OF A FIXED PENALTY NOTICE E.G. PENALTY NOTICE FOR DISORDER (PND)?

PND diversion schemes are being run in several forces in various formats. The intention of these schemes is to encourage offenders over 18 involved with alcohol related disorder (drunk and disorderly or public order) type offences to attend an intervention/short educational session aimed at reducing re-offending. The incentive for the individual is to have the fine replaced by a partial or full reduction of the fine. An example of this type of scheme is given in Section 5 and Annex D.

IS THERE A LIST OF ALCOHOL TRIGGER OFFENCES SIMILAR TO THE DRUG TRIGGER OFFENCES?

"Trigger Offences" are a list of offences which automatically instigate inclusion in a process. There is no legislation in place similar to the drug "trigger offences" (as detailed in Schedule 6 to the Criminal Justice and Court Services Act 2000), however many schemes have drawn up their own list of appropriate offences. In general terms a pragmatic approach has been found to be effective, looking at the offence types as well as time and day of the week that the arrests take place. A list of alcohol related offences which could be included for consideration under a "trigger" list is included at Annex E.

DOES AN OFFENDER NEED TO BE DECLARED FIT BY THE CUSTODY SERGEANT PRIOR TO AN INTERVENTION TAKING PLACE?

As the intervention is not an interview under PACE, then legally the detainee does not need to be deemed fit by the custody sergeant. However, it is impossible to undertake a meaningful intervention on an individual who is still intoxicated. The decision ultimately rests with the custody sergeant.

SECTION 4

BRIEF INTERVENTION FOR ALCOHOL RELATED OFFENDERS

WHAT IS THE FRAMEWORK FOR AN ALCOHOL BRIEF INTERVENTION?

A brief intervention is a structured motivational conversation. It is a technique to help reduce alcohol misuse and re-offending. It works in two ways:

- by getting people to think differently about their alcohol use so they begin to think about or make changes in their alcohol consumption
- by providing those who choose to drink with insight into skills that allow them to consume alcoholic beverages in a safer way with the aim of reducing re-offending

Essential components are the importance a person assigns to change, the persons readiness to change and their confidence in their ability to do so. It is the task of the alcohol worker to enhance these components.

Miller and Rollnick¹⁰ describe brief interventions as motivational, therapeutic encounters based on a stage of change model and delivered in a manner based on the principles and techniques of motivational interviewing in a client centred style. This approach would clearly focus on the offender issues.

WHAT IS SCREENING BRIEF INTERVENTION REFERRAL INTO TREATMENT (SBIRT)?

SBIRT is a comprehensive and integrated approach to the delivery of early intervention and treatment services for persons with substance use disorders as well as those who are at risk of developing them.¹¹

One primary function of SBIRT is to fill the gap between primary prevention efforts and more intensive treatment for persons with serious substance use disorders.

WHAT IS THE FUNCTION OF SCREENING?

Before reviewing treatment it is necessary to understand the function of screening, the essential element of

¹⁰ *Motivational Interviewing* Miller and Rollnick (2002) Guildford Press London

¹¹ Alcohol/Drug Screening and Brief Intervention Advances in Evidence Based Practice. Saitz, and Galanter (2007) The Howarth Press

which is to detect binge drinkers before they become dependant drinkers. Government guidance¹² recommends targeted rather than universal screening so the use of “trigger offences” to guide the screening process. This will assist the worker in assessing the level of intervention required as listed below.

The primary screening method identified from responses from schemes was the AUDIT.¹³ This ten point questionnaire is a proven method in health care settings but is yet to be tested in criminal justice settings. AUDIT is included in the AIR (Alcohol Intervention Record.)

- A score of 0 -7 classifies drinking at a safe level and indicates positive re-enforcement of safe drinking advice
- A score of 8 or above classifies drinking as hazardous, harmful or dependant
- A score of 8 to 15 indicates a need for simple brief intervention (i.e. simple, structured advice) on alcohol consumption
- A score of 16 to 19 indicates the need for extended brief interventions
- A score of 20 or above indicates the need for referral to a specialist services for assessment and treatment

These cut off points can vary and it is recommended clinical judgement should be exercised in regard to drinking patterns, strengths of alcoholic drinks and the specific reason for screening. Personal feedback and interpretation of screening results is given to the client.

WHAT SHOULD BE THE FOCUS AND CONTENT OF THE INTERVENTION?

Several schemes reported that what had worked well was their ability to tailor their intervention to an individual’s level of misuse, individual points of motivation and stage within the cycle of change.

¹² The Alcohol Harm Reduction Strategy (2004)

¹³ Alcohol Use Disorders Identification Test (AUDIT): Guidelines for Use in Primary Care Second Edition (WHO, 2001)

This is supported by existing guidelines¹⁴ which state that ‘it is important to tailor the intervention to an individual stage of change as this ensures the right level of information is given’.

The intervention should be appropriately focused according to the individual circumstances of the client. Suggested areas of focus include:

- The link between alcohol, offending behaviour and criminal activity
- Health and alcohol – the risks and consequences
- Binge drinking - risks and consequences to self and others
- Anti-social behaviour - risks and consequences to self and others
- Hidden harm issues
 - Domestic violence
 - Specific effects on woman and children
 - Sexual health
- Drink driving - the risks and consequences to self and others.
- Units of alcohol and safe drinking guidelines

Within Home Office schemes the AIR (Alcohol Intervention Record) is used as an integrative probing tool. It addresses aspects and activities of the above areas, acting as an indicator of client motivation to change and guiding the content of an individually tailored intervention.

The intervention can be additionally supported with appropriate education materials and leaflets for the client to reflect upon following the intervention.

ARE THERE TREATMENT OPTIONS WITHIN BRIEF INTERVENTIONS?

In terms of clarification, brief interventions are with people who are not seeking help from specialist services

for an alcohol problem but who as a consequence of an alcohol related arrest are suitable candidates for early intervention in addressing their offending behaviour via opportunistic screening and advice.

Brief interventions can be subdivided as follows:

- Simple brief interventions - simple structured advice such as leaflets etc
- Extended brief interventions - structured therapies taking twenty to thirty minutes and often involving one or more sessions focussing more on root causes of drinking behaviours.

SIMPLE BRIEF INTERVENTION

Following screening simple brief interventions are suggested as the appropriate level of treatment for people drinking at harmful or hazardous levels or for those who do not wish to cut down their drinking but who regardless should be offered simple structured advice.

This information is delivered within the FRAMES¹⁵ approach:

- **F**eedback on personal risk and harm
- **R**esponsibility – emphasising personal responsibility for change
- **A**dvice – Clear advice to the individual to help make drinking changes
- **M**enu – A menu of alternative options for making changes
- **E**mpathy – Advice and personal interaction in an empathic and non judgemental style
- **S**elf efficacy – An attempt to increase the patient’s confidence in their ability to change

EXTENDED BRIEF INTERVENTION

Following screening extended brief interventions are the suggested level of treatment for hazardous/

¹⁴ Commissioning training for behaviour change interventions Guidelines for best practice - NHS North West (2008)

¹⁵ FRAMES is an acronym, originally described by Miller, W.R and Sanchez, V.C in Motivating Young Adults for Treatment and Lifestyle Change (1994)

harmful drinkers whose levels of alcohol related harm indicates the need for more than simple advice. It may also be suitable for hazardous drinkers who may have recognised the need for change or experiencing ambivalence about their drinking. These extended interventions may require more than one session. This is supported by current practice in existing schemes some of whom offer either a second appointment or a short course of sessions outside of custody.

The content of an extended brief intervention would address:

- Identification of the link between alcohol consumption and offending behaviour
- Detailed discussion and self monitoring of alcohol consumption
- Identification of high risk situations for excessive drinking
- Development of plans to deal with high risk drinking situations
- Formulation of simple personalised strategies to limit consumption during drinking sessions
- Discussions of alternatives to drinking as part of a healthier lifestyle

WHAT ARE THE IMPORTANT CONSIDERATIONS WHEN RECRUITING STAFF?

In recognition of the opportunistic nature for addressing alcohol misuse in this setting, it is essential to maximise the potential that this unique window of opportunity provides. This depends principally on the quality and skills of the workers who deliver the intervention.

Existing schemes have found that along with assessing the skills and qualities of staff, it is helpful to give consideration to the following:

- Recruiting staff members with the abilities to understand the issues around working in a custody setting

- The importance of recruiting flexible staff willing to work around the time at which the highest numbers of arrests are made i.e. at weekends and during unsociable hours
- Recruiting staff with a passion and conviction for redressing the harmful consequences of alcohol misuse.

WHAT ARE THE ESSENTIAL SKILLS AND CHARACTERISTICS THAT STAFF SHOULD POSSESS?

Evidence¹⁶ to date emphasises that treatment effectiveness may be as much about how treatment is delivered as to what is delivered. It is reasonable to assume that, although engagement by the client in an alcohol arrest intervention is on a voluntary basis, many clients would not assign much importance to receiving such an intervention and perhaps view it as an unwanted and irrelevant intrusion into their lives and the advice offered as being meaningless.

It is the challenging task of the worker to transform that perception into something more positive and this relies principally on the qualities and skills of the worker to form a therapeutic alliance with the client at the outset of the intervention.

The following are a list of characteristics which experience from the schemes have shown to be considered to be important for staff to be effective

- Possession of attitudes of non judgementalism and respect, ability to be empathically understanding and convey warmth
- Excellent communication, interpersonal and rapport building skills
- Highly developed reflective listening skills
- The ability to understand and put into practice a theoretical understanding of motivational enhancement and the process of change

¹⁶ A Summary of the Review of the Effectiveness of Treatment of Alcohol Related Problems

- An understanding and appreciation of the cycle of change and the ability to assess a client's motivation to change and provide support through change
- The ability to administer a screening questionnaire, interpret the results and give appropriate feedback to the client
- The ability to give sound and meaningful harm minimisation advice

WHAT TRAINING SHOULD BE CONSIDERED FOR ALCOHOL ARREST REFERRAL WORKERS?

Information gathered from existing schemes indicates that staff were recruited from diverse backgrounds, ranging from those qualified in counselling to those without formal qualifications in this field. Whilst training should build upon existing skills and knowledge, it is clear that these will be varied within the workforce and that expertise cannot be assumed. Essential and desirable training is therefore specified below.

Essential Training:

- Basic counselling skills
- Principles and practice in brief interventions augmented by continued observation of practice to monitor and maintain a consistent high standard of delivery¹⁷. An example of a brief intervention training provider is Addaction¹⁸
- Alcohol Screening¹⁹
- Alcohol/Drug knowledge and awareness
- Safe working practices and procedures in custody
- Motivational interviewing – an understanding of the spirit and techniques of this approach is essential. Motivational interviewing is a directive, client centred counselling style for eliciting behaviour change by helping clients explore and resolve ambivalence

¹⁷ For guidance see WHO *Brief Intervention: For Hazardous and Harmful Drinking*, 2001

¹⁸ www.addaction.org.uk

¹⁹ For guidance see WHO *Alcohol Use Disorders Identification Test*, 2001

- Domestic violence – awareness and recognition triggers
- Boundary – to address issues around working in a custody setting, interagency working, boundaries with regard to working on an individual client basis
- Diversity – in recognition of the diverse client group of an Alcohol Arrest Referral Scheme

Suggested desirable training includes other appropriate models of working with clients as reported by schemes:

- Client Centred – The client centred approach underpins any therapeutic approach. Inherent is the responsibility of the therapist to minimally offer three core conditions of relationship – unconditional positive regard, empathic understanding and genuineness. Delivering these core conditions seems deceptively simple but training is necessary for workers to understand and adopt the principles
- Brief Solution Focussed Therapy (BSFT) is a short term goal focussed therapeutic approach which helps the client change by constructing solutions rather than dwelling on problems
- Cognitive Behavioural Therapy (CBT) helps the client to identify how maladaptive thinking gives rise to unhelpful emotional and behavioural responses to given situations

Many schemes report using drug workers to deliver alcohol interventions and the same training for alcohol workers should be available to drug workers as, “developing a competent workforce is crucial to ensuring a high standard of service delivery (Home Office, 2008).”²⁰

The Drug and Alcohol National Occupational Standards (DANOS) identify the range of tasks and activities relevant to a particular area of work

²⁰ Home Office Drug Strategy, March 2008

and equip workers with the knowledge and skills necessary to work within the substance misuse field. Training should support DANOS competencies.²¹

HOW AND WHEN ARE CLIENTS REFERRED INTO FURTHER ALCOHOL TREATMENT SERVICES?

Although clearly subject to clinical judgement, an AUDIT score in excess of twenty could indicate moderate to severe dependency and for those people referral to specialist treatment services for diagnostic evaluation and possible treatment may be indicated

In terms of addressing the related needs and problems of vulnerable groups, schemes indicate that they have developed comprehensive directories of alcohol, drug and non- alcohol support services including employment and training agencies, homeless housing, domestic violence support services and bereavement counselling.

All schemes reported having good links with alcohol referral pathways but identified waiting times as a problem and potential barrier to engagement with treatment providers. This emphasises the need for Alcohol Arrest Referral schemes to offer ongoing support to clients awaiting referral into treatment.

MoCAM²² gives us a good steer on general requirements for interventions in any setting and indicates the need for:

- Clear and standardised screening and assessment procedures and processes used across all agencies
- Clear criteria for referral and eligibility for each part of the alcohol treatment system
- Clear alcohol treatment pathways
- A local directory of service for alcohol misusers
- Clear criteria for priority treatment entry and accelerated access

- Adequate training or personnel carrying out screening and assessment at each level
- Protocols for sharing information between agencies in the alcohol treatment system
- Monitoring, auditing and reviewing of the screening and assessment system

²¹ www.drinkanddrugs.net and www.FDAP.org.uk.

²² Models of Care for Alcohol Misusers, Dept of Health (2006)

SECTION 5

BRIEF DESCRIPTION OF SELECTED SCHEMES

The following schemes are a selection of schemes which vary in type. North East Lincolnshire run an integrated drug and alcohol scheme in contrast to the other Home Office pilot scheme in Cleveland, which is a high volume alcohol only scheme. Gloucestershire is a long standing scheme which is both custody and community based.

Finally, many of the individuals a brief intervention would benefit do not make it into custody and some areas have identified a needs gap. The Hertfordshire Alcohol/PND diversion scheme expands on the use of non custody based interventions for those who receive Penalty Notices for Disorder.

NORTH EAST LINCOLNSHIRE ALCOHOL INTERVENTIONS PROGRAMME
(SINGLE CUSTODY SITE, INTEGRATED DRUG & ALCOHOL TEAM, CONDITIONAL BAIL MODEL)
2/4 Brighowgate, Grimsby, N E Lincs DN32 0QX
Telephone; Direct 01472 265977 Switchboard 01472 360781
E Mail: nel.aip@nelctp.nhs.uk

The North East Lincolnshire Alcohol Interventions Programme was identified as a critical need by the Crime and Disorder Partnership strategic needs analysis during 2007/08 and commenced operating in August 2008 with a number of thematic objectives, being;

- to reduce alcohol related anti social behaviour particularly in the night-time economy, and
- to reduce violent crime including domestic violence, and
- to reduce the rate of alcohol related hospital admissions.

The partnership deliver the Drug Interventions Programme on a mainstream service provision methodology using NHS Care Trust plus staff as both drug workers and arrest referral workers together with seconded police and probation staff;

the same model was applied for alcohol arrest referral providing a joint drug and alcohol service. Arrest referral retains a presence within the single custody suite for the area from 07:30 until 22:00 Mondays to Saturdays inclusive and from 09:00 until 17:00 on Sundays and Bank Holidays.

Police custody staff identify offenders, in respect of any offence, who are aged 18 years and over who have had drink at the time of arrest or where the offence may in some way have been alcohol related and, in all such cases these are engaged by arrest referral staff. Where individuals are charged with offences and bailed conditions are imposed for a first full intervention to be conducted at the programme premises, other than the police station, prior to the first court appearance. Similar compulsory methodologies are applied for those offenders made subject of conditional caution arrangements. Other offenders who cannot be compelled to adhere to the programme are positively encouraged to engage and a first full intervention session is completed whilst the individual is in custody, with an appointment for a second appointment ranged on a voluntary basis after release.

The programme premises are readily accessible in the town centre and operate from 08:00 until 17:00 daily with early evening arrangements once a week for those who cannot otherwise attend sessions during the day. At the programme premises the intervention team consists of one Police Officer, 2.5 NHS Alcohol workers and a Probation Service Officer, providing sessions of between 45 minutes and 90 minutes to those referred to the programme either by compulsory or assertive means.

Offenders will attend two interventions and may, in some circumstances receive further support through individual sessions or group work; dependant drinkers are referred to specialist service provision for continuity of care. Additional referral pathways exist in respect of housing, education training and employment, general, sexual and mental health

needs and finance and debt support. The programme adopts a brief solution therapy based approach to the interventions; which include information on alcohol unit strength and its effects on the body. Understanding and awareness of alcohol related risk and planning of future risk free strategies also include preparation and continuance of a drinks diary.

The seconded probation support officer completes reports on all of those clients appearing before the courts and these reports, indicating issues of concern and the degree of motivation to change are made available to the prosecution / defence and magistrates and inform sentencing outcomes, including the options for post-sentence orders for Alcohol Activity or Treatment Requirements.

An average of 200 adult alcohol offending detainees pass through the custody suite each month with 190 being identified by custody staff and 185 being referred to the scheme. The averages by referral method are around 80 by compulsory referral and 100 by voluntary referral. Attendance rates exceed 95% for compulsory referral but can vary between 20 and 30% for those attending secondary appointments on a voluntary basis; the average for successful monthly completions stands at about 150. Employing Drug Interventions Programme in the arrest referral and management elements of the scheme realises value for money and efficient use of resources and the scheme deploys the 4.5 workers together with one member of admin support, in a building dedicated for use by the programme; the total financial cost being approximately £180,000 per annum.

CLEVELAND ALCOHOL ARREST REFERRAL AND BRIEF INTERVENTION PILOT SCHEME (HIGH VOLUME/CUSTODY BASED INTERVENTION)

Cleveland Police, Middlesbrough District HQ,
Bridge Street West,
Middlesbrough, TS2 1AB
Telephone 01642 302089

The scheme was established as one of the second phase Home Office pilot schemes in November 2008. It is a force wide scheme covering three busy custody suites. Originally designed to operate as a conditional bail model it was very quickly producing large numbers of voluntary referrals mainly due to some difficulties around the use of conditional bail as a method of ensuring attendance at an alcohol intervention.

Over 200 extended brief interventions are carried out in custody each month. The alcohol team consists of a team leader, two full and three part time posts, an administrator plus clerical support. The part time workers provide peak time coverage on Friday, Saturday and Sunday mornings with the remaining full time staff covering weekdays and weekends. It is able to provide 24/7 cover as the same service provider is used for the DIP team who are also trained and competent to deliver the intervention.

The scheme is limited to persons 18 years and over with no specific offences excluded. Workers are very much part of the custody team, they have access to the electronic custody whiteboard and can also remotely monitor throughput at all three custody suites from a single location. Persons arrested for an alcohol related offence or where alcohol was a factor are given an electronic marker on the custody system and this also helps the alcohol workers keep track of potential clients.

Approximately 90% of interventions are carried in custody. Of those not seen in custody and given an appointment at a later date there is an attendance rate of approximately 29%. This is being looked at and consideration is being given as to how to improve this figure with custody staff being encouraged to act pro-actively in engaging those they deal with to encourage take up.

The intervention is focused on criminal behaviour, seeking to assist the client in making links between their drinking, offending and consequences. The AIR is used as an integrative probing tool within

the intervention acting as a guide to individual client motivation.

It is a broadly based intervention and with the aid of a portfolio of visual images delivers the facts and seeks to increase client knowledge on multiple aspects of risk, harm and consequences of unsafe drinking.

Annual operating cost for 2009/10 is £227,000

In order to process large numbers of clients, resources are targeted at peak times when prisoners are being processed and just prior to release. A significant amount of paperwork is generated by these processes therefore administration and clerical support is vital to keep track and record information. The existing Mi-Case drug case management system has been modified to cater for alcohol clients. This simplifies data processes allowing submission of monthly returns to the Home Office, electronic recording of the Alcohol Intervention Record (AIR) and detailed analysis of data. Workers have secure remote internet access to the Mi-case system which also provides a real time electronic diary for recording appointments.

GLOUCESTERSHIRE ALCOHOL ARREST REFERRAL SCHEME
(LONG STANDING SCHEME WITH CONDITIONAL BAIL AND COMMUNITY BASED INTERVENTIONS)

Independence Trust, 98-100 Eastgate Street,
Gloucester, GL1 1QN
Telephone 07792990183

This initiative is not purely custody based; community-based interventions are delivered as an extension of the custody process which are successfully underpinned by the Bail Act.

AARS in Gloucestershire were established in 1999 to reduce the level of alcohol-related crime and disorder in the county. The purpose of the scheme is to provide individuals who have been arrested,

where alcohol has formed a contributory factor in the offence, opportunity to observe the links between their alcohol use and offending behaviour. After the two sessions participants will understand the effect of their drinking behaviour on themselves and others and how to avoid high risk drinking situations (ie; situations leading to offending behaviour)

Contact is made with the AARS SPOC within 24 hours of release from the custody environment. Two sessions which form condition of bail are both agreed and attended prior to the arrestee's court appearance. Further to the sessions and ahead of the court date, the Magistrates are provided with confirmation of attendance or non-attendance of the agreed appointments.

The staff is made up of a Team Leader who assumes operational responsibility, development of practice issues, line management of staff, promotes scheme with local agencies, supports the covering of the police cells & cover for staff absence. Two Project Workers are then responsible for delivery of alcohol interventions. They cover the Custody Suites on a daily basis, liaise with the Custody Sergeants, and submit completed paperwork to the administrator. The Administrator is then responsible for booking in appointments for arrestees that make contact, writing letters to clients that fail to make contact, statistical reporting & communication of attendance (or not) to the courts.

Custody suites are covered 8am – 8pm on Mon-Sat A late service is provided on Tues & Thurs evenings in delivery of the sessions. There are no age restrictions. Young people (under 18's) are referred normally to the AARS SPOC but are transferred to the Youth Offending Service for delivery of the 'Young Person's ARS'. There are no restrictions as regards the types of offences or type of clients.

The annual cost 2009/10 is £128 570
Number of interventions = 110/month (5 of these are targeted as cell interventions)

Each morning the Custody Suites are targeted to focus on those individuals arrested in the night time economy. Suitable candidates to be referred are identified to the Custody Sergeant. Often these sessions focus on providing information around the AARS scheme, what they can expect during participation within the sessions. A level of motivational work is carried out to ensure future attendance and various incentives attached to their participations in the scheme are highlighted. Where individuals are not going to be charged voluntary referral route is explored. With regards to screening assessment a snapshot is taken of their alcohol consumption at the point of arrest and risk factors are noted for future reference.

This scheme has clearly identified its focus as:

- Information about the effects of alcohol on health
- Review of current drinking
- Strategies for avoiding high risk situations
- Links between alcohol and offending behaviour
- Review education, employment and housing needs and where appropriate refer on to relevant organisations.

12% of individuals that attend their 1st session are targeted to access ongoing support where there are entrenched difficulties surrounding alcohol use.

Importantly, the scheme is very simple to operate from a Police point of view. Having decided that alcohol is a causal factor for the offence, custody staff send a one page fax to the single point of contact. The fax is generated by the custody computer system. There is nothing further for custody staff to do.

HERTFORDSHIRE ALCOHOL/PND DIVERSION SCHEME (FIXED PENALTY NOTICE SCHEME)

Druglink, Trefoil House, Red Lion Lane, Hemel Hempstead, HP3 9TE
Telephone 01923 260733

The scheme highlighted in **Annex D** is the Hertfordshire model. Any member of the public who receives a PND for Drunk & Disorderly or an alcohol related public order offence receives with the PND, a leaflet outlining the diversion scheme which also covers data protection options for opting out. Agreement is made internally between crime management, PNC and the ticket office as to the system for processing the scheme and sets the parameters for the service provider.

The scheme offers the person the opportunity to attend a three hour session with a payment of £40 in lieu of the £80 fine. This session is hard hitting and places emphasis on the behaviour leading to the receipt of the penalty notice, discussed in a group session and focuses on the offender accepting responsibility for their behaviour before moving onto the impact and consequences on their life if this behaviour continues.

Once the session has been attended (in full) and the payment made, the service provider notifies the ticket office who updates the system. The course can only be attended once and courses run every three weeks. Experience has shown that without the incentive of a drop in payment (in this case half the fine) the scheme will not be viable as uptake is limited. In this model the payment goes directly to the service provider ensuring that the scheme is self sufficient and therefore sustainable.

At present the scheme can be set up with initial costs of £10,000 - £16,000. Druglink developed a financial model to run the project based purely on income from the PNDs. Therefore after the initial outlay there is no further financing required.

Druglink developed the programme and manages the delivery of the sessions in Hertfordshire. They have established a model which can be replicated in any area and will manage the scheme anywhere in the country. Several other areas have since picked up the scheme.

An important consideration when setting up this type of scheme is the legislation around PNDs, specifically in the Criminal Justice and Police Act 2001. It should be noted that Section 7 (subsections (2) and (5)) Criminal Justice and Police Act 2001 states:

(2) Payment of the penalty may be made by properly addressing, pre-paying and posting a letter containing the amount of the penalty (in cash or otherwise)

(5) subsection (2) is not to be read as preventing the payment of the penalty by other means

ANNEX A

STEERING GROUP TERMS OF REFERENCE

ALCOHOL ARREST REFERRAL PILOT TERMS OF REFERENCE

The alcohol arrest referral pilot (AARP) is a Home Office initiative aimed at providing brief interventions for those arrested for anti social behaviour when, in the opinion of the arresting officer

- The offender was under the influence of alcohol at the time of committing the offence; or
- Alcohol was in some other way involved in the commission of the offence
- The offender is not dependant on alcohol

Cleveland Police have commissioned Addaction to act as service provider to engage with clients in the custody setting and deliver the brief intervention in an appropriate setting.

The AARP steering group is responsible for the management of the SLA signed by the Home Office, Cleveland Police and the four Community Safety Partnerships, Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton which are co-terminus with the Cleveland Police operational area.

The Steering Groups' principle responsibilities are to:

1. Provide oversight to the pilot project.
2. Ensure that the service provider complies with the specifications of their SLA.
3. Ensure that the monitoring requirements as identified by the Home office research department are met.
4. Provide a forum to monitor progress of the pilot.
5. Act as advocates for the pilot in the members own agencies.
6. Highlight barriers to effective delivery that cannot be resolved at operational level.
7. Advise and support the agencies managers and workers in delivering the pilot.

8. Receive reports from the agencies concerned on the progress of the pilot.
9. Evaluate the effectiveness of the pilot when data is available from the agencies and Home Office research department.
10. Provide reports and feedback to the Home Office Anti-social Behaviour and Alcohol Unit (ASBAU) as required.

MEMBERSHIP

Alcohol lead/Commissioning Manager for each of the 4 Community Safety Partnerships.

Cleveland Police

Safe in Tees Valley

Government Office N.E.

ANNEX B

LATEST VERSION OF THE ALCOHOL INTERVENTION RECORD

Unique ID Number:

Alcohol Arrest Referral Scheme: Revised Alcohol Intervention Record (SWINDON)	
PART ONE) Client details	
<i>INSTRUCTION: In this PART ONE, please take the following basic details from the client before going into more detail about their arrest and alcohol consumption, in parts Two and Three.</i>	
<i>INSTRUCTION: Ensure that this Part One is stored securely, separate from all other sections of the AIR (see data protection guidance notes for more detail), to ensure confidentiality.</i>	
<i>INSTRUCTION: Ensure that you complete the Unique Identification Number at the top of each separate sheet of paper. This is to ensure that the records can be matched if necessary. The number should include a number for the client (different for each one) and number for the custody suite, if known.</i>	
<i>E.g. Swindon/001/GX i.e.: Swindon project, client 001, custody suite: Gable Cross.</i>	
Unique Identification number for this client (see above instruction)	
Date of arrest (e.g. 01/01/08):	/ /
Today's date:	/ /
First Name/ _____ Middle name/ _____ Last name _____	
Gender (tick one) Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth (e.g. 01/01/08)	/ /
OR, if not known, age at last birthday: _____	
INSTRUCTION: please collect contact details from the client verbally to ensure that all sections are completed.	
Current address	
Post code _____	
Is this a temporary address Y/N? _____ (If Yes take an alternative address):	
Post code _____	
No fixed abode Y/N? _____	
Client's telephone number: Home _____ (can we leave message? Y/N)	
Mobile: _____ (can we leave message? Y/N) _____	

Unique ID Number: _____

Alternative mobile 1 _____ (can we leave message? Y/N) __

Alternative mobile 2 _____ (can we leave message? Y/N) __

Work _____ (Can we contact you at work? Y/N) _____

Other _____ (Can we leave message? Y/N) __

Client's email address: (NOTE) only take email addresses that can be used to contact the client for the purposes of the AAR i.e. ensure that privacy is adequate.

_____@_____

Preferred method of contact (tick one) (Please encourage telephone contact)

Email Tel home Tel mobile Post

What is the best time of day to call you? _____

Name and address of GP

NOTE: if the client would like to find out how to find a local GP they can contact NHS Direct on 0845 4647

Refuses Not known

**BEFORE PROCEEDING TO PART TWO: 'Client Background',
PLEASE ENSURE THE CLIENT IS INFORMED ABOUT THE
INTERVENTION AND CONSENTS TO IT (see 'Guidance for AAR
workers' document for further advice and information).**

**Please ensure the client is given the 'Simple Information about the
Alcohol Arrest Referral and Evaluation' document**

**Once clients understand and agree to the intervention, they should
sign consent 1 on the next page.**

Unique ID Number: _____

Consent 1) Agreeing to the Alcohol Arrest Referral and monitoring

Name of client _____
Name of project: _____
Date: _____
Name of person taking consents _____

Consent 1: I understand and agree to take part in the Alcohol Arrest Referral. I understand that this means that information gathered by the Alcohol Arrest Referral Workers about me on the AIR form will be shared with other agencies and individuals where necessary for the purposes of developing my alcohol intervention. Anonymous data (i.e. not containing my name or other details that can identify me) may also be shared with the Home Office and an external research team to monitor the project.

Tick if agree

Signed _____

Print name _____

Date _____

Remove the completed Consent form and store separately from Part Two and Part Three of the AIR form

Unique ID Number: _____

PART TWO) Client background

INSTRUCTIONS: use this Part Two to record details of the clients' alcohol consumption and circumstances of the arrest.

Use the questions in this section in your conversation with clients to establish their alcohol consumption and patterns and their motivation to change. Please work through this Part Two with the client in the order that it comes. **Please do the 'Motivation Ladder' with the client before any feedback or advice is offered to them about their drinking or drinking-related behaviour.**

Do not record personal details that can identify the client (e.g. name and address) anywhere on Part Two, to ensure confidentiality.

Use the Unique Identification Number at the top of each sheet.

Unique identification number for this client: _____

Referral route (Tick one)	Conditional Caution	Bailed to Court	Police Bail	Voluntary referral (from custody)	Voluntary referral other	PND issued on street
---------------------------	---------------------	-----------------	-------------	-----------------------------------	--------------------------	----------------------

Date of first contact with AAR worker (e.g. 01 / 01 08): / /

Date of 1st intervention (if different): / /

According to the client, what offence were they arrested for?
 Not known ___
 Refuses ___

Ask the client: 'What is your employment status'? (tick whichever box best reflects their response)	<table border="1"> <tr><td>Employed (full time)</td><td></td></tr> <tr><td>Employed (part time)</td><td></td></tr> <tr><td>Unemployed</td><td></td></tr> <tr><td>Looking after home</td><td></td></tr> <tr><td>Long term ill</td><td></td></tr> <tr><td>Retired</td><td></td></tr> <tr><td>Student</td><td></td></tr> <tr><td>Not known</td><td></td></tr> <tr><td>Refuses</td><td></td></tr> </table>	Employed (full time)		Employed (part time)		Unemployed		Looking after home		Long term ill		Retired		Student		Not known		Refuses	
Employed (full time)																			
Employed (part time)																			
Unemployed																			
Looking after home																			
Long term ill																			
Retired																			
Student																			
Not known																			
Refuses																			

Ask the client: 'What is your marital status'? (tick whichever box best reflects their response)	<table border="1"> <tr><td>Single</td><td></td></tr> <tr><td>Married</td><td></td></tr> <tr><td>Co habiting</td><td></td></tr> <tr><td>Divorced</td><td></td></tr> <tr><td>Widowed</td><td></td></tr> <tr><td>Separated</td><td></td></tr> <tr><td>Not known</td><td></td></tr> <tr><td>Refuses</td><td></td></tr> </table>	Single		Married		Co habiting		Divorced		Widowed		Separated		Not known		Refuses	
Single																	
Married																	
Co habiting																	
Divorced																	
Widowed																	
Separated																	
Not known																	
Refuses																	

Ask the client: 'What is your occupation'?	_____ Not known ___ Refuses ___
---	---------------------------------------

Unique ID Number:

Ask the client: 'What is your highest educational achievement'? (tick whichever box best reflects their response)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">GCSE/O level (or equivalent)</td><td style="width: 30px; text-align: center;"> </td></tr> <tr><td style="padding: 2px;">A level</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Degree</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Higher degree</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">None of the above</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Not known</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Refuses</td><td style="text-align: center;"> </td></tr> </table>	GCSE/O level (or equivalent)		A level		Degree		Higher degree		None of the above		Not known		Refuses	
GCSE/O level (or equivalent)															
A level															
Degree															
Higher degree															
None of the above															
Not known															
Refuses															
Ask the client: 'What is your housing status'? (tick whichever box best reflects their response)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Owner occupier</td><td style="width: 30px; text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Private rented</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Council/housing association tenant</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Homeless</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Other (<i>please state</i>)</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Not known</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Refuses</td><td style="text-align: center;"> </td></tr> </table>	Owner occupier		Private rented		Council/housing association tenant		Homeless		Other (<i>please state</i>)		Not known		Refuses	
Owner occupier															
Private rented															
Council/housing association tenant															
Homeless															
Other (<i>please state</i>)															
Not known															
Refuses															
Ask the client: 'Are you pregnant'? (tick whichever box best reflects their response)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes (give date due)</td><td style="width: 30px; text-align: center;"> </td></tr> <tr><td style="padding: 2px;">/ /</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">No</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Not known</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Refuses</td><td style="text-align: center;"> </td></tr> </table>	Yes (give date due)		/ /		No		Not known		Refuses					
Yes (give date due)															
/ /															
No															
Not known															
Refuses															
Ask the client: 'Do you consider yourself to have a disability'? (tick whichever box best reflects their response)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td><td style="width: 30px; text-align: center;"> </td></tr> <tr><td style="padding: 2px;">No</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Not known</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Refuses</td><td style="text-align: center;"> </td></tr> </table>	Yes		No		Not known		Refuses							
Yes															
No															
Not known															
Refuses															
Ask the client: 'How would you describe your general health'? (tick whichever box best reflects their response)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Excellent</td><td style="width: 30px; text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Very good</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Good</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Fair</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Poor</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Not known</td><td style="text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Refuses</td><td style="text-align: center;"> </td></tr> </table>	Excellent		Very good		Good		Fair		Poor		Not known		Refuses	
Excellent															
Very good															
Good															
Fair															
Poor															
Not known															
Refuses															

Client's Ethnic Group (ask the client which single category best applies and tick)			
White - British	White - Irish	White – other background	
Mixed – White & Black Caribbean	Mixed – White & Black African	Mixed – White & Asian	
Mixed – Other background	Asian or Asian British - Indian	Asian or Asian British – Pakistani	
Asian or Asian British - Bangladeshi	Asian or Asian British – Other background	Black or Black British – Caribbean	
Black or Black British – African	Black or Black British – Other background		
Chinese or other ethnic group – other group	Prefer not to say/don't know		
Other (please state)			

Unique ID Number:

Clients' perceptions of their drinking, alcohol related behaviour and motivation to change

NOTE: the following series of questions relate to clients' own drinking and behaviour and not drinking and behaviour in general

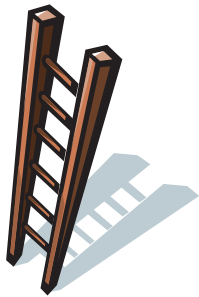
(For further guidance see notes on how to use measures in 'guidance to AAR workers')

Motivation Ladder
INSTRUCTION: ask the client to answer the question below and show them the ladder.

How motivated are you to reduce your alcohol consumption? Please **circle a number** from 0-10, where 0 is 'not at all motivated' and 10 is 'extremely motivated'.

Client doesn't know __
 Client refuses __

10
9
8
7
6
5
4
3
2
1
0



Extremely motivated

Not at all motivated

Ask the client:
 'To what extent do you think alcohol had a role to play in why you were arrested'? On a scale of 1-5, 1 being 'no role' to 5 being 'very big role'.

1 (no role)	2	3	4	5 (very big role)

Not known __
 Refuses __

Unique ID Number:

AUDIT INSTRUCTION: read out the following questions and response options to the client and make a note of the appropriate score. Scores for each response are shown in boxes to the right of the response. Tick which is most relevant. Please complete this tool as a whole before discussing individual items.

score	How often do you have a drink containing alcohol?				
	Never (0)	Monthly or less (1)	2 to 4 times a month (2)	2 to 3 times a week (3)	4 or more times a week (4)
	How many standard drinks do you have on a typical day when you are drinking? (NOTE: a standard drink is half pint of regular beer, lager or cider, 1 small glass of wine, 1 single measure of spirits, 1 small glass of sherry, or 1 single measure of an aperitif).				
	1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)
	How often do you have 6 or more standard drinks on one occasion?				
	Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
	How often during the last six months have you found that you were not able to stop drinking once you had started?				
	Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
	How often during the last 6 months have you failed to do something that was normally expected from you because of your drinking?				
	Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
	How often during the last 6 months have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?				
	Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
	How often during the last six months have you had a feeling of guilt or remorse after drinking?				
	Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
	How often during the last six months have you been unable to remember what happened to you the night before because you had been drinking?				
	Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
	Have you or someone else been injured as a result of your drinking?				
	Never (0)	Yes, but not in the last 6 months (2)	Yes, during the last 6 months (4)		
	Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?				
	Never (0)	Yes, but not in the last 6 months (2)	Yes, during the last 6 months (4)		

Scoring: The scores for each question are shown next to each response. The minimum score (for non-drinkers) is 0, and the maximum possible score is 40. Add up all the scores and put the total score in the box below.

AUDIT TOTAL SCORE				
Circle	0 – 7, No Risk	8 – 15, Hazardous	16 – 19, Harmful	20+ Dependent

Unique ID Number:

Short Inventory of Problems

Read out the following to the client: *'Here are a number of events that people sometimes experience. Please listen carefully and let me know how often each one has happened to you DURING THE PAST 6 MONTHS'* (Never, Once or a few times, etc.).

List the statements to the client and tick one response from the client

<i>During the Past 6 Months, how often has this happened</i> Circle one answer:	Never	Once or a few times	Once or twice a week	Daily or almost daily
1. I have been unhappy because of my drinking.				
2. Because of my drinking, I have not eaten properly.				
3. I have failed to do what is expected of me because of my drinking.				
4. I have felt guilty or ashamed because of my drinking.				
5. I have taken foolish risks when I have been drinking.				
6. When drinking, I have done impulsive things that I regretted later.				
Now answer these questions about things that may have happened to you during the past 6 Months. How much has this happened? Tick one answer:	Not at all	A little	Quite a lot	Very much
7. My physical health has been harmed by my drinking.				
8. I have had money problems because of my drinking.				
9. My physical appearance has been harmed by my drinking.				
10. My family has been hurt by my drinking.				
11. A friendship or close relationship has been damaged by my drinking.				
12. My drinking has prevented me from achieving the things I want to achieve in life.				
13. My drinking has damaged my social life, popularity, or reputation.				
14. I have spent too much or lost a lot of money because of my drinking.				
Has this happened to you during the past 6 months? Tick one answer:	No	Almost	Yes, once	Yes, more than once
15. I have had an accident while drinking or intoxicated				

Unique ID Number: _____

Alcohol related incidents – self reporting

Please ask the client about previous incidents. Include all incidents regardless of whether the police were aware or not. Make a note of the responses as shown below.

Over the last six months, have you...	Y/N	If yes: How many times approx?	If only once: Were you drinking before hand? Y/N	Were you arrested? (Y/N)	If more than once: Were you drinking before hand:			How often were you arrested?		
					Never	Some times	Always	Never	Some times	Always
Have you been physically or verbally abusive or violent with someone you are, or have been, in an intimate relationship with? E.g. wife or partner										
<i>NOTE: for the discussion that follows from this point, exclude the incidents already recorded above i.e. only include those not involving someone who is, or has been in, an intimate relationship with the client. This is to avoid double counting.</i>										
Got into an argument with someone?										
Threatened someone verbally?										
Threatened someone with a weapon (including broken glass, a glass bottle, stick, knife, gun or other weapon)?										
Kicked or punched someone?										
Attacked someone using a weapon (including a stick, knife, gun, glass bottle, broken glass or other weapon)?										
Deliberately damaged property or set fire to property including vehicles?										
Have you been the victim of any of the above?										

How long did this session with the client last up to now? ____Hours ____Minutes ____

Which session was this: (please tick)

First ____

Second ____

Third ____

Additional information (IMPORTANT: do not record personal data that can identify the client)

Unique ID Number:

PART THREE) Further Action

Use this Part Three to establish the next steps to be taken with the client

INSTRUCTION: use the Unique Identification Number on sheets in this Part. Do not record personal data that can identify the client (e.g. name and address).

Client's Unique Identification Number			
Will the client attend a second AAR session? (tick one)	Yes	<input type="checkbox"/>	If yes, date: _____, time _____
	No	<input type="checkbox"/>	
	n/a	<input type="checkbox"/>	Location: _____
Does the client need referral to another service (i.e. if they are being referred to further support beyond the AAR intervention)?	Yes	<input type="checkbox"/>	No
If yes, which service have they been recommended? (include name and type of service)			
Is this an alcohol misuse service?	Yes	<input type="checkbox"/>	No
Is this a drug misuse service?	Yes	<input type="checkbox"/>	No
Has the client <u>accepted</u> referral to another service?	Yes	<input type="checkbox"/>	No
Is the client already being seen by another alcohol misuse agency?	Yes	<input type="checkbox"/>	If yes, which:
	No	<input type="checkbox"/>	
Is the client already being seen by another substance misuse (not alcohol) service?	Yes	<input type="checkbox"/>	If yes, which:
	No	<input type="checkbox"/>	
Does the client require a letter confirming interventions for court purposes?	Yes	<input type="checkbox"/>	No
If "yes", has a letter been provided?	Yes	<input type="checkbox"/>	No
Has notification been sent to the police (conditional caution/ bail referral and PND only)	Yes	<input type="checkbox"/>	No
Does the client need support from services for victims of domestic violence?	Yes	<input type="checkbox"/>	No
Does the client need additional language support? (Include details)			

Additional Information

Use this space to write in further notes necessary for the ongoing referral. Do not include personal data that can identify the client.

Unique ID Number:

Now please ask the client to be part of the National Evaluation and that they understand what this involves.

Once the client has understood and agrees to be part of the evaluation, they should sign Consents 2, 3 and 4 on the next page.

Please ensure the client is given the '*Simple Information about the Alcohol Arrest Referral and Evaluation*' document

(NOTE: There is detailed information about the Evaluation and what it involves in the '*Guidance for AAR workers*' document').

Unique ID Number: _____

Consents 2, 3 and 4 - Taking Part in the Evaluation

Name of client _____
 Name of project: _____
 Date: _____
 Name of person taking consents _____

I understand that an evaluation is being conducted of the alcohol arrest referral schemes and that I am being asked for my consent to take part in it.

Tick if agree

<p>2) I agree for my contact details (collected in part one of the form) to be passed to a research team so that they can contact me for an interview about my experiences of the Alcohol Arrest Referral Scheme</p>	<input type="checkbox"/>
<p>3) I agree for the data collected about me as part of my intervention to be passed to a research team to analyse for the evaluation. I understand that it will not be possible to identify me from the data used.</p>	<input type="checkbox"/>
<p>4) I agree for my data to be linked to my police offending record using only my initials, date of birth and gender. I understand that it will not be possible to identify me from this data.</p>	<input type="checkbox"/>

Signed _____

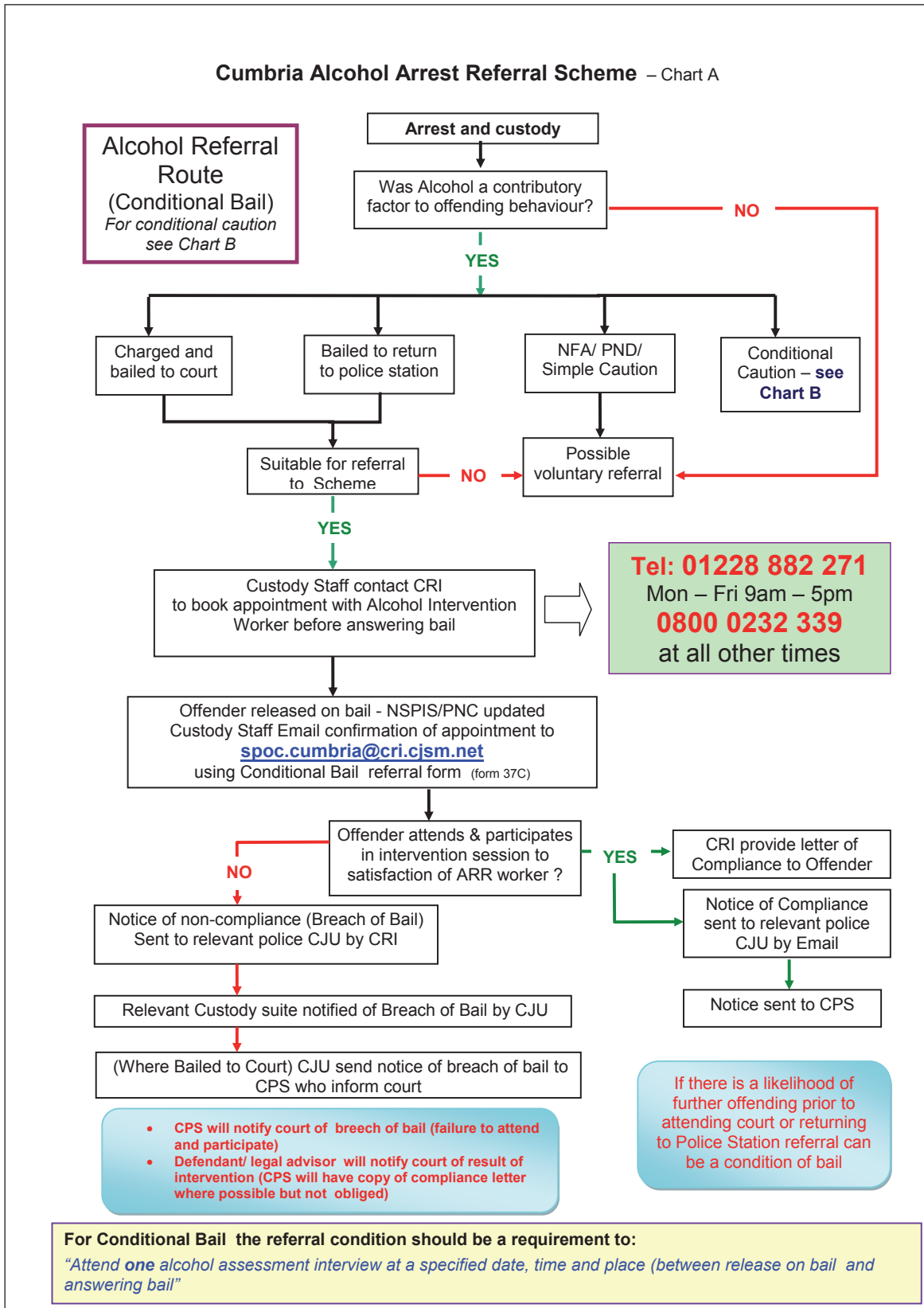
Print name _____

Date _____

Remove the completed Consent form and store separately from Part Two and Part Three

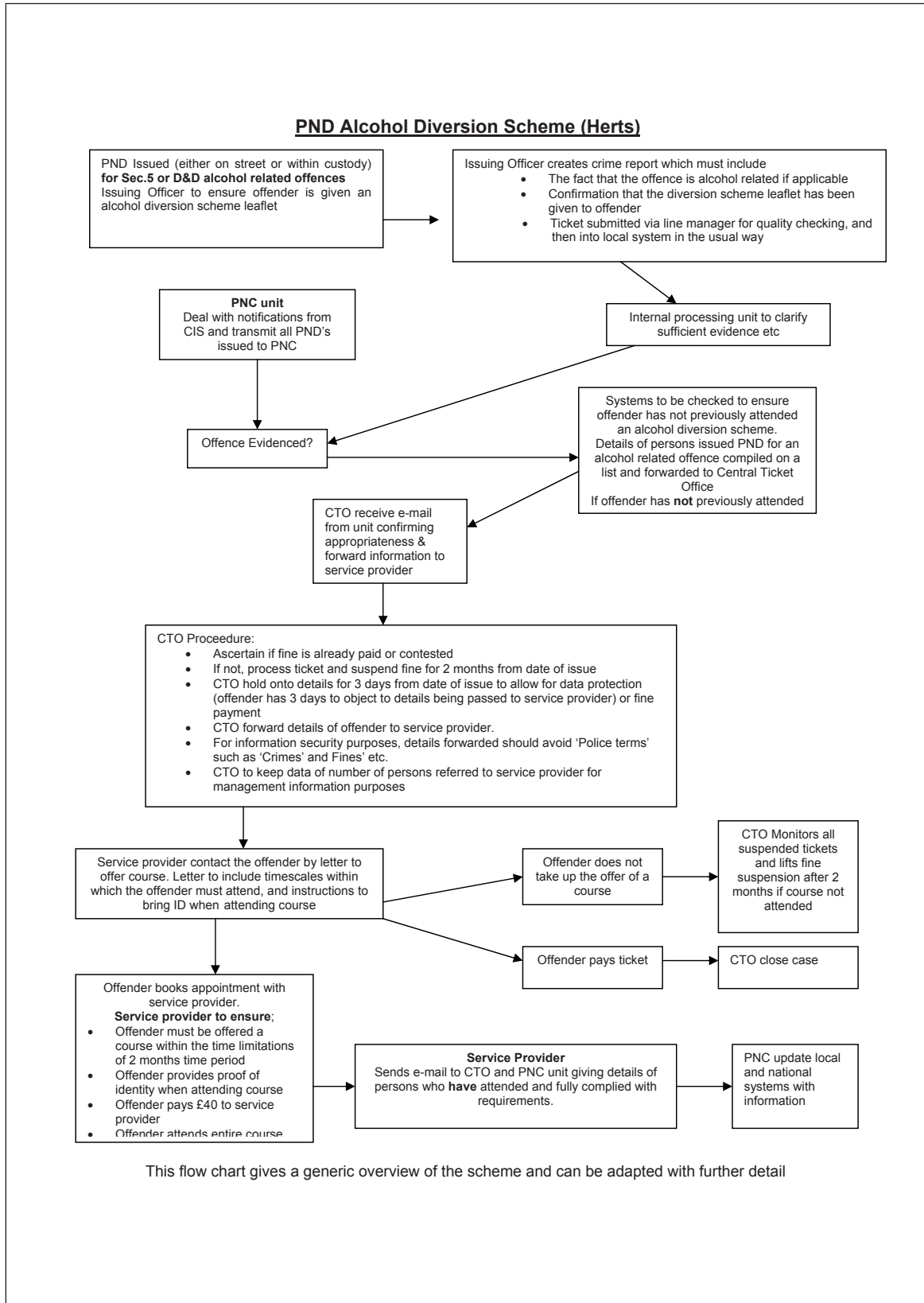
ANNEX C

EXAMPLE OF CUMBRIA BAIL MODEL (FLOW CHARTS)



ANNEX D

EXAMPLE OF HERTFORDSHIRE PND SCHEME (FLOW CHART)



ANNEX E

EXAMPLE OF ALCOHOL RELATED OFFENCES LIST

ALCOHOL RELATED OFFENDING LIST

Public Order and Drink Offences	
Affray	S3 Public Order Act 1986
Fear and Provocation of Violence	S4 Public Order Act 1986
Disorderly Behavior	S5 Public Order Act 1986
Drunk and Incapable	S12 Licensing Act 1872
Drunk and Disorderly	S91 (1) Criminal Justice Act 1967
Sell or attempts to sell alcohol to a person who is drunk	S141 Licensing Act 2003
Consume alcohol in designated public place, contrary to requirement by constable not to do so	S12 Criminal Justice & Police Act 2001
Designated public place orders (DPPOs)	S1 2007/806 Local Authorities (Alcohol Consumption in Designated Public Place Regs 2007
Directions to leave area	S12 Criminal Justice and police Act 2001

Criminal Damage	
Criminal Damage	S1 Criminal Damage Act 1971(to include attempts)
Threats to Destroy or Damage	S2 CDA 1971
Possess Article with intent to cause damage	S3 CDA 1971

Violence Against the Person	
Assault with intent to resist arrest	S38 Offences against the Person Act 1861
Actual Bodily Harm	S47 Offences against the Person Act 1861
Grievous Bodily Harm or Unlawful Wounding	S18/S20 Offences against the Person Act 1861
Common Assault	S39 Criminal Justice Act 1988
Assault Police	S89 Police Act 1996 as amended by the S.O.C.P Act of 2005

Theft Act Offences (involving theft of alcohol)	
Theft (include theft shoplifting)	S1-7 Theft Act 1968
Burglary	S9 Theft Act 1968

Driving Offences

Over prescribed limit (OPL)

S5 Road traffic Act 1988

Begging

S3 Vagrancy Act 1824 and S70 Criminal Justice Act 1982

Breach of the Peace

Common law

ANNEX F

BRIEF DETAILS OF RESPONDENTS TO THE QUESTIONNAIRE

BARNESLEY DIP

CONTACT: 01226 787010

Name of Scheme

CRI Barnsley DIP Pilot

Operating Model

Custody based drug & alcohol workers 7 days a week
Mon – Fri 07.30am to 21.00, Saturday 07.30 to
15.30 & Sunday 09.00 to 13.00

Geographical Area

Barnsley – 1 custody suite

Operated By

CRI

No of staff

8 generic DIP workers

Referral Route

Voluntary

Funding

Data Collection

Paper based & IT spreadsheet

Comments

Alcohol arrest referral scheme is an extension of the existing Drug arrest referral scheme, extra funding was spent on providing extra resources during prime times in order that provision of alcohol intervention did not impact on the Dip's obligation to meet Home Office KPI's

CAMBRIDGE DRUG INTERVENTION PROGRAMME

OPERATIONS MANAGER 01223 823581

Name of Scheme

Cambridge Drug Intervention Programme (CDIP)

Operating Model

Custody based drug workers, assessments for alcohol related offences are completed - signposted to alcohol services. 08.00- 16.00 Mon - Fri

Geographical Area

Cambridge custody block (Sometimes a smaller custody block at Ely is used as an overflow during major events)

Operated by

CDIP is assessor – signposted to Drinksense

No of Staff

2 x CDIP workers who also deal with alcohol clients when they can

Referral Route

Voluntary referral form Cell visits. Cambridge custody block run conditional cautioning for alcohol offences with conditions to refer to Drinksense

Funding

No extra funding for alcohol clients. DIP money is from the Pool Treatment Fund

Data Collection

Spreadsheet

Comments

This is scheme primarily assesses Class A drugs users but they also assess for alcohol related offences, no additional resources added. Make use of conditional cautions.

CHESHIRE DAAT

CONTACT: 01244 650590

Name of Scheme

Alcohol Arrest Referral Pilot Scheme

Operating Model

Custody based system operating 08.00 – 19.30 weekdays, 08.00 – 13.00 weekends

Geographical Area

Cheshire. 2 custody suites at Blacon & Middlewich

Operated By

Arch Initiatives

No of staff

DAAT Commissioner + admin support, 2.5 FTE workers

Referral Route

Voluntary Referral

Funding

Home Office

Data Collection

Paper based

Comments

Signposting clients into registering with a GP

CLEVELAND POLICE

CONTACT: 01642 302089

Name of Scheme

Cleveland Alcohol Arrest Referral Scheme

Operating Model

Custody based workers delivering brief interventions in custody across 3 custody suites. Drug referral workers (same provider) provide initial contact cover outside operating hours gives 24/7/cover.

Geographical area

Cleveland Police Force area

Operated by

Addaction

No. of Staff

Team Leader, 2 full time & 3 part time alcohol worker, Administrator + Clerical Asst.

Referral Route

Mainly voluntary, some via bail & conditional cautions

Funding

Home Office Grant

Data Collection

Paper AIR, dedicated Mi-case case management system

Comments

H.O. pilot delivering 200+ custody based brief interventions each month.

CUMBRIA POLICE AAR PROJECT LEAD

CONTACT: 01228 882271

Name of Scheme

Cumbria Alcohol Arrest Referral Scheme

Operating Model

Limited custody access to 4 designated custody suites in Cumbria.

Geographical Area

North Carlisle, West Workington, Barrow in Furness & Kendal 4 custody suites covered

Operated By

CRI

No of staff

3 Criminal Justice workers mainly community based

Referral Route

Majority of referrals via police bail or conditional caution

Funding

Home Office

Data Collection

IT based

Comments

Referrals can be made 24/7 through the use of a freephone line (DIP) – community based assessment & intervention appointments available Mon – Fri 09.00 – 17.00. Voluntary referrals can be made in person to worker in custody suite Mon – Fri 07.30 – 09.30 & 16.30 – 18.30

DARLINGTON DAAT

CONTACT: 01325 346272

Name of Scheme

Darlington Arrest Referral Service

Operating Model

Custody based drug & alcohol workers also cover the courts when necessary. They also work into the 2 main treatment centres. Mon – Fri 09.00 to 17.00hrs

Geographical Area

Darlington

Operated By

Tees Esk and Wear Valley's NHS Foundation & NECA

No of staff

2 staff dealing with drugs & alcohol

Referral Route

Conditional Cautioning, conditional bail & voluntary

Funding

Data Collection

paper based system

Comments

Non intensive DIP area - adds support to the DIP AR clients

DIP INTERVENTIONS PROGRAMME HALIFAX

CONTACT: 01422 337552

Name of Scheme

Drug Intervention Programme

Operating Model

Custody based staff, sharing an office with DIP Field Intelligence Officer & closely linked to Offender Management Team operating 07.00 – 20.00 Mon – Fri & 07.00 – 11.00 Sat & Sun

Geographical Area

Calderdale – 1 custody suite

Operated By

Calderdale NHS Substance Misuse Service

No of staff

5 assertive outreach workers this includes cell cover

Referral Route

Voluntary

Funding

Home Office

Data Collection

IT Microsoft Access & Paper based Calderdale substance Misuse Services monitoring tool

Comments

Every person in the cells are screened regardless of offence, B I allows transition into Tier 3 treatment service

EALING DIP

CONTACT: 020 8799 2157

Ealing Alcohol Referral Scheme**Geographical Area**

London Borough of Ealing Based primarily at Acton custody suite with cover at Southall police station if required

Operated by

CRI & EACH

Number of Staff

3 Full time equivalent workers
(1 communication & liaison worker)
(2 intervention workers)

Referral Route

Originally information faxed by custody but later changed to custody based staff

Funding

Home Office pilot (now ceased)

Data Collection

Paper based AIR & Excel spreadsheet

Comments

Good working relationship with police and courts, number of projected referrals did not produce actual numbers

GREATER MANCHESTER POLICE DRUG & ALCOHOL STRATEGY TEAM

CONTACT: 0161 219 6931

Name of Scheme

Manchester Alcohol Arrest Referral Scheme

Operating Model

Referrals made by custody staff to community based alcohol workers – attendance is part of the bail conditions

Geographical Area

3 BCU's in Manchester – 5 Custody Suites covered are Pendlington covering city centre, Grey Mare Lane, Collyhurst, Longsight & Elizabeth Slinger Rd

Operated By

Manchester Community Alcohol Team, part of Manchester Community Health

No of staff

3 workers, 1 admin

Referral Route

Police bail, court bail, conditional cautioning & voluntary referrals

Funding

NHS Manchester

Data Collection

paper based monitoring via police custody system

Comments

Agreement made that interventions should be delivered in the community settings rather than custody suites as they are more likely to be effective i.e. delivered when sober and/or have not been held in a cell for some time.

- 71% referred through court/police bail or conditional caution attended both sessions of BI

Although the initial attrition rate for voluntary referrals is higher, 85% of those who attended the 1st session of BI returned for the 2nd session

- 84% attended as part of their court/police bail compared with 47% voluntarily.
- 86% of those attending their first session of BI returned for the 2nd session

INDEPENDENCE TRUST

CONTACT: 7792 990183

Name of Scheme

Gloucestershire Alcohol Arrest

Referral Scheme**Operating Model**

Project workers deliver interventions in 4 offices based around the county. The same members of staff along with their Team Leader cover the three custody suites each day between 08.00 – 20.00hrs

Geographical Area

Cheltenham, Gloucester, Stroud & Cinderford. 3 custody suites at Cheltenham, Gloucester & Stroud

Operated By

Independence Trust

No of staff

2 alcohol workers, 1 team leader & 1 administrator

Referral Route

Via custody Sgts & a minority from other local initiatives & voluntary

Funding

Gloucestershire County Council, GSSCP/LAA, Choosing Health, DAAT & Police

Data Collection

Paper based & a dedicated AARS database

Comments

Support from partnership working with Police from senior officers to custody sergeants. Having decided that alcohol is a causal factor for the offence, custody staff send a fax to the Independence Trust which will trigger an intervention

KIRKLEES DRUG & ALCOHOL ACTION TEAM

CONTACT: PROGRAMMES MANAGER

01924 351429

Name Of Scheme

Kirklees Alcohol Arrest Referral Service

Operating Model

Custody based workers operating from 07.30 to 20.00 Mon – Fri & 08.00 – 15.30 Saturday & Sunday. Coverage throughout the year except Christmas Day

Geographical Area

Kirklees, operating from Dewsbury & Huddersfield police stations

Operated by

Lifeline

No of Staff

12 staff in total, (additional funding approved for 2 alcohol workers, integrated into the DIP Team)

Referral Route

Arrested for an identified Kirklees alcohol trigger offence

Funding

NHS Kirklees & the Local Authority via the LPB for Safer Stronger Communities & adults & healthier communities

Data Collection

Micase

Comments

Copy of completed AUDIT is sent to clients GP, Communication pathways established with probation court team to identify those suitable for an Alcohol Treatment Requirement court order. Health working custody staff provides the Alcohol Pack outside of alcohol workers contracted hours. Over 50% of GP practices deliver extended brief interventions under a primary care Local Enhanced Service.

**LANCASHIRE CONSTABULARY –
NORTHERN DIVISION**

CONTACT: 01524 230800

Name of Scheme

Alcohol Referral Scheme

Operating Model

Limited access to custody – Saturday & Sunday
Mornings 08.30 to 12.30

Geographical Area

Based at Lancaster custody suite only, (other schemes apply across the rest of the county) covers all arrested persons at weekends from Lancaster & Morecambe

Operated by

Provided by North Lancs PCT, subcontracted to Addaction

No of staff

1 part time role

Referral Route

Voluntary Referral from Cell visits – use conditional cautions to make DP's access services for alcohol problems

Funding

PCT Fund – looking to mainstream funding in financial year 2010/11

Data Collection

Paper & spreadsheet

Comments

Small Scheme operating on weekend mornings only – conditional cautions used

**LANCASHIRE DRUG & ALCOHOL
ACTION TEAM**

CONTACT: 01772 286000

Name of Scheme

Alcohol Arrest Referral Project

Operating Model

Custody based drug & alcohol workers – Fri, Sat & Sun 19.00 – 12 noon. Leyland & West Lancs operates weekends 07.00. – 12 noon

Geographical Area

Central Lancs including Preston, South Ribble & West Lancs. 3 custody suites based at Preston, Leyland & West Lancs

Operated By

Addaction

No of staff

3 arrest referral cell workers 3 part time workers conducting triage assessments etc

Referral Route

Joint voluntary referral

Funding

Lancashire Drug & Alcohol Action Team

Data Collection

LDAAT

Comments

No age range includes under 18's .A fast track system has been created into alcohol treatment & brief interventions as the current waiting list for access to services in a normal capacity was up to 12 weeks

LEICESTER AND RUTLAND ALCOHOL REFERRAL SCHEME

PROJECT LEAD 0116 2550121

Name of Scheme

Leicester and Rutland Alcohol Referral Scheme

Operating Model

Custody based workers operating from 06.00 to 20.00 7 days a week

Geographical Area

Leicester City, Leicestershire & Rutland covering 2 custody suites at those locations

Operated by

Addaction

No of Staff

14 – Service Manager, Team Leader, Project Administrator, (custody workers & 3 outreach)

Referral Route

Voluntary Referral in custody

Funding

Pool Treatment Budget

Data Collection

Paper based & I.T. system

Comments

Information relating to AAR project is shared on a weekly basis with the DAAT & Police. Audit Scores used

LIVERPOOL LIGHTHOUSE PROJECT

CONTACT: 0151 5461175

Name of Scheme

Alcohol Arrest Referral

Operating Model

Custody based workers 08.00 – 11.30 Mon to Sat, Clinic held every Thurs evening 17.00 to 19.00

Geographical Area

Liverpool, 1 custody suite

Operated By

Lighthouse Project

No of staff

4 alcohol arrest referral workers

Referral Route

Voluntary, Conditional Caution & conditional bail

Funding

PCT

Data Collection

Paper based

Comments

Workers based in custody suites delivering interventions, share office with DIP workers within custody

NHS BRADFORD @ AIREDALE

CONTACT: 01274 237291

Name of Scheme

Bradford DIP Alcohol Arrest Referral

Operating Model

Custody based workers 07.00 – 23.00 Tues – Thurs,
06.00 – 23.00 Fri & Mon, 06.00 – 18.00 Sat & Sun
& B.H.'s

Geographical Area

Bradford

Operated By

CRI

No of staff

13 cell based workers, 2 seniors & 1 project manger
delivering DIP & Alcohol

Referral Route

Voluntary referral identified by custody staff

Funding

Home Office & Adult Pooled Treatment Budget

Data Collection

Micase

Comments

Intention was to deliver additional interventions for those with the highest need at Bradford DIP offices. The intention was then to refer into community alcohol services – in practice clients were not prepared to access community services – considerations are being made for the service to deliver sessions from the DIP offices

NHS BRISTOL

CONTACT: ALCOHOL STRATEGY MANAGER
0117 9003440

Bristol Alcohol Arrest Referral Scheme

Geographical Area

All three Bristol custody suites

Operated by

Addiction Recovery Service – (Alcohol Misuse Service)

Number of Staff

1 Service manager and max 6 part time workers.

Referral Route

Voluntary Referral

Funding

Home Office Grant

Data Collection

Paper based AIR & Excel spreadsheet

Comments

Small lean service designed to be locally funded when pilot status ends.

NHS BLACKPOOL/BSAFE BLACKPOOL

CONTACT: 01253 311431

Name of Scheme

Blackpool Open Outreach

Operating Model

Custody based workers 08.00 – 12 midnight 7 days a week 365 days

Geographical Area

Blackpool Wyre, & Fylde, 1 custody suite at Blackpool

Operated By

Drugline

No of staff**Referral Route**

Voluntary,ATR's via court/NOMS, conditional cautions

Funding

Blackpool NHS

Data Collection

Excel spreadsheet

Comments

Scheme modelled on DIP custody scheme

NHS BOLTON

CONTACT 01204 337252

Name of Scheme

Bolton Criminal Justice Alcohol Pathway

Operating Model

once offender charged with offence, if alcohol deemed a factor, hen file identified to court PO. If offender is suitable for community order AUDIT score completed. Office hours Mon - Fri

Geographical Area

Bolton – not based in custody suite

Operated By

ADS Bolton

No of staff

1 alcohol worker

Referral Route

Magistrates Court & Probation

Funding

Area based grant

Data Collection

IT system & OASY's (probation system)

Comments

Not a Alcohol Arrest Referral Scheme

NORFOLK CONSTABULARY

CONTACT: 01953 424922

Enhanced Alcohol Arrest Referral

Geographical area

Norwich, with links to custody suites throughout Norfolk

Operated by

The Matthew Project

Number of Staff

One

Referral Route

Voluntary

Funding

Area based grant

Data Collection

I.T. system also used to update re-offending

Comments

Use alcohol rehabilitation workshops- ideally 4 people per session.

NORTH EAST LINCOLNSHIRE DRUG & ALCOHOL ACTION TEAM

CONTACT: 01472 265977

Name of Scheme

Alcohol Intervention Programme in North East Lincolnshire

Operating Model

Custody based workers, 07.30 – 22.00 Mon - Sat
remote site workers at Grimsby AIP Office 08.00 – 17.00 Mon – Fri & 18.00 – 20.00 Tues, engagement site at Mags Court 2 mornings per week

Geographical Area

North East Lincolnshire Grimsby custody Suite

Operated By

Humberside Police, Humberside Probation & North East Lincolnshire NHS Care Trust plus

No of staff

9 members of staff

Referral Route

Voluntary, in custody, compulsory by conditional bail after charge and conditional caution

Funding

Home Office, Dept of Health, Care Trust plus, Partnership LPSA & In-kind provision

Data Collection

Micase

Comments

Additional funding enabled domestic violence & drink driving offences to be included – member of probation staff recruited to link with sentencing

NORTHANTS DAAT

PROJECT LEAD 01604 236329

Name of Scheme

Northampton Alcohol Arrest Referral Scheme

Operating Model

3 alcohol workers have access to four custody suites, whilst brief interventions can be undertaken at the Police station, the majority occur off site

Geographical Area

Northamptonshire, 4 custody suites covered are Northampton, Weston Favell Corby & Wellingborough

Operated By

CAN

No of staff

6 staff which equal 4 FTE posts

Referral Route

Voluntary referrals

Funding

Home Office

Data Collection

IT & paper based

Comments

Appointments booked for clients before they leave custody

SAFER PORTSMOUT PARTNERSHIP

CONTACT 023 92688678

Name of Scheme

Portsmouth DIP

Operating Model

Custody based worker operating twice a day with additional cover on weekend mornings from Community Health Practitioners

Geographical Area

Portsmouth City – 1 custody suite

Operated by

Multi-agency, Portsmouth DIP, South Central Ambulance Service

No of staff

1 full time worker plus cover from CHP's

Referral Route

Voluntary referrals seen in cells, Conditional cautioning

Funding

Portsmouth City PCT

Data Collection

DIP system

Comments

More involvement with the Community Health Practitioners – found that the green paramedic uniform is very well received by the police in the custody suite & also by the offenders. Uniform seems respected on both sides

STOKE ON TRENT SAFER CITY PARTNERSHIP

CONTACT: COMMUNITY ALCOHOL SERVICE
01782 271096

Name of Scheme

Stoke on Trent Alcohol Arrest Referral Project

Operating Model

Three ARW's have a central base with the community alcohol service in Hanley Town Centre. They have access to the custody suite and will carry out a morning cell sweep at 08.00, 7 days a week

Geographical Area

Stoke on Trent northern custody suite, referrals also picked up from Staffordshire & Staffordshire Moorlands

Operated By

Adsis

No of staff

3 full time staff

Referral Route

Voluntary, Conditional cautions and bails

Funding

Home Office

Data Collection

Paper based system

Comments

Conditional bails & cautions used

SWINDON COMMUNITY SAFETY PARTNERSHIP

PROJECT MANAGER 01793 466078

Name of Scheme

Swindon Alcohol Arrest Referral Scheme

Operating Model

Custody based workers operating from 07.00 -11.00 7 days per week. Workers then move to treatment centres pm to see clients for 2nd appointments & key working

Geographical Area

Swindon – Gablecross custody suite

Operated By

SWADS (Swindon & Wiltshire Alcohol & Drug Service)

No of staff

2 alcohol workers

Referral Route

Currently voluntary interviews in custody

Funding

Home Office & Swindon CSP

Data Collection

Paper based & IT

Comments

Have developed alcohol conditional cautioning, brief intervention drop in clinic, developed bail for SAARS from court to attend BI clinic before sentencing, developed PND option of attending BI in lieu of fine, in talks with Pub watch schemes about people being banned through pubwatch scheme being giving the option to attend BI clinic to have their ban reduced – in effect pre arrest referral route

**ROTHERHAM DRUG INTERVENTION
PROGRAMME,**

CONTACT: 01709 382733

Name of Scheme

Rotherham Drug Intervention Programme

Operating ModelCustody based DIP workers covering 07.00 to
20.00, Sunday 08.00 to 16.00**Geographical Area**

Rotherham – 1 custody suite

Operated ByRotherham, Doncaster & South Humber Mental
Health Foundation Trust**No of staff**

6 custody staff workers as part of the DIP coverage

Referral Route

Voluntary

FundingNot funded but carried out in DIP cell workers
'down time' at no extra cost**Data Collection**

Paper based

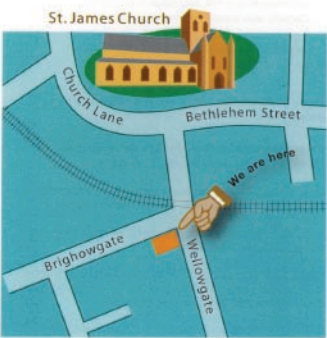
Comments

Clients visited during DIP workers down time

ANNEX G

EXAMPLE OF ALCOHOL ARREST REFERRAL LEAFLET

Alcohol Intervention Programme




**2-4 Brighowgate
Grimsby
DN32 0QX
Email: nel.aip@nelctp.nhs.uk**

To contact us:
Simon Kemp
Alcohol Intervention
Co-ordinator: 01472 360751
simon.kemp@nelctp.nhs.uk

Other useful numbers:
The Junction 01472 240679
Alcohol Anonymous helpline 0845 769755
Alcohol Support Group 01472 595109
Addaction 01472 350610
N.E.S.T. (Under 18 service) 01472 326693
C.A.D.E.S.
(Alcohol & Drug education) 01472 323261


Useful websites:
www.nelgat.org
www.drugscope.org.uk
www.talktofrank.com
www.alcoholconcern.org



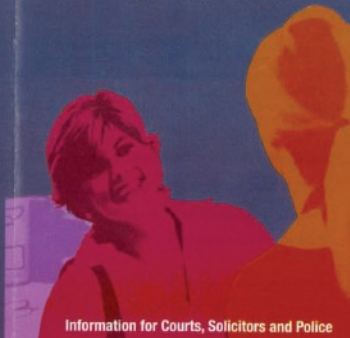
Changing Lives
Supporting Communities

**North East Lincolnshire
Alcohol Intervention Programme**


A pathfinder scheme delivered by the
North East Lincolnshire Safer Communities Partnership



Safe. Sensible. Social.



Information for Courts, Solicitors and Police



<p>About the scheme</p> <p>The Alcohol Intervention Programme is for those who have been arrested following an incident in which alcohol has been a factor.</p> <p>The programme aims to give an opportunity to kick-start changes in their lifestyles, and to reduce the likelihood of risky behaviour and drink related offending.</p> <p>This innovative scheme will strive to make the sessions functional, pragmatic and will draw on a wide variety of methodologies to create an environment where offenders can be motivated to change</p> <p>Our holistic approach is informed by the acceptance that all those attending the programme are individuals, with all the strengths and weaknesses that make us unique and human.</p> <p>We will be concentrating on those strengths and focussing on change.</p> <p>The staff, drawn from a variety of backgrounds will aim to use creativity, humour and a lively approach to make the sessions worthwhile and interesting.</p> <p>Those participants that have attended similar groups in other parts of the country have found the programme very helpful. Many have created positive changes in their lives. Reliable evaluation has shown that re-offending rates are sharply reduced.</p> <p>The sessions will cover the following areas:</p> <ul style="list-style-type: none"> Alcohol and its effects on the body Personal assessment of drinking lifestyle How alcohol can effect the brain and influence behaviour Safer drinking Dealing with high risk situations 	<p>Consequences of re-offending</p> <p>The daily realities of prison life</p> <p>Alcohol use in North East Lincolnshire</p> <p>Pathways for any further support that may be needed</p> <p>To contact the scheme:</p> <p>Bill Geer, Programme Manager: 01472 360671 e-mail:bill.geer@nelctp.nhs.uk</p> <p>PC Simon Kemp, Alcohol Intervention Co-ordinator: 01472 360671 Mobile: 07919 304423 e-mail:simon.kemp@nelctp.nhs.uk</p> <p>FAQ's</p> <p>Q: What will motivate offenders to attend? A: A desire to comply with a court direction, court bail condition or Conditional Caution; If attending the sessions is a requirement of a conditional caution, then failure to attend would breach it and could result in a charge being considered).</p> <p>Q: What other motivators are there? A: The likelihood that compliance with the programme will be beneficial in a legal context and that the Court may take into account the participants attendance record in deciding their sentence; Some may also genuinely see the offence as a window of opportunity to address their drink related behaviours.</p> <p>Q: Does it mean the offender has a drink problem if they are directed to the programme? A: : Not necessarily. Those that are assessed as having alcohol dependency do not attend this scheme but are referred into treatment. The programme is aimed at those who may have problematic drinking habits and have been arrested as a consequence.</p>	<p>Q: Any advantages for the defendant? A: Attendance on the scheme may prevent a court appearance and fine, and result in a Conditional Caution, also a court hearing the case may decide on a community based disposal (with an alcohol treatment requirement) instead of a higher tariff penalty.</p> <p>Some facts about Alcohol and the national & local context</p> <p>It's estimated that 23% of men and 9% of women – around 6 million people in Britain – binge drink.</p> <p>Over the last decade, binge drinking among young British women has increased more than in any EU country.</p> <p>Long-term risks include cancer, heart disease, stroke as well as cirrhosis of the liver.</p> <p>About 1,400 people die in the UK every year as a result of taking illegal drugs. In 2003, the total number of deaths directly attributed to alcohol totalled 6,580.</p> <p>Grimsby, Immingham & Cleethorpes have some of the highest rates of heavy drinking in the country, and the second highest alcohol related offending in the Yorkshire and Humberside region.</p> <p>48% of heavy drinkers are also smokers. Research clearly shows that people smoke more cigarettes than they usually do after a drink.</p> <p>Of all the drugs available in the Grimsby area, alcohol is the most likely to contribute towards fighting in public, and violence on women in the home.</p> <p>45% of victims of violence believed the offender to be under the influence of Alcohol.</p>
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