

## Targeting

This section of the guidance draws heavily on the comprehensive guidance framework for targeting alcohol provision and programmes developed by North Wales Probation Area under the Best Practice Projects Initiative. This framework or targeting matrix seeks to provide probation staff with a range of information that will assist them in being able to more accurately match offender intervention needs with a more exact understanding of drinking problem and service provision. Although the screening tool used in North Wales and the interventions available to address alcohol related offending may differ from those in use in other areas/trusts, the underlying principles which informed the matrix are relevant to all areas/trusts. Therefore, if they have not already done so, areas/trusts should develop a local targeting matrix/eligibility criteria for different levels of intervention based upon the North Wales model and this guidance, fully integrate it within area alcohol policy/delivery and ensure that external providers are working to the same criteria. The matrix is available on EPIC<sup>1</sup>.

There is a great complexity and diversity of drinking and offending profiles amongst offenders under supervision, range of wider holistic needs and variety of available provision both internal and external. This guidance cannot adequately cover each scenario with an identikit solution but provides a guide as to the type of provision most likely to be suitable for offenders whose patterns of drinking and offending fall within specified criteria. It is not intended to be a substitute for the professional judgement of offender managers (OMs) in individual cases. As such, OMs need to use it flexibly and intelligently.

### **Treatment need vs. seriousness of offending**

The targeting of interventions to address alcohol related harm should be based upon the:-

- Nature and extent of an offender's alcohol problems
- Seriousness of offending and the role played in this by alcohol
- Risk of re-offending/risk of harm
- Wider rehabilitation and other considerations

Within an overall sentence which reflects offence seriousness, the alcohol related intervention(s) should primarily be determined by assessed need. The Offender Assessment System (OASys) can identify offenders for whom alcohol misuse is linked to their offending behaviour but is an insufficient tool to accurately identify the full nature and extent of an offender's alcohol problems, particularly where their alcohol problems are not related to their offending behaviour. Therefore, areas/trusts need to use a validated alcohol screening tool e.g. Alcohol Use Disorders Identification Test (AUDIT), Fast

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<sup>1</sup>[http://npsintranet.probation.gsi.gov.uk/index/service\\_delivery/interventions/drugs\\_\\_alcohol/alcohol\\_best\\_practice\\_projects.htm](http://npsintranet.probation.gsi.gov.uk/index/service_delivery/interventions/drugs__alcohol/alcohol_best_practice_projects.htm)

Alcohol Screening Test (FAST), to compliment OASys. For the purpose of this advice on targeting, it is assumed that areas/trusts are using AUDIT, which was developed by the World Health Organisation and is widely regarded as the 'Gold Standard' of alcohol screening tools.

There are four bands of scoring in AUDIT:-

**0- 7 This score indicates lower risk drinking for which no alcohol intervention is required**

**8-15 This score indicates increasing risk (formerly *hazardous*) drinking**

**16-19 This score indicates higher risk (formerly *harmful*) drinking**

**20+ This score indicates complex/dangerous/dependent or very *harmful* drinking**

The AUDIT score is indicative of the appropriate level of provision but should be used in conjunction with Offender Group Reconviction Scale (OGRS3) scores and other information available to OMs to assess severity and need of intervention. As a self-administered questionnaire, the results can be distorted by exaggeration or understatement and OMs need to be happy that the AUDIT score is consistent with other information.

Offenders who have Class A drug misuse as their primary problem are excluded as they will be targeted for a drug rehabilitation requirement (DRR).

### **Alcohol Treatment Requirement (ATR)**

Since the publication of PC 57/2005, NOMS has determined that the alcohol treatment requirement (ATR) of a community order or suspended sentence of imprisonment should be targeted at those offenders who are assessed as alcohol dependent and need intensive, specialist, care-planned treatment in Tiers 3-4 of *Models of care for alcohol misusers* (MoCAM) e.g. day programmes, detoxification, residential rehabilitation. They will often have complex co-existing needs e.g. mental health, social and housing problems, that require integrated care across a range of agencies.

There are both legislative and pragmatic reasons which determine ATR targeting. Firstly, under Section 212 of the Criminal Justice Act 2003, a court can impose an ATR provided the offender is **dependent** on alcohol and this **dependency** is such as requires and may be susceptible to treatment. Unlike the DRR, courts cannot make an ATR if the offender is non-dependent but has a 'propensity to misuse' alcohol.

Secondly, most offenders with alcohol problems under probation supervision neither require specialist treatment nor an intervention lasting as long as six months, which is the minimum duration of an ATR.

In law, there is no list of relevant trigger offences and the offender's alcohol dependency does not have to be linked to the index offence(s) for an ATR to be made. However, in practice, the offending will usually be alcohol related, of medium to high seriousness and probably violent in nature. Where treatment availability is limited, probation areas/trusts will wish to consider adopting a gatekeeping strategy and restrict the ATR to those **dependent** drinkers who have committed the most serious offences e.g. physical violence, domestic violence, racially aggravated offences, sex offences, serious public order offences, and/or present the greatest risk.

In summary, ATR provision is intended for a relatively small cohort of offenders who will generally be: –

- AUDIT >20
- OGRS3 >50
- Tiers 2, 3 and 4 (if likely to commit a very serious offence unless immediate alcohol treatment is received) of the Offender Management Model (OMM)
- Seriousness of Harm Medium/High
- Likelihood of re-offending is very high **and** will happen if alcohol use is not addressed immediately

In addition, offenders should have been assessed as suitable for specialist treatment following a comprehensive assessment conducted by specialist treatment staff and have expressed their willingness to comply with the ATR by giving their signed consent.

### **Brief Interventions**

Evidence suggests that interventions in Tiers 1 and 2 of MoCAM e.g. alcohol specific information, advice and support, simple and extended brief interventions (BIs), are generally most appropriate for those individuals assessed as increasing risk or higher risk (excluding dependent) drinkers<sup>2</sup> and, if targeted appropriately, encourage responsible drinking, reduce risks to health and can help to reduce offending related to alcohol misuse.

#### ***Simple brief interventions or structured brief advice (Tier 1)***

This is generally 5 minutes of structured brief advice usually delivered immediately following screening at the pre-sentence report (PSR) stage or during supervision.

It is targeted at offenders who have a pattern of drinking *above* lower risk drinking limits but where there is no consistent link between their drinking and offending. They are at medium risk of experiencing harmful consequences for themselves and possibly others e.g. getting into arguments, accidents or

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<sup>2</sup> Heather, N., Raistrick, D. and Godfrey C. (2006) *Review of the Effectiveness of Treatment for Alcohol Problems*. London: National Treatment Agency for Substance Misuse.

unwanted situations. They may not have come to any harm so far and if they cut down they should be able to avoid serious problems.

The target group is:-

- AUDIT 8-15
- OGRS3 <35
- Tiers 1 & 2 of the OMM

### ***Extended brief interventions or brief motivational counselling (Tier 2)***

A small number of structured sessions of between 20-30 minutes usually delivered through an activity requirement or as part of a supervision requirement.

There will be clear evidence of some alcohol related harm (to self and others) because of regular excessive consumption or because of bouts of heavy drinking and alcohol will have been a factor in any offence of violence, including any domestic violence related offending, or public order act offences.

Targeting criteria are:

- An AUDIT score of 16-19 or a pattern of regular binge drinking
- OGRS3 35-49
- OMM Tiers 2/3
- Offence was part of an established pattern
- Violent behaviour linked to alcohol use
- Low score in attitudes, thinking & behaviour (ATB) section
- Work and shift patterns exclude them from other interventions

### **Accredited Interventions**

Offender suitability for an accredited programme needs to be assessed separately from suitability for an ATR or brief intervention but this section of the guidance offers some inclusion criteria for specific programmes in the context of AUDIT scores (Accredited programmes have specific OGRS3 criteria and areas/trusts have specific targets in conjunction with these. Areas/trusts do have small amounts of discretion to use AUDIT information to override such scores but these cases will be exceptional rather than normal and require senior manager approval).

### ***Addressing Substance Related Offending (ASRO)/ Offender Substance Abuse Programme (OSAP)***

Anecdotal evidence suggests that Addressing Substance Related Offending (ASRO) and the Offender Substance Abuse Programme (OSAP) have been used most commonly for offenders with Class A drug misuse issues. However, these programmes are suitable for those medium to high-risk adult

offenders recognised as having a significant (higher risk or dependent) alcohol problem and for whom the misuse of alcohol has been assessed as a significant factor in their offending behaviour.

Offenders who score AUDIT >16 and Offender Group Reconviction Scale (OGRS3<sup>3</sup>) >50, which would entail significant previous convictions indicating an established criminal lifestyle, or OASys General Re-offending Predictor (OGP) 100-point scores of 39+ (OGP 2-year percentage 33+) should be considered against the Substance Misuse Related Offending Behaviour Programme SELECTION MATRIX. Where an individual scores 75 and above on OGRS3 (equivalent is OGP 100-point score 60+; OGP 2-year percentage 65+) the sentence plan should identify additional work to reflect the higher need.

The selection criteria for OSAP and ASRO are based on risk of reconviction and need, not the type of substance misused. Offenders also need to be sufficiently stable and motivated.

The exclusion criteria relate to issues that might prevent the potential participant assimilating the programme material e.g. through acute drug or alcohol intoxication, serious mental illness, severe learning disability, organic impairment, deficits in basic skills, or other more pressing needs (e.g. homelessness).

It is conceivable that an ATR may be sequenced prior to an OSAP/ASRO programme, in a lengthy sentence, where the ATR is used as part of a range of measures that ensure the offender's alcohol use and motivation is then consistent with programme expectations.

### ***Lower Intensity Alcohol Programme (LIAP)***

The Lower Intensity Alcohol Programme (LIAP) is the first dedicated programme to address alcohol related offending behaviour. It is targeted at those offenders whose:

- alcohol misuse and offending needs are not sufficient to lead to a referral to one of the existing substance misuse programmes
- primary need would require referral to another accredited programme but where there is still a need for alcohol related offending to be addressed (There are strong links between the potential target group for LIAP and those offenders who should be referred to the violence and domestic violence programmes. It is envisaged that LIAP could enhance the work on these programmes where alcohol is a major risk

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<sup>3</sup> OGRS3 predicts, from a limited number of criminal history and demographic factors, the probability that an offender will be resanctioned (reconvicted or given a caution, reprimand or final warning) within two years of release from prison or from the start of a community penalty for any standard list offence.

factor but for domestic violence offenders a full assessment should be made and the other areas of risk and need addressed.)

LIAP has been provisionally accredited by the Correctional Services Accreditation Panel (CSAP) for use with problematic drinkers **not dependent drinkers** (as is the case with the other substance misuse programmes).

*Suitability for Accredited Interventions*<sup>4</sup> issued by NOMS Interventions and Substance Misuse Group (ISMG) in May 2009, along with *Changes to the psychometric test batteries for accredited programmes delivered in the community and custodial settings*, has LIAP specifically at OGRS3 35-75 (OGP 100-point score 28-60; OGP 2-year percentage 21-65) creating a significant overlap with OSAP/ASRO. This means that for those in OGRS3 50-75 the AUDIT score becomes the additional information that helps decide.

Generally, offenders whose OGRS3 score exceeds 50 but who score 16-19 on AUDIT should be considered in the first instance for ASRO/OSAP rather than LIAP.

Those scoring 20+ on AUDIT are NOT normally appropriate for LIAP unless scoring very low OGRS3 (35-49).

Offenders who regularly abuse alcohol along with other drugs should be referred to OSAP and ASRO.

### ***Drink Impaired Drivers (DID)***

The Drink Impaired Drivers (DID) programme targets those who have committed a drink drive offence but have not otherwise been involved with crime or who have no other criminogenic need. DID combines education with cognitive behavioural interventions and is targeted at the more persistent offender. It is not aimed at the first time offender unless there is an aggravating feature such as a very high (double the legal limit) alcohol/blood level or accident. DID is also unlikely to be suitable for offenders with more than four previous convictions who are likely to have a wider range of criminogenic needs better addressed by a general/cognitive skills programme.

The programme has a specific targeting schedule (UNCOPE). AUDIT should replace UNCOPE however for assessing levels of alcohol dependency, with scores of 20+ indicating a need to also consider a treatment intervention and/or appropriate sequencing of the programme requirement.

DID should not be used in conjunction with OSAP, ASRO or LIAP.

Where OGRS3 is over 50, OMs should consider referral to the Thinking Skills Programme (TSP) instead.

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<sup>4</sup> [http://npsintranet.probation.gsi.gov.uk/index/service\\_delivery/interventions/programmes.htm](http://npsintranet.probation.gsi.gov.uk/index/service_delivery/interventions/programmes.htm)

Targeting criteria are:

- AUDIT 16-19
- OGRS3 under 50 (OGP 100-point score 28-38; OGP 2-year percentage 21-32)
- OMM Tier 2/3

### ***Control of Violence for Angry Impulsive Drinkers (COVAID)***

Control of Violence for Angry Impulsive Drinkers (COVAID) is a structured, cognitive-behavioural intervention for use with non-dependent drinkers who are aggressive or violent when drunk, which has been fully accredited by CSAP for England and Wales

Offenders are targeted for COVAID if:

- They are over 18 years of age
- They have a history of repeat violent offences
- They have a problem with anger/aggression
- Their drinking precipitates or exacerbates aggression or violence
- Their violence is not cold blooded, calculated or planned
- They have committed three or more acts of alcohol-related aggression or violence in the past two years
- They are at medium to high risk of re-offending
- They have basic literacy and comprehension ability

Offenders should have been assessed as suitable for the programme using the specific COVAID selection criteria matrix and have given their consent. COVAID is a resource that should be matched against very specific need. It is not a default alcohol provision for all those offenders who do not fit in to the other alcohol provisions. OMs need to be very clear about the existence of an intrinsic relationship between alcohol and offences of serious impulsive violence. Cases should be discussed with a COVAID tutor prior to any court proposal.

### ***Violence/Domestic Violence***

An ATR with an appropriate accredited programme – Aggression Replacement Training (ART) or Controlling Anger and Learning to Manage it (CALM) – should be considered where an offender scores 4 or more in Section 9 of OASys<sup>5</sup>, has an Audit score of 20+ and the offence is one of violence.

Many offenders with alcohol misuse problems will have committed an index offence(s) of domestic violence and be suitable for a DV programme (separate criteria apply).

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<sup>5</sup> Following the recent changes to OASys, the criminogenic need cut-off point remains 4+, but this is now on a 0-8 rather than 0-10 scale and fewer offenders meet the threshold than previously.

The LIAP pilot project (2006-2008) specifically excluded DV offenders (and sex offenders) from its scope. In response to concerns raised by areas involved in the pilot, we have introduced some flexibility reflected in recently issued *Domestic Abuse and substance misuse programmes (including LIAP)* principles and guidelines. These should be considered in all cases where offenders have alcohol misuse and dv issues.

According to the guidelines, 'each intervention should be targeted according to its own criteria and any associated matrix e.g. the targeting for LIAP does not alter when it is sequenced with another intervention making it a higher risk option and assessed separately e.g. the outcome of the alcohol screening and assessment process will determine the appropriate alcohol intervention to run alongside IDAP'.

Where a domestic abuser registers an audit score of 20+ (and a score of 15 or 16 on questions 2, 3, 4 and 6), an ATR may be appropriate in conjunction with a domestic abuse intervention e.g. Integrated Domestic Abuse Programme (IDAP), Community Domestic Violence Programme (CDVP).

<b>Drinking Type</b>	<b>Intervention</b>	<b>MOCAM Tiers</b>	<b>OMM Tiers</b>
<p><b><i>Increasing Risk (Hazardous)</i></b></p> <p>AUDIT 8-15            OGRS3 up to 34            No consistent link between drinking and offending</p>	<p>OM intervention supported by NOMS alcohol information pack (often as part of supervision requirement)</p>	1	1/2
<p><b><i>Higher Risk (Harmful)</i></b></p> <p>AUDIT 16-19            OGRS3 35-49            Offence part of an established pattern</p>	<p>Extended brief interventions delivered in-house or by external health provider (Specified activity requirement)            LIAP            DID</p>	2	2/3
<p><b><i>Dangerous and Dependent</i></b></p> <p>AUDIT 20+            OGRS3 50+            All crimes alcohol related            Violent alcohol crimes</p>	<p>Likely need for detoxification stabilisation prior to other requirement implementation            ATR            ASRO/OSAP            COVAID</p>	3/4	3/4