

# Alcohol Abstinence Monitoring Requirement

## *A mid-point process review of the proof of concept pilot - summary*

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### Introduction

The Alcohol Abstinence Monitoring Requirement (AAMR) is a compulsory sobriety scheme launched in July 2014 in four south London boroughs (Croydon, Lambeth, Southwark and Sutton) and forms part of the Mayor of London's Office for Policing And Crime (MOPAC) response to tackling and reducing the volume of alcohol related crime within London. The new sentencing power, introduced as part of the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012<sup>1</sup> and due to run for 12 months, targeting between 100 and 150 offenders, allows courts to impose a requirement that an offender abstain from alcohol for a fixed time period of up to 120 days and be regularly tested, via a transdermal alcohol monitoring device in the form of a 'tag' fitted around the ankle, as part of a Community or Suspended Sentence Order.

Utilising a range of methods including stakeholder and offender surveys, interviews with stakeholders and MOPAC officers, and analysis of performance monitoring data, this summary mid-point process review of the AAMR proof of concept pilot sets out learning from the first six months of the pilot (31 July 2014 – 31 January 2015) under three key themes: **places** (including contextual data about the problem of alcohol related crime in London), **people** (presenting headline performance data on the AAMR cohort) and **process** (exploring the roll out of the pilot through the views and experiences of stakeholders and offenders)<sup>2</sup>. The report helps to build the evidence base to inform discussions around further roll out of the AAMR across London and beyond. A final report will be available in autumn 2015.

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<sup>1</sup> Section 76 of the LASPO Act 2012 sets out a number of conditions around the alcohol abstinence monitoring requirement including that the offender is not dependent on alcohol, that consumption of alcohol is an element of the offence or contributed to the commission of the offence for which the order is to be imposed, and that monitoring by electronic means or by other means of testing are in place.

<sup>2</sup> Given the length of the AAMR pilot (12 months), and expected throughput of offenders (100 to 150), at present it is not possible to robustly evaluate (e.g., generating comparison groups) the impact of the AAMR on offending behaviour, costs or working practices of stakeholders. The most appropriate research is a *process evaluation* to generate **learning and develop insights** that may influence how future schemes or expansions are implemented. The aims of the research were to describe and assess the set up and implementation of the pilot, monitor the basic performance data behind the order, assess the technical performance of transdermal devices and assess (so far as possible) the impact of the pilot on offenders, crime, costs and the relevant criminal justice agencies. In terms of response rates there were: 55 completed training/awareness raising feedback surveys, 19 completed stakeholder surveys, seven interviews (3 x members of MOPAC staff, 1 x District Judge, 1 x Magistrate, 2 x probation officers) and 34 completed offender surveys (23 completed at point of tag fitting, 11 at point of tag removal). Given the size of the research cohort at this stage, some caution should be used when considering results.

## Results

### Places

London experiences disproportionate levels of alcohol related crime, with the highest rate per 1,000 population compared to other English regions<sup>3</sup>. Furthermore, around a fifth (19%) of Londoners think that people being drunk or rowdy in public places is a problem (MOPAC/Metropolitan Police Service Public Attitude Survey (PAS), quarter 2 2014/15), a trend that has remained largely stable over the last year<sup>4</sup>. Analysis of recorded police and wider partner data suggests that the boroughs included in the AAMR pilot present levels of alcohol related need, in particular Southwark and Lambeth. In addition, there are other London boroughs that present challenges around alcohol related offending and would appear suitable for consideration if the AAMR innovation was expanded upon.

### People

Fifty-one AAMR orders were imposed over the first six months of the pilot<sup>5</sup> with an average length of 79 days. Twenty-six of these orders have been completed, whilst the remaining are currently live. The AAMR had a compliance rate of 94% over the first six months, a figure considerably higher than other orders (albeit based on relatively small numbers)<sup>6</sup>. For example, analysis by the National Probation Service (NPS) in 2014 reviewing all community based orders managed by the NPS and Community Rehabilitation Companies (CRC) estimated a compliance rate of approximately 61%. Over the AAMR pilot so far there have been a total of **2,382 monitored days** during which **118,395 alcohol readings** were taken (at an average of 2,321 readings per order), indicating that the technology underpinning the AAMR is working as intended<sup>7</sup>.

Two thirds of offences for which AAMRs were ordered were for drink driving (n=21) or violence (n=18) related offences<sup>8</sup>. In-depth analysis of case notes indicated that just under a third (n=16) of AAMR cases were linked to the night-time economy (e.g.,

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<sup>3</sup> Public Health England (2014) *Local Alcohol Profiles for England* Liverpool: Public Health England

<sup>4</sup> The PAS explores the views of residents across London around crime, ASB and policing issues via face to face interviews with over 12,800 respondents per year.

<sup>5</sup> Fifty one orders were imposed on fifty unique individuals. One offender received two AAMRs (for two different offences, on two different sentencing occasions).

<sup>6</sup> Based on the number of cases (3) returned to court and convicted of breaching the AAMR order as a proportion of **all orders imposed** to date (51). A more conservative method of considering compliance is the number of cases returned to court and convicted of breaching the order as a proportion of **all completed orders** to date (26). This gives a slightly lower, although still positive, compliance rate of 88%. Five cases are currently awaiting process/conclusion of breach prosecution at court. An additional five offenders have received formal warnings for failures to comply. Three of these subsequently completed the AAMR without being returned to court and two are still subject to the AAMR.

<sup>7</sup> The alcohol tag is designed to send an automatic alert if there are any mechanical problems. To date there have been no alerts for maintenance on the alcohol tag or base station. There have been three incidents to date regarding issues with connecting to the wireless network. These devices were replaced however, as the alcohol tag and base station hold all data, alcohol readings were securely stored.

<sup>8</sup> There were 59 offences for which an AAMR was ordered in the first six months of the pilot. These were driving offences (driving with excess alcohol (18), failure to provide specimen for analysis (2), being in charge of a motor vehicle while unfit through drink or drugs (1)), violence (assault by beating or common assault (14), assault on a police constable (3), resisting/obstructing a police constable (1)), disorderly behaviour/harassment (threatening words and behaviour (4), causing a nuisance/disturbance without reasonable excuse on NHS premises (1), drunk and disorderly conduct (1), racially aggravated harassment (1)), damage/theft (criminal damage (6), theft (4)), possession offences (these were linked to other offences, not standalone offences – possession of an offensive weapon (1), possession of a bladed article (1), possession of cannabis (1)).

committed after 8pm and involving some sort of 'commercial' aspect e.g., bar, pub, late night food retailer, cab driver etc.). So far Croydon seems to be the most 'active' of the four pilot boroughs with two thirds (n=34) of AAMRs resulting from Croydon Magistrates' Court, and fewer originating from Camberwell (n=17).

Just over two thirds (68%, n = 34/50) of the AAMR cohort had at least one conviction in their lives prior to receiving the AAMR<sup>9</sup>. The cohort present an average of five convictions in their history (range 1-38, including the AAMR conviction), an average of eleven arrests each (range 1-68) and an average age of first conviction of 26 (range 13-51 years). To place this in a wider context - as expected, in terms of the average number of previous convictions, this is far less than high demand offending populations (e.g., Farrington, 2005; Dawson and Cuppleditch, 2007). However, reviewing wider statistics around previous criminality indicates that the AAMR cohort is more aligned with the offending population as a whole in terms of the proportion who have a previous conviction, and is considerably higher than the proportion of the general population with a previous conviction (Ministry of Justice 2015, 2010)<sup>10</sup>.

#### *The AAMR in practice...*

Offender A was sentenced at Camberwell Green Magistrates' Court to a Community Order with an AAMR for 60 days and an Unpaid Work Requirement for 200 hours for common assault (related to the night time economy). This was the first offence. The terms and conditions of the AAMR were reviewed and Identification Brief Advice (IBA) given during the induction appointment with his CRC Responsible Officer. IBAs are shown to lead to one in eight people reducing their alcohol consumption (Department of Health, undated<sup>11</sup>) and are delivered in all cases where an AAMR is imposed. The offender successfully completed the AAMR order without issue.

#### *Process*

Both practitioners and offenders who responded to our research methods hold a firm understanding of the AAMR's aims and ways of working, likely attributable to the range of bespoke products (e.g., a comprehensive toolkit) and training/awareness raising sessions that MOPAC delivered to ensure integrity of the approach.

<sup>9</sup> Based on fifty unique individuals receiving the AAMR order. Data presents convictions only from the PNC. Non-convictions, reprimands, cautions, not-guilty disposals and No Further Action (NFAs) are all separate categories.

<sup>10</sup> Farrington, D. P. (2005) *Integrated Developmental and Life-Course Theories of Offending* New Brunswick, NJ: Transaction; Dawson, P. and Cuppleditch, L. (2007) *An Impact Assessment of the Prolific and other Priority Offender Programme* Home Office Online Report 08/07 London: Home Office; Ministry of Justice (2015) *Criminal Justice System Statistics Quarterly: September 2014* London: Ministry of Justice; Ministry of Justice (July 2010) *Conviction Histories of Offenders between the Ages of 10 and 52, England and Wales* Ministry of Justice Statistics Bulletin London: Ministry of Justice.

<sup>11</sup> Department of Health (undated) *Case for change – Commissioning Identification and Brief Advice to improve health and justice outcomes in offender populations* London: Department of Health. An IBA typically involves identification using a validated screening tool to identify 'risky' drinking, and brief advice aimed at encouraging a risky drinker to reduce their consumption to lower risk levels.

Engagement with the equipment provider and delivery stakeholders appears to have worked well throughout the pilot and a strong governance structure including regular implementation and programme oversight meetings is likely to have played a key role in this from the outset and throughout. A strong central MOPAC team and dedicated project manager with practical experience and established relationships *'on the ground'* has meant that MOPAC has been able to identify challenges and refine the pilot model accordingly, leading to effective roll out and implementation.

Delivery stakeholders surveyed and interviewed generally expressed positive opinions about the AAMR, welcoming it as *'another tool in the box'* of community sentences, offering an innovative and tailored response to alcohol related offending.

*This can only be a good thing. There just aren't enough programmes to tackle alcohol abuse and/or related crime*

There are early signs that introducing the AAMR has not negatively impacted upon staff workload, and some insights from conversations with a small number (3) of

*I have stopped binge drinking for the long term and I have seen how good life can be without drinking*

probation staff that it requires considerably fewer hours in terms of day to day management of cases compared to other community sentences (e.g., around 3 hours per AAMR case compared to between 15

and 25 hours per unpaid work, supervision or curfew case). The majority of respondents to the stakeholder survey stated that they would support the wider roll out of the AAMR across London (n=15/19) and nationally (n=16/19). Offenders surveyed were largely unhappy about the appearance and *'wearability'* of the tag, however overall were positive they could complete the order.

### Concluding thoughts

This report helps to build the evidence base to inform discussions around further roll out across London and beyond. The AAMR has been largely welcomed by delivery stakeholders surveyed and interviewed as an additional community sentence option that offers an innovative and tailored response to alcohol related offending. Indeed, learning generated from the first six months of the pilot presents a positive message in terms of the programme being implemented as expected, effectiveness of the technology, and a strong understanding of the aims of the pilot and how the AAMR works in practice amongst both offenders receiving the order and stakeholders involved in its delivery. It is hoped this will continue over the lifespan of the pilot and the aspiration of targetting 100 to 150 offenders will be met.

A final report, which will outline the full twelve months of the proof of concept pilot, including wider feedback from stakeholders and offenders, will be available in autumn 2015.

# Alcohol Abstinence Monitoring Requirement

## *A mid-point process review of the proof of concept pilot*

### Introduction

As part of his 2012 manifesto pledge to introduce *'compulsory sobriety for drunken offenders'*, the Mayor of London successfully lobbied for legislation to allow for the introduction of a new sentencing power, the Alcohol Abstinence Monitoring Requirement (AAMR). The requirement was introduced as part of the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012<sup>12</sup>, as a new sentencing power which allows courts to impose a requirement that an offender abstain from alcohol for a fixed time period of up to 120 days and be regularly tested, via a transdermal alcohol monitoring device in the form of a 'tag' fitted around the ankle, as part of a Community or Suspended Sentence Order. The technological innovation has a focus on tackling alcohol related violence - and in this way the drive to introduce the AAMR in London was particularly timely. Much has been written about the heavy contribution alcohol makes within violent crime and public disorder in the UK, with London disproportionately impacted.

To illustrate, the 2013/14 Crime Survey for England and Wales (CSEW) estimates that over half (53%, n=704,000) of the 1.3 million violent incidents against adults in England and Wales included an offender perceived to be under the influence of alcohol. Whilst the volume of incidents has decreased, something that sits comfortably within the overall decrease in crime England and Wales has seen since the mid 1990s - the proportion of violent incidents in which the offender has been perceived to be under the influence of alcohol has remained remarkably stable over the previous ten years<sup>13</sup> indicating a longstanding resistant association between alcohol and violence. The CSEW also provides deeper insights, indicating that alcohol related violent incidents were more likely to occur between strangers, at weekends, during the evening/night, and within a public space, with victims also more likely to receive greater injuries (ONS, 2015). In terms of police data within England and Wales, after a period of decline in violence with injury (a decrease of 24% in rolling 12 months to September 2014 compared to financial year 2003/04), more recently this type of offending has increased (12% in the rolling 12 months to September 2014 compared to the same period the

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<sup>12</sup> Section 76 of the LASPO Act 2012 sets out a number of conditions around the alcohol abstinence monitoring requirement including that the offender is not dependent on alcohol, that consumption of alcohol is an element of the offence or contributed to the commission of the offence for which the order is to be imposed, and that monitoring by electronic means or by other means of testing are in place.

<sup>13</sup> In the CSEW 2004/05 the proportion of violent incidents where the offender was perceived by the victim to be under the influence of alcohol was also 53%.

previous year) with 40 of the 44 forces within England and Wales recording a rise in violence with injury.

Focussing upon London, violence with injury has risen by 21% (rolling 12 months to January 2015 compared to the same period the previous year). Furthermore, internal Mayor's Office for Policing And Crime (MOPAC) analysis indicates the majority (76%) of the increase within London can be attributed to non-domestic abuse violence with injury, with Friday and Saturday evenings/nights being peak times in key geographic areas - something that clearly suggests an association with the night-time economy (rolling 12 months to January 2015). Indeed, London experiences disproportionate levels of alcohol related crime, with the highest rate per 1,000 population compared to other English regions (Public Health England, 2014).

Wider data also contributes to the picture - around a fifth (19%) of Londoners think that people being drunk or rowdy in public places is a problem (MOPAC/Metropolitan Police Service Public Attitude Survey (PAS), quarter 2 2014/15), a trend that has remained largely stable over the previous year<sup>14</sup>.

The AAMR proof of concept pilot started on 31 July 2014 with a high profile launch by the Mayor of London at Croydon Magistrates' Court attracting considerable regional, national and international press coverage. The pilot is due to run for 12 months in the boroughs of Croydon, Lambeth, Southwark and Sutton (which comprise the South London Local Justice Area) and aims to target between 100 and 150 offenders. For the purposes of eligibility to receive the AAMR, offenders must commit an offence for which consumption of alcohol was a contributing factor and reside within one of the four pilot boroughs, and not be dependent on alcohol. Although not limited by offence, MOPAC recommend that offences linked to domestic violence are excluded from the AAMR<sup>15</sup>. The Deputy Mayor for Policing and Crime (DMPC) agreed a budget of up to £260,000 for the proof of concept pilot to cover monitoring equipment and overall project delivery costs (this does not necessarily represent actual spend which will be outlined in the final report).

The AAMR is inspired by a similar approach from South Dakota, USA but operated in accordance with UK legislation. The specific innovation is the first compulsory sobriety scheme of its kind in Europe and forms a key part of the MOPAC response to tackling and reducing the volume of alcohol related crime within London.

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<sup>14</sup> The PAS explores the views of residents across London around crime, ASB and policing issues via face to face interviews with over 12,800 respondents per year.

<sup>15</sup> Full details of the AAMR, eligibility and suitability criteria, and how the order works in practice are available at <http://www.london.gov.uk/sites/default/files/AAMR%20toolkit%20FINAL.pdf>.

## *Evidence based policy making - indicative insights*

The MOPAC Evidence and Insight team - a team of social scientists based within MOPAC - were commissioned (overseen by independent academic peer reviewers) to conduct research on the AAMR innovation to generate learning. The aims were broadly to:

- Describe and assess the set up and implementation of the pilot.
- Monitor the basic performance data behind the order.
- Assess the technical performance of transdermal devices.
- Assess (so far as possible) the impact of the pilot on offenders, crime, costs and the relevant criminal justice agencies.

This interim report outlines the '*story so far*' of the AAMR based upon the first six months of implementation, and presents learning to advance the remainder of the pilot. A final report on the AAMR pilot will be available in autumn 2015.

### Methods

Given the length of the AAMR pilot (12 months), and expected throughput of offenders (100 to 150), at the current time it is not possible to robustly evaluate (e.g., generate a comparison group) the impact of the AAMR on offending behaviour, costs or working practices of stakeholders. The most appropriate research is a *process evaluation* to generate learning and develop insights that may influence how future schemes or expansions are implemented. Echoing Dawson and Williams (2009) reflections on the challenges of conducting policing and criminal justice evaluations, this study selected the most feasible robust design approach while stressing the caveats of what the research can and cannot say.

A range of methods have been used to triangulate learning and address the main research objectives of the pilot (see **appendix one** for a full evaluation timeline). This includes:

- **Training/awareness raising feedback survey:** Fifty five stakeholders (National Probation Services (NPS), Community Rehabilitation Companies (CRC), Magistrates and Judiciary) completed a brief paper survey designed to capture early AAMR understanding and perceptions as part of the four initial training/awareness raising events hosted by MOPAC at the outset of the pilot.
- **Stakeholder survey:** Nineteen stakeholders (14 from NPS and CRC, and five from the equipment provider, Alcohol Monitoring Services (AMS) and Electronic Monitoring Service (EMS)) responded to an online survey exploring

stakeholder understanding and experiences in the first few months of the AAMR pilot. The survey will be repeated at mid-point and towards the end of the pilot to monitor perceptions over the AAMR period, with extra efforts being made to encourage a better response rate<sup>16</sup>.

- **MOPAC and stakeholder interviews:** Interviews were conducted with three members of MOPAC staff involved in the set up and roll out of the pilot, a District Judge and Magistrate from the South London Justice Area, and two probation officers (one senior) focusing on views, understanding and experiences of the first few months of the AAMR pilot. These will continue over the remainder of the research period to monitor viewpoints.
- **Offender surveys:** Surveys exploring understanding, experiences of the AAMR, first impressions of the tag, and perceptions of what life might be/was like while wearing the tag were conducted with 23 offenders at the time of fitting their tag and 11 during tag removal. Surveys were designed by the researchers and administered by the EMS officer fitting/removing the tag. Although not without limitations, this was the most practical approach available for obtaining offender views. Completing the survey was not compulsory and some individuals chose not to take part. This survey will continue over the duration of the AAMR.

Given the size of the research cohort at this stage, some caution should be used when considering results.

- **Performance monitoring data:** A range of performance data was gathered, including recorded crime, PAS and other emergency services to set the backdrop to the work, on offenders who received the order (e.g., borough of offence and residence, average length of orders and compliance), and technical data on the tag itself. Police National Computer (PNC) records were also explored to gain insights into the criminal background (or not) of the AAMR offenders.

## Results

The report organises learning gleaned so far into the following themes:

- **Places:** including contextual data about the pilot boroughs and a brief analysis of recorded police, PAS and other emergency service data.

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<sup>16</sup> All AAMR stakeholders were invited to take part in the initial survey via an emailed link with a reminder email sent approximately two weeks later. Stakeholders were also reminded about the survey at Local Implementation Group and Programme Board meetings.

- **People:** presenting headline performance data on the actual AAMR cohort over the first six months of the pilot including technical aspects, compliance levels, criminal history and case studies illustrating the AAMR 'in action'.
- **Process:** exploring the roll out of the pilot, how it is being used, and its influence, through the views and experiences of stakeholders and offenders.

## Places

This section briefly outlines the four AAMR pilot boroughs that comprise the South London Justice Area, providing some context around alcohol related crime and disorder and how the pilot sites compare to other parts of London to give some insights into both the current sites and where may be suitable for any expansion of the pilot.

**Appendix two** presents a range of alcohol related crime indicators and ranks each by borough for the most recently available 12 month period. The indicators are:

- Metropolitan Police Service (MPS) recorded crime where a feature code has been added to indicate that a suspect has been drinking alcohol.
- Drink driving arrests.
- Alcohol related crime per 1,000 population.
- Incidents of night time violence and disorder recorded by ambulance, British Transport Police (BTP) and Transport for London (TfL) bus drivers.
- Londoners' perceptions of people being drunk or rowdy in public places from the PAS.

In terms of the pilot boroughs, Southwark is placed in the top ten on all indicators (three in the top five) with the exception of drink driving arrests where it is ranked twelfth. Lambeth ranks in the top ten boroughs on three indicators, most notably second highest in London for alcohol related crime per 1,000 population and incidents of night time violence and disorder recorded by ambulance, BTP and bus drivers. Turning to the remaining pilot boroughs, Sutton (placed at a low level across the indicators except drink driving where it ranks fourth) and Croydon (placed low across indicators except night-time violence where it ranks fifth) would appear to have a less evidenced alcohol issue compared to the other pilot sites. Looking elsewhere in the data, Westminster, Camden, Hackney and Newham all rank consistently high across the indicators (e.g., ranked in the top 10 in at least 4 out of 5 indicators) and would appear to be suitable candidates for consideration if the AAMR innovation is expanded upon within London.

In the first six months of the pilot there were **52,385 Total Notifiable Offences (TNOs)**<sup>17</sup> recorded across the four pilot boroughs, of which **2.6% (n=1,385) had an alcohol related feature code present**<sup>18</sup> (see **appendix three**). Drilling down further into the TNO data (excluding domestic abuse related offences which are not deemed suitable for the pilot) with an alcohol related feature code shows there have been **195 arrests of individuals** who reside and committed an offence within one of the four pilot boroughs within these first six months. As it was possible to attach certain criteria to this data (most notably an alcohol feature code and offender home borough) we can be more confident that these offenders *may* have been eligible for the AAMR, however it is not possible to comment on their suitability (e.g., alcohol dependency). There have been a further **396 arrests for drink driving offences**. It is not possible at this time to ascertain whether these individuals resided within the pilot area (therefore being eligible for the AAMR). There have also been **432 arrests for drunk and disorderly or drunk in a public place** in the pilot boroughs<sup>19</sup>. The final evaluation report will attempt to explore the 'pool' of cases that are both eligible and suitable to receive an AAMR in more detail.

### Key learning

Data suggests that all of the pilot boroughs present levels of alcohol related need, in particular Southwark and Lambeth. In addition there are other London boroughs that present challenges around alcohol related offending and would appear suitable for consideration if the AAMR innovation was expanded upon.

### People

This section presents performance data for the cohort of offenders sentenced to an AAMR order within the first six months of the pilot. Two cases studies are also included illustrating 'the story' of a compliant AAMR offender and one who breached their order.

#### *Basics around the AAMR*

In total, **fifty-one** AAMR orders were imposed over the first six months of the pilot (see **appendix four**)<sup>20</sup>. Twenty-six of these orders have been completed, whilst the remaining are currently live. Overall, the AAMR had a compliance rate of 94% over the first six months of the pilot, considerably higher than other orders (albeit based on

<sup>17</sup> Total Notifiable Offences (TNO) is a count of all offences which are statutorily notifiable to the Home Office.

<sup>18</sup> 'MF', suspect/accused had been drinking prior to committing offence or 'GA', alcohol consumed at scene by suspect/accused. Feature codes are not mandatory and therefore it is likely that this data, in part, reflects individual officer recording practices and may considerably underestimate the scale of alcohol related offending.

<sup>19</sup> Drunk and Disorderly/Drunk in Public arrests are usually dealt with by way of Fixed Penalty Notice (FPN) therefore would generally not be eligible for an AAMR but have been included here to give a picture of alcohol related offending across the boroughs.

<sup>20</sup> Fifty one orders were imposed on fifty unique individuals. One offender received two AAMRs (for two different offences, on two different sentencing occasions).

relatively small numbers - this will be monitored for the remainder of the pilot)<sup>21</sup>. None the less, this is an impressive compliance rate - to contextualise further, analysis by the NPS in 2014 reviewing all community based orders managed by the NPS and CRC estimated a compliance rate of approximately 61%.

Order lengths ranged between 28 and 120 days with an average of 79 days. There was a roughly equal split between AAMRs used as a standalone (n=27) and multiple (n=24) requirement of a community based order. The majority of orders (n=44) were given as part of a Community Order (the remaining seven were part of a Suspended Sentence Order). In terms of the technology, the 51 orders have resulted in **2,382** monitored days during which **118,395** alcohol readings were taken (an average of 2,321 readings per order). This indicates that the technology underpinning the AAMR is working as intended<sup>22</sup>. In over a third (n=18) of cases, offenders were tagged on the same day of their sentence with a further 22 tagged the day afterwards<sup>23</sup>. This indicates timely fitting, with some opportunities that could be explored with the courts and tag fitters to improve the efficiency of tagging.

Two thirds of offences for which AAMRs were ordered were drink driving (n=21) or violence related offences (n=18) (see **appendix five**). In-depth analysis of case notes indicated that just under a third (n=16) of cases were linked to the night-time economy (e.g., committed after 8pm and involving some sort of 'commercial' aspect e.g. bar, pub, late night food retailer, cab driver etc.). This would appear lower than expected and something that will be monitored over the second half of the pilot. So far Croydon seems to be the most 'active' of the four pilot boroughs with two thirds (n=34) of AAMRs resulting from Croydon Magistrates' Court, and fewer originating from Camberwell (n=17). As **appendix six** shows, with the exception of November 2014, Croydon issued the same or more orders than Camberwell Green on a month-by-month basis, most notably in January 2015, where 13 of the 16 AAMRs issued were in Croydon. Reasons for this may include geographical restraints of the pilot boundaries, staffing difficulties that required assistance from officers outside of the pilot area who may not have been fully briefed on the AAMR, or a lower throughput of suitable cases. MOPAC and the AAMR project manager continue to work with staff at Camberwell Green Magistrates' Court to encourage and monitor use of the AAMR.

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<sup>21</sup> Based on the number of cases (3) returned to court and convicted of breaching the AAMR order as a proportion of **all orders imposed** to date (51). A more conservative method of considering compliance is the number of cases returned to court and convicted of breaching the order as a proportion of all **completed orders** to date (26). This gives a slightly lower, although still positive, compliance rate of 88%. Five cases are currently awaiting process/conclusion of breach prosecution at court. An additional five offenders have received formal warnings for failures to comply. Three of these subsequently completed the AAMR without being returned to court and two are still subject to the AAMR.

<sup>22</sup> The alcohol tag is designed to send an automatic alert if there are any mechanical problems. To date there have been no alerts for maintenance on the alcohol tag or base station. There have been three incidents to date regarding issues with connecting to the wireless network. These devices were replaced however, as the alcohol tag and base station hold all data, alcohol readings were securely stored.

<sup>23</sup> For a variety of reasons, including issues with the order or the offender not being available, the remaining eleven cases were tagged later.

## *Demographics and criminal background*

In terms of basic demographics of the offenders who received the order, the majority were male (n=43/50) and white<sup>24</sup> (n=31/50) with an average age of 34 years (ranging between 18 and 63 years with the majority (n = 30/50 or 60%) aged between 18 and 34 years). Offender demographics were largely similar between the courts, however Croydon appears to be sentencing proportionately more offenders in the 45 to 54 age bracket (27% vs. 18%) and from a 'White: British/English/Welsh/Scottish/Northern Irish' background (52% vs. 18%) compared to Camberwell Green.

**Appendix seven** presents headline PNC data on offenders sentenced to the AAMR in the first six months of the pilot<sup>25</sup>. Whilst the majority (68%, n=34/50) had at least one conviction in their lives prior to receiving the AAMR, it is clear that the AAMR cohort are not prolific offenders<sup>26</sup>. The cohort present an average of five convictions in their history (range 1-38, including the AAMR conviction), an average of eleven arrests each (range 1-68) and an average age of first conviction of 26 (range 13-51 years). A third (n=16) had received the AAMR for their first conviction; a similar number (n=14) for either their second or third conviction. To place this in a wider context - as expected, in terms of average number of previous convictions this is far less than high demand offending populations (e.g., Farrington, 2005; Dawson and Cuppleditch, 2007). However, reviewing wider statistics around previous criminality indicates that the AAMR cohort is more aligned with the offending population as a whole in terms of the proportion who have a previous conviction, and is considerably higher than the proportion of the general population with a previous conviction (Ministry of Justice 2015, 2010). The final report will explore the criminal careers of the cohort in more detail.

## **Case studies**

### *An offender who complied with the AAMR....*

Offender A was sentenced at Camberwell Green Magistrates' Court to a Community Order with an AAMR for 60 days and an Unpaid Work Requirement for 200 hours for the offence of common assault (related to the night time economy). This was the first offence. The terms and conditions of the AAMR were reviewed and Identification Brief Advice (IBA) given during the induction appointment with his CRC Responsible Officer. IBAs are shown to lead to one in eight people reducing their alcohol

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<sup>24</sup> Including 'White: British/English/Welsh/Scottish/Northern Irish', 'White European' and 'White Other'.

<sup>25</sup> Based on fifty unique individuals receiving the AAMR order. Data presents convictions only from the PNC. Non-convictions, reprimands, cautions, not-guilty disposals and No Further Action (NFAs) are all separate categories.

<sup>26</sup> Analysis included in the evaluation of the Home Office Alcohol Arrest Referral pilot scheme similarly found that individuals arrested were not prolific offenders, at least in terms of arrest records (Blakeborough and Richardson, 2012).

consumption (Department of Health, undated) and are delivered in all cases where an AAMR is imposed<sup>27</sup>. The AAMR order was successfully completed without issue.

*An offender who breached the AAMR....*

Offender B has nine previous convictions and after committing an offence of theft was sentenced to a Community Order with a standalone 90 day AAMR at Croydon Magistrates' Court. After breaching the AAMR by submerging the alcohol tag in water, Offender B was summoned to appear before the court where he was ordered to an additional seven AAMR days. Offender B complied for the remainder of the order and, after realising that 'one drink is never enough', now receives support from services to help address their alcohol consumption.

### **Key learning**

**Fifty-one** AAMR orders have been imposed over the first six months of the pilot, most commonly for drink driving or violence related offences. **Twenty-six** of these orders have been completed, whilst the remaining are currently live. The AAMR had a compliance rate of 94% over the first six months of the pilot.

Over the AAMR period so far there have been a total of **2,382** monitored days during which **118,395** alcohol readings were taken (at an average of 2,321 readings per order), indicating that the technology underpinning the AAMR is working as intended.

The AAMR cohort presents an average of five convictions in their history (including the AAMR conviction). As a group, 68% had at least one conviction in their lives prior to receiving the AAMR. The current AAMR cohort does not have an extensive criminal background, although reviewing wider statistics around previous criminality indicates they are more aligned with the offending population as a whole in terms of the proportion who have a previous conviction, and considerably higher than the proportion of the general population with a previous conviction.

### **The AAMR process**

Drawing from the methods outlined earlier (training/awareness raising feedback surveys, stakeholder surveys and interviews, and offender surveys), this section discusses the AAMR pilot process under three themes: *setting up and getting going*, *delivering the AAMR*, and *influence of the AAMR*. Given the size of the research cohort at this stage, some caution should be used when considering results.

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<sup>27</sup> An IBA typically involves identification using a validated screening tool to identify 'risky' drinking, and brief advice aimed at encouraging a risky drinker to reduce their consumption to lower risk levels.

## Setting up and getting going

*Stakeholders and offenders have a good understanding of the AAMR...*

All respondents (n=19) to the stakeholder survey (conducted in September and October 2014) indicated that they understood the aims and objectives of the AAMR. The majority stated that they understood the eligibility and exclusion criteria for offenders to receive the AAMR (n=18/19), that they had been provided with enough information to use the AAMR in their role (n=17/19), and knew where to get more information about the AAMR (n=16/19). This was proportionately higher than views given in the initial training/awareness survey (conducted throughout June and July 2014) (n=47/54, n=42/54, n=40/48 and n=38/52 respectively) likely demonstrating improving understanding as the pilot rolled out.

*I feel from the start the aims and objectives have been clearly stated and all documentation that has been produced by both AMS and NPS has been very transparent*

It was also a positive finding that the training/awareness raising sessions were generally well received, however a small number expressed dissatisfaction with some feeling that the sessions were delivered too quickly (n = 13/53). A small number of respondents to the initial stakeholder survey also highlighted some reliance on self-learning and information from colleagues. Despite this, on the whole, stakeholders were largely satisfied with the training, awareness raising and communication they had received about the AAMR (n=14/19) to date. All (n=23) offenders who completed the entry survey during their tag fitting understood why they had received the order, how the equipment works and what they must do to comply with the order, thought that the information they had received was useful, and that they knew how to get more information. During their tag removal most offenders (n=7/11) agreed that it was easy to contact somebody to get more information about the AAMR if they needed to.

This positive understanding was likely the result of a determined effort by MOPAC to design, implement and communicate the AAMR effectively. To illustrate, the implementation was supported by training/awareness raising sessions (held both centrally at City Hall and in pilot boroughs), a suite of specially designed products (e.g., a toolkit, leaflet, posters), the recruitment of a dedicated project manager and bespoke communications (e.g., 'seasonal' messages to remind stakeholders of the AAMR at Christmas) – all of which received broad support from respondents. For example, the AAMR toolkit (which set out the aims and objectives of the pilot, ways of working and roles/responsibilities of partner agencies) was well received by stakeholders who felt it was useful (n=13/15), however some MOPAC staff and stakeholders reflected it would have been more beneficial to have launched it earlier (i.e., it was launched after the

initial training although before official pilot start). Stakeholders also found the AAMR information leaflet (**see appendix eight**) useful (n=12/19) although fewer had seen the AAMR poster or website (n=9/19 and n=12/19). In respect of the offenders, the majority who responded to a survey at tag removal (n=8/11) reported positively on information they received including a guidance document, questions and answer sheet and signposting advice.

The findings above around understanding and implementation of the AAMR appear positive at this stage. Previous research suggests that clear training, guidance documents and monitoring instructions are a key part of ensuring a programme is delivered with integrity, enabling it to have the best opportunity to be effective (Dawson and Stanko, 2013). It seems fair to state that MOPAC recognised this, with the interviewed MOPAC staff themselves highlighting the importance of clearly mapping out roles in the set up and roll out of the pilot.

### **Key learning**

It is a positive finding at this stage that both practitioners and offenders surveyed and interviewed hold a firm understanding of the AAMR's aims and ways of working - likely attributable to the range of bespoke products MOPAC delivered to ensure integrity of the approach.

*Oversight and engagement with partners has been a key success of the pilot to date...*

Given the AAMR is a multi-agency approach, securing buy-in from partners, particularly NPS and CRC colleagues, and ensuring they took ownership of the process from the start, was recognised by MOPAC staff as critical – with one commenting *'there would have been no pilot'* without this. Stakeholders generally felt that engagement had worked well, with some survey respondents even agreeing that the AAMR pilot had enabled them to develop relationships with new partners or improve those with existing partners (n=10/19 and n=12/19 respectively).

*Experience of the AAMR MOPAC project team has been great!  
Lots of energy and positivity*

The working relationship between MOPAC and the equipment provider (AMS/EMS) would appear to have been strong from the outset and also worked well between EMS and delivery stakeholders. This was evidenced through the experiences of the offenders surveyed, most of whom (n=22/23) stated that the process of receiving the alcohol tag

(from sentence to having it fitted) was straightforward. Failing to communicate and engage with partners early to ensure they understand the aims of the programme and their role within it has been shown to contribute to programme implementation failure (Maguire, 2004). The AAMR governance structure, including monthly Local Implementation Groups focusing on operational delivery, quarterly Programme Boards setting the strategic direction, and internal project meetings, is likely to have played a key role in engaging stakeholders from the outset and throughout. Furthermore, an important aspect in this strong communication (and wider delivery) was the establishment of a dedicated project team within MOPAC, which included a full-time AAMR project manager seconded from the NPS, who appeared to play a pivotal role in communicating and supporting the delivery of the AAMR 'on the ground'.

*AAMR team is very committed to a successful outcome*

*Response from project manager when information requests come through is very professional and swift*

Indeed, both MOPAC staff and stakeholders (within freetext comments from the

survey and interviews) highlighted the importance of these roles - one particular benefit being the 'in the field' practical experience of the project manager. On a wider point, with the AAMR being rolled out during significant changes to offender management as part of the Transforming Rehabilitation agenda, the effective engagement with partners over this period of change could be viewed as a noteworthy success of the pilot.

### **Key learning**

Engagement between MOPAC, the equipment provider and delivery stakeholders has worked well throughout the pilot. A strong governance structure including regular implementation and programme oversight meetings is likely to have played a key role in this from the outset and throughout.

The establishment of a dedicated MOPAC team including the appointment of a project manager with 'in the field' experience appears to have been a pivotal aspect of the effective roll out and implementation of the AAMR.

## Delivering the AAMR

### *Identifying and addressing challenges*

It is expected that pilot schemes change during their lifespan as key learning emerges (Dawson and Stanko, 2013) and the AAMR pilot was no exception. Notable challenges identified in the first six months include geographical restrictions of the pilot areas and the immediacy of contact with the offender following a breach. Following amendments made by MOPAC in response to these, the AAMR can now be used as a punitive requirement after breach, offenders who commit offences outside of the four pilot boroughs (but within London), reside in one of the pilot boroughs and are sentenced in the South London Justice Area are now eligible for an AAMR, and EMS (rather than NPS/CRC) are now responsible for initiating first contact with an offender when non-compliance is detected<sup>28</sup>. Identifying challenges and refining the AAMR model in response again demonstrates the importance of the central AAMR team, in particular the dedicated project manager who has well-established relationships with stakeholders 'on the ground'.

*Positive opinions about using the AAMR so far...*

Probation and judiciary surveyed and interviewed were positive about the AAMR technology. Interviewees

welcomed the AAMR and saw it as *'another tool in the toolbox'* and an alternative community sentencing option (particularly to Unpaid Work (UPW)) with a punitive element, of which there are reasonably few. They highlighted the benefits of the AAMR as a tailored and innovative response that accurately monitored alcohol intake and was less restrictive than a curfew

*Another punishment requirement for low serious offenders so takes some of the burden off UPW*

or UPW, allowing offenders to go about their daily life (e.g., employment) as normal without disruption. Indeed, respondents to the initial stakeholder survey stated that they would support the wider roll out of the AAMR across London (n=15/19) and nationally (n=16/19).

*Two of the cases I feel would have definitely received custodial sentences if it were not for the additional punishment element of the AAMR*

*This can only be a good thing. There just aren't enough programmes to tackle alcohol abuse and/or related crime*

The majority (n=13/19) of stakeholder survey respondents thought the AAMR would be more successful when delivered in combination with other orders, however, a member of the judiciary warned against 'crowding' too many orders in to one sentence,

<sup>28</sup> A further notable change to the pilot was that, from January 2015, Crown Courts within the South London Local Justice Area can also impose AAMRs.

which may *'set an offender up to fail'*. In a similar vein, a senior probation officer felt that issuing another order such as UPW alongside an AAMR, in some cases, seemed excessively punitive. Some judiciary and probation interviewees felt that the AAMR could sometimes be 'missed' as a sentencing option, highlighting the need for continued communication.

### **Key learning**

A strong central team and dedicated project manager with practical experience and established relationships *'on the ground'* has meant that MOPAC has been able to identify challenges and refine the pilot model accordingly.

The AAMR has been welcomed by respondents as *'another tool in the box'* of community sentences, offering an innovative and tailored response to alcohol related offending.

Continued communication is important to ensure that delivery stakeholders continue to recommend and use the AAMR as a sentencing option.

### **Influence of the AAMR**

As outlined in the methodology section, the research is not able to explore robust impact at the current time. However, it is possible to present some staff and offender insights around the levels of influence the AAMR may have had.

#### *On offender behaviour...*

The majority (n=22/23) of offenders surveyed were very or fairly confident that they would successfully complete the order (i.e., not drink alcohol) at the point of tag fitting. Offenders who completed a survey at the time of their fitting were largely unhappy about the appearance and *'wearability'* of the alcohol tag. The majority felt that the tag was bulky (n=20/23) while over half (n=13/23) thought it was uncomfortable. Indeed, almost two thirds (n=15/23) disagreed with the statement *'the alcohol tag is better than I thought it would be'*. On the whole, views were largely similar at the time of tag removal. Some offenders referred to the size of the tag, that it disturbed their sleep and not being able to bath while wearing it<sup>29</sup>. A small number of stakeholders also saw this as a negative of the AAMR, with one raising health and safety concerns for offenders with an active job or lifestyle wearing the tag.

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<sup>29</sup> The AAMR tag must not be submerged in water therefore offenders cannot bath while wearing it, however can shower.

*It's big and ugly. I'm also not happy about the bathing arrangements*

*... The tag is very big and uncomfortable to wear in bed*

Despite this, most (n=16/23) offenders surveyed generally reported that they were not worried about wearing the alcohol tag at the point of fitting, although there was some concern around what their friends and family (n=14/23) or strangers (n=12/23) would think of the tag. On the whole, views were similar when the tag was removed.

Offenders were asked for their views on the effect of the AAMR order on different parts of their life including family, relationship with partner, children and friends, work, education, health, and attitudes to the police, at time of tag fitting and reflecting back after removal (**appendix nine**). There was no clear consensus as small numbers make it difficult to interpret, however at present it would seem that offenders entered into the tag more optimistic about it helping in areas such as family life (n=12/23) or health (n=14/23), although upon completion were likely to report no change on the majority of the issues.

Commenting more generally about the potential effect of the AAMR, most offenders surveyed felt that it would be useful in terms of stopping people committing crime (n=18/23) and helping people to drink less alcohol in the long term (n=17/23) at the point of tag fitting. Responses to these questions were slightly more mixed when the tag was removed, although numbers were low. This will be monitored over the duration of the pilot.

*I have stopped binge drinking for the long term and I have seen how good life can be without drinking*

Stakeholders also had mixed views about the usefulness of the AAMR as a way to tackle offending (n=21/52 in the training/awareness survey disagreed that the AAMR was a useful way to tackle alcohol related offending), and the majority (n=12/19) of respondents to the initial stakeholder survey were unsure whether the AAMR would stop people committing crime in the long term. However, just over half (n=10/19) agreed that being on the AAMR would help people to drink less alcohol in the long term and thought that it would help people in other areas of their lives (e.g., work, family, health) and to play a more positive role in society (n=14/19 and n=10/19 respectively).

Judiciary and probation interviewees felt that, as the AAMR was unsuitable for alcohol dependent offenders and unlikely to be used extensively with '*hardened career criminals*', the impact of the order on offending behaviour may be limited. However, a judiciary

interviewee highlighted that the AAMR had the potential to curtail propensity to drink alcohol and therefore may prevent subsequent offending as a result, and provide individuals with time to reflect on their alcohol consumption.

*The offender has accepted, quite easily, this restriction, one even welcoming it as an aid to change their lifestyle*

*It can be a precursor to helping people address their alcohol misuse...which they may have not considered before*

#### *On stakeholder workload...*

There was no evidence from the survey that introducing the AAMR had a negative impact upon practitioner workload<sup>30</sup>. Early indications from conversations with a small number (3) of probation staff presented in **appendix ten** suggest that while time required to assess, prepare, induct and enforce the AAMR are largely comparable to other community orders, day to day management of the AAMR requires considerably fewer probation staff hours (around 3 hours per case) compared to other community sentences including UPW, supervision and curfews (between 15 and 25 hours).

This issue was explored further in the interviews with judiciary and probation staff who largely saw the AAMR as a useful new *'tool in the toolbox'* which was generally straightforward to use. Probation staff require *'time and space'* to ensure a case is eligible and an offender suitable to receive an AAMR, an issue iterated frequently by an interviewee from the NPS who felt that, to date, probation staff had been allowed this with no pressure from the judiciary to conduct *'quick time'* assessments.

#### **Key learning**

Offenders surveyed were largely unhappy about the appearance and *'wearability'* of the tag, however overall were positive they could complete the order.

There are early signs that introducing the AAMR has not negatively impacted upon staff workload, and some insights from conversations with a small number of probation staff that it requires fewer hours in terms of day to day management of cases compared to other community sentences. These issues will be explored further in the final report.

<sup>30</sup> Just under half (n=8/19) of respondents to the initial stakeholder survey did not feel that the AAMR increased their workload, while slightly more (n=11/19) disagreed that it had reduced their workload.

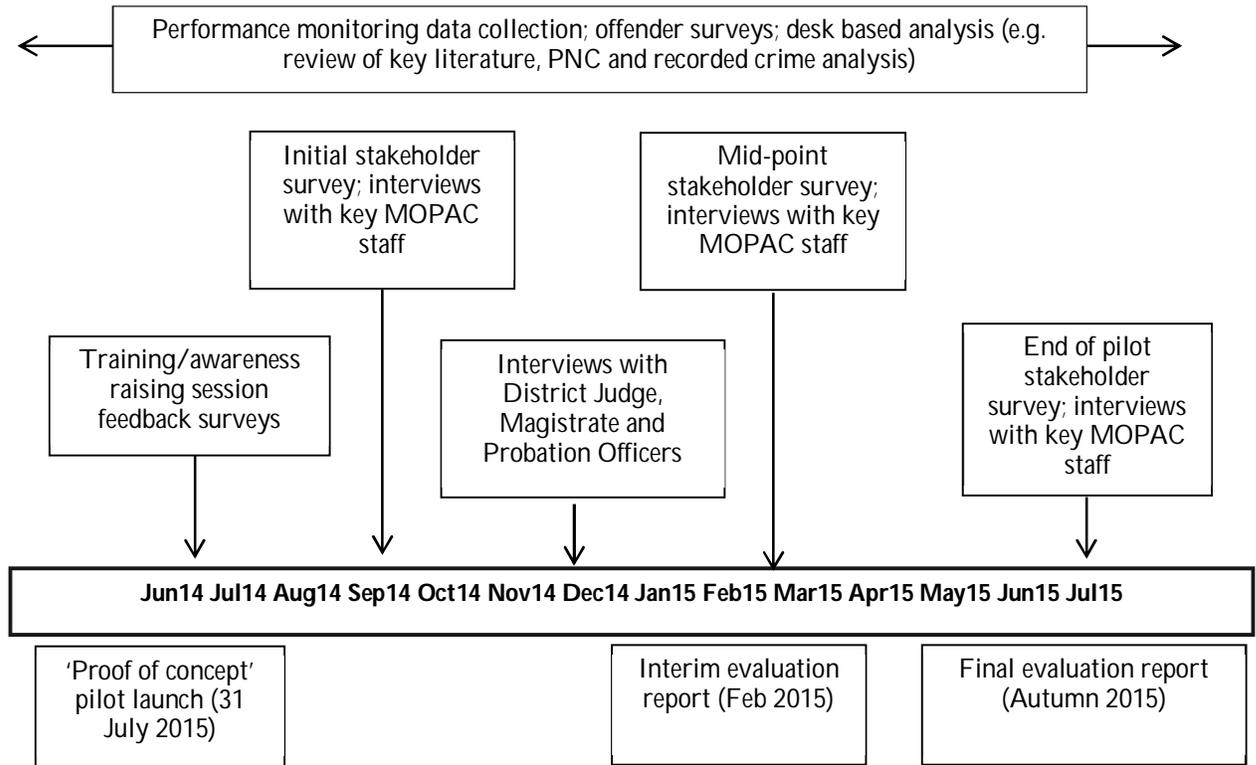
## Concluding thoughts

This report helps to build the evidence base to inform discussions around further roll out across London and beyond. The AAMR has been largely welcomed by delivery stakeholders surveyed and interviewed as an additional community sentence option that offers an innovative and tailored response to alcohol related offending. Indeed, learning generated from the first six months of the pilot presents a positive message in terms of the programme being implemented as expected, effectiveness of the technology, and a strong understanding of the aims of the pilot and how the AAMR works in practice amongst both offenders receiving the order and stakeholders involved in its delivery. It is hoped this will continue over the lifespan of the pilot and the aspiration of targetting between 100 and 150 offenders will be met.

A final report, which will outline the full twelve months of the proof of concept pilot, including wider feedback from stakeholders and offenders, will be available in autumn 2015.

## Appendices

### Appendix 1: Evaluation timeline



## Appendix 2: Alcohol related crime indicators by borough, most recent available rolling 12 month period

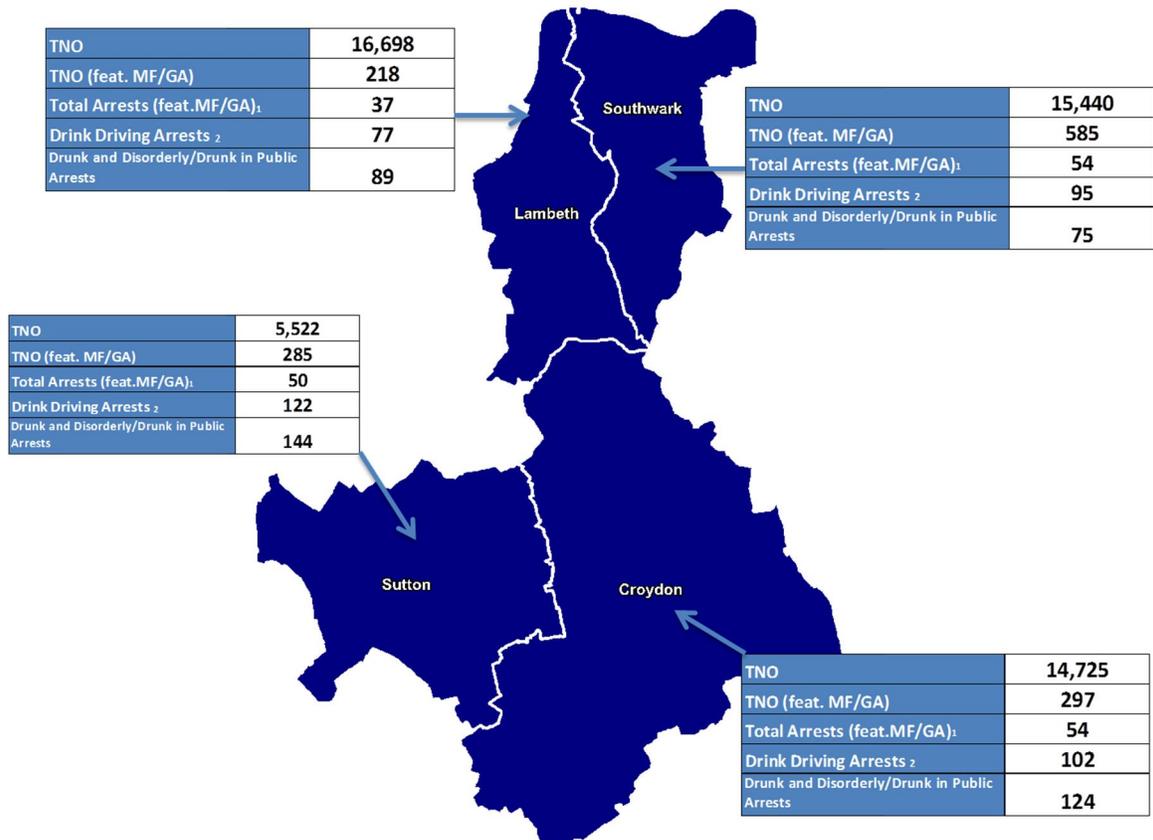
Borough	Total Notifiable Offences (TNOs) with feature code MF ('suspect/ accused has been drinking prior to committing offence') and GA ('alcohol consumed at scene by suspect/ accused') recorded by the Metropolitan Police Service (Rolling 12 months to January 2015)		Drink driving arrests (positive breath test, refusing to provide a breath test) recorded by the Metropolitan Police Service (Rolling 12 months to January 2015)		Public Health England Local Alcohol Profiles for England alcohol related recorded crime (2012/ 13)		Incidents of night time violence and disorder recorded by Ambulance, British Transport Police and TFL bus drivers (January - December 2014)		Respondents to MPS PAS who think that people being drunk or rowdy in public places is a problem? (Rolling 12 months to quarter 2 2014/ 15)	
	Volume	Rank	Volume	Rank	Crude rate per 1,000 population	Rank	Volume	Rank	% of respondents answering 'problem'	Rank
Barking and Dagenham	786	11	321	2	10.53	7	470	20	35	2
Barnet	997	8	207	13	7.0	25	416	23	10	28
Bexley	654	18	174	20	5.8	31	292	28	7	32
Brent	703	15	213	11	9.3	16	680	10	14	21
Bromley	704	14	351	1	6.7	26	422	22	10	28
Camden	802	9	183	18	10.28	9	812	7	24	8
Croydon	649	20	190	17	9.2	17	821	5	18	14
Ealing	1049	5	290	5	9.9	14	575	14	28	6
Enfield	540	24	157	24	8.1	22	503	17	14	21
Greenwich	742	13	251	7	9.2	17	594	13	17	17
Hackney	794	10	113	28	10.63	4	753	8	30	5
Hammersmith and Fulham	676	16	166	22	10.16	10	349	25	19	12
Haringey	593	22	205	14	10.0	12	726	9	17	17
Harrow	293	31	140	25	6.6	28	264	29	10	28
Havering	615	21	168	21	7.5	23	381	24	18	14
Hillingdon	1139	3	195	15	8.6	19	507	15	13	25
Hounslow	1249	2	192	16	9.8	15	501	18	25	7
Islington	1006	7	93	29	10.92	3	632	11	20	11
Kensington and Chelsea	538	25	21	30	8.5	21	308	27	19	12
Kingston upon Thames	433	28	319	3	6.1	30	261	30	14	21
Lambeth	403	29	161	23	11.02	2	1016	2	23	9
Lewisham	574	23	182	19	10.1	11	605	12	14	21
Merton	476	27	0	31	6.7	26	314	26	15	20
Newham	1019	6	127	27	10.59	4	962	4	40	1
Redbridge	650	19	217	10	8.6	19	464	21	18	14
Richmond upon Thames	260	32	0	32	5.6	32	196	32	9	31
Southwark	1128	4	208	12	10.55	4	1002	3	23	9
Sutton	538	25	304	4	6.5	29	254	31	13	25
Tower Hamlets	747	12	132	26	10.53	7	816	6	34	3
Waltham Forest	675	17	220	9	10.0	12	491	19	16	19
Wandsworth	353	30	262	6	7.3	24	506	16	13	25
Westminster	1553	1	244	8	14.42	1	1348	1	31	4

### Notes on appendix 2

- The MF and GA feature codes are not mandatory therefore this data, in part, may reflect recording practices/use of the feature code by officers (which can differ by borough), rather than an accurate picture of alcohol related offending.
- Recorded drink driving arrests may be skewed by police activity/operations in different boroughs.
- Public Health England alcohol related recorded crime (based on the Home Office's former 'key offence' categories), all ages, persons, crude rate per 1,000 population. Office for National Statistics 2011 mid-year populations. Attributable fractions for alcohol for each crime category were applied where available, based on survey data on arrestees who tested positive for alcohol by the UK Prime Minister's Strategy Unit.
- Night time violence and disorder recorded by Ambulance, British Transport Police (BTP) and Transport for London (TfL) bus drivers includes incidents between 7pm and 7am covering/merging the following data sets: BTP recorded incidents at a station coded as violence or disorder; Ambulance call outs to assault; TfL Bus driver reported violence and disorder; London Fire Brigade deliberate fires (comparatively small numbers).

### Appendix 3: TNOs and arrests in AAMR pilot boroughs, 1 August 2014 to 31 January 2015

TNO	52,385
TNO (feat. MF/GA)	1,385
Total Arrests (feat.MF/GA) <sub>1</sub>	195
Drink Driving Arrests <sub>2</sub>	396
Drunk and Disorderly/Drunk in Public Arrests	432



#### Notes on appendix 3

- MF feature code = Suspect/accused had been drinking prior to committing offence.
- GA feature code = Alcohol consumed at scene by suspect/accused.
- Feature codes are not mandatory therefore this data, in part, may reflect recording practices/use of the feature code by officers (which can differ by borough), rather than an accurate picture of alcohol related offending.
- 1 = Where arrested individual committed an offence and resides in one of the four pilot boroughs. This number excludes domestic abuse related offences.
- 2 = Positive breath test/ refusal of breath test
- Drunk and Disorderly/Drunk in Public arrests are usually dealt with by way of Fixed Penalty Notice (FPN) therefore would generally not be eligible for an AAMR but have been included here to give a picture of alcohol related offending across the boroughs.

Appendix 4: Headline performance data on AAMRs imposed, 31 July 2014 to 31 January 2015

Headline performance data on AAMRs imposed, 31 July 2014 – 31 January 2015		
Total number of orders	51	
Number of completed orders	26	
Compliance	94%	
	<p><i>Based on the number of cases (3) returned to court and convicted of breaching the AAMR order as a proportion of all orders imposed to date (51). A more conservative method of considering compliance is the number of cases returned to court and convicted of breaching the order as a proportion of all completed orders to date (26). This gives a slightly lower, although still positive, compliance rate of 88%. Five cases are currently awaiting process/conclusion of breach prosecution at court. An additional five offenders have received formal warnings for failures to comply. Three of these subsequently completed the AAMR without being returned to court and two are still subject to the AAMR.</i></p>	
Arresting borough	Croydon	25
	Lambeth	12
	Southwark	6
	Sutton	8
Borough of residence	Croydon	27
	Lambeth	8
	Southwark	6
	Sutton	10
Sentencing court	Croydon	34
	Camberwell Green	17
Community based order with a standalone requirement of an AAMR	27	
Community based with multiple requirements one of which is an AAMR	24	
Community Orders	44	
Suspended Sentence Orders	7	
Average length of orders	79 days	
Range of length of orders	Upper	120 days
	Lower	28 days
Reason for ending AAMR	Order completion	25
	Order revoked following breach	1
Total monitored days	2,382	
Total readings taken	118,395	

**Appendix 5: Offence types for which an AAMR was ordered, 31 July 2014 to 31 January 2015**

<b>Offence types</b>		<b>Number of offences for which AAMR was ordered<sup>31</sup></b>
Driving	Driving with excess alcohol	18
	Failure to provide specimen for analysis	2
	Being in charge of a motor vehicle while unfit through drink or drugs	1
Violence	Assault by beating or common assault	14
	Assault on a Police Constable	3
	Resisting/obstructing a Police Constable	1
Disorderly behaviour/harassment	Threatening words and behaviour	4
	Causing a nuisance/disturbance without reasonable excuse on NHS premises	1
	Drunk and disorderly conduct	1
	Racially aggravated harassment	1
Damage /theft	Criminal damage	6
	Theft	4
Possession – linked to the above offences, not standalone	Possession of an offensive weapon (in combination with an offence listed above)	1
	Possession of a bladed article (in combination with an offence listed above)	1
	Possession of cannabis (in combination with an offence listed above)	1

<sup>31</sup> Some cases involve multiple offences.

#### Appendix 6: Month by month breakdown of AAMR orders issued by court

<b>Court</b>	<b>Aug 14<sup>32</sup></b>	<b>Sept 14</b>	<b>Oct 14</b>	<b>Nov 14</b>	<b>Dec 14</b>	<b>Jan 15<sup>33</sup></b>
Croydon Magistrates' Court	5	6	4	2	4	13
Camberwell Green Magistrates' Court	0	2	4	5	3	3
Total	5	8	8	7	7	16

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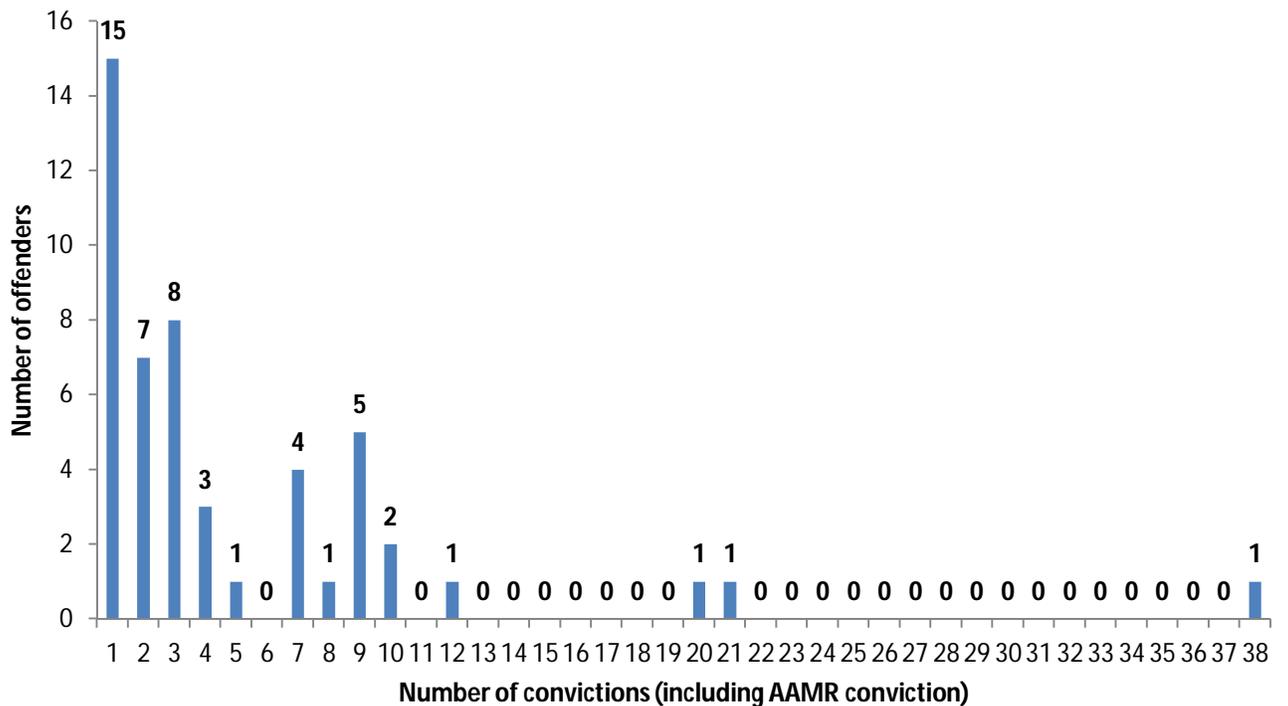
<sup>32</sup> August figures include one order given on 31 July 2014.

<sup>33</sup> One order in January 2015 was given at Croydon Crown Court. This is included in the figure for Croydon Magistrates' Court.

Appendix 7: Headline PNC data on offenders sentenced to the AAMR, 31 July 2014 to 31 January 2015

Headline PNC data on offenders sentenced to the AAMR, 31 July 2014 – 31 January 2015		
Average number of convictions (including AAMR conviction)	5	
Range of number of convictions	Upper	38
	Lower	1
Average number of arrests	11	
Range of number of arrests	Upper	68
	Lower	1
Average length of 'criminal career' (based on first and last conviction)	8 years	
Range of length of 'criminal career'	Upper	42
	Lower	0
Average age of first conviction	26 years	
Age range of first conviction	Upper	51 years
	Lower	13 years
Earliest date of first conviction	04/05/1972	

Total number of convictions (including AAMR conviction) of offenders on the AAMR order



# MAYOR OF LONDON

OFFICE FOR POLICING AND CRIME

## COMPULSORY SOBRIETY PILOT

The offender's consumption of alcohol was a contributing factor in the offence;



The offence took place in – AND the offender resides in – Lambeth, Southwark, Croydon or Sutton;



The offender is not alcohol dependent.



## CONSIDER USING THE ALCOHOL ABSTINENCE MONITORING REQUIREMENT

From July 2014, **AAMR** (Alcohol Abstinence Monitoring Requirement) will be trialled across the South London Justice Area – Croydon, Lambeth, Southwark and Sutton.

If offenders are found guilty of an offence where alcohol was a significant factor in the crime, they can be tagged with a transdermal tag and monitored by probation.

To find out more visit [London.gov.uk/mopac/sobrietypilot](http://London.gov.uk/mopac/sobrietypilot)

IN PARTNERSHIP WITH

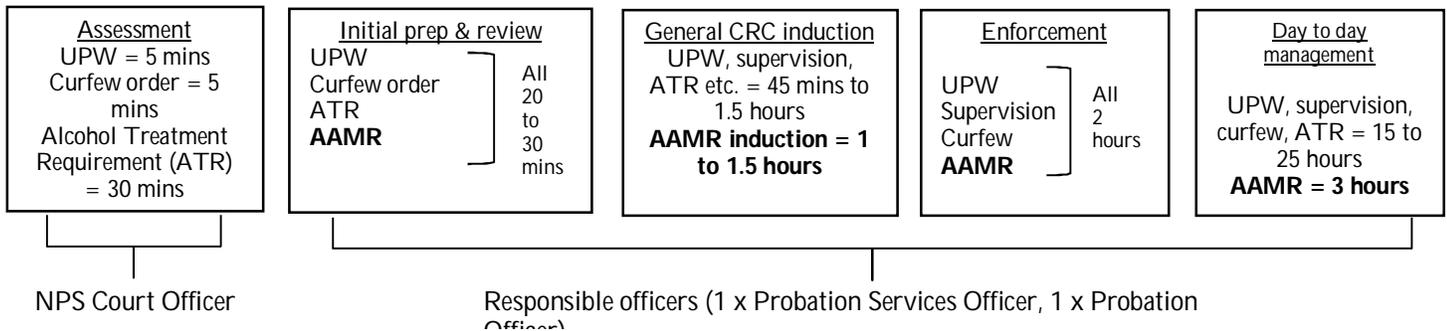


[london.gov.uk/mopac/sobrietypilot](http://london.gov.uk/mopac/sobrietypilot)

**Appendix 9: Offender views on effect of AAMR on their life at time of tag fitting and removal (tag fitting n = 23; tag removal n = 11)**

	Better		Worse		No change		N/A	
	Tag fitting	Tag removal						
Family life in general	12	2	1	3	9	6	1	0
Relationship with partner	8	0	2	3	7	6	6	2
Relationship with children	7	1	1	2	7	2	8	6
Relationship with friends	6	2	2	3	15	4	0	2
Work	7	3	4	1	10	4	2	3
Education	2	1	1	0	8	6	12	4
Health	14	5	1	3	8	3	0	0
Attitudes to the police	5	3	0	0	16	7	2	1
Attitudes to probation/offender manager	6	5	0	0	14	6	3	0
Ability to comply with other orders/programmes	N/A	2	N/A	0	N/A	4	N/A	5

**Appendix 10: Hours required to implement a selection of community based orders**



## References

Blakeborough, L. and Richardson, A. (2012) *Summary of findings from two evaluations of Home Office Alcohol Arrest Referral pilot schemes* London: Home Office

Dawson, P. (2005) *Early Findings from the Prolific and Other Priority Offenders Evaluation* Home Office Development and Practice Report 46 London: Home Office

Dawson, P. and Cuppleditch, L. (2007) *An Impact Assessment of the Prolific and other Priority Offender Programme* Home Office Online Report 08/07 London: Home Office

Dawson, P. and Stanko, E. (2013) 'Implementation, Implementation, Implementation: Insights from Offender Management Evaluations' *Policing: A Journal of Policy and Practice* 7 (3): 289-298

Dawson, P. and Williams, E. (2009) 'Reflections from a Police Research Unit – an Inside Job' *Policing: A Journal of Policy and Practice* 3 (4): 373-380

Department of Health (undated) *Case for change – Commissioning Identification and Brief Advice to improve health and justice outcomes in offender populations* London: Department of Health

Farrington, D. P. (2005) *Integrated Developmental and Life-Course Theories of Offending* New Brunswick, NJ: Transaction

Maguire, M. (2004) 'The Crime Reduction Programme in England and Wales: reflections on the vision and the reality' *Criminal Justice* 4: 213-237

Ministry of Justice (2015) *Criminal Justice System Statistics Quarterly: September 2014* London: Ministry of Justice

Ministry of Justice (July 2010) *Conviction Histories of Offenders between the Ages of 10 and 52, England and Wales* Ministry of Justice Statistics Bulletin London: Ministry of Justice

Office for National Statistics (2015) *Focus on Violent Crime and Sexual Offences 2013/14* Newport: ONS

Public Health England (2014) *Local Alcohol Profiles for England* Liverpool: Public Health England