What do we know about the prevalence of risky drinking and alcohol brief interventions in the criminal justice system in the UK?

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Figure 1: Total alcohol consumption per capita (litres) of EU member states, Norway and Switzerland, 2016
• Alcohol misuse is estimated to cost £21 billion annually in the UK; in healthcare (£3.5b), crime (£11b) and lost productivity (£7.3b)

• For every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs (LGA, 2015)

• If everyone in UK drank within recommended limits the alcohol industry would lose £10 billion annually
Prevalence of alcohol use disorders in the general population in the UK

• Primary health care (20-30% 8+ on AUDIT and ~4% 20+) (Funk et al, 2005)

• In 2017/18, 76 thousand were treated for problematic drinking alone which was a 6% decrease on the previous year (Alcohol Statistics, 2019)
How do we know if someone has an alcohol use disorder

• We can use a validated screening tool:

  • One question – SASQ (Canagasaby & Vinson, 2005)
  • Three questions – AUDIT-C (Saunders, 1993)
  • Four questions – FAST (Hodgson et al, 2002)
  • Ten questions – AUDIT (Gold standard) (Saunders, 1993)
This is one unit of alcohol...

...and each of these is more than one unit

<table>
<thead>
<tr>
<th>2</th>
<th>3</th>
<th>1.5</th>
<th>0.44l</th>
<th>4</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pint of Regular Beer/Lager/Cider</td>
<td>Pint of Premium Beer/Lager/Cider</td>
<td>Alcopop or can/bottle of Regular Lager</td>
<td>Can of Premium Lager or Strong Beer</td>
<td>Can of Super Strength Lager</td>
<td>Glass of Wine (175ml)</td>
</tr>
</tbody>
</table>

AUDIT – C

<table>
<thead>
<tr>
<th>Questions</th>
<th>Scoring system</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>Monthly or less</td>
<td>1</td>
</tr>
<tr>
<td>How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?</td>
<td>Less than monthly</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Weekly</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Daily or almost daily</td>
<td>4</td>
</tr>
</tbody>
</table>

SCORE Q
Police custody suites in UK

- Alcohol use disorders (8+ on AUDIT)
  - 64-84% (Brown et al, 2010; Hopkins & Sparrow, 2006; Barton, 2011; Kennedy et al, 2012; McCracken et al, 2012)

- Probable dependency (20+ on AUDIT)
  - 21-38% (Barton, 2011; Hopkins & Sparrow, 2006; Kennedy et al, 2012; McCracken et al, 2012)

Probation in the UK

• Alcohol use disorders (8+ on AUDIT)
  • 59% and 67% (Orr et al, 2015; Newbury-Birch et al, 2009)

• Probable dependency (20+ on AUDIT)
  • 17% and 33% (Orr et al, 2015; Newbury-Birch et al, 2009)

Prisons in the UK

- **Alcohol use disorders (8+ on AUDIT)**

- **Probable dependency (20+ on AUDIT)**

Young people in the CJS in the UK
(Newbury-Birch et al, 2014)

• Adult cut-offs (8+ and 20+)
  • 64% 8+ and 30% 20+

• Young people cut-offs (2+ and 3+) (Knight et al, 2003)
  • 81% 2+ and 77% 3+

What does the evidence tell us we can do?
How much is too much? Simple Structured Advice

Are you at risk from drinking alcohol?

<table>
<thead>
<tr>
<th>Risk</th>
<th>AUDIT Score</th>
<th>Men</th>
<th>Women</th>
<th>Common Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>SENSIBLE</td>
<td>0 - 7</td>
<td>21 units or fewer per week or up to 2 units per day</td>
<td>14 units or fewer per week or up to 3 units per day</td>
<td>• Increased absorption</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Reduced risk of heart disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Sociality</td>
</tr>
<tr>
<td>HAZARDOUS</td>
<td>8 - 12</td>
<td>22 – 49 units per week or regular drinking of more than 5 units per day</td>
<td>16 – 35 units per week or regular drinking of more than 5 units per day</td>
<td>• Less energy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Depression and anxiety</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Increased risk of cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Possible alcohol dependence</td>
</tr>
<tr>
<td>HOSPITAL</td>
<td>13 - 30</td>
<td>50 + units per week</td>
<td>34 + units per week</td>
<td>• All of the above and...</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Increased risk of liver disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Increased risk of cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Possible alcohol dependence</td>
</tr>
</tbody>
</table>

*At an AUDIT score of 8+, do an assessment for alcohol dependence and consider referring.

*Binge drinking is considered to be drinking twice the daily limit in one sitting (8 units for men, 6 units for women).

*There are times when you will be at risk even after two or three drinks. For example, when exercising, operating heavy machinery, driving or if you are on certain medication.

*If you are pregnant it is recommended that you completely abstain from drinking alcohol.

*As well as keeping to weekly and daily limits it is recommended that 2 days of the week should be alcohol-free.

How do you feel?

Your screening score suggests you might be at risk of problems in the future. What do you think?

You appear to be drinking at a rate that increases your risk of harm. What do you think?

What are the benefits of cutting down?

- Physical
  - Reduced risk of injury
  - Reduced risk of high blood pressure
  - Reduced risk of cancer
  - Reduced risk of flu
  - Reduced risk of brain damage
  - Sleep better
  - Nore energy
  - Lose weight
  - No hangovers
  - Improved memory
  - Better physical shape

- Psychological/Social/Financial
  - Improved mood
  - Less hassle from family
  - Reduced risk of drinking
  - Save money

What targets should you aim for?

**How to do it**

**For Men**
- 1 or 2 standard drinks daily
- 21 or less standard drinks weekly

**For Women**
- 1 or 2 standard drinks daily
- 14 or less standard drinks weekly
- No drinks advised during pregnancy

Dependent Drinkers
- No drinks are safe

Remember, nobody’s perfect! If at first you don’t succeed, try again.
Importance of changing drinking behaviour

On a scale of 0 (not at all) to 10 (very important) what number would you give yourself right now?

- Why are you here and not higher? Or lower?
- What would need to happen for you to get to a higher point?
- How can I help you get from where you are now to a higher number?

Confidence about changing drinking behaviour

On a scale of 0 (not at all) to 10 (very confident) what number would you give yourself right now?

- Why are you here and not higher? Or lower?
- What would need to happen for you to get to a higher point?
- How can I help you get from where you are now to a higher number?

The pros and cons of changing your drinking

What are the good things about changing your drinking and what are the not so good things?

Pros | Cons
-----------------|-----------------
|                 |                 |
|                 |                 |
|                 |                 |
|                 |                 |

Where does this leave you?

A six-step plan for changing your drinking habits

Identify good reasons for changing: Can you think of 2-3 good reasons?

Reason 1:  
Reason 2:  
Reason 3:  

Set yourself a goal to achieve change: Is this achievable?

What?  
Where?  
When?  

Recognise difficult times or situations: When might be the hardest times?

Time 1:  
Time 2:  
Time 3:  

Prepare for difficult times/situations: Think of a ways of dealing with hard times?

Time 1:  
Time 2:  
Time 3:  

Find someone to support you: Is there a family member/friend who might help?

Who?  

Remember, nobody's perfect! If at first you don't succeed, try again.

This brief intervention package is based on the Drink Less programme originally developed at the University of Sydney as part of a WHO collaborative study.
Police custody suites – interventions
Two articles from two phases of the same trial (Kennedy et al., 2012; McCracken et al., 2012). UK based (matched control design)

• No statistically significant differences were found for reoffending at either of the two phases
Probation – interventions

Two studies from the UK (Newbury-Birch et al., 2014; Orr et al., 2015.

• In the Orr et al. (2015) study only 22% were followed up, therefore, no effectiveness data were available.

• Follow-up rates were 68% at six months and 60 % at 12 months for Newbury-Birch et al. (2014). At both time points there was no significant advantage of more intensive interventions compared to the control group in terms of AUDIT status. Those in the brief advice and brief lifestyle counselling intervention groups were statistically significantly less likely to reoffend (36 and 38%, respectively) than those in the client information leaflet group (50%) in the year following intervention.
• **Prison- interventions**

• There have been no effectiveness studies in the UK. Three studies were found from the USA (Davis et al., 2003; Stein et al., 2010; Begun et al., 2011).

• In the Davis et al. (2003) study no differences were found between groups for any alcohol measures. Those in the intervention group were more likely to schedule appointments at a veterans’ addiction clinic following their release (31 vs 14 per cent; p<0.08).

• Stein et al. (2010) found that participants randomised to MI had significantly fewer drinking days (OR=1.96, 95% CI 1.17, 3.30) and reported fewer alcohol-related problems at three months (p<0.05). Although, this effect was not maintained at six month follow-up. Very low-response rate (20%).

• Begun et al. (2011) could not test any effectiveness of the intervention.
• It could be argued that the stages in the criminal justice system are analogous to the health care system.

• POLICE CUSTODY SUITES are busy and chaotic very like accident and emergency departments.

• PROBATION is similar to primary care, appointments made and an emphasis on dealing with the underlying issues.

• PRISON is similar to hospital wards in as much as often the person is there for a period of time.
Conclusions

• Alcohol use levels are high in the criminal justice system
• There is clear evidence of effectiveness of ABI’s in the health system
• There is a lack of evidence, so far, on the effectiveness of ABI’s in the criminal justice system
• More work is need to understand the complexities within the criminal justice system
Thank you