

# Tackling alcohol-related anti-social behaviour through Civil Injunctions and Criminal Behaviour Orders: A missed opportunity?

A report by Alcohol Concern  
and Alcohol Research UK

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Alcohol Concern



## Overview

The Government estimates that alcohol misuse costs the criminal justice system £11bn every year, though this is liable to be lower than the actual cost.<sup>1</sup> People with alcohol problems emerging from the criminal justice system may also place a burden on other health, housing and social care services.

Alcohol Concern which recently merged with Alcohol Research UK has created the *Blue Light* project, a national initiative to develop alternative approaches and care pathways for dependent drinkers. Through its work on the *Blue Light* project, we have found that many local authorities, police forces and housing providers are struggling to apply anti-social behaviour legislation to people with chronic alcohol problems. The 2014 Anti-social Behaviour, Crime and Policing Act offers a chance to address some of these challenges through the so-called 'positive requirements' in Criminal Behaviour Orders and Civil Injunctions. However, we have found that community safety and housing agencies are still struggling to make best use of these new orders.

This research explores whether better use could be made of these new powers in order to have a positive and constructive impact on alcohol-related crime and anti-social behaviour. It looks at the experiences of people involved in applying and delivering these orders, and seeks to capture both their practical experiences and their views on what their potential strengths might be. It is not an evaluation of the orders, nor does it present a comprehensive analysis of the role of 'compelled treatment' in reducing anti-social behaviour (there is a brief discussion of this debate in Appendix 1). Rather, it provides insights into how the powers are currently being applied, what challenges are being faced by those seeking to apply them, and what good practice examples are available.

Critically, the focus of this report is the role of these powers in reducing alcohol-related crime and disorder. We do not present definitive answers here, but rather set out what the key challenges are and what immediate steps might be taken to make the best, most effective, use of these powers in the future.

## Introduction

The Anti-social Behaviour, Crime and Policing Act 2014 introduced six new powers to support frontline agencies in tackling anti-social behaviour. These include Civil Injunctions and Criminal Behaviour Orders, which replaced Anti-Social Behaviour Orders (ASBOs). Both Civil Injunctions (CIs) and Criminal Behaviour Orders (CBOs) create powers that can be applied directly to anti-social behaviour due to alcohol misuse. They not only allow courts to ban specific behaviours (e.g. drinking in a particular location), but also allow the imposition of *positive* treatment requirements, such as attendance at a local alcohol service.<sup>i</sup>

### Civil Injunctions

Introduced under Part 1 of the Anti-social Behaviour, Crime and Policing Act, CIs replaced Anti-Social Behaviour Injunctions and Anti-Social Behaviour Orders in 2015. CIs are issued by the courts and can be applied for by a range of agencies, such as police, local councils or landlords. They are designed to address specific anti-social behaviours. CIs can include both an order to stop engaging in a particular behaviour, or a 'positive requirement' to take steps to address the cause of anti-social behaviour. Breach of a CI is punishable by an unlimited fine or up to two years in prison.

### Criminal Behaviour Orders

CBOs can only be issued as part of an existing sentence for criminal behaviour, or as part of a conditional discharge. As with CIs, they can both prohibit specific behaviours or positively require an individual to engage in a particular course of action (such as attending treatment or an educational programme). Adult CBOs last for a minimum of two years, but can be indefinite. Breach is punishable by up to five years in prison.

CIs and CBOs are applied to a wide range of behaviours, from aggressive begging, through to poor management of rented premises to persistent public drunkenness. Government guidance states that the use of these powers is appropriate for people whose anti-social behaviour is due to alcohol problems and that the requirements can include interventions such as support and counselling or attendance at alcohol awareness classes. Therefore, these powers offer an opportunity to intervene with individuals who may otherwise not engage with treatment, and who may be highly disruptive.

<sup>i</sup> See here for more general guidance: [http://www.cps.gov.uk/legal/a\\_to\\_c/criminal\\_behaviour\\_orders/](http://www.cps.gov.uk/legal/a_to_c/criminal_behaviour_orders/)

### Positive requirements and treatment outcomes

Positive requirements under these powers may be viewed as a form of ‘compelled treatment’. The international evidence on this subject reflects the fact that sustained recovery requires motivation, but nevertheless tends to find that enforced referrals can provide an important first step for people who may otherwise not engage with treatment (See Appendix 1). Positive requirements under CIs and CBOs therefore, have the potential to establish an initial contact with treatment services where individuals are not, at that stage, motivated to refer themselves. Technically, a successful outcome for a CI or CBO is a reduction in anti-social behaviour (not recovery from dependence), and it is against this that they must be measured first. However, this report presents some local evidence which suggests they may also have the additional benefit of bringing people into contact with treatment services who may otherwise not engage at all. This first step can prove critical in leading to a more sustained change in drinking behaviours.

Despite potential benefits, police and community safety staff across the country struggle to develop orders and requirements in relation to alcohol. Challenges range from securing orders in the courts to finding wording that maximises the likelihood that the recipient will benefit from help.

### What we did

Responding to increasing anecdotal evidence that CIs and CBOs were not being used effectively in relation to alcohol problems, we undertook a national consultation exercise seeking to capture experiences more formally. In Autumn 2017, we ran workshops in Wigan, Bristol and London (attended by 72 stakeholders), carried out seven interviews and received written evidence from a further five sources.

Participants attended from across England and Wales. The largest contingent were police officers, followed by community safety officers. Four representatives of the alcohol treatment sector also attended (see Appendix 1).

The project was funded by Alcohol Research UK, with non-financial support from the Home Office, the National Police Chief’s Conference and Public Health England. We are grateful for their expert input. We are also grateful to the many local experts who contributed to our thinking through workshops, interview and written comments.

None of our participants reported using CIs in this context, so the primary focus of this report is CBOs. However, some of the learning will also be applicable to other powers, such as:

- Alcohol Treatment Requirements
- Orders within child protection frameworks.
- Acceptable Behaviour Contracts
- Community Protection Notices
- Warning Letters
- Conditional cautioning / alcohol bail conditions
- Fixed penalty notices

## Current practice

CBOs and CIs are similar: both allow specified behaviours to be banned, and also for positive requirements to be placed on people. However, differences also exist. Because CBOs are added to existing sentences, or form part of an existing criminal court process, they are usually led by the Crown Prosecution Service following a request from the police or local authority. CIs are the subject of a specific application, often by a local authority or housing association. The penalties on breach are more serious for CBOs than for CIs.

### Evidence of positive outcomes

Anecdotally, a number of participants identified positive results from the use of CBOs with drinkers.

For example, the Community Safety Team in Weymouth used CBOs as part of a broader initiative to deal with a small group of street drinkers who were often verbally abusive. In addition to the establishment of a multi-agency 'street drinkers group', two CBOs were issued requiring weekly attendance at EDP, the local drug and alcohol service. Following this broader initiative, two of the group engaged with EDP regularly and one successfully became abstinent.

Workshop participants expressed high regard for the potential of CBOs and requirements to tackle alcohol-related anti-social behaviour, with just two expressing reservations about the appropriateness of the requirements. However, enthusiasm for these powers was tempered by implementation problems.

Participants suggested a number of actions that might support better implementation:

- More robust monitoring and assessment, and information sharing, about what works at the local level.
- Better support in securing orders and requirements from the relevant courts.
- Support and buy-in from local alcohol services.
- Better guidance in structuring the content of positive requirements.
- Ensuring alcohol services are commissioned to support the delivery of positive requirements.

Participants were also keen to see the establishment of a national network for people managing these orders, so that data and best practice can be shared along with the identification of problems and their solution.

### The need for robust monitoring and assessment of 'what works'

It is vital that the impact of alcohol-related orders and requirements is monitored in order to both determine their impact and provide best practice examples for how to design and manage orders and requirements.

Measuring impact can take many forms, but key outcomes measures may include:

- Arrests
- Court appearances
- Periods in prison
- Emergency service call-outs
- Accident and emergency attendances
- Hospital admissions
- Domestic violence incidents
- Failed tenancies
- Incidents of anti-social behaviour pre- and post- orders being issued
- Levels of harmful consumption, as measured by the AUDIT tool<sup>ii</sup>

Many of these outcomes have measurable costs attached. Therefore, while a full return on investment analysis may not be feasible, basic estimates can be made comparing expenditure before and after orders are introduced.<sup>iii</sup>

### Securing orders and requirements through the courts

Many workshop participants reported problems persuading either the Crown Prosecution Service, magistrates or judges to support the use of CBOs – especially positive requirements. This was seen as a significant barrier.

The problem varied from area to area. In some cases, a dislike of these orders was perceived, but more generally participants felt the orders, and particularly the requirements, were not well understood. As a result, they were not prioritised and were only pursued if local police officers attended court and explained and supported applications. In the absence of such support they would not be progressed. However, court attendance requires the use of police resources that could be better deployed elsewhere.

If the local authority makes an application for a CI they do not need police attendance, particularly as there does not have to be criminal conduct – only evidence of anti-social behaviour. However, CIs can, in practice, prove more cumbersome and costly to pursue than CBOs, which can be added to existing court proceedings.

<sup>ii</sup> AUDIT resources are available here: <https://www.gov.uk/government/publications/alcohol-use-screening-tests>

<sup>iii</sup> For an example, see this case study report of an alcohol-related arrest referral scheme produced by Bedfordshire Council: [http://www.bedford.gov.uk/pdf/CaseStudy\\_ASB.pdf](http://www.bedford.gov.uk/pdf/CaseStudy_ASB.pdf)

### Accessing appropriate support from local alcohol services

Positive requirements for problem drinkers will usually require alcohol treatment service input. This can present problems and, as with the court system, the response around the country is mixed. Some criminal justice teams have forged good links with alcohol services in their area, in others the relationship is limited.

A consistent finding of the research was that many professionals in the alcohol treatment system are unaware of these powers. Clearly, insufficient effort has been put into explaining the new powers to alcohol services.

However, this is a bigger problem than just a lack of awareness and many other barriers exist:

- Alcohol services are stretched and under-resourced. As a result, they may resist taking on requirements and reporting needs without new investment.
- Alcohol services (especially health-based services) have placed a high value on client confidentiality, and while not insuperable, this can make staff reluctant to share potentially sensitive information with other services.
- Some alcohol service staff may feel that compelled interventions are inappropriate and be less cooperative as a result.
- Substance misuse services have often prioritised a separation from law enforcement in order to build client trust. Services may feel uncomfortable giving information that leads to breach due to the impact on the therapeutic relationship.

Additionally, requirements are sometimes placed on orders at very short notice and with limited involvement of the treatment service expected to deliver the requirement.

Those seeking a positive requirement may assume that it is simply asking the treatment service to provide its standard approach to a named person and, therefore, consultation is not needed. However, the evidence on compelled treatment is clear that this is not appropriate. Any intervention process needs to reflect the degree of individual motivation and the potential penalties involved. Furthermore, the clients subject to orders may also be among the most complex clients locally.

This will require staff and management training within the alcohol service that covers:

- The evidence base regarding compelled interventions.
- The need for clarity with the client on expectations and penalties.
- Reporting requirements.
- Motivational, engagement and harm reduction techniques with complex drinkers.

In addition, community safety staff and police officers will need training on:

- The approach used by treatment providers.
- The needs and challenges of high impact drinkers in order to ensure the appropriate use of positive requirements.

*In Blackburn, CGL's criminal justice team manage Alcohol Treatment Requirements.<sup>iv</sup> The manager highlighted:*

- *Think about using a breathalyser at the start of each session. Abstinence may not be a requirement, but it does remind people about how much they are drinking and potentially that they are under-reporting how much they are drinking.*
- *The timing of interventions with drinkers will be important, most problem drinkers will become more intoxicated during the day.*
- *Groupwork will require two members of staff to ensure safety.*

*In Scarborough, Changing Lives provides an outreach service that has worked with recipients of CBOs, because they feel that a service requiring attendance at a fixed base would not work for this client group.*

### Structuring the content of positive requirements

Reflecting the wider evidence base, a consensus emerged from the research that requirements should be part of a structured approach:

- Alcohol services should be involved as early as possible in the process that eventually leads to the CBO. This is especially true of the drafting of the requirement. Examples were highlighted of CBOs being prepared without consultation with the treatment provider.
- Clear and agreed wording is needed in requirements. The treatment provider should be named, and the level of expected engagement set out.
- The expected level and means of reporting from treatment provider to police or local authority needs to be specified. The details of the Officer in Charge or a Single Point of Contact for reporting breaches of CBOs is needed. (It was felt that workers were less likely to report if they had to call the 101 non-emergency number).

- The nature and definition of a breach needs to be clearly defined.
- The police or local authority need to ensure the treatment provider receives a copy of the CBO after the court hearing.
- The treatment provider will need to amend initial induction forms and confidentiality agreements to include a caveat along the lines of "I understand that [treatment provider] will provide feedback to xxxx Police if I am made subject to a Criminal Behaviour Order"

The process of developing a requirement will be hastened if there is a prior local consensus about the potential structure of orders.

One variable in this structure will be the frequency and length of contact. No consensus or evidence emerged on this; however, it seems likely that the longer the period of engagement during a week, the greater the likelihood the intervention will be effective.

<sup>iv</sup> Alcohol Treatment Requirements are not the same as Criminal Behaviour Orders, and may have different outcomes. See Appendix 1.



In some cases, an order may be inappropriate. The most obvious example will be someone with alcohol-related brain injury. Someone with cognitive impairment will find it hard to comply with an order that requires a degree of self-regulation. In such cases, it is critical to consider alternative options:

- Is a mental health framework more appropriate e.g. action under the Mental Health Act or a probation order with a condition of mental health treatment?
- Is adult safeguarding more appropriate? If the perceived disruption is the result of the abusive behaviour of others, perhaps safeguarding action or a partial closure order may be more appropriate.
- If someone is going to court for an offence that might require a probation order, would the better developed framework of an Alcohol Treatment Requirement be appropriate?
- Couples where both parties are drinking chaotically will pose a particular challenge. Will domestic violence frameworks provide a more constructive option?

In developing an order, it is also important to consider whether it will increase risk to the individual concerned or to other people. The risks posed by drinkers are often complex: an effort is made to manage one risk and it leads to a yet greater risk.

A few examples drawn from real situations will highlight the challenge:

- *A woman is banned from local off-licensed premises, as a result she now opens herself to exploitation and abuse because she is reliant on others to buy her drink. These acquaintances may exploit her financially when she gives them money or start gathering in her home when they bring drink back.*
- *A man is banned from local on-licensed premises, he now drinks at home and the risk of domestic violence towards his partner increases significantly.*
- *A woman is banned from licensed premises or drinking in public and because of her circumstances this means she is unable to access alcohol and goes into life-threatening withdrawals.*
- *A problem drinker who has a flat, chooses to drink in public. A ban is placed on him and it emerges that the reason he drank on the street is because he feels safer in public. When forced to drink at home he becomes the target of people who abuse or exploit him out of public sight.*

The risks involved will be unique to the circumstances of the case. This should not deter the use of CBOs or CIs; rather it should help ensure that each order is as robust and appropriate as possible and does not place an unnecessary burden on wider services.

### Drafting positive requirements

CBOs and CIs are not specifically designed to tackle alcohol misuse. Moreover, alcohol-related anti-social behaviour covers a complex set of behaviours. As a result, those drafting orders often struggle with the design and wording of treatment requirements. For example, the varying merits of words such as 'attend' and 'engage' were debated during our workshops without reaching a consensus.

The research gathered examples of requirements imposed in recent CBOs (see Appendix 3 for an illustrative list of alcohol-related bans used in CBOs). N.B. the following are presented as examples of current practice, *not* best practice.

- Required to access and engage positively with services provided by xxxx Borough Council, the named alcohol service and a community mental health team.
- To engage with an appropriate named alcohol service advocate and attend pre-arranged appointments.
- Also required to engage with named alcohol service at least once a week until discharged by named alcohol service.
- Must engage with the drug and alcohol recovery team.
- To live and sleep where directed by named alcohol service Street Services Team.
- To attend and complete 10 sessions with an Alcohol Nurse attached to the Community Alcohol Team.

In Bradford, the police and ASB team have made significant use of both CBOs and positive requirements. Their ASB team provided a sample wording for requirements that have been imposed in the city. This was viewed positively by participants at all three workshops.

#### Sample Positive Requirement Bradford

The defendant must:

1. Contact the xxxx service (named contact) within 24 hours of this order being made to arrange an initial assessment. This contact must take place between 08.30 and 16.00 (unless this order is made on a Friday, in which case the defendant must contact them the following Monday) – tele: 01XXXX XXXXXX
2. Attend and stay for the duration of an initial assessment with the xxxx service. This initial assessment must take place within 7 days of the imposition of this order.
3. Attend and remain at further appointments as directed by xxxx Service

Our participants were clear that there is operational-level interest in guidance on how best to structure and draft requirements and bans to make them as effective as possible. This report can only go so far in filling this need because the evidence base remains limited. This will require longer-term research into what works with different drinkers.

### **Commissioning to support the delivery of requirements**

Even if there is a willingness in the treatment sector to use these powers, work is still required to create a local framework that allows them to be used effectively.

Four steps will facilitate the better use of these powers at the local level:

- Ensuring local alcohol services are commissioned appropriately.
- Ensuring CBOs and CIs are part of a wider intervention process that engages alcohol services as soon as possible.
- Having an information-sharing agreement in place.
- Ensuring breach is fully understood by everyone involved.

#### ***Ensuring local alcohol services are commissioned appropriately***

The appropriate commissioning of alcohol services is vital to supporting the effective use of positive requirements. This aspect of alcohol services may not be well understood by police and community safety staff.

Alcohol services are commissioned and contracted by the local authority. They work to an agreed service specification and will usually be struggling to meet the demand for their services. Therefore, asking alcohol services to take on a greater role in the management of clients on CBOs may not meet with a positive response if it is not a specified task under their existing contract.

It is likely that regular involvement in CBOs will require an investment of time and resources. This will either require specific allocation of funds, or for commissioners to vary the service contract to allow more of this work to be taken on.

Senior police officers, Police and Crime Commissioners and community safety managers should work with public health commissioners to ensure that contracts allow and encourage involvement in this area of work. This is a baseline necessity: without this, the positive requirements will be far less effective. Therefore, these discussions should take place in preparation for the future use of CBOs rather than at the point an order is being prepared.

*Is the CBO or CI part of a process that engages alcohol services as soon as possible?*

CBOs should be a late, if not final, stage of a process that attempts to reduce the anti-social behaviour by other means. Alcohol services should be part of that process from the earliest possible point. This might involve:

- Community outreach alongside police officers, PCSOs and neighbourhood wardens to engage someone into treatment or to help work to reduce the harm and impact involved.
- Being recommended as a route in warning letters and Acceptable Behaviour Contracts and offering a very speedy, even proactive, response to those individuals.
- Offering attendance at a service as a means of reducing the cost of a Fixed Penalty Notice.
- Attending meetings with the client where the behaviour is discussed.

Community safety staff and public health commissioners may also discuss whether local alcohol services can do more to prevent the need for CBOs. Services which offer assertive outreach, which work with people in their homes or on the streets and are willing to work with people who are ambivalent about, or reluctant to, change will be helpful in targeting those who are on the journey towards a CBO or CI.

This work will also be helped by having alcohol services as part of a local multi-agency group that manages this client group.

- In some parts of the country, Alcohol Concern, has set up a specific 'Blue Light' multi-agency group to manage the highest impact drinkers.
- In other areas, multi-agency networks have been established as part of the Making Every Adult Matter (MEAM) initiative.
- In Surrey, Community Harm and Risk Management Meeting (CHaRMM) groups manage high impact, anti-social offenders including high impact drinkers. These groups can be specifically used to provide oversight for CBOs.
- In the Metropolitan Police area, Community Multi-Agency Risk Assessment Conference (MARAC), which are not domestic violence-focused groups but rather multi-agency hubs for safeguarding and anti-social behaviour provide a context for this work.

### ***Are Information-sharing agreements in place?***

Information-sharing will be a real concern for many substance misuse services. Some of these will be NHS trusts with very specific information governance frameworks; others will come from a tradition which emphasises client confidentiality as part of building trust with substance misusers. Although no specific barrier exists to sharing information about someone who is subject to a court order such as a CBO or CI, it may help alcohol agencies and their commissioners to understand the legal framework that supports information-sharing around these individuals. Specific training on this may be required. The guidance on the 2014 Act emphasises the importance of information-sharing agreements being in place and these local agreements should cover substance misuse services.

### ***Do all parties understand what constitutes a breach and the potential consequences?***

Breaching a CBO is a criminal offence and will have serious consequences. For over 18s, it can lead to up to five years imprisonment, a fine or both. Those we consulted reported that a first sentence can be six weeks and a second sentence can be three months. However, a third sentence could range from 12 months to five years.

The potential for breach is the key element of these orders and differentiates them from a standard treatment intervention. It is also the element which will cause the treatment provider the greatest concern.

The breach process needs to be discussed with both the client and the treatment service. Everyone needs to understand what constitutes a breach and the likely outcomes. Treatment providers need to see breach, and the threat of breach, as a powerful and potentially positive tool. As one interviewee said, "we can use the potential sentence as a reminder to people who are going off the rails". This may require detailed discussion with, and training for, the provider staff managing the order.

## Recommendations

### To improve understanding and implementation of these orders, we recommend:

- Ongoing monitoring and assessment to capture and quantify outcomes across a range of measures.
- Establishment of a national network for people involved in developing, providing requirements for, and managing alcohol-related CBOs and CIs.
- Training throughout the court system to explain the use and potential benefits of positive requirements.
- Training for drug and alcohol services on the powers contained in the 2014 Act and how they can be used in relation to alcohol-related anti-social behaviour. This is probably best achieved through local workshops bringing community safety staff together with alcohol and drug staff.
- Community safety staff, police and alcohol service commissioners should ensure that alcohol services can be, and are, involved at the earliest possible point and in a structured, strategic manner in processes leading to a CBO.
- Public health commissioners should ensure that alcohol services support community safety teams and the police when tackling anti-social behaviour through the use of positive requirements.
- Police and community safety teams need to be actively involved in the processes that lead to the commissioning of alcohol services to ensure that those services meet their needs.

## Appendix 1

### Positive requirements and the evidence on behaviour-change

The research evidence on ‘compelled treatment’ remains limited, with reviews noting the need for wider and more systematic evaluations.<sup>3,4</sup> In particular:

- the literature is heavily biased towards orders for people with drug problems.
- much of the evidence base is not British.
- the orders that have been evaluated are not CBOs and CIs.
- CBOs and CIs are different from other orders in that they are even less ‘voluntary’. In most other orders, the client is making a choice to have the order rather than spend time in prison.

In a review of ‘coerced treatment for drug-abusing offenders’, Anglin et al. (1998) found that legally referred clients do as well or better than voluntary clients in and after treatment; however, they also emphasised the importance of ‘internal motivation’ in sustaining improvement once referral had taken place.<sup>5</sup> Young (2011) makes the similar point that while ‘coerced clients are less interested in abstaining from substance use and less likely to acknowledge addiction problems ... coercion promotes participation in treatment, which is associated with higher rates of abstinence, greater rates of employment, and reductions in criminal recidivism.’<sup>6</sup> In a review of drug treatment within the Australian criminal justice system, Hussain and Cowie (2005) also concluded that compelled engagement with treatment can provide a positive first step, but that the treatment intervention itself needed to be carefully tailored to enhance motivation and reflect the specific needs of clients referred through the courts.<sup>7</sup> Similarly, the guidance set out in US manuals makes it clear that compelled referral within a given criminal justice system is only the first stage, and that treatment programmes need to be carefully

tailored to the needs of clients in order to be effective in the long term.<sup>8</sup>

Therefore, it cannot be claimed that compelled treatment works without well-designed methods for dealing with clients entering the system through this route. Here, therefore, we limit our claims to evidence that CBOs and CIs can act effectively as a first step into engagement with treatment.

During Alcohol Concern’s work in developing national guidance for Police and Crime Commissioners on responding to street drinkers, anecdotal evidence emerged that individual enforcement may be beneficial in achieving this first engagement. For example, the Bristol Streetwise project successfully used the non-legal, Acceptable Behaviour Contracts (ABCs) to encourage engagement with services. Their view was that the ‘stick’ approach is likely to improve the street drinker’s chances of benefiting from treatment.<sup>9</sup>

A 2008 review of enforcement to combat begging and street drinking reported that:

[W]hen preceded by warning stages (such as ABCs) and integrated with intensive supportive interventions, it was evident that ‘harder’ measures could bring about *positive benefits for some* street users themselves, as well as to the general public. Enforcement in these instances acted as a ‘crisis point’, prompting reflection and change, encouraging engagement with support services, such as alcohol and drug treatment.”<sup>10</sup>

One street drinker commented:

This ASBO, in a kind of weird way, has done me a favour because I've faced my demons... I want to change my criminality, I want to change who I am, and who I've become, you know. I want a better life for myself really and that's why I'm here [rehabilitation centre] because there comes a time where you just get sick of it.

The review, however, also concluded that 'outcomes for other street drinkers can, however, be very negative and highly unpredictable, such that the use of enforcement even when accompanied by intensive support, is always a high-risk strategy.'

The nearest equivalent to the CBOs are the Alcohol Treatment Requirements (ATRs). ATRs are a disposal under the Criminal Justice Act (2003) and are, in essence, a probation order with a treatment condition. ATRs deliver treatment to predominantly 'dependent' drinkers specifically aiming to tackle levels of alcohol consumption and reduce alcohol-related crime.

Three reviews of the impact of ATRs have been undertaken in England: in Cheshire, Leicester, Leicestershire and Rutland (LLR) and Yorkshire. The Cheshire evaluation concluded that the use of ATRs resulted in a positive impact on offenders' wellbeing. Overall, participants made positive life changes in terms not only of drinking behaviour but also health, emotional wellbeing and lifestyle.<sup>11</sup> The Yorkshire study stated that "progression through treatment on

the ATR is encouraging with a 70% completion rate and positive outcomes with regard to levels of alcohol consumption... re-offending rates were also low.<sup>12</sup> In the LLR study, the conclusions were more ambivalent than in the other two studies but nonetheless, offending outcomes for a large minority of those on requirements improved.<sup>13</sup>

These positive reviews all acknowledge that more research is required to understand what elements of ATR's are most effective, under which circumstances, and with which client groups.

Compared to more structured referral schemes within the criminal justice system, the positive requirements enabled by CBOs and CIs represent a less developed, and certainly less well-evaluated, option. In the context of the wider literature on compelled treatment, the best that can be claimed at this stage is that positive requirements may provide an opportunity to create engagement with treatment which may otherwise be missed. While the primary purpose of this will be to reduce anti-social behaviour, it can be hoped that in some cases this may lead to more sustained change. However, this is not without potential risks: the threat of imprisonment for breach of a CBO or CI may act as an effective 'stick', but may also, as Johnsen and Fitzpatrick note, create very negative outcomes. Therefore, such orders should not be seen in isolation from the wider support needed to make them as effective as possible.

## Appendix 2

### Workshop participants

Bike Aideh - Bexley	Bill Field - Kettering
Darren Ankers - North Wales Police	Peter Gaffey - North Wales Police
Claire Arkwright – CGL Blackburn	Paul Green - North Hampshire
Anita Arliss - Dorset Police	Jo Grimshaw – Surrey
Lee Armstrong - Bolton	Nicholas Hamer - West Yorkshire Police
Gordon Ashford - Essex Police	Martin Hammond - Kettering
Manjit Atwal - Leicestershire Police	Natalie Harris - South Wales Police
Vicky Blood - Warwickshire Police	Richard Hawkriged - Bristol
Vere Bowyer – Metropolitan Police	Darren Hembrow - South Wales Police
Garry Brimson - Kent Police	Stuart Hind - Derbyshire Police
Susan Carrington - North Wales Police	Tracey Hodgson - West Yorkshire Police
Jean Coates-Topping - Addaction Wigan	Neil Howlett - Medway
Andrew Colbourne - North Yorkshire Police	Terry Hughes - Tunbridge Wells
Tara Adams-Cook - Hertfordshire Police	Michelle Isabelle - Slough
Heather Corson - South Ribble	Simon Jenkinson - Devon & Cornwall Police
Carly Darby - Staffordshire Police	Emily Jones - Gloucester
Mark Davies - South Wales Police	Alison Leigh and Phillip Leigh - Stockport
Paul Davies - Gwent Police	Anthony Lewis - Croydon
PC Paul Daw – Devon	Margo Mallinson - North Yorkshire Police
Daphne Deen - Addaction Wigan	Debbie Mason – North Hampshire
Julie Deione – British Transport Police	Natasha Mathews - Cornwall
Rachel De Moraes – North Yorkshire Police	Sarah McBrearty - Wycombe
Lacy Dixon - Canterbury	Mick Mcmanus – Barking and Dagenham
Jane Eastaff - Havering	Pippa Mcveigh - Wiltshire Police
Mike Ellis - Thames Valley Police	Kevin Michnowicz - Sussex Police
Maria Evans - Clwyd Alyn Housing Association	Peter Moorhouse - Arch Futures



Sharon Murphy - Croydon	Andy Smith - Thames Valley Police
Terry Newman - Kent Police	D Smith - Norfolk Police
Francesca Norris - Avon & Somerset Police	Trevor Smith - Newcastle under Lyme
Catherine Owen - Denbighshire	Sarah Stevens and Barbara Wonford - Bedford
Howard Potheary - North Somerset	B Taylor - Wigan
Linda Prescott - Wigan	Claire-Louise Thomas - South Wales Police
Stephen Prince - North Wales Police	Lorraine Tinsley - South Wales Police
Nicolas Rathbone - Maidstone	Donald Wade - Northumbria Police
Sandra Rees - Scarborough	Paula Wade - EDP
Andrea Rigby - Blackburn	John Whittington - Hastings
Stephen Rigby - Sussex Police	Lynda Williams – Clwyd Alyn Housing Association
Matt Roberts - Maidstone	Laura Woodrow-Hirst - Cheshire East
Christopher Rowney - Croydon	Adrian Wright - West Yorkshire Police
Martin Ryan - Wigan	Cheryll Wright - Croydon
Karen Samuels - Wolverhampton	

#### **Members of the steering group**

Simon Eglinton – Home Office  
 Nino Madalena – Public Health England  
 Andy Parsons – Home Office  
 Mark Townsend – Sussex Police  
 Pommy Tumber – Home Office

## Appendix 3

### Examples of bans imposed in CBOs

- *Using abusive or aggressive language in a public place, begging in xxxx, and consuming alcohol in a public place.*
- *Entering, or trying to enter, any licensed premises that is a member of the local (named area) Pub Watch scheme.*
- *Attending all locations licensed to consume alcohol on premises in the (named) borough.*
- *Being drunk or from possessing or consuming from any open container or vessel of alcohol, in public, in the (named) borough.*
- *Being in possession of any container containing intoxicating liquor that is open or has the seal broken or being under the influence of any intoxicating liquor in any public place in the borough.*
- *Having an open or sealed vessel containing alcohol in any public place within a designated 'exclusion zone' or from being in the company of anyone who has.*
- *Being drunk or under the influence of illegal drugs in a public place.*
- *Being in possession of an open vessel containing alcohol in a public place.*
- *Consuming alcohol in any public place in (named areas) other than a licensed premises.*

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