Alcohol Abstinence Monitoring Requirement

A process review of the proof of concept pilot

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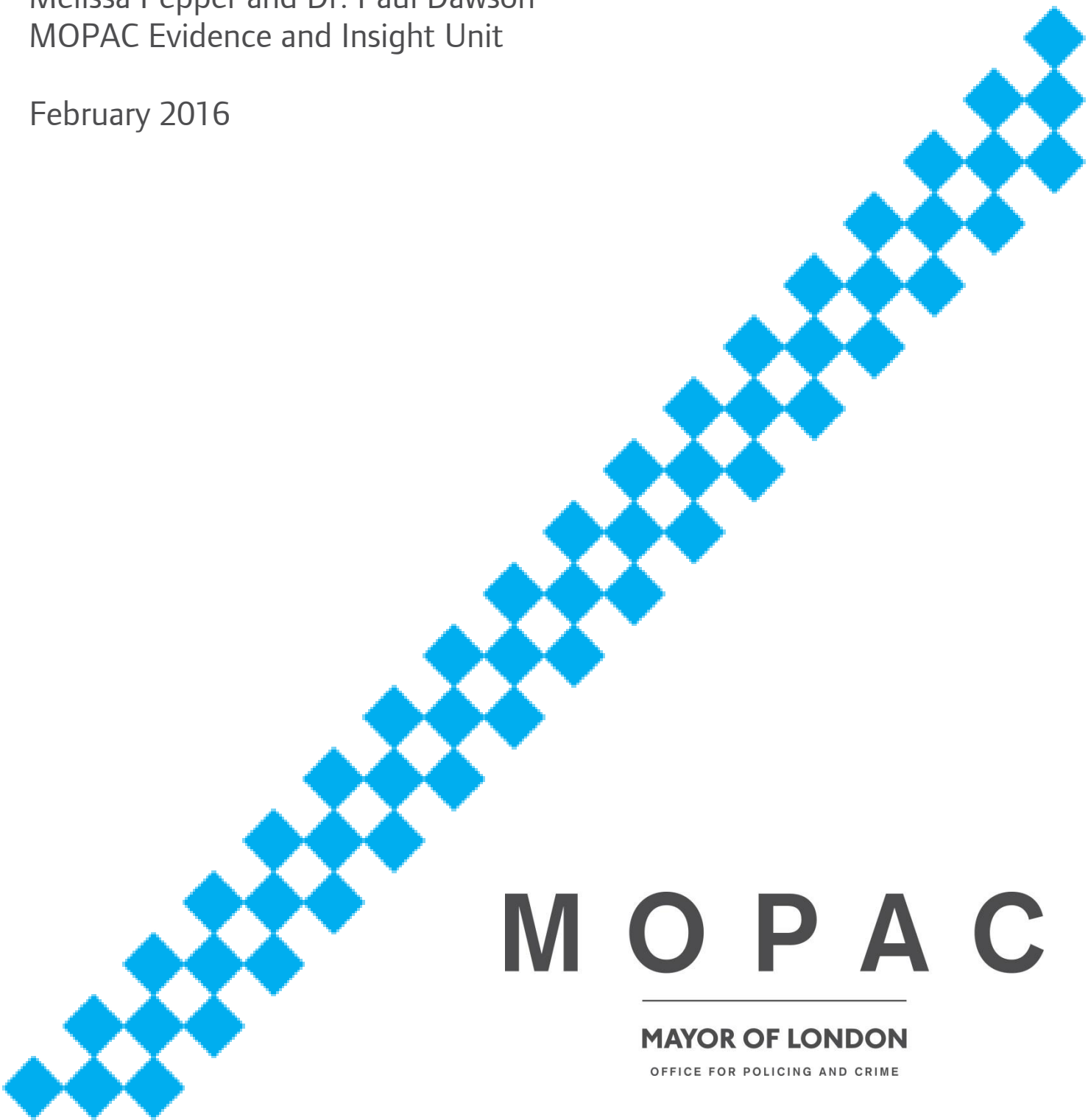


MOPAC

MAYOR OF LONDON

OFFICE FOR POLICING AND CRIME

Continuous Alcohol Monitoring tag – image courtesy of Alcohol Monitoring Systems Inc.

Alcohol Abstinence Monitoring Requirement

A process review of the proof of concept pilot – summary

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 the Alcohol Abstinence Monitoring Requirement (AAMR). The new sentencing power, introduced as part of the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012 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.

From July 2014, the Mayor's Office for Policing And Crime (MOPAC) conducted a 12 month proof of concept pilot in four boroughs (Croydon, Lambeth, Southwark and Sutton) which comprise the South London Local Justice Area. The aims of the pilot were:

- To test how widely courts use the AAMR, and the technical processes within the criminal justice system.
- To evidence compliance rates with the AAMR.
- To evidence the effectiveness of 'transdermal tags' in monitoring alcohol abstinence.

Utilising a range of methods including stakeholder and offender surveys, interviews with stakeholders and MOPAC officers, and analysis of performance monitoring data, this process review sets out learning from the 12 month (31 July 2014 – 30 July 2015) AAMR proof of concept pilot and helps to build the evidence base to inform discussions around further roll out of the AAMR across London and beyond.

Basics around the AAMR and those sentenced to wear the alcohol tag

Over the 12 month pilot period, 113 AAMRs were imposed with an average length of 75 days. AAMRs were given for a range of crime types most commonly in relation to violence or drink driving related offences. Almost three quarters (73%, n=82) of AAMRs resulted from Croydon Magistrates' or Crown Court. There were over 6,500 monitored days in the pilot period during which over 298,000 alcohol readings were taken (at an average of over 2,600 readings per AAMR or approximately 45 per monitored day). In theory, the technology should take around 48 readings per individual per day (depending on time of tag fitting and removal) thus indicating that the technology underpinning the AAMR is working as intended.

The AAMR had a compliance rate of 92% over the pilot period, based on the number of cases returned to court and convicted of breaching their AAMR (n=9/113). Of these nine cases, five had their AAMR revoked and therefore failed to complete. The remaining four subsequently went on to complete their AAMR following their return to court. Current compliance with the AAMR appears higher than for some other orders, however direct 'like-for-like' comparisons should be treated with caution due to varying offence types, offender characteristics, processes of dealing with breach, and lengths of orders.

As expected, the AAMR cohort did not present an extensive criminal background with an average of eight guilty sanctions, six guilty court occasions, and an average Offender Group Reconviction Scale version 3 (OGRS3 2 year) score of 35% (placing them at a low risk of reconviction). In terms of offending histories, the AAMR offenders broadly align more to the general offending population in the UK, particularly those who receive community sentences.

Understanding and implementing the AAMR

The AAMR was designed and implemented well from the outset, something that had a positive knock on effect throughout the course of the programme. Whether it be the strong governance structure, clear documented tools and information, training, effective partnership involvement throughout design and implementation, or the dedicated MOPAC team (including a project manager with 'in the field' experience) – the positive AAMR implementation cannot be over stated.

All AAMR practitioners and offenders held a firm understanding of the AAMR's aims and ways of working. However, some NPS/CRC interviewees felt that more information on the AAMR could have been provided to a range of groups to the benefit of the programme. To illustrate, to defence solicitors (as it was perceived they were often unaware of the requirement), the public (to improve knowledge or as a preventative measure) or to allow offenders an opportunity to see the alcohol tag and monitoring equipment in court, in addition to the written information they receive.

Using the AAMR

The AAMR was largely welcomed by respondents as *'another tool in the box'* of community sentences, offering an innovative and tailored response to alcohol related offending, and filling a gap in sentencing for alcohol related offences committed by non-dependent offenders. There were some reservations around narrow pilot eligibility criteria for offenders to receive the AAMR, and the requirement for total abstinence in certain cases. However, interviewees felt that a period of abstinence on the AAMR had the potential to give offenders a 'pause' in drinking, time to reflect on alcohol consumption and its impact on offending behaviour, relationships and work, and an opportunity to break the cycle of routine drinking. Some NPS and CRC interviewees gave examples of how they had tailored products around the AAMR to support offenders further and use the opportunity as a

'teachable moment', including letters sent at the end of the AAMR and literature/advice around alcohol consumption going forward. Whilst the AAMR was considered to be a punitive response for the purposes of the pilot, these possible rehabilitative elements were highlighted by some NPS/CRC and judiciary interviewees as a welcome unintended consequence. Offenders surveyed were largely unhappy about the appearance and *'wearability'* of the tag, however overall were positive they could complete the order.

Concluding thoughts

Whilst it is too soon at present to robustly evaluate the impact of the AAMR on offending behaviour or costs, this process evaluation generates learning on the pilot through the views and experiences of stakeholders involved in design and implementation, and the offenders themselves who were sentenced to wear the alcohol tag. Insights from the pilot year indicate the importance of effective design and implementation. However, consideration should be given to the sustainability of this level of project management should the scheme be expanded.

Wider roll out of the AAMR would provide a larger sample size and opportunities to explore the impact on offending behaviour, costs and wider possible benefits including health, community and economic outcomes. In light of plans in the 2015 Conservative Party Manifesto to make sobriety orders more widely available, and the extension of the AAMR pilot for a further six months to January 2016, this timely report offers useful insights to inform any expansion of the scheme and can be used as a blueprint for future evaluation efforts in this area.

Alcohol Abstinence Monitoring Requirement

A 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 the Alcohol Abstinence Monitoring Requirement (AAMR). Included as part of the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012[1], the AAMR is a new sentencing power which allows courts to impose a requirement as part of a Community or Suspended Sentence Order[2] 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 which detects consumption of alcohol through sweat (for the purpose of the pilot the tags do not monitor offender location or movement). The technological innovation has a focus on tackling alcohol related offending - 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, wider offending and public disorder in the UK, with London disproportionally impacted. The total cost of alcohol-related harm to society is estimated to be £21 billion, with alcohol recognised as a major cause of attendance at Accident and Emergency and hospital admissions (Public Health England, 2014a).

The 2013/14 Crime Survey for England and Wales (CSEW) estimated 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 fallen - 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[3] indicating a longstanding resistant association between alcohol and violence. The CSEW also provides further 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 27% in

[1] Section 76 of the LASPO Act 2012 sets out a number of conditions around the AAMR 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.
[2] Referred to collectively as a Community Based Order.
[3] 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%.

financial year 2014/15 compared to financial year 2004/05), more recently this type of offending has increased (16% in financial year 2014/15 compared to the same period the previous year) with 40 of the 44 forces within England and Wales recording a rise in violence with injury[4].

Focussing upon London, violence with injury has risen by 19% (financial year 2014/15 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 (9) compared to other English regions (ranging from 4 to 5) (Public Health England, 2014b). Wider data also contributes to the picture - a fifth (20%) of Londoners think that people being drunk or rowdy in public places is a problem (MOPAC Public Attitude Survey (PAS), quarter 1 2015/16), a trend that has remained largely stable over the previous year[5].

Outside of the focus on violence, alcohol is shown to contribute to a range of crime types (e.g., see McSweeney, 2015) including criminal damage and road casualties. Indeed, despite substantial year on year decreases with current figures the lowest on record, the total number of casualties of all severities in drink drive accidents in Great Britain in 2013 was 8,270, of which 1,340 were killed or seriously injured. Around 14 per cent of all deaths in reported road traffic accidents in 2013 involved at least one driver over the drink drive limit (Department for Transport, 2015a). Furthermore, according to the CSEW, around 6.2 per cent of drivers in 2014/15 said they had driven whilst over the legal alcohol limit at least once in the last 12 months, broadly unchanged over recent years (Department for Transport, 2015b).

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 ran for 12 months[6] in the boroughs of Croydon, Lambeth, Southwark and Sutton (which comprise the South London Local Justice Area (LJA)) and aimed to target between 100 and 150 offenders. The aims of the pilot were:

[4] Police recording practices impact significantly on crime figures, and it is thought that incidents of violence are more open to subjective judgements about recording and thus more prone to changes in police practice. An inspection conducted by Her Majesty's Inspectorate of Constabulary (HMIC) on crime data integrity published in August 2014 highlighted issues regarding the classification of crimes across all forces in England and Wales, and the Office for National Statistics state that the renewed focus on standards has particularly affected violence related crime recording.

[5] 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. In quarter 1 2014/15 18% of Londoners thought that people being drunk or rowdy in public places was a problem.

[6] The pilot has been extended for a further 6 months to January 2016 to allow further time to consider the future use of the AAMR. While performance data will continue to be monitored, the process evaluation and all information contained in this report cover the initial 12 month pilot period only.

- To test how widely courts use the AAMR, and the technical processes within the criminal justice system.
- To evidence compliance rates with the AAMR.
- To evidence the effectiveness of 'transdermal tags' in monitoring alcohol abstinence.

For the purposes of eligibility to receive the AAMR, offenders had to commit an offence for which consumption of alcohol was a contributing factor, reside within one of the four pilot boroughs, and not be dependent on alcohol[7]. Although not limited by crime type, MOPAC recommended that offences linked to domestic violence were excluded from the AAMR[8]. 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.

The AAMR is an evidence based innovation inspired by a similar approach from South Dakota, USA which reported reductions in re-arrest of Driving Under the Influence (DUI) offenders (see Loudenburg et al, 2010; Kilmer and Humphreys, 2013), but operated in accordance with UK legislation[9]. The specific innovation is the first compulsory sobriety scheme of its kind in Europe[10] and forms a key part of the MOPAC response to tackling and reducing the volume of alcohol related crime within London.

Evidence based policy making - indicative insights

The MOPAC Evidence and Insight team - a team of social scientists based within MOPAC - were commissioned to conduct research on the AAMR innovation to generate learning[11]. The research aims were to:

- Describe and assess the set up and implementation of the pilot.
- Monitor the basic performance data behind the AAMR.
- Assess the technical performance of transdermal devices.

[7] The NPS use the Alcohol Use Disorder Identification Test (AUDIT) tool to assess whether the offender is suitable for an AAMR i.e. drinking at non-dependent levels (scoring below 20 on the AUDIT tool). Factors such as the offender's living situation and personal circumstances should also be taken into consideration prior to proposing the AAMR.

[8] During development of the pilot, there were concerns over domestic abuse cases being made subject to an AAMR, before it had been fully tested. This was in relation to potential consequences, such as the abstinence of alcohol creating additional risks for the victim and diverting attention away from specific interventions that are designed to tackle offending behaviour. This position is only applicable for the period of the pilot. Full details of the AAMR, eligibility and suitability criteria, and how it works in practice are available at http://www.london.gov.uk/sites/default/files/AAMR%20toolkit%20FINAL.pdf.

[9] One of the key differences between the use of sobriety technology in the USA and UK is the manner in which it is enforced. The US system allows for immediate detention following breach whereas the primary legislation which governs breach action in England and Wales is the Criminal Justice Act 2003 which outlines that an offender is usually returned to court for breach action after a first breach notice has been served and the offender has failed to comply for a second time.

[10] Transdermal technology and criminal justice responses with sobriety conditions have been used (or are planned to be used) elsewhere in the UK (e.g. Northamptonshire, Dover, Cheshire, Glasgow, the Home Office Conditional Cautions with Sobriety Requirements pilot), however the AAMR is the first to use the technology in a compulsory, punitive setting.

[11] Research outputs (i.e. the interim and final evaluation reports) were peer reviewed by external independent academics. The MOPAC Evidence and insight team were not involved in developing or implementing the AAMR in any way.

- Assess (as far as possible) the effect of the pilot on offenders, crime, costs and the relevant criminal justice agencies.

Building upon an interim review published in March 2015, this report outlines the implementation of the AAMR over the initial 12 month pilot period through the views and experiences of stakeholders involved in pilot delivery, and offenders sentenced to wear the alcohol tag itself, and presents learning to inform any future roll out of the technology.

Since the start of the pilot, wider conversations around the use of sobriety orders and alcohol monitoring technology have continued, most notably featuring in the 2015 Conservative Party Manifesto (Conservative Party, 2015: 59). The pilot itself has also been extended for a further six months to January 2016 (although the process evaluation covers the initial 12 month pilot period only), placing this timely report in an essential position to inform any expansion of the scheme.

Methods

Given the length of the AAMR pilot (12 months), and expected throughput of offenders (100 to 150), it was not possible to robustly evaluate (e.g., randomise or generate a comparison group) the impact of the AAMR on offending behaviour, costs or working practices of stakeholders[12]. The most appropriate research was 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 were used to triangulate learning and address the main research objectives of the pilot (see **appendix one** for a full evaluation timeline, and survey and interview details). This includes:

- **Training/awareness raising feedback survey:** Fifty five stakeholders (National Probation Services (NPS), Community Rehabilitation Companies (CRC), and judiciary) completed a brief paper survey designed to capture early AAMR understanding and perceptions as part of four initial training/awareness raising events hosted by MOPAC at the outset of the pilot.

- **Stakeholder surveys:** Three online surveys exploring understanding and experiences of the AAMR were conducted with stakeholders across the pilot period. The AAMR project manager emailed a survey link to approximately 55 and 75

[12] The Ministry of Justice define a proven re-offence as any offence committed in a one year follow-up period and receiving a court conviction, caution, reprimand or warning in the one year follow-up or a further six month waiting period (Ministry of Justice, 2012).

stakeholders at the start, mid-point and end of the pilot[13]. A reminder email was sent approximately two weeks later and verbal reminders were given in Local Implementation Group and Programme Board meetings. In an attempt to improve response rates (particularly over the summer leave period) a slightly more experimental approach was taken when disseminating the final survey with a personalised invitation to take part including quotations from the AAMR offender cohort to motivate interest. There were 58 responses to surveys in total, with 18 respondents completing more than one survey throughout the pilot period. It was not possible to observe changes over time, therefore survey responses have been collated and overall themes drawn out.

- **MOPAC and stakeholder interviews:** 35 semi-structured interviews exploring views, understanding and experiences of the AAMR in greater depth were conducted with 26 MOPAC officers and stakeholders across the pilot period[14]. It is highly likely that there was some overlap between survey respondents and interviewees.

- **Offender surveys:** Surveys exploring understanding and 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 44 (out of a possible 113, or 39%) offenders at the time of fitting their tag and 27 (out of a possible 94, or 29%) during tag removal. Surveys were designed by the researchers and given to the offender for self-completion by the EMS officer fitting/removing the tag. Although not without limitations, this was the most practical approach available for obtaining innovative and insightful data on offender views. Completing the survey was not compulsory and some individuals chose not to take part[15].

- **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 AAMR (e.g., borough of offence and residence, average length of the requirement), and technical data on the tag itself. Police National Computer (PNC) data was also explored to gain insights into the criminal background (or not) of the AAMR offenders.

[13] Questions differed slightly in each survey to reflect the stage of the pilot. Previous respondents were not required to answer all questions in later surveys. There was no obligation to take part in surveys therefore respondents were self-selecting. Copies of all surveys are available on request. The number of survey recipients varied at each stage of the pilot due to some staff changes/additions.
[14] Potential interviewees were identified with the AAMR project manager and contacted via email by the researchers. There was no obligation to take part in interviews therefore participants were self-selecting. Some interviewees took part in more than one interview at a different stage of the pilot (see appendix one for further details). The majority of interviews were face to face however, due to availability, three were conducted on the telephone. Detailed notes were taken in each interview and analysed to draw out key themes.
[15] Offender surveys are continuing throughout the pilot extension period, however will now be sent by EMS staff via text message directly to offenders for self-completion at time of tag fitting and removal. Texting offenders such details is an innovative communication method that may be amenable for future research.

Given the size of the research cohort (in stakeholder survey and interviews, and offender surveys), some caution should be used when considering results. Fieldwork data set out in this report only reflect the views of those who took part in surveys and interviews.

Results

The report organises learning gleaned 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.

- **People:** presenting headline performance data on the actual AAMR cohort over the twelve months of the pilot including technical aspects, compliance levels, and criminal history.

- **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 LJA, providing some context around alcohol related crime and disorder and how the pilot boroughs compare to other parts of London. This gives some insights into 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. 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, however this indicates how different areas can use the AAMR to target their own local alcohol related problem. 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) suggesting alcohol related need in other boroughs should the scheme be expanded.

The evaluation attempted to explore the 'pool' of cases that were both eligible and suitable to receive an AAMR in order to better understand demand and potentially missed opportunities to impose the requirement. **Appendix three** presents data on Total Notifiable Offences (TNOs)[16] and arrests in AAMR pilot boroughs where an alcohol feature code was present[17].

Although offering some interesting contextual information, data caveats limited the usefulness of this analysis therefore the AAMR project manager conducted a manual review of all Community Based Orders imposed with qualifying offences within the South London LJA between 1 February and 31 March 2015[18]. This indicated that of the **170 offenders** that received a Community Based Order for an AAMR qualifying offence within the South London LJA, around a fifth (21%, n=35/170) were deemed eligible for an AAMR within the confines of the pilot (i.e., alcohol was a contributing factor of the offence, the offender resided within one of the pilot boroughs and was not alcohol dependent, the Order did not contain an Alcohol Treatment Requirement (ATR), and offences were not domestic violence related). **Two thirds (n=23/35) of eligible cases went on to receive Community Based Orders with an AAMR.**

It was not possible to ascertain whether lifestyle factors (e.g., alcohol dependency, medical conditions or source of electricity at residence) may have precluded the remaining twelve offenders from receiving an AAMR, however opportunities may have been missed in these cases. The pool of eligible and suitable cases would increase if pilot restrictions (especially geographical boundaries) were removed in any future expansion.

[16] Total Notifiable Offences (TNO) is a count of all offences which are statutorily notifiable to the Home Office.
[17] '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.
[18] For the purposes of the manual review a qualifying offence was defined as driving with excess alcohol, assaults (e.g., common assault, assault by beating, actual bodily harm or assault on a police constable), criminal damage, public order offences, and other offences such as resisting or obstructing a police constable.

Key learning

Data indicates that all of the pilot boroughs present levels of alcohol related need, in particular Southwark and Lambeth. Other London boroughs (e.g. Westminster, Camden, Hackney and Newham) rank consistently high across data indicators suggesting alcohol related need in other parts of London should the scheme be expanded.

A two month 'snapshot' review of all Community Based Orders imposed within the South London LJA indicates that two thirds (n=23/35) of eligible cases went on to receive Community Based Orders with an AAMR. Opportunities to use the AAMR *may* have been missed in around a third of eligible cases (n=12/35, however reasons for not imposing an AAMR may have been valid, for example, if the offender was alcohol dependent).

People

This section presents performance data for the cohort of offenders sentenced to an AAMR within the twelve months of the pilot.

Basics around the AAMR

In total, **113** AAMRs were imposed over the twelve months of the pilot (see **appendix four**)[19]. Ninety four were completed or terminated within the twelve month pilot, increasing to 107 as at 15 October 2015 (including six that were removed by the court in the interest of justice e.g., alcohol dependency or issues with the offender's place of residence). Overall, the AAMR had a compliance rate of 92% over the twelve months of the pilot, based on the number of cases (n=9) returned to court and convicted of breaching their AAMR as a proportion of all cases imposed[20]. Of these, five had their AAMR revoked and therefore failed to complete[21]. The remaining four subsequently went on to complete their AAMR following their return to court. Five of the nine cases convicted of breach were Community Based Orders with a standalone requirement of an AAMR. The remaining four cases were Orders with multiple requirements, one of which was an AAMR[22]. An alternative method of considering compliance is via positive completions (i.e., those which expire

[19] 113 AAMRs were imposed on 111 unique individuals. Two offenders were placed on the AAMR for two separate offences. As of 24 November 2015, 135 AAMRs had been imposed.

[20] Measuring compliance with Community Orders is complex with no consistent definition (Cattell et al, 2014a). For the purposes of the pilot, compliance with the AAMR requirement (as opposed to the whole Community Based Order which may contain more than one requirement) was measured by the number of offenders returned to court and convicted of breach (e.g., consumption of alcohol, tampering with the AAMR monitoring equipment, or a refusal to allow monitoring to take place), rather than a single failure to comply for which legislation directs an NPS/CRC Responsible Officer to issue a breach notice letter/warning of breach action. Other ways of looking at compliance include successful completions of orders (i.e., positive completions - those which expire normally without being revoked for breach/failure to comply or for a further offence, or which are terminated early by the court for good progress) and initiation of enforcement action (i.e., breach notice letter) by the probation service. See appendix 5 for all compliance data.

[21] An AAMR was revoked where the court deemed the breach (including consumption of alcohol (2 cases), consumption of alcohol and tampering with the monitoring equipment (1 case) or refusing to be tagged (2 cases)) of the requirement so serious that continuation of the requirement was not considered appropriate.

[22] In all four cases there were only two requirements – AAMR and Unpaid Work.

normally without being revoked for breach/failure to comply or for a further offence, or which are terminated early by the court for good progress). This gives a completion rate of 95% (based on the number of positive AAMR completions (n=96) as a proportion of all AAMRs completed/terminated (n=101, this figure excludes the six AAMRs that were removed in the interest of justice). See **appendix five** for further details.

Of the 101 AAMRs completed/terminated (excluding the six that were removed in the interest of justice), almost three-quarters (74% or 75 cases), remained totally compliant (i.e., the tag did not record any confirmed drinking or tamper events) throughout the duration of their AAMR. The remaining 26 cases failed to comply at least once (i.e., recorded a drinking event and/or tamper event). In accordance with wider legislation applicable to all community sentences (schedule 8 and 12 of the Criminal Justice Act 2003), an offender is usually returned to court for breach action after a first breach notice has been served and the offender has failed to comply for a second time. **Appendix six** sets out the enforcement timeline to which all Community Based Orders are subject, which states that cases should be listed before a magistrate court within twenty days of an offender's second failure to comply. The majority (n=6/9) of AAMR breach prosecutions were conducted within the required time parameters (20 days of the offender's second failure to comply), with an average of 16 days. The remaining three cases fell slightly outside of the twenty day marker (with 21, 23 and 24 days respectively) due to delays in the enforcement process.

Current compliance with the AAMR (92%) is higher than other orders, however it should be noted that direct 'like-for-like' comparisons between compliance rates of different orders should be treated with caution due to varying offence types, offender characteristics, processes of dealing with breach, and lengths of orders[23]. Furthermore, the current study is based on a small number of offenders over a short time period. However, to contextualise, further analysis by the NPS in 2014 estimated a compliance rate of Community Based Orders managed by the NPS and CRC of approximately 61% (based on the projected number of cases and proportion of enforcement referrals (39%)). Just over three quarters (79%) of offenders in the Offender Management Community Cohort Study ended their Community Orders in a 'positive manner' with the majority of these (70%) expiring normally and the remainder (9%) completed early for good progress (Cattell et al, 2014a). Indicators of offender compliance in terms of the proportion of orders and licences successfully completed (including recalls) (i.e., those that expire normally without being revoked for breach/failure to comply or a further offence, or which are terminated early by the court for good progress) was 84% in London in financial year 2014/15, higher than the national rate (79%), with some variation by requirement type (e.g., the completion rate for Community Payback in London was 82% but slightly lower for Alcohol Treatment Requirements (80%)

[23] The LASPO Act 2012 allows courts to impose a requirement that an offender abstain from alcohol for a maximum of 120 days. In comparison, the maximum period of a curfew is 12 months, while an Unpaid Work requirement can be imposed for a maximum of 300 hours.

and Drug Rehabilitation Requirements/Drug Testing and Treatment Orders (67%)) (Ministry of Justice, 2015a).

AAMR lengths ranged between 28 and 120 days with an average of 75 days. Over half (61%, n=69) of AAMRs were part of a Community Based Order containing multiple requirements (e.g., Supervision, Unpaid Work, Curfew etc.) with the remainder (n=44) sentenced as a standalone requirement. The majority of AAMRs (83%, n=94) were given as part of a Community Order (the remaining 19 were part of a Suspended Sentence Order). In terms of the technology, there were over **6,500** monitored days in the pilot period during which over **298,000** alcohol readings were taken (an average of over 2,600 readings per order or approximately 45 per monitored day). In theory, the technology should take around 48 readings per individual per day (depending on time of tag fitting and removal) therefore this indicates that the technology underpinning the AAMR is working as intended. Previous research (e.g. Dougherty et al, 2012; Leffingwell et al, 2013) has also indicated correlations between transdermal alcohol readings and other forms of alcohol measurement including breath tests, self report and observations in a laboratory setting[24]. Alcohol tags should be fitted within 24 hours of sentencing (on the same day if notification is received from the court before 4pm) at a time slot agreed with the offender. In the majority (89%, n=101) of cases, the court notified EMS of the order either on the day of (n=89) or day following (n=12) the sentence. Of these, most (82%, n=83) were tagged either on the day (n=45) or within one day (n=38) of notification[25].

The 113 AAMRs were ordered in relation to 128 offences. Almost two thirds of these (63%, n=80) were violence (n=41) or drink drive (n=39) related offences. The range of crime types for which AAMRs were ordered listed in **appendix seven** indicates that sentencers chose to use the requirement across a variety of offences. In-depth analysis of case notes and NPS national management information data (from the nDelius system) conducted by the project manager indicated that around a quarter (24%, n=27) of all AAMR cases were linked to the night-time economy (e.g., committed after 8pm and involving some sort of 'commercial' aspect such as a bar, pub, late night food retailer, cab driver etc.). Croydon was the most 'active' of the four boroughs throughout the pilot with almost three quarters (73%, n=82) of AAMRs resulting from Croydon Magistrates' (n=77) or Crown Court (n=5) (see **appendix eight**).

[24] It is not possible to know whether all instances of alcohol consumption were detected in the pilot, however, the tag provides continuous 24/7 alcohol monitoring, uses electrochemical fuel cell technology that is also used in commercially available breath testing devices, and by testing wearer's sweat every 30 minutes, can detect if someone has consumed a small, medium or large amount of alcohol. The tag stores and records test results every 30 minutes which are referred to as transdermal alcohol concentration (TAC) readings. TAC readings can range from .000 (no alcohol detected) to .487 (x 6 UK drink drive limit) and are mapped to reports for probation that indicate compliance or non-compliance. Specific confirmation criteria are applied to TAC readings/alerts when they are above .020 for three consecutive readings or an hour and a half. The criteria that is used to determine if a subject has consumed alcohol provides for safeguards to prevent false positives that may be associated with ambient alcohol (e.g. cosmetics, work environments, alcohol based products etc.). The tag will also flag up tamper/removal attempts and mechanical issues such as low batteries or other maintenance related issues. During the pilot there was one tag that needed to be replaced and five multiconnect units (the modem that transmits the data) that required replacement due to connectivity issues. The tag stores up to 60 consecutive days of test results while activated, therefore data was secure in these cases. AMS is currently redesigning the base station to include more robust connectivity options.

[25] The most common reason for not fitting a tag within 24 hours of notification was due to a 'no access visit' i.e., the offender was not at the property when they said they would be, or the tag fitter was unable to gain access to the property.

Discussions between the AAMR project manager and staff at Camberwell Green Magistrates Court in addition to points raised in research interviews indicated that reasons for the disparity between the volume of AAMRs ordered at this court compared to Croydon may include geographical restrictions of the pilot, staff turnover, the impact of Transforming Rehabilitation, the suitability of offenders (e.g., a judiciary interviewee felt that those sentenced at Camberwell Green often had chaotic or complex lifestyles that precluded them from receiving an AAMR), and motivation of probation and judiciary staff to use the AAMR.

Demographics and criminal background

In terms of basic demographics of the offenders who received the AAMR, the majority were male (88%, n=98/111) and white[26] (66%, n=73/111), with an average age of 33 years (ranging between 18 and 63 years. Over half (59%, n = 66/111) were aged between 18 and 34 years).

Appendix nine presents headline PNC data on 102 offenders sentenced to the AAMR in the twelve month pilot period[27]. In terms of formal criminal history – the AAMR group present with a cumulative total of 1337 arrests, with an average of 13 arrests each (ranging from 1 to 88); a total of 771 guilty sanctions[28], at an average of 8 each (ranging from 1 to 58) and a total of 612 guilty court occasions, at an average of 6 occasions each[29] (ranging from 1 to 55). This includes the offence for which they received the AAMR. The majority of the group hold between one and ten (80%, n=82) and 11 and 20 (13%, n=13) guilty sanctions, although there is a lengthy 'tail' when exploring overall sanctions (see **appendix ten**) that indicates a minority of AAMR offenders do present with more prolific levels of crime (e.g., 3 offenders have between 21 and 30, and 4 have more than 30 guilty sanctions). Indeed, one fifth of the AAMR cohort (21%) demonstrated a level of criminal versatility – that is they hold guilty sanctions in four or more different offence types.

As a group, their average age of first arrest was 24 years of age, with slightly older average age of first sanction and guilty occasion at court (25 and 26 years respectively). One third (34%, n=35) received the AAMR for their first guilty court occasion. The remainder had at least one other guilty court occasion with almost a third (30%, n=31) having five or more in their history (see **appendix eleven).**

The Offender Group Reconviction Scale version 3 (OGRS3) scores for the AAMR cohort were calculated at the point of receiving the AAMR. OGRS uses static factors, such as age at sentence, gender, offence committed and criminal history to predict the likelihood of

[26] Including 'White: British/English/Welsh/Scottish/Northern Irish', 'White European', 'White Irish' and 'White Other'.
[27] PNC records for all 111 unique individuals sentenced to the AAMR in the twelve month pilot period were requested. Data was returned for 102 offenders. PNC analysis in this report is based on 102 records only.
[28] This is the number of guilty sanctions (including convictions, cautions, warnings and reprimands) including both court and non-court sanctions.
[29] The number of unique court occasions where the outcome was a guilty verdict. Several sanctions could be sentenced within the same court occasion.

proven reoffending within a given time (e.g., either one or two years after starting their Community Order. This research reports the two year score). Offenders with a higher OGRS score are at greater risk of reoffending and more likely to breach their Community Orders. For example, 11% of offenders included in the Offender Management Community Cohort Study with a very low risk of reoffending (based on OGRS scores) breached, compared to over a third (34%) of those with a very high risk of reoffending (Cattell et al, 2014a).

As a group, the average OGRS3 score was 35% (ranging from 6 to 82) placing the AAMR cohort as a whole at low risk of reconviction. Three quarters of the group would be defined as low (38%, n=39) or very low risk (39%, n=40) although a minority would be identified as medium (18%, n=18) or high (5%, n=5) risk of reconviction (see **appendix twelve)**. To place this in a wider context - as expected, in terms of offending history the AAMR cohort present far less than high demand offending populations and broadly align more to the general offending population in the UK, particularly those who receive community sentences (Farrington, 2005; Dawson and Cuppleditch, 2007, Ministry of Justice 2015b, 2010; Blakeborough and Richardson, 2012)

Key learning

113 AAMRs were imposed over the twelve month pilot period, the majority of which were given as part of a Community Order, with an average length of 75 days. Offenders receiving the AAMR were largely male and white, with an average age of 33 years. AAMRs were most commonly given in relation to violence or drink driving related offences.

94 AAMRs were completed/terminated in the pilot period, increasing to 107 as at 15th October 2015. The AAMR had a compliance rate of 92% over the twelve month pilot period, based on the number of cases (n=9) returned to court and convicted of breaching their AAMR as a proportion of all cases imposed.

There were over 6,500 monitored days in the pilot period during which over 298,000 alcohol readings were taken (at an average of over 2,600 readings per AAMR or approximately 45 per monitored day), indicating that the technology underpinning the AAMR is working as intended.

As expected, the AAMR cohort does not have an extensive criminal background, with an average of 8 sanctions and 6 guilty court occasions each, and an average OGRS score of 35%, although there is a minority that present more prolific histories. As a cohort, in terms of offending histories, the AAMR offenders present far less than high demand offending populations and broadly align more to the general offending population in the UK, particularly those who receive community sentences.

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 four themes: *setting up and getting going*, *delivering the AAMR*, *influence of the AAMR*, and *sustainability: insights from the pilot year*. Given the size of the research cohort, some caution should be used when considering results[30].

Setting up and getting going

Stakeholders and offenders generally have a good understanding of the AAMR, however there are opportunities for wider publicity…

All respondents to the stakeholder surveys indicated that they understood the aims and objectives of the AAMR (n=40/40 respondents rated their understanding as a '5', '6', or '7' with '7' being the maximum - 'very well') The majority stated that they understood the eligibility and exclusion criteria for offenders to receive the AAMR (n=38/40), that they had been provided with enough information to use the AAMR in their role (n=36/40), and knew where to get more information about the AAMR (n=33/40). 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).

Training/awareness raising sessions were generally well received, however around a quarter of respondents to the training/awareness raising feedback survey expressed dissatisfaction with some feeling that the sessions were delivered too quickly (n=13/53). A small number of respondents to the stakeholder surveys and NPS/CRC interviewees also highlighted some reliance on self-learning and information from colleagues, that the slow initial uptake of AAMRs may have led to staff 'skill fade' following training, the importance of face to face sessions due to limited time available to read training materials, and that not all NPS/CRC officers are aware of the AAMR. Despite this, on the whole, respondents to the stakeholder surveys were largely satisfied with the training, awareness raising and communication they had received about the AAMR (n=31/40, a further 5 were neither satisfied nor dissatisfied, 2 had not received any, while the remaining 2 were fairly or very dissatisfied). The majority of survey responses (n=45/58) also indicated that stakeholders were very or fairly satisfied with the communication they had received from MOPAC around the AAMR.

Interviewees also largely spoke positively about the training, awareness raising and communications received from MOPAC in terms of it being clear, straightforward and

[30] Due to the low response rate to individual surveys, responses to all three surveys have been collated (n=58) and overall themes drawn out. Eighteen respondents completed more than one survey throughout the pilot period, therefore response numbers sometimes reflect the number of surveys completed, rather than the number of individual respondents. Survey respondents who had responded to previous surveys were not required to answer all questions in later surveys therefore response numbers differ depending on question.

The AAMR project manager…has been a very useful and accessible source of information, clarification and advice (NPS survey respondent)

leaving them well informed to carry out their role in the AAMR pilot. NPS/CRC partners who were unable to attend training sessions or became involved later in the pilot due to staff changes or sick leave valued additional onsite one to one training from the project manager, indicating the need for ongoing training opportunities.

There were some mixed views from judiciary respondents around AAMR training, awareness raising and communications. While those who responded to the survey were generally satisfied and some interviewees commented that there had been considerably more information on the AAMR compared to other community sentencing options (with one suggesting that *'a couple of sides of A4'* of information and guidance would suffice), others felt that there hadn't been enough training, awareness raising and communications and that more mention should be made of the AAMR in sentencing guidelines/the sentencing judiciary kit. Some NPS/CRC interviewees also felt that more information on the AAMR should have been provided to defence solicitors, who are often unaware of the requirement and eligibility and exclusion criteria. Furthermore, wider publicity in general (to the public as well as professionals) on the AAMR would have been useful, perhaps even serving as a preventative measure to would-be recipients of the tag. Indeed throughout the surveys, respondents consistently ranked prevention of alcohol related crime as the most important goal for the AAMR[31].

All (n=44) offenders who completed a survey during their tag fitting understood why they had received the order, how the equipment works, what they must do to comply with the AAMR, thought that the information they had received was useful, and stated that they knew how to get more information. During their tag removal the majority of offenders (n=18/27) agreed that it was easy to contact somebody to get more information about the AAMR if they needed to (n=6/27 disagreed with this). Some offenders gave freetext comments in their surveys that the staff fitting or removing their tag were friendly and informative.

This generally positive understanding of the AAMR was likely the result of a determined effort by MOPAC to design, implement and communicate effectively from the outset of the pilot and throughout. To illustrate, the implementation was supported by training/awareness raising sessions (held both centrally at City Hall and in pilot boroughs), on site one to one training, a suite of specially designed products (e.g., a toolkit, leaflet, posters), the recruitment of a dedicated project manager and regular, bespoke

[31] Survey respondents were asked to rank what they considered to be the most important goals of the AAMR from a set list of 11 options. The full list (in order of importance according to survey respondents were): To prevent people committing alcohol related crime; To improve public safety; To improve public confidence in the ability of the criminal justice system to tackle alcohol related crime; To reduce the cost of alcohol related crime to statutory services (e.g., police, health); To prevent people committing crime in general; To change attitudes about the use of alcohol and acceptability of behaviour; To prevent people drinking excessive amounts of alcohol; To punish offenders; To support people to reduce the amount of alcohol they drink; To speed up the process of dealing with alcohol related offenders in the criminal justice system; To support people to tackle problems in their lives.

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[32] (which set out the aims and objectives of the pilot, ways of working and roles/responsibilities of partner agencies) was well received by stakeholders surveyed who felt it was useful (n=35/39), 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). The majority of stakeholders who stated they had seen the AAMR information leaflet and poster (**see appendix thirteen**) found them useful[33].

> *Response from project manager when information requests come through is very professional and swift* (CRC survey respondent)

Regular communications from the project manager and a quick response to questions was important to interviewees and this was often raised as a successful part of the pilot. Some interviewees commented that the pilot may not have run as smoothly as it did without a knowledgeable and responsive project manager who could quickly deal with any issues as they arose[34]. In respect of the offenders, the majority who responded to a survey at tag removal reported positively on information they received including a guidance document (n= 27/27), questions and answer sheet (n=20/27) and signposting advice (n= 19/27).

The findings above around understanding and implementation of the AAMR are encouraging. 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). Indeed, insights from the Home Office Sobriety Conditional Cautions scheme highlighted a general lack of stakeholder understanding of the process which contributed to substantial implementation issues experienced by the majority of pilot sites (Home Office, 2013). It is fair to state that MOPAC recognised this, with the interviewed MOPAC staff themselves highlighting the importance of clearly mapping out processes and roles in the set up and delivery of the pilot.

Key learning

Both practitioners and offenders surveyed and interviewed held 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, and regular communication between practitioners and the AAMR project manager.

However, publicity of the AAMR could have been more widespread to ensure that legal professionals (in particular, defence solicitors) and the general public were aware of the new technology.

Given the AAMR is a multi-agency approach, the importance of team work in pilot design and development, securing buy-in from partners (particularly NPS and CRC colleagues who were instrumental in the delivery of the AAMR) 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.

> *Good communication between agencies and partners has improved the process. There is willingness for the project to succeed between partner agencies*
> (MPS survey respondent)

Stakeholders interviewed and surveyed generally felt that engagement had worked well, with some survey responses even indicating that the AAMR pilot had enabled them to develop relationships with new partners or improve those with existing partners (n=30/58 and n=32/58 respectively). Although the MPS engaged with the pilot, officers took on less of a role than anticipated at the outset[35], however as an organisation that is considerably affected by alcohol related crime it would be useful to explore their role, and that of other partners (e.g., local authorities) further, in the event of any expansion of the AAMR. An MPS licensing officer who responded to the stakeholder survey felt that the AAMR scheme could benefit from police involvement as officers could provide further information which *"may help join up the dots and assist the courts and probation service decision to give an AAMR….It could be that the individual is coming to notice in other areas of policing and it would be useful to have a full picture when making assessments on crime prevention strategies"*. Some respondents to the stakeholder survey highlighted other partners who may benefit from being involved including alcohol assessors (who could consider the AAMR when an individual is found unsuitable to receive treatment for dependency), Community Payback managers, and health and substance misuse professionals.

> *The planning and implementation that went into the front end of the project paid off in the end as the service delivery went really well*
> (AMS survey respondent)

The working relationship between MOPAC and the equipment providers (AMS/EMS) appeared to be strong from the outset and largely worked well between EMS and delivery stakeholders, some of whom commented in interviews on a speedy response from EMS following queries. However, a small number of NPS/CRC interviewees highlighted occasions early on in the pilot where reports from EMS went to the wrong mailbox and that transmission of information from the court to EMS experienced some initial 'teething problems'. Learning from these incidents seemed to be taken on board and

[35] Initially it was anticipated that the MPS would ensure the influence of alcohol in an offence was highlighted via a flag or marker on the MG5 (case summary) form. Logistically it proved difficult to capture this information, as MG5s are not stored centrally (therefore making it impossible to dip sample to explore content) and flags not used consistently. Attempts were made to understand what prompted an AAMR assessment (e.g., through information on the MG5, via a Pre-Sentence Report (PSR) interview etc.) via a questionnaire to be completed by the NPS court officer, however this largely proved unsuccessful. As such, it was difficult to ascertain how consistently alcohol was flagged on the MG5 or the influence this did or did not have on the identification of eligible cases to receive an AAMR.

efforts made on the part of MOPAC and EMS to ensure that processes were more streamlined. This was supported by the experiences of the offenders surveyed, most of whom (n=42/44) stated that the process of receiving the alcohol tag (from sentence to having it fitted) was straightforward.

> *You need people with enthusiasm for the AAMR and a good overall manager to "get people on board with it"*
> (CRC survey respondent)

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 implementation failure (Maguire, 2004). Indeed, early and ongoing engagement and buy in with partners and good working relationships has been identified as essential factors in the development and running of other schemes (e.g., see Blakeborough and Richardson, 2012). 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, however a small number commented that this seemed to slow down slightly towards the latter stages of the pilot. Equipment provider (AMS/EMS) interviewees also emphasised the importance of their own governance structure, which allowed them to regularly review and learn from pilot implementation. 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 encouraging buy-in from partners, communicating, and supporting the delivery of the AAMR 'on the ground'. With a strong background in electronic monitoring and enforcement and a range of appropriate tools, the project manager had a firm understanding of working patterns, and well established contacts within HMCTS and the NPS/CRC. Indeed, both MOPAC staff and stakeholders (within freetext comments from the survey and interviews) consistently 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, effective engagement with partners in this challenging climate could be viewed as a noteworthy success of the pilot.

Key learning

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

The establishment of a dedicated MOPAC team including the appointment of a project manager with practical 'in the field' experience and established relationships 'on the ground' appears to have been a pivotal aspect of the effective roll out and implementation of 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 throughout the pilot period included geographical restrictions of the pilot areas and the immediacy of contact with the offender after a failure to comply. MOPAC and partners made a variety of amendments throughout the pilot in response to these challenges including: allowing the AAMR to be used in Crown Courts in the South London LJA, as a punitive requirement after breach, and with 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 LJA). In addition, responsibility for initiating first contact with an offender when non-compliance is detected moved to EMS (rather than NPS/CRC) reducing the likelihood of delays due to the Monday to Friday working patterns of NPS/CRC officers (EMS operates a 24 hours a day, 7 days a week service).

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 had well-established relationships with stakeholders.

Positive opinions about using the AAMR….

NPS/CRC and judiciary stakeholders surveyed and interviewed were largely positive about the AAMR technology, perhaps supported by previous experience of other forms of electronic monitoring equipment (i.e., curfew tags). NPS/CRC and judiciary interviewees largely welcomed the AAMR, referring to it as *'another tool in the toolbox'*, *'armoury'* or *'arsenal'* and *'another string to the bow'* which offered 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, targeted and innovative response that accurately monitored alcohol intake and allows offenders to go about their daily life (e.g., employment, care responsibilities etc.) with minimal disruption.

> *Another punishment requirement for low serious offenders so takes some of the burden off UPW*
> (NPS survey respondent)

Some NPS/CRC interviewees felt that the AAMR contributed to filling a gap in sentencing for alcohol related offences committed by non-dependent offenders, a cohort who were sometimes *'lumped together'* with dependent drinkers (who may present different criminogenic and lifestyle needs) on an Alcohol Treatment Requirement (ATR). Indeed, almost two thirds of survey responses (n=38/58) indicated that the AAMR was a useful additional tool. Survey responses also indicated support for a wider roll out of the AAMR across London (n=52/58) and nationally (n=51/58), echoed by interviewees, however some stakeholders highlighted in other parts of surveys and interviews that there needed to be further work to fully understand the impact of the AAMR on costs and offending behaviour.

Over half (n=33/58) of stakeholder survey responses stated that the AAMR would be more successful when delivered in combination with other requirements, however, a member of the judiciary interviewed warned against 'crowding' too many in to one sentence, which may *'set an offender up to fail'*[36]. In a similar vein, a senior probation officer felt that issuing another punitive requirement such as UPW alongside an AAMR, in some cases, seemed excessive. However, a number of NPS/CRC interviewees spoke about possible benefits of the AAMR alongside a supervision requirement for certain offenders. They felt that the purpose of the requirement and readings from monitoring graphs could be a good focus of conversation around levels of alcohol consumption, and impact on behaviour and general lifestyle. In all AAMR cases, offenders receive Identification and Brief Advice (IBA), and signposting to support services if required, from their Responsible Officer within the NPS/CRC. IBAs are shown to lead to one in eight people reducing their alcohol consumption to within a level which is recognised as safe or low risk, and evidence suggests that they are more effective for harmful and hazardous drinkers than dependent drinkers (Andrews, 2010; Blakeborough and Richardson, 2012; see also Raistrick et al, 2006)[37].

When asked in later surveys whether views about the AAMR had changed since the start of the pilot, no respondents said they had got worse with the majority stating 'got better' (n=24/39) or no change (n=15/39, as they had not dealt with cases or were awaiting results of research). Those who stated it had got better related this to compliance, the technology and monitoring, feedback from staff and service users, partnership, engagement and communications, and having another option to manage alcohol misusing offenders.

Some reservations about eligibility criteria and requirement of total abstinence …

> *I may possibly have dealt with one or two cases where AAMR may have been a possible disposal but it does not feature as a significant element in my sentencing armoury in practice as the conditions seem to suit only a very limited range of offences* (Judiciary survey respondent)

Some judiciary and NPS/CRC interviewees commented that the AAMR was 'missed' as a sentencing option on some occasions, highlighting the need for continued communication and reminders both centrally and 'on the ground'. A judiciary interviewee felt that sentencers sometimes get into 'comfort zones' and may need to be prompted to consider other options. A magistrate survey respondent highlighted the importance of probation colleagues stating that they should support the judiciary by *"…considering AAMRs when writing reports so that sentencers can consider whether an AAMR is appropriate and suitable as part of a sentence"*. Some NPS/CRC and judiciary interviewees were surprised that the AAMR hadn't

[36] In their study of key predictors of compliance with community supervision in London, Gyateng et al (2010) also noted that the likelihood of breach increased significantly with the number of requirements imposed on an offender.

[37] 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.

been used more throughout the pilot period and queried if the 'right type' of cases were coming through the courts, whether pilot boundaries were overly restrictive, and the impact of frequently updated measures, acts and requirements in general which can sometimes be overwhelming for delivery stakeholders. A perceived narrow eligibility criteria for the AAMR pilot and suitability of the offender assessment tool (AUDIT) was also raised in the freetext comments of some survey responses.

Two NPS/CRC interviewees speculated that the judiciary sometimes feel that requiring a person to abstain from alcohol is too punitive and that a more proportionate response would be to use the technology to enforce a reduction (rather than abstinence) of alcohol intake[38]. An interview with a district judge corroborated these views; however another judiciary interviewee disagreed, stating that a shorter period of enforced abstinence was preferable to a longer spell of reduced alcohol intake.

Responses to breach in the USA[39] were discussed by judiciary and MOPAC interviewees with some commenting that the pilot had indicated that the response to breach in the UK context was adequate, however another (from the judiciary) felt that the speed of breach process for all Community Based Orders (not exclusively the AAMR) was problematic.

Key learning

The AAMR has been largely welcomed by respondents as *'another tool in the box'* of community sentences, offering an innovative and tailored response to alcohol related offending, filling a gap in sentencing for alcohol related offences committed by non-dependent offenders. However, there are some reservations around narrow pilot eligibility criteria and the requirement for total abstinence in certain cases.

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 was not able to robustly evaluate the impact of the AAMR on offender behaviour, stakeholder workload or costs. However, it is possible to present some staff and offender insights around the levels of influence the AAMR may have.

[38] The LASPO Act 2012 also allows the court to specify that an offender cannot drink more than a specified amount of alcohol, thus allowing for the possibility of minimal drinking rather than abstinence.

[39] One of the key differences between the use of sobriety technology in the USA and UK is the manner in which it is enforced. The US system allows for immediate detention following breach whereas the primary legislation which governs breach action in England and Wales is the Criminal Justice Act 2003 which outlines that an offender is usually returned to court for breach action after a first breach notice has been served and the offender has failed to comply for a second time.

On offender lifestyle and behaviour…

The majority (n=41/44) of offenders surveyed were very or fairly confident that they would successfully complete the AAMR (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=39/44) while over half (n=27/44) stated that the tag was not comfortable to wear. Indeed, almost two thirds (n=28/44) 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: almost all (n=26/27) stated that the tag was bulky and two-thirds (n=17/27) that the tag was not comfortable to wear. A similar proportion (n=18/27) disagreed with the statement *'the alcohol tag is better than I thought it would be'*. In freetext fields on the survey, some offenders referred to the size of the tag, that it disturbed their sleep and limited their clothing choices, and concerns about not being able to bath while wearing it[40]. Some NPS/CRC and judiciary interviewees and survey respondents also saw this as a negative of the AAMR, raising health and safety concerns for offenders with an active or very visible job or lifestyle wearing the tag. Interviewees felt that more information about the AAMR should be provided to offenders at court so they are aware of the tag size and what is required of them.

It's big and ugly. I'm also not happy about the bathing arrangements
(Offender survey respondent)

…The tag is very big and uncomfortable to wear in bed
(Offender survey respondent)

Despite this, most (n=31/44) offenders surveyed reported that they were generally not worried about wearing the alcohol tag at the point of fitting, although there was some concern around what their friends and family (n=28/44) or strangers (n=23/44) would think of the tag. On the whole, views were similar when the tag was removed: the majority (n=21/27) were not worried about wearing the tag, however many were concerned about the views of friends and family (n=19/27) and strangers (n=18/27). Research on the ethics of electronic monitoring of offenders presents different views around stigmatisation effects of wearing a tag, including that it can both hinder development because the offender feels socially excluded and disadvantaged, but also that it may foster a sense of repentance or have a deterrent effect (see Billow, 2014).

Offenders were asked for their views on the effect of the AAMR 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 fourteen**)[41]. Small numbers make results difficult to interpret, however at tag

[40] The AAMR tag must not be submerged in water therefore offenders cannot bath while wearing it, however can shower. AMS are currently in the process of testing a new tag strap and buckle designed to be more comfortable for the wearer.
[41] A number of 'life areas' set out in the survey – in particular 'relationship with children', 'education' and 'ability to comply with other orders/programmes' – were not applicable for some survey respondents.

fitting few (between 2 and 9) respondents felt that the AAMR would make any of the 'aspects of life statements' outlined in the survey worse, with the largest proportion usually stating 'no change' or 'make better' depending on the statement. Most notably at tag fitting, over half (n=25/44) felt the AAMR would make their health better (n=17/44 stated 'no change'. Health benefits were also the most frequently mentioned theme in the limited number of freetext comments captured in offender surveys) while almost half (n=20/44) stated that the AAMR would make family life in general better (n=16/44 stated 'no change'). Respondents were more likely to report 'no change' to relationships with friends (n=26/44), work (n=20/44), attitudes to the police (n=27/44) and probation/offender manager (n=25/44).

At tag removal, the largest proportion of survey respondents mostly commented that the AAMR had 'no change' on the different parts of their life outlined. Similar to the survey conducted at tag fitting, those who responded to the tag removal survey were most likely to report life areas that were 'made better' by being on the AAMR as 'family life in general' (n=10/27) and 'health' (n=13/27). At tag removal, survey respondents were asked to rate their experience of being on the AAMR from '1' being 'very negative' to '7' being very positive. Almost half (n=13/27) of respondents rated their experience at the more positive end of the scale (between '5' and '7'). Six respondents felt that their experience was 'very negative' (ranking '1').

I have stopped binge drinking for the long term and I have seen how good life can be without drinking
(Offender survey respondent)

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=29/44) and helping people to drink less alcohol in the long term (n=29/44) at the point of tag fitting. Responses to these questions were similar when the tag was removed (n=18/27 in terms of stopping people committing crime and n=19/27 in terms of drinking less alcohol).

It can be a precursor to helping people address their alcohol misuse…which they may have not considered before
(CRC survey respondent)

Stakeholders 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=31/58) of responses to the stakeholder survey were unsure whether the AAMR would stop people committing crime in the long term. However, almost two thirds (n=36/58) agreed that being on the AAMR would help people to drink less alcohol in the long term and play a more positive role in society (n=35/58), while almost three quarters (n=42/58) thought that it would help people in other areas of their lives (e.g., work, family, health). Although reporting no impact on re-arrest rates, Blakeborough and Richardson's (2012) evaluation of the Home Office Alcohol Arrest Referral pilot, found statistically significant reductions in alcohol consumption

between the time of offenders receiving brief alcohol interventions in a criminal justice setting and the follow up period (for those who were able to be contacted). Although the authors were not able to determine whether changes were a result of the pilot, impressions from offenders were that the intervention may have prompted reflections on drinking behaviour and identified motivational levers.

> *It is a useful tool that allows people a time of reflection regarding their drinking and to see changes that this brings about*
> (CRC survey respondent)

As part of the pilot, the AAMR is considered to be a punitive response to alcohol related offending, however both NPS/CRC and judiciary interviewees highlighted possible rehabilitative elements as a welcome unintended consequence. Although unsuitable for alcohol dependent offenders and, for the purposes of the pilot, unlikely to be used extensively with '*hardened career criminals*' thus limiting the likely impact on offending behaviour, interviewees felt that a period of abstinence on the AAMR had the potential to give offenders a 'pause' in drinking, time to reflect on alcohol consumption and its impact on offending behaviour, relationships and work, and an opportunity to break the cycle of routine drinking. Even if not sustainable in the longer term, some felt that the duration of the AAMR at least may give respite to families, communities, local police and health providers, and allow offenders to focus on other areas of their life. Some NPS and CRC interviewees gave examples of how they had tailored products around the AAMR to support offenders further and use the opportunity as a 'teachable moment', including letters sent at the end of the AAMR and literature/advice around alcohol consumption going forward. Positive relationships between an offender and Offender Manager and tailoring discussions to individual needs may reduce the likelihood of an offender breaching their Community Order (Cattell et al, 2014b), however some research suggests more mixed results about the impact of relationships (see McSweeney et al, 2013).

> *It has given me the opportunity to work with people with alcohol issues in a different way - it provides a period where they are not drinking and gives them the opportunity to see the difference this can make - this gives me something to build on*
> (CRC survey respondent)

On costs and stakeholder workload…

Although attempts were made in surveys and interviews to collect data around time taken to assess, prepare, induct, enforce and manage AAMRs in comparison to other requirements, respondents often found this difficult to quantify due to the varying nature of cases and workloads.

There was limited evidence to draw conclusions about the effect of the AAMR on stakeholder workload, with different parts of the fieldwork presenting mixed views. Early indications from conversations with a small number (n=3) of NPS/CRC staff presented at interim report stage in **appendix fifteen** suggested that while time required to assess, prepare, induct and enforce the AAMR were largely comparable to other requirements, day to day management of the AAMR required considerably fewer NPS/CRC staff hours (around 3 hours per case) compared to other requirements including UPW, supervision and curfews (between 15 and 25 hours). However, on reflection, one of the stakeholders who took part in these early conversations said in an interview at mid-point of the pilot that it was perhaps taking slightly longer. This was due to managing the AAMR email box and in some cases where NPS/CRC officers introduced their own processes such as writing letters to offenders at the end of their AAMR to advise around changes in alcohol tolerance levels and drinking patterns in the future. It was clear from the stakeholder survey that the AAMR had not reduced workloads (n=30/58 disagreed with the statement 'the AAMR has reduced my workload') and most responses disagreed (n=23/58) that offenders were dealt with any more quickly on the AAMR compared to other requirements. A small number of freetext comments in stakeholder surveys suggested that AAMR assessments and inductions took slightly longer. However, interviews with NPS and CRC stakeholders indicated that, although the AAMR did introduce new work (some elements of which may initially take slightly longer while getting to grips with new language, processes and technology etc.), this was not particularly onerous or prohibitive, and in most cases largely similar to other requirements (although it was acknowledged that this could change as caseloads increase).

The AAMR had no impact on the workload of judiciary interviewees as it required similar resources to other community sentences. One judiciary interviewee speculated that the AAMR had the potential to reduce workloads as repeat alcohol offenders may be less likely to return to court, at least for the duration of their order. NPS/CRC staff require *'time and space'* to ensure a case is eligible and an offender suitable to receive an AAMR. This was an issue frequently iterated by an interviewee from the NPS who felt that, to date, NPS/CRC staff had been allowed this with no pressure from the judiciary to conduct *'quick time'* assessments, and was keen that this should continue if the AAMR is rolled out more widely. A full cost benefit analysis of the AAMR could be explored when more cases are available and a longer time period has elapsed to consider implications for reoffending and wider impact on health and other partners.

Key learning

Offenders surveyed were largely unhappy about the appearance and *'wearability'* of the tag, however overall were positive they could complete the order. Some felt that there might be health benefits from being on the AAMR.

Interviewees felt that a period of abstinence on the AAMR had the potential to give offenders a 'pause' in drinking, time to reflect on alcohol consumption and its impact on offending behaviour, relationships and work, and an opportunity to break the cycle of routine drinking. Some NPS and CRC interviewees gave examples of how they had tailored products around the AAMR to support offenders further and use the opportunity as a 'teachable moment', including letters sent at the end of the AAMR and literature/advice around alcohol consumption going forward.

There was limited evidence to draw conclusions about the effect of the AAMR on stakeholder workload, with different parts of the fieldwork indicating mixed views with some stakeholders commenting that assessments and inductions may take slightly longer (e.g., while getting to grips with new language, processes and technology etc.). However, this was not felt to be particularly onerous or prohibitive and in most cases largely similar to other requirements.

Sustainability: insights from the pilot year

In both surveys and interviews, stakeholders shared their reflections on the pilot year and 'lessons learned' that they felt should be considered in any plans to expand the AAMR (although some highlighted the need for more in-depth evaluation to fully understand the impact on costs and offending behaviour). Key insights included:

- **A clear operating model**: Clarity around scope and expected delivery was important in the AAMR scheme and the MOPAC team worked hard to ensure this was maintained throughout the pilot. Any future schemes should establish clear, documented processes and channels of communication, outline roles for key partners, and provide training and guidance material for delivery stakeholders and sentencers. This should be supported by solid governance arrangements that encourage continuous learning and improvement. A MOPAC interviewee emphasised the value of 'keeping it simple', avoiding unnecessary or complicated processes.

- **Engagement with partners**: MOPAC staff interviewed emphasised the importance of strong partnership working from the outset and throughout the

AAMR pilot, highlighting the need for engagement at the 'right' organisational level (i.e., enthusiastic decision makers who can 'champion' the work), securing buy in (rather than just consensus), and involving partners in project design (not just expecting them to deliver). Good relationships with equipment providers are also pivotal. This was strong throughout the MOPAC pilot with clear and open communication which assisted with continuous review and service improvement as the scheme progressed. A survey respondent from the MPS suggested that there could be a greater role for partnership work with the police going forward, both in terms of identifying offenders who may be suitable to receive an AAMR and sharing information.

- **Dedicated staff**: The role of the AAMR project manager was frequently mentioned by stakeholders throughout the evaluation as a positive feature, with some suggesting that the pilot may not have run as smoothly without his continued communication and quick response to questions. From a MOPAC perspective, the 'on the ground' experience and well established contacts of the project manager seconded from the NPS were invaluable. Stakeholders interviewed and surveyed also highlighted the importance of a dedicated person in each partner agency who can promote the AAMR, problem solve and answer questions. The value of a single point of contact (SPOC) was also recognised in Home Office findings around the Sobriety Conditional Cautions scheme (Home Office, 2013). Issues around sustainability of these resources and 'scalability' of the pilot should be considered if the scheme is expanded.

- **Delivering the AAMR**: Good quality assessment and induction, along with clear guidance around eligibility and suitability, and effective communication between partners, (particularly the courts, tag fitters and NPS/CRC) were identified by stakeholders surveyed and interviewed as essential factors in the AAMR pilot. Continued communication both centrally and 'on the ground' (e.g., between NPS/CRC and sentencers) is important as the AAMR 'beds in' to ensure that it is not missed as a sentencing option.

- **A 'teachable moment' with offenders:** Some NPS/CRC officers interviewed spoke about opportunities for the AAMR to be used as a 'teachable moment' and outlined processes they had developed including advice to offenders (face to face or via letter) around changes in tolerance levels following a period abstinence and relationships with alcohol going forward. Billow (2014) argues that, when combined with other crime prevention measures including education, electronic monitoring has the potential to impact on rehabilitation. Although a punitive measure for the purposes of the pilot, the technology may present wider opportunities around addressing offending and other negative behaviour.

- **More information for offenders at court:** A number of NPS/CRC interviewees felt that more information about the AAMR should be made available to offenders in court, including examples of the alcohol tag and monitoring equipment, so individuals have a better understanding of what will happen during tag fitting.

- **Opportunities for wider use of the technology:** As the scheme progressed, some partners reflected on the pilot boundaries, suggesting that there were potentially more innovative uses for the AAMR beyond current restrictions. This included domestic violence cases (as part of a package of measures to address offending behaviour[42]), wider responses to drink driving offences, and to support dependent drinkers as part of their treatment programme (although not via abstinence). Kilmer and Humphreys (2013) also recognised the opportunities for exploring wider uses of sobriety schemes, perhaps in line with treatment for dependent drinkers. A judiciary interviewee was interested in further work to explore the length of time on a tag required in order to see positive changes in behaviour. The South Dakota Model found greater reductions in future offending compared to control groups for participants with at least 90 consecutive days of alcohol testing (although there were still lower rates of future offences compared to matched controls with participants with at least 30 days) (Loudenburg et al, 2010). It would be interesting to explore this further in a UK context.

[42] Kilmer and Humphreys (2013) reported a 9% decrease in domestic violence arrests as part of the 24/7 Sobriety Program in South Dakota.

Concluding thoughts

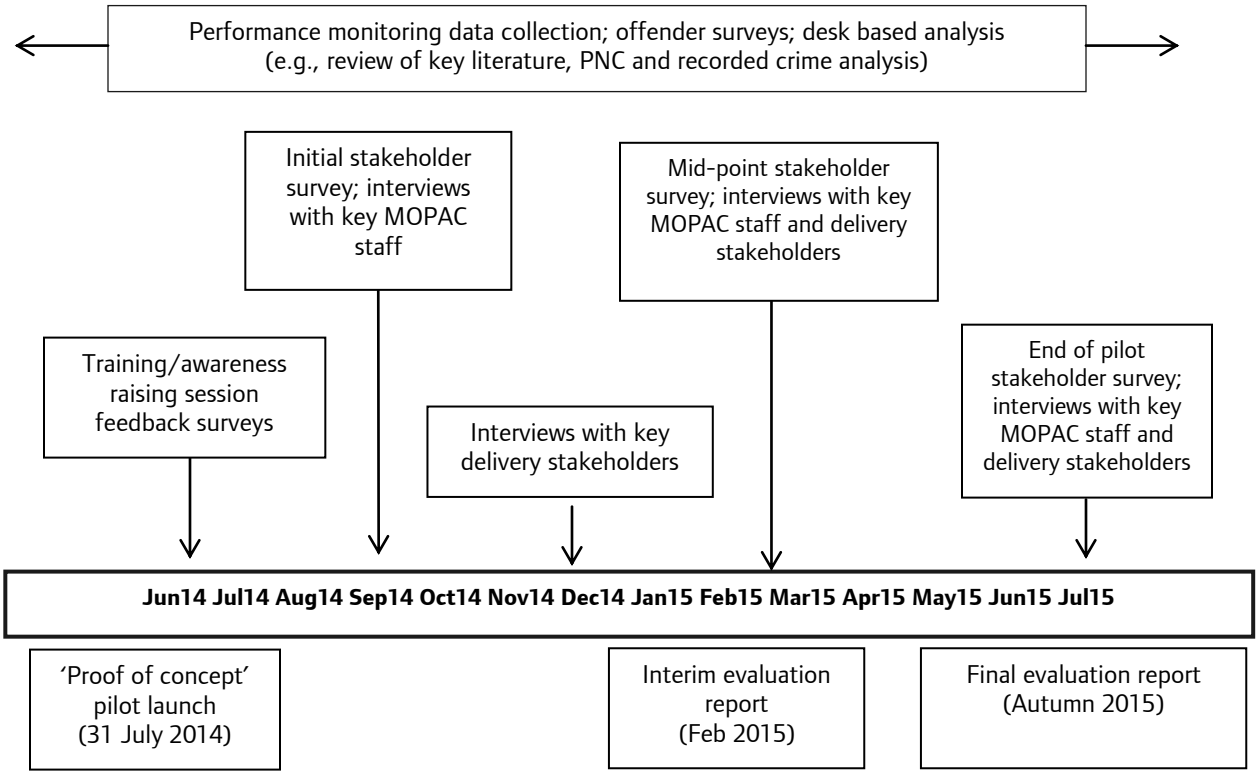
This report helps to build the evidence base to inform discussions around the AAMR work to date, and also to inform any roll out of the AAMR across London and beyond. Whilst it is too soon at present to robustly evaluate the impact of the AAMR on offending behaviour or costs, this process evaluation generates learning on the proof of concept pilot through the views and experiences of stakeholders involved in design and implementation, and the offenders themselves who were sentenced to wear the alcohol tag.

The AAMR has been generally welcomed by delivery stakeholders as an additional community sentence option that offers an innovative and tailored response to alcohol related offending. Learning generated from the pilot year presents a positive message in terms of offender compliance, the technology working as expected, and programme implementation, with a strong understanding of the aims of the pilot and how the AAMR works in practice amongst both offenders receiving the sentence and stakeholders involved in its delivery. However, the fieldwork identified offender and stakeholder concerns about the appearance and *'wearability'* of the alcohol tag, while some stakeholders highlighted the importance of ongoing communication to ensure that sentencers continue to use the AAMR as a sentencing option. Clear communication and consistent engagement with stakeholders from the outset of the pilot and throughout, and a project manager with 'on the ground' experience and well established contacts has meant that MOPAC has been able to identify challenges and amend the model accordingly throughout the pilot. There is considerable evidence that highlights the value of effective implementation and the sheer challenge when implementing innovation (Dawson and Stanko, 2013). In this context, the positive findings around AAMR implementation cannot be over stated. However, consideration should be given to the sustainability of this level of project management should the scheme be expanded.

This report contributes to a currently limited British research evidence base around interventions to address alcohol related offending in a criminal justice context (McSweeney, 2015; McSweeney et al, 2009). Wider roll out of the AAMR would provide a larger sample size and opportunities to explore innovative approaches to selecting those individuals to receive the sentence (e.g., randomisation). Future studies could generate a valid counterfactual to enable confident conclusions, and explore the impact of the AAMR on offending behaviour, costs and wider possible benefits including health, community and economic outcomes. In light of plans in the 2015 Conservative Party Manifesto to make sobriety orders more widely available, and the extension of the AAMR pilot for a further six months to January 2016, this timely report offers useful insights to inform any expansion of the scheme. Awareness about the use of sobriety orders and the technology that underpin them in a UK context is still developing. This process evaluation of the AAMR proof of concept pilot is a basis on which to build knowledge, and can be used as a blueprint for future evaluation efforts in this area.

Appendices

Appendix 1: Evaluation timeline, survey and interview details



Survey details

Survey type	No. of respondents	Respondent details
Start of pilot (September 2014)	19	14 x National Probation Service (NPS) and Community Rehabilitation Company (CRC) 5 x Alcohol Monitoring Services Ltd (AMS - manufacturer of the transdermal alcohol monitoring equipment) and Electronic Monitoring Services (EMS – responsible for fitting, removing and maintaining the equipment)
Mid-point of pilot (March 2015)	24	9 x Judge/Magistrate 9 x NPS and CRC 2 x AMS and EMS 2 x Her Majesty's Courts and Tribunal Service (HMCTS - legal advisors)

		1 x Metropolitan Police Service (MPS) 1 x Local Authority Nine respondents stated that they had completed a previous survey. Surveys were anonymous; as such it was not possible to track responses.
End of pilot (August 2015)	15	11 x NPS and CRC 2 x AMS and EMS 1 x MPS 1 x Local Authority Nine respondents stated that they had completed a previous survey. Surveys were anonymous; as such it was not possible to track responses.

Interview details

Interview type	No. of interviews	Interviewee details
Start of pilot (September 2014 – January 2015)	7	3 x MOPAC officers 2 x Judge/Magistrate 2 x NPS and CRC
Mid-point of pilot (April - May 2015)	9	4 x NPS and CRC 3 x MOPAC officers (also interviewed at start of pilot) 2 x Judge/Magistrate (one had been interviewed at start of pilot)
End of pilot (July - September 2015)	19	10 x NPS and CRC (two had been interviewed at start of pilot) 3 x AMS and EMS 3 x Judge/Magistrate (one had been interviewed at start of pilot) 2 x MOPAC officers (also interviewed at start and mid-point of pilot) 1 x HMCTS

Appendix 2: Alcohol related crime indicators by borough

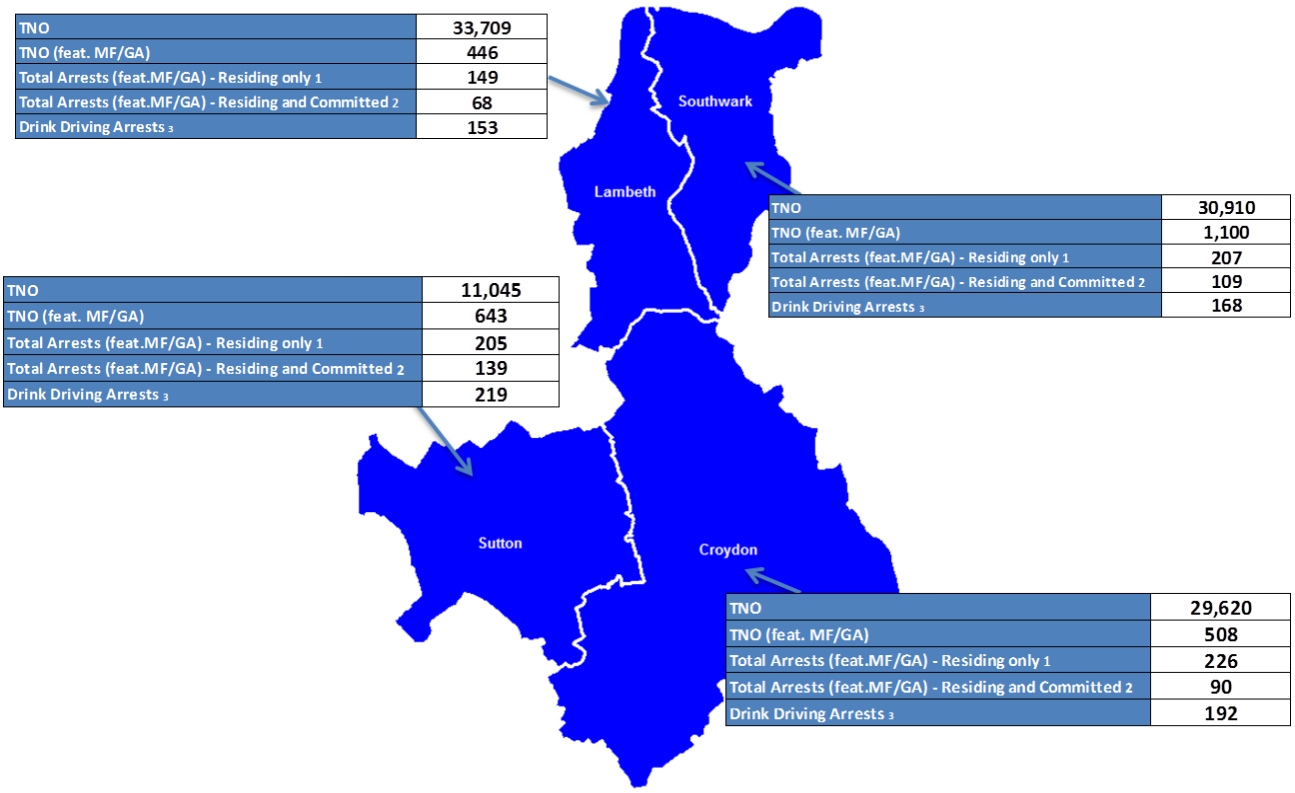
Borough	Total Notifiable Offences (TNOs) with feature code MF ('suspect/accused has been drinking prior to committing offence') and GA ('alcohol consumed at scene by suspect/accused') recorded by the Metropolitan Police Service (Rolling 12 months to January 2015)		Drink driving arrests (positive breath 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 July 2015

TNO	105,284
TNO (feat. MF/GA)	2,697
Total Arrests (feat.MF/GA) - Residing only [1]	787
Total Arrests (feat.MF/GA) - Residing and Committed [2]	406
Drink Driving Arrests [3]	732



TNO	33,709
TNO (feat. MF/GA)	446
Total Arrests (feat.MF/GA) - Residing only [1]	149
Total Arrests (feat.MF/GA) - Residing and Committed [2]	68
Drink Driving Arrests [3]	153

TNO	30,910
TNO (feat. MF/GA)	1,100
Total Arrests (feat.MF/GA) - Residing only [1]	207
Total Arrests (feat.MF/GA) - Residing and Committed [2]	109
Drink Driving Arrests [3]	168

TNO	11,045
TNO (feat. MF/GA)	643
Total Arrests (feat.MF/GA) - Residing only [1]	205
Total Arrests (feat.MF/GA) - Residing and Committed [2]	139
Drink Driving Arrests [3]	219

TNO	29,620
TNO (feat. MF/GA)	508
Total Arrests (feat.MF/GA) - Residing only [1]	226
Total Arrests (feat.MF/GA) - Residing and Committed [2]	90
Drink Driving Arrests [3]	192

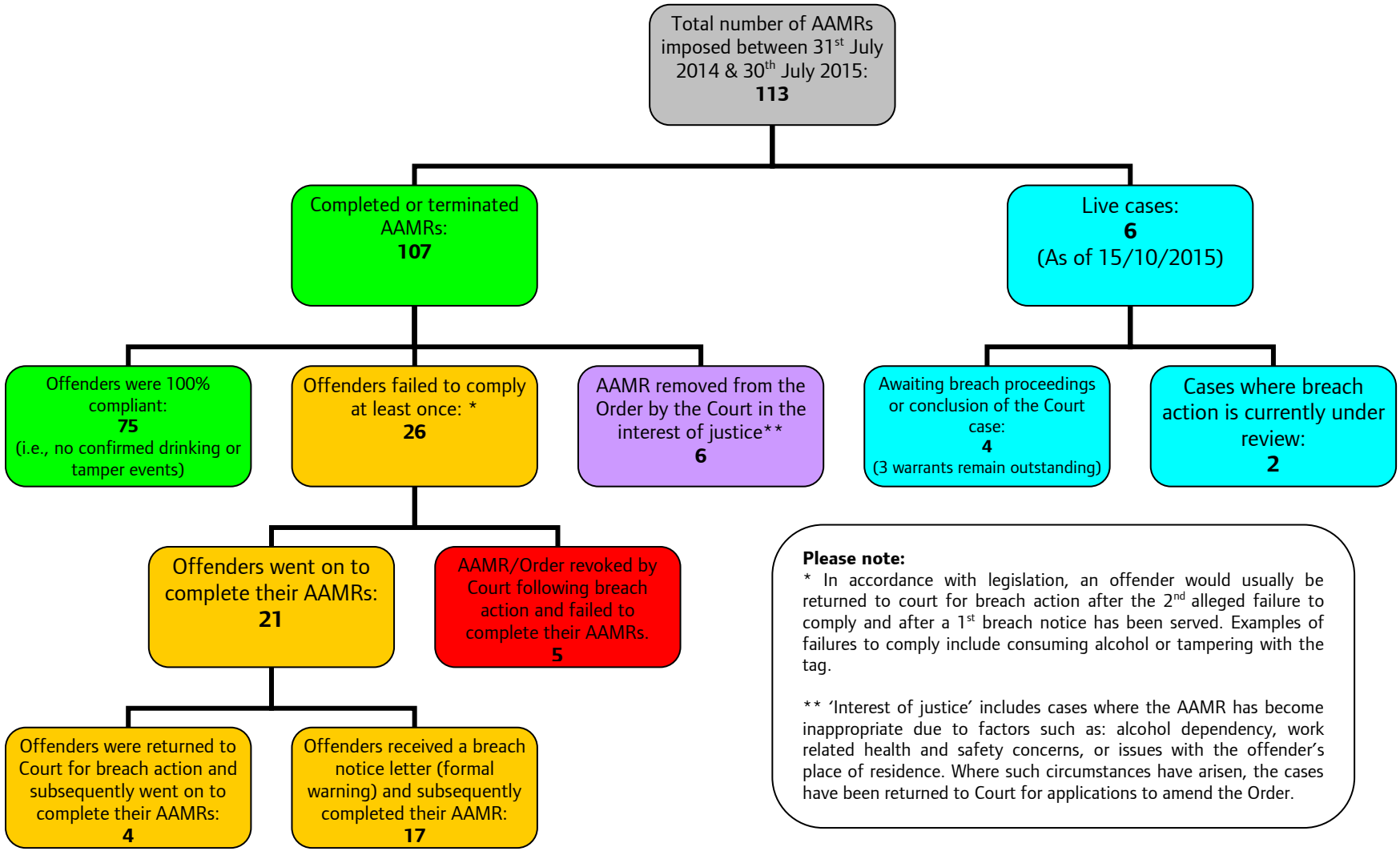
Notes on appendix 3

- 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 resides in one of the four pilot boroughs and committed an offence within the MPS. This number excludes domestic abuse related offences.
- 2 = Where an arrested individual resides and committed an offence in one of the four pilot boroughs.
- 3 = Positive breath test/ refusal of breath test.

Appendix 4: Headline performance data on AAMRs imposed, 31 July 2014 to 30 July 2015

Headline performance data on AAMRs imposed, 31 July 2014 – 30 July 2015		
Total number of AAMRs	113	
Number of AAMRs completed/terminated	94 *(this increased to 107 as at 15/10/15)*	
Compliance	92% *Based on the number of cases (9) returned to court and convicted of breaching the AAMR as a proportion of all AAMRs imposed to date (113).* *See appendix 5 for further details*	
Arresting borough *(In 2 cases the arresting borough was unknown)*	Croydon	57
	Lambeth	19
	Southwark	14
	Sutton	21
Borough of residence	Croydon	56
	Lambeth	15
	Southwark	15
	Sutton	27
Sentencing court	Croydon	82
	Camberwell Green	31
Community Based Order with a standalone requirement of an AAMR	44	
Community Based Order with multiple requirements one of which is an AAMR	69	
Community Orders	94	
Suspended Sentence Orders	19	
Average length of AAMR	75 days	
Range of length of AAMR	Upper	120 days
	Lower	28 days
Reason for ending AAMR *(data to 15/10/15)*	Completed	96
	Revoked following breach	5
	Removed in the interest of justice (see appendix 5)	6
Total monitored days	6,584	
Total readings taken	298,004	

Appendix 5: AAMR compliance (data to 15 October 2015)

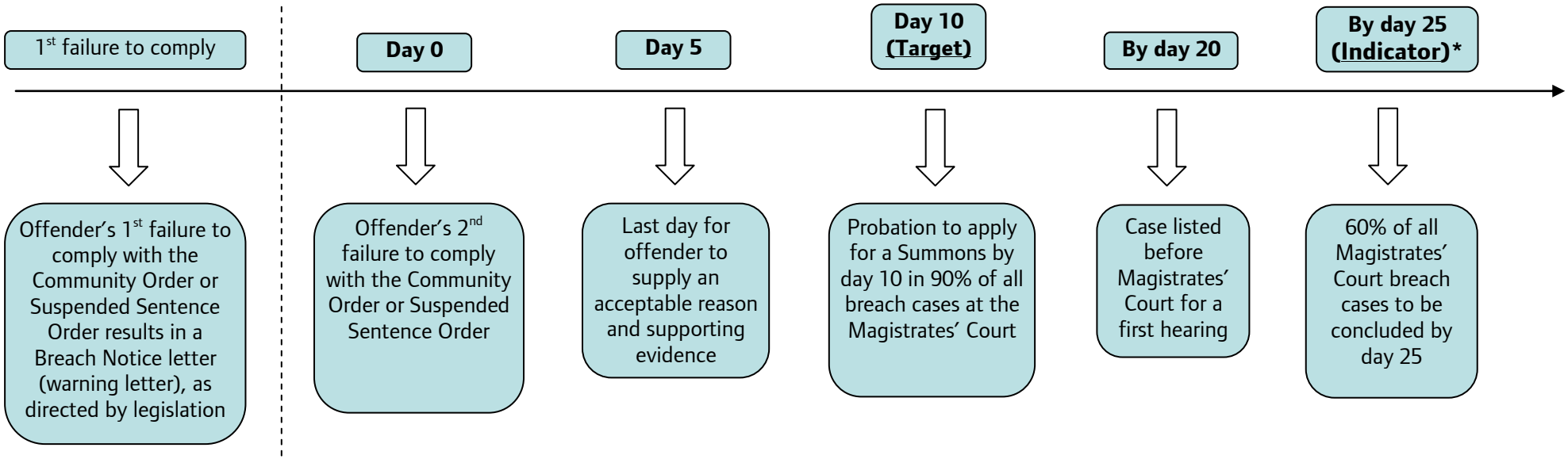


Please note:

* In accordance with legislation, an offender would usually be returned to court for breach action after the 2nd alleged failure to comply and after a 1st breach notice has been served. Examples of failures to comply include consuming alcohol or tampering with the tag.

** 'Interest of justice' includes cases where the AAMR has become inappropriate due to factors such as: alcohol dependency, work related health and safety concerns, or issues with the offender's place of residence. Where such circumstances have arisen, the cases have been returned to Court for applications to amend the Order.

Appendix 6: Enforcement timeline for Community Based Orders



Please note: High risk cases are prioritised and enforcement proceedings may be initiated by an application for a warrant before a court following, in some circumstances, a single failure to comply.

**This is a historical indicator but is often still observed by the NPS in order to ensure expedience with breach proceedings.*

Appendix 7: Offence types for which an AAMR was ordered, 31 July 2014 to 30 July 2015

Offence types		Number of offences for which AAMR was ordered[43]
Driving	Driving with excess alcohol	35
	Failure to provide specimen for analysis	2
	Being in charge of a motor vehicle while unfit through drink or drugs	1
	Failing to stop after an accident	1
Violence	Assault by beating or common assault	29
	Assault on a Police Constable	11
	Resisting/obstructing a Police Constable	1
Disorderly behaviour/ harassment	Threatening words and behaviour	13
	Causing a nuisance/disturbance without reasonable excuse on NHS premises	1
	Drunk and disorderly conduct	3
	Racially aggravated harassment or harassment	7
Damage/theft	Criminal damage	9
	Theft	4
	Burglary	3
	Aggravated taking of a vehicle	1
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)	3
	Possession of cannabis (in combination with an offence listed above)	1
Other	Offensive/indecent/obscene/menacing message	1
	Breach of an Anti-Social Behaviour Order (ASBO)	1
Total		**128**

[43] Some cases involved multiple offences.

Appendix 8: Month by month breakdown of AAMRs issued by court

Court	Aug 14[44]	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Total
Croydon Magistrates' Court	5	6	4	2	4	12	3	14	5	8	8	6	77
Croydon Crown Court	N/A	N/A	N/A	N/A	N/A	1	1	0	1	0	1	1	5
Camberwell Green Magistrates' Court	0	2	4	5	3	3	3	3	5	0	2	1	31
Total	5	8	8	7	7	16	7	17	11	8	11	8	113

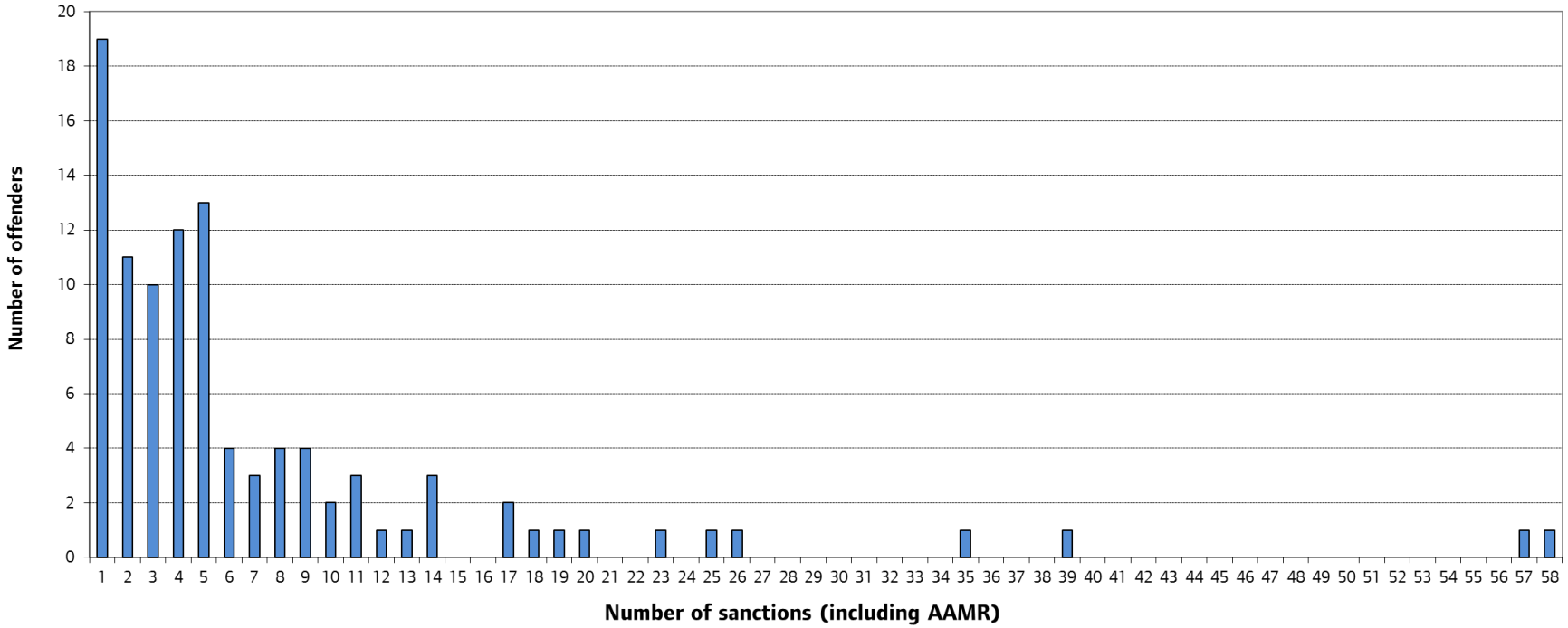
[44] August figures include one AAMR given on 31 July 2014.

Appendix 9: Headline PNC data on offenders sentenced to the AAMR, 31 July 2014 to 30 July 2015[45]

Headline PNC data on offenders sentenced to the AAMR, 31 July 2014 – 30 July 2015[46]		
Arrests *(The number of offence entries on PNC for an individual. This includes any outcome for the offence, guilty or not, and multiple arrests on the same occasion)*		
Total number of arrests for AAMR cohort	1337	
Average number of arrests	13	
Range of number of arrests	Upper	88
	Lower	1
Average age of first arrest	24	
Age range of first arrest	Upper	54
	Lower	11
Sanctions *(The number of guilty entries on PNC. This includes court and non-court sanctions)*		
Total number of sanctions for AAMR cohort	771	
Average number of sanctions	8	
Range of number of sanctions	Upper	58
	Lower	1
Average age of first sanction	25	
Age range of first sanction	Upper	54
	Lower	11
Criminal versatility	21% have sanctions for 4 or more offence types	
Guilty sanction occasions at court *(The number of court occasions where the outcome was a guilty verdict. Several offences could be tried at one court occasion)*		
Total number of guilty sanction occasions at court for AAMR cohort	612	
Average number of guilty sanction occasions at court	6	
Range of number of guilty sanction occasions at court	Upper	55
	Lower	1
Average age of first guilty sanction occasion at court	26	
Age range of first guilty sanction occasion at court	Upper	54
	Lower	12

[45] Based on PNC records returned for 102 offenders
[46] Based on PNC records returned for 102 offenders

Appendix 10: Total number of sanctions (including AAMR) of offenders on the AAMR

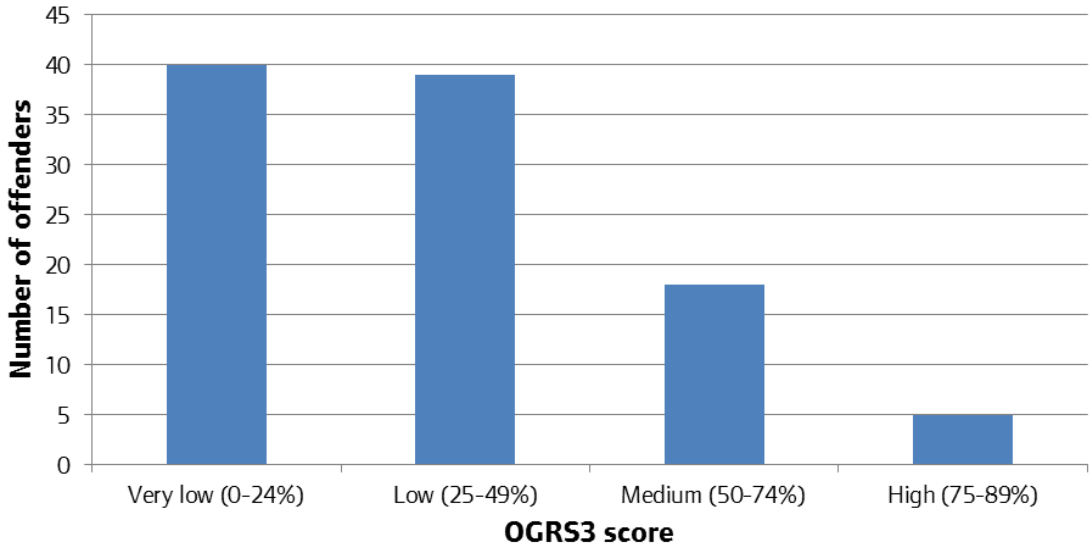


Appendix 11: Total number of previous guilty court occasions of offenders on the AAMR

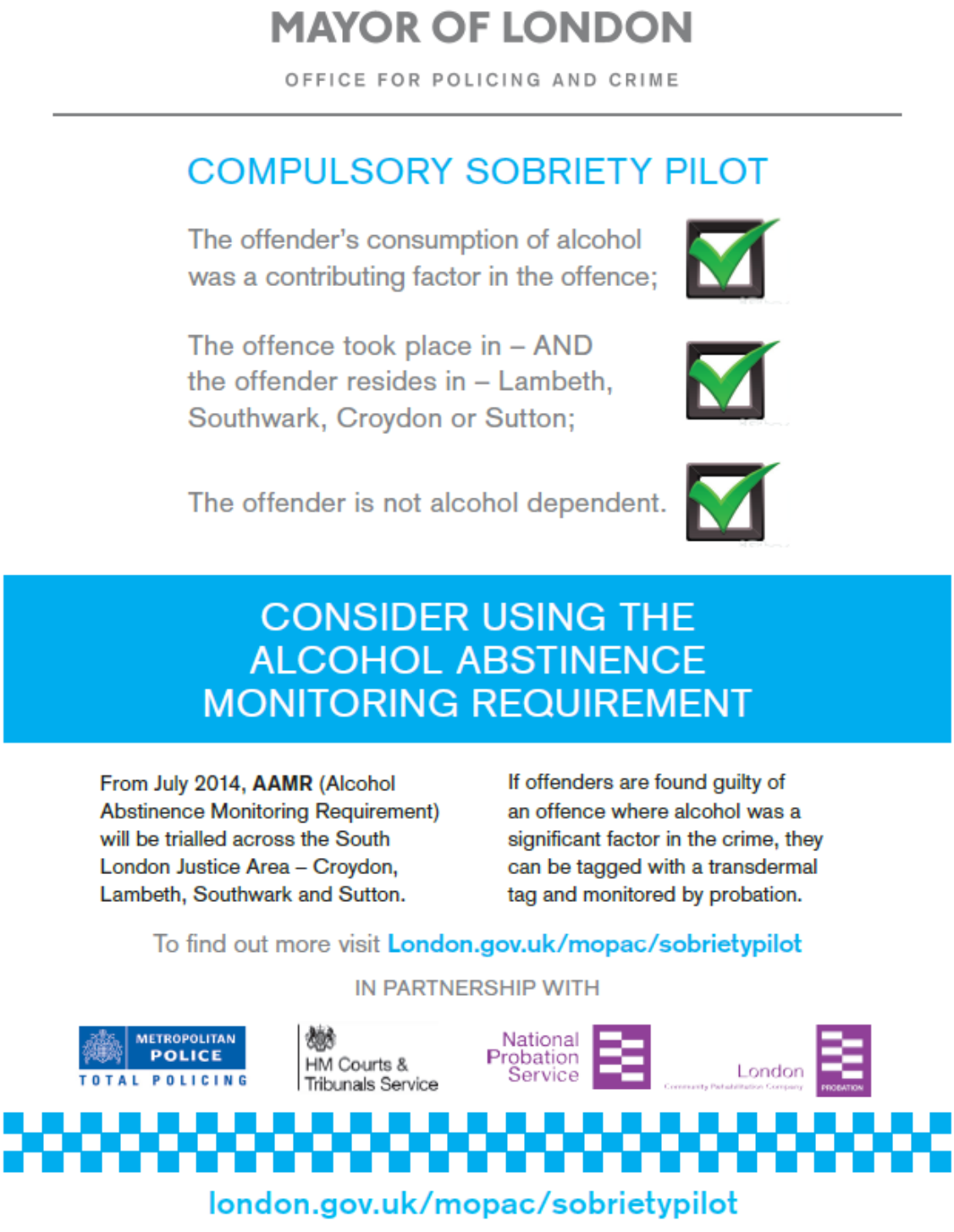
Number of previous guilty court occasions	Count of AAMR cohort	%
0	35	34
1	13	13
2	13	13
3	7	7
4	3	3
5 or more	31	30
Total	102	100

Appendix 12: OGRS3 scores for offenders on the AAMR

OGRS3 score	No. of AAMR offenders	%
Very low (0-24%)	40	39
Low (25-49%)	39	38
Medium (50-74%)	18	18
High (75-89%)	5	5
Total	102	100



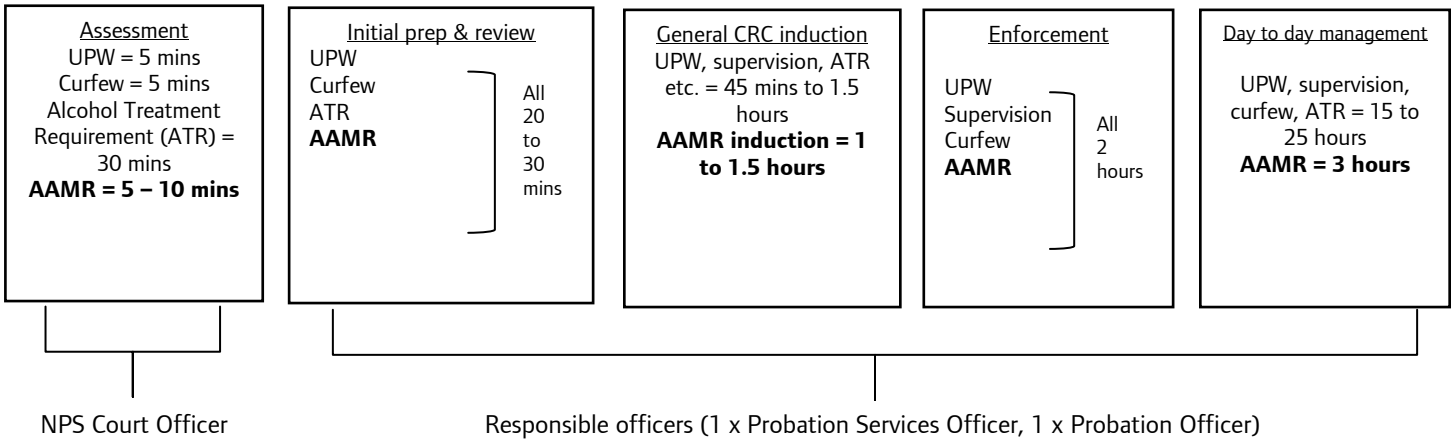
Appendix 13: AAMR poster



Appendix 14: Offender views on effect of AAMR on their life at time of tag fitting and removal (tag fitting n = 44; tag removal n = 27)

	Better		Worse		No change		N/A	
	Tag fitting	Tag removal	Tag fitting	Tag removal	Tag fitting	Tag removal	Tag fitting	Tag removal
Family life in general	20	10	6	5	16	12	2	0
Relationship with partner	14	5	6	6	13	12	11	4
Relationship with children	11	6	4	2	12	7	17	12
Relationship with friends	10	6	7	7	26	11	1	3
Work	11	7	9	5	20	9	4	6
Education	4	5	3	3	16	10	21	9
Health	25	13	2	6	17	8	0	0
Attitudes to the police	11	6	3	3	27	15	3	3
Attitudes to probation/offender manager	11	9	3	2	25	14	5	2
Ability to comply with other orders/programmes	N/A	7	N/A	0	N/A	10	N/A	10

Appendix 15: Hours required to implement a selection of requirements under a Community Based Order based on conversations with a small number of NPS/CRC staff at mid-point of pilot



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