Alcohol Abstinence Monitoring Requirement

A review of process and performance from Year 2

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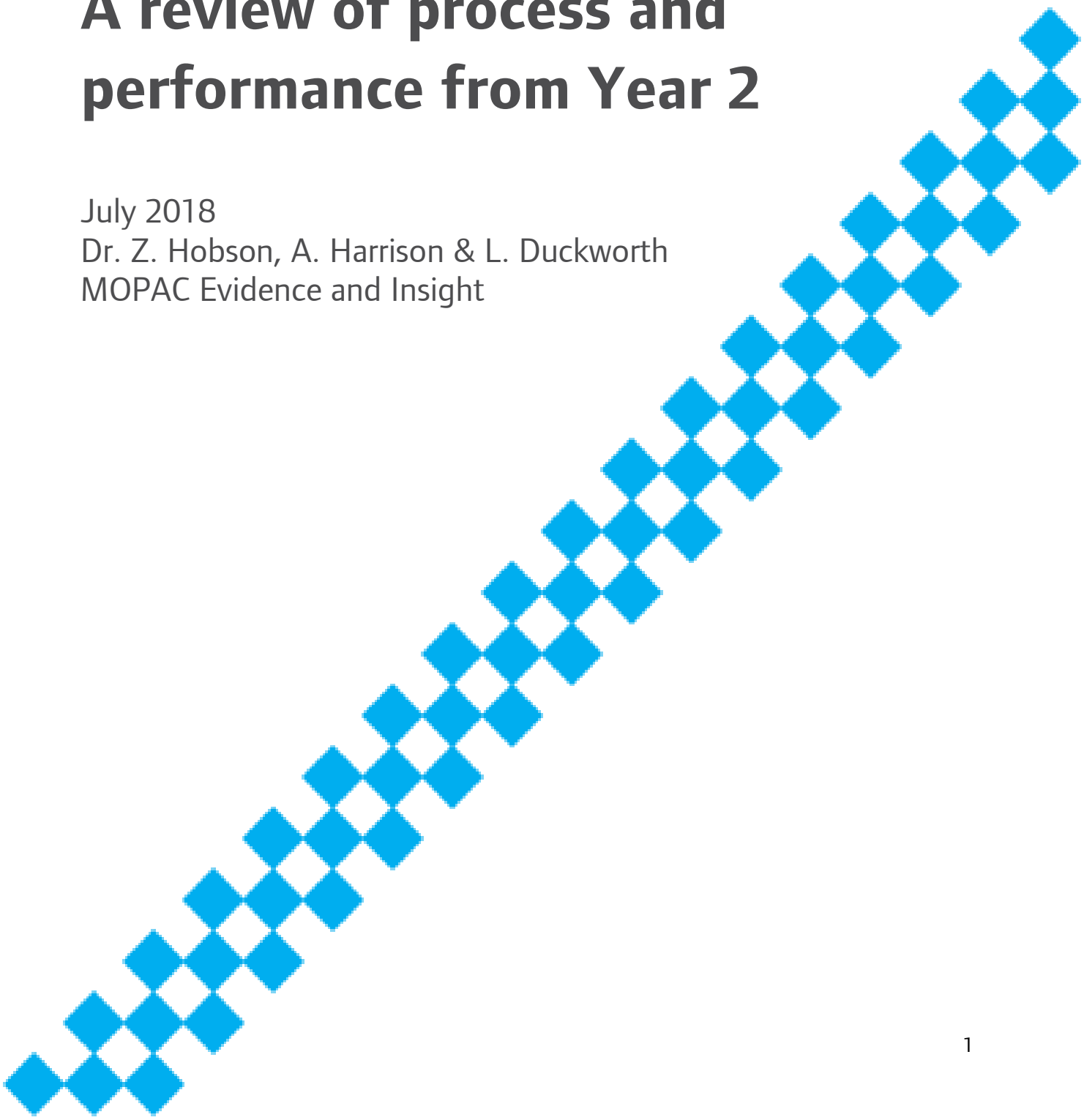

Contents

Executive Summary

In 2011 the Mayor's Office for Policing And Crime (MOPAC) secured legislation to allow for the introduction of a new sentencing power - the Alcohol Abstinence Monitoring Requirement (AAMR) - to tackle the significant problem of alcohol related offending in London. The AAMR gives the Judiciary the statutory power to impose compulsory sobriety, or to stop an offender drinking alcohol, where their offence is alcohol related. The AAMR involves fitting a tag to the offender's ankle and monitoring their alcohol consumption for up to 120 days. When this is not complied with, the offender will be breached and punished further.

Following the positive learning from the initial AAMR proof of concept pilot (Pepper & Dawson, 2016), a two year pan London roll out of the AAMR was launched in April 2016, joint funded by MOPAC and the Ministry of Justice. The aim of this expansion was to test the impact of the AAMR, in line with the Conservative government's 2015 manifesto commitment to make sobriety tags available across England and Wales. However, sobriety tags were not included in the 2017 Conservative Manifesto and there are no immediate plans from central government to fund a national rollout of the AAMR. As a result, the pan London AAMR programme's main delivery period ended at the end of March 2018, with a further three month extension period until June 2018 to enable a managed closedown of the programme. This report focuses only on those cases imposed during the main two year delivery period, until 31 March 2018.

Key Findings:

Performance learning

- A total of 1,014 AAMRs have been imposed between April 2016 and March 2018, with an average length of 61 days tagged.
- The vast majority of offenders who completed the AAMR did so successfully, indicating a 94% (*n*=880) compliance rate with this requirement[1]. This has remained consistent since the introduction of the AAMR in London.
- In total, the 1,014 offenders were monitored for 71,584 days in the two year period and were sober for 69,996 of those days. These figures indicate that in 98% of the days offenders were monitored they did not consume alcohol.
- AAMRs were usually imposed as part of a Community Order (73%, *n*=740), and standalone AAMRs accounted for 29% (*n*=297) of all Orders. Multiple requirement Orders accounted for 69% (n=702), usually consisting of AAMR and Unpaid Work (19%, *n*=193).
- AAMRs were given for a variety of crime types, most commonly in relation to violence (45%, *n*=456) or drink driving offences (29%, *n*=291), which is higher than reported in the interim report (31%, *n*=115 and 22%, n=82 respectively).
- AAMRs have been imposed across London, most frequently from Magistrates Courts (91%, *n*=922). Magistrates Courts in the South London LJA (Croydon and Camberwell Green Magistrates) were responsible for a quarter of all AAMRs in both the first (25%, n=87) and second year (26%, n=150/587). This is unsurprising given that they had already gained momentum and understanding of the requirements from being part of the pilot initiative in 2014/15. However, some courts that came on later also imposed a significant proportion of AAMRs (e.g. Highbury Corner imposed 13% of all AAMRs despite coming on in October 2016).

[1] For the purpose of measuring compliance we have recorded an unsuccessful completion when alerts about violations on the tag led to enforcement action being taken by the Offender Manager that led to a breach conviction at Court.

- Findings in Year 2 are generally comparable with MOPAC's previous learning around the AAMR in terms of usage and offences and it is encouraging to see that the compliance rate has remained consistently high since the AAMR pilot.

Process learning

- To gather learning about the AAMR programme, stakeholders, including Magistrates, National Probation Service (NPS) and London Community Rehabilitation Company (CRC) staff across London were surveyed (N=44) and interviewed (N=24). Additionally, offenders who received an AAMR were asked to complete a survey when the tag was fitted (N=412) and when it was removed (N=407).
- Overall the AAMR has been welcomed across London and supported by stakeholders across London, as a tool tailored to specifically addressing alcohol related offending behaviour.
- Stakeholders who received specific AAMR training had generally positive feedback on the training. However, some reported not receiving any relevant training, despite it being available pan-London. This may be due to the high turnover of staff and frequent rotation of magistrates. Providing on-going /refresher training could address this in future.
- When AAMRs have been used, stakeholders have a good understanding of the eligibility criteria. However, many sentencers noted they often had cases who resided outside of London and would have liked the AAMR to be available for these cases as well.
- Delays in tagging the offender have continued in Year 2 of the programme, with only 42% (n=382) tagged within 24 hours of receiving their Court Orders. This is a significant reduction from the pilot (82%) and Year 1 (50%), and illustrates the continued scale up challenges of covering the whole of London. Tagging at Source was supposed to mitigate some of these issues, but due to staffing and infrastructure issues very few offenders (n=8) were actually tagged at Court.
- Positively, the AAMR has had little impact on the workload of stakeholders, who spoke generally positively about the requirement, noting that it was a *"useful tool"* to their role (82%, n=36).
- It was felt that the AAMR, whilst a punitive measure, should also be viewed as a rehabilitative requirement, as it provides the opportunity to reflect on one's behaviour. Stakeholders indicated that the AAMR has the potential to have a positive impact on the lives of the offenders, particularly around reducing their alcohol consumption (57%, n=25) and reoffending (86%, n=16).
- Offenders were generally optimistic about the requirement, and felt that the AAMR had a positive impact on their lives, particularly around their health, wellbeing and offending behaviour. However, practical concerns were raised around the size and design of the electronic tag itself and the stigmatisation that wearing it may cause.
- The majority of stakeholders welcomed a national roll out of the AAMR (82%, n=36) to allow for more consistency in sentencing across the UK.
- Overall, performance results and learning from stakeholders and offenders reflect the positive findings reported in the interim report.

This report sits as part of a wider, holistic evaluation to test the impact of the pan-London AAMR programme. As we come to the end of the programme, further research in the form of proven reoffending analysis to explore the impact of AAMR on offending behavior and a full cost benefit analysis will continue. These final elements will be reported on in the final evaluation report in Spring 2019.

1. Introduction

It is widely understood that alcohol use contributes to criminal behaviour, particularly around violent crime and public disorder in the UK. It was last estimated that the total social and economic cost of alcohol related harm was £21.5 billion (Public Health England, 2018). Alcohol is recognised as a major cause of attendance at Accident and Emergency departments and accounts for over 1 million hospital admissions each year (Public Health England, 2016) and more than 23,000 related deaths in the year 2015/16 (Public Health England, 2017).

Historically, as measured by the Crime Survey for England and Wales (CSEW), approximately half of violent incidents are related to the influence of alcohol. Across England and Wales in the year ending March 2017, victims recognised the offender as having consumed alcohol within 40% of violent crimes (ONS, 2018). Whilst there has been a slight decline in violent crime related to alcohol (from 53% in 2013/14 to 40% in 2015/16) and alcohol-related road traffic accidents (Public Health England, 2016), it remains clear that there is a longstanding resistant association between alcohol and violence. Recent trends suggest that alcohol is increasingly present among violent incidents that are likely to occur in a pub or club (93%), at the weekend (64%), and during the evening/night time (65%) in comparison to the previous year (ONS, 2018). Victims of alcohol related violent incidents are also more likely to receive greater injuries (ONS, 2015). Wider data also contributes to the picture - around two-fifths (40%) of those who are worried about ASB in their local area feel that people being drunk or rowdy in public places is a problem (MOPAC Public Attitude Survey (PAS), 12 months to Quarter 1 2018-19)[2]. Similar views are held by London businesses who perceive people being drunk / rowdy in their local area to be a problem (26%) (MOPAC Business Attitude Survey, 2014 – 2016).

Criminal behaviour and alcohol are intrinsically linked, with large costs to both the public purse and public health and wellbeing. Many attempts have been made to address alcohol use over the years from both a criminal and health related perspective. This report will review relevant interventions and further discuss the introduction of a compulsory sobriety programme introduced across London to address alcohol related offending.

Sobriety Programmes and Interventions

Following a number of popular drug and alcohol sobriety programmes (e.g. 12-step Programme, Alcoholics Anonymous), the focus within sobriety interventions has shifted from addressing addiction, towards specific behavioural implications such as offending. The primary approach has been the monitoring of alcohol-use through various methods; from random sobriety check-points and ignition interlocks in addressing driving under the influence (DUI) (Bergen, Pitan, Shults & Sleet, 2012; Blais & Dupont, 2005; Kerns, 2017; Roth, Marques & Voas, 2009; Vanlaar et al., 2017) to continuous monitoring via transdermal tags, urine and blood testing to reduce alcohol-fuelled offending (Dougherty et al., 2012). The focus of many of these programmes has been around assessing the efficacy of the equipment and compliance with the programmes' ethos.

[2] The PAS explores the views of the residents across London around crime, ASB and policing issues via a face to face interview with over 12,800 respondents per year.

While few studies have explored the impact of such interventions, those that have, have published promising results. Most notably, the South Dakota 24/7 Sobriety Programme (Kilmer, Nicosia, Heaton & Midgette, 2013) sought to reduce DUI offences using transdermal tags and/or twice-daily breathalyser tests to encourage complete abstinence from alcohol. Primarily targeting repeat offenders, the programme combines constant alcohol monitoring with 'swift' and 'modest' sanctions - those who breach are immediately taken into custody or court (Kilmer et al., 2013). Compared to counties where a 24/7 sobriety programme was not implemented, results suggested a 12% reduction in DUI repeat-arrests and a 9% reduction in arrests related to domestic abuse across the 5 years following the intervention. Recent research in North Dakota further identified reduced DUI offence rates following completion of the 24/7 Sobriety program. Interestingly, the longer period an individual was enrolled in the program, the less likely they were to re-commit DUI (Kubas and Vachal, 2017).

A similar project assessing the use of Secure Continuous Remote Alcohol Monitor (SCRAM) tags (Flango & Cheesman, 2009) had mixed results but provided vital learning. Within this study a small difference, albeit not significant (+2.8%), in recidivism across two years was seen between those who wore a SCRAM tag and matched controls, increasing by over 10% when restricted to prolific offenders with at least two prior convictions (+12.9%). While unable to infer impact from these results, the data provided learning in terms of the timeliness of the order. Those who wore the tag reoffended more quickly than controls and often to a greater extent following tag-removal. Investigating this trend further, Flango and Cheesman (2009) found this effect was mediated by the length of the order; those who wore the tag for at least 90 days reoffended at around half the rate of those who did not wear the tag (10% vs. 21% respectively) whereas recidivism for those who wore the tag for less than 90 days was almost equal to controls. However, whilst the implementation of transdermal alcohol monitoring devices have been noted to reduce alcohol consumption, the physical appearance and discomfort of the device has been perceived by users to be problematic (Alessi et al., 2017; Averill et al., 2018) and in turn could impact upon co-operation with the intervention.

It is unclear at this time what the longer term behaviour effects are from participating in a programme of enforced sobriety and Axdahl (2013) suggested that behavioural effects beyond tag removal may be short-lived. Comprehensive evidence around the efficacy of enforced sobriety is both lacking and mixed. Despite this, an intervention of this kind has been well-implemented across a number of US counties and states (Kilmer et al, 2013) and the Alcohol Abstinence Monitoring Requirement (AAMR), inspired by the approach in South Dakota, provides an opportunity to address alcohol related offending under UK criminal justice legislation.

Alcohol Abstinence Monitoring Requirement

In 2012, a new sentencing power was introduced as part of the then Mayor's manifesto pledge to address the significant problem of alcohol related offending in London. Under the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012, the Judiciary are allowed to impose the punitive Alcohol Abstinence Monitoring Requirement (AAMR); a requirement that necessitates offenders abstain from alcohol for a fixed time period of up to 120 days. To be eligible to receive an AAMR, offenders must meet the following criteria:

- Consumption of alcohol must be an element of the offence or an associated offence, or the court must be satisfied that consumption of alcohol was a factor that contributed to the offender committing the offence or an associated offence;

- The offender must not be dependent on alcohol[3];

- The court must not include an alcohol treatment requirement (ATR) in the order (ATRs are for dependent drinkers only);

- The offender must live in London; and

- The offence must not have involved domestic abuse (at the present time).

Compulsory sobriety is measured via regular testing via a transdermal alcohol monitoring devise (a tag around the offender's ankle) as part of a Community or Suspended Sentence Order[4], and when this is not complied with, the offender will be prosecuted under breach proceedings and punished further.

The 2014/2015 Pilot

An initial 12 month pilot of the AAMR was commissioned in South London by the Mayor's Office for Policing And Crime (MOPAC) commencing in July 2014. This pilot was subject to a process and performance evaluation[5]. Over the course of the pilot, 113 AAMR Orders were imposed by the Courts. The AAMR pilot had a final compliance rate[6] of 92%[7] which compares favourably with other orders - analysis by the NPS in 2014 estimated a compliance rate of 61% for other community based Orders it managed with the Community Rehabilitation Company (CRC)[8]. Variation was also seen with different requirements - 82% of offenders completed Unpaid Work Orders successfully[9] in London compared to Alcohol Treatment requirements (80%) and Drug Rehabilitation requirements (67%) (Ministry of Justice, 2015).

The research indicated the AAMR was received well, particularly by the judiciary and stakeholders, who recognised the AAMR as an important 'tool in the box'. This can in part be attributed to the

[3] The Probation Court Team officer will assess "suitability" with alcohol AUDIT Tool. This assessment is used to determine the offender's alcohol dependency levels.
[4] Providing the offender is deemed both suitable and eligible.
[5] https://www.london.gov.uk/sites/default/files/aamr_final.pdf
[6] Caution needs to be applied when interpreting the completion and compliance rate of AAMR – this was a pilot study with a small sample size enabling the project manager to provide some assurances that the large majority of the AAMRs were enforced when failures to comply arose. This may not necessarily be the case with other Orders and requirements.
[7] The AAMR pilot had a compliance rate of 92%, based on the number of cases (n=9) who were returned to court and convicted on breaching their AAMR as a proportion of all cases imposed. Of these nine, five had their AAMR revoked and failed to complete, and the remaining 4 completed their AAMR following their return to court. This gives a final completion/compliance rate of 95% (Pepper, & Dawson, 2016).
[8] However there are caveats to be considered such as a direct 'like for like' comparison is not possible due to different offence types, offender characteristics, breach processes and the length of the orders themselves.
[9] These figures should be caveated however as the AAMR project manager recently reviewed other requirements on Orders (i.e. UPW), finding there were numerous occasions when breaches were not enforced and cases were simply closed, which may distort the actual compliance rate.

strength of the design and implementation of the programme. There were clear toolkits and training provided, effective partnership working and a project management team in place with relevant experience in this area. The effectiveness and certainty provided by the technology, as well as a strong understanding of the aims of the pilot and how the AAMR works in practice amongst both offenders receiving the order and stakeholders involved in its delivery also helped. In addition, there were a number of associated positive consequences of the pilot, including, but not limited to: the period of abstinence gave offenders a 'pause' in their drinking; it also provided time for reflection of their alcohol consumption and the impact it has on offending behaviour, work and relationships; and an opportunity was provided for offenders to break their cycle of routine drinking. The AAMR was also used as a 'teachable moment' in some instances, with products such as tailored advice and relevant literature supplied by the service providers to support offenders further. The report also stressed the potential challenge in sustainability and the scale up challenge in moving from a small scale pilot to a pan-London approach. This initial pilot research was not able to explore robust impact on reoffending due to sample size and follow-up time limitations.

Pan-London Roll Out

The pilot was considered to be a success and, following the Conservative government's 2015 manifesto commitment to make sobriety tags available across England and Wales, MOPAC and the Ministry of Justice agreed to joint fund the roll out of the AAMR pan London from the 1 April 2016 until the 31 March 2018. The pan-London roll out provided the opportunity to test the effectiveness of the South London pilot on a much larger, more complex scale and to measure the impact of the AAMR in line with central government's commitment to roll this out nationally.[10] To achieve this the core elements of the South London proof of concept pilot were maintained, including the use of transdermal tags which enabled a full and comparative evaluation to be completed.

The London Sobriety Project aimed to test:

- Learning from the original pilot;
- Take up of the AAMR requirement by the Judiciary;
- Compliance with the AAMR;
- Completion rates of the AAMR; and
- Re-offending rates.

Building upon the findings from the MOPAC pilot study, this report outlines findings from the two years of the pan-London roll out of the AAMR. It details the implementation process of the AAMR through the views and experiences of stakeholders involved in delivery and offenders

[10] However, sobriety tags were not included in the 2017 Conservative Manifesto and there are no immediate plans from central government to fund a national roll out. MOPAC believes that it is the responsibility of central government to fund the AAMR, just like any other sentence requirement.

sentenced to wear the alcohol tag and analysis of performance metrics. These findings sit as part of a wider holistic evaluation around the use of the AAMR across London, which also includes proven reoffending analysis to explore the impact of AAMR on offending behaviour and a full cost benefit analysis. These elements will be reported on in the final report in spring 2019.

2. Methodology

Both quantitative and qualitative research methods were employed to triangulate learning and gain an understanding of the AAMR working processes, how the AAMR is performing and experiences of offenders and stakeholders. A variety of methodologies were used to collect data[11], including:

- *Stakeholder surveys:*

  An online survey was completed by 44 stakeholders to explore their understanding and experiences of AAMR. The survey was distributed electronically to all Local Justice Areas and Probation Trusts across London, with a follow up email to encourage responses. Respondents were largely Magistrates (55%, n=24), or working for the National Probation Service (NPS) or Community Rehabilitation Company (CRC) (25%, n=11) (Appendix A).

- *Stakeholder interviews:*

  To gain a more in-depth understanding of stakeholders' views telephone interviews were conducted. A total of 24 semi-structured interviews were conducted with a variety of stakeholders at practitioner and strategic levels across London[12] (Appendix B). Topics included: understanding the rationale, partnership working, implementation, usage, decision making, suitability, perceived impacts, good practice, lessons learned, challenges, and broader attitudes to the equipment.

- *Offender surveys:*

  Offenders who received an AAMR were asked to complete a survey at the time the electronic tag was fitted, and when it was subsequently removed. The two surveys sought to understand their first impressions of the tag, perceptions of what life may be like whilst wearing the tag and once it has been removed. Surveys were given to the offender by the Electronic Monitoring Services (EMS) tag fitter[13] or the Probation Office if tag was fitted at source (e.g. the Court house – Westminster Magistrates or Bromley Magistrates only). Completing the survey was not compulsory, and some offenders chose not to participate. In total, 412 (out of a possible 915, 45%) completed the survey at the time when the tag was initially fitted, and 407 (out of a possible 837[14], 49%) completed it during tag removal[15].

[11] Given the size of the research cohort (e.g. the number of respondents to the stakeholder survey/offender surveys), caution should be used when considering the results. Response base size is provided, however this varies as not all respondents answered every question.
[12] Potential interviewees were identified with the AAMR project manager and contacted via email by the researchers. There was no obligation to participate, therefore participants were self-selecting. Detailed notes were taken in all interviews, and analysed to draw out themes.
[13] Whilst this method of distribution has its limitations, this was the most practical approach available for obtaining insightful data on offender perceptions and experiences.
[14] This accounts for offenders who have completed their AAMR requirement and are no longer an 'active' case.
[15] Due to the way the data was anonymously collected, it is not possible to link survey responses to know whether offenders who completed the initial survey also completed the removal survey.

- *Performance monitoring data:*

  A range of performance data was gathered from both the NPS/CRC and EMS - the company which conducted the field delivery and assisted in data collection of performance metrics about the tag. Performance metrics included: numbers of AAMRs given, types of offences, court details, demographics on who received the tag, number of breaches, days of sobriety and compliance with tag.

3. Results

Using the AAMR: Performance Learning

Imposing the Requirement

Throughout the two years of the pan-London AAMR project (April 2016 – March 2018), 1,014 AAMRs were issued by the London courts, with Magistrates' Courts imposing the requirement most frequently (91%, n=922). There were an additional 133 cases imposed during the closedown period between April and June 2018, but these cases will not be touched on in this report. Following an initial pilot period in the South London Local Justice Area, the AAMR programme was rolled out in a phased approach between April 2016 and January 2017. As Figure 1 demonstrates, there was a steady increase in the use of the AAMR across London over the following year where all Local Justice Areas had the option to impose the requirement.

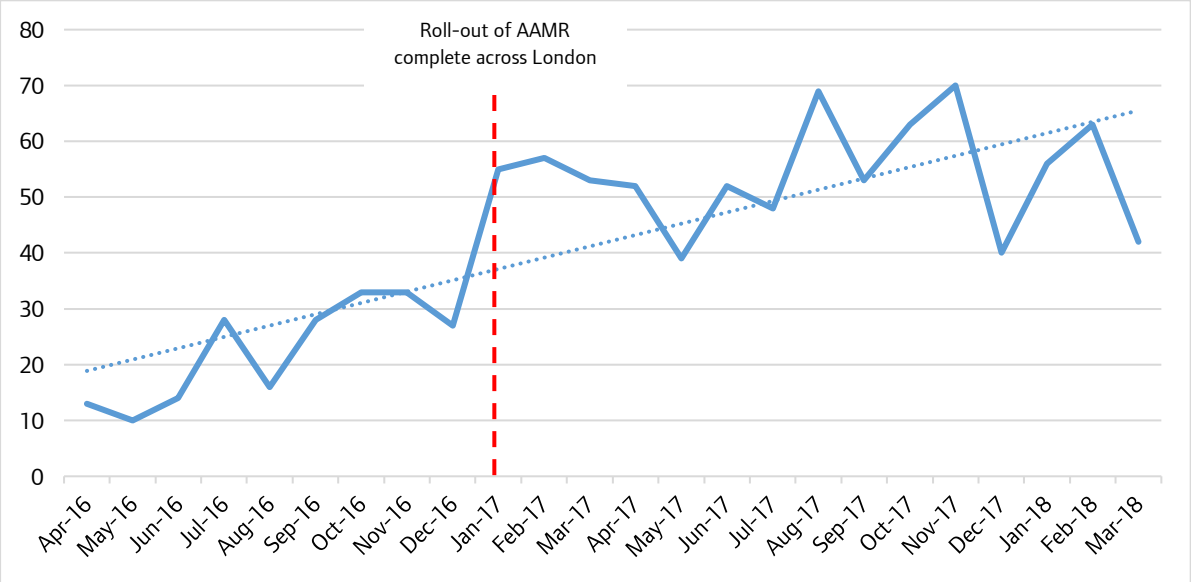

Figure 1. Number of AAMRs imposed across the two year period.

In the second year of the project, with all areas 'live', nearly double the number of AAMRs were imposed compared to the first year (647 AAMRs vs 367 AAMRs). Overall, Croydon Magistrates' Court was the most active in imposing the AAMR (14%, n=144). The Magistrates' Courts in the South London LJA (Croydon and Camberwell Green Magistrates) were responsible for a quarter of all AAMRs in the first (25%, n=87/342) and second year (26%, n=150/587). This is unsurprising given they had already gained momentum and understanding of the requirements from being part of the pilot initiative. Their enthusiasm for the requirement appears to have continued throughout the project. Magistrates' Courts in the North West London LJA also frequently imposed AAMRs, totalling 18% (n=106/587) of all AAMRs imposed in Magistrates' Court. This is likely to be a reflection of the North West London LJA having five Magistrates' Courts, whereas most other Local Justice Areas have approximately two Magistrates' Courts. Therefore, it may be expected the throughput of AAMRs to be greater in this area (see Appendix C for a full breakdown of Courts).

To be considered for an AAMR, the offence must be alcohol related; however, this leaves a broad scope of the type of offences committed. In total, 1,014 AAMRs were issued for 22 different offence classifications (see breakdown of offences in Appendix D). The majority of AAMRs were imposed for violence (45%, n=456) or driving offences (29%, n=291), which is unsurprising in light of the previous literature (e.g. McSweeney, 2015). Violence can cover a range of offences, however in terms of those offences where an AAMR was received, they tended to be low level common assault (57%, n=261) or resisting/assaulting a police officer in the execution of their duty (17%, n=76). Only 2% (n=10) of offences were classed as wounding or grievous bodily harm (GBH).

When compulsory sobriety was imposed, this was usually as a requirement of a Community Order (73%, n=740) rather than a Suspended Sentence Order (27%, n=274). The majority of Court Orders received multiple requirements (69%, n=702) with 29% (n=297) of offenders receiving a standalone AAMR, reflecting the Year 1 findings. Again, this may indicate that the Court and Probation (who recommend sentencing options) may feel that the AAMR requires the support of additional requirements (such as the Rehabilitation Activity Requirement), or that the AAMR only addresses a specific element of their offending (alcohol use), so AAMR is paired with additional requirements to address other issues. When the AAMR was used in conjunction with other requirements, there were large variations in the types of additional requirements that it was paired with. Table 1 details the most frequently combined requirements with an AAMR.

Table 1. Additional requirements paired with AAMR.

Requirement	Number of Orders	%
Standalone AAMR	297	29%
AAMR + Unpaid Work (UPW)	193	19%
AAMR + Rehabilitation Activity Requirement (RAR)	136	13%
AAMR + RAR + Accredited Programme	55	5%
AAMR + UPW + Prohibited Activity	53	5%
AAMR + RAR + UPW	52	5%
AAMR + Prohibited Activity	44	4%
Other combination of requirements[16]	184	18%
Total	**1,014**	**100%**

The AAMR Tag

The requirements of the AAMR, to remain abstinent from alcohol, start immediately once the sentence has been imposed, despite the actual monitoring equipment (the tag) being fitted subsequently. Where possible, EMS (the tagging company) should receive notification of the sentence, and hence the request to tag an individual, within 24 hours of the offender receiving the Order. In 91% of cases, EMS received the notification from the Courts on the same day as sentence (n=759) or the following day (n=159). Although this indicates a clear and effective

[16] This includes cases where there the requirements were not recorded by CRC/NPS (n=15). Other requirement combinations included Attendance Centre, Specified Activity, Exclusion and Curfew.

communication between the Courts and EMS, only 42% (n=382/918) of offenders (where EMS were notified on the same or following day) were tagged on the same day or within one day of notification[17]. On average, offenders were tagged within four days of EMS receiving the notification. This is a significant reduction (p<.05) from the findings of the pilot (82%) and interim report (50%) which may reflect further resourcing issues deriving from the scaling up of the project, having to fit almost double the number of tags in the second year compared to the first and the EMS tag fitters ability to effectively cover a much larger geographical area. Despite these issues, tags were usually fitted (82%, n=831) on either the first (n=646) or second attempt (n=185).

To address this scale up issue, the operational model was changed in the second year of the programme. This introduced 'tagging at source' where offenders would be tagged immediately after sentence either at the Court house or nearby Probation Office instead of within their own homes. The tagging was conducted by Probation Officers instead of EMS colleagues. As this was a new element, it was tested within two Magistrates' Courts, Westminster and Bromley. Unfortunately, due to staff absences and the difficulties with the infrastructure required to tag at source (e.g. access to the court Wi-Fi), there were delays in getting the pilot fully up and running, resulting in tagging at source being rarely used, with only eight offenders receiving their tag at the Court house by Probation. Therefore this will have had no impact on EMS' ability to effectively cover the large geographical area required to tag offenders and provides an explanation as to why it is taking EMS longer than anticipated to tag offenders. Stakeholders who answered the survey indicated mixed views on Tagging at Source. Whilst some suggested that it may be more efficient as it provides the tag more immediately and more cost effectively, others felt that tagging at the offender's home would be more reliable, particularly in terms of ensuring that the equipment was correctly installed, and raised concerns around facilities at the two courts not being readily available. Such views may provide an insight in to the reasons why Tagging at Source was rarely used.

In total, 1,014 AAMRs were imposed over the two year period, and at the end of the time period, 7% (n=74) of the AAMR requirements remained active. Of the remaining 940 AAMR cases where the Order was complete[18], there have only been 60 breaches where the offender has been returned to Court and found/pled guilty to the breach[19]. This indicates an overall 94% compliance rate with the AAMR - a figure that has remained stable throughout the entirety of the pilot and project. In total, the 1,014 offenders were monitored for 71,584 days in the two year period and were sober for 69,996 of those days. These figures indicate that in 98% of the days offenders were monitored they did not consume alcohol.

Of the completed Orders where the offender was tagged (n=837), offenders were subject to the tag for an average of 61 days (range 3 days - 144 days). This reflects a 6 day reduction in the average length of requirements since the interim report (average 67 days), and a significant

[17] EMS must attend on the day for all Orders issued before 3pm, or within 24 hours for Orders received after 3pm.
[18] Order complete means that the tag has been removed from the offender, or the tag was never fitted/offender never inducted.
[19] For the purpose of measuring compliance we have recorded an unsuccessful completion when alerts about violations on the tag led to enforcement action being taken by the Offender Manager that led to a breach conviction at Court.

reduction since the pilot of AAMR (average 75 days). It is unclear at this time why such a reduction in tag duration has occurred.

Offender Demographics

The majority of offenders who were sentenced to an AAMR were male (86%, n=876), and white (55%, n=555) with an average age of 33 years old (ranging from 18 – 73 years). Reflecting the findings in the interim report (male: 86%, n=314; white: 47%, n=171; average age: 33 years), nearly two thirds of offenders (61%, n=617) were aged between 18 and 34 years (see Appendix E for full breakdown of demographics).

The NPS and CRC consider the risk an offender poses in two ways – risk of serious harm and risk of reoffending. Risk of serious harm assessments were conducted on offenders who received either a Community or Suspended Sentence Order. Nearly two thirds of offenders were considered to be a medium risk of serious harm (60%, n=610), with just 1% (n=14) being considered a high risk of serious harm. As AAMR is designed to be used with low to medium risk of serous harm offenders, this finding would suggest that the AAMR is being used correctly.

The Offender Group Reconviction Scale version 3 (OGRS3) scores for the AAMR pan-London cohort were calculated at the point of receiving a Court Order by the NPS or CRC. OGRS uses static factors such as age at sentence, gender, offence committed and criminal history to predict the likelihood of proven reoffending within either one or two years after starting their Court Order. Offenders with a high OGRS score are at greater risk of reoffending. As a group (n=964)[20], the average OGRS 2 year score was 36%, (ranging from 0 to 97%) – indicating that just over one third of offenders would be predicted to reoffend within two years (see Appendix F). This is comparable to the OGRS 2 year score of the pilot AAMR cohort (35%) and when it was calculated for the interim report (covering requirements issued in April 2016 – March 2017) (37%). This shows that those receiving the AAMR are broadly identified as having a low risk of reoffending, and align to the general offending population of the UK, particularly those who receive community sentences (Farrington, 2005; Ministry of Justice, 2015b).

Using the AAMR: Process Learning from Stakeholders

As the AAMR pan-London roll-out reaches the two year stage, stakeholders were asked to participate in interviews and complete a survey to gain an understanding of the wider London perspective around the requirement and the impact that it may have. This section details the views and experiences of stakeholders (including staff at the NPS, CRC, Magistrates' Courts) around training, using the AAMR, the effects of the AAMR on their workload and their views on the impact the AAMR has had on offenders. All respondents and interviewees reported that they had an overall good understanding of AAMR (86%, n=38) and its aim and objectives from the interviews.

[20] OGRS Year 2 was not provided for 50 offenders and therefore for OGRS calculation these have been removed from the analysis, reducing sample size from N=1,014 to n=964).

Training

As each Local Justice Area rolled out the AAMR, MOPAC and AMS delivered training to approximately 1,500 individuals, including a wide variety of professionals engaged with the Court and Probation Service. Overall, attendees found it a positive and useful experience (97%, n=238/245), particularly around understanding how they could apply the AAMR in their job role (93%, n=509/545)[21] (Hobson, Dangerfield & Harrison, 2017). At the time of the Year 1 report (July 2017), training sessions were still relatively fresh in people's minds, with some individuals only just having completed the training. However, there were mixed responses at the end of Year 2. The majority of survey respondents reflected the Year 1 findings and reported being satisfied with the training received (66%, n=29) and feeling that they attained enough training and support information from MOPAC (77%, n=34). Conversely, many interviewees thought that the training was "lacking" or they had not received any training at all. It was suggested that because of the high turnover of staff within organisations there needs to be some form of continuous training and refresher training to enable new staff to have a full understanding of the AAMR rather than relying on colleagues to pass on information. One interviewee commented that the AAMR would be used more if people were more knowledgeable about it, through regular refresher training.

> "We're asked about the AAMR by the defendants or solicitors, we can't expand on anything too much because what we know is based on quite limited information that MOPAC has given us" *Interviewee*

In addition to training, a range of supplementary material has been produced to inform stakeholders about the AAMR, such as toolkits, leaflets and posters. However, there remains concern that these documents have not been as widely publicised as perhaps necessary. Participants gave a mixed response to whether they had seen the material (Toolkit = 39%, n=17; Poster = 43%, n=19; Leaflet = 59%, n=26; Website = 14%, n=6); however, those who had sight of the leaflet considered it to be a "concise document".

Using the AAMR

As the performance data indicates, the AAMR has been used widely across London. All interviewees (with relevant job roles) reported having experience of recommending the AAMR, and two thirds of survey respondents indicated having used the AAMR in their work (68%, n=30/44), although this was relatively infrequently, with respondents suggesting on average they had been involved in four AAMRs. There appears to be a good understanding of the eligibility criteria and in fact, of the survey respondents who had not recommended an AAMR, the main reason was that they had not come across any eligible cases (n=11/14). Interviewees also noted their frustration that due to some court locations numerous cases were heard where the offender would benefit from receiving an AAMR, however, because they resided just outside of a London borough, they were no longer eligible (e.g., Romford court that serve a London borough and Essex). Additionally, interviewees thought that the requirement would have been more impactful

[21] Not all attendees at the training completed every question on the training feedback; therefore base sizes vary for each question and are reported.

if the alcohol audit score was lower so that more offenders would be able to take part in the scheme and that it targeted a *"very niche"* cohort of individuals.

> "The vast majority of alcohol-relating offending coming before our courts is committed by alcohol-dependent people. Therefore the AAMR is not very useful to us."
> *Survey Respondent*

Further challenges were mentioned by stakeholders working specifically within the central London courts. Here it was anticipated that they would have a relatively high number of AAMR cases given the locality and amenities, but several factors have meant this was not the case. These have included the large homeless population in the area with no fixed abode so they would not be able to participate in AAMR, those with mental health difficulties and offenders entrenched in drug and alcohol misuse. Additionally, due to the high transient population of central London (i.e. people descend on central London for employment/entertainment but not residential), many of the violent offences that occur in the area are committed by people residing outside of London and therefore not eligible to participate in AAMR.

Across London, concern was also felt about the judicial process. In order to assess whether an offender is suitable for an AAMR, probation pre-sentence reports must be provided prior to the Magistrates or Judges deciding on a sentence. Often, especially within a Magistrates court, this means that reports are requested and the sentence is dealt with on another day in front of a different bench, who may be thinking along different lines for the sentence and the Probation recommendation is not always followed and an alternative sentence imposed. This may reflect a lack of understanding from judges/magistrates that could be addressed with further training or ensuring that benches are regularly reminded of all the sentencing options available to them.

> "I have sat on cases where AAMR would be ideal but once put off for reports it's a different sentencing bench. I think benches should be reminded more often about its use."
> *Survey Respondent*

The AAMR is designed to act as a punitive measure, which was, in general, understood by interviewees and survey respondents. Therefore, it is unsurprising that stakeholders indicated that they would most likely recommend or impose one of the other punitive sentencing options as an alternative. Survey respondents reported they would suggest either a curfew (n=7/23) or Unpaid Work (n=6/23). However, interviewees felt that these alternative options did not directly deal with alcohol problems in the same way that AAMR has the potential to. It was also noted that the AAMR should be viewed as a rehabilitative requirement rather than just a punitive measure (77%, n=34). In fact, many felt that the AAMR could be more successful if it was delivered in combination with other requirements (70%, n=31) and some interviewees have used the AAMR in conjunction with other measures such as a Rehabilitation Activity Requirement (RAR), allowing the offender to address in more depth their alcohol use and the impact on their lives.

One area where it was felt that the AAMR would benefit from being delivered in combination with another requirement is when it was imposed for a domestic abuse offence. Overall,

stakeholders were of the opinion that the AAMR should be used in domestic abuse cases (70%, n=31), especially where there was a clear correlation between the drinking of alcohol and the domestic violence. However, it was strongly noted that in such instances, the AAMR would need to be alongside a specialised programme, such as 'Building Better Relationships', to specifically address the thinking and behavioural causes of domestic abuse offending and the ongoing risk of further abuse and harm.

Within the pan-London roll out, a feasibility study was conducted by Standing Together Against Domestic Violence, exploring the use of AAMR with domestic abuse perpetrators. The study provided learning about how to implement this work, particularly around addressing the management of such cases to ensure the safety of victims. However, uptake of AAMR with domestic abuse offenders was incredibly low (N=4) despite the fact that alcohol was a factor in 33% of the domestic abuse cases appearing at the pilot Courts. It is unclear as to why uptake of the AAMR was low with domestic abuse perpetrators, although anecdotally it is likely to be because of PSR writers not being able to contact the survivor (part of the protocol) within the five day time scale and a lack of understanding about the use of AAMR for domestic abuse perpetrators. Further testing would be needed before any meaningful conclusions can be reached about the impact of AAMR on domestic abuse cases.

Potential Effects on Stakeholders

The AAMR has the potential to impact many people, and it is important to also consider the effects that the AAMR may have on stakeholders' workloads. Overall interviewees and survey respondents indicated that AAMR had not made a difference to workloads[22] despite comments that it was labour intensive in terms of paperwork. However, many participants did suggest that the AAMR was a *"useful addition"* to their role (82%, n=36), reflecting previous comments noted in the pilot and interim report. Indeed, other stakeholders spoke positively about the AAMR, noting that this requirement *"deals with the root cause of offending"*, helping people to make the link between alcohol use and alcohol related offending, as well as sending a clear message to their peers about the potential consequences of their actions.

It was raised by some of the Probation Officers interviewed that they would have been interested in receiving updates about the AAMR throughout the project; for example, so they could understand the usage across London, how many offenders were completing the AAMR, breaches and good news stories from people who have undertaken the order. It was also thought that this would have enabled them to provide the Courts with additional information and a pan-London view that would inform their sentencing. It was also mentioned that once the offender has finished with the stand-alone AAMR Orders, then the Probation Officer does not have any further contact with the offender, so it is hard to comment specifically on any impact that the AAMR may have had.

In order for the AAMR to work effectively, it is essential that there are good working partnerships between agencies such as CRC, NPS, the judiciary and EMS. However, throughout the pan-

[22] Responses to the questions: "The AAMR has had no impact on my work "– Agree = 45%, n=20; Disagree = 45%, n=20, "The AAMR has increased my workload" – Agree = 9%, n=4; Disagree = 64%, n=28 and "The AAMR has decreased my workload" – Agree = 9%, n=4; Disagree = 48%, n=21.

London programme, few stakeholders reported that the AAMR had enabled them to develop relationships with new partners (20%, n=9) or improve relationships with existing partners (20%, n=9). This is a significant reduction (p<.05) from the interim report findings (49% and 55% respectively), which may reflect the different respondents in this current survey (mostly Magistrates) compared to previously when there was a much wider spectrum of participants. Despite new and existing partnerships not being developed drastically over the two years, there was no indication that relationships had deteriorated or had a negative effect on the implementation and delivery of the AAMR.

Potential Effects on Offenders

In addition to recognising the effects of the AAMR on their own workloads, stakeholders were also able to identify the potential impact that the AAMR may have on the offender. The AAMR requires offenders to be abstinent from alcohol for a set duration of time and it was generally perceived amongst interviewees and survey respondents that compulsory sobriety would have a positive impact on offenders. In particular it was believed that the AAMR would reduce alcohol consumption (57%, n=25) as well as reoffending (36%, n=16) as AAMR is usually imposed for low level offences; however, given these are key aims of the AAMR, it is unclear why more stakeholders do not feel the AAMR would reduce alcohol use or reoffending. The benefits of the AAMR were highlighted, including the fact that it allows offenders to continue with their lives, whereas the alternative of Unpaid Work can sometimes be disruptive. Indeed, interviewees felt that offenders were often pleased to be offered an alternative that was different from either an electronic Curfew or hours of Unpaid Work. However, there was some concern with a few interviewees stating their scepticism of the requirement as they felt that the type of people receiving AAMRs were unlikely to reoffend anyway, with one describing the AAMR as a "*middle class order*" and that they do not think there is the stigma attached to the AAMR that may already exist with Curfew or Unpaid Work requirements.

> "The general attitude is that they will do whatever it takes and they do see the positives of having the tag when you outline it to them." *Interviewee*

> "it's a really good additional option and I particularly like that it is both punitive (i.e. alcohol abstinence) and rehabilitative (there is counselling offered)." *Interviewee*

Whilst the AAMR has been used as a punitive measure imposed by the Courts, interviewees and survey respondents felt that there were potential rehabilitative benefits that may derive from compulsory sobriety for a period of time. The majority of survey respondents indicated the AAMR would help in others area of the offenders lives (64%, n=28) such as work, family, short term health benefits and highlighting to the offender that alcohol use can become an issue. Indeed, it was felt being on the AAMR would help people play a more positive role in society (52%, n=23). There was an overall feeling that the AAMR would be most beneficial to younger people who regularly consume alcohol on a social basis with very few previous convictions, as the AAMR is an opportunity to provide offenders with information on alcohol education and signposting to alcohol interventions and support groups so they know where and how they can access support if desired. Additionally, stakeholders' thoughts turned to the wider landscape noting that the potential rehabilitative elements may extend to substance users, and a

device similar to the AAMR specifically to monitor compulsory drug abstinence could be designed. Offenders who have been subjected to the tag and AAMR have been given the opportunity to express their views about the requirement – their views are heard next.

Using the AAMR: Process Learning from Offenders

To gain a better understanding of the impact of the AAMR tag on offenders, at the time of fitting and removing the tag, offenders were asked to complete a short survey. In total, over the two years of the project, 412 offenders completed the entry survey when the tag was fitted, and 407 offenders also completed the exit survey when the tag was removed (see Appendix G for a full breakdown of responses). Although it cannot be guaranteed that those offenders who responded to the entry survey also completed the exit survey, this large sample still provides a unique voice to the discussion.

Entry Survey – Expectations and Concerns

Overall, the majority of tags were fitted for the first time within the offender's home (99%, n=408), and only on three occasions was the offender initially tagged within a court building – a pilot occurring in Westminster Magistrates Court or Bromley Magistrates Court. One respondent was having the tag refitted following breach proceedings.

At the start of their Orders, the majority of those surveyed reported having a good[23] relationship with their close family (93%, n=383) and friends (94%, n=386), to be in good physical health (88%, n=363), have suitable accommodation (86%, n=356), and have a relatively good sense of well-being (75%, n=311[24]). Whilst 62% (n=257) stated that they have a job they enjoy, a third of offenders agreed that their current financial situation is difficult (36%, n=150), possibly reflecting the experiences of many in the current economic climate.

Despite receiving an AAMR as part of their court order, less than half of offenders agreed that drinking alcohol has a negative effect on their life in general (43%, n=178) and the majority of offenders did not feel that socialising with their friends caused them problems (62%[25], n=254). There were mixed views around whether offending behaviour caused problems, with just over a third stating that it did not (39%, n=161), whilst a further third agreed that it did (39%, n=160). However, a strong majority understood why they had received the AAMR (92%, n=379), how to comply (96%, n=396), and felt confident they would successfully complete the requirement (97%[26], n=398) – this is reflective of the high compliance rate seen with this requirement (94%).

[23] Based on collated 'Agree' and 'Strongly Agree' responses.
[24] Measured by those who 'Agreed' or Strongly Agreed' to the statement 'I am happy most of the time'.
[25] Based on collated 'Strongly Disagree' and 'Disagree' responses.
[26] Based on collated 'Fairly Confident' and 'Very Confident' responses.

Although not the original intention of the AAMR, wearing the tag does provide some offenders with the chance to reflect on their lives and make changes, as highlighted by the stakeholders. When first receiving the tag, offenders were broadly optimistic that the AAMR could improve aspects of their lives ('life in general': 56%, n=230), including specific facets such as relationship with family (46%, n=188), friends (38%, n=156), current financial situation (48%, n=196), physical health (57%, n=234), mental well-being, (50%, n=206) and their offending behaviour (53%, n=219). This may be indicative of the recognition of AAMR's ability to infiltrate other aspects of people's lives, beyond their offending behaviour.

"I think this should help me to improve my overall life as a whole." *Offender*

Whilst potential benefits from compulsory sobriety were recognised, offenders also felt being tagged may impact their lives negatively in some aspects. Their main concerns were around what their friends and family would think of the alcohol tag (39%, n= 161 were worried what others would think) and offenders thought it would make their ability to socialise worse (21%, n=87). Concerns were raised about the stigmatisation offenders may feel from having to wear the tag, particularly extending to employment or education, with 10% (n=43) suggesting that wearing the tag would make their employment situation worse.

"…I am a student and it is so big on my leg and I am worrying what my fellow students and Lecturers would say? This is another stress of my life." *Offender*

Furthermore, there were practical concerns raised about the actual tag itself, with offenders frequently commenting on the size and weight of the tag and the disruption it would cause to their everyday lives, particularly around health and well-being, travel, participating in exercise and having to ensure they return home at set times to register on the data box.

"The device is too large and may cause me difficulties." *Offender*

Exiting the AAMR – were concerns realised?

Once an offender had completed the AAMR, the tag was removed and the offenders were asked to participate in another short survey. Of those who agreed to complete the survey, nearly all tags were removed within the offender's home (n=405), with the remaining two tags removed at Westminster Magistrates Court (n=2).

At the end of their AAMRs, offenders reported having a good sense of well-being (70%, n=286), reflecting how they felt at the start of the requirement. Overall, they were positive about their lives, although this was to a significantly lesser extent than when they initially received the tag ($p<.05$). Offenders still reported having a good relationship with family (76%, n=311*[27]) and friends (78%, n=318*), suitable accommodation (75%, n=304*) and good physical health (75%, n=307*). There was no significant difference between offenders indicating they were happy with

[27] *=Result significant at 95% level of confidence.

their job (59%, n=242), and offenders felt that their current financial situation was manageable (36%, n=147[28]).

Other changes also occurred around offenders' behaviour, with significantly fewer offenders ($p<.05$) disagreeing that 'going out socialising with my friends causes me problems' after being subject to the AAMR (51%, n=208*) suggesting that they have had more positive experiences socialising whilst abstaining from alcohol and reflected by significantly fewer offenders indicating that drinking alcohol has a negative effect on their life (33%, n=133*). Furthermore, just over a quarter now felt that their offending behaviour caused them problems (28%, n=112), significantly fewer than at the start of the requirement, which may indicate they have moved away from criminal activity and sought a more prosocial journey.

When asked whether they felt the AAMR had made things better, worse or had no impact, the trend in the data suggested that the AAMR had no negative effects (i.e. had not made anything worse). At the start, offenders noted that the AAMR may have an impact on their relationships with their families and their financial situation, when in fact it appears to have made no impact. However, some expectations were met, with offenders feeling their life in general had got better following the AAMR, as well as their physical and mental well-being and offending behaviour (Table 2). Indeed, some offenders spoke positively about the AAMR, highlighting how it had made an impact to them particularly around their alcohol use, indicating that the AAMR can achieve one of its predominant aims.

"Having the tag on my leg was the best thing for me and now I can finally say I'm totally free from alcohol." *Offender*

"It's good because it made me look at alcohol in another light." *Offender*

[28] Measured by those who 'Disagree' or 'Strongly Disagreed' to the statement 'My current financial situation is difficult'.

Table 2. Entry and Exit Survey results

Entry Survey				
I think that being on the AAMR will make my:	**Worse**	**No Impact**	**Better**	
Life in general	10%	24%	56%	
Relationship with family	5%	40%	46%	
Relationship with friends	8%	45%	38%	
Money/current financial situation	6%	36%	48%	
Offending behaviour	1%	27%	53%	
Physical health	4%	31%	57%	
Mental Wellbeing	8%	33%	50%	
Housing situation	2%	57%	29%	
Employment situation	10%	48%	26%	
Ability to 'go out'/socialising	21%	44%	24%	
Educational situation	1%	49%	18%	
Exit Survey				
I think that being on the AAMR has made my:	**Worse**	**No Impact**	**Better**	
Life in general	10%	32%	44%	
Relationship with family	6%	43%	36%	
Relationship with friends	8%	46%	32%	
Money/current financial situation	8%	42%	36%	
Offending behaviour	2%	35%	44%	
Physical health	5%	32%	50%	
Mental Wellbeing	8%	35%	43%	
Housing situation	3%	57%	26%	
Employment situation	11%	52%	23%	
Ability to 'go out'/socialising	19%	41%	26%	
Educational situation	3%	49%	21%	

There continued to be ongoing concern around some of the practicalities of the tag itself. In particular, three-quarters of offenders reported that the tag was uncomfortable to wear for the duration of the requirement (74%, n=303), with many stating that it was too large and the design was flawed. Additionally, offenders commented that it had impacted on other practicalities of their daily lives, such as being unable to go swimming, bathe or use certain products such as perfumes/aftershave.

There also continued to be concern around the stigmatisation of wearing a tag that were initially raised, with 44% (n=181) reporting being concerned about what their friends and family thought of the tag. Indeed, offenders spoke about the difficulties they had in trying to hide the tag from friends and colleagues through purchasing new clothes and the expense they incurred from having to do so.

Overall, the offenders perceived the AAMR positively with around half reporting that it has had a positive influence in their health and offending behaviour. However, practical concerns were raised about the imposition of having to wear the tag itself, with many stating that the tag was too large and uncomfortable, and concerns that this may lead to stigmatisation.

4. Discussion

In 2014, the AAMR was introduced as a pilot concept to address alcohol related offending, by imposing compulsory abstinence from alcohol for a set period of time. Following the success of the pilot, a two year programme was funded and from April 2016, in a phased approach, the AAMR was rolled out across all of London, enabling every court to have this sentencing power. At the end of the two years, there is now the opportunity to reflect on the learning gained from this programme and the effectiveness of the AAMR on a larger, more complex scale. This report brings together the evidence around compulsory sobriety electronic monitoring, particularly around how it has performed and details a process evaluation generating learning through the views and experiences of stakeholders involved in delivery and offenders who were sentenced to the AAMR.

Positively the AAMR has been used widely throughout London, gaining support from both the judiciary and Probation staff, who have welcomed a tool tailored to specifically addressing alcohol related offending behaviour. There appeared to be a good understanding of the technology and requirement itself, with little self-reported impact on professionals' workload. The Year 1 interim report noted that AAMR training was well attended and satisfactory, and whilst some stakeholders still held this view, conversely others reported that being new to their role, they had not received any training, instead learning about the AAMR from colleagues. It was clear that such individuals would have welcomed on-going or refresher training throughout the second year of the programme.

In the second year of service, the AAMR has settled well into Probation report writers' "toolbox" and has been, on the whole, recommended appropriately. However the requirement is not without its frustrations and stakeholders frequently commented on the limitations of the eligibility criteria, particularly that offenders must reside within a London borough and score appropriately on the alcohol audit score, excluding many offenders from this sentencing option. Overall this has meant that the AAMR has not been recommended as often as some stakeholders would have liked.

One key aim of the AAMR was to prevent people from committing further offences and whilst it was recognised that the AAMR is designed as a punitive measure, stakeholders strongly felt that the requirement should also be viewed as a rehabilitative requirement, as it provides the opportunity to reflect on one's behaviour particularly their alcohol consumption and offending behaviour. It is unclear at this time what actual effects the AAMR will have on offenders' reoffending behaviour, and research would suggest that the behavioural effects may be short-lived beyond the removal of the tag (Axdahl, 2013); however, there is still a general perception that the AAMR offers more than a punishment to the offender. This view is reflected by the offenders themselves, who were often optimistic about the requirement and felt it would have a positive impact on their health, wellbeing and offending behaviour.

Much of the learning encountered over the two years of the AAMR being available pan-London reflects the initial pilot research. Challenges were seen at the end of Year 1 with scaling up the programme from a small pilot (four boroughs) to a pan-London approach – challenges such as delays in getting offenders tagged. These have clearly not been resolved, and it remains unclear

why such delays occur. Although a trial of tagging the offender at court was started, due to mitigating circumstances around staffing and infrastructure issues, very few offenders were tagged in this way, which meant this had little impact on addressing the delays. Other challenges previously noted were around partnership working. Whilst stakeholders here did not recognise improved relationships with partners or opportunities to build new partnerships, this also does not appear to have caused issues in the implementation and delivery of the AAMR and may in fact reflect the current landscape of offender management in London.

Currently the AAMR has only been available within London-based courts for offenders who reside within London boroughs. However, there was strong support for the AAMR to be rolled out nationally (82%, n=36). A variety of reasons for a UK wide compulsory abstinence requirement were emphasized, including that it would make sentencing more consistent, and allow all Courts to impose the requirement regardless of the resident location of the offender – an issue that is perceived as causing difficulties in some London courts currently.

Another suggestion to improve the service going forward would be to enhance the technology associated with the AAMR. That is, improve the electronic monitoring tags to ensure they are smaller and more comfortable to wear as well as make the tags themselves fully waterproof. Many offenders complained not only of the size and shape of the unit, but also that they could not take a bath or swim, which impacted on their daily lives. Stakeholders thoughts have also turned to the wider landscape noting that there needs to be a better way to address drug related offending and it was proposed that a similar device to the AAMR is required – a tag that can detect low level drug use to enable a requirement dictating compulsory drug abstinence to address low level drug use and related offending behaviour.

The pan-London rollout of the AAMR was funded specifically for two years to test the wider implementation and impact of the AAMR. However, due to the change in central government policy regarding a national rollout, there are currently no plans to extend the project further. Therefore, as of June 2018, the AAMR will cease to be an imposable requirement by the Courts. All offenders will therefore have completed the AAMR by October 2018 at the latest. This report sits as part of a wider, holistic evaluation to test the impact of the pan-London AAMR programme. Further research to explore proven reoffending and cost benefit of the AAMR will be included in the final evaluation report in Spring 2019.

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Appendices

Appendix A: Stakeholder Survey Respondents

Full breakdown of respondents who completed the Stakeholder Survey (N=44).

Job Role	No. of respondents	%
Magistrate	24	55%
District Judge	3	7%
Probation Officer	11	25%
Other	6	14%
Total	**44**	**100%**

Organisation	No. of respondents	%
Magistrates / Crown Court	14	32%
National Probation Service	1	2%
CRC	11	25%
Her Majesty's Courts and Tribunal Service	12	27%
Ministry of Justice	4	9%
Not recorded	2	5%
Total	**44**	**100%**

Local Justice Area Represented	No. of respondents	%
North London LJA	4	9%
North West LJA	14	32%
East London LJA	2	5%
Central LJA	2	5%
South East LJA	6	14%
South London LJA	4	9%
South West LJA	4	9%
West London LJA	4	9%
Not Recorded	2	5%
Other	2	5%
Total	**44**	**100%**

Appendix B: Interviewee Respondents

Full breakdown of those who agreed to be interviewed (N=24).

Organisation	Job Role	No. of Interviewee's
NPS	Probation Officer / Senior Probation Officer / Court Officer	13
	Probation Prosecutor	1
CRC	Probation Officer / Senior Probation Officer	4
Courts	Deputy Justice Clerk	2
	Legal Team Manager	2
EMS / AMS / SCRAM Systems	Manager	2
	Total	**24**

Appendix C: Breakdown of Courts that have imposed AAMRs.

Magistrates Court	No. of AAMRs imposed	%
Croydon	144	14%
Highbury Corner	129	13%
Uxbridge	99	10%
Camberwell Green	93	9%
Barkingside	80	8%
Westminster	75	7%
Thames	58	6%
Bromley	50	5%
Hendon	47	5%
Wimbledon	44	4%
Bexley	28	3%
Hammersmith	23	2%
Willesden	21	2%
Ealing	20	2%
Stratford	5	0%
City of London	3	0%
Feltham	3	0%
Total	**922**	**91%**

Crown Court	No. of AAMRs imposed	%
Isleworth CC	18	2%
Croydon CC	14	1%
Central Criminal Court	9	1%
Wood Green CC	8	1%
Blackfriars CC	7	1%
Harrow CC	7	1%
Romford MC	7	1%
Southwark CC	7	1%
Woolwich CC	6	1%
Inner London CC	4	0%
Snaresbrook CC	4	0%
Kingston CC	1	0%
Total	**92**	**9%**

Appendix D: Breakdown of Offences

This table details the offence type for which an AAMR was imposed between April 2016 and March 2018.

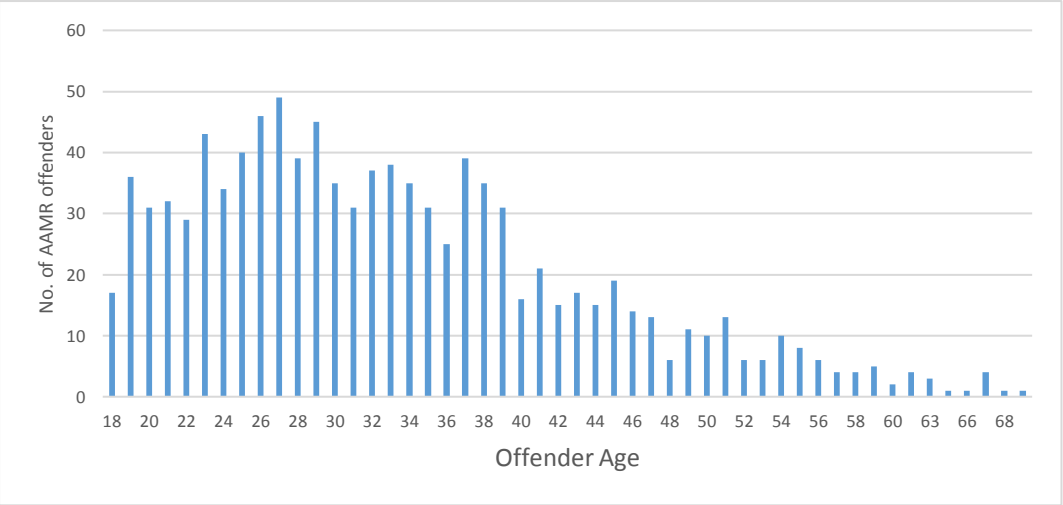
	Offence Type	No. of offences	%
Damage/Theft	Burglary	11	1%
	Criminal Damage	69	7%
	Theft	17	2%
	Unauthorised taking of a motor vehicle	9	1%
Driving	Driving or attempting to drive whilst unfit through drink/drugs	240	24%
	Failing to provide specimen	27	3%
	Other driving	24	2%
Drugs	Failure to cooperate (drugs)	3	0%
	Supply/Possession of drugs	7	1%
Harassment	Harassment	18	2%
	Racially aggravated harassment	34	3%
	Threatening words or behaviours	36	4%
Public Order	Drunk and disorderly conduct	6	1%
	Offences against Public Order	7	1%
	Other offences	27	3%
Sexual	Exposure	6	1%
	Sexual Assault	17	2%
Violence	Assault (beating, common assault, ABH, GBH)	338	33%
	Assault Police Officer	72	7%
	Possession of a weapon	36	4%
	Resisting/Obstructing a Police Officer	4	0%
	Other Violence	6	1%
	Total	**1,014**	**100%**

Appendix E: Offender Demographics

Offender ethnicity

Offender Ethnicity	No. of AAMR Offenders	%
Asian or Asian British (including Bangladeshi, Chinese, Indian, Pakistani, Other)	105	10%
Black or Black British (including African , Caribbean, Other)	149	15%
Mixed (including White & Asian, White & Black African, White & Black Caribbean, Other)	38	4%
White (including British, Welsh, Scottish, Northern Irish, Irish, Gypsy or Irish Traveller, Other)	555	55%
Other Ethnic Group	28	3%
Refusal	13	1%
Not recorded	126	12%
Total	**1,014**	**100%**

Offender Age



Appendix F: Offender Group Reconviction Scale (OGRS) 2 Year scores:

OGRS Year 2	No. of AAMR offenders	%
Very low (0 - 24%)	360	37%
Low (25% - 29%)	305	32%
Medium (50% - 74%)	209	22%
High (75% - 89%)	80	8%
Very high (90% +)	10	1%
Total	**964**	**100%**

Appendix G: Offender Entry and Exit Survey Results

Entry Survey Results (N=412)

	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Don't Know	
I have a good relationship with my close family	5	1%	11	3%	12	3%	109	26%	274	67%	1	0%
I have a good relationship with my friends	2	0%	10	2%	9	2%	142	34%	244	59%	5	1%
I have good physical health	7	2%	14	3%	26	6%	167	41%	196	48%	2	0%
I have a nice place to live	5	1%	15	4%	29	7%	138	33%	218	53%	7	2%
I have a job which I enjoy	11	3%	30	7%	42	10%	107	26%	150	36%	72	17%
Going out socialising with my friends causes me problems	107	26%	147	36%	77	19%	42	10%	24	6%	15	4%
My current financial situation is difficult	45	11%	93	23%	102	25%	99	24%	51	12%	22	5%
My offending behaviour cases me problems	75	18%	86	21%	60	15%	116	28%	44	11%	31	8%
Drinking alcohol has a negative effect on my life in general	60	15%	76	18%	76	18%	114	28%	64	16%	22	5%
I am happy most of the time	10	2%	21	5%	58	14%	159	39%	152	37%	12	3%

	Agree		Disagree		Blanks	
I understand why I received the AAMR	379	92%	20	5%	13	3%
I understand what I must do to comply with the AAMR	396	96%	2	0%	14	3%
I am worried about what my friends and family will think of the AAMR tag	161	39%	209	51%	42	10%

	Not at all confident		Not very confident		Fairly Confident		Very Confident		Blanks	
How confident are you that you will successfully complete the AAMR	2	0%	5	1%	46	11%	352	85%	7	2%

I think being on the AAMR will make my:	Worse		No Impact		Better		N/A	
Life in general	42	10%	99	24%	230	56%	41	10%
Relationship with family	20	5%	165	40%	188	46%	39	9%
Relationship with friends	31	8%	184	45%	156	38%	41	10%
Money/current financial situation	25	6%	150	36%	196	48%	41	10%
Offending behaviour	5	1%	110	27%	219	53%	78	19%
Physical health	18	4%	127	31%	234	57%	33	8%
Mental Wellbeing	31	8%	136	33%	206	50%	39	9%
Housing situation	10	2%	235	57%	118	29%	49	12%
Employment situation	43	10%	198	48%	108	26%	63	15%
Ability to 'go out'/socialising	87	21%	181	44%	97	24%	47	11%
Educational situation	3	1%	202	49%	76	18%	131	32%

Exit Survey Results (N=407)

	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Don't Know	
I have a good relationship with my close family	5	1%	14	3%	39	10%	110	27%	201	49%	38	9%
I have a good relationship with my friends	3	1%	9	2%	41	10%	124	30%	194	48%	36	9%
I have good physical health	7	2%	15	4%	44	11%	132	32%	175	43%	34	8%
I have a nice place to live	7	2%	10	2%	49	12%	124	30%	180	44%	37	9%
I have a job which I enjoy	15	4%	20	5%	77	19%	103	25%	139	34%	53	13%
Going out socialising with my friends causes me problems	76	19%	132	32%	101	25%	42	10%	18	4%	38	9%
My current financial situation is difficult	52	13%	95	23%	122	30%	80	20%	24	6%	34	8%
My offending behaviour cases me problems	61	15%	100	25%	96	24%	78	19%	34	8%	38	9%
Drinking alcohol has a negative effect on my life in general	45	11%	94	23%	101	25%	83	20%	50	12%	34	8%
I am happy most of the time	7	2%	21	5%	62	15%	149	37%	137	34%	31	8%

	Agree		Disagree	
I was worried what my friends and family thought of the alcohol tag	181	44%	226	56%
The alcohol tag felt comfortable to wear	104	26%	303	74%
The AAMR guidance document I received was useful	285	70%	122	30%

I think that being on the AAMR has made my:	**Worse**		**No Impact**		**Better**		**N/A**	
Life in general	39	10%	130	32%	179	44%	59	14%
Relationship with family	26	6%	175	43%	148	36%	58	14%
Relationship with friends	32	8%	187	46%	132	32%	56	14%
Money/current financial situation	31	8%	172	42%	147	36%	57	14%
Offending behaviour	8	2%	144	35%	181	44%	74	18%
Physical health	21	5%	132	32%	203	50%	51	13%
Mental Wellbeing	33	8%	141	35%	177	43%	56	14%
Housing situation	12	3%	230	57%	105	26%	60	15%
Employment situation	43	11%	210	52%	95	23%	59	14%
Ability to 'go out'/socialising	78	19%	165	41%	105	26%	59	14%
Educational situation	13	3%	199	49%	84	21%	111	27%