


# Brief interventions for alcohol use disorders within criminal justice settings

Face-to-face sessions with alcohol users that aim to identify an alcohol problem and motivate them to address it.

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Effect scale	Quality of evidence				
	Effect Impact on crime	Mechanism How it works	Moderator Where it works	Implementation How to do it	Economic cost What it costs
 Some reduction	<div><div></div><div></div><div></div><div></div></div> Moderate	<div><div></div><div></div><div></div><div></div></div> Moderate	No information	No information	No information

## Focus of the intervention

Brief interventions for individuals with alcohol use disorders consist of one or more (up to four) face-to-face sessions lasting between five and 40 minutes. These sessions typically include personalised feedback on alcohol intake in relation to recommended limits, discussion of health and social risks, and/or forms of psychological and motivational interviewing. Delivery of the intervention is within a criminal justice setting, including police custody, prison, or in a court or probation environment.

This narrative is based on one systematic review covering 10 studies, focusing on the effectiveness of brief interventions in reducing rearrest among adults and young people. Other outcome measures included alcohol use after the intervention, measured using the alcohol use disorder identification test (AUDIT).

Four of the 10 studies in the review report on the effect of the intervention on crime. These were all conducted in the UK.

## Effect – how effective is it?

Overall, evidence suggests that brief interventions for alcohol disorders have no impact on crime (but some studies suggest a decrease).

The specific crime outcome covered by the review was rearrest and reoffending. The review did not conduct a meta-analysis, so no overall summary effect was reported.

Of the four studies that reported crime outcomes, one could not report a valid outcome as the response rates at three and six months were too low. Two of the studies did not find a statistically significant difference in rearrest rates of individuals who received the intervention and those who did not after six months.

The final study was carried out in a probation setting and compared a control group (receiving feedback on their alcohol screening score in addition to a leaflet) with two intervention groups (either a five-minute session of brief advice only, or the advice session and a 20-minute lifestyle counselling session). Results from this study showed that those in the brief advice and brief lifestyle counselling groups were statistically significantly less likely to reoffend (36% and 38% respectively) than those in the control group (50%) in the year following intervention.

## How strong is the evidence?

Although the review was systematic, some forms of bias that could influence the study conclusions remain.

The review had a transparent and well-designed search strategy, and assessed each study using a validated risk of bias tool. As the review did not carry out a meta-analysis of the included studies, factors such as publication bias, statistical dependency and weighting were not taken into account. The one study that reported a statistically significant effect was graded as having a low risk of bias, meaning that any plausible bias was unlikely to seriously alter the results.

## Mechanism – how does it work?

Brief interventions for alcohol disorders within the criminal justice setting could potentially capitalise upon the teachable moment considered to be important for behavioural change, through which individuals can be encouraged to consider their alcohol use within the context of their offending behaviour.

The review did not conduct any specific tests of the mechanism stated above. Other studies included in the review reported non-crime outcomes that could be interpreted as mechanisms, such as reduced alcohol intake after the intervention, or risk-taking behaviour, which could have an effect on crime, although this was not tested in these studies.

For prison-based programmes, individuals in the intervention group were statistically more likely to schedule appointments at a clinic compared to those in the control group. A second study found a statistically significant effect of the intervention on the number of abstinent days at the three-month follow-up period, but not at 12 months. A third prison-based study reported that the mean reduction in the AUDIT score from baseline to follow-up was greater in the intervention group.

## **Moderators – in which contexts does it work best?**

The review did not examine under what conditions or for what population groups the intervention might work best. No moderator analysis was conducted for any studies reporting a crime outcome.

## **Implementation – what can be said about implementing this initiative?**

The review gave no account of how the intervention was implemented or any implementation challenges encountered by the individual studies.

## **Economic considerations – how much might it cost?**

The review did not mention the costs or benefits of brief interventions for alcohol disorders and no formal economic analysis was provided.

## **Summary**

There is evidence that brief interventions for alcohol use disorders reduce crime, but overall there is not a statistically significant effect.

Of the four studies in the review that reported a crime outcome, only one study found a significant effect of the intervention on re-arrest. Two studies found no difference between groups and one study showed no result due to low response rates at the three- and six-month follow-up points.

The review identified a possible mechanism – the teachable moment – but did not test this and no details were provided in relation to moderators, implementation or economic considerations.

## Reviews

### Review one

#### Reference

- Newbury-Birch, D., McGovern, R., Birch, J., O'Neill, G., Kaner, H., Sondhi, A. and Lynch, K. (2016) "[A rapid systematic review of what we know about alcohol use disorders and brief interventions in the criminal justice system](#)", International Journal of Prisoner Health, 12(1), 57-70

## Summary prepared by

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