

## Policy and practice tensions in tackling alcohol abuse and violence in Probation settings

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Alcohol, violence, probation, alcohol treatment, offenders, sobriety measures, transforming rehabilitation, alcohol intervention

### Abstract

This article explores recent policy development and resulting tensions that emerge in a neo-liberal climate of widespread availability and use of alcohol and a parallel move towards the marketization of offender management. We argue that these trends threaten the quality of treatment and supervision offered to those whose alcohol use is linked to their violent offending and unduly criminalises those behaving disorderly as a result of their drinking in the context of ever more coercive frameworks.

### Introduction

Alcohol and violence been discussed at length with reference to offending and non-sexual violent behaviour (Graham 1980; McMurrin 1999; 2013; Sumner and Parker, 1995). Whilst no causal connection has been conclusively established, the literature consistently points to heavy drinking as a contributory cause of violence alongside other factors. This does not mean that alcohol consumption is the only or primary determinant of whether violence will occur. Rather, alcohol contributes to violence in some people under some circumstances and researchers in the field are predominantly concerned with understanding these specific conditions as well as the individual and societal factors involved. Alcohol's association with violent offending remains an ongoing an important issue for probation practice. However, consideration of this association has diminished in recent times<sup>1</sup> with an assumption that the issues have to some extent been resolved. Underpinning this assumption are beliefs that the link between alcohol and offending is intrinsic and that a variety of probation interventions exist with which to 'treat' offenders effectively. Indeed, the relationship between alcohol and violence is often deterministically assumed given their frequent coexistence (see Dingwall, 2005; Graham, 1980) especially in national policy responses. In light of the changing policy landscape, notably defined by the publication of the latest Government's Alcohol Strategy (Stationary Office 2012), the shift of alcohol into public health (see Government's Public Health reform; Nicholls, 2012) and introduction of the Transforming Rehabilitation (TR) agenda). A current examination of how these issues

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<sup>1</sup> As a recent search of the *Probation Journal* for the key words 'alcohol and violence' in article abstracts testifies there have been only two publications on this subject in the last five years (Ashby et al. 2011; Hall and Winlow 2005). In fact a search for alcohol and violence as key words only yields one of these (Hall and Winlow 2005).

are addressed and how these policy developments may impact on practice seems pertinent and timely.

Considering alcohol's normative status and cultural positioning in modern British society can help us understand the policy tensions and inherent difficulties in delivering alcohol interventions to offending populations in practice. The widespread availability of alcohol and acceptability of alcohol consumption as a normative pastime (see Parker, 2005; 2007; Sumner and Parker, 1995; Room, 1975) is at odds with much of the abstinence-based rhetoric and coercive treatment options heralded as potential solutions to the 'alcohol-violence problem'. This article explores recent policy development and resulting tensions that emerge in a neo-liberal climate of widespread availability and use of alcohol and parallel move towards the marketization of offender management.

### **Overview of alcohol and violence and criminal justice policy**

The Prime Minister's forward to The Government's Alcohol Strategy (HM Government, 2012) talks about a causal relationship between binge drinking and crime and more measures are suggested to surveil and control those deemed to be drinking 'irresponsibly'. Since its publication there has been a dramatic 'U-turn' in the Government's commitment to introduce a minimum unit price for alcohol, which was aimed at targeting wider drinking and availability in the general population (Browne 2013). The current Government's Alcohol Strategy (2012) also promotes the development of 'sobriety schemes' and 'sobriety orders' for those coming to the attention of the criminal justice system for alcohol-related offending with a view to informing a potential 'Payment by Results' (PbR) approach to commissioning alcohol treatment for offenders (HM Government 2012). Concurrently, the strategy welcomes self-regulation of the alcohol industry and suggests 'growth and responsibility can exist well together' (HM Government 2012:19). Thus whilst criminalising individuals for their 'irresponsible' drinking, it appears devoid of any meaningful consideration that individual drinking practices are shaped by cultural tolerance and widespread availability of alcohol. This incongruence is evident as the strategy also states that 'well-run and responsible community pubs form an important component of the social fabric of our communities and such supervision of drinking can help prevent crime and disorder' (HM Government 2012:17). Indeed Measham (2006) has previously highlighted a 'credibility gap' when commenting on public health messages promoting moderation and restraint and the cultural context of economic deregulation and excessive consumption. Furthermore, the coercive sobriety 'orders' seem at odds with efforts to 'support individuals to change' (the title of chapter 5 of the Government's Alcohol Strategy ; HM Government 2012, emphasis added).

As part of the current Government's public health reform, there is a shift of the consideration of alcohol from a crime and disorder agenda to a public health agenda when considering general population drinking. From April 2013, local Health and Wellbeing Boards (comprising councils, the NHS and local communities) are expected to design services to meet local needs using a ring-fenced public health grant (HM Government 2012). The commissioning of drug and alcohol services in prisons will initially be the responsibility of the offender health services supported by the NHS Commissioning Board (NHSCB; Drugscope undated). From November 2012, Police and Crime Commissioners (PCCs) can also inform the commissioning of some interventions (using their Community Safety Fund) in light of the role alcohol plays in

crime and disorder issues (HM Government 2012). However, whilst PCCs are likely to work collaboratively with Health and Wellbeing Boards and others such as Community Safety Partnerships, their agendas and priorities are informed by public opinion on crime and disorder and their own political ideology, which may constrain investment into drug and alcohol *treatment* and *support*. Given the normative cultural positioning of alcohol consumption and a decline in the profile of alcohol related violence in the violence policy agenda (discussed further below), this may indicate a diminishing focus on this issue. The complex and multi-faceted organisation of the commissioning structure may have negative implications for practice including consistency and continuity of treatment. This is may be more relevant in the resettlement and rehabilitation of prisoners especially as the finer details of this process under the TR agenda are yet to be negotiated, but are likely to be shaped by neoliberal business imperatives, such as Payment by Results (PbR).

The violence policy strategy has moved in recent years towards a prioritisation of violence against women and girls. This shift has taken place on the basis of long-fought and tenacious campaigning by organisations representing female victims and rightly places many vulnerable victims of violence at the centre of policy. The Government Action Plan to End Violence against Women and Girls (Home Office, 2013) focuses on policy responses to domestic and sexual violence against women and sets out the commitment to this agenda<sup>2</sup>. Whilst not denying the importance of this agenda, it has superseded the previous focus on general strategy of violence reduction in which alcohol was viewed as more central. However, even in the Violence Reduction Strategy (National Audit Office, 2008), there was a shift in policy highlighted from reducing overall volumes of violent crime to reducing the most serious violence, including domestic and sexual violence (National Audit Office, 2008). In the context of limited resources and competition within the funding stream for violence between alcohol-related violence and domestic and sexual abuse, policy is shifting towards the latter.

The TR agenda (Ministry of Justice, 2013a) has changed the framework within which offenders are managed in the UK. The changes involve a separation of high-risk cases managed by a public sector body, the 'National Probation Service' (NPS) while low and medium risk offenders will be managed by Community Rehabilitation Companies (CRCs). The CRCs are also responsible for carrying out the majority of interventions for both cases managed within the CRC and on a commissioning basis by the NPS. Therefore, elements of community orders involving alcohol and/or violence related requirements might primarily be carried out by the CRCs. CRCs will also be responsible for 'through the gate' support. At the time of writing, those successful in the tendering process have been announced. There is a significant emphasis in the new structures on efficiency, increasing marketization of services including the principles of PbR, a greater diversity of providers and collaboration with partners. These latter two points are promoted through a two-tier framework that will allow the CRCs to commission services from a variety of local providers to carry out a wide range of activities.

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<sup>2</sup> The 2013 Action Plan reflects a globally reinforced policy strategy founded on the United Nations (UN) Declaration on the Elimination of Violence against Women (UN, 1993) and the EU Convention on Preventing and Combating Violence against Women and Domestic Violence (also known as the Istanbul Convention) which was opened for signature in 2011 although to date has not been ratified by the UK.

Alcohol related violence does appear briefly in TR agenda primarily within the context of domestic abuse and sexual violence although addressing this link is not a formal strategy in the 2013 Action Plan (Home Office, 2013). Again, the association between alcohol and domestic abuse is complex and there remains debate regarding whether substance use co-varies with domestic abuse, plays a causal role in aggressive behaviour or provides a justification for violent incidents (Klostermann et al, 2010; Klostermann and Fals-Stewart, 2006). Nevertheless, this illustrates the changing problematisation of alcohol related violence within the new policy framework and indicates the probable priority in funding interventions in the increasingly market driven approach. The establishment of 21 CRCs across England and Wales may result in variation and inconsistency in the availability and type of services. This compounds concerns highlighted above regarding local and regional variation, as it is likely that the contracts will be shorter-term, with consequences of local inconsistency and disruption to service provision for offenders.

### **Probation interventions for alcohol related violence**

The movement of policy towards structures of commissioning has involved increased engagement with external organisations working with offenders. Increasingly coercive measures can be seen to have changed the shape of the way in which offenders are managed. This is linked to the marketization of the management of offenders in the community and the deregulation and liberalisation of the nighttime economy, discussed further below. The increasing use of offending behaviour programmes as part of community sentences developed from the growing evidence base initiated by the What Works agenda and as a result probation services have provided various programmes including those focused on alcohol related violent offending. The development and approach of group work programmes is outlined below along with an overview of other ways in which probation can work with individuals who are considered to have committed an alcohol-related offence.

Addressing Substance Related Offending (ASRO) is a cognitive behavioural based programme which was developed in the late 1990s. It has been widely used across England and Wales for offenders who abuse substances although it does not target the more specific needs of alcohol related violent offenders. Therefore, as the understanding of what works with this group has advanced, programmes have become more tailored, discussed further below. In an evaluation, when excluding those who started but did not complete, offenders completing ASRO were reconvicted at significantly lower rates than untreated offenders (Hollin et al 2004). The issue of higher attrition for non-completers is discussed below.

Other approaches have been developed using the ‘good lives model’ of offender rehabilitation (Ward 2002) which emphasises the significance of personal strengths to reduce offending. Using this model, the Lower Intensity Alcohol Programme (LIAP) addresses alcohol misuse and general criminal behaviour among problematic drinkers in the community. Although some lower level violent offenders may receive LIAP, it is likely that alternative interventions would be more suitable if their violent offending is alcohol related. To the best of the authors’ knowledge, LIAP has not been formally evaluated to date.

Control of Violence for Angry Impulsive Drinkers (COVAID) is a cognitive-behavioural programme delivered in prisons and in the community and has been available as a sentencing condition since 2009. It is specifically designed to help angry, impulsive drinkers, typically young white men, to control their violence (McMurrnan 2007a). The programme is founded on an interconnected alcohol-aggression system which considers how the offence is perceived in light of a person's attitudes and beliefs; the emotional and behavioural response and the impact of alcohol on this system. Evaluations of COVAID indicate some positive results with reduction in participants' reconviction for alcohol-related violence and improvement in perceived ability to control alcohol consumption (McMurrnan and Cusens, 2003; McCulloch and McMurrnan, 2008).

COVAID differs from ASRO in targeting non-dependent drinkers: ASRO is aimed at harmful drinkers. ASRO has a wide remit for offence type whereas COVAID is more specifically focused on violent offending. Evaluations of ASRO found that substance using offenders are a heterogeneous group and therefore one programme may not be suitable for all. On this basis, ASRO is limited in trying to work with too diverse a group and therefore not targeting the specific links between alcohol use and offending (Palmer et al 2011; McMurrnan 2007a). Offenders assessed as having an alcohol addiction are prohibited from COVAID by the suitability criteria which highlights the skill and understanding required in a pre-sentence report (PSR) writer to understand a service user's alcohol consumption and to identify whether they are suitable for COVAID. PSRs continue to be written by the NPS under the new target operating model in the TR agenda. However, the qualification structures for staff conducting ongoing assessments are not yet known for the CRCs although there is no requirement for them to continue with the current Probation Qualification Framework. Thus, staff may be underqualified and inexperienced at recognising the nuance within the complex association between alcohol and violence in an individual's criminogenic needs.

Research suggests that there is a strong evidence base for therapeutic communities and cognitive behavioural based therapies and a consequent need for such treatment in correctional settings (McMurrnan 2012; 2007b). McMurrnan (2007b) acknowledges that 'arrest-referral schemes, court-mandated drug rehabilitation and drug courts can be effective' although she cautions that 'improvements in multi-agency working are also necessary' in ensuring the success of these (McMurrnan, 2007b: 225). 'Often, offenders receive treatment for substance use or violence, but not the two in nexus' (McMurrnan, 2012: 14). In order to improve outcomes of alcohol-related violence interventions, it is necessary to pursue the development of interventions that specifically tackle the relationship between alcohol and violence, rather than tackling drinking or violence separately (McMurrnan, 2012). However, as stated above, understanding the relationship between alcohol and violence is far from accomplished or easy to identify in practice.

Community programme delivery and evaluations are hindered by low levels of referrals, perhaps due to the higher incidence of custodial sentences for alcohol-related violence, particularly for more serious assaults. In addition, there is serious concern regarding non-completion rates (Palmer et al, 2011; McMurrnan, 2007b; Hollin et al, 2004; Wormith and Olver, 2002) particularly considering that non-completers can be more likely to offend than those receiving no treatment (McMurrnan and Theodosi, 2007). The ongoing problems of attrition may exacerbate the potential threats posed by the reorganisation of commissioning structures as offenders may be subject to

increased discontinuity both within the provision of community orders and as they leave custody. This is compounded for substance related programmes where the use of the substances themselves can present a barrier to programme attendance and completion (Debonnaire, 2010).

Alcohol interventions for female offenders are under-developed (McMurran et al, 2011). In a review of the literature, it appears that alcohol elevates the risk of violence for both men and women (McMurran et al, 2011: 920). However, as in other areas, there is a need to tailor alcohol-related violence interventions for female offenders with less focus on criminal attitudes and criminal peers and more focus on emotional triggers associated with drinking in conjunction with support for women's psychological health (McMurran et al, 2011). Issues in responding appropriately to female offenders have been highlighted repeatedly on the basis of their complex needs, childcare responsibilities and lack of specific provision (see, for example, Gelsthorpe and Hedderman, 2012; *Women in Prison*, 2012; Corston, 2007). These problems may be exacerbated in the framework of TR as interventions and services for smaller groups may be more difficult to justify in the climate of marketization and the sole use of reoffending as a measure of success for PbR which fails to recognise the alternative ways in which female offenders achieve success (Gelsthorpe and Hedderman 2012; Gomm, 2012:155-6). This is similarly the case for black and minority ethnic groups where attitudes to alcohol consumption may be shaped by particular cultural backgrounds which need to be taken into account in programme provision (McMurran 2007b: 231).

A narrow criminal justice focus on interventions with this group may be problematic. Widening the type of programmes available to offenders may be beneficial. The previous provision of accredited programmes only has prohibited the use of stepped-care models proven effective in clinical settings (McMurran, 2007b). Indeed other effective routes for encouraging treatment have focused on models of intervention in health settings. For example, the police diversion of individuals to sobering up schemes in Cardiff so as to reduce demand on the Emergency Department, which consequentially saw benefits to health, ambulance and police services (see Moore et al. 2013).

In addition to sentencing options that require offenders to attend group work programmes, Alcohol Treatment Requirements (ATR) can require an offender to attend an alcohol treatment provider and engage with an alcohol reduction or abstinence programme available to the general population. Increased flexibility has been introduced to enable treatment to be tailored to target more serious alcohol-related offending problems. The Government has also consulted on a new civil order which could require individuals to take positive action to address underlying issues that may be driving their offending behaviour (HM Government 2012). Given the lack of a strictly causal link between alcohol and violence, it is crucial that these requirements are multi-faceted and it is not assumed that a reduction or cessation in alcohol consumption will reduce violent behaviour.

Although not delivered through probation, there are other quasi-criminal justice approaches to alcohol and violence that warrant brief mention in order to consider the wider policy context. The Alcohol Arrest Referral (AAR) scheme was introduced under the guise of the violence reduction strategy in the early 2000s and formed a brief intervention where the need for such was identified on arrest. However, evaluations of such schemes have suggested that AAR schemes did not reduce re-arrest

(Blakeborough and Richardson, 2012). The reasons for this are not made clear but suggestions include that the custody suite is not an effective setting in which to deliver this intervention; the intervention was unable to sufficiently address the criminogenic needs of those arrested; insufficient screening being undertaken to target clients likely to respond positively to a brief intervention; and low level re-arrest rates make it difficult to ascertain any impact on recidivism (Blakeborough and Richardson, 2012). This underlines the importance of considering at what stage of the criminal justice process interventions occur and the level of coercion operating on the individual's agreement to participate in such an intervention.

The Drinking Banning Order (DBO) is a civil court order introduced by the Labour Government under the Violent Crime Reduction Act 2006. It is imposed on individuals who have behaved criminally or disorderly whilst under the influence of alcohol. It is targeted at low-level offences although would include violent offending such as drunk and disorderly, criminal damage and public order offences. Those who have committed an offence while under the influence of alcohol are given the option of a court imposed period of sobriety or a tougher criminal punishment (Moore et al., 2013). However, if breached they commit a criminal offence. This then runs the risk of criminalising an individual's drinking (an issue also noted by Measham and Moore, 2008) without the structures of assistance from alcohol support organisations. These latter two ways of intervening with alcohol use illustrate the increase in coercive policy tools used to deal with these offenders. This issue is discussed further below in relation to the wider policy context of managing offenders in the community.

The recent Alcohol Strategy (Stationery Office, 2012) introduced a suite of novel sobriety measures including schemes which are being piloted at the time of writing to monitor those offenders whose offending was deemed linked to their alcohol consumption. It is suggested that these measures will help 'end the notion that drinking is an unqualified right without any associated sense of responsibility' (Stationery Office, 2012: 14). However, attempting to facilitate a civilized drinking culture is at odds with the liberalisation of regulations governing the sale and consumption of alcohol (Measham and Brain, 2005). Sobriety measures are used within existing provisions for conditional cautions aimed at lower level offending, such as drunk and disorderly, criminal damage and public disorder. A sobriety order imposed as part of a conditional caution requires an offender to abstain from drinking on days they pose a risk (for example on weekends) and report to a police station to be breathalysed (Drugscope, undated). Compulsory sobriety measures can also form part of community sentences, to address more serious offending, such as common assault and actual bodily harm. This requires an individual to stay sober for a period of up to 120 days and is monitored using either a breathalyser or electronic 'alcohol tag'.

The pilots are making use of existing legislative provisions to trial the use of sobriety measures. However, the Government has since introduced new powers on sobriety in the Legal Aid, Sentencing and Punishment of Offenders Act 2012 in the form of an 'Alcohol Abstinence and Monitoring Requirement'. This has been introduced despite the Ministry of Justice's own admission in its impact assessment that 'the extent to which compulsory abstinence may reduce re-offending is not known' (Ministry of Justice 2012: 2) and the fact that it may incur costs as part of monitoring requirements and dealing with breaches as well as additional court and/or prison time (Ministry of Justice, 2012). There is little evaluation of or support for the efficacy of sobriety measures for violent offending (Ministry of Justice, 2012). In fact sobriety is primarily

monitored in the context of drink driving interventions in the US (Lacey et al. 1999; Elder et al., 2002; Ditsuwan et al., 2013). Despite these evaluations showing positive evidence of reducing road traffic collisions it is unclear how transferable interventions in this context are to violent offending. Indeed the evidence underpinning the Government's decision is the success of the Dakota 24/7 sobriety project which uses testing and monitoring of drug and alcohol consumption for those convicted of driving under the influence (see Loudenburg et al., 2010).

This review indicates two features of the policy and practice development in probation interventions with individuals assessed as committing alcohol related violence. The evidence base suggests the need to move away from generic programmes towards those which are more specifically tailored to the needs of this group (McMurran, 2007b). However, the ability to work with offenders in a bespoke way is potentially threatened by the move towards more coercive measures. In the context of neo-liberal marketization, tailored interventions present a challenge to justify on the basis of cost and blanket coercive measures may conflict with those who attempt to motivate the individual to make positive change. Coercive treatment can be counter-productive in that it sets individuals up to fail and then places them at risk of further criminalisation as they fail to meet their targets. The effectiveness of mandatory treatments has been questioned elsewhere. In a meta-analysis, Parhar et al (2008) found that voluntary interventions had the largest effect size and court-mandated programmes had the smallest effect size. Mandatory and coercive programming is also a barrier to the positive, therapeutic alliances that need to develop for effective working relationships between probation staff and service users (for example, see Cournoyer et al., 2007; Burnett and McNeill, 2005).

## **Discussion**

Others have commented on previous government alcohol policy tensions implicit in the combination of neo-liberal business and market imperatives governing licensed leisure and the criminalisation and regulation of drinkers for excessive drinking as well as a harm reduction focus centred on promoting sensible drinking (Hobbs et al., 2000; 2005a, 2005b; Measham, 2006; Measham and Moore, 2008; Parker, 1996). Commentators have suggested current policy focuses too much on the economic benefits of alcohol use and industry interests at the expense of addressing the negative health and social consequences (Bellis et al., 2011; Room 2004). Tensions associated with governing the night-time economy having been eloquently described as resulting in the 'combined seduction and repression of British drinkers' (Bell (1975) discussed in Measham and Brain, 2005) in which the best consumers (those who drink the most) are those that are more likely to come to the attention of the CJS. In this criminalisation process

'violence is pathologized by locating violent individuals [but] the criminogenic dynamics that lie at the heart of the night-time economy remain obscured by the liminal mists of corporate intoxication' (Hobbs et al, 2005b: 170).

In this context, working with those individuals presenting as committing alcohol related violence is problematic in terms of the mixed messages they receive from probation or alcohol support agencies and in wider society.

The latest Government Alcohol Strategy (Stationery Office, 2012) is characterised by a law-and-order focus promoting abstinence and treatment in the criminal justice system (Nicholls, 2012). However, in its focus on managing those deemed to be



drinking 'irresponsibly', once more we see contradictory forces of deregulation and criminalisation, as the cultural positioning of alcohol in British society is likely to undermine progress at intervening at the individual level (i.e. with offenders). This is accompanied by a moral judgement on the drinking behaviour of these individuals. Indeed, "as social control in late modernity becomes inextricably linked to neo-liberal business imperatives, so new dilemmas of control emerge" (Hobbs et al; 2005b: 168).

Although drinking has been falling in recent years (since 2000), there appears to be a polarisation of drinking patterns with more abstainers and occasional drinkers yet heavier consumption amongst regular drinkers. And, it is the latter heavy sessional drinking pattern that is more likely to be associated with offending and disorder (Measham, 2007). However, it is unknown to what extent the public tolerance of drinking that grew in the 1990s and favourable attitudes towards intoxication in Britain have declined (Measham, 2007). The widespread use, availability and normative perceptions of alcohol can act as a barrier to motivating change amongst individuals in criminal justice settings. After all, it is difficult to suggest to someone that their drinking is a criminogenic risk factor when drinking is reinforced in many spheres of social life. Individual treatment is necessarily constrained by parameters associated with the normative social positioning of alcohol and little consideration is given to this fact in the proposals outlined in the Government Alcohol Strategy (Stationery Office, 2012).

Not only have we seen conflicting processes impact on the cultural context in which problematic alcohol consumption and alcohol-related violence can be dealt with in the nighttime economy (described in detail elsewhere; Hobbs et al., 2000; 2005a; 2005b; Measham, 2006; Measham and Moore, 2008), but there is a parallel marketisation of offender management. The drive of marketisation for services providing offender supervision is morally problematic (McNeill, 2013; Neilson, 2012). The criminal justice system has unique characteristics resulting in the mechanics of the market applying in a less straightforward way: it is not possible to place a value on some aspects of offender management. However, criminal justice policy is increasingly being developed within an neo-liberal economic framework, most evident in PbR. The Payment Mechanism Straw Man outline (Ministry of Justice, 2013c) defines reoffending as the sole measure of a successful contractual outcome. This ignores the fact that a reduction in alcohol consumption can have benefits over and above recidivism including health, employment and family relationships. These can be key turning points in the complex and non-linear desistance process on which no value is placed in the PbR framework. Therefore there is a paradox between treating those most at need only on the basis of recidivism in the wider context of policy driven normalisation and widespread availability of alcohol.

The marketisation of criminal justice may result in a wide variety of organisations bidding to provide services to offenders. Whilst the role of non-statutory organisations can be very positive in meeting the needs of offenders (Maguire, 2012), the bidding capabilities of larger private organisations mean that smaller, more specialist organisations will struggle to compete (Calder and Goodman, 2013) and the tailored interventions for alcohol related violent offenders may be lost. As discussed above, this is at odds with an evidence base that increasingly suggests that tailored interventions are more effective (McMurrin, 2007b).

As highlighted above, the criminal justice system has unique characteristics onto which the processes of marketization do not easily map. In terms of service user engagement there is a conflict between the economic policy focus and the development of a trusting

worker-service user relationship (McNeill, 2013) as well as the need for specialist training required for effective work with offenders (Robinson et al, 2014). The shape of probation practice in recent years has seen a reduction in the time spent with clients and an increase in caseload (Burke and Collett, 2010). For the third sector, working in the context of PbR has resulted in an awareness of time pressure and a reduction in the time spent with offenders (Third Sector, 2012). The principles of evidenced based practice of developing effective working relationships between worker and service-user are at odds with both coercive interventions and the shift in culture from probation to a private organisation. It remains to be seen whether organisations with a different ethos to that associated with the traditional 'probation service' have the capability to employ the models of offender management shown to enhance these relationships and which may not be measurable solely on the basis of reoffending.

Alongside tensions outlined above in relation to the marketisation of offender supervision and the social and cultural positioning of alcohol in society, there also remains a need to consider whether alcohol use is meaningfully dealt with as a criminal justice issue. Others have argued that licensing and associated alcohol related violence also constitutes a public health issue<sup>3</sup> (FPH, 2008; Morleo at al., 2009; Sodeen and Shenker, 2008). The policy trend for dealing with the general population is to address alcohol as a health issue. However, it seems that for offending populations, and promoting their longer-term sobriety, there is a move towards more coercive measures. There thus remains some confusion about how this disparity is reconciled when dealing with criminal populations alongside the contradictory policy forces of deregulation and criminalisation. This is a particular issue when the evidence base points to the effectiveness of policies regulating alcohol availability and the environment in which alcohol is marketed as being some of the most effective in reducing alcohol-related harm (AHA, 2013; Anderson et al, 2009; Babor et al., 2003; 2010; Österberg 2012). Moreover, there is a need to further understand how this is effectively operationalised in the new commissioning structures.

The wider neo-liberal policy context incorporating marketization and privatisation has structured frameworks that are increasingly coercive and necessitate a streamlining of the way in which supervisors build relationships and work with offenders. Through our review of the policy development of interventions for alcohol related violence it is apparent that these frameworks are also existent for policy directed at addressing alcohol related violent offending. Thus, the policy development including the increased use of coercive and mandatory interventions can be viewed increasingly within a Foucauldian framework of surveillance and control. And, as discussed above, may have significantly deleterious effects on probation based work with these service users.

Furthermore, this framework of coercive and authoritarian control to regulate and constrain criminal populations disproportionately target the young and the poor and remain in stark contrast to the fact that the full range of preventive measures and police powers for the licensing, regulation and management of the night-time economy are underutilised (Hobbs et al, 2005). Hobbs et al. (2005: 173) also note that whilst 'high-profile 'law and order crackdowns' may relieve the short-term symptoms ... they do nothing to address the political-economic context that feeds the problem'. Indeed, reducing alcohol availability (and thus consumption) through taxations and regulating sales is central to reducing and preventing violence. However, such policies can often

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<sup>3</sup> Although engaging in thorough debate on this is not the aim of the current paper.

stand in opposition to economic policies that promote the widespread expansion and development of the night-time economy and self-regulation of the alcohol industry. Policy responses that focus on legislating and regulating consumers thus emerge as an alternative for managing the drunkenness and disorder that can result from excessive drinking promoted as a result of industry deregulation and liberalisation of licensing regimes. Such measures may at face value seem attractive when public spending resources are scarce. Indeed, meaningful overlap and integration between economic, crime prevention and public health policy remains an area that could be improved upon.

## **Conclusion**

As previously highlighted by Measham (2006), in relation to the contradictory messages regarding contemporary alcohol consumption and restraint, it therefore appears that in the context of offender management there is also a 'credibility gap'. We are thus left to concur with Hobbs et al (2005:171) when they suggest

'any expectation that the British state will separate itself from the forces of capital and commit itself not to the furtherance of economic interests but to the safety and long-term quality of life of its citizens is at best naïve.'

Drawing from the positive outcomes in public health models there is a need to further understand how commissioning structures that coordinate health and criminal justice interventions can effectively negotiate this 'credibility gap' and support offenders.

Our review highlights tensions between the policy directions in relation to managing alcohol related violence and the evidence base that calls for tailored and targeted treatment to effectively work with these offenders, impacting as follows:

- A barrier to motivating change, undermining therapeutic alliances and effective personal relationships in probation work;
- Setting individuals up to fail and increasing criminalisation;
- Failing to acknowledge various forms of success when working with offenders (asides reoffending);
- Ineffective resourcing and targeting of interventions for individual offenders, with potentially negative consequences in terms of reoffending; and
- Raising moral questions about the role of coercion in treating alcohol consumption and misuse.

Such tensions are brought about by the marketization of offender management, the normative social positioning of alcohol and emphasis on neo-liberal business imperatives in alcohol policy. This is compounded by a move towards dealing with alcohol related offenders and those behaving disorderly as a result of their drinking in ever more coercive frameworks that draw them and their alcohol consumption into the criminal justice system. Unresolved, these tensions result in threats to effective supervision of alcohol-related violent offenders.

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