

ALCOHOL SCREENING & BRIEF INTERVENTION IN THE PRISON SYSTEM

BACKGROUND

There is evidence of an association between alcohol use and offending behaviour [1]. Alcohol has been found to be a factor in half of all violent crimes [2]. In England and Wales alcohol-related crime is estimated to cost society £11 billion (2010-2011 costs) [3]. However the precise relationship is complex [4], with an intricate interplay between drinking patterns, the amount of alcohol consumed and individual and contextual factors [5]. Alcohol screening and brief intervention is a secondary preventative approach, which involves the identification via screening of hazardous and harmful drinking and the delivery of an intervention aimed at reducing consumption and associated problems [6].

PREVALENCE

A systematic review of the literature was conducted that identified studies in the UK that used the AUDIT screening tool to measure alcohol use disorders (AUDs) with adults in the prison system [7]. A score of 8 or more (out of 40) is categorised as an AUD whilst a score of 20+ indicates probable dependency. Five studies were found that were published between 2000 and 2012 [5, 7-10].

■ 51% to 87% screened positive for an AUD [5, 7-10].
This compares to 20-30% observed in general population [11].

■ 25% to 43% scored positive for probable alcohol dependence [5, 7, 9, 10].
This compares to 4% observed in general population [12].

INTERVENTIONS:

A rapid review of the worldwide literature of effectiveness studies of alcohol brief intervention (< 3 hours) was carried out. Four articles were found [13-16]. All studies were carried out in the USA.

Davis et al, 2003 carried out a RCT of veterans in a USA county jail. Participants were recruited in the month prior to leaving jail. 73 veterans were randomised to either a control condition of usual care (n=37) or an individual session of brief intervention (n=36); 73% males. The average length of intervention was 57 minutes. Participants were followed up within 60 days of being released from jail. 41% of participants were followed up. No differences were found between groups for any alcohol measures. Those in the intervention group were more likely to schedule appointments at a veterans' addiction clinic following their release (31% vs 14%; $p < 0.08$) [13].

Stein et al, 2010 carried out a RCT to evaluate brief intervention for alcohol use and risky sexual behaviour among women in a USA prison [14]. Women were eligible for the trial if they had consumed alcohol at a hazardous level and if they had recently engaged in risky sexual behaviour. 245 women were randomised to receive either two sessions of motivational interviewing (MI) (n=125) or treatment as usual (n=120). The first session of MI was delivered in prison with the second taking place approximately one to three months after leaving prison. Participants were followed up at three and six months. 76% (n=186); 76% (n=86) and 79% (n=193) of the participants were located and completed follow-up assessments at the one, three and six month follow-ups respectively. Participants randomised to MI had significantly fewer drinking days (OR =1.96, 95% CI 1.17,3.30) and reported fewer alcohol related problems at three-months (b=-4.96, 95% CI -8.91, 1.02, $P < 0.05$), although this effect was not maintained at six month follow-up.

There was no significant difference between participant groups for the number of drinks consumed per drinking day. A second analysis of the study data conducted by Clarke, Anderson and Stein (2011) showed that the intervention did not impact the length of time to first alcoholic drink following release from prison [15].

Begun et al's (2011) 'Women and Jails Project' randomised women to either one session of MI (n=468) or treatment as usual (n=261). Only 276 of the 468 (59%) randomised to the intervention group received the intervention. Participants were followed up two months after release from jail. Significant reductions were found in alcohol scores for both groups between baseline and follow-up. The study only followed up 20% of cases so effectiveness could not be ascertained [16].

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