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► [Alcohol screening and brief intervention in a policing context: a mixed methods feasibility study.](#)

Brown N., Newbury-Birch D., McGovern R. et al.

Drug and Alcohol Review: 2010, 29, p. 647–654.

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Risky drinking was widespread among the disorder and assault suspects screened for alcohol problems and (as indicated) offered brief advice by civilian staff at a police station in north east England, but they constituted just a quarter of the arrestees intended to have been screened.

Summary In Britain police contact is generally the first step for someone entering the criminal justice system, and up to a quarter of police work is associated with alcohol-related incidents. It follows that police personnel may be well placed to deliver interventions to reduce excessive drinking and related problems. If such an approach were feasible and effective, it might save police time spent responding to alcohol-related crime.

As a first step this pilot study aimed to explore the feasibility and acceptability (to arrestees and staff) of screening for risky drinking and if indicated offering brief counselling during routine practice at a police station in a town in north east England. Targeted arrestees were primarily those arrested for public order or assault offences, offences closely linked with alcohol misuse. Senior police officers had identified the station and approached the research team about exploring the potential for such work.

Civilian detention officers were considered suitable staff because they are not police officers, reducing the perception of conflicting interests, and because they fingerprint arrestees immediately before release, an opportunity to screen and intervene when the arrestee is least likely to be still be intoxicated and has had time to reflect on their arrest. In a two-hour course tailored to the setting, all 10 detention officers at the station were trained on-site by the research team to screen arrestees using the [AUDIT alcohol screening questionnaire](#) and deliver five minutes of advice to those who [screened positive](#) for at least hazardous drinking. The advice followed the *How much is too much* brief

intervention protocol which targets hazardous and harmful drinkers and aims to evoke change by providing information about their drinking and how to reduce it to sensible levels. At the discretion of the officer, screening and brief advice were conducted while the arrestee was detained in the cell or during fingerprinting, and the questionnaires were either completed by the arrestee or with the detention officer. Shortly after screening and advice had been completed, detention officers were individually interviewed about the professional barriers and facilitators which influenced the feasibility of this work.

Of the 2318 arrests at the station during the three-month study period in 2009, 704 were for the target offences and **229 screening questionnaires** were completed and collected from about a third of the eligible caseload. Participants were mainly young white men and most were screened in the early hours of the morning and at weekends.

Main findings

Of 229 participants, 23% declined or were unable to complete the AUDIT and 176 completed it, a quarter of the arrestees targeted by the project. Of the 229, 134 or 59% screened as at least hazardous drinkers; of those screened, 76%. Half the AUDIT-positive arrestees were hazardous drinkers, 15% harmful drinkers, and 35% showed signs of alcohol dependence. Heavy single occasion ('binge') drinking was common: 41% of participants reported drinking 10 or more UK units (each about 8gm alcohol) on a typical drinking day and a further 21% between seven and nine units.

Nearly all AUDIT-positive arrestees accepted the offer of brief advice. Additionally, two thirds who screened negative were nevertheless offered and accepted brief advice.

In interviews detention officers were fairly evenly divided in their views about the screening and brief intervention work they had been engaged in. Around half thought it inappropriate to the venue or their role and that the policing environment was not conducive to a helping relationship. Typically they questioned the work's value and were reluctant to carry it out, citing lack of time and hostility from arrestees and their dishonesty. These officers tended to have negative and/or hostile interactions with arrestees.

The other half of officers felt the venue and their role to be entirely appropriate, welcomed the training, and appreciated the potential value of screening and brief intervention among a caseload often drinking to excess, and for whom the consequences could be linked to their offences. These officers felt able to develop high levels of rapport in their interactions with arrestees and expressed a belief in their potential to change and in the effectiveness of the intervention.

Most officers found screening and brief intervention straightforward and largely problem-free. However, nearly all said there were times when they were too busy for this work, and some were also influenced by the arrestees' hostility towards them or towards the screening process. However, other officers felt that arrestees were happy to consent to screening and intervention as long as they did not feel judged or threatened.

The authors' conclusions

That three quarters of the arrestees in this study were risky drinkers demonstrates the potential for alcohol screening and intervention in police stations, and this feasibility

study has shown it is possible for detention officers to conduct this work with arrestees. Around a third of the people arrested for targeted offences were approached, a quarter completed screening, and nearly all to whom this was offered accepted brief advice – encouraging levels after just two hours of training. However, the setting is highly challenging; police cells can be a hostile environment and arrestees may be aggressive and resistant to support from police personnel. On the other hand, the immediate hours after an arrest may present a 'teachable moment' which can be capitalised on to make a clear link between drinking and subsequent arrest. The officers who did this work were divided in their views about its feasibility and value; more intensive training might have helped improve attitudes and performance.

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For the researchers the coverage achieved after such brief training was encouraging, but a more jaundiced view seems just as valid. Implementing the pilot in the police station not only had the support of senior officers but was instigated by them; top-level support is an [important influence](#) on whether such initiatives get implemented. Yet still just a quarter of the intended arrestees completed screening. However, in this case management support does not seem to have been expressed in practical ways such as providing incentives, officially monitoring performance, and extra resources to enable staff to add these duties to their routine work.

[Another study](#) in England, which as well as police station custody suites also included prisons and probation, found that the [FAST Alcohol Screening Test](#) broadly duplicated results from the AUDIT screening tool, yet generally required just a single question. In so far as insufficient time really was a barrier to the work, this test would make screening more acceptable and improve coverage. The fact that in the featured study two thirds of AUDIT-negative detainees were nevertheless offered and accepted alcohol advice seems however to cast doubt on the degree to which screening results were relied on by the officers, perhaps because they thought respondents were minimising their problems.

The decision to use detention officers for the project, and associated with this to delay screening often until just before release when drunk detainees had sobered up, may have helped raise the proportion who joined the study and were screened to 25% compared to the 10% in police stations in [another English study](#), in which intoxication of arrestees was a major barrier to their participation.

Instead of brief advice from police staff, another approach is for police custody officers to refer alcohol-involved arrestees to specialist alcohol counsellors, one [trialled](#) by the government in England. However, this trial offered no reassurance that the result was the desired reduction in crime as offenders were helped to control their drinking. The reason may have been that there was very little documented (in the form of arrests) evidence of crime by the arrestees before they had been counselled, so very little scope on this measure for crime to be reduced. The researchers suggested that arrest seems to provide a valuable opportunity to identify dependent drinkers who are more motivated than 'binge' drinkers to do something about their drinking, and to direct them to more intensive intervention (such as specialist treatment for alcohol dependence), potentially justified on health and broader social as well as crime reduction grounds.

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