DRUG AND ALCOHOL MISUSE AMONG YOUNG OFFENDERS ON PROBATION SUPERVISION IN IRELAND

Findings from the Drugs and Alcohol Survey 2012
This report has been prepared by John Horgan, an independent researcher, based on the analysis of the 2011 drug and alcohol misuse research project on behalf of The Probation Service.

Acknowledgements

I would like to express sincere appreciation and thanks to the Probation Service Drug and Alcohol Survey Steering Group, Gerry McNally, Aidan Gormley, Anne Reade and Ursula Ferneé, for their guidance, support and work in conducting the survey and in the completion of this report. Thanks are also due to the Probation Officers who participated in the survey as well as the administrative and information technology staff who assisted in completion of this report.
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EXECUTIVE SUMMARY

This research report presents the findings from a national survey on: “Drug and Alcohol Misuse among Young Offenders on Probation Supervision in Ireland”. Undertaken by the Probation Service, the survey included all young offenders, aged 20 years or less who were subject to statutory supervision on the 3rd December 2012.

For the purposes of the survey, the following interventions by the Probation Service were not included under the definition of supervision:

- Offenders in custody
- Offenders only subject to community service orders
- Offenders only referred for an assessment report
- Offenders aged 21 years and over (i.e. born on or after Dec. 5th 1991)

From the Probation Service data base (Case Tracking System\(^1\)) it was expected that the total population meeting the criteria would be 808. Questionnaires were in fact returned on 721 offenders. This 88% rate of return is comparatively high for mailed questionnaires. Of the 721 offenders on whom questionnaires were returned, 628 were identified by the Probation Officer as having misused at least one substance.

This report describes the key findings from the survey and consists of four main chapters, reflecting the key objectives which were, to:

- Determine the number of young offenders under probation supervision who had misused drugs and/or alcohol (Chapter 3)
- Investigate the nature and frequency of drug and alcohol misuse (Chapter 3)
- To examine the context within which drug and alcohol misuse occurred (Chapter 4)
- To ascertain whether a relationship exists between drug misuse and offending behaviour and alcohol misuse and offending behaviour (Chapter 5)
- To identify the range and nature of engagement with drug and alcohol treatment services (Chapter 6)

The report concludes with a discussion of the survey’s findings. The discussion explores options for more effective engagement with young offenders to promote desistance and divert young people from the criminal justice system.

\(^1\) The Case Tracking System (CTS) is the secure electronic database and information management system for individual offender case information recording in the Probation Service.
The following is a brief summary of the Key Findings

Prevalence

- 87% of the survey population were reported as having misused drugs, alcohol or a combination of both
  - 12% had misused drugs only,
  - 12% had misused alcohol only and
  - 63% had misused both drugs and alcohol
- Male and female offenders had relatively similar levels of substance misuse
- All of the five geographical regions identified a high level of substance misuse, in excess of 85% of Probation Service region population.
- Alcohol was the substance most often misused on a weekly basis; 39.8% of males and 43.6% of females.

Gateways

- Alcohol was recorded as the most common substance first misused, in excess of 50%, by offenders
- The age of offenders commencing substance misuse ranged from eight years to eighteen years.
- The majority commenced misuse between the ages of twelve and fifteen.
- Fourteen was the median age to commence substance misuse.
- More than 80% of offenders first engaged in substance misuse with their peers.
- Of offenders who had misused a substance the survey identified that 38.9% of their parents had a history of substance misuse.

Relationship to Offending

- In more than 80% of cases substance misuse was linked to current offending.
- Alcohol was the substance most frequently linked to current offending.
- Public Order was the category of offence most associated with substance misuse.

Interventions

- Over half of the survey population had attended some form of drug/alcohol treatment.
- The majority of offenders who had attended some form of treatment were aged between 18 years and 20 years.
GLOSSARY OF TERMS

**Age of Criminal Responsibility:** Under the Children Act 2001, the age of criminal responsibility was raised from 7 to 12 years. Under the new provisions, children under the age of 12 years can not be charged with an offence, except for 10 and 11 year-olds charged with very serious offences, such as unlawful killing, rape or aggravated sexual assault. In addition, the Director of Public Prosecutions must give consent before any child under the age of 14 years is charged (Department of Children and Youth Affairs, 2013).

**Data Cleansing:** A process of detecting and correcting inaccurate records from a table or dataset.

**Frequency:** Refers to the usage of alcohol or drugs (e.g. weekly/monthly/occasional previous).

**LDTF/ RDTF:** Local Drug Task Force/ Regional Drug Task Force

**Drug /Alcohol Misuse:** Drug /Alcohol use which is illegal, prohibited or harmful to oneself or others.

**Probation Orders:** Probation orders are one of a range of options open to the courts when sentencing individuals found guilty of criminal behaviour. Offenders give an undertaking to the court that they will be of good behaviour; avoid further crime; adhere to conditions of the order and to follow the directions of a supervising probation officer who will monitor and help them stay out of further trouble.

**Post Release Supervision Orders:** Under Part 5 of the Sex Offenders Act, 2001, when sentencing a sex offender to a period in custody a Judge can, in addition to the custodial period, impose a period of probation supervision following their release from prison. Various conditions of supervision can be stipulated.

**SAS:** Statistical Analysis System (www.sas.com)

**Social desirability bias:** A distortion of data that is caused by respondents’ attempts to construct an account that conforms to a socially acceptable model of belief or behaviour (Bryman, 2008)

**Supervised Temporary Release:** The Probation Service supervises offenders on temporary release from custody (as provided for in the Criminal Justice Act, 1960 and the Temporary Release Act, 2003) in the community, with specific conditions providing for their supervision by the Service.
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1 INTRODUCTION
The Probation Service is an agency of the Department of Justice and Equality and is the main agency in the assessment and management of offenders subject to community sanctions and supervision in the community.

In May 2012, the Probation Service published a report on the prevalence of drug and alcohol misuse among the national adult offender population under probation supervision. The report (Drugs and Alcohol Survey 2011) and its findings were based on the first large-scale nationwide survey conducted by the Probation Service on drug and alcohol misuse amongst the client population aged 18 years and older.

Subsequently, as recommended in the Drugs and Alcohol Survey 2011, it was decided to conduct a similar national survey of young offenders on supervision. A cut-off age of 21 years was identified as appropriate for this second survey which was undertaken on 3rd December 2012. Any offender who was a) on probation supervision and b) aged 20 years old or younger on 3rd December 2012 was included in the survey. Offenders with a date of birth on or after 2nd December 1991 were included in the survey while offenders born prior to that date were not.

This report describes the findings from that nationally representative survey of young probationers.

The “Drug and Alcohol Misuse among Young Offenders on Probation Supervision in Ireland” study involved 721 offenders on Probation Officers’ caseloads on the 3rd of December 2012. The main objectives of the study were:

- to determine the number of young offenders under probation supervision who had misused drugs and/or alcohol
- to investigate the nature and frequency of drug and alcohol misuse among young offenders
- to examine the context within which drug and alcohol misuse occurred
- to ascertain whether a relationship exists between drug misuse and offending behaviour and alcohol misuse and offending behaviour
- to identify the range and nature of engagement with drug and alcohol treatment services

It is envisaged that the information and findings from this research will be used by the Probation Service to inform and enhance service delivery to young persons through targeted management of resources, further development of interagency partnerships based on identified needs and identification of any key areas relating to young offenders and their families which require follow up research.
As with the original study (*Drugs and Alcohol Survey 2011*), it is hoped that this study will contribute to the fourth Overall Strategic Aim of *The National Drugs Strategy 2009-2016*; ‘To ensure the availability of accurate, timely, relevant and comparable data on the extent and nature of problem substance use in Ireland’ (Department of Community, Rural and Gaeltacht Affairs, 2009)

1.1 Structure of Report

Following this Introduction

- Chapter 2 describes the methodology for the survey.
- Chapter 3 reports on the prevalence of drug and alcohol misuse among young offenders
- Chapter 4 examines the ‘gateways and influences’ which surround the misuse of drugs and alcohol
- Chapter 5 investigates the link between drug and alcohol misuse and offending behaviour
- Chapter 6 identifies the nature and frequency of engagement with treatment services
- The final chapter discusses the implications for service delivery by the Probation Service arising from the results of the research.
2 METHODOLOGY

2.1 Definitions

2.1.1 For this study drug/alcohol misuse\(^2\) is defined as: “Drug/alcohol use which is illegal, prohibited or harmful to oneself or others”

2.1.2 Young offenders were defined as those aged 20 years old or younger on 3\(^{\text{rd}}\) of December 2012 (the date of the survey). An offender with a date of birth on or after 2\(^{\text{nd}}\) December 1991 was therefore included in the survey, while an offender born prior to that date was not.

2.1.3 Supervision was defined as including the following categories of Probation Service engagement:

- Probation Orders
- Offenders subject to Deferred Supervision
- Partial or Fully Suspended Sentences with Probation Supervision Orders
- Post Release Supervision Orders
- Supervised Temporary Release
- Detention & Supervision Orders, currently in the community
- Day Centre Order
- Training & Activities Order
- Mentor(Family Support) Order

The survey excluded offenders in custody, subject to community service orders only, referred only for an assessment report and anyone who had reached their 21st birthday on 3\(^{\text{rd}}\) December 2012.

2.2 Survey Construction

2.2.1 Probation Officers completed a questionnaire for each offender on supervision who met the age and supervision criteria on 3\(^{\text{rd}}\) December 2012. It was therefore a full population study and did not involve sampling.

2.2.2 The questionnaire was completed, based on the Probation Officer's existing knowledge of the offender and information contained within the Probation Service record.

The advantages of such self-completion questionnaires are as follows;

- **Economic and efficient**
- **No interview variability**: self-completion questionnaires do not suffer from the problems associated with different interviewers asking questions in a different order or manner
- **Absence of interviewer effects/Social desirability bias**: Offenders on probation supervision may not fully disclose negative behaviour in direct interview through concern that it may result in negative outcomes, the absence of an interviewer in this instance may be regarded as an advantage.
- **Convenience for respondents**: Respondents can complete the questionnaire in the time and speed at which is convenient to them.

\(^2\) For the purpose of this study the term ‘misuse’ and ‘abuse’ were used synonymously.
The limitations of this approach include the following;

- **Cannot probe**: There is no opportunity to probe respondents to expand on their answers
- **Questionnaires can be read entirely at the start**: Respondents have the opportunity to read the whole questionnaire before answering the first question which leads to none of the questions being answered independently of the others.
- **Greater risk of missing data**: Where questionnaires are returned partially but not fully completed can create a problem of *missing data* for the variables which are created
- **Variation in probation officer’s knowledge of the client**:  
  - The inclusion of an offender in the study was determined by him or her meeting the study criteria on a specific date, as opposed to having fulfilled a certain time period under supervision.
  - Further knowledge of their client is influenced by whether an offender was subject to a previous supervision order or whether a Pre-sanction report or other assessments were available.

Furthermore, it has to be acknowledged that the results of this study can only be considered as estimations of drug and alcohol misuse patterns; however, this does not take from the relevance and importance of such a study to service delivery for the Probation Service and for future research in this area.

2.2.3 Prior to the survey date three documents were issued through the line management structure: Information sheet (Appendix 1), Guidance Notes (Appendix 2) and Survey questionnaires (Appendix 3). Probation Officers were given two weeks to read the material and raise any concerns with the documentation prior to their completion of the survey questionnaire. The Information sheet described the aims and context of the survey. The Guidance Document gave detailed directions for the completion and return of the questionnaires.

The questionnaire itself was arranged in to five sections:

- Offender’s details and background information on history of drug and alcohol misuse.
- Type and frequency of substance misuse
- Gateways, influences, circumstances and conditions in which the offender first came into contact with drugs and/or alcohol
- Link to offending behaviour
- Level and nature of engagement with interventions and treatment
2.3 Data Collection and Analysis
The estimated number of offenders who met the criteria for the study was 808 of which 721 questionnaires were completed and returned by Probation Officers. This provided a high response rate of 89.2 %. This high response may in part be due to the distribution of questionnaires through the line management system, which could be expected to produce greater compliance.

All of the valid data was then entered on a Microsoft excel spread sheet. After the data was cleansed, it was then analysed using SAS Enterprise Guide software.

2.4 Ethics
The Probation Service is bound by the rules and regulations applying to civil servants generally (see Civil Service Code of Standards and Behaviour). Particularly in their direct contact with offenders, as well as their interagency collaboration with other agencies, they are guided by the various relevant United Nations and Council of Europe Resolutions, Recommendations and Articles on the implementation and management of supervised community sanctions. The Probation Service is bound by the Data Protection and Freedom of Information Acts, as well as United Nations and EU guidance on confidentiality.

The Probation Service is also guided by the professional values and ethics of social work. (See the Customer Charter and Quality Customer Service Action Plan for further information on our service standards (The Irish Probation Service, 2013).

2.5 Data Storage and Retention
All of the data used in this study was anonymised. A password was required to gain access to the electronic data, of which only the researcher and the Probation Service statistician had access to. Hard copies of the questionnaires were securely locked away. Under the guidance of the Data Protection Act, 1988 the data shall not be kept for longer than is necessary and shall not be disclosed in any manner incompatible with its stated purpose (The Irish Statute Book, 2013). The data will be stored for two years for the purpose of any research queries and then destroyed in the safest possible manner.
3 PREVALENCE OF DRUG AND ALCOHOL MISUSE BY OFFENDERS

3.1 Introduction
This chapter investigates the prevalence of drug and alcohol misuse among young offenders. Probation Officers were asked to complete a questionnaire to determine:

- the number of young offenders (i.e. aged 20 years and younger) on supervision on a designated date (Dec.3rd 2012) and
- the proportion of these who, to the knowledge of the supervising Probation Officer, had misused at least one identified substance.

Based on the Probation Service Case Tracking System (CTS), a full population of 808 young offenders on supervision on the specified data was estimated. In fact a total of 721 questionnaires were returned.

- Thus the total survey population was 721 young offenders.
- Of these, 628 or 87.1% were reported by their supervising Probation Officer to have misused at least one ‘identified substance’.
- The remaining 93 or 12.9% were reported not to have done so.

Questionnaires on the identified 628 misusing offenders were progressed to further stages of the study. Having indicated in the first part of the questionnaire that there was no history of substance misuse, either drug or alcohol, the Probation Officer was directed to return the remaining 93 questionnaires without completing any further sections.

3.2 Aims
Based on the data gathered, this chapter will:

- Examine the type and frequency of the drug and alcohol misuse among the identified offender population on probation.
- Examine the nature of misuse by male and female young offenders.
- Examine the nature of misuse by the portion of that population under the age of 18 (defined as children under Irish law).
- Identify trends of drug and alcohol misuse by age, gender and probation region.

3.3 Summary of Key Findings
- 87% (628) had misused a substance(s), 13% had not (93).
- 62.4% (450) of the offender population had misused both drugs and alcohol
- 12% of the population had misused drugs only.
- 12% had misused alcohol only.
- 89.7% of the offender population were male (647), 10.3% were female (74).
- A high percentage of both the male and female offender population had misused alcohol (75% male, 73% female).
- Alcohol was the substance most misused on a weekly basis (39.8% male, 43.6% female), followed by cannabis (20.4% male, 14.5% female).
- Each geographical region had a high percentage of substance misuse as a proportion of the total population for the region, all over 85%.

### 3.4 Overall Misuse Patterns

**Figure 3.1 Overall Percentage of Misuse by Offenders on Probation Supervision**

Data from figure 3.1 provides an overall picture of the percentage of young offenders on probation supervision who had misused drugs and/or alcohol. The study revealed that a high percentage (87%) of offenders had misused either drugs or alcohol or both. This result was in keeping with the previous adult survey (*Drug and Alcohol Survey 2011*) which revealed that 89% of offenders were reported to have misused drugs and/or alcohol.

**Figure 3.2 Overall Types of Substance Misuse Patterns of Offenders**

Figure 3.2 provides a breakdown of the patterns of misuse revealed by the study.
A high prevalence of combined drug and alcohol misuse (63%), when compared to either only drug (12%) or only alcohol (12%) misuse was identified. A ratio of nearly 5:1 of offenders who had engaged in a combination of both drug and alcohol misuse (63%) compared to those who never abused either substance (13%) was revealed. Equal percentages of offenders (both 12%) were reported to have misused only drugs or only alcohol in isolation.

Table 3.3 Gender Breakdown and Percentage of Misusers as a Proportion of overall Sample

<table>
<thead>
<tr>
<th>Gender (Misused)</th>
<th>Total Population (n)</th>
<th>No. of Misusers</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>647</td>
<td>573</td>
<td>89%</td>
</tr>
<tr>
<td>Female</td>
<td>74</td>
<td>55</td>
<td>74%</td>
</tr>
<tr>
<td>Total</td>
<td>721</td>
<td>628</td>
<td>87%</td>
</tr>
</tbody>
</table>

Table 3.3 represents a breakdown of substance misuse by gender. As would be expected male offenders predominated the sample. A greater percentage of the male offender population (89%) had misused a substance(s) compared to the percentage of the female offender population (74%). However a high overall prevalence of substance misuse was recorded for both genders.

Figure 3.4 Patterns of Misuse among the Male Offender Population

Figure 3.4 presents data indicating the high prevalence of drug misuse in the male offender population. 77% were described as misusing both alcohol and drugs or drugs alone. In comparison 75% were reported to have misused both alcohol and drugs or alcohol alone. A very low percentage (11%) of the male offenders was reported to have abstained from any substance(s) misuse.
The female offender population was less likely to have misused both drugs and alcohol and significantly less likely than males to have misused drugs alone (1%). However females were more likely than males to have misused alcohol only (16% compared to 12%). When combined, ‘drug and alcohol’ and ‘alcohol only’ results indicate 73% misuse. The aggregate percentage of ‘alcohol and drug misuse’ and ‘drug only’ was recorded as 58%. When compared to the male equivalent this represents a difference of nearly 20 per cent (male=77%, female= 58%). A higher percentage of females compared with males were reported to have abstained entirely from either drug or alcohol abuse (26% compared to 11% for males)

In summary, female offenders were less likely to misuse substances than males. They tended to misuse alcohol more than male offenders and male offenders tended to misuse drugs more than female offenders.

**Table 3.6**  Drugs and Alcohol Misuse Subdivided by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Drug Only no. &amp; %</th>
<th>Alcohol Only no. &amp; %</th>
<th>Drugs and Alcohol no. &amp; %</th>
<th>Total Offenders Misused</th>
<th>Total Offenders (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 18 years of age</td>
<td>32 (11.9%)</td>
<td>40 (14.9%)</td>
<td>133 (49.6%)</td>
<td>205 (76.5%)</td>
<td>268</td>
</tr>
<tr>
<td>18-20 years of age</td>
<td>59 (13%)</td>
<td>47 (10.4%)</td>
<td>317 (70%)</td>
<td>423 (93.4%)</td>
<td>453</td>
</tr>
<tr>
<td>Total Offenders Misused</td>
<td>91 (12.6%)</td>
<td>87 (12.1%)</td>
<td>450 (62.4%)</td>
<td>628 (87.1%)</td>
<td>721</td>
</tr>
</tbody>
</table>

**Note:** The offender population (721) was subdivided for the purpose of further analysis into those aged 17 years and younger(<18 yrs.) and those aged 18 years but less than 21 years (18-20 yrs.). Under Irish law a person under the age of 18 years is defined as a child.
Table 3.6 provides a breakdown of substance misuse by category of substance (drug or alcohol) and by age group. The table reflects a significant difference between the two age groups, with 93.4% of the older age group misusing compared with 76.5% of the younger age group misusing. It is significant that 76.5% of offenders had misused a substance(s) either alcohol or drugs before reaching the age of 18, defined by as a child by the Child Care Act 1991, the Children Act 2001 and the United Nations Convention on the Rights of the Child.

Table 3.7 Levels of Misuse as a Proportion of the Overall Population by Geographical Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Offender Population</th>
<th>Total Offender Population Misused</th>
<th>Misusers as a % of Total Region Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin North and North East</td>
<td>186</td>
<td>165</td>
<td>88.7%</td>
</tr>
<tr>
<td>Dublin South and Wicklow</td>
<td>132</td>
<td>114</td>
<td>86.4%</td>
</tr>
<tr>
<td>Midlands and South East</td>
<td>130</td>
<td>115</td>
<td>88.5%</td>
</tr>
<tr>
<td>South West</td>
<td>195</td>
<td>167</td>
<td>85.6%</td>
</tr>
<tr>
<td>West-North West and Westmeath</td>
<td>78</td>
<td>67</td>
<td>85.9%</td>
</tr>
<tr>
<td>Total (ALL)</td>
<td>721</td>
<td>628</td>
<td>87.1%</td>
</tr>
</tbody>
</table>

Table 3.7 presents levels of misuse in the offender population as a proportion of the overall regional offender population. High levels of misuse were recorded in each region, all exceeding 85%. The highest level of misuse as a proportion of the overall regional offender population was reported in the Dublin North and North East region (88.7%). The lowest level of misuse as a proportion of the overall regional offender population was reported in the South West (85.6%).

Table 3.8 ‘Alcohol Misuse Only’ as a Proportion of the Overall Population by Geographical Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Offender Population</th>
<th>Total Offender Population Misused Alcohol Only</th>
<th>Misusers as a % of Total Region Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin North and North East</td>
<td>186</td>
<td>18</td>
<td>9.7%</td>
</tr>
<tr>
<td>Dublin South and Wicklow</td>
<td>132</td>
<td>5</td>
<td>3.8%</td>
</tr>
<tr>
<td>Midlands and South East</td>
<td>130</td>
<td>16</td>
<td>12.3%</td>
</tr>
<tr>
<td>South West</td>
<td>195</td>
<td>34</td>
<td>17.4%</td>
</tr>
<tr>
<td>West - North West and Westmeath</td>
<td>78</td>
<td>14</td>
<td>17.9%</td>
</tr>
<tr>
<td>Total (ALL)</td>
<td>721</td>
<td>87</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

Table 3.8 provides a breakdown of alcohol misuse only as a proportion of the overall regional offender population. The table reveals that the highest levels of alcohol misuse only were recorded in the West- North West and West Meath region (17.9%) and also the South West Region (17.4%). The data also reveals the lowest levels of alcohol misuse only to be in
the Dublin South and Wicklow region (9.7%). Similar results were recorded in the Adult Study where the West- North West and West Meath region (27.7%) and the South West Region (27.9%) both had the highest levels of *alcohol misuse only*. Furthermore, in that earlier study, the Dublin South and Wicklow region recorded the lowest levels of *alcohol misuse only* (14.9%).

Table 3.9 ‘Drug Misuse Only’ as a Proportion of the Overall Population by Geographical Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Offender Population</th>
<th>Total Offender Population Misused Drugs Only</th>
<th>Misusers as a % of Total Region Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin North and North East</td>
<td>186</td>
<td>38</td>
<td>20.4%</td>
</tr>
<tr>
<td>Dublin South and Wicklow</td>
<td>132</td>
<td>18</td>
<td>13.6%</td>
</tr>
<tr>
<td>Midlands and South East</td>
<td>130</td>
<td>15</td>
<td>11.5%</td>
</tr>
<tr>
<td>South West</td>
<td>195</td>
<td>12</td>
<td>6.2%</td>
</tr>
<tr>
<td>West - North West and Westmeath</td>
<td>78</td>
<td>8</td>
<td>10.3%</td>
</tr>
<tr>
<td>Total (ALL)</td>
<td>721</td>
<td>91</td>
<td>12.6%</td>
</tr>
</tbody>
</table>

Table 3.9 provides a breakdown of *drug misuse only* as a proportion of the overall regional offender population. The table shows that the highest level of *drug misuse only* was recorded in the Dublin North and North East region (20.4%) whereas the lowest level of *drug misuse only* was recorded in the South West region (6.2%). It is interesting to note that the total percentage of offenders who *misused alcohol only* and *drugs only* were similar: Drugs only (91) 12.6% and Alcohol only (87) 12.1%.

Table 3.10 ‘Combined Drug and Alcohol Misuse’ as a Proportion of the Overall Population by Geographical Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Offender Population</th>
<th>Total Offender Population Misused Drugs and Alcohol</th>
<th>Misusers as a % of Total Region Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin North and North East</td>
<td>186</td>
<td>109</td>
<td>58.6%</td>
</tr>
<tr>
<td>Dublin South and Wicklow</td>
<td>132</td>
<td>91</td>
<td>68.9%</td>
</tr>
<tr>
<td>Midlands and South East</td>
<td>130</td>
<td>84</td>
<td>64.6%</td>
</tr>
<tr>
<td>South West</td>
<td>195</td>
<td>121</td>
<td>62.1%</td>
</tr>
<tr>
<td>West - North West and Westmeath</td>
<td>78</td>
<td>45</td>
<td>57.7%</td>
</tr>
<tr>
<td>Total (ALL)</td>
<td>721</td>
<td>450</td>
<td>62.4%</td>
</tr>
</tbody>
</table>

Table 3.10 provides a breakdown of combined drug and alcohol misuse as a proportion of the overall regional offender population. The data reveals that the Dublin South and Wicklow region had the highest reported level of combined drug and alcohol misuse (68.9%). The lowest recorded level of combined misuse was recorded in the West- North West and West Meath region (57.7%). The data suggests levels of combined drug and alcohol misuse far outweighed either drug or alcohol misuse in their own. The data reveals that combined drug and alcohol misuse accounted for 62.4% of all recorded misuse.
Table 3.11 Weekly Substance Misuse by Male and Female Offenders

<table>
<thead>
<tr>
<th>Gender</th>
<th>Substance Misuse</th>
<th>Males (n=573)</th>
<th>Male %</th>
<th>Females (n=55)</th>
<th>Female %</th>
</tr>
</thead>
<tbody>
<tr>
<td>alcohol misuse</td>
<td>228</td>
<td>39.8%</td>
<td>24</td>
<td>43.6%</td>
<td></td>
</tr>
<tr>
<td>cannabis</td>
<td>117</td>
<td>20.4%</td>
<td>8</td>
<td>14.5%</td>
<td></td>
</tr>
<tr>
<td>misuse of prescription drugs</td>
<td>51</td>
<td>8.9%</td>
<td>8</td>
<td>14.5%</td>
<td></td>
</tr>
<tr>
<td>Ecstasy</td>
<td>15</td>
<td>2.6%</td>
<td>1</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>amphetamines</td>
<td>12</td>
<td>2.1%</td>
<td>0</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>crack/cocaine</td>
<td>10</td>
<td>1.7%</td>
<td>1</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Headshop products</td>
<td>6</td>
<td>1.0%</td>
<td>0</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>cocaine hydrochloride</td>
<td>4</td>
<td>0.7%</td>
<td>0</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>heroin</td>
<td>3</td>
<td>0.5%</td>
<td>1</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>solvents (incl. gases &amp; glues)</td>
<td>2</td>
<td>0.3%</td>
<td>1</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>other opiates</td>
<td>3</td>
<td>0.5%</td>
<td>0</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>hallucinogens</td>
<td>1</td>
<td>0.2%</td>
<td>0</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>methadone (not prescribed)</td>
<td>0</td>
<td>0.0%</td>
<td>2</td>
<td>3.6%</td>
<td></td>
</tr>
<tr>
<td>steroids</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>total</td>
<td>452</td>
<td>78.7%</td>
<td>46</td>
<td>83.4%</td>
<td></td>
</tr>
</tbody>
</table>

Table 3.11 provides a detailed breakdown of the substances reported as being misused by male and female offenders on a weekly basis. In total 498 offenders were reported to have misused at least one substance on a weekly basis. Alcohol is identified as the substance most misused on a weekly basis, 39.8% for males and 43.6% for females. The table also reveals that 1 in 5 male offenders (20.4%) were reported to have misused cannabis on a weekly basis. Furthermore, the data reveals that a higher percentage of females (14.5%) when compared with males (8.9%) had engaged in the misuse of prescription drugs. The data also shows large difference in the weekly abuse of those three substances (alcohol, cannabis and prescription drugs) when compared with all other substances. Other substances of misuse accounted for 9.6% of male offenders 10.8% of female offenders.

3.5 Conclusions

- Both male and female offenders had a high prevalence of substance misuse.
- 62.4% of the study population had misused a combination of drugs and alcohol; significantly higher than misuse of either substance alone.
- A greater percentage of female offenders (75%) had misused alcohol.
- A greater percentage of male offenders had misused drugs (77%).
- Alcohol was identified as the substance most misused on a weekly basis, followed by cannabis and then prescription drugs.
- Each geographical region was reported as having high levels of substance misuse as a proportion of the total offender population for that region.
- There was regional variation in the rates of drug and alcohol abuse on their own or in combination.
4 GATEWAY AND INFLUENCES

4.1 Introduction
The previous chapter identified the prevalence of drug and alcohol misuse among the population of young people under probation supervision which revealed a high level of misuse (87%). Research has shown that a person’s family background and peer group are important influences on substance misuse in two main ways. Firstly, the behaviour of other family members can influence a person’s own behaviour and secondly, lack of cohesive and supportive family life is a predisposing factor to substance misuse, especially for women (The Department of Health and Children, 2009). This chapter sets out to explore the gateways and influences which surround the misuse of drugs and alcohol of young offenders under probation supervision.

4.2 Aims
- Examine the circumstances in which offenders first misused a substance(s).
- Investigate the influences which surround the introduction of offenders to substance misuse.
- Examine how some demographic factors influence substance misuse among offenders.

4.3 Summary of Key Findings
- Alcohol was the main substance of first misuse by offenders in both age groups 60.5% for < 18 year olds and 55.3% 18-21 year olds.
- A higher percentage of females were reported to have misused alcohol as their first substance (females 70.9%, males 55.7%)
- The geographical region of Dublin North and North East recorded the highest levels of cannabis misuse (57%) as the substance of first misuse
- The geographical region of West-North West and West Meath recorded the highest level of alcohol misuse (76.1%) as the substance of first misuse
- Cannabis was reported as the second most common substance of first misuse and this was higher for males 35.3%, than females, 23.6%
- While substance misuse was reported as commencing as young as 9 years,
  - 12 years was age at which the first significant number of both male 14.7% and female 16.7% offenders began misusing
  - 14 years was the age at which the largest group of male and females began misusing, both at approximately 28%.
- Of the 628 offenders who had misused a substance(s), 38.9% of their parents (244) were reported to have themselves misused, but 55.6% (349) of parents had no reported misuse. Probation Officers reported not having knowledge of the parental drug misuse history in only 5% of cases.
Figure 4.1 presents information on the first substance of misuse divided by the two age categories. Alcohol is the main substance of first misuse by offenders in both age groups (60.5% for under 18’s and 55.3% for 18-21’s). The average age of first alcohol consumption was 13.8 years of age, 13.7 years for male offenders and 14 years for females.

Just over one in three of the misusing offenders in both age groups were reported to have commenced substance abuse with cannabis. (33.7% for under 18’s and 34.5% for 18-21’s). The average age for both male and female offenders to misuse cannabis was 13.5 years of age.

Various other substances of misuse featured little when examining first substance of misuse accounting for less that 5% in both age groups.
As can be seen from figure 4.2 a higher percentage of female offenders used alcohol as their first substance of misuse compared to male offenders (70.9% & 55.7% respectively). The consumption of alcohol can be seen as a social activity engaged with others. However, the data also revealed that a greater percentage of males used cannabis as a substance of first misuse compared to females (35.3 & 23.6 per cent respectively). In other words, over half of male offenders used alcohol and over a third used cannabis as their gateway substance of misuse.

A recent study conducted by UNICEF Ireland found that under half of respondents (48%) sampled between 16-20 years of age stated that were first drunk before the age of 16 with more than 1 in 10 (15%) getting drunk for the first time by the time they had reached fourteen years of age (UNICEF Ireland, 2011).

Similarly, a significant majority of respondents (64%) between 16-20 years of age who reported drug use admitted that they were 16 or younger when they first did so (UNICEF Ireland, 2011).
Table 4.3 provides details of the age at which offenders’ first misused a substance(s). 14.7% of male and 16.7% female offenders commenced their substance misuse at age 12 years. The age of 12 years signalled a significant step change in the commencement of substance misuse for this population. From age 12 through to 15 years, significant further numbers were reported to have commenced substance misuse, so that almost 90% of males who misused a substance and 78% of females had commenced their misuse prior to age 16 years. The percentage of both male and female offenders misusing at age 11 years is relatively low (male 2.3%, female 1.9%), but increases dramatically from 12 years onwards.

While not directly comparable the percentage of young offenders in this study reported to have misused alcohol or drugs prior to the age of 16 years can be examined in the context of UNICEF Ireland study referred to earlier. In that survey the 48% of respondents admitted to being drunk before the age of 16 and 64% admitted drug misuse. This may suggest that offenders on probation supervision had a higher level of substance misuse commencing at a younger age than is true for the general population. However it is important to note that the information in this study is based on a probation officer’s judgement or probation service records, whereas the UNICEF Ireland study was based on direct correspondence with the interviewees. Further this study considers any misuse whereas the UNICEF study considered states of inebriation.
Figure 4.4 represents the circumstances in which offenders first misused a substance(s). It is clearly evident that the vast majority of offenders were in the company of their peers for this event. A number of explanations are offered to explain this phenomenon. One explanation is that peer groups are where juveniles feel that their misusing behaviour is accepted and where there is no fear of reprisal or scrutiny from adults.

Also, financial resources may be pooled in order to purchase drugs or alcohol. Furthermore, drug use is considered a symbol of difference and which may increase kudos among the group (Robinson, 2009).

As previously noted, alcohol was the main substance which offenders first misused. Johnson (2011) states that alcohol consumption in Great Britain and Ireland can only be appreciated in the context of a ‘wet culture’, whereby young people’s drinking is essentially ‘normal’ behaviour, part of a wider socialisation process, reflecting adult practices (Johnson, 2011). Even though alcohol is routinely used in society, it typically occurs before the individual is legally allowed to purchase alcohol thus forcing teenagers to hide their consumption.
Figure 4.5  History of Substance Misuse by Parents of Offenders

Of the 628 offenders reported to have misused at least one substance, 244 (38.9%) of parents were recorded as having misused alcohol, drugs or both. Figure 4.5 presents the data which indicates that more than 1 in 3 parents of the misusers had misused a substance themselves. Over half the parents of misusers were reported as not having themselves misused and Probation officers indicated that they didn’t have this information in only 5% of cases.

Studies of the family environment have shown that family structural characteristics and communication patterns are related to alcohol and drug use (Nation & Helflinger, 2006). The affects on children living with parental substance misuse are broadly similar and can include; inconsistency in parenting styles with routines becoming irregular, emotional detachment by parents from their children, material deprivation such as lack of food or clothing and parents having reduced sensitivity to risk of danger or leaving children unsupervised (Kroll & Taylor, 2004). Research has shown that children of substance abusing parents have an elevated risk for experiencing disruptions in both household composition and for engaging in problem behaviours.

Although limited, evidence suggests that (Dryfoos, 1990; Hawkins, et al., 1992) youth in drug affected families are exposed to a multitude of experiences identified as risk factors for the development of problems in childhood and adolescence. Children in such families are subject to the consequences of their parent’s misuse and may be exposed to difficulties such as; poverty, employment problems, poor living conditions, trouble with the law and low educational attainment (Keller, Catalano, Haggerty, & Flemming, 2002).
Various studies (Barnes, et al., 2000; Stewart, 2002) have demonstrated the importance of family monitoring of adolescents as a protective factor which promotes family “hardiness”, in other words; increases the ability to use family strengths to cope with family stresses.

Furthermore, other relevant studies (Stoker & Swadi, 1990) found that adolescents who misuse drugs reported that their parents were less involved, and had more problems with communication than did non-drug users. In addition, other studies have (Barnes, Reifman, & Farrell, 2000) discovered that the effects of parental substance abuse on adolescent substance abuse could be explained through the decreased closeness and support between the parent and the adolescent.

Figure 4.6  Substance of Misuse by Parents of Offenders

Alcohol was identified as the substance most misused by parents of misusing offenders. Over half of the of the misusing parents (53.3%) were reported to have abused alcohol and one in four parents (25%) were reported to have misused a combination of drugs & alcohol. however a breakdown of which drugs was unavailable. Less than one in five parents was reported to have misused drugs alone (18.9%).
Figure 4.7 represents first substance misuse recorded by geographical region. Alcohol and cannabis are the two main substances first misused by offenders. Alcohol misuse was the highest in the West-North West and West Meath region (76.1%). Cannabis misuse was the highest in the Dublin North and North East region (57%). Dublin North and North East was the only region where cannabis misuse is more prevalent than alcohol misuse as the substance of first misuse. Arguably, this may reflect a greater availability of substances in higher density areas compared to a lesser density regional area.
4.4 Conclusions

- Alcohol was the substance first misused by both male and female offenders and in both age categories; < 18 year olds and 18-21 year olds.
- Cannabis was the second most recorded substance of first misuse and was with a higher number of male compared with female offenders recording cannabis as their first substance of misuse.
- 12 years was the age at which the first noticeable step change occurred in substance misuse.
- Most initial misuse was recorded between and including the ages 12-15 years.
- The direct influence of peers on young people commencing substance misuse was very with almost 90% reported to have first misused with peers.
- Less than 40% of the parents of misusing young offenders were reported to have misused themselves.
- In over half of the cases where parents were reported to have a history of misuse, alcohol was reported as the main substance of misuse.
THE RELATIONSHIP BETWEEN DRUG & ALCOHOL MISUSE AND CRIME

5.1 Introduction
This chapter explores the relationship between drug and alcohol misuse and offending behaviour. It aims to provide a broad overview of that relationship for analysis rather than to establish or support a causal link between drug and alcohol misuse and offending behaviour. Probation Officers were asked to express their professional opinion as to whether the substance misuse was linked directly to the current or previous offence. Where a link was believed to exist, the Probation Officer was asked to identify the substance and the offence type. 628 offenders in the study population were found to have misused a substance(s). Of these 628, the offending behaviour of 508 (80%) was believed to be linked to their substance(s) misuse.

5.2 Aims
- Identify whether a link exists between substance misuse and offending behaviour
- Examine how demographic characteristics, namely; age and gender, influence the link between drug and alcohol misuse and offending behaviour
- Determine the type of offence(s) associated with substance misuse
- Identify regional differences in perceived link between substance misuse and offending behaviour

5.3 Summary of Key Findings
- In over 80% of cases where substance misuse was identified the supervising officer believed it was linked directly to offending behaviour.
  - This was true for 85.5%, of female offenders and 80.5% of male offenders.
  - Alcohol was the substance of misuse most linked to current offending for 61.7% of female and 43.8% of male offenders.
  - Drug misuse on its own was linked to a relatively small percentage of offending behaviour overall but was link was more strongly identified for female 16.3% compared with male 8.5% offenders.
  - Public Order was the most common offence category linked to substance misuse. In 31.3%of cases where the offending was linked to substance misuse the offence category was public order. In nearly 70% of those cases alcohol was the substance of misuse.
  - In cases where assault was reported as the offending behaviour, over half of the cases (55.2%) identified alcohol to be the substance of misuse.
  - South West geographical region had the greatest perceived link between substance misuse and offending behaviour (87.4%).
Figure 5.1 reveals that both genders and both age groups reported a high level of association between substance misuse and offending behaviour. The data shows that in a large majority of cases, substance(s) misuse was directly linked to the offender’s current offending. Male offenders under the age of 18 years had the lowest reported association between the current offence and substance misuse at 76%. This increased to 82.7% for male offenders over the age of 18 but under the age of 21 years.

The pattern was less marked for female offenders, with those under and over 18 years having an identified link between substance misuse and offending in just over 85% of cases (< 18 years 85.6% and 18 - 21 years 85.7%).

Table 5.2 Substance Involved in Current Offence Categorised by Gender

<table>
<thead>
<tr>
<th>Substance Linked To Current Offence</th>
<th>n</th>
<th>Male</th>
<th>n</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>202</td>
<td>43.8%</td>
<td>29</td>
<td>61.7%</td>
</tr>
<tr>
<td>Both</td>
<td>84</td>
<td>18.2%</td>
<td>9</td>
<td>19.1%</td>
</tr>
<tr>
<td>Drugs</td>
<td>75</td>
<td>16.3%</td>
<td>4</td>
<td>8.5%</td>
</tr>
<tr>
<td>Misused prescribed drugs</td>
<td>35</td>
<td>7.6%</td>
<td>1</td>
<td>2.1%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>34</td>
<td>7.4%</td>
<td>2</td>
<td>4.3%</td>
</tr>
<tr>
<td>Heroin</td>
<td>6</td>
<td>1.3%</td>
<td>1</td>
<td>2.1%</td>
</tr>
<tr>
<td>Headshop</td>
<td>5</td>
<td>1.1%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Cocaine Hydrochloride</td>
<td>4</td>
<td>0.9%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Crack / Cocaine</td>
<td>4</td>
<td>0.9%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>4</td>
<td>0.9%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Solvents</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>2.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>453</strong></td>
<td><strong>98.4%</strong>*</td>
<td><strong>47</strong></td>
<td><strong>100.0%</strong>*</td>
</tr>
</tbody>
</table>

(*Figures rounded to nearest decimal point)
The link between heavy alcohol consumption by adolescents and young adults and offending behaviour is commonly assumed. This assumption is generally supported by evidence that suggests that individuals who engage in heavy, frequent or abusive drinking are at greater risk of offending. A New Zealand study on children up to the age of 15 found that individuals who engaged in frequent, heavy or abusive drinking had rates of officially recorded offending that were between 2.3 and 4.2 times higher than teenagers who did not engage in such drinking (Fergusson, Lynskey, & Horwood, 1994).

As can be seen from table 5.2, alcohol was the main substance of misuse associated with an offender’s offending behaviour. This relationship was slightly higher for female offenders (61.7%). Combined drug and alcohol misuse was linked to offending in nearly 1 in 5 cases (male 18.2%, female 19.1%).

The link between the misuse of prescription drugs and offending behaviour was proportionally higher for male offenders (7.6%) than female offenders (2.1%). The data from this survey would indicate that apart from cannabis misuse, misuse of various other substance(s) had a negligible impact on offending higher for male offenders (7.4%).

**Table 5.3 Category of Offence Where Substance Misuse Was Linked to Current Offence for Female Offenders**

<table>
<thead>
<tr>
<th>Category of Offence</th>
<th>&lt;18 yrs. no.</th>
<th>% Proportion of current offence</th>
<th>18-21 yrs. no.</th>
<th>% Proportion of current offence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault</td>
<td>6</td>
<td>54.5%</td>
<td>8</td>
<td>22.2%</td>
</tr>
<tr>
<td>Burglary</td>
<td>1</td>
<td>9.1%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Public Order</td>
<td>2</td>
<td>18.2%</td>
<td>16</td>
<td>44.4%</td>
</tr>
<tr>
<td>Theft</td>
<td>2</td>
<td>18.2%</td>
<td>7</td>
<td>19.4%</td>
</tr>
<tr>
<td>Offences against Justice</td>
<td>0</td>
<td>0.0%</td>
<td>2</td>
<td>5.6%</td>
</tr>
<tr>
<td>Robbery</td>
<td>0</td>
<td>0.0%</td>
<td>3</td>
<td>8.3%</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>100.0%</td>
<td>36</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

As can be seen from table 5.3, Assault, Public Order and Theft were the most common offences linked to substance misuse among the female offender population. In the under 18 age group, over half of all such cases were of assault (54.5%); followed by public order and theft, the latter two accounting for less than 1 in 5 cases (18.2%).

Public Order Offences were more often associated with substance misuse in the older age group, (44.4% of the 18-21 years). Assault was less noticeably linked to substance misuse at 22.2% for the older age-group, with Theft at 19.4%. Furthermore, Offences against Justice (5.6%) and Robbery (8.3%) were recorded for the older age group which were absent in the under 18 age group.
Table 5.4 provides a detailed account of types of offences perpetrated by male offenders and considered to be linked to substance misused at the time of the offence or prior to the event. Similar to female offenders, Assault and Public Order offences were the most frequently recorded offence that was linked with substance misuse.

Public Order offences linked with substance misuse featured quite highly across both male age groups accounting for nearly 1 in 3 cases (< 18 yrs. = 34.9%, 18-21 yrs. =28.6%). There is a slight decrease in percentage terms between the older and the younger male offenders. Interestingly, this pattern is the opposite of that noted for the female offender population. However, it is relevant to note that the sample of female offenders is quite low in comparison to male offenders and also male offenders tended to diversify into various other forms of offending behaviour in the older age group. For males the link between substance misuse and assault was consistent between the two age groups with one in five assault offences linked to substance misuse (< 18 yrs. = 19.9%, 18-21 yrs.19.7%).

The link between teenage alcohol consumption and offending behaviour may be explained in a number of ways. Firstly, it is suggested that the association between alcohol use and offending reflects a direct cause and effect linkage in which alcohol misuse leads to increased risks of offending behaviour. This may be because of (Ferguson & Lynskey, 1996) the psycho-pharmacological effects of alcohol, including disinhibition, cognitive perceptual distortions and from situational factors which accompany the use of alcohol.

<table>
<thead>
<tr>
<th>Category of Offence</th>
<th>&lt;18 yrs. no.</th>
<th>% Proportion of current offence</th>
<th>18-21 yrs. no.</th>
<th>% Proportion of current offence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>2</td>
<td>1.4%</td>
<td>4</td>
<td>1.3%</td>
</tr>
<tr>
<td>Assault</td>
<td>29</td>
<td>19.9%</td>
<td>62</td>
<td>19.7%</td>
</tr>
<tr>
<td>Burglary</td>
<td>14</td>
<td>9.6%</td>
<td>22</td>
<td>7.0%</td>
</tr>
<tr>
<td>Dangerous Acts</td>
<td>2</td>
<td>1.4%</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Drug offences</td>
<td>11</td>
<td>7.5%</td>
<td>32</td>
<td>10.2%</td>
</tr>
<tr>
<td>Offences against Justice</td>
<td>3</td>
<td>2.1%</td>
<td>6</td>
<td>1.9%</td>
</tr>
<tr>
<td>Public Order</td>
<td>51</td>
<td>34.9%</td>
<td>90</td>
<td>28.6%</td>
</tr>
<tr>
<td>Robbery</td>
<td>4</td>
<td>2.7%</td>
<td>23</td>
<td>7.3%</td>
</tr>
<tr>
<td>Theft</td>
<td>13</td>
<td>8.9%</td>
<td>42</td>
<td>13.3%</td>
</tr>
<tr>
<td>Traffic Offences</td>
<td>16</td>
<td>11.0%</td>
<td>27</td>
<td>8.6%</td>
</tr>
<tr>
<td>Weapons &amp; Explosives</td>
<td>1</td>
<td>0.7%</td>
<td>6</td>
<td>1.9%</td>
</tr>
<tr>
<td>Total (ALL)</td>
<td>146</td>
<td>100.0%</td>
<td>315</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Secondly, Problem Behaviour Theory suggests that the correlation between alcohol misuse and juvenile offending behaviour may reflect common causal factors rather than a direct causal relationship between the offending and alcohol misuse (Ferguson & Lynskey, 1996). The general assumption is that the associations between different measures of anti-social behaviours, including substance misuse, early onset to sexual activity and juvenile delinquency, arise because such behaviours are ‘specific expressions of a common underlying propensity to problem behaviours that is expressed by different individuals in different ways’ (Ferguson & Lynskey, 1996 p.444).

This study does not seek to establish a causal link between substance misuse and offending behaviour. It is important to stress that such occurrences of offending behaviour may be the result, for some, of parental substance misuse, material deprivation or low educational attainment.

<table>
<thead>
<tr>
<th>Geographical Region</th>
<th>No. Offenders</th>
<th>Total No. of Regional Misusers</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin North and North East</td>
<td>134</td>
<td>165</td>
<td>81.2%</td>
</tr>
<tr>
<td>Dublin South and Wicklow</td>
<td>77</td>
<td>114</td>
<td>67.5%</td>
</tr>
<tr>
<td>Midlands and South East</td>
<td>95</td>
<td>115</td>
<td>82.6%</td>
</tr>
<tr>
<td>South West</td>
<td>146</td>
<td>167</td>
<td>87.4%</td>
</tr>
<tr>
<td>West - North West and Westmeath</td>
<td>56</td>
<td>67</td>
<td>83.6%</td>
</tr>
<tr>
<td><strong>Total (ALL)</strong></td>
<td><strong>508</strong></td>
<td><strong>628</strong></td>
<td><strong>80.9%</strong></td>
</tr>
</tbody>
</table>

Table 5.5 represents the number of offenders where substance misuse was perceived to be linked to their current offence by geographical region as a proportion of overall regional offender population. The data suggests that the South West (87.4%) region is where the greatest perceived link between substance misuse and offending behaviour exists. Conversely, the Dublin South and Wicklow regional area is where the least perceived link between substance misuse and offending behaviour exists (67.5%). However, in the vast majority of all cases, substance misuse was linked to offending behaviour accounting for over 80% of cases in 5 out of 6 geographical regions.
Figure 5.6 Substance Misuse Linked to ‘Any Other Offending’ by Gender

<table>
<thead>
<tr>
<th>Substance Linked To Other Offence</th>
<th>n</th>
<th>Male</th>
<th>n</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>186</td>
<td>51.7%</td>
<td>22</td>
<td>59.5%</td>
</tr>
<tr>
<td>Both</td>
<td>63</td>
<td>17.5%</td>
<td>7</td>
<td>18.9%</td>
</tr>
<tr>
<td>Drugs</td>
<td>60</td>
<td>16.7%</td>
<td>3</td>
<td>8.1%</td>
</tr>
<tr>
<td>Misused prescribed drugs</td>
<td>16</td>
<td>4.4%</td>
<td>2</td>
<td>5.4%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>18</td>
<td>5.0%</td>
<td>1</td>
<td>2.7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
<td>2.5%</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Heroin</td>
<td>3</td>
<td>0.8%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Headshop</td>
<td>3</td>
<td>0.8%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Cocaine Hydrochloride</td>
<td>1</td>
<td>0.3%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Crack / Cocaine</td>
<td>1</td>
<td>0.3%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Solvents</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>360</strong></td>
<td><strong>100%</strong></td>
<td><strong>37</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Probation Officers were asked, based on their professional opinion and from information gathered, if they believed that substance misuse was linked to any other offending and, if so, what the main substances of misuse were. Table 5.6 reveals that for both male and female offenders, alcohol was the main substance of misuse linked to other offending in more than half of known incidents (male= 51.7%, female 59.5%). Combined drug and alcohol misuse recorded similar percentages as previously ‘linked to current offence’, where less than 1 in 5 cases were linked to other offending. The data also revealed that the link between exclusive drug misuse and other offending was perceived to be double the amount for male offenders (16.7%) as opposed to female offenders (8.1%).

Table 5.7 Substance Misuse Linked to ‘Any Other Offending’ by Age Group

<table>
<thead>
<tr>
<th>Substance Linked To Other Offence</th>
<th>n</th>
<th>Under 18's</th>
<th>n</th>
<th>18-21's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>71</td>
<td>56.8%</td>
<td>137</td>
<td>50.4%</td>
</tr>
<tr>
<td>Both</td>
<td>29</td>
<td>23.2%</td>
<td>41</td>
<td>15.1%</td>
</tr>
<tr>
<td>Drugs</td>
<td>21</td>
<td>16.8%</td>
<td>42</td>
<td>15.4%</td>
</tr>
<tr>
<td>Misused prescribed drugs</td>
<td>1</td>
<td>0.8%</td>
<td>17</td>
<td>6.3%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>3</td>
<td>2.4%</td>
<td>16</td>
<td>5.9%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0.0%</td>
<td>10</td>
<td>4%</td>
</tr>
<tr>
<td>Heroin</td>
<td>0</td>
<td>0.0%</td>
<td>3</td>
<td>1.1%</td>
</tr>
<tr>
<td>Headshop</td>
<td>0</td>
<td>0.0%</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Cocaine Hydrochloride</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Crack / Cocaine</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Solvents</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>125</strong></td>
<td><strong>100%</strong></td>
<td><strong>272</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
Table 5.7 reveals that for both age groups (<18 yrs. & 18-21 yrs.) alcohol was perceived as the main substance of misuse which was linked to other offending. This was slightly higher in the under 18 age group. Combined drug and alcohol misuse featured as the second most common form of substance misuse linked with offending. Interestingly, the link between the misuse of prescription drugs and other offending behaviour was considerably higher in the older age group (6.3%) compared to the younger (.8%). However it is relevant to note that in both age groups, the numbers were low when considered in the wider context of the study.

5.4 Conclusions

- Substance misuse was linked to offending behaviour in over 80% of cases in the study.
- Alcohol was the substance of misuse most often linked to current offending behaviour.
- Drug misuse alone was linked to a relatively small number of offences.
- Public Order was the most common category of offence where substance misuse was linked to offending behaviour.
- South West Probation Service Region had the strongest reported link between substance misuse and offending behaviour.
6 INTERVENTION

6.1 Introduction
This chapter examines the level and nature of involvement with drug and alcohol treatment services amongst all those under the age of 21 on probation supervision.

Of the total population of 628 who were recorded as having misused a substance(s), 334 had attended a Drug/Alcohol Treatment Programme. The data returns on this when combined give numbers and percentages over 334 and 100% respectively. This indicates that some offenders had attended more than one treatment programme. The data suggested that a large proportion of offenders had attended two different forms of treatment. The vast majority of offenders attended counselling as compared to any other form of treatment. Other treatments included; Residential Care, 12 Step Programmes, Methadone Maintenance and self help.

6.2 Aims
- To estimate the levels of engagement with drug and alcohol treatment services by the substance misusing offender population under the age of 21 years on probation supervision
- To examine what types of treatment are being availed of
- To investigate what number of treatments are being availed of, by what regional area and by what age group

6.3 Key Findings
- 53.1 per cent of offenders attended for one or more forms of drug/alcohol treatment (n=334).
- A slightly higher percentage of males (53.8%) rather than females (47.3%) attended treatment.
- Counselling was the most widely accessed form of treatment (86.2 %, n=288).
- Most offenders (57.7 % Female, 76.9 % Male) attended two forms of treatment.
- The Midlands and South East had the highest rate of attendance for treatment (61.7%), whereas Dublin South and Wicklow had the lowest recorded attendance (39.5 %).
- 70% (n=233) of the offenders who attended treatment were aged between 18 and 21 years and 30 % (n=101) were under the age of 18.
Juvenile substance misuse is an emotional and challenging issue for young people, their families, schools and society at large. This study has revealed that over 80% of offenders sampled had misused drugs and/or alcohol. The data suggests that just over half (53.1%) of substance misusing offenders attended treatment(s) of some kind. Table 6.1 presents a breakdown of the most used treatment services which clearly shows counselling (86.2%) to be the most popular form of treatment.

Table 6.1 Treatment Services Attended by Offenders

<table>
<thead>
<tr>
<th>Treatment</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling</td>
<td>86.2%</td>
<td>288</td>
</tr>
<tr>
<td>Residential</td>
<td>19.2%</td>
<td>64</td>
</tr>
<tr>
<td>Other</td>
<td>9.9%</td>
<td>33</td>
</tr>
<tr>
<td>Other (Detail)</td>
<td>3.9%</td>
<td>13</td>
</tr>
<tr>
<td>Self Help 12 Steps</td>
<td>3.6%</td>
<td>12</td>
</tr>
<tr>
<td>Methadone Maintenance</td>
<td>3.0%</td>
<td>10</td>
</tr>
</tbody>
</table>

The study also suggests that two was the most common amount of treatment programmes attended by substance misusing offenders. It could be argued that for young people attending multiple forms of treatment is unlikely, given the duration of the misusing history. Also it could be argued that the need for treatment isn’t as strong unlike more established misusers found in the equivalent adult survey.
However, other studies have suggested that the relatively low number of treatments attended by substance misusing youths may be explained by a couple of factors. Reickmull et al (2011) suggest that most youth in need of substance abuse treatment services have yet to recognise the impact of their use and rarely seek treatment on their own (Reickmull, Fussell, Doyle, Ford, Riley, & Henderson, 2011). Also, it is suggested that adolescents in general are more susceptible to influence by peers and are regarded to be at a vulnerable stage of development (Mark, et al., 2006) given the multitude of changes they experience at this time, such as moving away from their families and developing their own identity.

Furthermore, it has been suggested that treatment programmes for substance misusing adolescents primarily replicate or make slight adaptations to existing adult models while ambiguity exists as to what evidence based treatments are most effective for youths (Waldron & Turner, 2008). In other words; the provision of more age appropriate and culturally relevant treatment models are advised in order to achieve better ‘buy in’ by younger clients.

Figure 6.3 Percentage of offenders who attended for treatment as a proportion of the total misusing offender population in each Probation Service region

Figure 6.3 displays the percentage of offenders who attended some form of drug/alcohol treatment as a proportion of the overall number of offenders who had misused a substance(s), by geographical region. The data reveals that the Midlands and South East region had the highest percentage of attendance (62.3%), whereas Dublin South and Wicklow had the lowest (43.7%). This finding was not expected given the reported greater availability of services in the Dublin region.
The study suggests that a far greater number of offenders over the age of 18 but under the age of 21 years attended for treatment. As data from figure 6.4 suggests, the greater number of offenders over the age of 18 but under the age of 21 years attended some form of treatment (70%). The relatively low uptake by offenders under the age of 18 years for substance misuse treatments may be due to a number of factors. As previously mentioned, such factors may include; the failure to recognise their misuse as problematic, the influence of peers and the lack of ‘tailored’ treatments which are age and culturally appropriate.

6.4 Conclusions
- Counselling was the most common form of treatment.
- Most offenders attended two forms of treatment.
- The majority of offenders who attended treatment were aged between 18 and 21 years.
Young people in Ireland

In Irish society, eighteen years has been the accepted age for the formal transition from adolescence to adulthood. There is a growing acceptance, however, that the rigid distinction between youth and adulthood is not appropriate in modern society.

Later adolescence and the period following, often referred to as emerging adulthood, are recognised as particularly important for setting the stage for continued development through life.

As young people move beyond the age of eighteen their expectations, choices and challenges expand to include decisions about their future direction, ambitions and lifestyle. This late adolescence can be testing, difficult and life-defining as young people seek to develop and consolidate the competencies, attitudes, values, and social capital necessary to make a positive transition into adulthood within their peer group and community. The prevalence and mean level of overall offending can be higher during early adulthood than adolescence for some (Fagan & Western, 2005).

The transition from adolescence to adulthood can often be characterised by a change in peer relationships and a breakdown of the peer ‘crowd’ structure that dominates social relationships in adolescence and earlier (Brown, 2004).

The Probation Service recognises that while the age of 18 years has been an accepted transition point the importance of continued intensive working with young adults (18-20 years) can be critical in managing the transition to adulthood positively and effectively. Accordingly, the population for this study is extended up to the age of twenty years.

Young People and the Criminal Justice System

It is not unusual for young people to come into some contact with the Criminal Justice System. The majority of those who do will only have informal or transient engagement. The Justice, Education and Health Departments, with their agencies, work closely to apply the principles of diversion and restoration which underpin the Children Act 2001 (amended) to minimise criminalisation of children and young people. Some young people will continue to engage in criminal and anti-social behaviour and a smaller but appreciable group will serve periods in detention/custody.

As the lead agency in the assessment and management of offenders in the community, the Probation Service, since 2004, has provided a dedicated service to young offenders between the ages of 12-18 years through the Young Persons Probation (YPP) division. That service has recently been extended to include the 18-21 years cohort in certain instances.

The work of YPP is supported by a network of community based resources, programmes and supports which are funded through the Irish Youth Justice Service in addition to a range of
other inter-agency and multi-agency initiatives. Experience and research indicates that holistic, multi-agency and joined-up services co-ordinating education, family support, health, addiction and criminal justice interventions result in better solutions and outcomes for young people in difficulty.

Young People, Alcohol and Drugs
Young people’s propensity for risk – taking and their relative inexperience with alcohol and other substances places them at particular risk of harm and offending behaviour. For many young people alcohol is also seen as a gateway to illicit drug misuse. Acknowledging the seriousness of this issue and related risks, the Government, in March 2009, agreed to include alcohol in the National Substance Misuse Strategy.

In the National Drugs Strategy (interim) 2009-2016, published by the Department of Community, Rural and Gaeltacht Affairs (Department of Community, Rural and Gaeltacht Affairs, 2009) alcohol and drug policies and interventions are targeted at vulnerable populations to reduce alcohol and drug related harm. Interventions targeting particular groups, such as young people, form the basis of the policy development and implementation. Among young people at risk of problem drug use, the broad policy objective is to promote healthier lifestyle choices through personal development, life-skills and harm reduction approaches.

The prevalence of alcohol and drug misuse has been growing amongst young people both in Ireland and throughout the European Union for a considerable time. In a recent report on drinking among 15 and 16-year-olds across Europe, Irish students reported drinking a third more on their latest drinking day than the European average (Hibell, 2012). Irish young people and teenagers were identified as more likely than their European counterparts to binge drink (Byrne, 2010). Research from the United States, cited in the National Drugs Strategy (interim) 2009-2016 paragraph 1.15, found that people who begin drinking before the age of 15 are four times more likely to develop alcohol dependence at some time in their lives, compared with those who have their first drink at age 20 or older.

Young People, Alcohol, Drugs and Crime
It is clearly identifiable in research that drug and alcohol misuse are significant criminogenic factors in offending behaviour for both adults and young people (Newburn, 2007). However, there is relatively little work that has quantified the extent to which crime is attributable to drug and alcohol misuse. While the findings in this survey, as in the previous Probation Service adult study (Probation Service 2012) confirm a strong association, this does not necessarily mean that one causes the other. The relationship is complex.

87% of the survey population, young people subject to Probation Service supervision, in this study were reported as having misused drugs, alcohol or a combination of both. This finding shows that the young people subject to Probation Service supervision clearly exhibit an even higher level of misuse than the general young population (UNICEF Ireland, 2011) and is a
most important vulnerable at-risk group in need of priority attention and intervention by all services.

In this study alcohol was identified as the most common substance first misused by the young offenders and the majority had commenced misuse between twelve and fourteen years. At that age of onset, given that the age of criminal responsibility is 12 years, it would be reasonable to assume that most had initiated their alcohol or drug misuse prior to, or early in, their involvement in offending and engagement with the criminal justice system. In the National Drugs Strategy (interim) 2009-2016, delaying the age of first drink and reduction in binge drinking among young people are key performance indicators.

**Influences**

Parents and other family members can have a significant role, both positive and negative, in influencing drinking habits among young people. An Irish survey published in 2009 entitled *Keeping it in the family* (Alcohol Action Ireland, 2009) looked at the impacts of parental drinking. A resulting unstable and sometimes chaotic home life has adverse consequences on the educational outcomes of children with four per cent of those who participated in this study reported that their schooling suffered as a result of their parent’s drinking. There is a need to consider the further development of initiatives in relation to alcohol and drug use and misuse in families.

This study reports that 38.9% of parents of offenders who had misused a substance had a history of substance misuse themselves, highlighting the risk and adverse consequences that negative role models in the home and an unstable and sometimes chaotic home life can have for young offenders.

Family skills training programmes such as the Strengthening Families Programme are currently implemented by the Local Drug Task Forces (LDTFs) and Regional Drug Task Forces (RDTFs), HSE, Le Chéile, YPP, and community and voluntary organisations. These programmes can help parents and young people to build new, healthy parent/child communication skills that develop positive relationships within families and address family behaviour management.

The findings in this study indicate that the vast majority of offenders (over 87%) were in the company of their peers when they first misused a substance. Substance misuse interventions need to appreciate and address the very strong and continuing peer influence and address it within the culture and context.
Treatment

Over half of the survey population had attended some form of drug/alcohol treatment which included community and residential based programmes, prescribed methadone maintenance programmes and self help programmes. The majority of offenders who attended some form of treatment were aged between 18 and 20 years. That finding suggests that almost half are not attending treatment or engaged with treatment services.

It also indicates that most of the younger misusing population are outside services which is a particular cause of concern given that targeted early intervention is recognised as a critical success factor in working with young people.

Current models of alcohol and drug misuse treatment and intervention for young people in Ireland are, in the main, adapted from adult treatment models and approaches. It is time to explore child-focused interventions which, in responding to the voice of the child and young person, ensure easy and guaranteed access to age appropriate treatment for the most at-risk young people while ensuring that on-going appropriate supervision and support by co-ordinated services is in place.

Interagency Co-operation

Problem alcohol and/or drug use is rarely caused by a single factor. There is a complex interplay between multiple conditions and factors that put a young person at risk of misusing alcohol or drugs and suffering severe consequences. These complex and interlinked factors will vary between communities and individuals.

Research has identified that risk factors for drug and alcohol misuse for young people include early school leaving or poor educational attainment, poverty, poor mental health, family conflict/breakdown, anti-social behaviour and involvement in crime, family history of addiction (including alcohol), marginalisation and drug-taking peer networks. Protective factors include positive family factors, education achievement as well as personal and social competence among others (Hasse & Pratschke, 2010).

No single authority, service or support body is in a position to intervene or support alone to address that range of factors to build self-efficacy and develop social and personal coping and protective skills. The need for co-ordinated and integrated services and interventions is essential in working with young people in preventing and treating drug and alcohol misuse problems.
Importance of Continued and On-going Research

Research on prevalence and patterns of alcohol and drug misuse among young people in Ireland, and offenders in particular, is essential to have an evidence-based, holistic and cost-effective approach in the management of this issue. Data is needed to accurately inform decisions on initiatives to tackle the evident problem of alcohol and drug use among the child and young adult population. Such research would develop a knowledge-base, a critical element in designing and establishing most effective policy and practice.

Finally, there is particular need for research on alcohol and drug-related attitudes and behaviours as well as the risk and protective factors among young people at risk of, and, offending and among sub groups such as young members of the traveller community and young homeless.


Hibell, B. (2012). The 2011 ESPAD report: Substance use among students in 36 European Countries. The Swedish Council for Information on Alcohol and Other Drugs (CAN) and the Pompidou Group of the Council of Europe.


Drug/Alcohol Misuse Survey 2012

Probation Service Young Persons Caseload in Community

1. Context of the survey:

The link between drug/alcohol misuse and crime is long established and the complexities of this link continue to be discussed extensively in the academic research and practice literature.

We carried out a Drugs and Alcohol survey on adult offenders in 2011 and it is clear from this survey and from practice that a significant number of offenders referred to theProbation Service have drug and alcohol problems. Strategies to address on-going drug/alcohol misuse are central to case management plans to reduce the risk of re-offending.

One of the key recommendations in the 2011 was for the Service to conduct a similar survey on young persons and this is resulting from that.

2. Aim of this survey:

The primary aim is to undertake a snapshot survey of young persons (under 21 years old) on caseloads in the community on the 3rd December 2012 to determine:

- the number of offenders on probation supervision who misuse drugs and alcohol
- the frequency of that misuse
- the nature of the substances misused by offenders
- the level and nature of engagement with drug treatment services
- the link, if any, to offending behaviour

3. Purpose of the survey:

The data obtained from this survey will be used to inform and enhance service delivery including training and development in key competencies, management of resources, partnership and interagency approaches and the identification of further areas for follow up research.
4. **Categories of offenders to be included:**

The survey will include all offenders that are under 21 years of age subject to Probation Supervision at 7am on 3rd December. Probation Supervision includes the following for the purposes of this survey:

- Probation Orders,
- all forms of Deferred Supervision,
- Suspended Sentence Supervision Orders
- Post Release Supervision Orders
- Supervised Temporary Release
- Supervision of Life Sentence Prisoners.
- All supervision under the Children’s Act

**Information to be completed:**

The data is to be collected from the relevant categories in your caseload as it stands at 7.00am on 3rd December. Staff are requested to complete the survey using the attached forms.

The forms are

1. **Guidance Notes:** These must be read carefully in advance of completion of the survey and consulted as appropriate.

2. **A survey questionnaire** which must be completed for each supervision client on your caseload. For clients who have no history of drug or alcohol misuse only section 1 of the form needs to be completed.

**Submission of returns:**

If possible, work on the survey should commence prior to the census date. All paper returns must be made to Senior Probation Officers and forwarded to the relevant Regional Manager. The Regional Manager should forward them to Aidan Gormley in Haymarket by the close of business on 17th December.

In the interests of accuracy and consistency please remember that the data collected must reflect your caseload at 7:00am on 3rd December.

Senior Probation Officers must check to ensure that the number of forms returned by each team member accurately reflects the number of cases under supervision.
Outcomes:

The information will be analysed with CTS data and reports will be made available once complete.

The areas which we will be able to report on include the following:

- The overall number of young offenders on Probation Supervision who are involved in drug/alcohol misuse
- The geographical distribution of that group.
- Profiles of age and gender
- Patterns in relation to frequency of misuse and polydrug use
- Identification of range of preferred treatment options
- Treatment outcomes
- Numbers undertaking urinalysis
- Link between drug/alcohol misuse and offending.

Your assistance and co-operation in completing this survey is critical in enabling the Service to develop a more informed, targeted and effective approach to service delivery for this important group.

Thank you for your co-operation in completing this survey.  

November 2012
APPENDIX 2: GUIDANCE NOTES

Survey of Drug/Alcohol Misuse on Probation Service in the Community.

2012 Survey: Offenders under 21 years old.

Guidance Notes

- Survey forms should be completed on all under 21 year olds on probation supervision in the community. Probation supervision includes all forms of supervision, suspended sentence supervision orders, post release supervision orders, supervised temporary release and sanctions under the Children’s Act.

- A survey form should be completed on each offender on your supervision caseload as outlined above. Only section 1 needs to be completed if there is no history of drug or alcohol misuse.

- Definition: Alcohol/Drug Abuse is defined as use which is illegal, prohibited or harmful to oneself or others.

- Completion should be on the basis of existing knowledge / file content on offenders and does not require additional interviews.

- Tick the appropriate boxes. For each substance chosen, one entry in the current use or previous category is required.

- Survey forms will be processed by the Service and analysed with CTS information to provide a comprehensive report.

- All individual identifying data will be anonymised in the course of the study and in the completion of the report.

- Please follow the guidelines below in relation to all responses based on the caseload at 7.00am on the 3rd December 2012.

- Any queries should be sent to survey@probation.ie
Section 1

1 (a). Use block capitals.

1(c). Ensure file number is entered exactly as it is recorded on CTS. Include letters, numbers, symbols and bars.

Section 2

2. Tick all boxes that are relevant to provide as complete a picture as possible of the levels and types of drugs used.

Information for this section is based on your professional judgment and does not require access to urinalysis although, if available, it may assist in responses.

2(a). Heroin falls within the “Opiate” category of drugs. It is commonly injected but can be smoked or snorted. Smack should be classified in the Heroin category.

2(b). This question refers only to the illegal use of Methadone or Physeptone from the “black market”.

2(c). Include Morphine, Dicanol, Morphine Sulphate, Pethedine and Codeine and may include over the counter medication.

2(d). Crack Cocaine (Rock) is cocaine powder that has been treated with either ammonia or sodium bicarbonate (baking soda) and heated to remove the salt (hydrochloride). It is a smokable form of cocaine.

2(e). Cocaine Hydrochloride is from the “Stimulant” category and refers to the cocaine powder which is generally used nasally or intravenously but can also be smoked.

2(f). Benzodiazepines are psychoactive drugs and prescribed sedatives. Also known as Roche on the street. This group also includes Librium, Valium, Mogadon, Prozac and other often prescribed sedatives and anti-depressant medications.

2(g). Amphetamines are preparations belonging to the stimulant family. Often referred to as ‘Uppers’.

2(h). Hallucinogens include LSD (acid), magic mushrooms and solvents.

2(i). Ecstasy, often referred to as E, is a stimulant.

2(j). Include Marijuana, Grass and Hash here.
Section 3

- The first substance misused is whatever substance in Section 2 was first misused by the offender.

Section 4

- Please choose the category of offence from the following:
  - Public Order and other Social Code Offences
  - Burglary and Related offences
  - Theft and Related Offences
  - Dangerous or Negligent Acts
  - Damage to Property and to the Environment
  - Controlled Drug Offences
  - Robbery, Extortion and Hijacking Offences
  - Sexual Offences
  - Attempts/Threats to Murder, Assaults, Harassments and Related Offences
  - Fraud, Deception and Related Offences
  - Road and Traffic Offences
  - Offences against Government, Justice Procedures and Organisation of Crime
  - Kidnapping and Related Offences
  - Weapons and Explosives Offences
  - Other Offences

Section 5

- Please tick as many treatment programmes as are appropriate.
Probation Service

Drugs and Alcohol Questionnaire (under 21’s) 2012

Please read guidance notes in advance of completing the questionnaire.

### Section 1 - Background Details

<table>
<thead>
<tr>
<th>Offender Surname (Block Capitals)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Probation Officer (Block Capitals)</td>
<td></td>
</tr>
<tr>
<td>PWS File No:</td>
<td></td>
</tr>
<tr>
<td>Has the Offender ever misused drugs/ alcohol?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Section 2 - Substance Misuse

<table>
<thead>
<tr>
<th>Code</th>
<th>Drug</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Occasional</th>
<th>Previous Use</th>
<th>How long since use</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.a</td>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.b</td>
<td>Methadone (not prescribed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.c</td>
<td>Other opiates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.d</td>
<td>Crack / Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.e</td>
<td>Cocaine Hydrochloride</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.f</td>
<td>Misuse of prescription drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.g</td>
<td>Amphetamines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.h</td>
<td>Hallucinogens</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.i</td>
<td>Ecstasy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.j</td>
<td>Cannabis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.k</td>
<td>Solvents (incl gases &amp; glues)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.l</td>
<td>Steroids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.m</td>
<td>Headshop Products</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2.n</td>
<td>Alcohol Misuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.o</td>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section 3 – Gateway and Influences

<table>
<thead>
<tr>
<th>What was the first substance misused by the offender?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>At what age did the offender first misuse this substance?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What were the circumstances of the first misuse of this substance?</th>
<th>Alone</th>
<th>With Peers</th>
<th>With Family</th>
<th>Other Adults</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is there evidence of parental substance misuse? (Y/N)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If yes, what substances?</th>
<th>Alcohol</th>
<th>Drugs</th>
<th>Both</th>
</tr>
</thead>
</table>

### Section 4 – Link To Offence

<table>
<thead>
<tr>
<th>In your professional judgment did substance misuse lead directly to the current offence? (Y/N)?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If Yes what was a. The Substance?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>b. The category of offence?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>In your professional judgment did substance misuse lead directly to any other offending? (Y/N)?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If Yes what was a. The Substance?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>b. The category of offence?</th>
</tr>
</thead>
</table>

### Section 5 – Intervention

<table>
<thead>
<tr>
<th>Has the offender ever attended a Drug / Alcohol Treatment Programme? (Y/N)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If yes what was the nature of the Treatment Programme?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Counseling / Community based programme (Y/N)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Self Help / 12 Steps (Y/N)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Residential (Y/N)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Methadone Maintenance (Y/N)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other (please specify) (Y/N)</th>
</tr>
</thead>
</table>
Reduce re-offending to create safer communities

Margadh an Fhéir, Margadh na Feirme, Baile Átha Cliath 7.
Haymarket, Smithfield, Dublin 7.
Tel: +353-(0)1 817 3600 Fax: +353-(0)1 872 2737

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