

Brief Intervention for Young Persons Aged between 17–26: A Community Project

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The aim of this project was to offer a single Brief Intervention (BI) session with a young person following their arrest for a low-level alcohol related offence.

The project was funded by the Ministry of Justice under the ‘Safer Communities Crime Prevention Initiatives’. The hope was that an immediate response to offending with an offer of BI would reduce the amount of low-level offending and reoffending connected with alcohol consumption. The project also aimed to assess the effectiveness of the programme over a given short-term period.

The project intended to assertively provide the offer of specific BI counselling to young people who would otherwise not receive that offer of a service. Young people attending court for offences are automatically screened and offered counselling. Previous to this project, this was not the case for young people whose offending did not warrant a court appearance.

BI is an efficacious and low-cost means to minimise substance related harm and is designed to be delivered in an opportunistic way in primary and secondary settings.

[1], [2]

In most cases a BI intervention is recognised as a 40-60 minute therapeutic conversation targeting the harmful effects of substance use and the impact this could be having on a person’s life [3].

Key issues of adolescence include developing and establishing autonomy, independence and identity. Part of this is peer group affiliation and achieving legal ability and permission to take on adult activities such as driving, voting, sex, drinking and smoking. Most young people will be exposed to alcohol and other drugs (AoD) at

home, school, work or university [4]. Navigating their way through this exposure in a safe and calculated way is a major developmental challenge that has to be negotiated earlier and earlier. BI in this context aims to support young people through this major developmental period, offering choice around decision-making with a view to safer patterns of drinking behaviour. Specifically, with this project, a goal was to reduce the levels of arrestable offences.

Providing AoD interventions for young people is often quite a challenge due to the fact that they are a diverse and heterogeneous group. They tend to present either at a time of crisis or on the insistence of others. When young people do present, sometimes they are not sure why or what support they need or can be offered [5].

This project attempted to offer BI quickly and assertively following an alcohol related offence. The project is part of a collection of practices through Tauranga Safe City, a Tauranga City Council initiative. These practices are aimed at reducing alcohol drinking related harm in the city. Projects alongside this include:

- Year 11 Anti Drink Driving Expo
- Off License Alcohol Accord ‘James and Ella’ school ball personal safety promotion
- Say NO to USC – unwanted sexual contact

Overview

The participant group was Western Bay of Plenty youth aged between 17-26 who had been arrested for a low-level, alcohol related offence, which, depending on circumstances would not necessarily require a court appearance.

Participants were given a specifically designed business card at the time of arrest informing them that they would be contacted and offered a confidential alcohol related counselling session.

Using information collected by the police, contact with participants was attempted and a session was offered. Prior to people being called by telephone, an introductory letter was sent explaining the process of the project and informing recipients that they would receive a call offering an appointment. Enclosed in the letter was educational material such as information on standard drinks, a ‘Drink Check’ and a ‘Safe Party

Guide'. The material sent is developed and published by Alcohol Advisory Committee (ALAC). It is freely available.

Participants in the BI project showed an increase in readiness to reduce their alcohol consumption. While there was some recidivism for those taking part in the project, this was lower than predicted. Of the people seen for 1:1 interventions, there was an additional amount of people who went through the BI process who had not been referred. These included friends and whanau/family members.

The amount of people appearing in court for related offences halved this is largely attributed to the pre-charge warning system which was simultaneously introduced with the BI project. The pre-charge warning system is a lawful alternative to prosecution for some minor offences.

The results provide preliminary evidence for the effectiveness of the BI project in helping young people and their whanau/family to consider safer drinking patterns, to increase awareness of safe drinking levels and the effects of alcohol abuse and to reduce the amount of offending and reoffending for alcohol related offences.

Introduction

Primary care has been identified as an appropriate avenue for screening for problem drinking, and undertaking brief interventions designed to reduce alcohol consumption [5-7]. Opportunistic screening provides a time and cost-effective method of identifying problems [8]. The delivery of brief, targeted interventions has been shown to be effective in reducing overall alcohol consumption [6,7] Additionally, hospital emergency departments have been identified as another appropriate avenue (and indeed a missed opportunity) for screening of and responding to alcohol related harm via brief intervention. [8,9]

This project was a development of a smaller successful project completed in the previous year (Brief Intervention, a Community Response). The previous project targeted a small group of youth aged 14 -18 who had been arrested for alcohol related offences. Using similar assertive methods, the young people were offered one session with a 'Drug and Alcohol Practitioner Aotearoa New Zealand' (DAPAANZ) registered counsellor.

This previous project proved useful and effective. Though it was difficult to measure the efficacy scientifically, it was measured through feedback and with follow-up discussions with the youth involved and their parents.

Following this success, it was decided to develop further involvement with the police. Our thoughts were that assertive intervention, immediately following arrest, would be more effective as an intervention to help reduce alcohol consumption, improve understanding of safer drinking patterns, reduce alcohol related arrest and reoffending rates. This type of project never seems to have been undertaken before, thus it is difficult to find a benchmark.

In September 2010, Western Bay of Plenty Police implemented a pre-charge warning system as a lawful alternative to prosecution for some minor offenders. The process has many benefits including a reduction in court appearances, faster processing time, less requirement for prosecution files and swifter redeployment of staff as well as better outcomes for the Justice system. The pre-charge warning system enabled a positive relationship with BI.

Methods

This pilot targeted an older age of youth (17-26). Working closely with the police, we chose the demographic in terms of age and offence with a view to reaching young people who would not otherwise be screened or offered any social service input. The screening was simple. If a person from the area, within the age range had been arrested for an offence listed where alcohol had been involved, the police made a referral to the team. At this point, the police provided the young person with a 'business card' explaining that due to their offence being alcohol related our team would be in contact. The referral to the team from the police was brief; it included the person's name, date of birth, address, phone number, date and time of offence, the offence and the location of the offence. The intention was to keep the process as simple as possible thus reducing, as much as possible, workload and paperwork for the police. The police are naturally at the peak of busyness at the time of most arrests (usually evenings and weekends). Keeping the process as simple as possible for the police was essential to ensure that they would have the time and motivation to refer.

The list of offences that stimulated a referral included:

- Breach of Liquor Ban
- Fighting in Public Place
- Disorderly Behaviour S4 S/offences Act

Some people referred also had other offences to their name such as breach of bail, assault and resisting police but these were not the offences for which they were referred to this project.

Following receipt of information from the police, a letter to the person was sent. This included:

- An introduction of the service.
- An alcohol screen form (ALAC)
- A safe party guide (ALAC)
- Information on alcohol and standard drinks (ALAC)

The letter gave the person information around confidentiality. It also suggested that people could call if they did not want an appointment. Following the letter, a follow up phone call was made. The sending of the letter at point of referral was a development within the project. Initially a letter was sent if all other forms of contact had been unsuccessful. It was found however that by sending the letter first, people referred had an immediate response to their offence. It also enabled the project workers to speak to something when they made the call, thus hopefully reducing the feeling of a 'cold-call'. The letter was sent on extremely bright yellow paper, this enabled a point of focus with the follow-up telephone call. The response on the telephone was improved following this development. This also ensured that in the vast majority of cases, the project made contact within 72 hours. This was a project target. When a person was contacted by telephone, the project was described and an appointment was offered, either office based or at the persons home. Choice around gender and culturally specific counsellor was also offered.

If the person was not immediately contactable by telephone, three or four attempts were made. Contact via text message (to mobile numbers) was also tried. If contact was still not made, a home visit was attempted. The home visits were made at various times during the day and evening. If contacted by this method, again the project was described and an appointment was offered, either office based or at the persons home,

with the same choice of counsellor. Occasionally, a BI was offered at the point of contact when door-knocking. This could only happen though if the 'door-knocker' was a qualified and registered counsellor.

Personnel

Staff were recruited on a sub-contractual basis. This enabled the project to have a greater flexibility around choice of staff. The team was made up of six people. The project manager, also a trained AoD counsellor. His role was to manage the project, offer some counselling and complete additional 'fill-in' tasks such as door knocking, staff cover etcetera. A qualified social worker completed the screening and triage of referrals, made phone calls, arranged appointments and maintained the administrative tasks. Three additional qualified sessional counsellors (a mix of gender and ethnicity) were also sub-contracted. While brief interventions can be delivered by health workers who may only have limited AoD knowledge (i.e. G.Ps and nursing staff) [4] we chose staff who were experienced and DAPAANZ registered. This decision was made as we wanted to maintain a high quality of intervention. An altruistic roofing contractor was also employed to complete some door knocking. The roofing contractor was given specific training around safety and confidentiality and was initially shadowed during the early stages of the work.

While the staff worked independently and contact was made generally by e-mail, the team would meet on a regular basis to discuss the progress of the project and consider any possible developments or improvements.

Assessment Process

Brief interventions can help young people to identify current or potential problems and can motivate people to change their behaviour. BI is designed to be offered in an opportunistic way. While they are not necessarily comprehensive enough to treat young people who may have serious substance use problems, they can help to identify specific issues and inform people in what might be a more appropriate treatment [3,4].

There is compelling evidence around the efficacy of BI for alcohol dependence and young people, this continues to develop. BI is cost effective and specifically designed to be used in this opportunistic way [1,2].

Usually, BI consists of a 40 – 60 minute intervention. It is a therapeutic conversation with one person or more. The conversation in relation to substance use targets the harmful effects of substance use and the impact it is having on the individual, their friends and family/whanau. Advice and education form part of the conversation. This includes sharing of self-help materials. BI sessions vary depending on the circumstances that the person is in and the ‘audience’ of the therapist. [4]

For this project, the ‘FRAMES’ was largely adhered to. FRAMES suggests the following format:

- Feedback about risk
- Responsibility is with the individual
- Advise and educate
- Menu (provide a) of strategies and options
- Empathic approach
- Self-efficacy and optimism are emphasized

[3]

Using the Substance and Choice Scale (SACS) [4] alongside the ALAC Drink Check, as tools for information gathering around the individual’s substance use, we were then able to develop some history of the pattern of use, how this had developed, how this had affected each person and how it was continuing to affect them.

Risk Assessment

Naturally there were issues of risk for people who were knocking on doors and for counsellors offering home visits and office based appointments (especially evening appointments). The levels of risk were assessed on a case-by-case basis. Evening door knocking tended to be completed in pairs. Door-knocking routes were printed and copied to other team members if someone was door-knocking alone. Home visits were assessed and often attended by two people, as were evening office-based appointments. Daytime office based appointments were deemed to be lower risk due to other people being present in the building.

Confidentiality

When discussing the possibility of developing this project with an organisation other than the police, there were some issues raised around confidentiality. In other projects, especially when dealing with youth, the issue of confidentiality has also been raised. Some young people expressed apprehension that revealing their alcohol use may have led to conflicts within their family/whanau. It was felt that while youth and their family/whanau, specifically parents, were generally agreeable to intervention, youth most in need of intervention are also the most likely to have confidentiality concerns. Health care practitioners' assurance of confidentiality has been shown to improve young peoples' willingness to disclose this information [7].

We predicted that the major difficulties around confidentiality would be at the point of contact, either by telephone or door knocking. If someone other than the person we were trying to contact were to answer, it was likely that they would ask who we were and why we were making contact. These situations were handled with usual professional care, maintaining confidentiality by being very general and asking that the person contact us. We would leave a phone number or business card. Only on two occasions were we questioned about confidentiality. On both occasions these were from concerned parents. One who had opened a letter addressed to her son and was unaware of his offence. This issue was managed with relative ease by explaining the boundaries of confidentiality. The second was during a phone call when, again a project worker spoke with a mother who was anxious about why the call was made.

After some discussions and an understanding that she was aware of her son's offence, we were able to discuss more openly the nature of the service that we were offering, this not only re-assured her but she became enthusiastic about our intentions.

To maintain and clarify our boundaries of confidentiality, clear discussions were had with each individual at the point of contact. A confidentiality form was signed enabling us to use data gathered in an anonymous way for reporting purposes only. No one refused to sign these forms.

Collaboration

Through the local Youth Access to Alcohol group (YATA), the BI project was discussed and a variety of support given. Due to the large area that the project covered, some organisations were recruited to complete some of the BI meetings on our behalf. Organisations were also aware of the project and the potential referrals for ongoing counselling that they might receive from us. NGOs' were supportive of our project and readily accepted referrals from us. Liaison with the local probation service became particularly successful. A presentation from the BI team to probation resulted in increased communication and reduced duplication. Any people with who we were both working would be encouraged to attend BI sessions by the probation service. This seemed to be of positive benefit for the both of our services and hopefully to the individual concerned. Continued development of inter-agency collaboration would be essential for the success of this project if it were to continue.

Our interviews had a motivational approach with a focus on engagement, initially with the counsellors and continuing, if appropriate, with other local services. With permission from each person we were then able to offer some education around the substances of choice. Continuing on from this we were seeking changes to behaviour and focusing on this with a view to helping people consider safer use of alcohol. People were referred to other services for ongoing support if they requested this referral.

The results and statistics shown below comprise of data from the BI project directly and from the police database. Unfortunately the two sets of data do not exactly match, the demographics and time frames being slightly different, and therefore is not directly comparable. The results however do show some similar trends and are therefore of interest.

Brief Intervention Project Data

The young person's gender, age, offence, and repeat offending was collected and collated throughout the project. The number of phone calls made, home visits completed and letters sent were recorded. The number of people who completed a BI was counted plus the number of additional people involved in this process such as family/whanau or friends.

The total referrals the project received from the Western Bay of Plenty Police was 390, with an additional two self-referrals. The project began on the 26th of October 2010 and finished on the 7th of June 2011, excluding December 31st 2010 and 1st of January 2011. Referrals were made to the project for young people aged between 17 to 26 who had been arrested in the Western Bay of Plenty for an offence listed where alcohol had been involved. Tables 1, 2, 3 and 4 present the data collected.

Table 1 presents a breakdown of those referred to the project by gender and offence.

Table 1

Offences by Gender

Measure <i>Offences Referred</i>	Participants Gender		
	Male	Female	Total
Disorderly Behaviour	180	35	215
Fighting in a Public Place	75	11	86
Breach of Liquor Ban	73	16	89
Offence Unknown	1	1	2
Total	329	63	392

Table 2 presents the above *figures* relating to gender and offence as a percentage.

Table 2

Offences by Gender %

Measure <i>Offences Referred</i>	Participants Gender		
	Male %	Female %	Total %
Disorderly Behaviour	45.9	8.9	54.8
Fighting in a Public Place	19.1	2.8	21.9
Breach of Liquor Ban	18.6	4.1	22.7
Offence Unknown	0.3	0.3	0.5
Total	83.9	16.1	100.0

Table 3 presents a breakdown of those referred to the project by their gender and age group.

Table 3

Age Groups by Gender

Measure <i>Age Groups</i>	Participants Gender		
	Male	Female	Total
17 Years	6	3	9
18-19 Years	103	21	124
20-22 Years	133	23	156
23-26 Years	84	13	97
27+ Years	3	3	6
Total	329	63	392

Table 4 presents the above *figures* relating to gender and age group as a percentage.

Table 4

Age Groups by Gender %

Measure <i>Age Groups</i>	Participants Gender		
	Male %	Female %	Total %
17 Years	1.5	0.8	2.3
18-19 Years	26.3	5.4	31.6
20-22 Years	33.9	5.9	39.8
23-26 Years	21.4	3.3	24.7
27+ Years	0.8	0.8	1.5
Total	83.9	16.1	100.0

Out of the 392 people referred to the project, 65 participated in a BI, the 40-60 minute therapeutic conversation targeting the harmful effects of substance use and the impact this could be having on their life [3]. Tables 5, 6, 7, 8, 9 and 10 present the data collected around their gender, age group and offence committed of those who completed a BI.

Table 5 presents the breakdown by gender and ethnicity of those who completed the BI.

Table 5

Gender and Ethnicities of those who Completed BI

Measure	Participants gender		
	Male	Female	Total
<i>Ethnicity</i>			
New Zealand			
European (NZE)	28	6	34
Maori	17	8	25
Other	5	1	6
Total	50	15	65

Table 6 presents the above *figures* on gender and ethnicity as a percentage.

Table 6

Gender and Ethnicities by percentage of those who Completed BI

Measure	Participants gender		
	Male %	Female %	Total %
<i>Ethnicity</i>			
NZE	43.1	9.2	52.3
Maori	26.2	12.3	38.5
Other	7.7	1.5	9.2
Total	76.9	23.1	100.0

Table 7 presents the breakdown by gender and offences of those who completed the BI.

Table 7

Gender and Offences of those who Completed BI

<i>Category of Offence</i>	Male	Female	Total
Disorderly Behaviour	27	6	33
Fighting in a Public Place	11	6	17
Breach of Liquor Ban	12	2	14
Offence unknown	0	1	1
Total	50	15	65

Table 8 presents the above *figures* on gender and offence as a percentage.

Table 8

Gender and Offences by percentage of those who Completed BI

<i>Category of Offence Referred</i>	Male %	Female %	Total %
Disorderly Behaviour	41.5	9.2	50.8
Fighting in a Public Place	16.9	9.2	26.2
Breach of Liquor Ban	18.5	3.1	21.5
Offence unknown	0.0	1.5	1.5
Total	76.9	23.1	100

Table 9 presents the breakdown by gender and age group of those who completed a BI.

Table 9

Gender and Age Groups of those who Completed BI

<i>Age Group</i>	Male	Female	Total
17 Years	0	2	2
18-19 Years	20	5	25
20-22 Years	20	7	27
23-26 Years	10	1	11
27+ Years	0	0	0
Total	50	15	65

Table 10 presents the above *figures* on gender and age group as a percentage.

Table 10

Gender and Age Group by Percentage of those who Completed BI

<i>Age Group</i>	Male %	Female %	Total %
17 Years	0.0	3.1	3.1
18-19 Years	30.8	7.7	38.5
20-22 Years	30.8	10.8	38.5
23-26 Years	15.4	1.5	15.4
27+ Years	0.0	0.0	0.0
Total	76.9	23.1	100.0

Table 11 lists the methods used to make contact with the 392 young people referred to the project and gives the breakdown of how often contact was attempted and how often it was answered. Not all contact attempts via phone call and text messages were recorded, so the following *figures* are of those that were.

Table 11

Methods of Contact Answered and Attempted

Method	Answered	Total Attempts	Percentage % Answered
Letter with 'Drink Check' and "Safe Party Guide' (ALAC)	Unknown	313	Unknown
Phone Calls	186	705	26.4
Text Messages	155	218	71.1
Home Visits	47	186	25.3
Total	388	1109	35.0

Table 12 provides the breakdown of re-offending rates for those who participated in a BI and for those who were contactable and not contactable.

Table 12

Re-referred Repeat Offenders

Measure	Total Participants	Repeat Offenders	Percentage %
Total Offenders	390	25	6.4
Total Offence unknown	2	0	0.0
BI Completed	65	2	3.1
Contactable via Phone or Home Visit	219	12	5.5
Not Contactable via Phone or Home Visit	173	11	6.4

Key Results from BI Pilot Data

1. Table 1 highlights that there were five times more males than females. There were 329 males and 63 females referred. Table 1 also shows that Disorderly Behaviour was the most common offence young people were referred for, with a total of 215 referrals who had committed this offence, 180 being male and 35 being female.
2. As per Table 1, Table 2 shows that 54.8% of total young persons referred had committed disorderly behavior. Another key result is that for females the least common offence was Fighting in a Public Place at 2.8% of total offences referred and males least common was Breach of Liquor Ban at 18.6% of total offences referred.
3. Table 3 shows 124 of the people were between the ages 18-19 and 156 were between the ages 20-22. This highlights that between the ages 18-22 there were 280 out of the 392 referrals.
4. As per Table 3, Table 4 shows 31.6% were between the ages of 18-19 and 39.8% were between the ages of 20-22, which means 71.4% of total referrals were between the ages of 18-22.
5. Table 5 highlights that there were 50 males who completed the BI and 15 females. It is interesting to note that out of the 63 females referred to the project (Table 1) 15 of which completed a BI, 23.8%, while only 50 males of the 329 referred completed a BI, 15.1%. It is also significant to note 28 were NZE Males with only 17 Maori males completing a BI.
6. As per Table 5, Table 6 shows that 23.1% who completed BI were females and 76.9% were male, NZE Males made up for 43.1% and 26.2% were Maori Males. This highlights that Maori males were less likely to participate in a BI. In regards to females and ethnicities 9.2% were NZE and 12.3% were Maori.
7. Out of the 11 females referred for Fighting in a Public Place (Table 1), Table 7 shows six of whom completed a BI. This means 54.5% of females referred for Fighting in a Public Place completed a BI. It is possible that this could be attributed to a point noticed by one of the female counsellors (and therefore the person who was most in contact with woman offenders), that of the woman that she worked with, there was evidence that they were using significantly more alcohol on a regular basis, in comparison to the men. There seemed to be a more regular and heavier drinking pattern with some women. Consequently there

appeared to be more recognition of a need for changing behaviour. This might be a reason for an increase in acceptance of offers through BI.

In regards to the 75 males who were referred for Fighting in a Public Place (Table 1) only 11 completed a BI for this offence (Table 7), this means only 14.7% of males referred for fighting completed a BI.

8. Of those who completed the BI, Disorderly Behaviour was the most common offence, as per Table 7, Table 8 shows 50.8% had committed this offence.
9. Table 9 highlights that there were 25 participants who completed a BI between the ages of 18-19 and 27 between the ages of 20-22. It is also significant to note that out of the three females referred that were aged 17 years (Table 3) two of those completed a BI as per Table 9.
10. Table 10 shows that 80% of those who completed a BI were between the ages of 18-22.
11. Table 11 highlights that text messages were more likely to be responded to than any other method of contact, for the 218 text messages sent 155 were responded to. Phone call attempts that were unsuccessful were often due to incorrect phone numbers. The bottom row in Table 11 represents the total times all methods were attempted and how many of these were answered; the total answered rate was 35%. This low percentage is partly due to the fact that contact details supplied to the police by the young people were often inaccurate or false. On some occasions if we were unable to make contact with the initial details supplied, the police were able to check their databases for further information, following this; the only alternative was to do a home visit to the given address.

Working in collaboration with the police for this project was useful and effective. The feedback from the police has been positive; the ability for them to refer and have knowledge of immediate response was re-assuring. It also seemed to contribute to a reduction in more serious offending. Speed is good. Some of the most positive feedback that we have had from services such as the police and probation, from families and from individuals is the speed of our response to referrals. It was felt that a quick response to the referral was useful in terms of efficacy. There was more impact with a quick response. This was possibly because the offence was still in the minds of the person referred. We did notice that the quicker we responded to a referral the more chance of a 1:1 BI session being completed. Also in regards to home visits having the use of a roofing

contractor, dressed in his usual work clothes, arriving in a work related truck (often during the day as he were passing an address) seemed to have a significant effect on some people who had been referred. In some situations, it seemed to bring a sense of reality to the visit. However the flip side to this was the possibility that an immediate response, the opportunity to complete a BI there and then, was missed.

12. Table 12 shows that those who have completed BI had a 3.1% reoffending rate, and overall of the young people referred there is a 6.4% reoffending rate. The reoffending rate from last year's police stats shows a 7.8% reoffending rate, which is comparable to the 6.4% this year of people we were not able to contact (although these people were sent material, which may account for the difference). Overall this suggests that the drop in reoffending has come from people who have been through the BI or were at least contacted by the project. The total drop in reoffending from last year is 19% there is undoubtedly a significant decrease, is it possible that some of this could be attributed to the BI project and/or other variables such as police response, or just an unexplained drop. Unfortunately the figures from the BI project and the Police database are not directly comparable as not all referrals for the listed offences were received and the Police data collection time period is shorter and they do not include 17 and 26 year olds. The total reoffending rates from the Police only show 3.9% for this year. This is very different to the statistics collected from the BI project (6.4% for this year as mentioned above). This aside though it is still identifiable that there is a significant drop in reoffending for young people who have had contact with the BI project.

Western Bay of Plenty Police Database Statistics

Methods

1. All offenders who were referred to the BI project were between 17 and 26 years of age and arrested for low level offences and as such would most likely have been offered a precharge warning. Therefore offenders who have been offered pre-charge warnings have been examined and offending across October 2009 and April 2010 and October 2010 and April 2011 compared. Ascertaining whether the BI project has had a positive effect on reducing alcohol related low level offending and numbers of offenders processed through the courts is required once possible.
2. Data from Business Objects NIA Charge Universe was extracted to isolate offenders between the ages of 18-25, arrested for Disorderly Behaviour, Breach of Liquor Bans and Fighting in a public place, between Oct 2009 and April 2010. The equivalent parameters were used to extract data from between Oct 2010 and Apr 2011. The analysis also aimed to obtain gender and ethnic data for comparison.
3. Data from 31 December and January 1 (2009/10 and 2010/11) was excluded to prevent distortion of analysis. A large number of intoxicated youths are typically arrested over this period which would potentially show discrepancies with results.
4. During 2009 offenders were processed at stations throughout the Western Bay of Plenty; however since 2010 all offenders have been processed through the Tauranga station. To ensure all information was captured, all offenders arrested through the Western Bay of Plenty were included.
5. Data for all 18-25 year olds, under the influence of alcohol, arrested for Breach of Liquor ban, Disorderly Behaviour and Fighting in a Public Place between October 2009 and April 2010 and October 2010 and April 2011.

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Table 1

18-25 year olds (under the influence of alcohol) arrested

Dates		Breach of liquor ban	Disorderly Behaviour	Fighting in Public	Precharge warned	Prosecuted	Total
Oct 2009- Apr 2010	Offenders	179	196	83		458	458
	Charges	197	213	92		502	502
Oct 2010- Apr 2011	Offenders	101	192	100	232	155	383

Results (Police data)

Charges	101	198	102	236	165	401
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1. As per Table 1 During October 2010 and April 2011, there was a decrease in the number of offenders (under the three offences and within the age range 18-25) from 458 to 383. This indicates a decrease in overall offending.
2. There has been significant decrease in the number of young adults (18-25 year olds) arrested for Breaches of Liquor Ban, from 179 between October 2009 and April 2010, to 101 (for the same period between 2010 and 2011). This equates to

Table 2

Repeat Offenders

a 43% reduction in number of offenders and a 48% reduction in number of offences. It is possible that the reduction is a

product of the BI project however it should also be noted that during October 2010 and April 2011 police response to Breaches of Liquor Ban was changed from a zero tolerance approach to one of low tolerance, with other means of intervention being employed.

3. There was also a minor decrease in the number of offenders arrested for Disorderly Behaviour (from 196 to 192).
4. There has been an increase in the number of offenders arrested for Fighting in a Public Place (from 83 to 100). This represents a 20% increase in the number of offenders and a 10% increase in the number of offences.
5. During Oct 2010 and Apr 2011, 60% of offenders (offending under Breach of Liquor Bans, Disorderly Behaviour and Fighting in a Public Place) were dealt with by way of pre-charge warning.

Re-offending

Brief Intervention for Young Persons Aged Between 17 - 26

Dates	Offenders	Repeat Offenders
Oct 2009/Apr 2010	458	36
Oct 2010/Apr 2011	383	15

1. Re-offending figures do not provide much information and a more in-depth analysis of individuals is required, particularly to consider their offending background over a longer time range and offences outside the parameters of the report. During October 2009 and April 2010, 31 offenders re-offended twice and five offenders offended three times. During the same period of 2010 and 2011, 14 offenders re-offended twice and one offender re-offended three times. Between October 2009 and April 2010, 8% of offenders re-offended. Between October 2010 and April 2011, 4% of offenders re-offended.
2. The data indicates a significant disparity between male and female offending. Females accounted for on average 13% of all offences. This number remains unchanged during the reporting period.
3. Analysis results show no significant variation between ethnic groups.

Table 3

Prosecutions of 18-25 year olds between 2009-2010 / Alcohol related

Offence	European	Maori	Pacific Island	TOTAL
Breach Of Liquor Ban	117	60	10	187
Disorderly Behaviour	112	83	9	204
Fighting In Public Place	41	44	3	88

4. Offenders are predominantly Maori and European, with very few Pacific Islanders or people of other ethnic backgrounds. (Of note Pacific Islanders comprise less than 2% of the population in Tauranga).

Table 4

*Prosecutions and pre-charge warnings of 18-25 year olds between 2010 and 2011/
Alcohol related*

Offence Description	Action	European	Maori	Pacific Island	TOTAL
Breach Of Liquor Ban	Prosecution	21	16	1	38
	Warning	35	20	3	58
		56	36	4	96
Disorderly Behaviour	Prosecution	40	39	3	82
	Warning	70	31	4	105
		110	70	7	187
Fighting in Public Place	Prosecution	19	18	-	37
	Warning	33	24	1	58
		52	42	1	95

Table 5

Percentage % of offenders given pre-charge warning

Offence	European	Maori
Breach of Liquor Ban	63%	55%
Disorderly Behaviour	64%	44%
Fighting in Public Place	64%	57%

5. There is no significant disparity between ethnic groups with regard to pre-charge warnings being issued, Maori being slightly under-represented.
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Recommendations

- Further development, increased funding could lead to more efficiently run services via employed personnel. This should be an ongoing service, not just one targeting summer months.
- Referrals from other community resources such as the hospital Emergency Department (where there is a documented need for a response to alcohol related injuries) would add to the effectiveness of the service.
- It is recommended that future research be carried out at a suitable time i.e. when comparative analysis can be completed to examine the effect of the pre-charge warning and BI process on offending. Re-offending statistics need to be examined to evaluate the effectiveness of the BI Program.
- While the pre-charge warning process has significantly reduced offenders going through the courts, the only significant reduction in offending has been in Breaches of Liquor Ban. This may be a result of the BI Program but analysis remains inconclusive. Taking into consideration the contact and BI's took place following the offence, impact on the substance use and behaviour of those offenders is still to be ascertained. When considering this, it is recommended those offenders who have been contacted or completed a BI under this programme are followed up in six months with a questionnaire to determine how their substance use and behaviour has changed. Funding for this small follow up will be sought.
- Developments such as regular group sessions, to which offenders would be automatically and assertively invited, could be seen as an additional tool to offer speedy BI in the form of group work.
- The use of an outcome rating scale [10] or similar would enable immediate feedback from people who have experienced the project either in a 1:1 or group session.

Case Vignettes

Below we have listed two brief examples of positive stories that have emerged due to contact with the BI project. There were many positive stories but these seem to give a flavour of some of the interactions.

Vignette 1. When out ‘door – knocking’ we met a young woman of Pacific Island descent who had been referred for disorderly behaviour. She presented as a shy and nervous young woman. On discussion with her we discovered that she was extremely isolated and she appeared vulnerable. It was not appropriate for the people knocking on the door to complete a BI assessment at that time (for reasons mainly of gender). A BI appointment was arranged for the woman at her home with a female Maori counsellor. The young woman engaged well and has since been referred to other agencies. She now receives culturally appropriate support from a local social services agency, Plunket are involved with her young children. Reports are that she is now much more engaged in the community.

Vignette 2. Young man referred for disorderly behaviour after spending a night in the cells. During BI it was discovered that his drinking had been triggered, while still at school, by the death of his father. This had led to a steadily increasing pattern of drinking and the loss of place at school. It was also heard that the young man had a dream of completing an apprenticeship with his father in his father’s workshop. Following BI the young man has reduced his drinking to a safer level, is attending counselling at a loss and grief specialist agency. He has recently commenced an apprenticeship in another workshop, in the same trade as his late father.

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