



An tSeirbhís Phromhaidh
The Probation Service

Informing & Supporting Change:

Drug and Alcohol Misuse among People on Probation Supervision in Ireland

Dr Louise Rooney

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Foreword

In July 2017, the Government launched the National Substance Misuse Strategy – *‘Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017-2025’*. Set within a broad range of actions and responsibilities to respond to substance misuse in society, the Criminal Justice System agencies are highlighted as being in a position to respond effectively to substance misuse. The Strategy also identifies the importance of addressing substance misuse through a health lens and not solely through a justice response.

The Probation Service has a long history of assisting people on probation supervision in identifying, supporting and responding effectively to substance misuse issues. This is reflected in our direct interventions, through motivational engagement, targeted programmes and appropriate referral. Our commitment to address substance misuse is echoed in our interagency work with other statutory, community and voluntary organisations. In addition, we continue to provide funding to a range of community based organisations, whose core functions are substance misuse treatment / interventions.

This report, *‘Informing and Supporting Change - Drug & Alcohol Misuse among people on probation supervision in Ireland’* builds upon previous research conducted in 2011/2012 by the Probation Service on substance misuse among persons supervised by the Service.

The survey that has formed the basis of *‘Informing and Supporting Change - Drug & Alcohol Misuse among people on probation supervision in Ireland’* was designed and implemented with the support and expertise of the Central Statistics Office (CSO). Our partnership with the CSO in the annual Probation Re-Offending Report and in this report is an important action in developing and promoting data informed decision-making in the Service. The Probation Service is committed to delivering evidence based policies and practice, enriching our knowledge and understanding, in order to improve service delivery.

‘Informing and Supporting Change - Drug & Alcohol Misuse among people on probation supervision in Ireland’, shows that a high percentage of people supervised by the Probation Service continue to present with substance misuse issues, be that alcohol, drugs or polysubstance misuse. It also explores areas such as the association between substance misuse and offending behaviour, service user engagement and the Probation Service response. Through strengthening our collaboration with our addiction service partners, we hope to further address the gaps in services and engage with and support those on supervision appropriately.

As Director of the Probation Service, I would like to thank Dr. Louise Rooney, the author of this report, the CSO and all of the Probation Service staff who have contributed to this very important and valuable research study. Without their input, experience and commitment, this report would not have been possible.

This report marks an important step in informing and developing best practice for working with people with substance misuse issues and delivering integrated interventions with addiction services in the community. In line with the National Strategy- *‘Reducing Harm and Supporting Recovery 2017-2025’* I look forward to the Probation Service contributing to and supporting that solution focused approach for the benefit of everyone. I trust that this report will assist us improve on the delivery of appropriate services to those with whom we work.

Mark Wilson,

Director, Probation Service

Acknowledgements

Thank you to all those people who participated in and contributed to the survey that has formed the basis of this report. Thanks, in particular, to the Probation Officers and Senior Probation Officers who took the time to complete the questionnaires and to return them to the Central Statistics Office portal. Your contribution was invaluable and was essential to the success of the data gathering for this report.

A special thanks also to the Central Statistics Office (CSO) team who were involved in this important research study from the beginning. The CSO team assisted in the design of the questionnaire and enabled a data gathering process that preserved the anonymity of the data and participants and assured the thorough assembly of the data for analysis. This was an innovative approach which has provided important lessons and guidance for the development of future surveys and research studies.

This research report would not have been possible without the support and commitment of the Probation Service, management and staff for which particular thanks are due. Thank you also to Gerry McNally, Assistant Director, David Kenny, Assistant Principal Probation Officer and Supriya Subramanian, Probation Service Statistician and Data Analyst, for their patience and persistence in seeing this research project through to its completion.

Dr. Louise Rooney

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I. Executive Summary

There is a well-documented relationship between substance misuse and offending behaviour. Whilst research indicates that some substance misusers commit crime to finance their misuse, it also reveals a significant association with acts of criminal violence. Moreover, a history of substance misuse has been identified as a strong predictor for reoffending, highlighting it as one of the foremost risk factors for criminal recidivism.

In 2019, the Probation Service assessed and supervised 16,607 people in the community, and worked with 2,689 people in custodial settings. This high level of referral annually, in addition to high levels of substance misuse within this cohort, confirms that the Probation Service represents a critical juncture in which assessment, intervention and appropriate referral, can take place as part of the care pathway process.

The research has been carried out within the context of Ireland's national drug strategy '*Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017-2025*' (Department of Health, 2017). The findings presented herein, may be considered within the context of an innovative national drug policy that prioritises health promotion and harm-reduction over the criminalisation of persons who misuse substances.

In addition, the Probation Service's recently published report '*Moving Forward Together: Mental Health among persons supervised by the Probation Service*' by Dr Christina Power, has cross cutting findings that are shared with those identified in this research. The two reports reflect the high levels of mental health and substance misuse comorbidity among those subject to probation supervision and highlight the importance of aligned strategic responses.

In previous research carried out by the Probation Service in the Dublin Metropolitan Area in 1998, 55-60% of offenders were reported to have misused drugs. Further research undertaken in 2011 by the Probation Service highlighted 89% of the adult offender population on probation supervision had misused drugs or alcohol. Of the 89% of those who misused either alcohol/drugs, 27% misused drugs only, 20% misused alcohol only and 42% misused both drugs and alcohol.

The findings of this study paint a similar picture detailing 81% of the sample (comprised of both adult and young persons on supervision) were reported to have a history of alcohol or drug misuse. Combined Drug and Alcohol Misuse (50%) was the most frequent type of misuse, followed by drug misuse only (17%), alcohol misuse only (14%),

This study has endeavoured to build on that previous research. Specifically, it has aimed to identify substance misuse prevalence among persons on probation supervision, examine the relationship between substance misuse behaviour and offending, and explore the engagement of persons supervised and the Probation Service response.

Key Findings:

Alcohol Misuse

- 64% of the sample had misused alcohol
- Binge drinking (44%) was the most prevalent type of alcohol misuse behaviour reported.
- Alcohol Dependency (18%)
- 53% of the population were reported as having a direct link between alcohol use and their current offence

Drug Misuse

- 67% of the population were reported as having misused drugs – three times the prevalence level reported among the general public
- Cannabis (84%) was the most common substance used – (Benzos 55%, Cocaine 48%, Heroin 41%)
- 48% of the population were reported as linking their drug misuse to their current offence.
- Males were more likely to misuse Cocaine, Ecstasy, and Cannabis. Females were more likely to misuse Heroin.
- When compared to men, women reported higher rates of Drug Misuse Only across all age profiles, except for the age category 12-24 years

Drug and Alcohol Misuse

- 81% of the population were reported as having misused drugs and/or alcohol
- Gateway Substances: Alcohol (57%) and Cannabis (51%)
- Highest level of misuse was reported as among persons between 25-34 years (61%).

Key Recommendations:

Continue to strengthen synergies with other Government agencies and community services

- Structured co-operation and joint working between Government services and relevant community service is required to respond effectively to substance misuse among those engaged with the Probation Service providers.

Service Mapping: National Substance Misuse Services, Supports and Interventions

- A mapping exercise of drug and alcohol intervention services would assist the Probation Service, in conjunction with respective departments, organisations and communities to respond collectively in addressing needs in service delivery.

Service Review: Probation Service Funded Projects

- Conduct a service review of '*Probation Service Funded Projects*' that deliver specialist supports and interventions to service users with substance misuse issues. This would help identify the level and quality of support services available to those subject to probation supervision, being outcomes focused and highlighting areas for improvement.

Substance Misuse and Mental Illness

- Collaboration with services that are both multi-disciplinary and offer out-reach services is necessary to address the needs of people with complex and co-occurring conditions.

IT Development / Online platforms and Future Proofing

- To ensure that policy and practice is both evidence-based and data driven, the Probation Service should develop an improved data system. This would facilitate the collection, analysis and reporting of data, in decision-making and service planning as well as enabling the application of innovative ICT supported approaches in engaging with those subject to probation supervision.

Research and Evaluation

- To maximize evidence-based policy and practice, in addressing substance misuse and addiction, it is recommended that an ongoing structured programme of research and evaluation is established.

Policy Development

- It will be important that the Probation Service's strategic goals of responding to substance misuse among its client group, are aligned with the key Government and cross-agency strategic developments, including the National Strategy '*Reducing Harm / Supporting Recovery*', to ensure collaborative service delivery and effective interventions.

Training

- The Probation Service should continue to update staff knowledge and competency to respond effectively to people's needs and to maintain best practice standards. Joint agency collaboration and shared training should be considered in this context.

II. Snapshot Statistics



81%

Misused alcohol and/or drugs



64%

Misused alcohol only



67%

Misused drugs only



Highest level of misuse of alcohol or drugs

25-34 years
category

Alcohol Misuse



44%

Binge drinking is the most prevalent type of alcohol misuse



18%

Alcohol dependent



53%

Direct link between alcohol and offence



16-25%

Already accessing **alcohol support services** on referral

Drugs Misuse

Top 3 Most Used Drugs

84%

Cannabis

55%

Benzos

48%

Cocaine



Males more likely to misuse cocaine, ecstasy & cannabis

Females more likely to misuse heroin



48%

Direct link between drugs and offence



33%

Already accessing **drugs support services** on referral

Chapter 1: Introduction

1.1. Purpose of the Report

This research report is a follow on from research undertaken regarding Alcohol and Drug Misuse among those subject to probation supervision in 2011/12. The Probation Service, in conjunction with the Central Statistics Office (CSO), conducted a Drug and Alcohol Misuse Survey of all offender cases on supervision in the community in January 2019. That survey, which provides the underpinning data for this report, was designed and implemented with the CSO. The data was held and the analysis conducted within the CSO environment to ensure data security, anonymization and data protection compliance.

The aim of the analysis and findings of the survey is to acquire important information on substance misuse issues and patterns among people on supervision, to support development of best service delivery and to assist in the management of Probation Service resources and priorities.

The landscape regarding type of drug use and access has very much changed over the last number of years and it is in this context that the Probation Service sought to gain a greater understanding as to the current position regarding substance misuse among clients. This study builds upon the release of its predecessor, 'Drug and Alcohol Misuse among Adult offenders on Probation Supervision in Ireland' (The Probation Service, 2012). It endeavoured to build on the 2012 report by broadening its data collection parameters regarding target behaviour, environmental factors, and demography. Specifically, to include clients under 18 years (12-17 years), gambling behaviour, and gateway drug misuse factors. Widening the scope of this project not only enhances the quality of the recommendations made for policy and practice but generates new insights into service user experiences.

1.2. Irish Context

Drug Misuse

A 2019 report by the European Monitoring Centre for Drugs and Drug Addiction [EMCDDA] indicates that drug misuse amongst the general adult population (15-64 years) has become more common. This is evidenced by research to show an increase in illicit drug misuse in Ireland, from almost 2 in 10 adults in 2003, to almost 3 in 10 in 2015, with the highest prevalence rates reported for young adult males (aged 15- 34). The most recent survey, from 2015, confirms that cannabis is the most frequently misused illicit substance followed by amphetamines / ecstasy and cocaine. Opioid misuse data indicates there are approximately 18,988 opioid misusers in Ireland, two thirds of which reside in Dublin (EMCDDA, 2019). In 2015 a third of all opioid misusers were aged 35 and older, compared with less than one third in 2006, demonstrating a definite ageing of this population. Finally, data collated from drug treatment centres indicates that opioids, particularly heroin, is the most common primary drug misused amongst those entering treatment (ibid).

Alcohol Misuse

Statistics released by the World Health Organisation (WHO) reveal that the rate of both alcohol consumption and alcohol misuse in Ireland are significantly higher than most other countries worldwide (WHO, 2018). Alcohol consumption is perceived as a quintessential facet of modern Irish culture and plays a central role in socialisation (Hope and Mongan, 2011). The Health Ireland Survey (2015) reports that 76% of the population drink alcohol, with 56% consuming alcohol at least once a week. In terms of drinking

behaviour, 39% binge drink on social occasions that are typically associated with alcohol consumption, with almost a quarter (24%) doing so at least once a week. The Healthy Ireland Survey (2015) concluded that “drinking to excess on a regular basis” is commonplace in Ireland and many of those drinking to harmful levels are unaware of risks associated with such misuse (Department of Health, 2020). Finally, in 2019 a total of 7,546 persons were treated for problem alcohol use (HRB, 2020b), of which 68 % were classified as alcohol dependent.

Young Persons and Substance Misuse

Adolescence is a tumultuous developmental stage of the life-course which typically marks the commencement of drug and alcohol consumption for many young people (McNicholas et al., 2019). Substance misuse is the foremost offence which brings young persons into contact with the An Garda Síochána, accounting for almost a fifth of juvenile criminal behaviour (Commission on the Future of Policing in Ireland, 2018).

Between 2010 and 2014, Ireland witnessed a reduction in alcohol misuse in 11 to 15-year-olds, from 12% to 5%. (ESPAD, 2015). Alternatively, research investigating drug misuse among young people aged 15 and 16 revealed elevated rates illicit drug misuse. For instance, young people reported misusing ‘legal-highs’¹ (22%), cannabis (28%), cocaine (3%) and ecstasy (2%) at least once over a 12-month period (European Commission, 2014). Moreover, these figures revealed that Irish youths are amongst the highest cannabis and cocaine users in Europe (Ibid).

Both the level of substance misuse among Irish young people and the association with offending behaviour can therefore result in referrals to the Probation Service. The findings of this study will help to provide further clarity and understanding of substance misuse among this cohort which, in turn, will allow for the development of a more targeted and effective response by Probation staff.

Substance Misuse and Offending Behaviour

There is a well-documented relationship between substance abuse and criminal behaviour (Fridell et al; 2008; Wallace et al., 1998). Whilst research indicates that some substance misusers commit crime to finance their misuse, it also reveals a strong association with acts of criminal and sexual violence (Steadman et al., 1998; Stewart et al., 2000). Moreover, a history of substance misuse has repeatedly been identified as a strong predictor for reoffending, highlighting it as one of the foremost risk factors for criminal recidivism (Baillargean et al., 2009; Larney et al., 2010; Walter et al., 2011). The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2007) outlines that ‘drug-related crime’ may be broken down into four main categories:

Psychopharmacological Crimes: crimes committed under the influence of a psychoactive substance, as a result of its acute or chronic use.

Economic-Compulsive Crimes: crimes committed in order to obtain money (or drugs) to support drug use.

Systemic Crimes: crimes committed within the functioning of illicit drug markets, as part of the business of drug supply, distribution and use.

Drug Law Offences: crimes committed in violation of drug (and other related) legislations.

Research conducted by the Probation Service in 2012, relating to adults subject to supervision, detailed that the majority of persons on Probation (89%) were identified as having some form of substance misuse issue either ‘currently’ or in the ‘past’. A sizable 42% of the sample reported misusing both drugs and alcohol, while 27% reported just misusing drugs and 20% reported just misusing alcohol. A considerable

¹ Legal highs are psychoactive drugs that contain various chemical ingredients, most of which are illegal while others are not. They produce similar effects to illegal drugs like cocaine, cannabis and ecstasy.

level of poly-drug misuse was also identified with a fifth of misusers reportedly misusing two or more substances. This research not only outlined the extent of substance misuse among persons on probation supervision, it also played a crucial role in updating and enhancing policy and practice within the Probation Service. Almost 10 years on, this study aims to build on this report by re-examining substance misuse prevalence among persons on probation supervision, exploring its association with offending, and investigating Probation Service response.

1.3. Policy Landscape

National Drug Strategy

July 2017 saw the launch of Ireland's national drug strategy '*Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017-2025.*' The overarching aim of this policy is to achieve "a healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing" (Department of Health, 2017). Specifically, it promotes a public health led approach prioritising a harm reduction response to substance misuse, which focuses on enhancing treatment access, reducing high-risk behaviours associated with misuse, and reducing the harm experienced by misusers, their families and the wider community (Department of Health, 2017).

Brief Overview of Health Service Executive Approach to Substance Misuse

Based on the 'continuum of care' principle, which enables individuals to access a range of supports in order to achieve their personal recovery goals (Centre for Substance Abuse Treatment, 2006), the HSE has developed a four-tier person-centred model of rehabilitation to address substance misuse. This model allows individuals to receive the support they need as close to home as possible and at the level of complexity that specifically corresponds to their needs and circumstances. The Four-Tier Model of Care implies that clients should be offered the least intensive intervention, appropriate to their need, when they present for treatment initially. Where this does not succeed, more intensive interventions should be offered (HSE 2007).

Tier 1

Tier 1 interventions include the provision of drug-related information and advice, screening, and referral to specialised drug treatment services. They are delivered in general healthcare settings (Accident and Emergency, pharmacies), social care settings (education) or criminal justice settings (including the Probation Service, Courts and Prisons) (Ibid).

Tier 2

Tier 2 interventions include information and advice, triage, referral to structured drug treatment, brief interventions, and harm reduction (e.g. needle exchange programmes). Such interventions are delivered through outreach, primary care, pharmacies, and criminal justice settings as well as by specialist drug treatment services, which are community or hospital based (Ibid).

Tier 3

Tier 3 interventions are predominantly delivered in specialised community addiction services but can also be offered in primary care settings (GPs, pharmacies, prisons, and the Probation Service). Usually, these interventions consist of community based specialised drug assessment and care-planned treatment

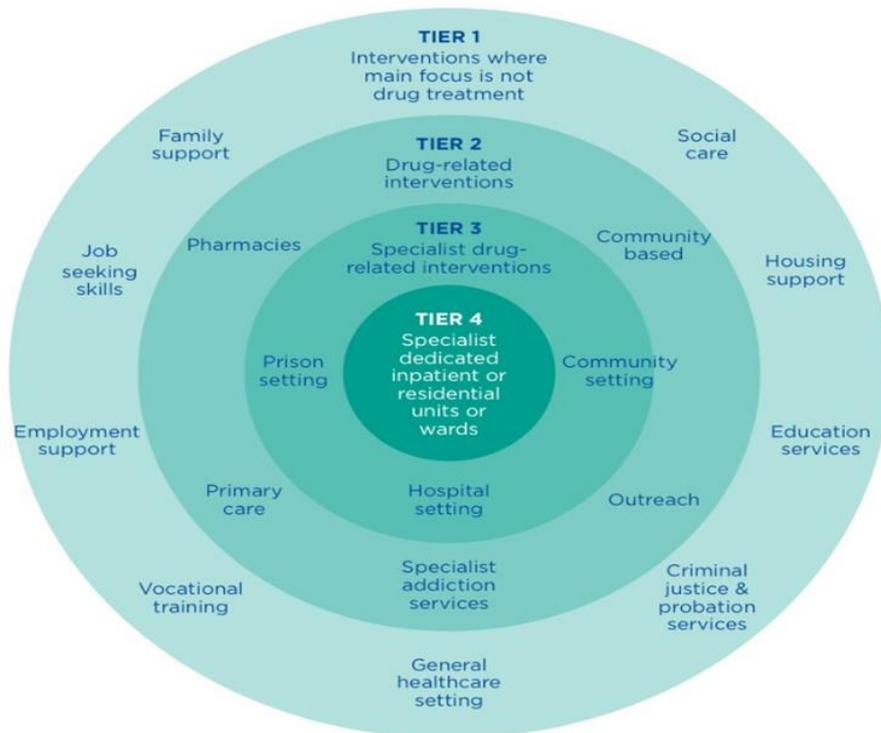
which includes psychotherapeutic interventions, methadone maintenance, detoxification, and day care (Ibid).

Tier 4

Tier 4 interventions consist of residential specialised drug treatment, which involves care planning and coordination to ensure continuity of care and aftercare. Such interventions are provided by specialised inpatient or residential units which provide inpatient detoxification or assisted withdrawal and/or stabilisation (Ibid). The various types of interventions and settings in which they are provided are set out in the Figure 1.1

The Four Tier Model of Care

Figure 1.1



The SAOR II

Screening and Brief Intervention for Problem Alcohol and Substance Use (2nd Edition)

The SAOR (Support, Ask and Assess, Offer Assistance, and Referral) model is the agreed HSE national model for Screening and Brief Intervention for Alcohol and Substance Use (O'Shea and Goff, 2009). SAOR provides an evidence-based framework for screening and brief intervention for problem alcohol and substance use that may be used across four tiers and services (HSE, 2017²).

Released in 2017, SAOR II is the latest edition of the screening and brief intervention model. It offers a step-by-step practice guide that is focused on a person-centred approach. SAOR II supports workers from

² See: <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homelessness-and-addiction/alcohol-and-substance-use-saor/>

their first point of contact with a service user to enable them to deliver brief interventions and to facilitate those presenting with more complex needs with entry into treatment programmes. It includes:

1. Initial Contact – Screening
2. Initial Assessment and Identification of Appropriate Service (matching person to service)
3. Comprehensive Assessment, Key Working and Care Planning (matching services to the person)
4. Implementation of the Care Plan to Support an Individual Rehabilitation Pathway
5. Exit

SAOR II training has been delivered to a variety of professionals in acute care settings, mental health services, child and family services, community-based drugs services, homeless agencies, primary care services, third level colleges, criminal justice agencies, youth and sporting organisations. The Probation Service has adopted the SAOR II framework as their primary tool for assessing and appropriately referring people with substance misuse issues.

Criminal Justice Response to Drug Misuse

In recent years, a growing number of governments, UN and EU agencies, and other professional organisations have called for a shift in focus away from the 'traditional' criminal justice response to the possession of drugs for personal use, toward a health-led response aimed at reducing harm (Department of Health, 2019).

The government established a Working Group to consider alternative approaches to the possession of drugs for personal use in December 2017. The formation of this group was a key action in the National Drugs Strategy. The report considered a range of approaches from depenalization to decriminalization and identified five policy options. Of these, the report recommended the following three policy options:

Adult Caution: A discretionary alternative to prosecution, whereby a person found in possession of drugs for personal use could be given a formal caution by An Garda Síochána, who could also provide the individual with a health and social services information leaflet.

Multiple Adult Cautions: A person could be given the benefit of an Adult Caution by An Garda Síochána more than once. This could provide a discretionary alternative to prosecution and criminal conviction on more than one occasion. The individual would also be provided with a health and social services information leaflet whenever they are given an Adult Caution in respect of possession of drugs for personal use.

Diversion to Health Services: People found in possession of drugs for personal use would be supported to address the harms of their drug use. A person in possession of drugs for personal use would be diverted for a brief intervention and screening, where necessary high-risk drug users would be offered onward referral for treatment or other supports.

In August 2019, based on the recommendations of the 'Working Group to Consider Alternative Approaches to the Possession of Drugs for Personal Use' (Department of Justice and Equality, 2019) the government announced significant reforms to the possession of drugs for personal use in line with its commitment to pursue a public health approach to drug use in Ireland. This incorporated the option to divert an individual from the criminal justice system towards interventions / treatment relating to their substance misuse.

In December 2020, it was announced that An Garda Síochána, in collaboration with the Director of Public Prosecutions, had expanded the Adult Cautioning Scheme to include additional offences. This included

offences under Section 3 of the Misuse of Drugs Act 1977/84 and related to the possession of cannabis and/or cannabis resin for personal use.

There are two components to the Health Diversion Approach whereby a person in possession of drugs, determined by An Garda Síochána to be for personal use, on the first occasion would be referred by An Garda Síochána on a mandatory basis to the Health Service Executive (HSE) for a health screening and brief intervention. On the second occasion, An Garda Síochána would have discretion to issue an Adult Caution.

1.4. Probation Service Approach to Substance Misuse

There is a well-documented relationship between substance abuse and offending behaviour (Fridell et al; 2008; Wallace et al., 1998), however, both the level of misuse and the link to the offending behaviour can vary from one individual to another.

In both the Probation Officer assessment and supervision process, there is an opportunity to both identify and respond effectively to presenting substance misuse issues among clients. The focus of the engagement is to assess and address presenting risk factors associated with the person's offending behaviour. Where there is a link between the substance misuse and criminal behaviour, an intervention addressing the drug misuse, can lead to a reduction in the level of risk associated with the offending behaviour. As noted above, this assessment and intervention can include the use of the SAOR II model and associated motivational engagement.

In partnership with other statutory and voluntary agencies, the Probation Service is committed to working with substance misusers in the Criminal Justice System to make communities safer reducing the risk of reoffending. The Probation Service promotes a client-centred approach which involves one-to-one engagement and group-work with service-users. Probation Officers have a range of resources and supports to draw from, including programmes developed particular to substance misuse, sometimes facilitated in conjunction with community based organisations. Referral can also take place to a range of services providing specific interventions/ treatment for presenting substance misuse issues.

A Review of Drug and Alcohol Treatment Services for Adult offenders in Prison and the Community was undertaken on behalf of the Probation Service and Irish Prison Service in 2016 (Eustace & Patterson 2016). That report identified gaps in service provision and development needs, and highlighted strengths in current practice. The review proposed a Model of Effective Practice specifically for people presenting with substance misuse issues. The Model of Effective Practice has been adapted by the Probation Service and Irish Prison Service to facilitate the care planning process from custody through to community.

To strengthen the care planning model and align with the broader rehabilitation framework, it would be important that the Probation Service in conjunction with the HSE and the Irish Prison Service further build on this interagency collaboration in a structured and coordinated manner.

Substance Misuse and Offending Behaviour

In addition to responding to the health needs of clients, the primary focus of the Probation Service is to address the association between the misuse of substances and offending behaviour and resulting harm. This runs parallel to providing ongoing support regarding their engagement with medical/intervention services responding specifically to their substance misuse. For instance, all those referred to the Probation Service must undergo an initial assessment, which will assist in informing a Court report, if requested, or

the development of a case management plan. It is at this stage that the relationship between substance misuse and offending behaviour is explored by Probation Officers.

Areas addressed particular to Substance Misuse:

1. Gathering a Drug and Alcohol Misuse history.
2. Establishing current level and type of Drug and Alcohol misuse.
3. The application of the SAOR screening tools.
4. The application of offence related risk / needs assessment tools e.g. LSI-R / CMI-YLS, which incorporates the area of substance use.
5. Identifying whether an established association between substance misuse and offending behaviour exists.
6. Gathering information regarding previous and/or current engagement in substance misuse treatment/ interventions. As well as the outcome of such interventions.
7. Assessment of the client's current motivation to address substance misuse where applicable.
8. Identifying protective factors for responding to substance misuse.
9. Collaborating with client to identify appropriate treatment/ intervention options.

Chapter 2: Methodology

2.1. The Study

Design

This study adopted a cross-sectional quantitative design incorporating online survey measures. Probation Officers attached to community based supervision teams (N=218) were invited to participate in the study. A representative sample was established with a response rate of 81%.

The study survey was developed and conducted in partnership with the Central Statistics Office (CSO). Surveys were completed online and returned to the CSO to maintain participant and case anonymity. The CSO collated the data and provided the environment for the analysis which was conducted by the researcher.

Sample and Procedure

An invitation to participate in the Drug and Alcohol Misuse Survey was sent to Probation Officers via email. Participants were asked to complete a survey for each client on their caseload that met the following inclusion criteria:

- Adults and Young persons who are subject to a probation order, supervision order, adjourned supervision, or supervised temporary release.

Participants were asked to exclude clients who met the following exclusion criteria:

- Persons on Community Service Orders.
- Persons referred for a Pre-Sentence Report, who are not already subject to supervision.

In total, 3,096 surveys were completed by Probation Officers (Male N= 2,566; Female N=522; Unknown N= 8). People ranged in age between 12-17 years and 60+ years; the vast majority of the sample were White Irish (80%), Irish Traveller (11%), Other White Background (5%) (See Chapter 3).

Measures

The survey was developed by a multi-disciplinary team of Probation Officers, statisticians and researchers employed by the Probation Service and the Central Statistics Office. Survey questions were broken down into four main sections. An outline of question theses is provided in Table 2.1.

Analysis

Survey data was collated and held by the Central Statistics Office. The CSO also provided the Statistics Package for the Social Sciences (SPSS) and other tools for analysis within the CSO environment. Descriptive statistical analysis was carried out (frequencies and averages) along with inferential analysis (t-tests, Chi-Square, and logistic regression). Such statistical testing was used to examine trends, identify prevalence rates, and explore relationships within the dataset. The CSO conducted statistical disclosure testing on data for the final report.

Table 2.1: Survey Question Themes

<p>Section A: Background Details</p> <ul style="list-style-type: none"> - Demographics (Age, Sex, Ethnicity) - Drugs Act Convictions 	<p>Section B: Details of Alcohol Use</p> <ul style="list-style-type: none"> - Alcohol misuse behaviour - Level of service engagement/treatment on referral to Probation Service - Nature of response by Probation Officer
<p>Section C: Details of Drug Use</p> <ul style="list-style-type: none"> - Drug Misuse behaviour - Types of Drugs misused - Level of service engagement/treatment on referral to Probation Service - Nature of response by Probation Officer - Gambling behaviour 	<p>Section D: Gateways – Influences Context</p> <ul style="list-style-type: none"> - Gateway Substances - Age of initial use - Patterns of misuse (Environmental factors) - Intravenous drug use and overdose history - Link of drug and alcohol misuse to current offence

2.2 Limitations

There were several limitations associated with this study’s methodology. Firstly, the measure employed was a ‘self-to-other’ survey completed by Probation Officers based on information compiled in client case files. It is important to note that gathering life histories from clients is not always straight forward as individuals may be tentative about being forthright about their level of drug and alcohol misuse. Secondly, some case files may be more developed than others depending on the length of time a client has been on probation supervision and their level of engagement with their Probation Officer. As a result, there were some gaps in the information provided for some people.

However, the advantage of adopting a ‘self-to-other’ survey measure was that it allowed for the recruitment of a representative sample of Probation Officers (81% of study population), which generated information on 3,096 persons. The response rate for ‘self-report’ studies with the offender population can often be poor resulting in a small sample size.

Chapter 3: Demographics

3.1. Introduction

The first section of the Drug and Alcohol Survey required Probation Officers to provide anonymised demographic and background information pertaining to the clients on their caseload. Specifically, Sex, Age, Ethnicity, and Probation Service Region. The collection of demographic data is important when conducting social research, as it provides a small amount of informative data, which helps to describe the sample as a whole.

Aims

- Provide a demographic profile (Sex, Age, Ethnicity, Location) of the research sample (N= 3,096).

Summary of Key Findings

1. 83% of clients were male and 17% were female, revealing a gender ratio of 4:1.
2. Most of the sample fell into the age categories 18-24 years (24%), 25-34 years (34%) and 35-49 years (27%)
3. The vast majority of the sample consisted of White Irish (80%), followed by Irish Traveller (11%), and Other White (5%).

3.2. Sample Demographics

The research sample consisted of 3,096 service clients (Male: N=2,566; Female: N=522, Unknown, N=8) (Table 3.1). Probation clients ranged in age between 12-17 years and 60+ years; with the majority falling into the age categories 18-24 years (24%), 25-34 (34%) years and 35-49 years (27%) (Table 3.2). The vast majority of the sample were White Irish (80%), Irish Traveller (11%), and Other White Background (5%) (Table 3.4). It is worth noting that these findings demonstrate an overrepresentation of Irish Travellers within the Probation Service, as census data from 2016 indicates that Irish Travellers make up 1% of the general population (CSO, 2019). Given the high representation of Irish Travellers within the research sample, special consideration and exploration will be given to the data generated by this minority group so that recommendations for service provision and development may be made accordingly.

Almost a quarter (24%) of people were being supervised in the Dublin North and Northeast Region, 21% in the Midlands and Southeast and 20% in the Southwest Region (Table 3.3). Smaller groups of offenders were supervised by Young Person's Probation [YPP] (5%), Dublin South and Wicklow (16%), and West Northwest and Westmeath Region (14%)(Table3.3). YPP clients are a group of clients grouped together in accordance with their age rather than their geographical location. Whilst some urban areas (Cork, Dublin, and Limerick) of the Probation Service have specialist in-house YPP teams, YPP clients located outside of these jurisdictions form part of Probation Officers' normal caseloads. For purposes of this report, the term YPP will be used when referencing all Probation Service clients aged 12-17 years.

Table 3.1: Service User Sex

Sex (N=3,096)	
Male	83%
Female	17%

Table 3.2: Service User Age

Age (N=3,096)	
12-17 years	5%
18-24 years	24%
25-34 years	34%
35-49 years	27%
50-59 years	7%
60 + years	3%

Table 3.3: Service User Region

Probation Service Region (N=3,096)	
YPP	5%
Dublin Nth and NE	24%
Dublin South and Wicklow	16%
West NW and Westmeath	14%
Southwest	20%
Midlands and SE	21%

Table 3.4 Service User Ethnicity

Ethnicity (N=3,096)			
White Irish	80%	Any Other Asian	0%
Irish Traveller	11%	Black Irish	1%
Other White	5%	Any other Black	*
African	1%	Chinese	*
Asian	*	Roma	1%
Asian Irish	*	Other Mixed Race	*
Unknown	1%		

*Less than One Percent- Percentages too low to report

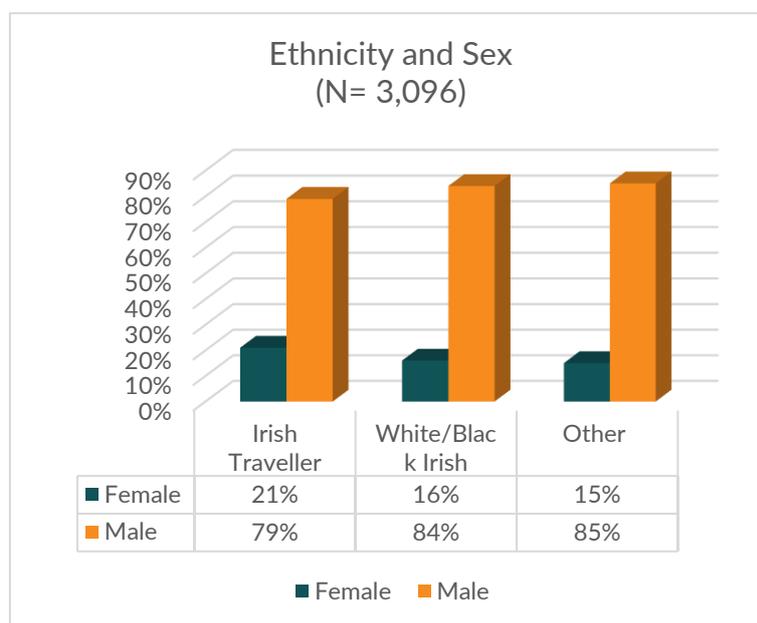
3.3. Ethnic Groups and Probation Supervision

The ethnic groups White/ Black Irish (81%), Irish Traveller (11%) and Other White (5%) represent the largest ethnic groupings in the research sample. Comparative analysis revealed a number of interesting differences across the demographic profiles of each of these Probation Service Client groupings.

Sex

The highest representation of female clients according to ethnic grouping was observed amongst Irish Travellers, with 21% (1 in 5) of all clients from the Travelling Community being women. Female clients represented 16% of White/Black Irish Clients, and 15% of Other White persons (Figure 3.1).

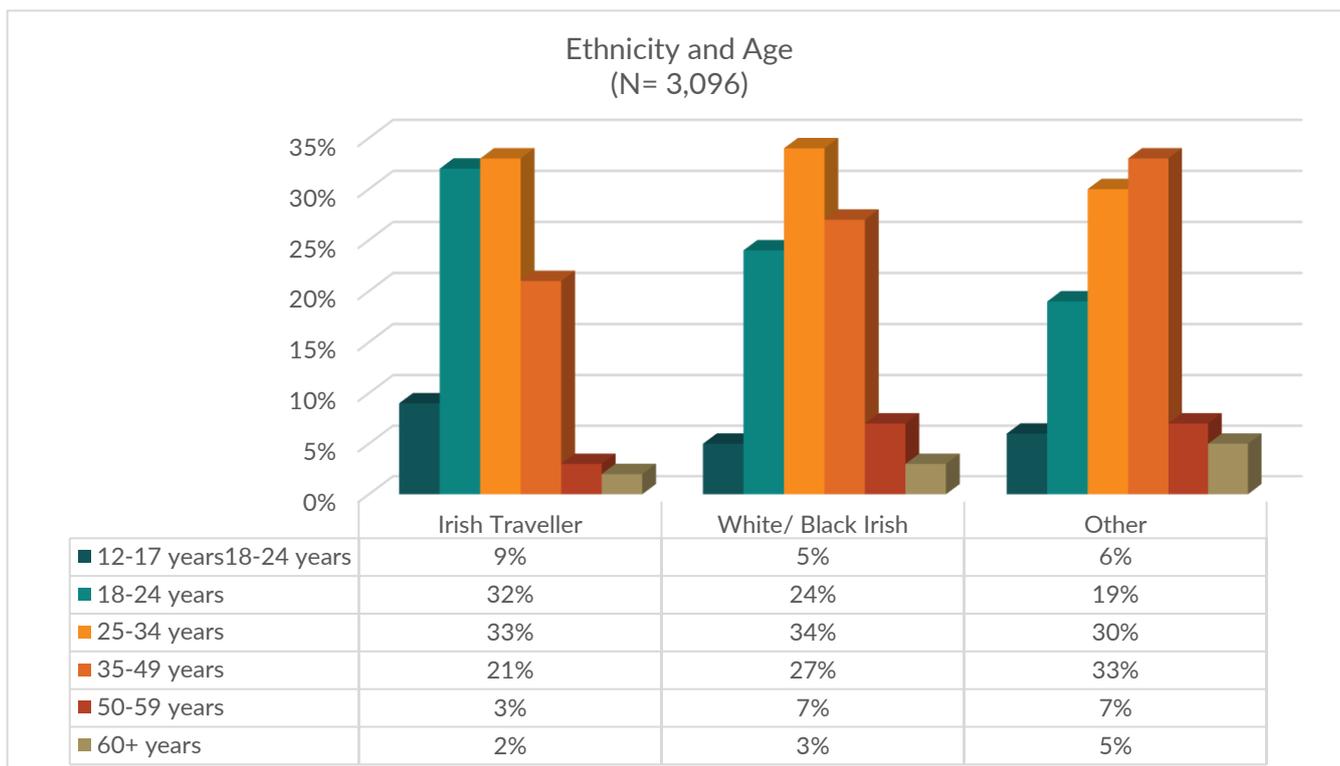
Figure 3.1:



Age

The three largest ethnic groups differed considerably when exploring the distribution of age across the sample. For instance, the age profile of White Irish participants resembles a normal distribution with a steady increase in the number of persons from 12-17 years (5%) to 24-35 years (34%), followed by a steady decline as clients increased in age (Figure 3.2). Interestingly, the highest proportion of Irish Travellers was also observed for the age category 24-35 years (30%). However, the distribution heavily skewed toward the younger age categories, indicating a tendency for Irish Travellers to have contact with the Probation Service earlier in the life course (figure 3.2). The opposite was true for Other White participants; whose distribution skewed toward the older age categories with a peak frequency in Probation Service contact amongst persons aged 35-49 years (42%). These findings suggest that consideration should be given to the age profiles of participants when developing rehabilitative services and interventions, specifically those intended for clients from the Travelling community.

Figure 3.2



Probation Service Region

Figure 3.3 illustrates a regional breakdown of Probation Service clients according to Ethnicity. Some key differences in the distribution of ethnic groups across geographical location are of note, specifically when considering the distribution of people from the Travelling Community. For instance, 1 in 5 Irish Travellers on probation supervision were located in the West NW and Westmeath (21%) region, and 1 in 5 in the Midlands and SE (23%). These findings indicate a higher demand for interventions and programmes specifically tailored to the rehabilitative needs of this ethnic group.

Figure 3.3



Chapter 4: Drug and Alcohol Misuse: Prevalence, Nature and Frequency

4.1. Introduction

The previous chapter provided a demographic profile of the service clients included in the research sample. This chapter outlines the prevalence, nature and frequency of both drug and alcohol misuse, and gambling behaviour amongst a sample of persons engaged with the Probation Service. To that end, Probation Officers were asked to provide information regarding their client's level of substance misuse and gambling behaviour. Specifically, whether they had ever misused alcohol/illicit substances or gambled. They were also asked a series of questions pertaining to the types of substances misused by their clients and the frequency in which they engaged in misuse behaviours.

Before moving forward with the results, it is important to note that the last investigations of drug and alcohol misuse amongst probationers were published by the Probation Service in 2012 (see: Drug and Alcohol Misuse amongst adult offenders on probation supervision in Ireland: Findings from the Drug and Alcohol Survey 2011) and 2013 (See: Drug and alcohol misuse among young offenders on probation supervision in Ireland: findings from the Drugs and Alcohol Survey 2012). Throughout the chapters that follow, figures from these reports will be used as comparators to discuss the results generated by the present study. However, due to differences in sample composition and the use of different data collection tools, such comparisons must be considered tentatively.

Aims

- Examine the prevalence rate of drug and alcohol misuse amongst the research sample (N=3,096).
- Identify trends and explore relationships between drug and alcohol misuse and probation service user demographics (Sex, Age, Ethnicity, and Region).
- Examine the nature and frequency of drug misuse among a sample of offenders on probation supervision.
- Examine the nature and frequency of alcohol misuse among a sample of offenders on probation supervision.
- Explore potential relationships between the nature and frequency of substance misuse and service user demographics (Age, Sex, Ethnicity, and Region).

Summary of Key Findings: Prevalence

1. 81% of clients reported misusing drugs and/or alcohol at some point in their lifetime.
2. 7 in 10 clients (67%) reported misusing drugs, which is just over three times the prevalence reported for the general population (2 in 10).
3. A total of 64% of the sample reported misusing alcohol at some point in their lives.

4. Combined Drug and Alcohol Misuse³ (50%) was the most frequent type of misuse reported for clients on probation supervision, followed by Drug Misuse Only (17%), Alcohol Misuse Only (14%), No Substance Misuse (10%) and Unknown (9%).
5. The highest prevalence rates of Combined Drug and Alcohol Misuse were observed for service clients aged 25-34 years with a peak prevalence rate of 61%. These findings indicate that persons aged 25-34 years are the most at risk group for drug and alcohol misuse on presentation to the Probation Service.
6. YPP clients (22%) reported the highest levels of No Substance Misuse.
7. Irish Travellers (18%) reported the highest frequency of No Substance Misuse amongst ethnic groupings.

Summary of Key Findings: Nature and Frequency - Alcohol Misuse

1. Comparable rates of alcohol dependence were reported among male (20%) and female (19%) clients.
2. Male clients were significantly more likely to engage in Binge (56%) and Harmful (38%) alcohol consumption than females (Binge 36%, Harmful 27%).
3. Binge Drinking was highest amongst service clients aged 25-34 years (35%) and 18-24 years (29%).
4. The highest rate of Harmful Alcohol Misuse was observed for persons 25-34 years (37%) and 35-49 years (32%).
5. The highest rates of Alcohol Dependency were observed for clients aged 35-49 years (28%), 60+ years (27%) and 50-59 years (26%).

Summary of Key Findings: Nature and Frequency - Drug Misuse

1. Cannabis (84%) was the most common substance used by probation clients, followed by Benzodiazepine (55%), Cocaine (48%), and Heroin (41%).
2. 21% of drug misusers reported the misuse of two substances, and 20% reported the misuse of three.
3. Cannabis Misuse was highest among 18-24 year olds (65%).
4. Benzodiazepine Misuse was highest among 18-24 year olds (41%).
5. Cocaine Misuse was most prevalent among 25-35 year olds (41%).
6. Ecstasy Misuse was highest among 25-43 year olds (23%).
7. Heroin Misuse was most prevalent among 35-49 year olds (42%)
8. Males were more likely to misuse Cocaine, Ecstasy, and Cannabis than females. Alternatively, females were more likely to misuse Heroin than males.
9. 5% of people reported a history of a drug overdose.
10. 7% of the sample reported intravenous drug misuse.
11. Over half of intravenous drug misusers (52%) began injecting drugs between the ages at 18-24 years, 18% at 12-17 years, and 15% at 25-34 years.

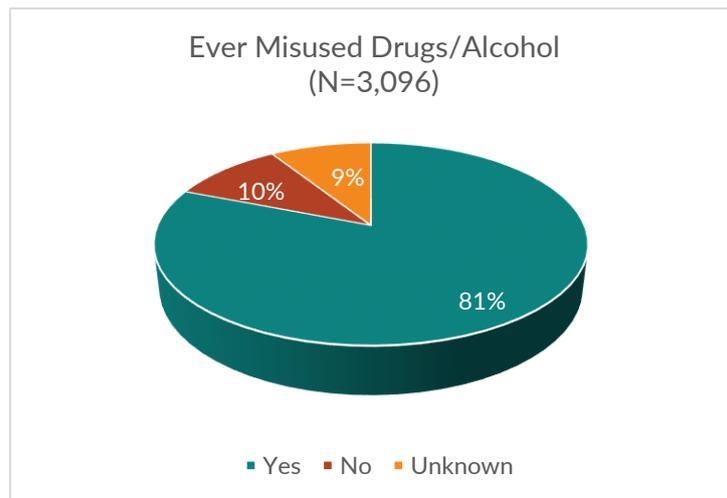
³ Combined Drug and Alcohol Misuse = The misuse of both Alcohol and Drugs by Service clients.

4.2. Prevalence

Misuse Patterns

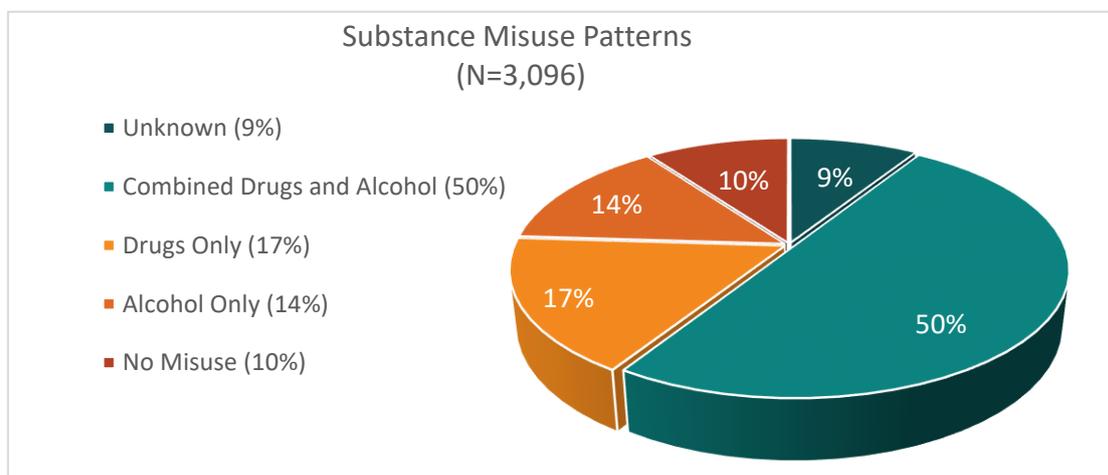
The prevalence of drug and/or alcohol misuse amongst Service clients was high at 81% (Figure 4.1). These figures are very much in line with those reported in the Probation Services 2011 Drug and Alcohol Report which indicated that 87% of people had misused substances in the past (Probation Service, 2012). Such findings indicate that substance misuse has remained relatively stable over the past 8 years.

Figure 4.1



Combined Drug and Alcohol Misuse (50%) was the most common type of misuse pattern reported (Figure 4.2). When comparing the current prevalence rate of Combined Drug and Alcohol Misuse to similar findings published in the Drugs and Alcohol Survey 2011 (Probation Service, 2012), it is apparent that this type of substance misuse has increased by 13% over an 8-year period.

Figure 4.2



In total, 64% of people were reported as misusing of alcohol and 67% were reported as misusing of drugs (Figure 4.3, 4.4)

Figure 4.3

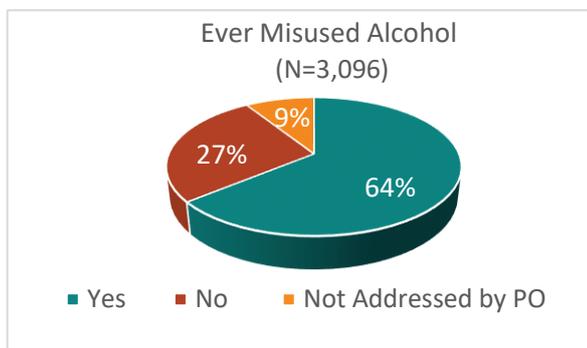
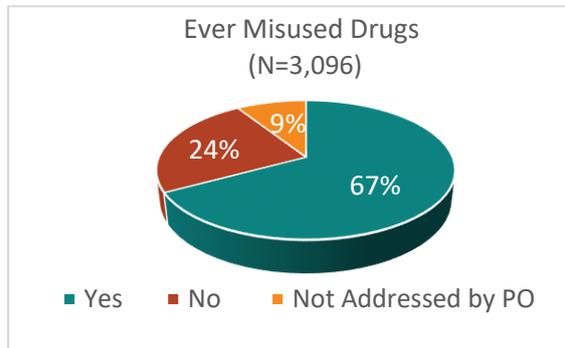


Figure 4.4



Findings revealed that Drug Misuse amongst the sample equates to almost 7 in 10 persons, which is just over three times the prevalence of drug misuse reported in the general population (2 in 10) (EMCDDA, 2019). Unfortunately, methodological differences make comparisons between the general population and the population of persons on probation difficult when it comes to alcohol misuse.

Misuse by Region

Table 4.1 highlights differences in the types of Substance Misuse across Probation Service Region.

Table 4.1

Types of Drug and Alcohol Misuse by Region (N=3,096)					
	Combined Drug and Alcohol	Drug Misuse Only	Alcohol Misuse Only	No Substance Misuse	Unknown
YPP	36%	22%	6%	22%	14%
Dublin Nth and NE	54%	19%	10%	8%	8%
Dublin South and Wicklow	48%	22%	12%	8%	11%
Midlands and SE	52%	15%	14%	10%	9%
Southwest	51%	16%	17%	9%	8%
West NW and Westmeath	47%	13%	23%	12%	6%

Combined Drug and Alcohol Misuse by Region: Service clients in Dublin Nth and NE (54%) were reported as having the highest rate of combined substance misuse, whilst YPP clients reported the lowest (36%).

Drug Misuse Only by Region: Drug Misuse Only was highest amongst YPP clients (22%) and clients under Supervision in Dublin South and Wicklow (22%). The lowest rate of Drug Misuse Only was identified in the West NW and Westmeath region.

Alcohol Misuse Only by Region: YPP (6%) were reported as having the lowest rate of Alcohol Misuse Only whilst clients in the West NW and Westmeath (23%) reported the highest.

No Misuse by Region: YPP clients (22%) were identified as having the highest levels of No Misuse. Comparable rates of No Misuse were reported for the remaining regions which ranged between 8% (Dublin South and Wicklow) and 12% (West NW and Westmeath).

Misuse by Ethnicity

Significant differences in the types of Substance Misuse by Service clients were identified across ethnicity (Table 4.2)⁴.

Table 4.2

Misuse by Ethnicity (N=3,096)					
	Combined Drug and Alcohol	Drug Misuse Only'	Alcohol Misuse Only	No Substance Misuse	Unknown
White/Black Irish	55%	19%	13%	9%	4%
Irish Traveller	50%	10%	19%	18%	3%
Other	38%	18%	22%	17%	5%

Combined Drug and Alcohol Misuse by Ethnicity: Similar rates of Combined Drug and Alcohol Misuse were identified for White/Black Irish (55%) and Irish Travellers (50%). The lowest frequencies were reported for clients from Other ethnic backgrounds (38%).

Drug Misuse Only by Ethnicity: Drug Misuse Only was highest amongst White/Black Irish (19%) and Other ethnic groups (18%), whilst Irish Travellers (10%) were reported to have the lowest.

Alcohol Misuse Only by Ethnicity: White/Black Irish (13%) were reported to have lower rates of Alcohol Misuse Only than Irish Travellers (19%) and Other ethnic groups (17%)

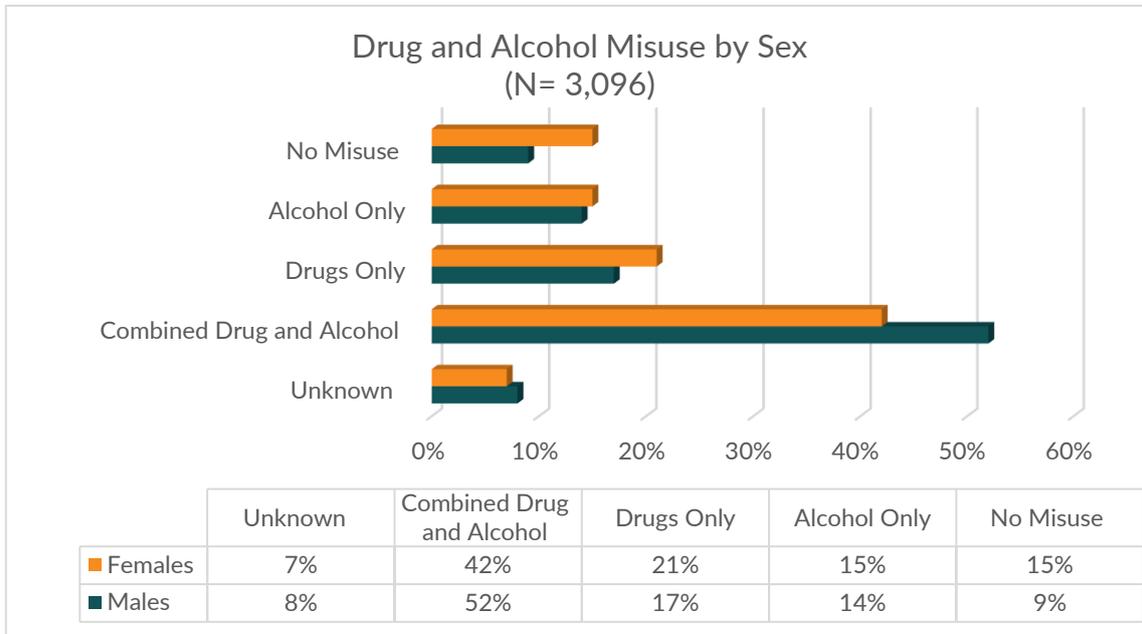
No Misuse by Ethnicity: Irish Travellers (18%) and Other ethnic groups (17%) were reported to have a higher frequency of No Misuse than White/Black Irish (9%).

⁴ Appendix 2

Types of Misuse by Men and Women

The results outlined in Figure 4.5 indicate that female clients had slightly higher rates of Alcohol Misuse Only and Drugs Misuse Only than males. Alternatively, males were observed to have higher rates of Drug and Alcohol Misuse than females. However, sex differences were not statistically significant.

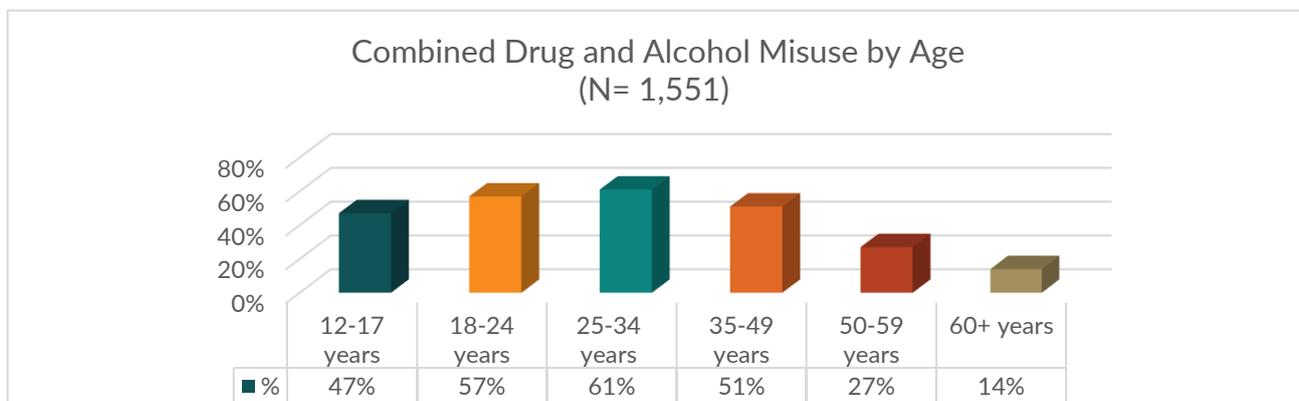
Figure 4.5



Types of Drug and Alcohol Misuse by Age

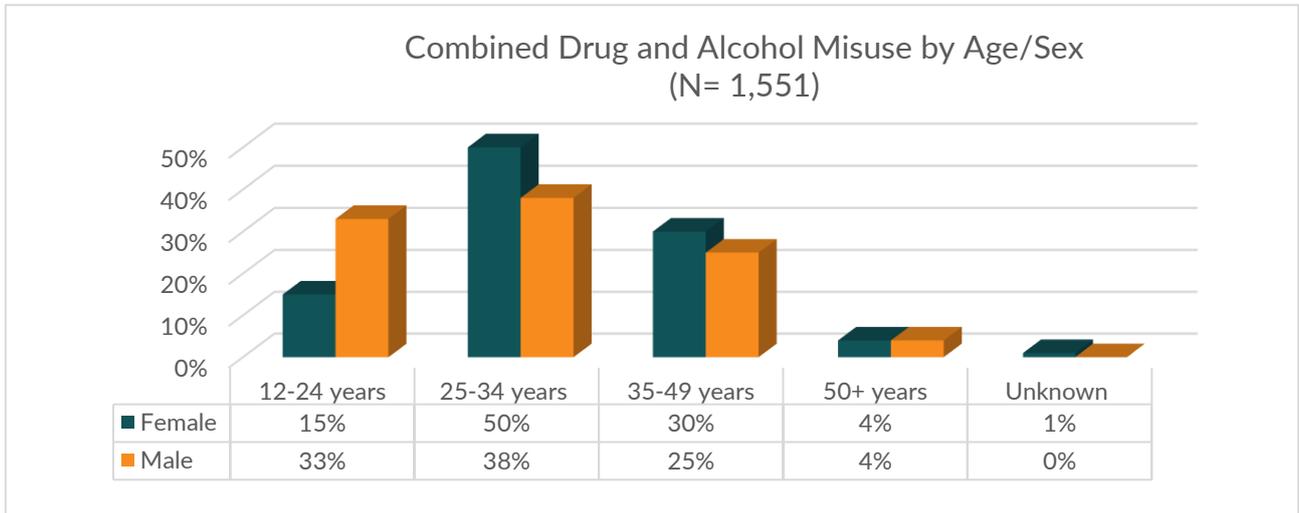
Combined Drug and Alcohol Misuse by Age: The highest prevalence rates of Combined Drug and Alcohol Misuse were observed for service clients aged 25-34 years with a peak prevalence rate of 61%. Elevated prevalence rates were also observed for service clients aged 18-24 years (57%), 35-49 years (51%), and 12-17 years (47%) see (Figure 4.6). These findings indicate that persons aged 25-34 years are the most at risk group for drug and alcohol misuse on presentation to the Probation Service. They also demonstrate that Combined Drug and Alcohol Misuse decreases substantially as the sample matures beyond 34 years of age.

Figure 4.6



No significant differences were identified between men and women when exploring Combined Drug and Alcohol Misuse⁵. However subtle differences were observed across the sexes. For instance, women aged 25 to 49 years (25-34 years, 35-49 years) were reported to have a higher prevalence than men. Moreover, females aged 25-34 years (50%) were identified as having the highest rate of this type of misuse (Figure 4.7).

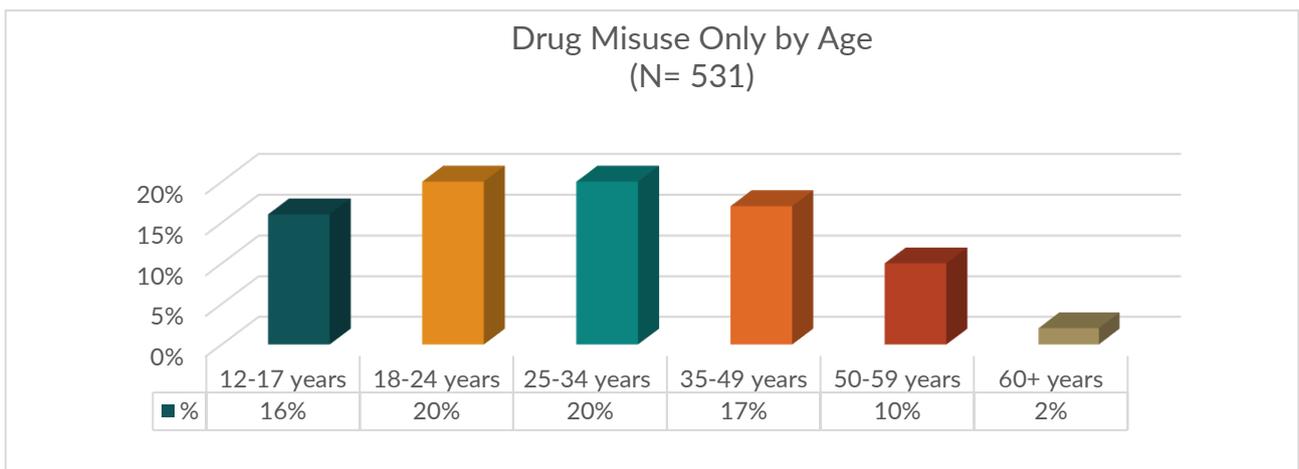
Figure 4.7



*The following Age categories were merged due to low participant numbers (12-17 years and 18-24 years = 12-24 years) (50-59 years and 60+ years = 50+ years)

Drug Misuse Only by Age: Figure 4.8 details Drug Misuse Only amongst Probation Service clients. The highest frequency of Drug Misuse Only was reported for clients aged between 18- 24 years (20%) and 25- 34 years (20%).

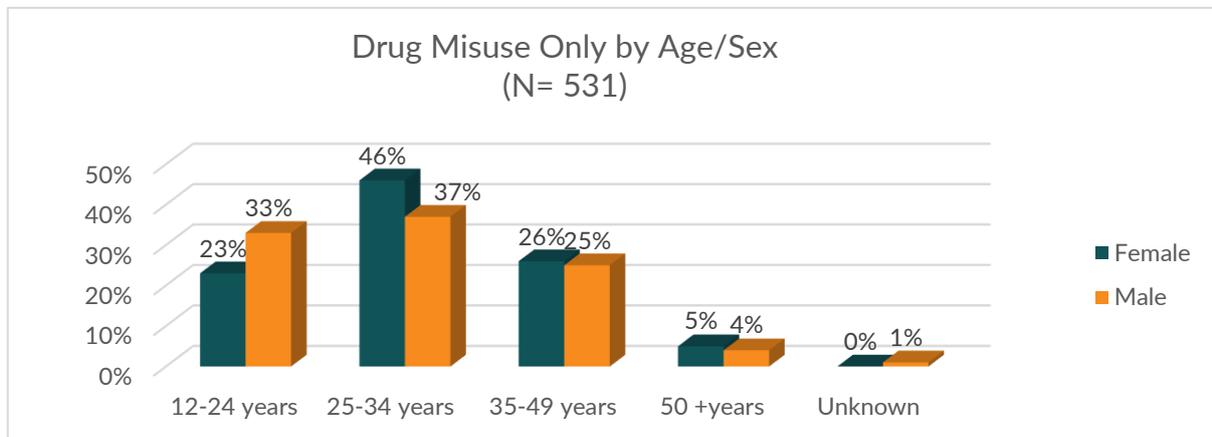
Figure 4.8



⁵ Appendix 2

No significant differences across male and female clients were identified when exploring Drug Misuse Only⁶. However, when compared to men, women reported higher rates of Drug Misuse Only across all age profiles, except for the age category 12-24 years (Figure 4.9).

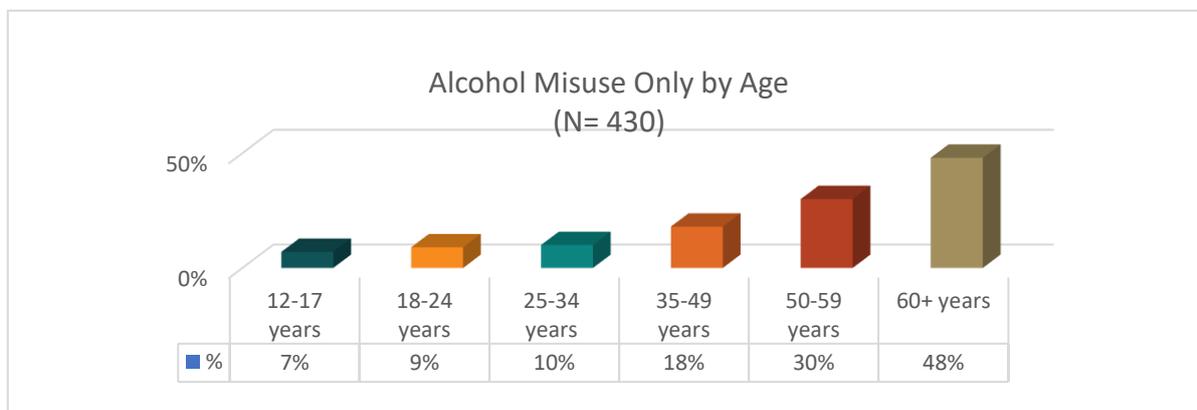
Figure 4.9



*The following Age categories were merged due to low participant numbers (12-17 years and 18-24 years = 12-24 years) (50-59 years and 60+ years = 50+ years)

Alcohol Misuse Only by Age: In stark contrast to the results reported for Drug Misuse Only and Combined Drug and Alcohol Misuse, a positive relationship was observed between Alcohol Misuse Only and client age. The highest prevalence of Alcohol Misuse Only was observed for persons aged 60+ (48%).

Figure 4.10



No significant differences were identified across client Sex when exploring Alcohol Misuse Only⁷. However, examination of the descriptive statistics presented in Figure 4.11 reveal that female clients were reported to have higher rates of Alcohol Misuse Only than males between the ages of 12-24 years and 25-34 years, whilst males reported higher levels of Alcohol Misuse Only between the ages of 35-50+ years (35-49 years, 50+ years).

⁶ Appendix 2

⁷ Appendix 2

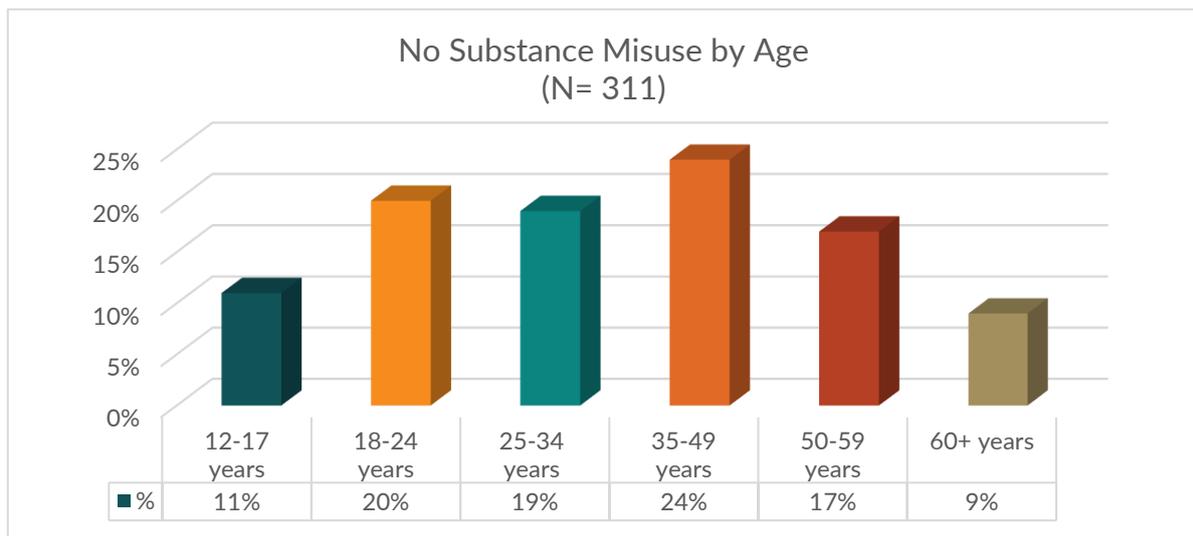
Figure 4.11



**The following Age categories were merged due to low participant numbers (12-17 years and 18- 24 years = 12-24 years) (50-59 years and 60+ years = 50+ years)*

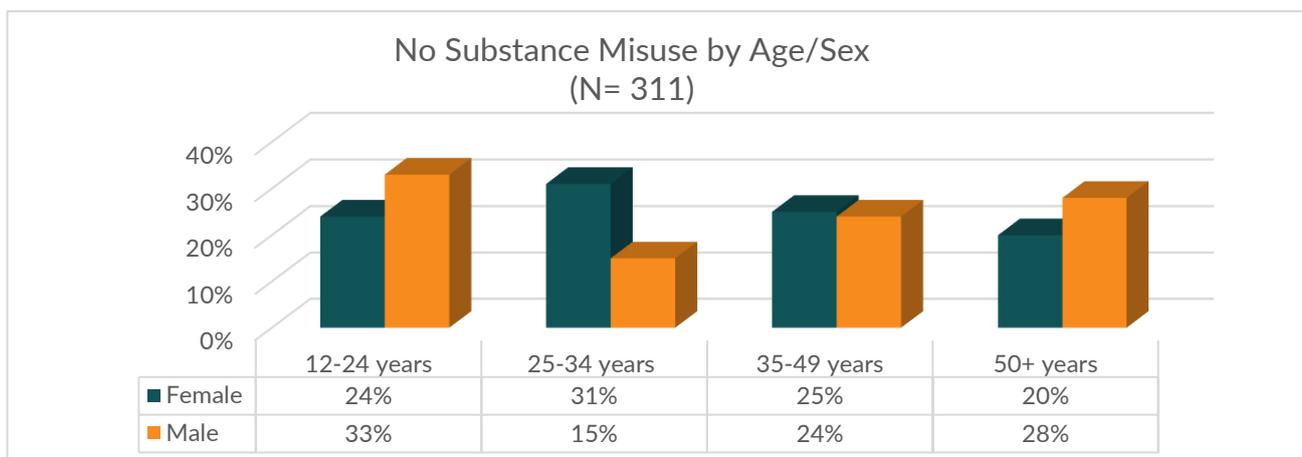
No Misuse by Age: The highest levels of No Substance Misuse were reported for clients aged 35-49 years (24%) and 18-24 years (20%). Alternatively, the lowest levels were reported amongst clients aged 60+ years (9%) (Figure 4.12).

Figure 4.12



Male and female clients reported comparable levels of No Substance Misuse across all age categories except for 24-25 years where women reported double the rate of sobriety than men. Women (31%) aged 25-34 years and 35-49 years reported the highest rate of No Substance Misuse (Figure 4.13).

Figure 4.13



*The following Age categories were merged due to low participant numbers (12-17 years and 18- 24 years = 12-24 years) (50-59 years and 60+ years = 50+ years)

Predictors of Misuse Patterns⁸

Combined Drug and Alcohol Misuse: Persons aged between 18-24 years, 25-34 years, 35-49 years were significantly more likely than other age groups (12-17 years, 50-59 years, 60+ years) to misuse both drugs and alcohol.

Drug Misuse Only: Persons aged between 18-49 years (18-24 years, 25-34 years, 35-49 years), specifically those aged between 18-24 years (20%) and 25-34 years (20%) were more likely to report Drug Misuse Only than other age groups (see figure 4.8)

4.3. Gambling as an Addictive Behaviour:

International research evidences the presence of a complex relationship between disordered gambling and criminality (Commission on Crime and Gambling 2020). Up until now, the prevalence of gambling behaviour amongst those being supervised by the Probation Service has never been explored. More generally, there is a paucity of domestic research in the area. With this in mind, the research team felt it appropriate to include a number of questions within the Drug and Alcohol Survey to explore the issue.

Disordered gambling, also referred to as gambling addiction, problem gambling, compulsive gambling, and pathological gambling, is defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) as:

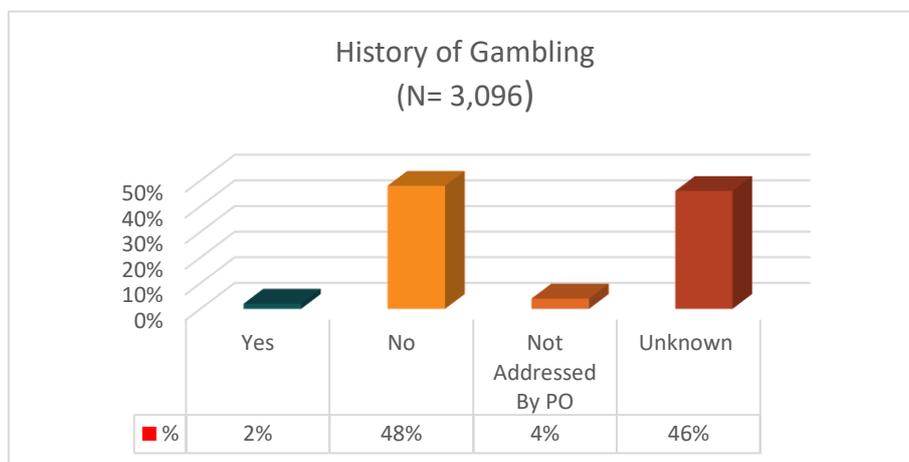
“Persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

⁸ Appendix 2

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
2. Is restless or irritable when attempting to cut down or stop gambling.
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even (“chasing” one’s losses).
7. Lies to conceal the extent of involvement with gambling.
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.” (From the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Section 312.31) (American Psychiatric Association, 2013).

Findings outlined in Figure 4.14 reveal that Probation Officers reported a gambling prevalence rate of 2% amongst services users, 48% of clients were reported as not having a history of gambling, and Probation Officers stated that they did not address gambling with 4% of their clients. Gambling data was missing (Unknown) for almost half of the sample (46%), indicating that the area of gambling as an addictive behaviour may not have been addressed by the Probation Officer.

Figure 4.14



4.4. Nature and Frequency of Substance Misuse

Alcohol Misuse

64% (N=1,982) of the sample were reported to have misused alcohol at some point in their lives – Men (70%) were reported to do so at a significantly higher rate than women (60%). Significant differences were also reported across Probation Service Region⁹ with YPP (45%) reported as having the lowest frequency of alcohol misuse and West NW and Westmeath reported as having the highest (Table 4.4).

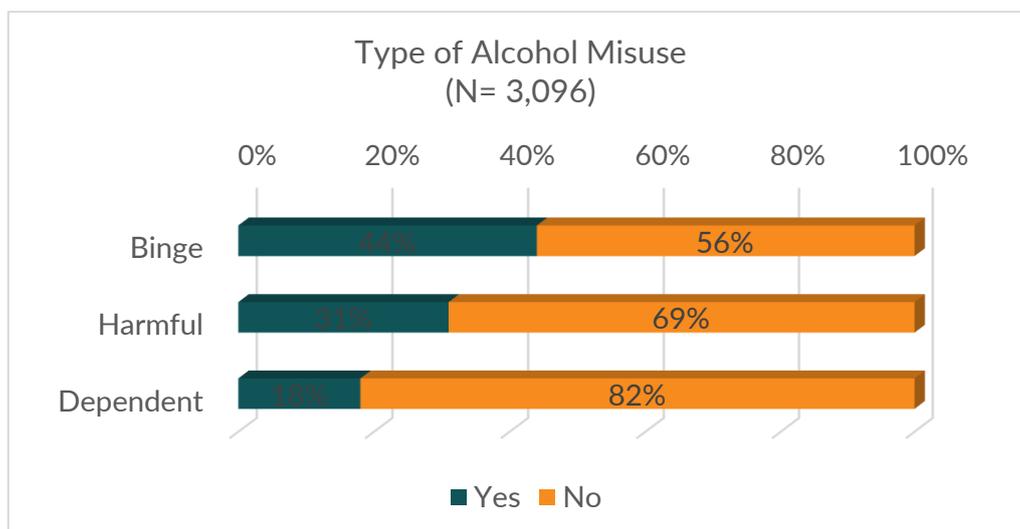
Table 4.3

YPP 45%	Dublin Nth and NE 68%	Dublin South and Wicklow 64%
Midlands and SE 71%	Southwest 71%	West NW and Westmeath 75%

Type of Alcohol Misuse

Figure 4.15 details the types of alcohol misuse behaviour reported by the sample. Binge (44%) drinking was identified as the most common type of alcohol misuse amongst clients, followed by Harmful (31%) and Dependant (18%).

Figure 4.15

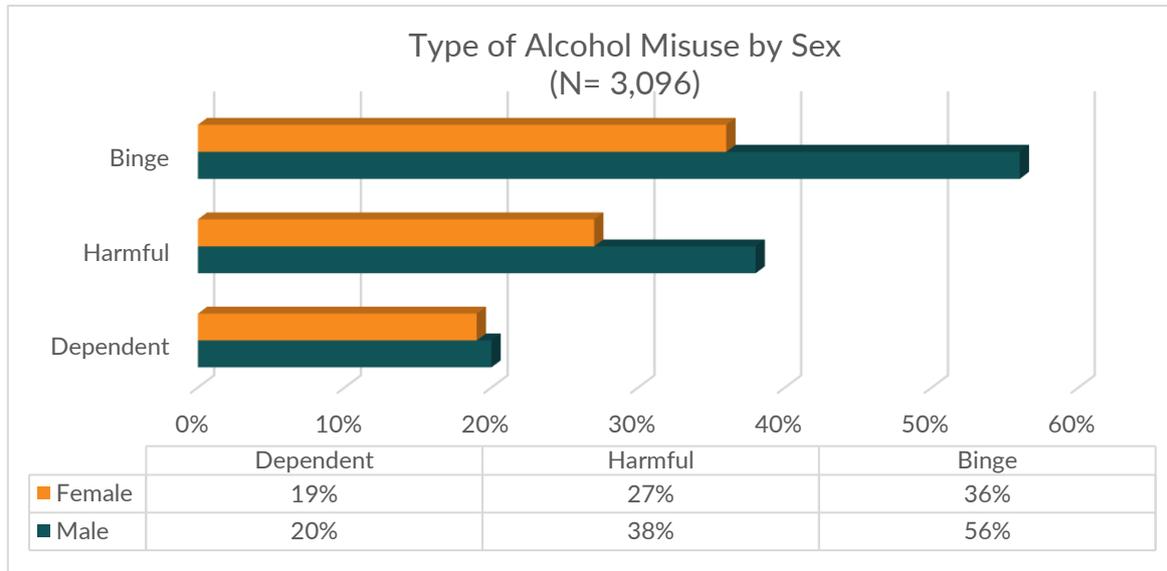


⁹ Appendix 3

Type of Alcohol Misuse by Men and Women

Figure 4.16 shows that comparable rates of alcohol dependence were reported for men (20%) and women (19%) However, male clients were observed to have higher rates of Binge (56%) and Harmful (38%) alcohol consumption than females (36%, 27%)¹⁰.

Figure 4.16



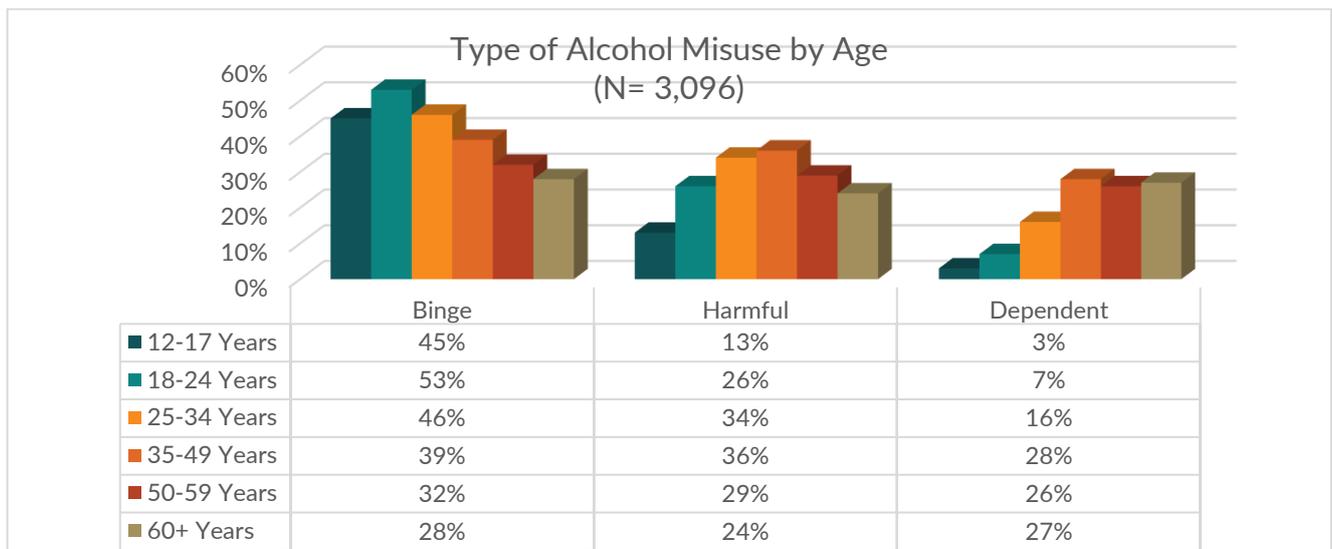
Type of Alcohol Misuse by Age

Results revealed that the type of Alcohol misuse engaged in by clients differed across the lifespan. For instance, high rates of binge drinking were identified amongst clients aged 12-34 years (12-17 years, 18-24 years, 25-34 years) (see figure 4.17). Whereas Harmful Alcohol Misuse was highest amongst persons aged between 18- 59 years (18-24 years, 25-34 years, 35-49 years, 50-59 years, 60+ years). Finally, alcohol dependency was more frequent amongst older clients aged between 35-60+ years (35-49 years, 50-59 years, 60+ years)¹¹.

¹⁰ Appendix 3

¹¹ Appendix 3

Figure 4.17



Ethnicity and Types of Alcohol Misuse

Binge drinking was reported as the most common form of alcohol misuse for all three ethnic groupings, followed by Harmful Misuse and Dependent Drinking. Analysis revealed no significant differences in the types of alcohol misuse across ethnicity (Table 4.5)¹²

Table 4.4

Ethnicity and Types of Alcohol Misuse (N=1,982)			
	Binge	Harmful	Dependent
White/Black Irish	44%	31%	18%
Irish Traveller	49%	31%	14%
Other	39%	29%	19%

Region and Type of Alcohol Misuse

Once again, Binge drinking was the most frequently reported type of alcohol misuse for probation clients (Table 4.6). Analysis revealed significant differences across region with clients from the West NW and Westmeath reported as having significantly higher rates of alcohol Dependency (24%) and Binge drinking (53%) than clients from other regions¹³.

¹² Appendix 3

¹³ Appendix 3

Table 4.5

Region and Type of Alcohol Misuse (N=1,982)						
	YPP	Dublin Nth and NE	Dublin South and Wicklow	Midlands and SE	Southwest	West NW and Westmeath
Binge	33%	43%	43%	44%	45%	53%
Harmful	6%	30%	41%	26%	34%	33%
Dependent	6%	18%	20%	15%	16%	24%

Predictors of Alcohol Misuse Behaviour¹⁴

Binge Drinking: Findings revealed sex as a significant predictor for 'Binge' drinking, with males (56%) more likely to binge drink than females (36%). Client age was also identified as a significant predictor variable, with people aged 18-24 years (29%), 25-34 years (35%) and 35-49 years (24%) seen as more likely to 'Binge' drink than other age groups i.e. 12-17 years (5%), 50-59 years (5%), 60+ years (2%).

Harmful Alcohol Misuse: Analysis indicated client Sex and Age as significant predictor variables for Harmful alcohol misuse. Once again, males (38%) were seen as significantly more likely than females (27%) to misuse alcohol in a Harmful manner. Persons aged 18-24 years (20%), 25-34 years (37%) and 35-49 years (32%) were also seen as significantly more likely to engage in Harmful alcohol misuse than those aged 12-17 years (2%), 50-59 years (6%), 60+ years (2%).

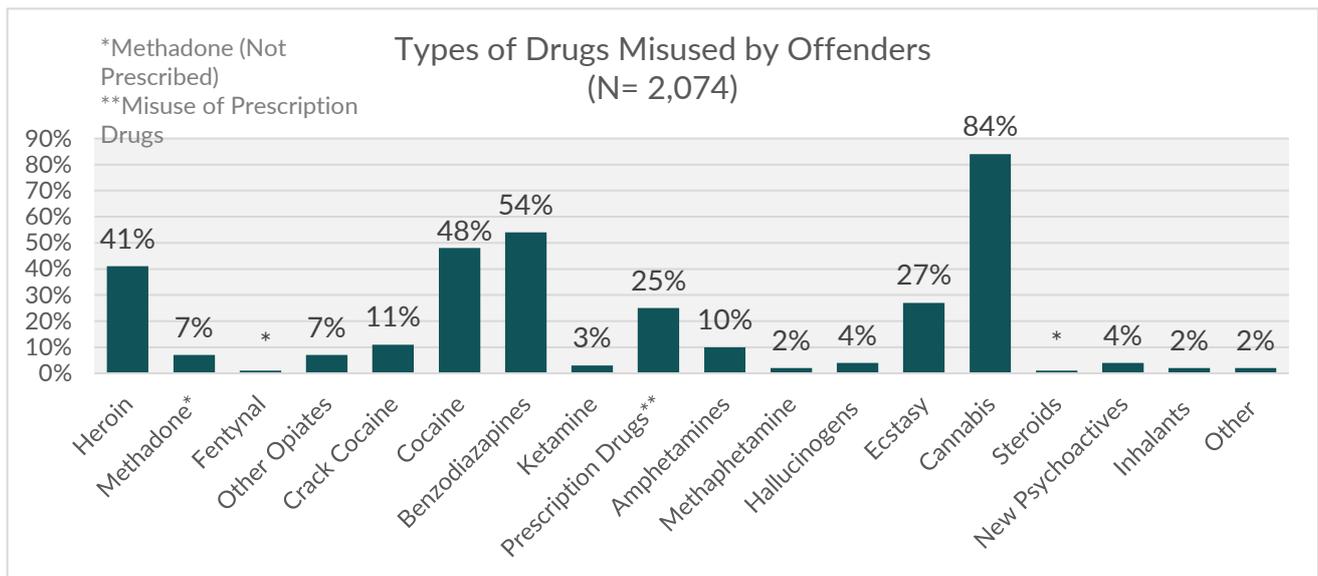
Alcohol Dependency: Finally, service user Age was yielded as a significant predictor variable for alcohol dependency. Findings showed that probation clients aged 25-34 years (32%) and 35-59 years (44%) were more likely than other age groups to be dependent on alcohol than other age groups.

Drug Misuse

A total of 2,074 (67%) persons were reported to misuse drugs. Men (74%) were reported to misuse drugs at a significantly higher rate than women (67%)¹⁵. 84% (N= 1,765) of the sample were reported to misuse cannabis, highlighting it as the most popular drug by quite a margin (Figure 4.18). High rates of misuse were also identified for Benzodiazepines (55%), Cocaine (48%), Heroin (41%), Ecstasy (27%), and Prescription Drug (25%) misuse. These findings are very much in line with lifetime prevalence rates of drug misuse in adult prisoners reported by the National Advisory Committee on Drugs and Alcohol (NACD, 2014) (Cannabis 87%; Cocaine 74%; Benzodiazepines 68%; Heroin 43%). They also reflect drug misuse trends in the general population which identify Opioids, Cannabis, Cocaine and Benzodiazepines as the most frequently misused substances in Ireland (HRB, 2019b).

¹⁴ Appendix 3

Figure 4.18

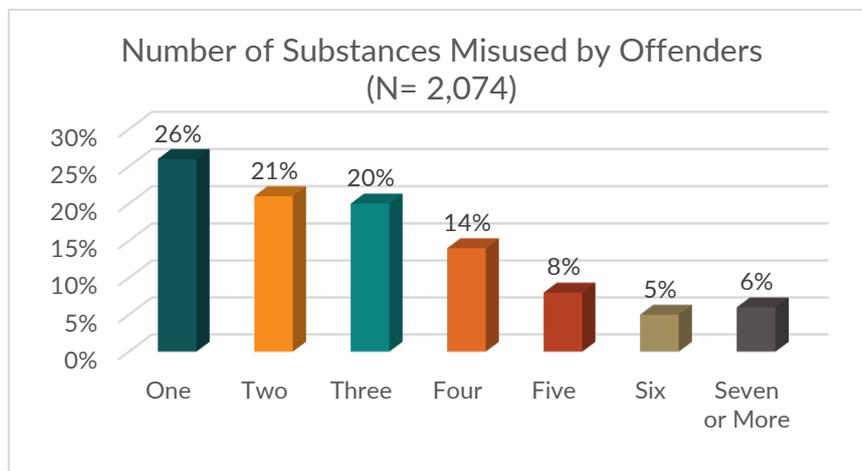


*Less than One Percent- Percentages too low to report

Number of Drugs Misused

Analysis investigating polysubstance misuse revealed that just over a quarter of clients misused one illicit substance, 21% misused two substances, and 20% misused three. Finally, 6% of clients misused seven or more substances (Figure 4.19).

Figure 4.19



Most Frequently Misused Substances by Age ¹⁶

Figure 4.20 demonstrates that cannabis use was the most frequently misused substance across all age groups. Cannabis was the most common substance used by clients across all age categories. Interestingly, data reveals that the misuse of different substances peaked at different stages of the life course. For instance, Cannabis (69%) at 18-24 years, Heroin (42%) at 35-49 years, and Benzodiazepines (44%), Cocaine (41%) and Ecstasy (23%) at 24-34 years. Table 4.6 ranks the most frequently misused substances according to each age group.

Figure 4.20

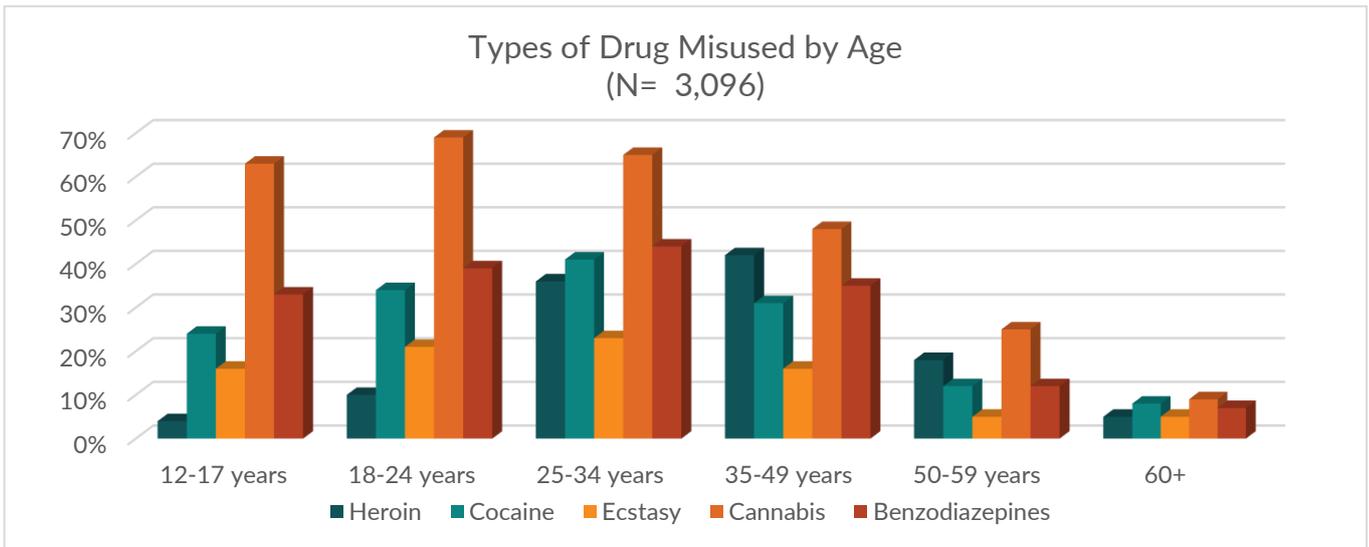


Table 4.6

Rank	12-17 years	18-24 years	25-34 years	35-49 years	50-59 years	60+ years
1 st	Cannabis 63%	Cannabis 69%	Cannabis 65%	Cannabis 48%	Cannabis 24%	Cannabis 9%
2 nd	Benzo 33%	Benzo 39%	Benzo 44%	Benzo 35%	Heroin 18%	Cocaine 8%
3 rd	Cocaine 24%	Cocaine 34 %	Cocaine 41%	Heroin 42%	Benzo 12%	Benzo 7%
4 th	Ecstasy 16%	Ecstasy 21%	Heroin 36%	Cocaine 31%	Cocaine 12%	Heroin 5%
5 th	Heroin 4%	Heroin 10%	Ecstasy 23%	Ecstasy 16%	Ecstasy 5%	Ecstasy 5%

¹⁶ Appendix 4

12-17 years: Almost two thirds of 12-17-year-olds on probation supervision misused Cannabis (63%), one third misused Benzodiazepines (33%), and almost one quarter misused Cocaine (24%).

18-24 years: Just over two thirds of 18-24-year-olds misused Cannabis (69%), over one third misused Benzodiazepines (39%), and a third misused Cocaine (34%).

25-34 years: The highest rates of drug misuse were observed for this age category. 65% of 25-34-year-olds misused Cannabis, 44% misused Benzodiazepines, 41% misused Cocaine, and 36% misused Heroin.

35-49 years: Whilst decreases in the misuse of Cannabis (48%), Benzodiazepines (35%), and Cocaine (31%) were observed for this age group, the highest rate of Heroin (42%) misuse were identified for participants aged 35-49.

50-59 years: Cannabis (24%) and Heroin (18%) were the most common substances misused by 50-59-year-olds.

60+ years: The lowest rates of substance misuse were observed for this age category, with reported frequencies of less than 10% for all five substances.

Region, Ethnicity and Types of Drugs Misused¹⁷

White/Black Irish clients were identified as having higher levels of misuse than Irish Travellers and clients from Other ethnicities across all types of frequently used drugs (Table 4.7).

Table 4.7

Ethnicity and Types of Drugs Misused (N=3,096)					
	Heroin	Cocaine	Ecstasy	Cannabis	Benzodiazepines
White/Black Irish	30%	35%	21%	60%	39%
Irish Traveller	22%	26%	12%	47%	33%
Other	19%	21%	10%	47%	20%

Some interesting trends were also identified when exploring Probation Service Region and Type of Substance Use (Figure 4.21, Table 4.8).

¹⁷ Appendix 4

Figure 4.21

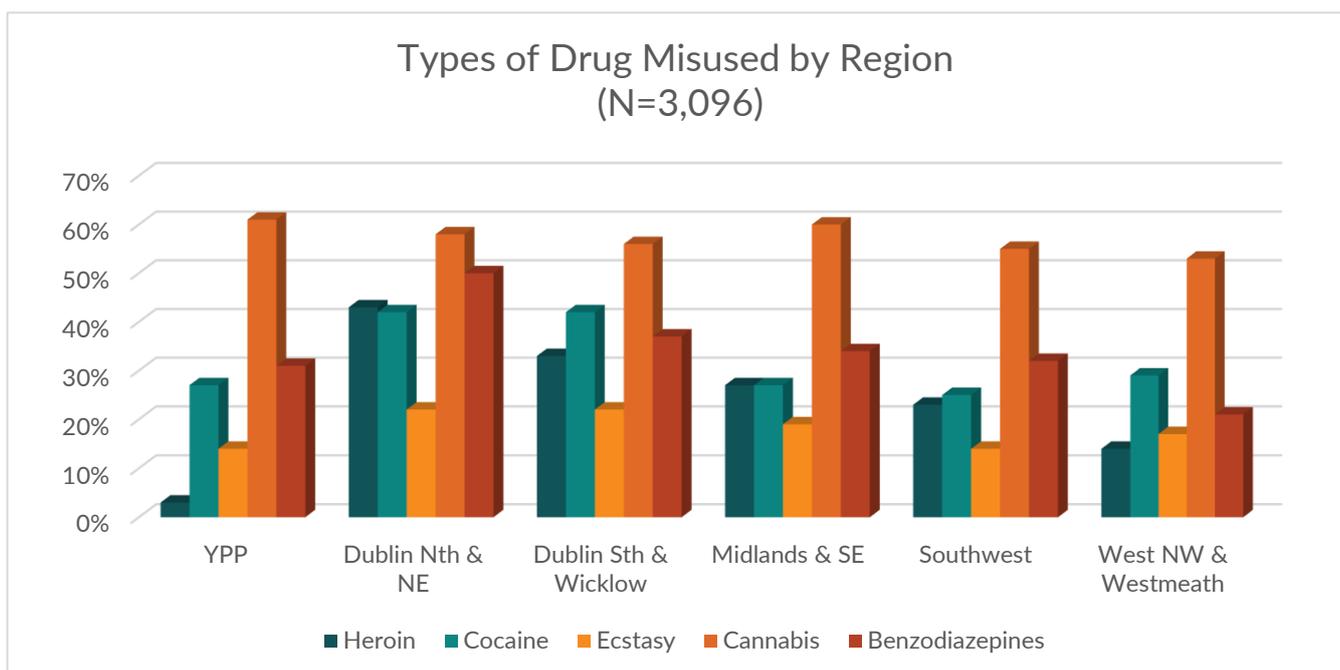


Table 4.8

Rank	YPP	Dublin Nth and NE	Dublin South and Wicklow	Midlands and SE	Southwest	West NW and Westmeath
1 st	Cannabis 61%	Cannabis 58%	Cannabis 56%	Cannabis 60%	Cannabis 55%	Cannabis 53%
2 nd	Benzo 31%	Benzo 50%	Cocaine 42%	Benzo 34%	Benzo 32%	Cocaine 29%
3 rd	Cocaine 27%	Heroin 43%	Benzo 37%	Heroin 27%	Cocaine 25%	Benzo 21%
4 th	Ecstasy 16%	Cocaine 42%	Heroin 33%	Cocaine 27%	Heroin 23%	Ecstasy 17%
5 th	Heroin 3%	Ecstasy 22%	Ecstasy 22%	Ecstasy 19%	Ecstasy 14%	Heroin 14%

YPP: Cannabis (61%), Benzodiazepines (31%) and Ecstasy (27%) were the most frequently misused substances by clients on YPP, whilst Heroin was the least (3%).

Dublin Nth and NE: The highest misuse rates for all 5 substances were identified amongst clients in Dublin Nth and NE i.e. Cannabis (58%), Benzodiazepines (50%), Heroin (43%) and Cocaine (42%).

Dublin South and Wicklow: Cannabis (56%), Cocaine (42%) and Benzodiazepines (37%) were the most common substances misused by persons on Probation Service Supervision in Dublin South and Wicklow.

Midlands and SE: The highest rates of misuse for clients in the Midlands and SE were Cannabis (60%) and Benzodiazepines (34%).

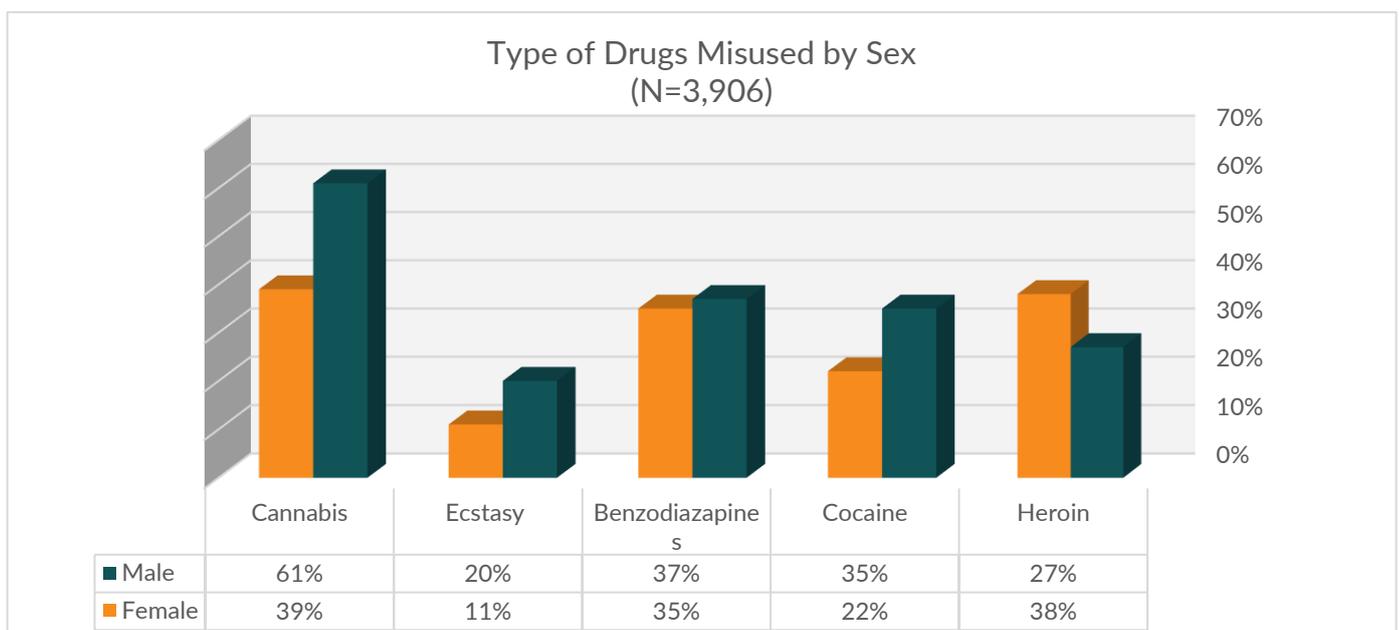
Southwest: Cannabis (55%), Benzodiazepines (32%) were the most frequently misused substances in the Southwest region.

West NW and Westmeath: The highest rates of misuse for clients in the West NW and Westmeath were for Cannabis (53%), whilst Heroin misuse (14%) was reported the least (Figure 4.20, Table 4.9).

Sex as a Predictor of Most Frequently Misused Substances ¹⁸

Sex and frequently Misused Substances: Sex was revealed as a significant predictor for the types of drugs used by offenders. Males were more likely to misuse cocaine, ecstasy, and cannabis than females. Alternatively, females were more likely to misuse Heroin than males. Finally, comparable levels of Benzodiazepine and Prescription Drug misuse were reported for males and females, indicating that service user sex was not a significant predictor for the misuse of these substances (Figure 4.22).

Figure 4.22



¹⁸ Appendix 4

Age and Ethnicity as a Predictor of Most Frequently Misused Substances ¹⁹

Heroin: Clients aged 25- 59 years (25-34 years, 35-49 years, 50-59 years) were significantly more likely to misuse heroin than other age groups.

Cocaine: Clients aged 12-59 years (12-17 years, 18-24 years, 35-49 years, 50-59 years) were significantly more likely to misuse cocaine than clients over 60 years of age.

Benzodiazepines: Ethnicity was a significant predictor with White/black Irish more likely to use Benzodiazepines than Irish Travellers and clients from Other Ethnicities.

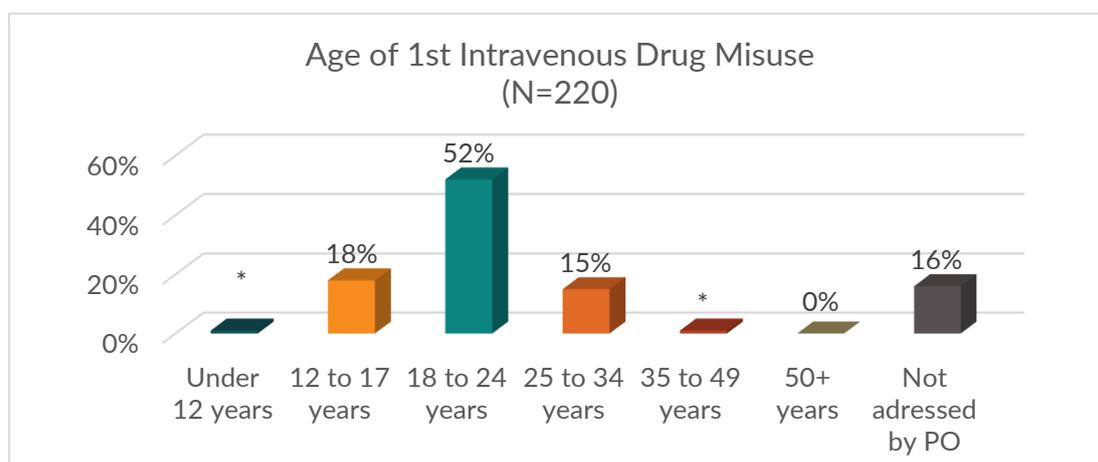
Ecstasy: White/black Irish were significantly more likely to use ecstasy than Irish Travellers and Clients from Other Ethnicities.

Cannabis: Being male or White/Black Irish was a significant predictor for cannabis use.

Intravenous Drug Misuse

Seven percent of the sample (N=220) injected drugs. Results revealed comparable levels of intravenous drug misuse for male (7%) and female (10%) clients. Over half of intravenous drug misusers (52%) began injecting drugs between the ages at 18-24 years, 18% at 12-17 years, and 15% at 25-34 years (Figure 4.23).

Figure 4.23



*Less than Three Percent- Percentages too low to report

¹⁹ Appendix 4

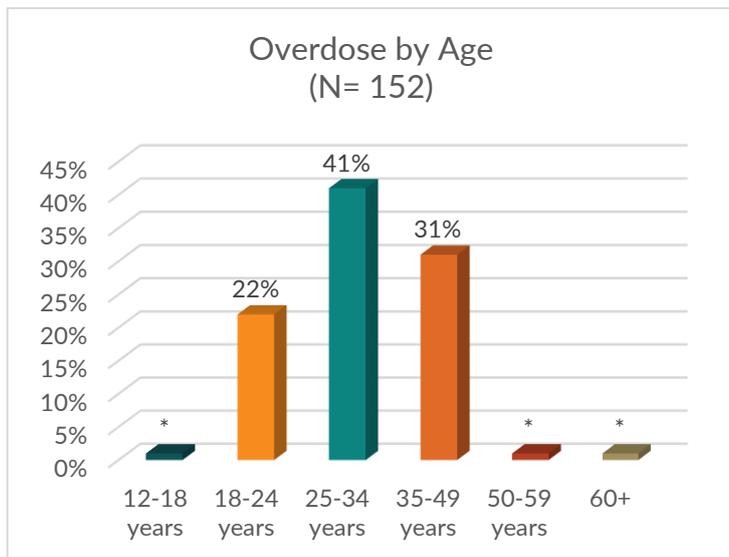
Overdose History²⁰

Statistics revealed that 5% of the sample (N=3,906) had a history of a drug overdose (Table 4.9). Interestingly, 5% of all female clients and 5% of male had overdosed at some stage in their lives, revealing no sex differences. The majority of overdoses were reported for White/Black Irish Service clients between the ages 18 and 49 years (18-24 years= 22%, 25-34 years= 41% and 35-49 years= 31%) (Figure 4.24; 4.25). Finally, the highest frequency of drug overdose was seen amongst clients from Dublin North and NE (35%), followed by the Midlands and SE (20%) and Dublin South and Wicklow (19%) (Figure 4.26).

Table 4.9

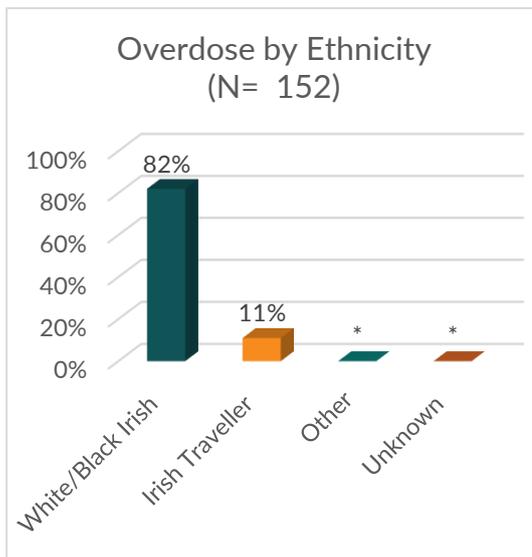
History of Overdose (N=3,906)	
Yes	5%
No	65%
Not Addressed by PO	3%
Unknown	27%

Figure 4.24



*Less than Three Percent- Percentages too low to report

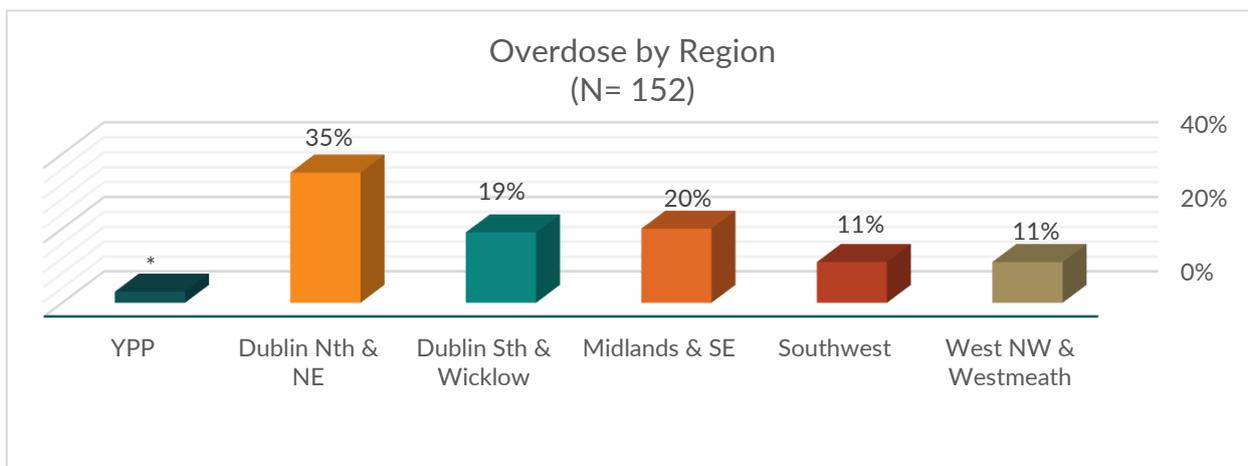
Figure 4.25



*Less than Three Percent- Percentages too low to report

²⁰ Appendix 5

Figure 4.26



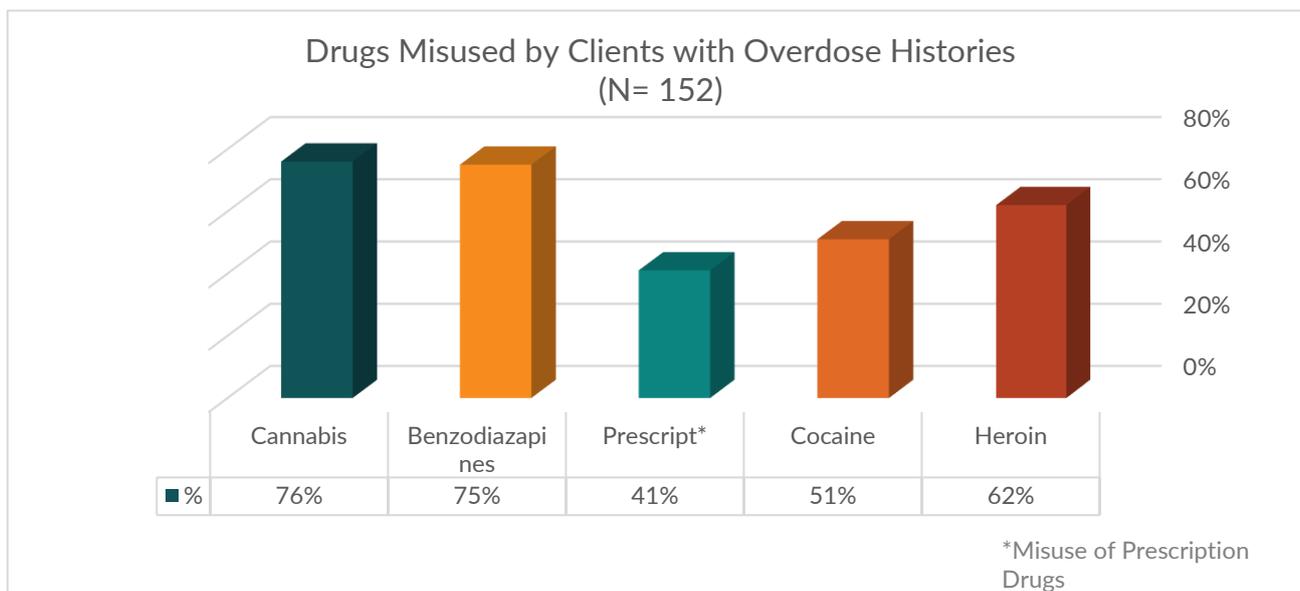
*Less than Three Percent- Percentages too low to report

Most Frequently Misused Drugs by Service Clients with Overdose Histories

Poly-drug misuse is a significant risk factor for fatal overdose (HRB, 2019c). Clients with an overdose history demonstrated high rates of Cannabis (76%), Benzodiazepines (75%), Heroin (62%), Cocaine (51%), and Prescription Drug (41%) misuse (Figure 4.27). Figures published by the Health Research Board (Ibid) reveal that 736 people died as a result of drug misuse in 2016 (poisoning and non-poisoning combined²¹). Three quarters of all deaths were male (75%) and 65% died in Dublin. The median age was 43 years and 5% of all deaths were amongst intravenous drug users. Poly-drug use was prevalent amongst those who died of drug poisoning, with an average of four different drugs consumed. Benzodiazepines were the most frequently used prescription drug associated with poly-drug deaths.

²¹ These figures include both intentional and accidental drug related deaths.

Figure 4.27



Number of Participant Overdoses

The number of Drug Overdoses reported for Probation Service clients ranged between 1 and 10. Almost three quarters (73%) had one Drug Overdose, 16% had two, and 11% had three or more (Figure 4.27). Of the 152 clients who were reported as having an overdose history, 30% had overdosed in the past 12 months and 70% overdosed over 12 months previously (Table 4.10).

Figure 4.28

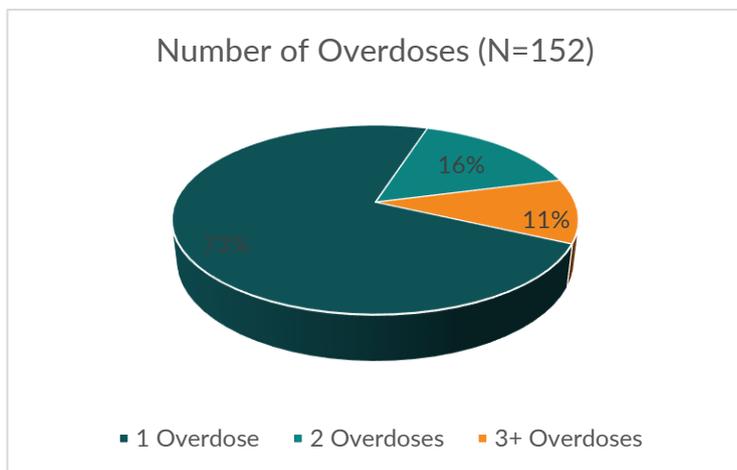


Table 4.10

Most Recent Drug Overdose (N=152)	
In the past 12 months	30%
Over 12 months ago	70%

Key Messages

This chapter set out to identify the prevalence, nature and frequency of both drug and alcohol misuse, and gambling behaviour amongst a sample of Probation Service clients. Analysis revealed a number of key messages:

1. The vast majority of Probation Service clients were reported to misuse drugs and/or alcohol.
2. A series of key differences were observed in the type and level of substance misuse between men and women on probation, indicating the need for a specific response for each sex.
3. Whilst probationers of all ages misused drugs and alcohol, analysis revealed that probationers most at risk of Drug and/or Alcohol misuse were aged between 18-24 years, 25-34 years, and 35-49 years. Moreover, the highest prevalence rates of Combined Drug and Alcohol Misuse were observed for service clients aged 25-34 years with a peak prevalence rate of 61%. These findings indicate that persons aged 35-49 years are the most at risk group for drug and alcohol misuse on presentation to the Probation Service.
4. The prevalence, nature and frequency of both drug and alcohol misuse varied somewhat across ethnic groups.
5. The prevalence, nature and frequency of both drug and alcohol misuse varied across Probation Service Region.
6. There was limited detail provided by Probation Officers to survey questions concerning gambling behaviour.

The findings outlined above have important implications for policy and practice and require further discussion and exploration. Such commentary is presented in Chapter 8 of this report. There, they will be situated in the context of broader national and international research in the field, and a series of recommendations for policy development, training, practice, and future research will be presented.

Chapter 5: Gateway and Context of Misuse

5.1. Introduction

The gateway hypothesis has been a topic of discussion amongst scholars and clinicians since the 1970s following a seminal publication by Kandel (1975). It postulates that patterns of legal substance use, such as alcohol and tobacco during adolescence precede the progressive use of illicit substances like cannabis, cocaine, and heroin (Miller and Hurd, 2017). Whilst there has been much debate as to the accuracy of the hypothesis once biological and environmental factors are entered into the mix, colloquially the term 'gateway' is used to describe the substances used during an individual's first encounter with drugs and alcohol. To explore this type of substance misuse, participants were asked to identify the type of gateway substances used by clients.

Aim

- Explore key aspects associated with gateway substance misuse. Specifically:
 - a) Participant demographics (Sex, Age, Location, and Region) and gateway substance misuse behaviour (the nature and frequency of misuse and service user demographics).
 - b) Contextual/environmental factors (i.e. where and with whom clients misused substances).

Summary of Key Findings

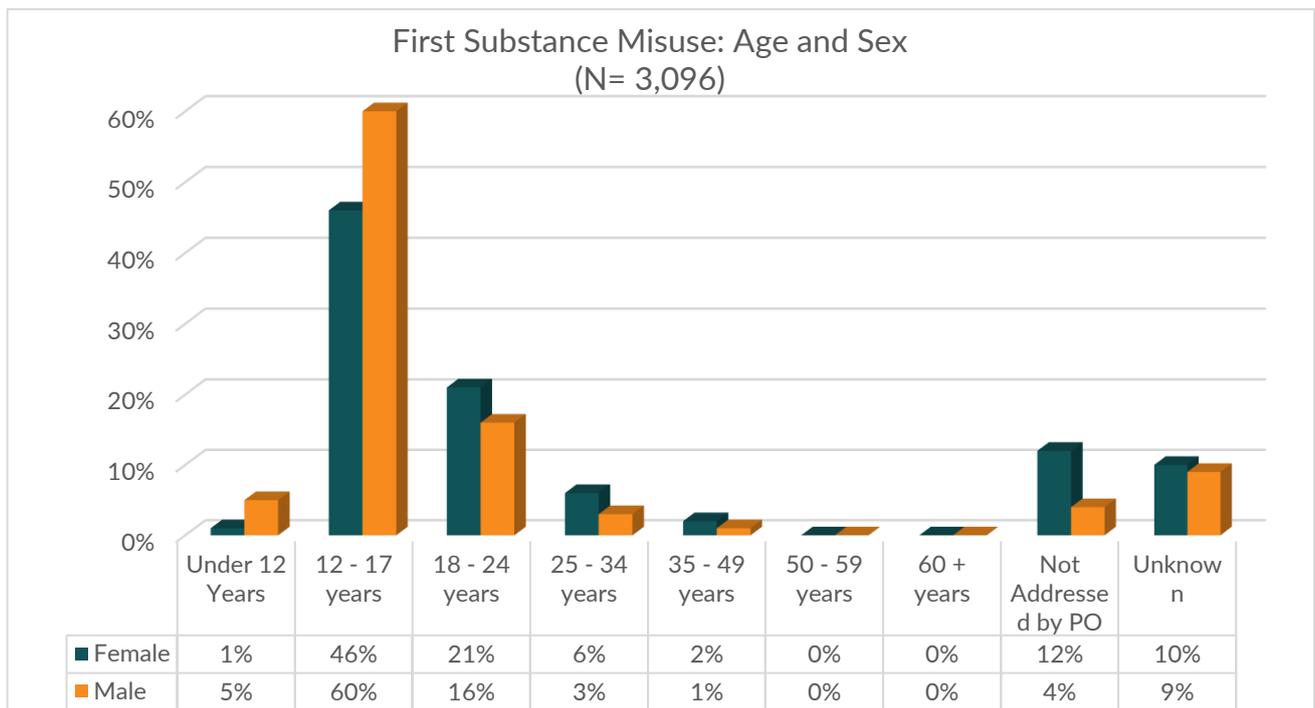
1. Gateway substance misuse was highest for young males aged 12-17 years (60%).
2. Alcohol (57%) and Cannabis (51%) were the most frequent gateway substances misused by clients.
3. Men were significantly more likely to misuse Alcohol, Cannabis and Cocaine as gateway substances than women.
4. Women were significantly more likely than men to misuse Heroin and Prescription Medications as gateway substances.
5. The majority of clients who misused drugs and alcohol were reported as misusing gateway substances with Peers (69%).
6. Irish Travellers (17%) were significantly more likely to misuse gateway substances with Family Members than White/Black Irish (5%) and clients of Other (3%) ethnic origins.
7. Irish Travellers (13%) and White/Black Irish (15%) clients were more likely to report misusing Benzodiazepines as a gateway substance than clients of Other (7%) ethnicities.
8. White/ Black Irish clients were more likely to report misusing Cannabis at gateway than Irish Travellers and clients of Other ethnicities.

5.2. Gateway Misuse

Men and Women on Probation

The most frequently reported gateway substance misuse according to Age and Sex was observed for young males aged 12-17 years (60%) (Figure 5.1). Given that adolescence and early adulthood frequently marks the commencement of alcohol consumption and drug experimentation (McNicholas et al., 2019), it is not surprising to see that a significant proportion of gateway misuse for both male and female clients occurred between the ages of 12 and 17 years.

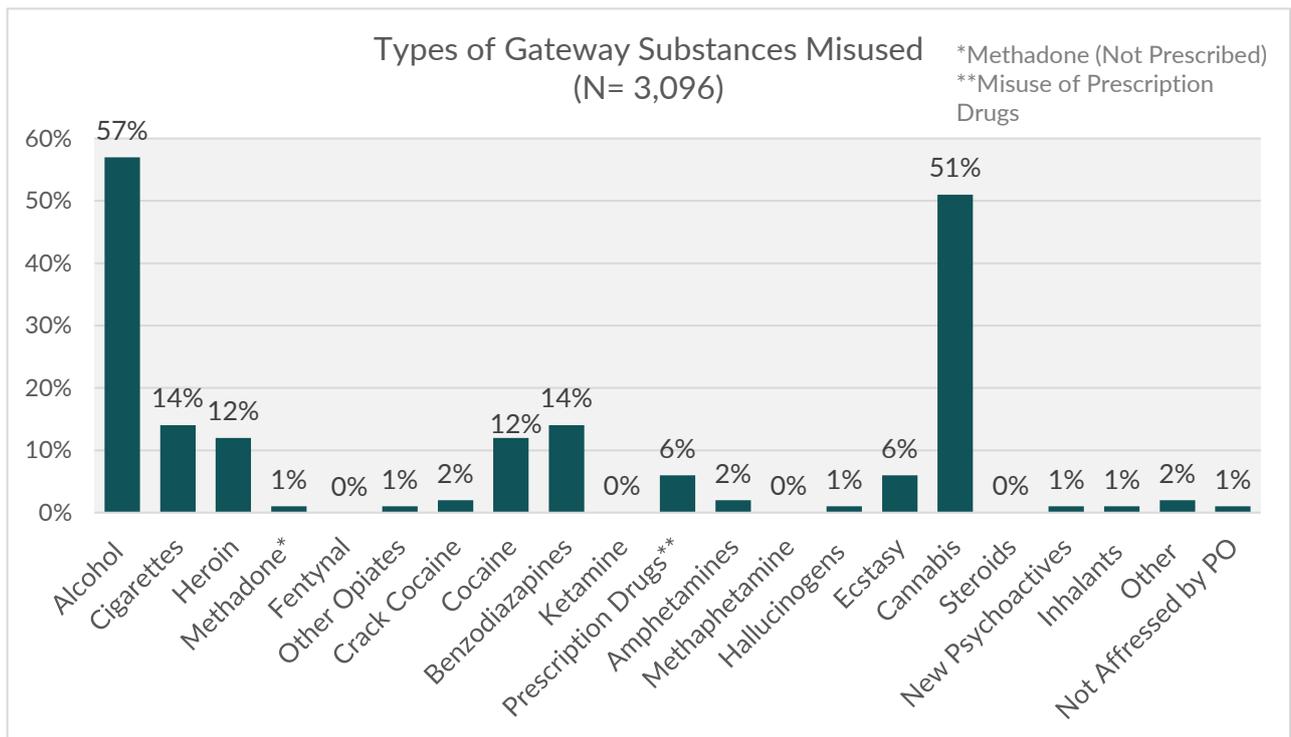
Figure 5.1



Types of Gateway Substances Misused

Alcohol (57%) and Cannabis (51%) were by far the most frequent gateway substances misused by clients. These findings are in line with existing research carried out with the general population which reveal alcohol and cannabis as the most popular gateway substances (EMCDDA, 2014) (Figure 5.2).

Figure 5.2

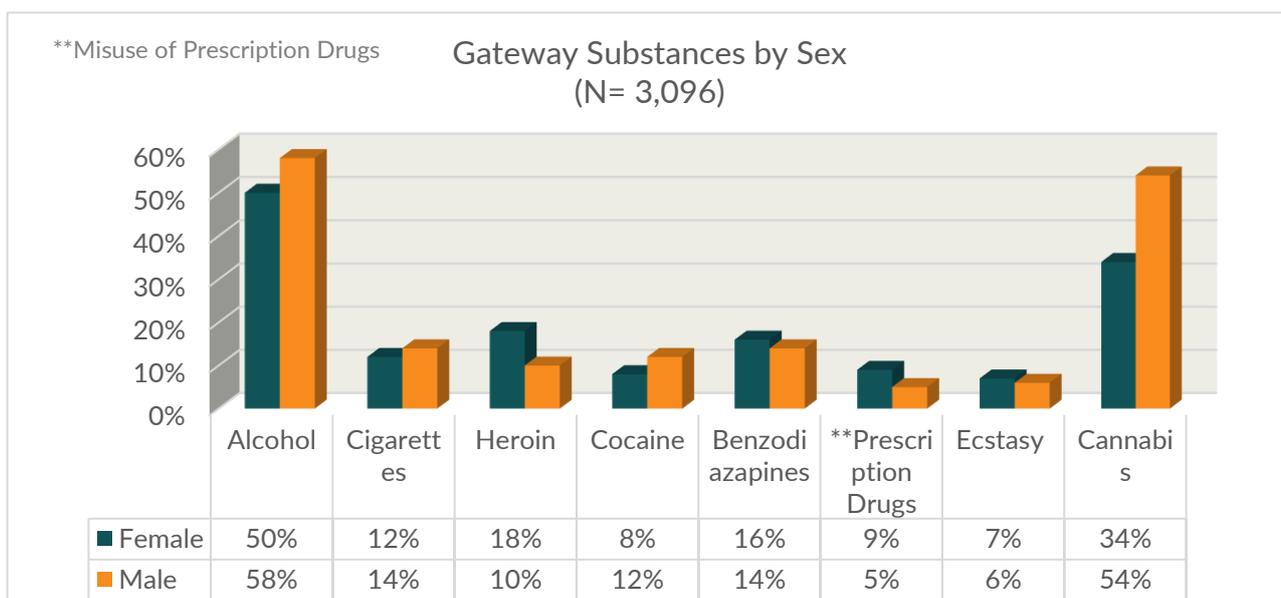


Gateway Substances Misused by Men and Women²²

Figure 5.3 presents a table of the most frequently reported gateway substances according to Sex. Interestingly, males were observed to have higher rates of gateway misuse for Cannabis and Alcohol than females, whereas females had higher levels of gateway Heroin misuse than males. Comparable rates of gateway misuse were observed across for Cigarettes, Cocaine, Ecstasy, Benzodiazepines, and Prescription Drugs.

²² Appendix 6

Figure 5.3



Predictors of the Type of Gateway Substances Misused²³

Alcohol: Results revealed an increased likelihood amongst males to misuse alcohol as a gateway substance.

Heroin: Females were reported as significantly more likely to misuse Heroin as a gateway substance.

Cocaine: Males and clients aged between 25-49 years (25-34 years, 35-49 years) were seen as more likely to misuse Cocaine as a gateway substance than other people, revealing Age and Sex as significant predictor variables.

Benzodiazepines: Clients aged between 25-49 years (25-34 years, 35-49 years) were significantly more likely than clients of other ages to misuse Benzodiazepines as a gateway substance. Additionally, people belonging to the ethnic groups Irish Traveller (13%) and White/Black Irish (15%) were seen as more likely to report Benzodiazepines as a gateway drug than clients of Other ethnicities (7%).

Ecstasy: No significant predictors were observed for client misuse of Ecstasy as a gateway substance.

Prescription Drugs: Sex was revealed as significant predictor for the gateway misuse of prescription drugs. Female (9%) clients were more likely to misuse Prescribed Substances at gateway than males (5%).

Context of Gateway Substance Misuse

The majority of the sample who misused drugs and alcohol reported misusing gateway substances With Peers (69%), whilst the remainder were reported to misuse gateway substances With Family Members (5%) or Alone (5%) (Table 5.1).

²³ Appendix 6

Table 5.1

Context of Gateway Substance Misuse (N=3,096)		(%)
Alone		5%
With Family Members		5%
With Peers		69%
Not addressed PO		8%
Unknown		13%

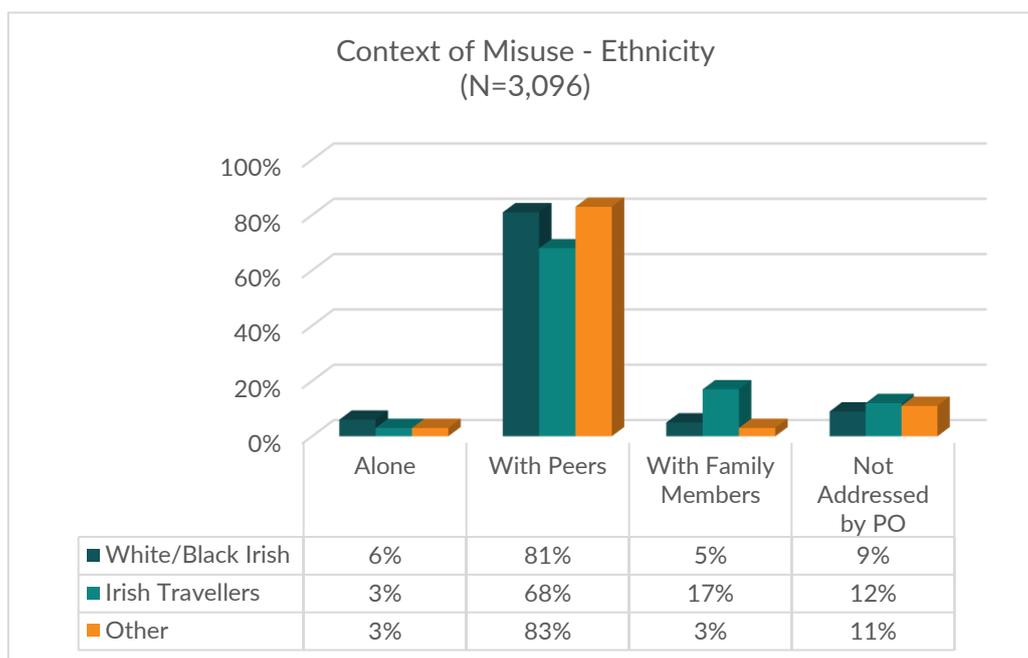
Predictors of Gateway Misuse Context^{24,25}

Irish Travellers were significantly observed as having an increased likelihood of misusing gateway substances With Family Members than White/ Black Irish and clients from Other ethnicities (Figure 5.4). Alternatively, White/ Black Irish and clients from Other ethnicities were significantly more likely to misuse gateway substance With Peers. These findings reveal ethnicity as a significant predictor for the context in which Probation Service clients misuse gateway substances.

²⁴ Appendix 7

²⁵ Appendix 7

Figure 5.4



Location of Gateway Misuse

Outside the Home Environment (68%) was the most frequently reported location for gateway misuse. Considerably lower frequencies were observed for other locations, such as: The Home Environment (10%) and Child and Family Residential Care placements (2%).

Table 5.2

Location of Initial Substance Misuse	
(N=3,096)	(%)
Child and Family Residential Care Placements	2%
Detention Centres	<1%
In the Home Environment	10%
Other	4%
Outside the Home Environment	68%
Prison	<1%

Key Messages

This chapter set out to explore gateway substance misuse amongst a sample of Probation Service users. Specifically, the nature, frequency and context of gateway drug and alcohol misuse. Findings generated through the process of statistical analysis revealed a number of key messages:

1. Probation Service clients aged between 12-17 years were identified as the highest risk group for gateway substance misuse.
2. Whilst the repertoire of gateway substances misused by Probation Service clients was broad, Alcohol and Cannabis were the most frequently misused substances.
3. The profile (types) of gateway substances misused by clients varied among males and females.
4. The context in which Service clients engaged in gateway substance misuse varied across ethnic groupings.

The findings outlined above have important implications for policy and practice and require further discussion and exploration. Such commentary is presented in Chapter 8 of this report. There, they will be situated in the context of broader national and international research in the field, and a series of recommendations for policy development, training, practice, and future research will be presented.

Chapter 6: Substance Misuse and Offending Behaviour

6.1. Introduction

There is a well-documented relationship between substance misuse and criminal behaviour (Fridell et al., 2008; Wallace et al., 1998). Whilst research indicates that some substance misusers commit crime to finance their misuse, evidence also indicates that drug and alcohol misuse is strongly associated with acts of criminal violence (Steadman et al., 1998; Stewart et al., 2000). Moreover, a history of substance misuse has repeatedly been identified throughout the research scholarship as a strong predictor for reoffending, highlighting it as one of the foremost risk factors for recidivism (Baillargean et al., 2009; Larney et al., 2010; Walter et al., 2011). Given this evidence, it was essential to establish both the rate of Misuse of Drugs Act 1977 convictions amongst the sample, and the link between alcohol/drug misuse and offending behaviour.

Aims

- Identify the rate of convictions under the Misuse of Drugs Act 1977 (both current and previous) amongst the sample.
- Explore the potential relationships between sample demographics and Misuse of Drugs Act 1977 convictions.
- Examine the link between drug and/ or alcohol misuse and offending behaviour.

Summary of Key Findings: Alcohol

1. A link between alcohol and current offence was reported for 53% of the sample.
2. Males (42%) had a significantly higher rate of alcohol related offending than females (32%).
3. Irish travellers (49%) were reported as having a significantly higher rate of alcohol related offending than White/ Black Irish (40%) and clients from Other ethnicities (39%).
4. The highest rate of alcohol related offending behaviour was observed for Binge drinkers (61%), followed by Harmful alcohol misusers (50%) and participants who were alcohol Dependant (35%).

Summary of Key Findings: Drugs

1. A link between drug misuse and current offence was reported for almost half of the sample (48%).
2. No differences in drug-related offending behaviour were observed across males and females.
3. Cannabis (56%) and Benzodiazepines (37%) were the most frequently misused substances by participants with a reported link between their current offence and drug misuse.
4. A link between drug misuse and current offence was 3 times more likely amongst people who misused Cannabis.
5. White/ Black Irish (54%) were involved in a higher rate of drug related offending than Irish Travellers (40%) and clients from Other ethnicities (36%).
6. Almost half of the sample (43%) had been convicted of an offence under the Misuse of Drugs Act 1977.
7. 79% of participants with a conviction under the Misuse of Drugs Act 1977 were convicted of Possession, whereas 51% had a conviction of Possession, Sale and Supply less than €13,000.

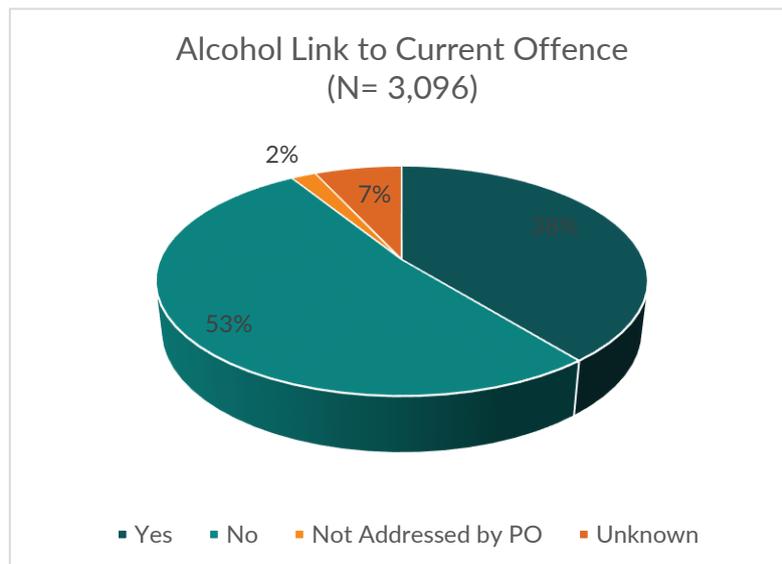
8. Of those who had a Misuse of Drugs Act 1977 conviction, 20% were presently on Probation supervision for Possession for personal use.

6.2. Alcohol Link to Current Offence ²⁶

Alcohol misuse plays a key role in crimes such as public order offences, assault and murder, rape, sexual assault, and driving offences (Alcohol Ireland, 2020; Byrne, 2010). Furthermore, alcohol misuse poses a serious threat to the successful rehabilitation of offenders, with a mounting body of research evidencing a formidable relationship between alcohol misuse and recidivism (Craig et al., 2019, Kelly and Egan, 2012; Mulder et al., 2011). Results from the present study revealed a link between alcohol misuse and current offence amongst 53% of the research sample (Figure 6.1). Males (42%) were reported to have a significantly higher rate of alcohol related offending (Alcohol Link to Current Offence) than females (32%) (Figure 6.2) These findings differ somewhat from those outlined in the 2012 report, which indicated no Sex differences in alcohol related offending behaviour (see The Probation Service, 2012).

Differences were also observed across Irish ethnic groups. Members of the Traveller Community (49%) were identified as having a higher frequency of alcohol related offending (Alcohol Link to Current Offence) than White/ Black Irish (40%) and Other ethnicities (39%). Finally, no differences were observed across client age when exploring Alcohol Link to Current Offence.

Figure 6.1



²⁶ Appendix 7

Figure 6.2

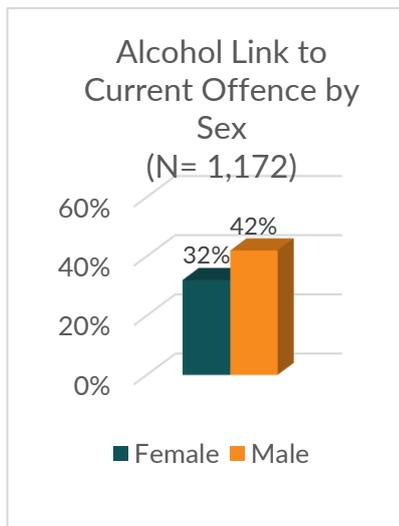
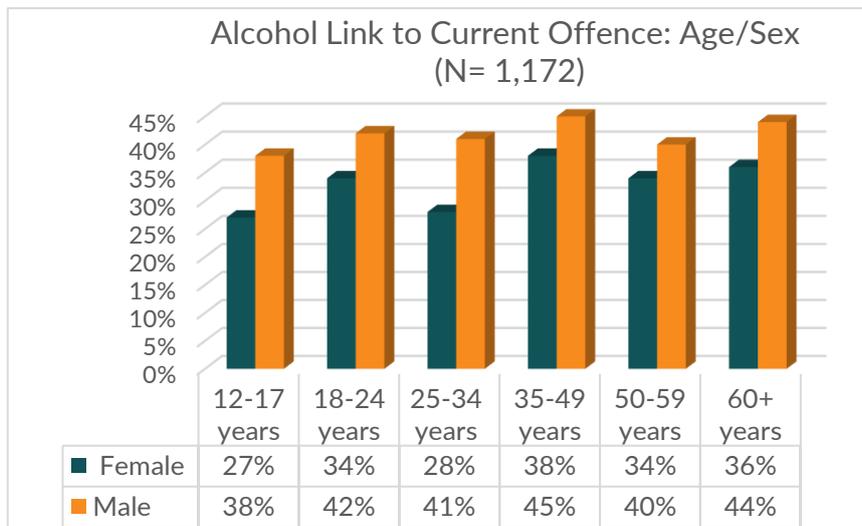


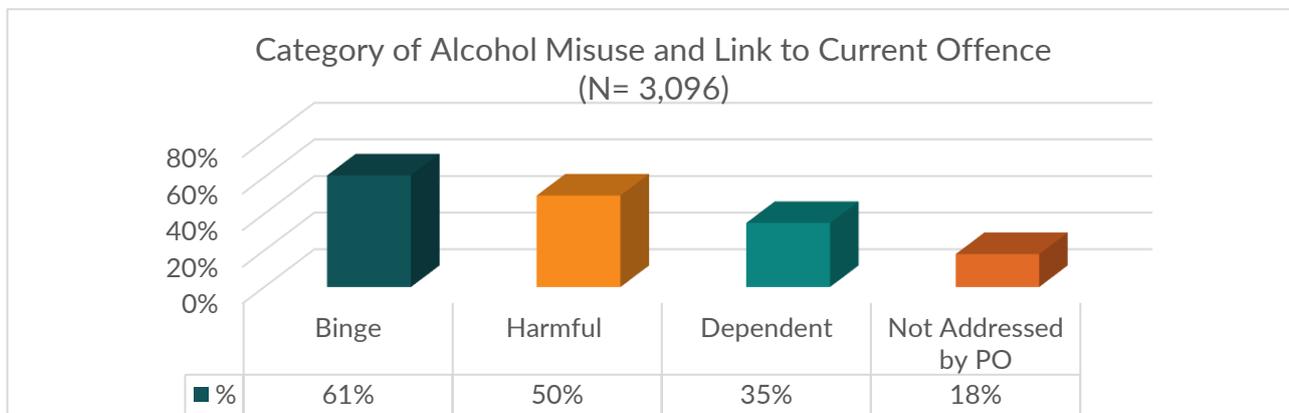
Figure 6.3



Type of Alcohol Misuse and Link to Current Offence²⁷

Alcohol misuse was linked to their Current Offence for 61% of Binge drinkers, 50% of Harmful alcohol misusers and 35% of alcohol Dependent clients (Figure 6.4).

Figure 6.4



Predictors for the Link Between Alcohol and Current Offence²⁸

Results revealed that Binge drinking, Harmful alcohol misuse, and alcohol Dependency were all significant predictors for alcohol related crime (Alcohol Link to Current Offence) amongst probation clients. However, the strongest relationships were observed between Binge drinking and Current Offence, and Harmful alcohol misuse and Current Offence.

²⁷ Appendix 8

²⁸ Appendix 8

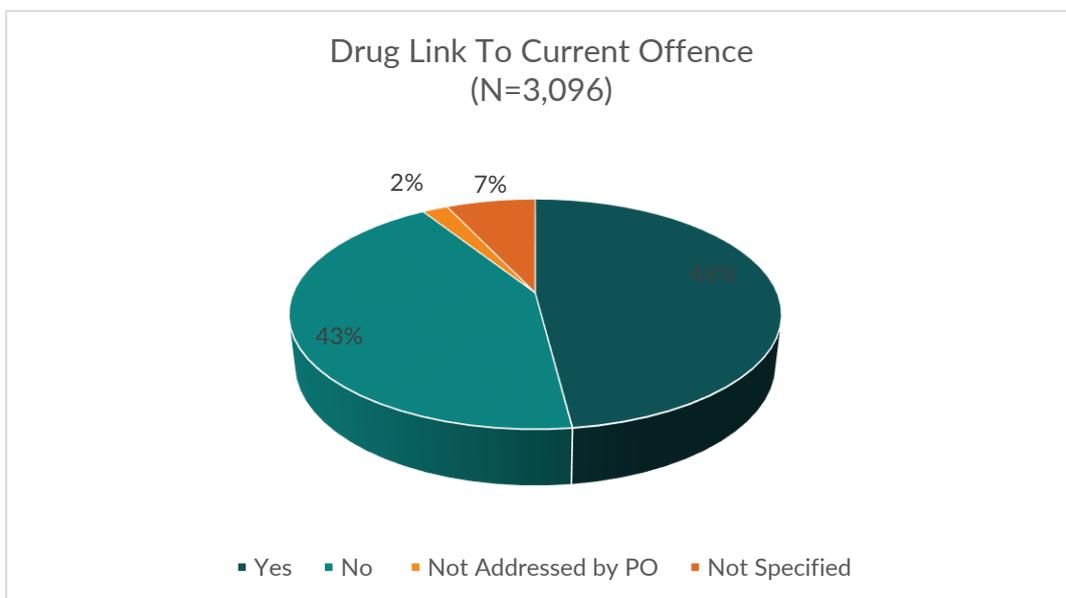
6.3. Drug Link to Current Offence²⁹

A wealth of research scholarship attests to the existence of a complex relationship between drug misuse and offending behaviour (Stevens 2007; Bennett and Holloway 2004). Drug-related crime may be broken down into four main categories:

1. Psychopharmacological Crimes: crimes committed under the influence of a psychoactive substance, as a result of its acute or chronic use.
2. Economic-Compulsive Crimes: crimes committed in order to obtain money (or drugs) to support drug use.
3. Systemic Crimes: crimes committed within the functioning of illicit drug markets, as part of the business of drug supply, distribution and use.
4. Drug Law Offences: crimes committed in violation of drug (and other related) legislations.

A link between drug misuse and current offence was reported for almost half of the research sample (48%) (Figure 6.5). Whilst analysis revealed comparable rates of drug related offending across male (48%) and female (47%) clients, differences were observed across Ethnicity and Age (Figure 6.6). White/ Black Irish (54%) were reported to have a significantly higher rate of drug related offending (Drug Link to Current Offence) than Irish travellers (43%) and clients from Other (36%) ethnicities (see appendix 8).

Figure 6.5



²⁹ Appendix 8

Figure 6.6

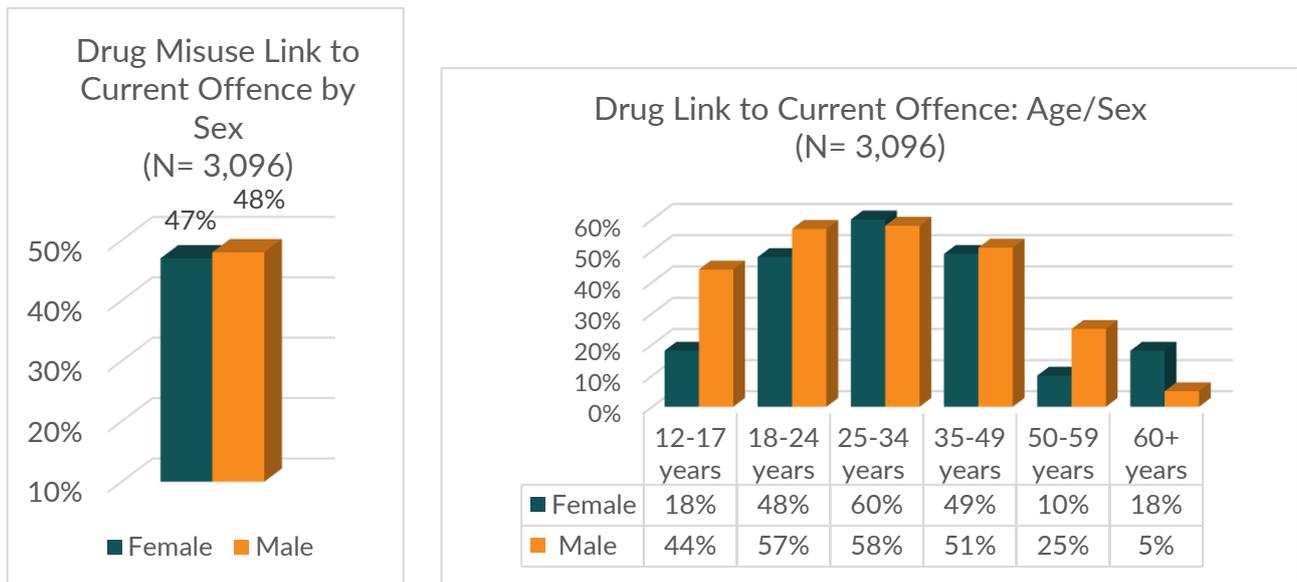


Figure 6.6 shows that drug related crime (Drug Link to Current Offence) peaked for both sexes between the ages of 25-34 years, followed by a decrease as clients matured. Such trends are in line with those reported for drug misuse behaviour reported in Chapter 4. Comparable rates of drug related crime were reported for males (58%) and females (60%) aged 25-34 years. However, men reported higher rates of drug related crime than females for all other age categories (12-17 years, 18-24 years, 35-49 years, 50-59 years) except for the age group 60+ years, where a link between drug misuse and current offence was almost 4 times more likely amongst female probationers.

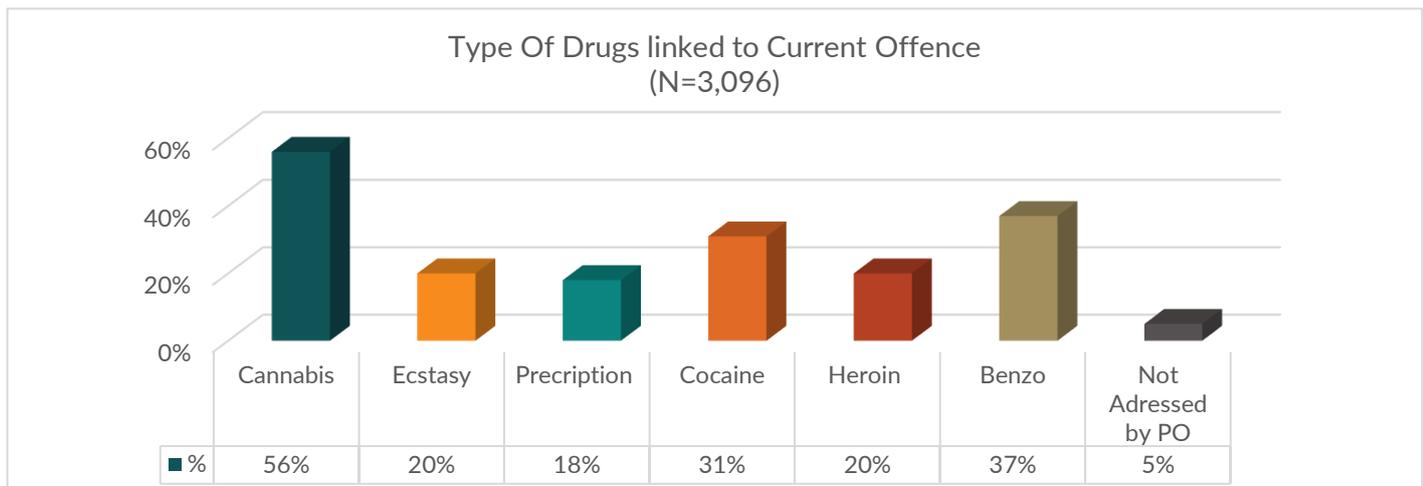
Type of Drug Linked to Current Offence^{30,31}

Cannabis (56%) and Benzodiazepines (37%) were the most frequently misused substances by clients whose current offence was reportedly linked to drug misuse (Figure 6.7). Moreover, Cannabis misuse was a significant predictor for drug related crime amongst the sample. Clients who misused cannabis were three times more likely for their current offence to be linked to drugs misuse.

³⁰ Appendix 8

³¹ Appendix 8

Figure 6.7



Link to Current Offence by Region

Drug related offending (Drug Link to Current Offence) was more prevalent than alcohol related offending (Alcohol Link to Current Offence) across all Probation Service Regions, except for West NW and Westmeath (Table 6.1).

Table 6.1

Substance Misuse Link to Current Offence by Region		
	Alcohol Link to Current Offence	Drug Link to Current Offence
YPP	22%	43%
Dublin Nth and NE	36%	53%
Dublin South and Wicklow	36%	57%
Midlands and SE	43%	55%
Southwest	47%	51%
West NW and Westmeath	49%	43%

6.4. Conviction Under the Misuse of Drugs Act 1977 ^{32,33}

Legislation regarding the unlawful production, possession and supply of drugs are set out in the Misuse of Drugs Act 1977, the Misuse of Drugs Act 1984, and the Misuse of Drugs (Amendment) Act 2015. The foremost offences of interest for the present study were Possession of a controlled drug; Possession, Sale and Supply of a controlled drug where the amount was less than €13,000; Possession, Sale and Supply of a controlled drug where the amount was greater than €13,000, and Importation of a controlled drug.

Almost half of the sample (43%) had been convicted of an offence under the Misuse of Drugs Act 1977 at some point in their lives (Figure 6.8). Men (45%) were identified as having a significantly higher rate of Misuse of Drugs Act 1977 convictions than Women (32%), as were White/ Black Irish (46%) when compared to Irish Travellers (28%) and clients from Other (33%) ethnic groups (Figure 6.9).

Figure 6.8

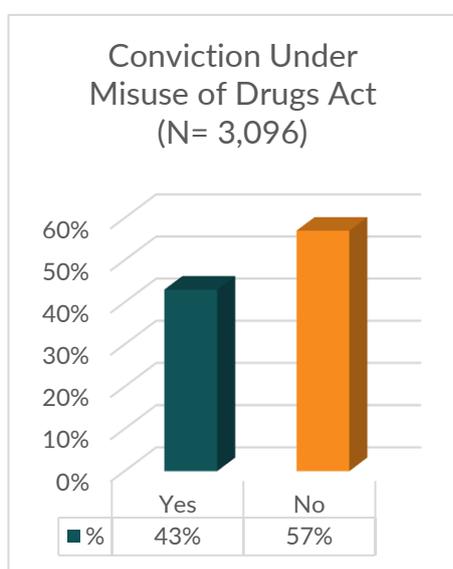
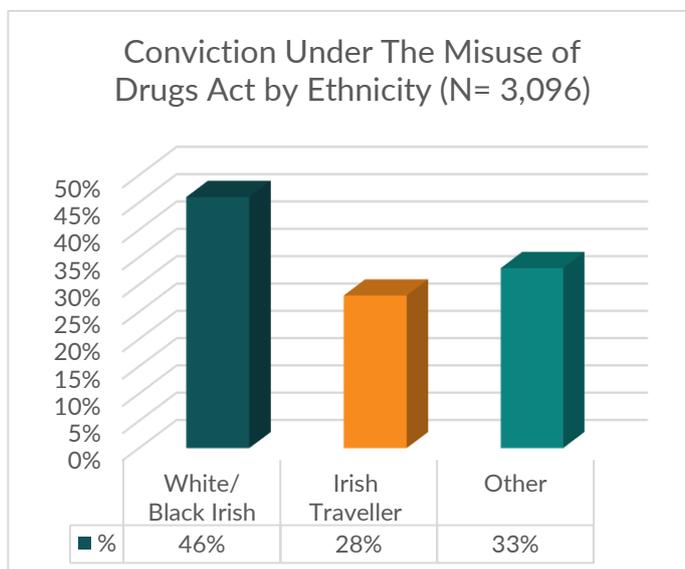


Figure 6.9

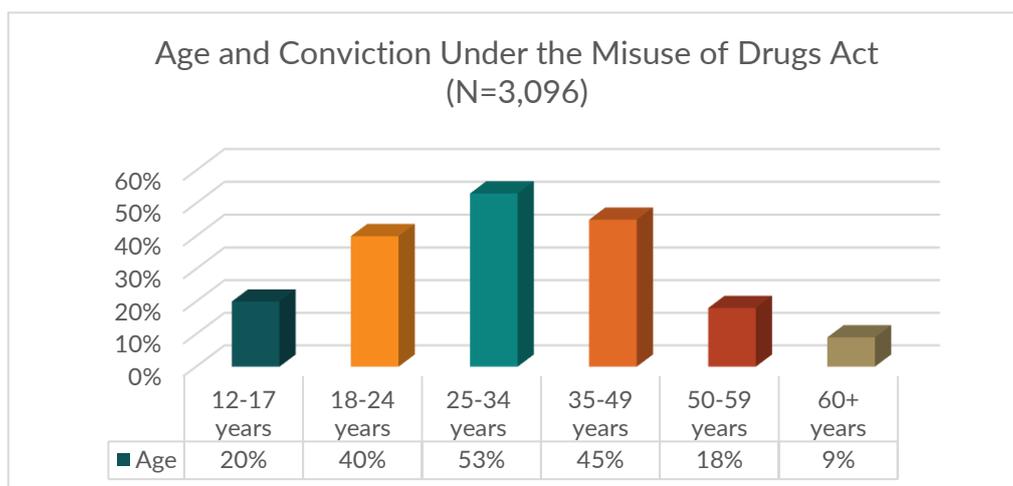


Significant differences were also observed across service user Age, with the rate of Misuse of Drugs Act 1977 Convictions with the highest conviction rate observed for 25-34 year olds (53%) (Figure 6.10).

³² Appendix 8

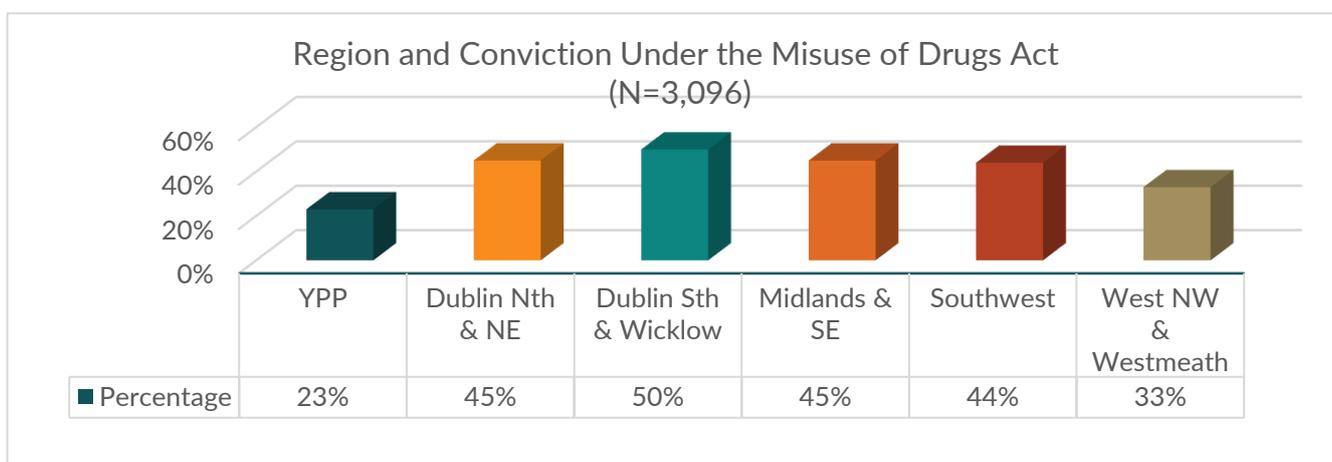
³³ Appendix 8

Figure 6.10



Finally, significant differences across Probation Service Region were also observed when exploring Misuse of Drugs Act 1977 conviction rates. The highest rate of previous convictions was in Dublin South and Wicklow (50%), followed by Dublin Nth and NE (45%), Midlands and SE (45%), and the Southwest (44%). Clients from the West NW and Westmeath (33%) and YPP (23%) reported the lowest previous Drugs Act convictions (Figure 6.11).

Figure 6.11



Significant Predictors of Misuse of Drugs Act 1977 Convictions³⁴

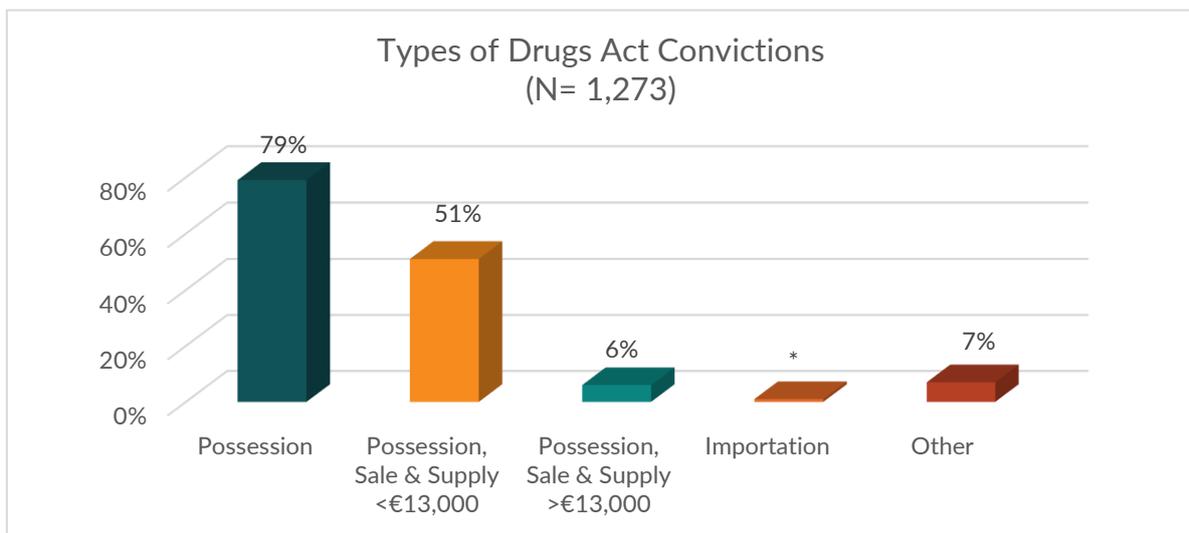
Service user Age was revealed as a significant predictor variable for a previous conviction under the Misuse of Drugs Act 1977. Clients aged between 18-49 years (18-24 years, 25-34 years, 35-49 years) were reportedly more likely to have a conviction of this nature than clients aged under 18 years and over 49 years.

³⁴ Appendix 8

Types of Misuse of Drugs Act 1977 Convictions

79% of clients with a conviction under the Misuse of Drugs Act 1977 had a Possession conviction. The second most frequent conviction identified was Possession, Sale and Supply less than €13,000 (51%). Lower conviction rates were reported for Possession, and Sale and Supply where the Amount was greater than €13,000 (6%) Figure 6.12).

Figure 6.12

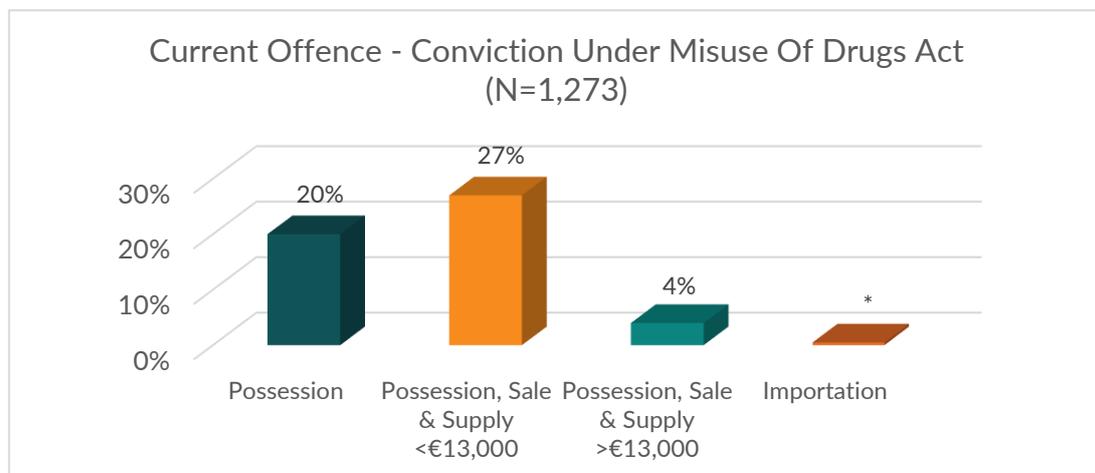


*Less than Three Percent- Percentages too low to report.

Current Offence - Conviction Under Misuse of Drugs Act 1977

Of the 1,273 clients who reportedly had a Misuse of Drugs Act 1977 Conviction, 20% were presently on Probation Supervision for Possession; 27% for Possession, Sale and Supply <€13,000; and 4% for Possession, Sale and Supply >€13,000 (Figure 6.13).

Figure 6.13



*Less than Three Percent- Percentages too low to report

Misuse of Drugs Act 1977 Conviction - Possession³⁵

Analysis revealed Possession as the most frequent conviction under the Misuse of Drugs Act 1977. Men (37%) were identified as having significantly higher conviction rates than women (25%). Differences were also revealed across ethnicity with higher conviction rates amongst White/ Black Irish (37%) than Irish Travellers (23%) and Other ethnicities (23%) (Figure 6.15). Finally, differences were observed across Age category (Figure 6.14). The lowest rate of Possession convictions was reported for clients aged 12-17 years (17%) and 60+ years (7%). Findings also revealed a sharp increase in convictions from 12-17 years to 24-35 years where they reached a peak of 44%. This was followed by a steady decline as clients approached 60+ years (7%).

Figure 6.14

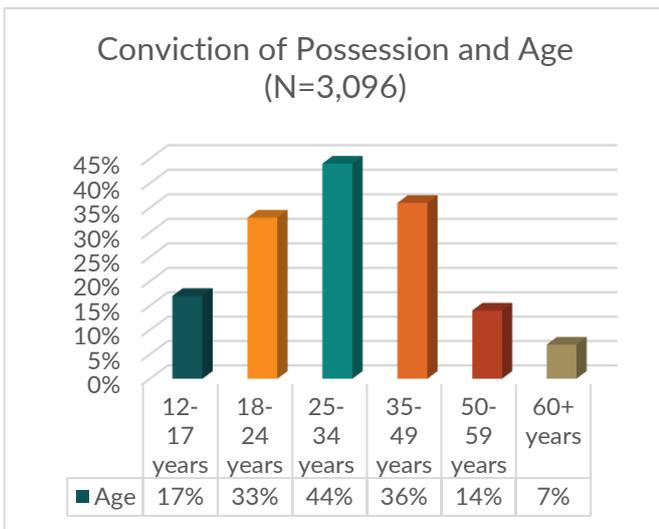


Figure 6.15

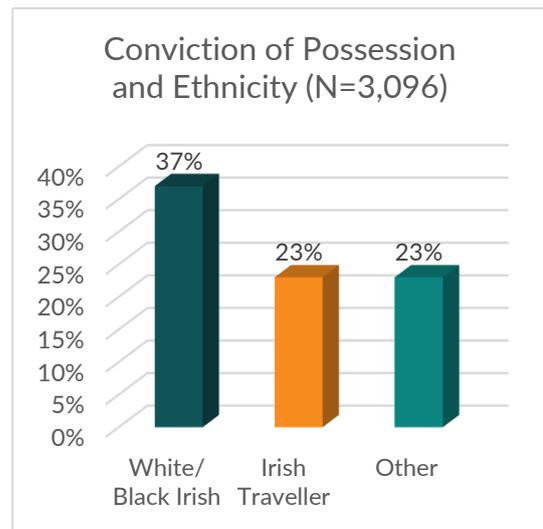
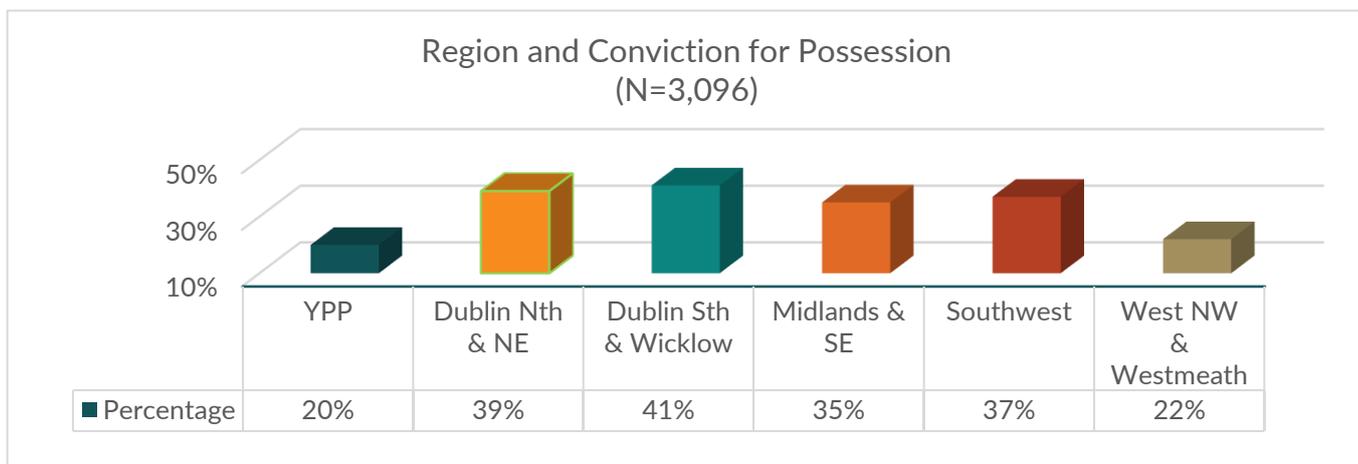


Figure 6.16 illustrates the differences in Possession conviction rates across Probation Service Region. Clients under supervision in Dublin South and Wicklow (41%), Dublin Nth and NE (39%), the Southwest (37%) and the Midlands and SE (35%) had comparably high rates of Possession convictions. Lower rates were observed for clients in the West NW and Westmeath (22%) and YPP (20%).

³⁵ Appendix 8

Figure 6.16



Predictors of Misuse of Drugs Act 1977 Conviction - Possession³⁶

Sex and Ethnicity were revealed as significant predictor variables for a possession conviction, with males (37%) and White/ Black Irish participants (37%) being more likely to have this category of conviction than women (25%), members of the Traveller Community (23%), and clients from Other ethnicities (23%). Finally, Probation Service Region was also revealed as a significant predictor, with YPP and clients from the West NW and Westmeath less likely to have a conviction for Possession than clients from other regions.

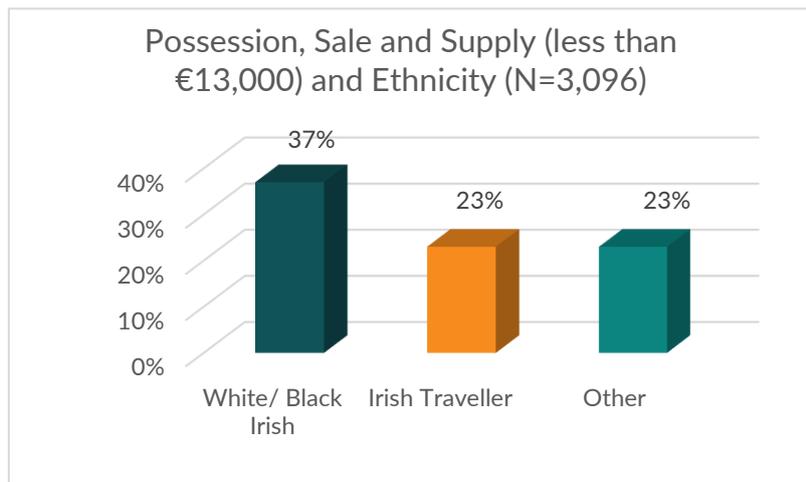
Misuse of Drugs Act 1977 Conviction - Possession, Sale and Supply (less than €13,000)³⁷

51% of participants with a conviction under the Misuse of Drugs Act 1977 had convictions for Possession, Sale and Supply (<€13,000). Men (24%) had a significantly higher conviction rate than women (16%). Differences were also observed across Ethnicity, with White/ Black Irish (37%) having significantly higher conviction rates than Irish Travellers (12%) and clients from Other (23%) ethnic groups (Figure 6.17).

³⁶ Appendix 8

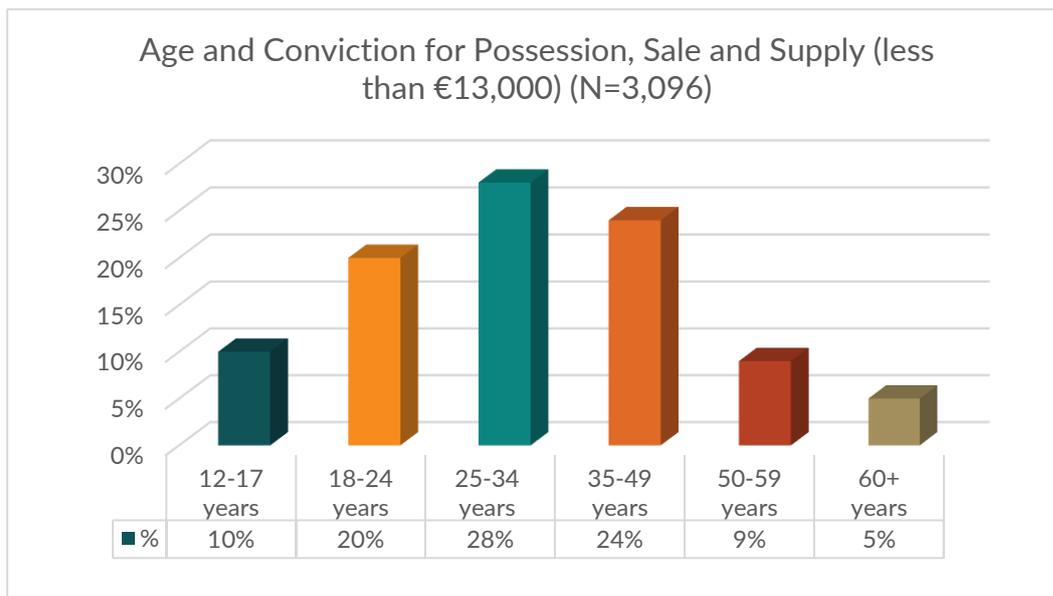
³⁷ Appendix 8

Figure 6.17



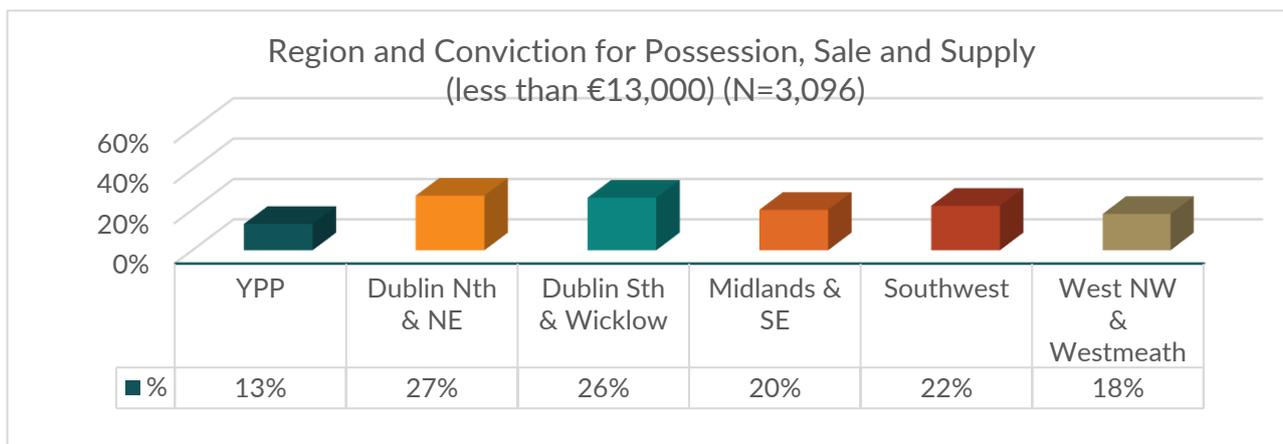
The highest conviction rates for Possession, Sale, and Supply (less than €13,000) were seen amongst clients aged between 18-49 years. Findings revealed a sharp increase in conviction rates from 12-17 years (10%) to 24-35 years where they reached a peak of 28%. This was followed by a steady decline as clients approached 60+ years (5%) (Figure 6.18).

Figure 6.18



Finally, YPP clients had significantly lower conviction rates for Possession Sale and Supply (<€13,000) than clients being supervised in all other Probation Service Regions (Figure 6.19).

Figure 6.19



Predictors of Misuse of Drugs Act 1977 Conviction - Possession, Sale and Supply (less than €13,000)³⁸

Sex and Ethnicity were revealed as significant predictor variables for a Possession, Sale and Supply (less than €13,000) conviction, with males (24%), White/ Black Irish Participants (24%) and clients from Other (20%) ethnic groups being more likely to have this category of conviction than women (16%) and members of the Traveller Community (12%). Probation Service Region was also revealed as a significant predictor, with clients from Dublin North and NE (27%), Dublin South and Wicklow (26%), and the Southwest (22%) being more likely to have this category of drug conviction. Finally, clients aged between 12-49 years were more likely be convicted of Possession, Sale and Supply (less than €13,000) than clients over 50 years.

Predictors of Misuse of Drugs Act 1977 Conviction – Possession, Sale and Supply (more than €13,000) and Importation

Due to the low incidence of these Misuse of Drugs Act 1977 convictions within the sample, inferential statistical analysis was not possible.

Key Messages

Evidence-based research reveals a history of substance misuse as a strong predictor for reoffending, highlighting it as one of the foremost risk factors for recidivism (Baillargean et al., 2009; Larney et al., 2010; Walter et al., 2011). This chapter set out to identify both the rate of Misuse of Drugs Act 1977 convictions amongst the sample, and the link between alcohol/ drug misuse and offending behaviour. Analysis revealed a number of key messages:

1. Of the 1,273 clients who reportedly had a Misuse of Drugs Act 1977 Conviction, 20% were presently on Probation Supervision for Possession for personal use.

³⁸ Appendix 8

2. Significant rates of offending behaviour amongst the sample were reportedly linked to both Drug (48%) and Alcohol Misuse (53%).
3. A series of key differences were observed across the demographic profiles of Probation Service clients when exploring Drug and Alcohol related offending. Specifically, across Sex and Ethnicity.
4. Significant differences in rate of convictions under the Misuse of Drugs Act 1977 were identified across service user Age, Sex and Ethnicity.

The findings outlined above have important implications for policy and practice and thus require further discussion and exploration. Such commentary is presented in Chapter 8 of this report. There, they will be situated in the context of broader national and international research in the field, and a series of recommendations will be made regarding policy development, training, probation officer practice, and future research.

Chapter 7: Service Engagement and Probation Service Response

7.1. Introduction

In conjunction with International research scholarship, findings from this study (see chapters 4, 5, 6) indicate that a significant number of offenders, who pass through the criminal justice system, present with a range of substance misuse issues that vary considerably in terms of nature, frequency, and severity. Evidence-based research demonstrates that drug and alcohol treatment can lead to significant reductions in offending behaviour (Gossop et al., 2001). There are a variety of rehabilitative services, supports and treatment programmes in Ireland for alcohol and drug misuse. Given the significant number of individuals subject to probation supervision each year, there is an opportunity to both identify and respond effectively to presenting substance misuse issues among clients.

This chapter will examine the level and nature of addiction service engagement, by those subject to supervision (N=3,096), at the point of referral to the Probation Service. In addition, it will highlight the response provided by Probation Officers in terms of assessment, interventions, and referrals.

Aims

- To assess the research samples (N=3,096) reported engagement with drug treatment services on referral to the Probation Service.
- To assess the research samples (N=3,096) reported engagement with alcohol treatment services on referral to the Probation Service.
- To identify the response of Probation Officers to clients who present with drug and/ or alcohol misuse issues to the Probation Service.

Summary of Key Findings: Alcohol interventions

1. Only 16% of the 1,981 alcohol misusers were in contact with some form of Medical Support Service and a quarter (25%) were engaged with Community based addiction services for alcohol misuse on referral to the Probation Service.
2. The highest levels of community support service engagement were observed for counselling and psychotherapy (14%), followed by AA (8%) and outreach (6%).
3. Motivational Interviewing / SAOR (51%) was the most frequent response implemented by Probation Officers when supervising clients who misused alcohol.
4. Probation Officers were significantly more likely to refer clients aged between 12-24 years to Probation Service Funded Projects when compared to older age categories.

Summary of Key Findings: Drug interventions

1. A third (33%) of persons were engaged with some form of Medical Intervention for drug misuse on referral to Probation Service.
2. On referral to the Probation Service, a higher rate of females (50%) were engaged with Medical Interventions for drug misuse than males (30%).

3. Female drug misusers were 3 times more likely to be engaged in a methadone programme than males on referral to the Probation Service.
4. Women were twice as likely as men to be engaging with a GP for drug misuse on referral to the Probation Service.
5. Almost a third of drug misusers were engaged with a community support service on referral to the Probation Service.
6. Women (47%) were engaged in a significantly higher rate of community support services than men (31%) on referral.
7. Motivational Interviewing / SAOR (44%) was the most frequent intervention employed by Probation Officers when working with drug misusers.
8. Almost a quarter (24%) of clients who reported drug misuse were referred to a Probation Service Funded Project.

7.2. Service Engagement and Referral for Alcohol Misuse

Engagement with Medical Interventions for Alcohol Misuse on Referral

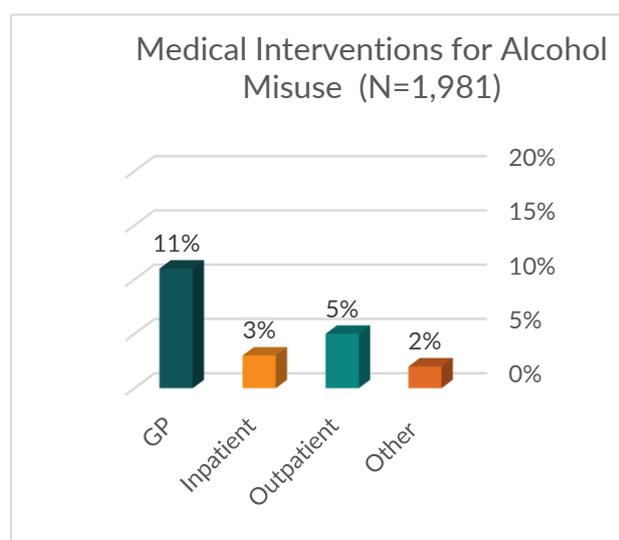
A total of 1,981 offenders reported alcohol misuse to their Probation Officers. Thus, exploration of both their engagement with support services at referral and the ways in which Probation Officers responded to their drug misuse was warranted.

Overall, a low rate of engagement with Medical Interventions for Alcohol Misuse was reported for clients presenting to the Probation Service. Only 16% of the 1,981 of alcohol misusers were in contact with some form of Medical Support Service. The most common Medical intervention for Alcohol Misuse was GP (11%) contact followed by Outpatient Treatment (5%). No differences were observed across Sex, Age, Ethnicity, or Region when examining probation clients' engagement with medical interventions at the time of referral.

Table 7.1

Alcohol Misusers Engaged with Medical Interventions at Referral to PS (N=1,981)	
Yes	16%
No	79%
Not addressed by PO	2%
Unknown	3%

Figure 7.1



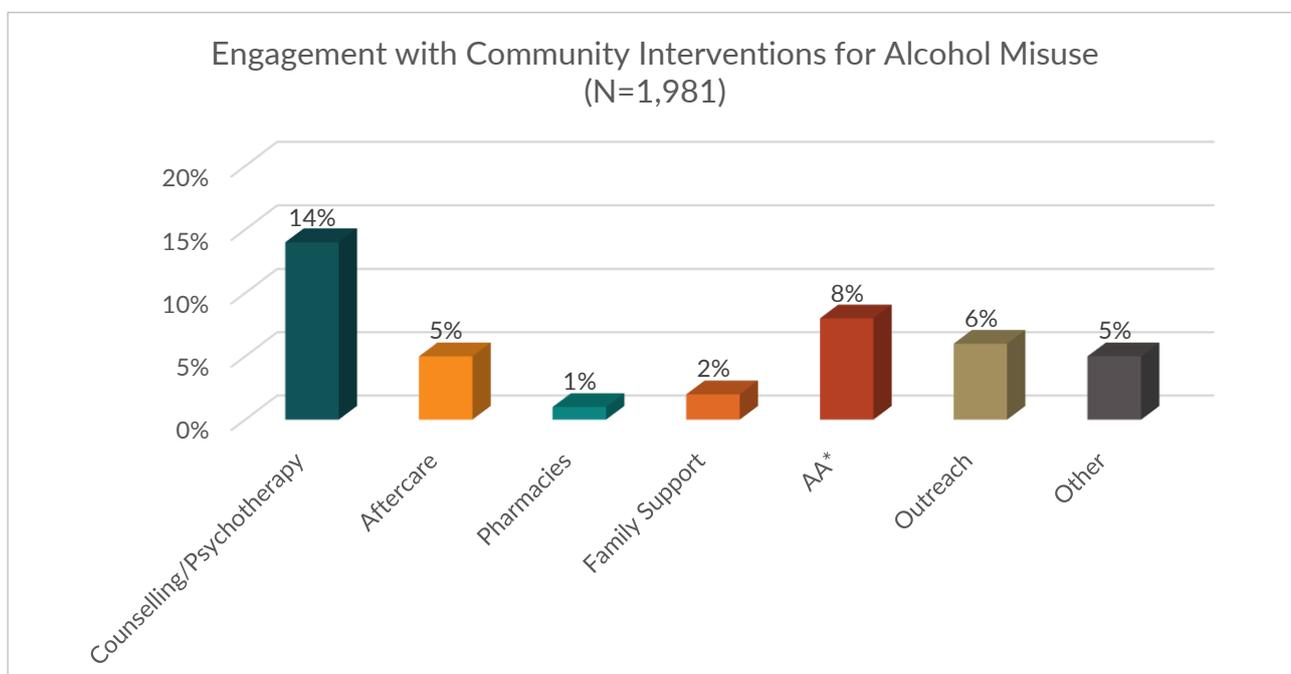
Community Support Service Engagement for Alcohol Misuse on Referral

In total, a quarter (25%) of alcohol misusers were engaged with Community Support Services for alcohol misuse on referral to the Probation Service (Table 7.2). Whilst this is an improvement on Medical Treatment Engagement it is still quite low. The highest levels of Community Support Service Engagement were observed for Counselling and Psychotherapy (14%), followed by AA (8%) and outreach (6%) (Figure 7.2). No differences were observed across Sex, Age, Ethnicity, or region when examining clients' engagement with community interventions at the time of referral.

Table 7.2

Alcohol Misusers Engaged with Community Support Services at Referral to PS.	
(N=1,981)	
Yes	25%
No	69%
Not Addressed by PO	6%

Figure 7.2



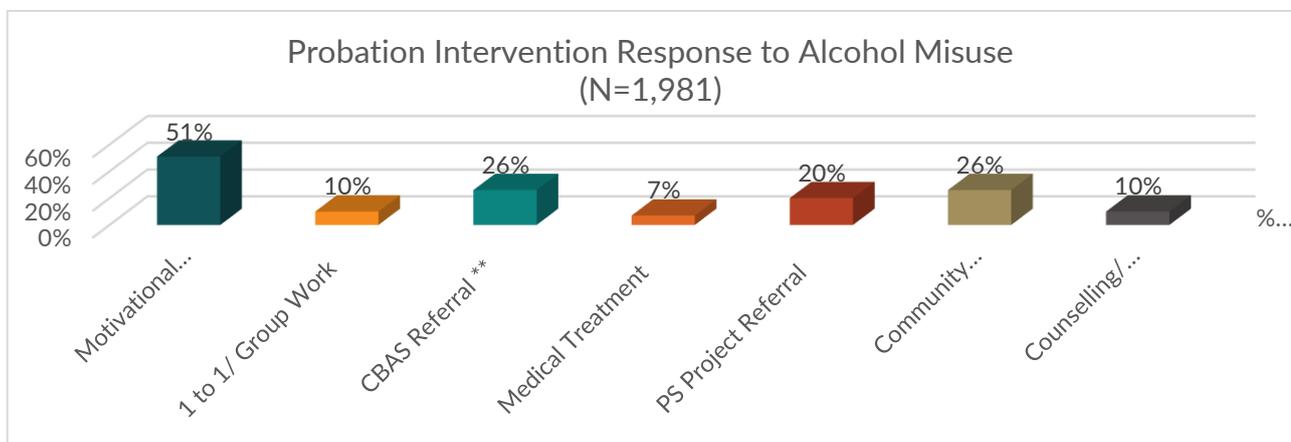
*Alcoholics Anonymous

7.3. Probation Intervention Response to Alcohol Misuse

There is a well-documented relationship between substance abuse and offending behaviour (Fridell et al; 2008; Wallace et al., 1998), however, both the level of misuse and the link to the offending behaviour can vary from one individual to another. Through motivational interviewing and assessment processes, such as the SAOR Model, Probation Officers identify the level of substance misuse by the individual and help identify options to address substance misuse issues, including appropriate referral.

Motivational Interviewing / SAOR Model (51%) was the most frequent response implemented by Probation Officers when managing clients who misuse alcohol, followed by referral to Community Based Addiction Services (HSE) (26%) and Community Based Support Services (26%). Referral to Medical Treatment Services (7%) was implemented the least (Figure 7.3).

Figure 7.3



**Community Based Addiction Service

Predictors of Probation Officers Response to Alcohol Misuse³⁹

1:1 / Group work: Significant differences across Sex were revealed when examining the rate in which Probation Officers implemented 1:1/Group Work Probation Programmes. Males (11%) were significantly more likely than females (6%) to receive this intervention. In addition, Probation Officers were significantly more likely to implement 1:1/ Group Work Probation Programmes with alcohol misusers in the Southwest (15%) than any other region (Table 7.3)

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Table 7.3

Region and 1:1/Group Work (N=1,981)	
YPP	4%
Dublin Nth and NE	11%
Dublin South and Wicklow	9%
Midlands and SE	8%
Southwest	15%
West NW and Westmeath	8%

Community Based Addiction Service HSE (CBAS)⁴⁰: Service user Age was a significant predictor for referral to a Community Based Addiction Services run by the HSE. Clients aged between 12-17 years (39%) received the highest rate of referrals to CBAS by Probation Officers, while clients ages 60+ (15%) received the lowest (Table 7.4).

Table 7.4

Age Category and CBAS (N=1,981)	
12-17 years	39%
18-24 years	27%
25-34 years	28%
35-49 years	24%
50-59 years	20%
60 + years	15%

In addition, results indicated that Probation Officers in Dublin Nth and NE and Dublin South and Wicklow were significantly less likely to refer clients with alcohol misuse issues to Community Based Addiction services run by the HSE than Probation Officers in other regions (Table 7.5)

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Table 7.5

Region and CBAS (N=1,981)	
YPP	32%
Dublin Nth and NE	15%
Dublin South and Wicklow	14%
Midlands and SE	38%
Southwest	30%
West NW and Westmeath =	32%

Probation Service Funded Project⁴¹: Service user Age was a significant predictor for referral to Probation Service Funded Projects for alcohol misuse. Probation Officers were significantly more likely to refer clients aged between 12-24 years for this type of intervention than clients aged 25 years and over (Table 7.6).

Table 7.6

Age and PS Funded Projects (N=1,981)	
12-17 years	36%
18-24 years	26%
25-34 years	21%
35-49 years	15%
50-59 years	11%
60 + years	9%

In addition, Probation Officers working in YPP, Dublin South and Wicklow and Southwest were significantly more likely to refer clients with alcohol misuse issues to Projects funded by the Probation Service than officers in other regions. (Table 7.7).

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Table 7.7

Region and PS Funded Projects (N=1,981)	
YPP	39%
Dublin Nth and NE	13%
Dublin South and Wicklow	24%
Midlands and SE	22%
Southwest	24%
West NW and Westmeath	15%

Community Based Support Services⁴²: Finally, almost two thirds (63%) of all participants who received a referral to a Community Based Support Service were reported as having a link between alcohol and their current offence, revealing this link as a significant predictor for a community-based support service referral by Probation Officers.

7.4. Service Engagement and Referral for Drug Misuse

On referral to the Probation Service, a total of 2,169 offenders reported drug misuse to their Probation Officers. Thus, exploration of both their engagement with support services at referral and the ways in which Probation Officers responded to their drug misuse was warranted.

Engagement with Medical Intervention for Drug Misuse on Referral⁴³

A third (33%) of clients were engaged with some form of Medical Intervention when presenting to the Probation Service. This is a substantially higher rate of engagement than was reported for medical interventions for alcohol misuse (16%) (Table 7.8).

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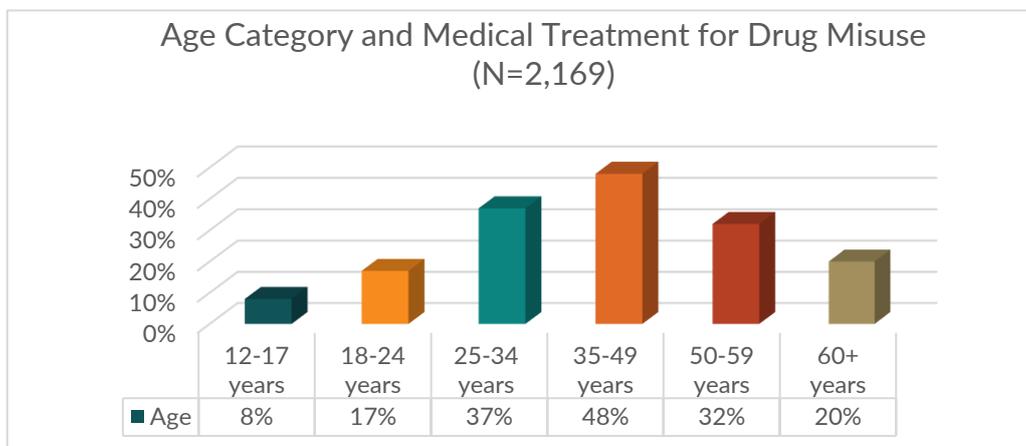
⁴³ Appendix 9

Table 7.8

Drug Misusers Engaged with Medical Intervention at Referral to PS. (N=2,169)	
Yes	33%
No	64%
Not Addressed by PO	3%

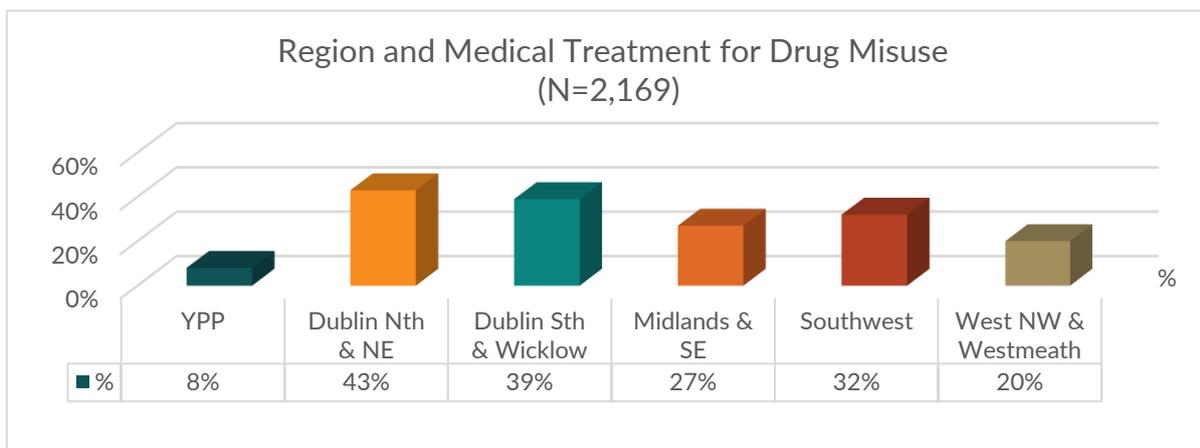
Significant differences across client Sex were observed, with females (50%) reporting a higher rate of engagement with Medical Interventions than their male counterparts (30%) on referral to the Probation Service. Interestingly, these findings are at odds with drug treatment data reported for the general population which indicates that in 2019, 3 times more men engaged in a medical/community intervention than women (HRB, 2020b). Differences were also identified when examining Ethnicity, with White/ Black Irish (34%) reporting a significantly higher rate of engagement with Medical Interventions than Irish Travellers (25%) and clients from Other (25%) ethnic backgrounds. Finally, differences across age category and region were also observed.

Figure 7.4



The peak age for Medical Treatment was observed amongst clients aged 35-49 years (48%), whilst the lowest rate of engagement was seen for Service clients aged 12-24 years. Drug misusers aged between 25-59 years (25-34 years, 35-49 years, 50-59 years) reported a higher rate of engagement with Medical Interventions on presentation to the Probation Service than clients aged under 24 years and over 60 years (Figure 7.4). When it came to Probation Service Region, clients in Dublin Nth and NE (43%) and Dublin South and Wicklow (39%) were reported having the highest levels of engagement while people in West NW and Westmeath (20%) and YPP (8%) were reported as the lowest (Figure 7.5).

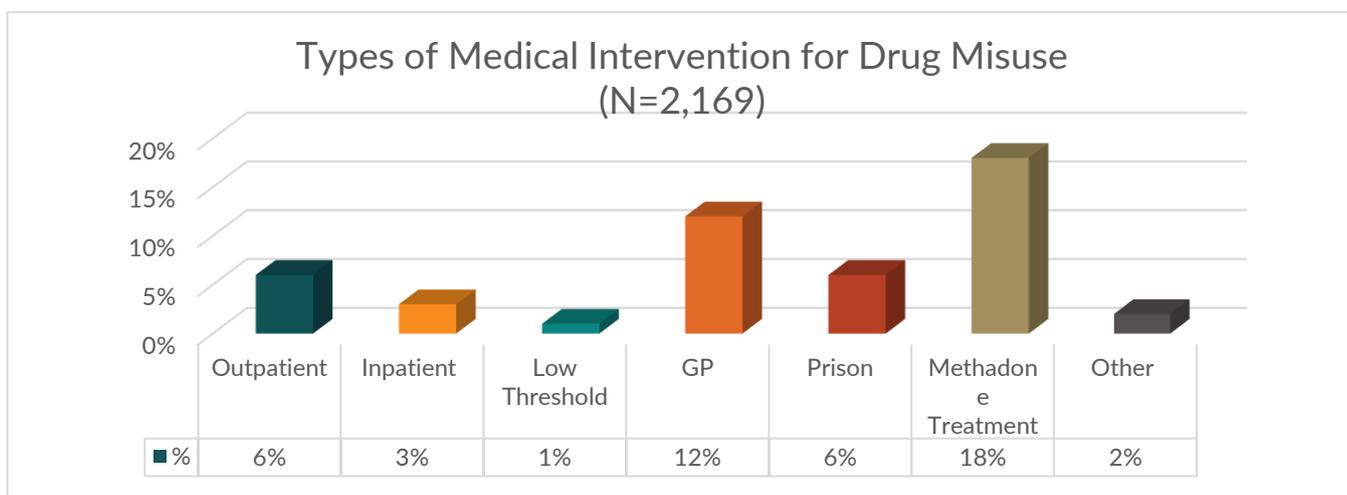
Figure 7.5



Types of Medical Interventions Engaged in by Drug Misusers on Referral

Results revealed a very low rate of engagement with Medical Interventions by clients on referral to the Probation Service. Methadone Treatment (18%) was the most frequented Medical Intervention reported by clients, followed by GP engagement (12%) (Figure 7.6).

Figure 7.6



Predictors of the Types of Medical Interventions Engaged with by Drug Misusers ⁴⁴

Methadone Treatment: Female drug misusers were 2 times more likely to report engaging in a methadone programme than males, revealing Sex a significant predictor for methadone treatment amongst drug misusers on probation (Figure 7.7). Probation Service Region was also revealed as a

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significant predictor for methadone treatment. Clients on supervision in Dublin Nth and NW and Dublin South and Wicklow were more likely to be engaged in a methadone treatment programme than clients in other areas (Table 7.9).

Figure 7.7

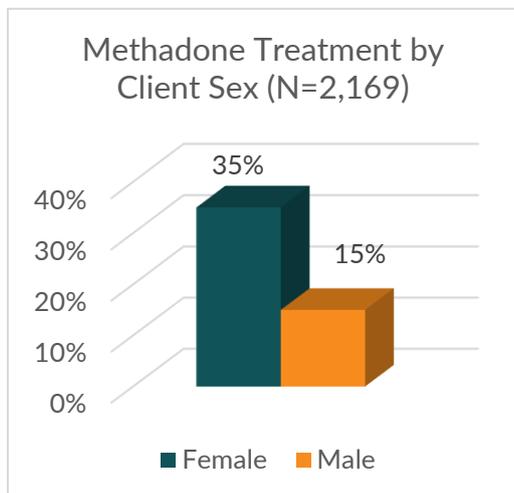
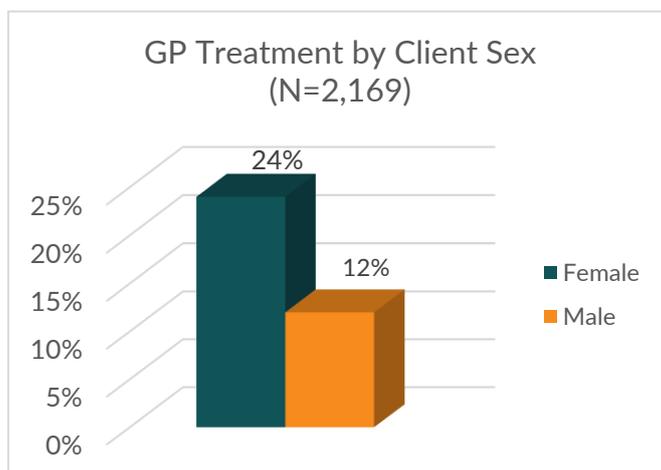


Table 7.9

Methadone Treatment and Region (N=2,169)	
YPP	0%
Dublin Nth and NE	30%
Dublin South and Wicklow	22%
Midlands and SE	16%
Southwest	13%
West NW and Westmeath	10%

GP⁴⁵: Women were twice as likely as men to report engaging with a GP for drug misuse, revealing Sex as a significant predictor for this type of drug treatment (Figure 7.8).

Figure 7.8



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Community Support Service Engagement for Drug Misuse on Referral ⁴⁶

Almost a third of clients who reported drug misuse were engaged with a Community Support Service on referral to the Probation Service. Significant Sex differences were observed, with women (47%) reporting a significantly higher rate of engagement than males (31%). Once again, these findings are at odds with drug treatment trends reported for the general population which indicates that 3 times more men engaged in a medical/community intervention in 2019 than women (HRB, 2020b). Differences were also identified across Ethnicity with White/ Black Irish clients (35%) engaging with Community Support services at a higher rate than Irish Travellers (25%) and clients from Other ethnicities (26%).

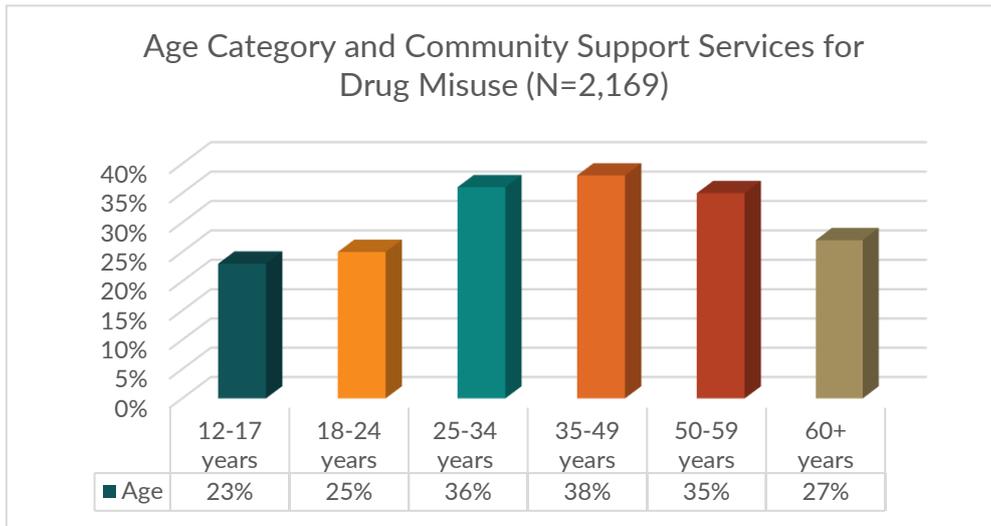
Table 7.10

Drug Misusers Engaged with Community Support Services at Referral to PS. (N=2,169)	
Yes	33%
No	59%
Not Addressed by PO	8%
Unknown	2%

Significant differences were also observed across participant age. Community Support Service engagement was highest amongst clients aged between 25-59 years (25-34 years, 35-49 years, 50-59 years), peaking at 38% for the 35-49 age group (Figure 7.9). The lowest levels of engagement were observed amongst clients aged 12-17 years and 18-24 years.

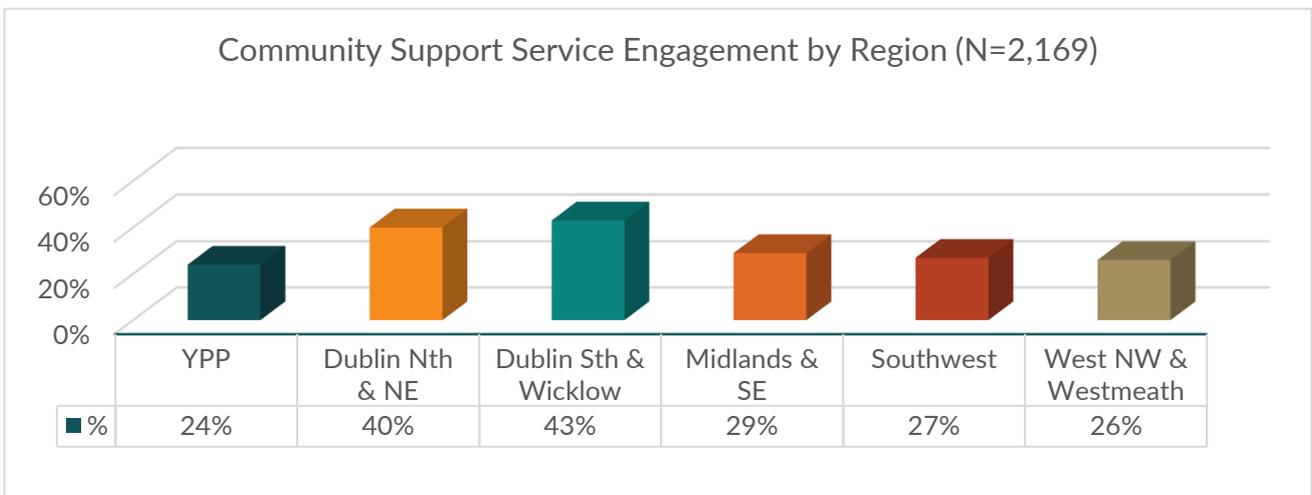
⁴⁶ Appendix 9

Figure 7.9



Service clients from Dublin Nth and NE (49%) and Dublin South and Wicklow (43%) reported significantly higher rates of engagement with Community Support Services than clients in other Regions (Figure 7.10). The lowest levels of engagement observed were among YPP (25%) and clients from West NW and Westmeath (26%).

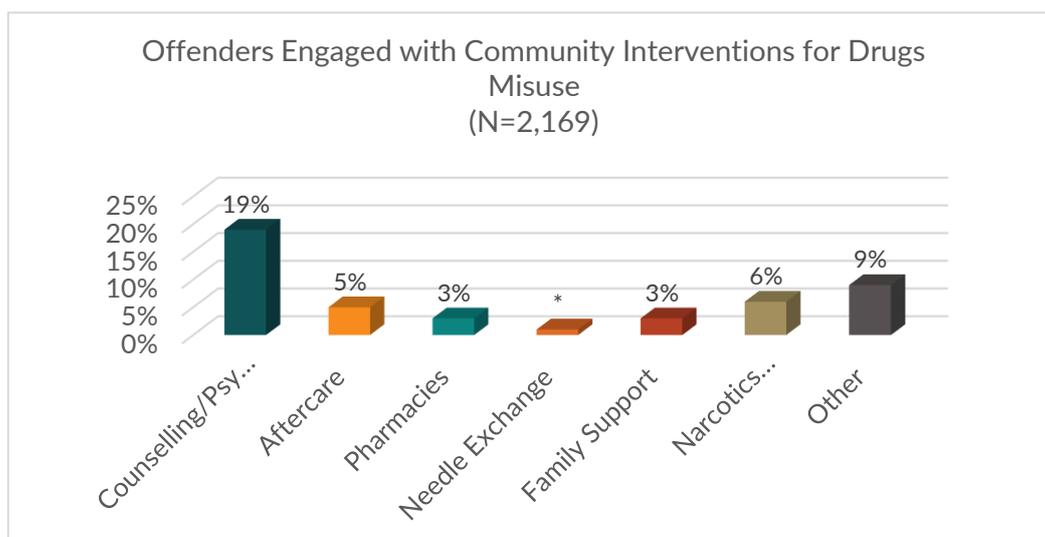
Figure 7.10



Types of Community Support Services Engaged with by Drug Misusers

Almost a fifth of clients who reported drug misuse were engaged with Counselling/ Psychotherapy on referral to the Probation Service. Low levels of engagement were reported for Narcotics Anonymous (6%), Aftercare (5%), Pharmacies (3%), Family Support (3%) and Needle Exchange (>1%) (Figure 7.11).

Figure 7.11



*Less than Three Percent - Percentages too low to report

Predictors of the Type of Community Support Services Engaged with by Drug Misusers⁴⁷

Counselling/Psychotherapy: The sex of the individual was revealed as a significant predictor for engagement in Counselling/ Psychotherapy among drug misusers. Females (25%) were seen as more likely to report engagement in this type of support service than males (17%). Ethnicity and Region were also identified as significant predictors for engagement in Counselling/Psychotherapy. White/ Black Irish (20%) were reported as more likely than Irish Travellers (13%) and clients from Other (13%) ethnicities to engage. In addition, clients from Dublin South and Wicklow were more likely than clients from other regions to be engaged with this type of support service (Table 7.11).

Table 7.11

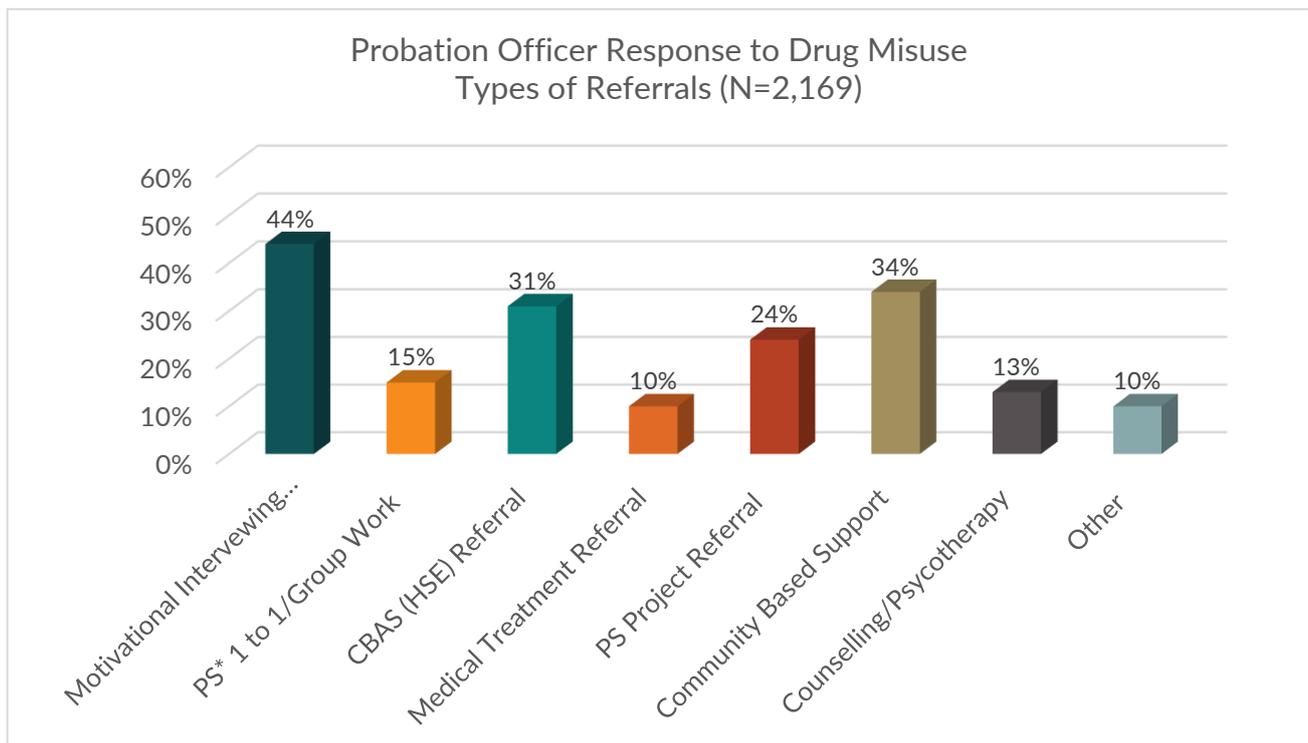
Region and Counselling/Psychotherapy (N=2,169)	
YPP	17%
Dublin Nth and NE	19%
Dublin South and Wicklow	27%
Midlands and SE	19%
Southwest	21%
West NW and Westmeath	13%

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7.5. Probation Intervention Response to Drug Misuse

Motivational Interviewing / (SAOR) (44%) was the most frequent intervention employed by Probation Officers when working with drug misusers, followed by Community Based Supports (34%), Community Based Addiction Services (HSE) (31%), Probation Service Funded Project (24%) and 1 to 1/ Group Work (Probation Service Programmes) (15%). Counselling/Psychotherapy (13%), and Medical Treatment Referral (10%) were referred the least. (Figure 7.12).

Figure 7.12



* 1 to 1/Group Work (Probation Service Programmes)

Motivational Interviewing & SAOR Model⁴⁸

Motivational interviewing was implemented with 44% of drug misusers. No major differences were observed across Sex (Female= 44%, Male= 44%) or Ethnic groups (White/ Black Irish = 44%, Irish Travellers= 43%, Other 45%). The highest rate of Motivational Interviewing was carried out with clients of 12-17 years, with half of drug misusers in this age category receiving this intervention. In contrast, drug misusers aged 60+ years (20%) received this intervention the least. Similar rates of Motivational Interviewing were observed for age categories 18-24 years (43%), 25-34 years (46%) 35-49 years (43%) and 50-59 years (45%) (Figure 7.13). Finally, the highest implementation rates for motivational engagement were reported in Dublin Nth and NE (51%) and Dublin South and Wicklow (48%), whilst the lowest were reported for YPP (34%) (Figure 7.14).

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Figure 7.13

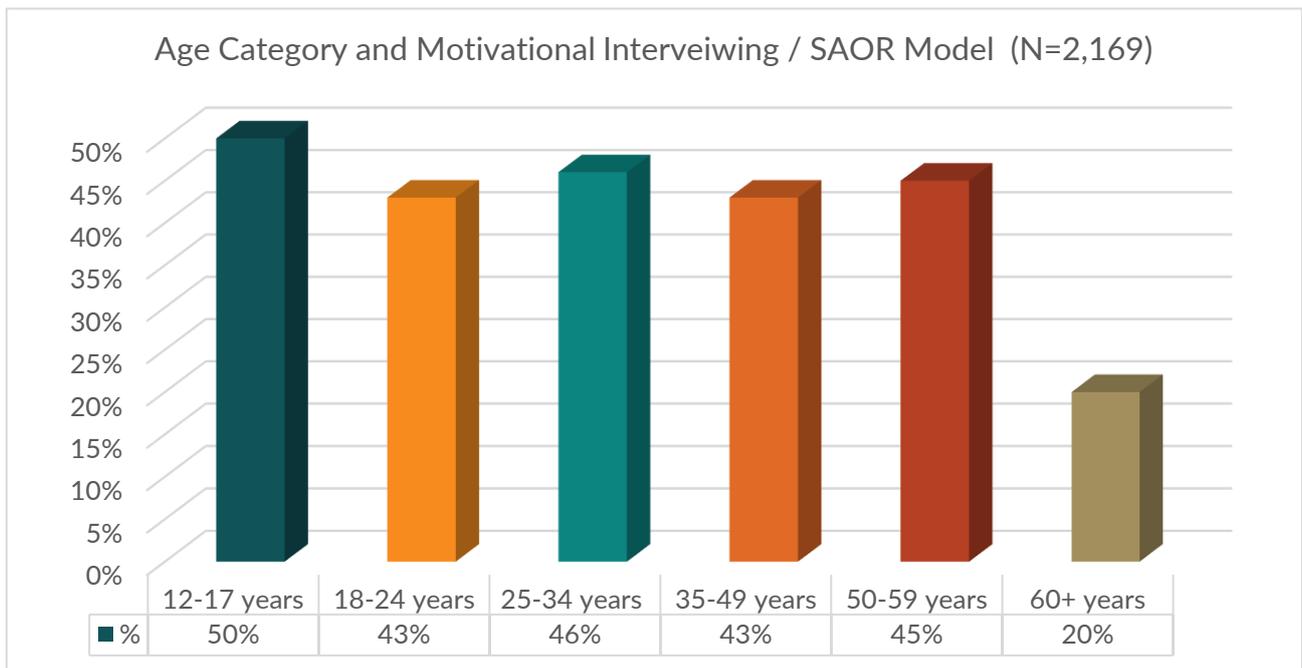
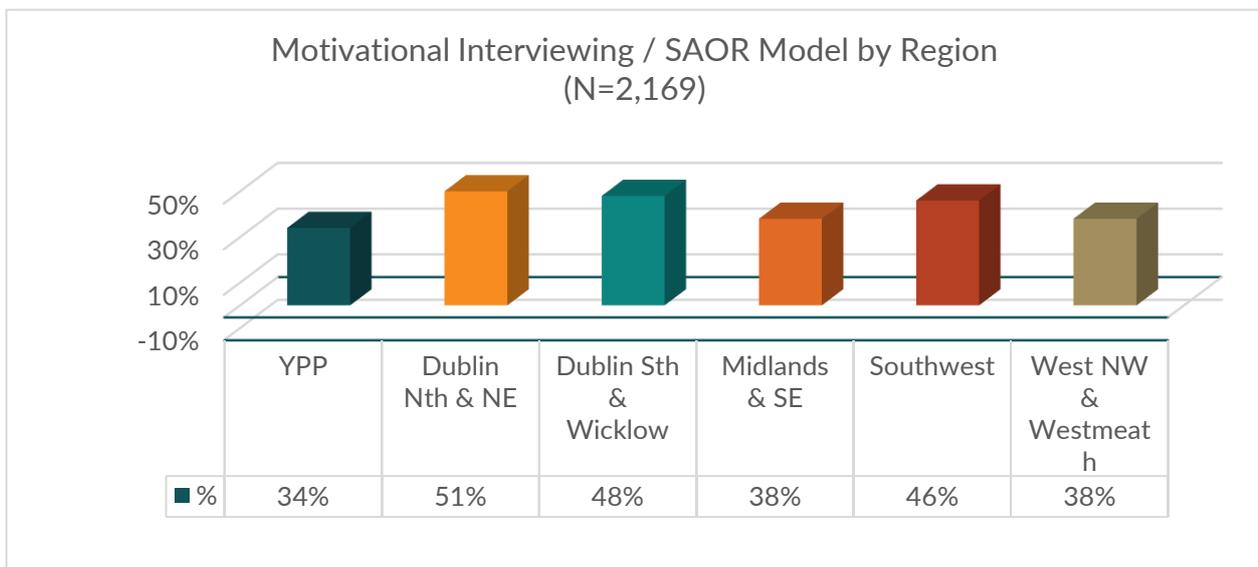


Figure 7.14



Significant Predictors for Motivational Interviewing / SAOR Model⁴⁹

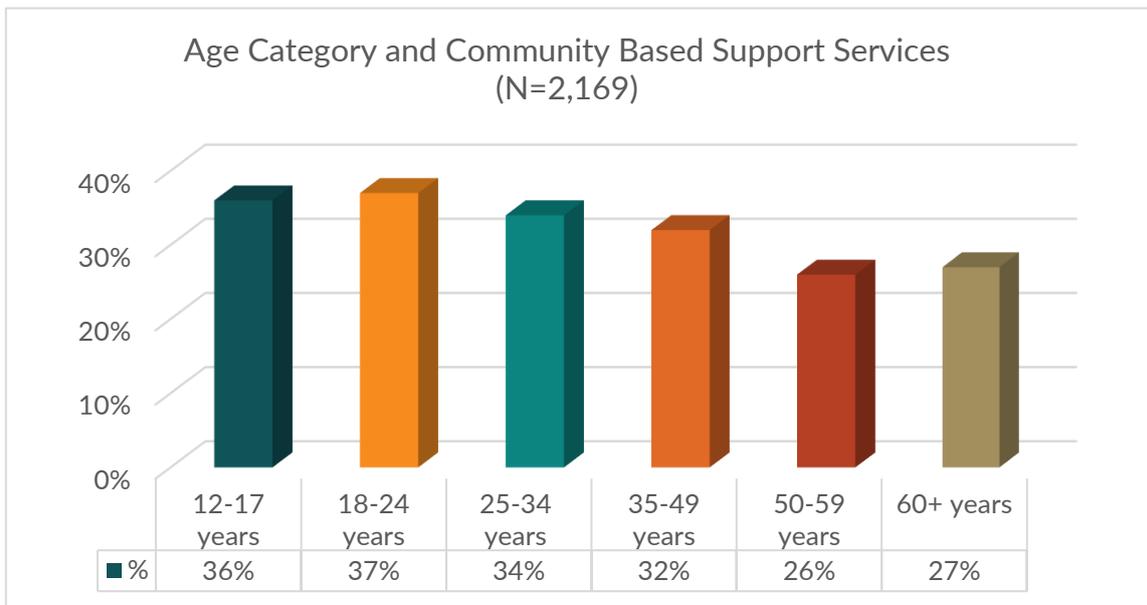
Region was revealed as a predictor variable for Motivational Interviewing. Clients from Dublin Nth and NE (51%) and Dublin South and Wicklow (48%) were more likely to receive this type of intervention than clients from other regions (Figure 7.14).

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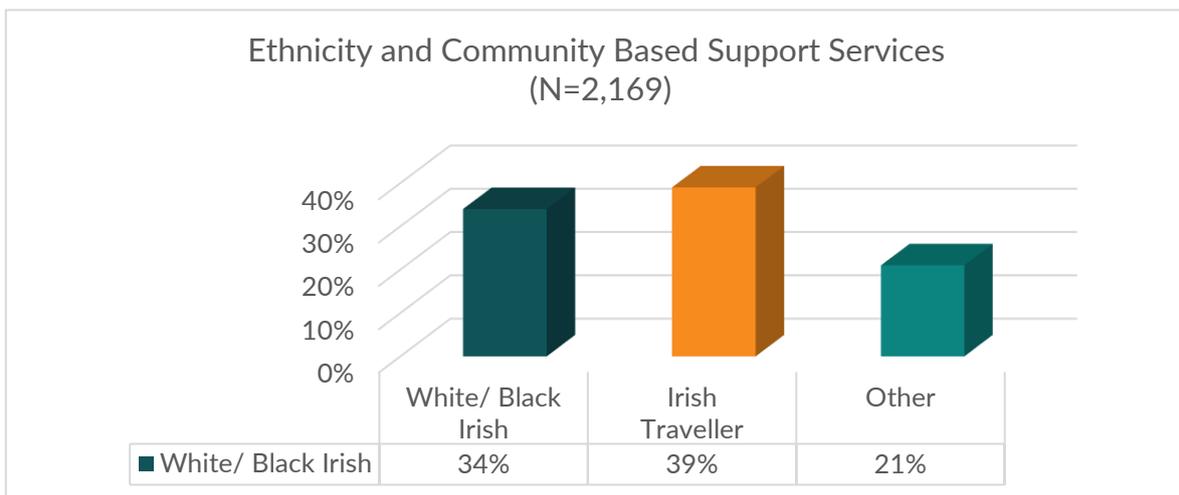
Community Based Support Services⁵⁰

A third (34%) of clients who reported drug misuse were referred to Community Based Support Services by Probation Officers. Male (34%) and female (34%) client received such referrals at the same rate. No significant differences were observed across client age with all age groups receiving referrals at a rate of between 26%-37% (Figure. 7.15).

Figure 7.15



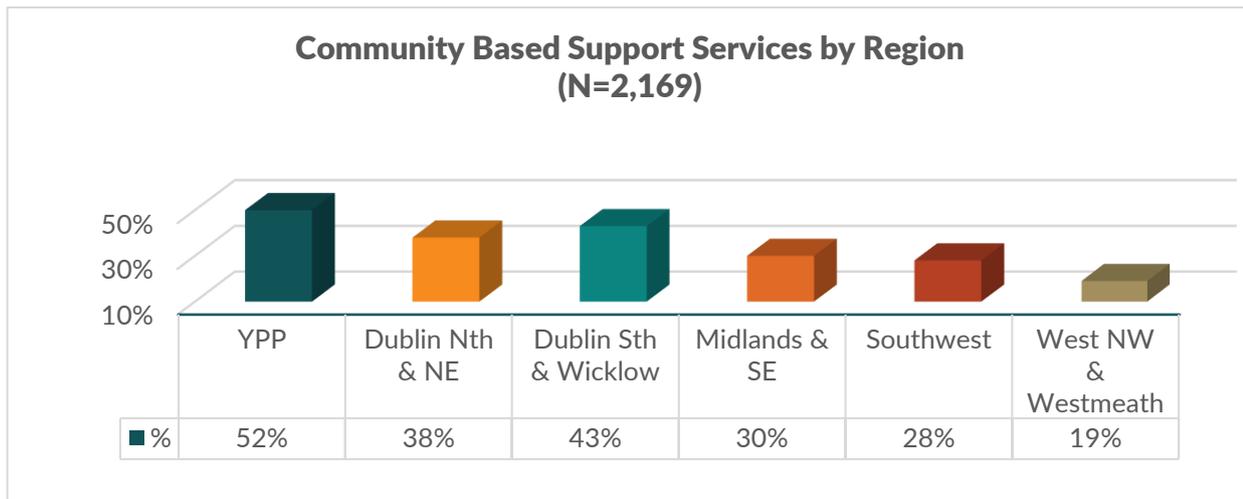
Irish Traveller (39%) and White/ Black Irish (34%) clients received a significantly higher rate of referrals to Community Based Supports than clients from Other ethnicities (21%).



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Finally, significant differences in the rate of Probation Officer referral to Community Based Support Services across Region were also identified. Clients in YPP (52%) received the highest number of referrals, followed by clients from Dublin South and Wicklow (43%) and Dublin Nth and NE (38%). Whilst adult clients from areas outside of Dublin and Wicklow were referred for these supports significantly less frequently (Figure 7.16). Specifically, clients in the West NW and Westmeath (19%) region. These findings possibly suggest an inequality in service availability across the country, with the capital and surrounding areas being service dense in terms of community supports for drug misuse whilst the remainder of the country is experiencing varying levels of service deprivation.

Figure 7.16



Significant Predictors for Community Based Support Services⁵¹

Region was revealed as a significant predictor for Community Based Support services with clients in the West NW and Westmeath being less likely to be referred for this intervention than clients from all other regions (Figure 7.16). Ethnicity was also revealed as a predictor variable, with White/ Black Irish (34%) and Irish Travellers (39%) being significantly more likely to be referred by Probation Officers for Community Based Support Services than clients from Other ethnic groups (21%).

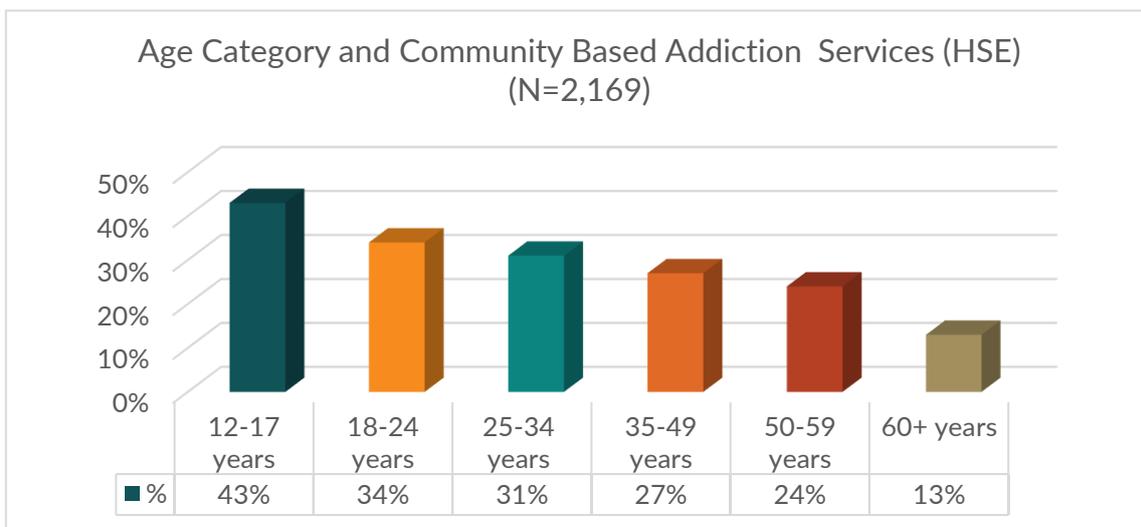
Community Based Addiction Services (HSE)⁵²

Almost a third (31%) of persons who reported drug misuse were referred to Community Based Addiction Services (HSE) by Probation Officers. Male (31%) and female (31%) client received identical rates of referral indicating that no sex differences were present. No significant differences were observed across referral rates when examining ethnicity (Irish Travellers= 31%, Other= 25%, White/ Black Irish= 31%). However, significant differences were observed across client age with drug misusers aged 12-17 years (42%) receiving the highest rate of referrals and drug misusers aged 60+ years receiving the lowest (13%). Figure 7.17 demonstrates a negative relationship between age and the rate of referral to Community Based Addiction Services (HSE), in that the number of referrals steadily decrease as clients increase in age.

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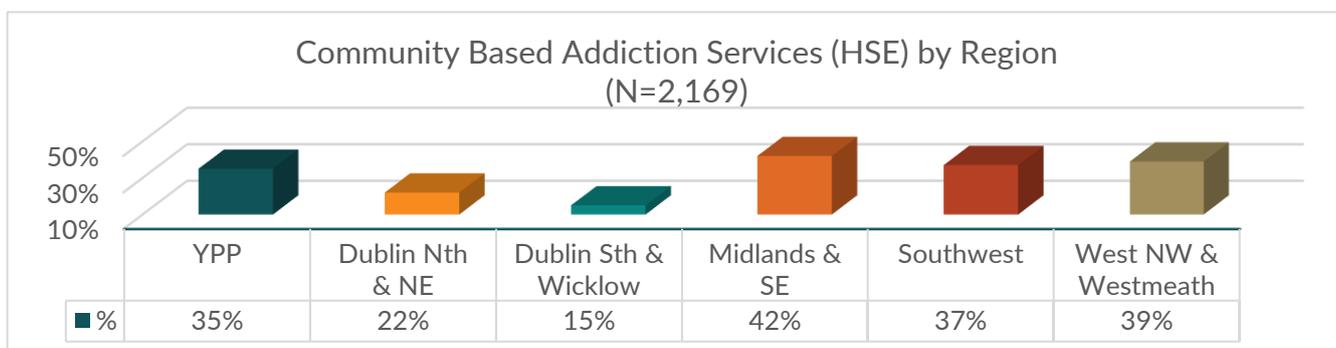
⁵² Appendix 9

Figure 7.17



In stark contrast to the referral rate of Community Based Support Services (Figure 7.16), which revealed that clients from Dublin Nth and NE and Dublin South and Wicklow received the highest number of referrals, Probation Officers from Dublin and Wicklow referred their clients to Community Based Addiction Services (HSE) the least. Findings reveal that clients from the Midlands and SE (42%), West NW and Westmeath (39%) and Southwest (37%) received the most referrals to Community Based Addiction Services (HSE) (Figure 7.18). These findings perhaps suggest that Probation Officers outside of the capital and surrounding areas rely more heavily on HSE programmes because there is a scarcity of Community Based Support Services available to them.

Figure 7.18



Significant Predictors of Community Based Addiction Services (HSE)⁵³

Region was revealed as a predictor variable for Community Based Addiction Services (HSE). Clients from Dublin Nth and NE (22%) and Dublin South and Wicklow (15%) were significantly less likely to be referred for this type of intervention than clients from other regions (Figure 7.18).

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Probation Service Funded Projects⁵⁴

Almost a quarter (24%) of clients who reported drug misuse were referred to a Probation Service Funded Project. Comparable referral rates were identified across Sex (Females= 23%; Males= 24%) and ethnicity (Irish Travellers= 24%; White/ Black Irish 24%; Other 20%). Significant differences were observed across Probation Service Region, with the highest rates of referral being reported for the West NW and Westmeath (20%) and the Southwest (13%); while the lowest rates were identified in YPP, Dublin South and Wicklow (7%) and the Midlands and SE (7%) (Figure 7.20). Finally, significant differences were observed across client age with clients aged 12-17 years (33%) receiving the highest rate of referrals. Followed by clients aged 18-24 years (27%), 25-34 years (22%) 35-49 years (21%), 60+ years (20%), and finally 50-59 years (16%) (Figure 7.19).

Figure 7.19

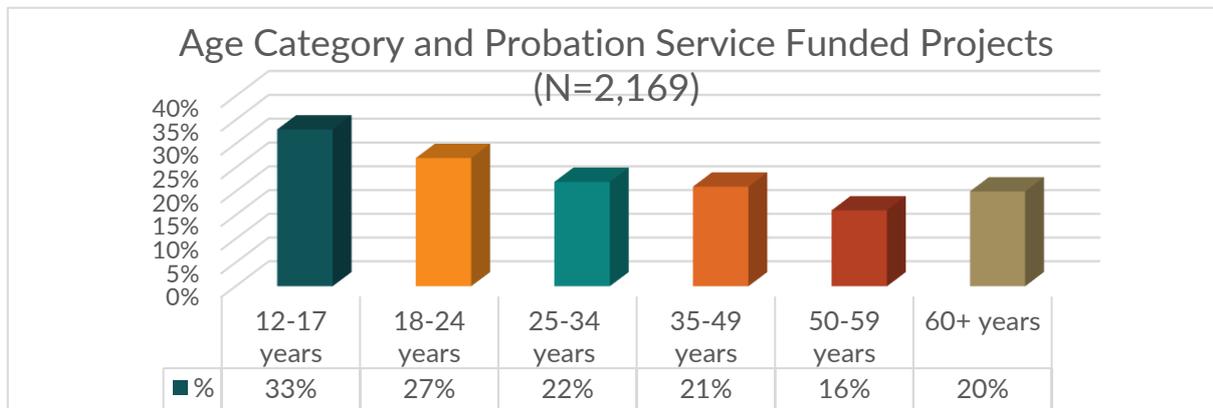
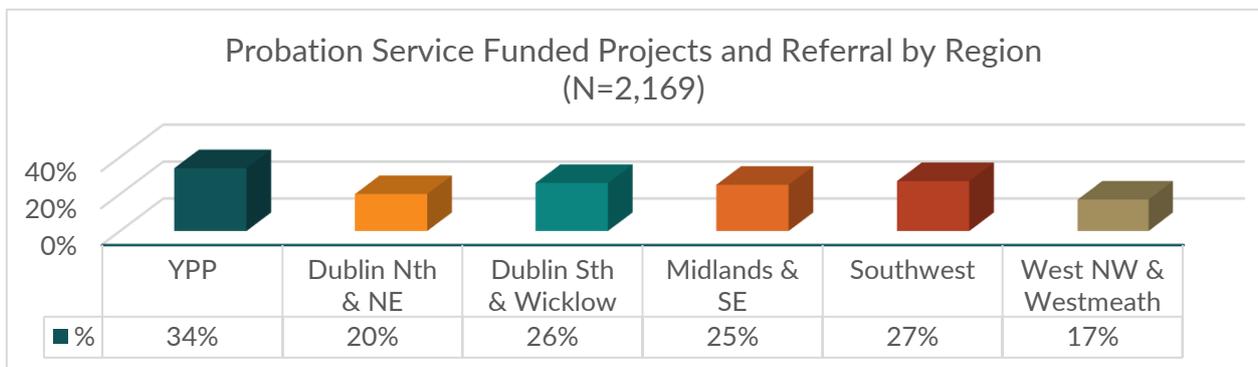


Figure 7.20



Significant Predictors of Probation Funded Projects⁵⁵

Probation Service Region was revealed as a significant predictor for Community Based Support services with clients in the West NW and Westmeath (17%) being less likely to be referred for this intervention than clients from all other Regions (Figure 7.20).

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1 to 1/ Group Work (Probation Service Programmes)⁵⁶

15% of clients who reported drug misuse were referred to or received 1 to 1 or Probation Service Group Work Programmes intervention. Females (17%) and Male (15%) received comparable rate of referral for this intervention. Similarly, no significant differences were observed across service user age with referral rates ranging between 13-17% (Figure 7.21), or across client Ethnicity (Irish Travellers= 20%, White/Black Irish= 15%, Other= 12%) However, differences were identified across Probation Service Region with the highest rates of referral reported for the Southwest (26%) and the lowest for Dublin South and Wicklow (6%) and the West NW and Westmeath (9%) (Figure 7.22).

Figure 7.21

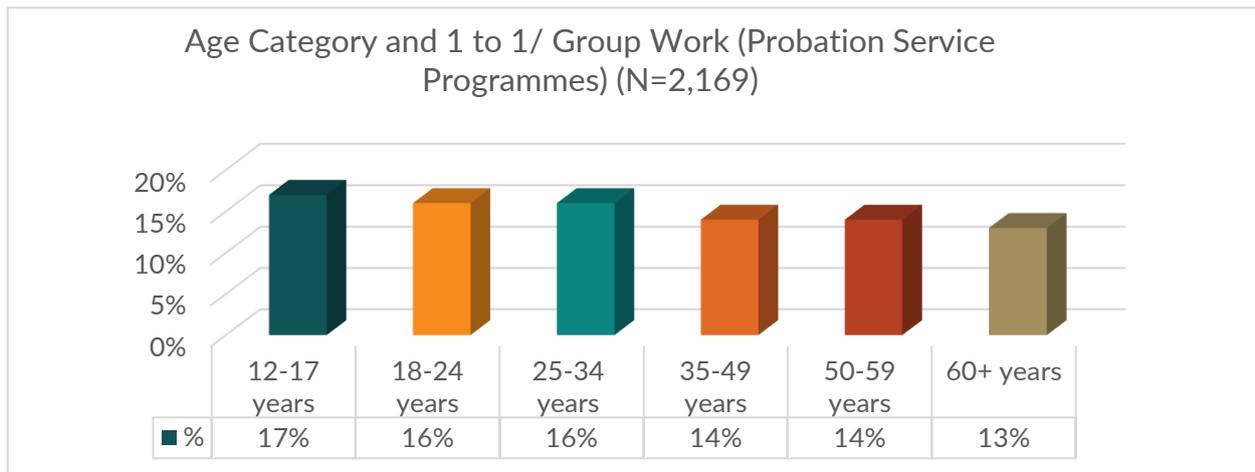
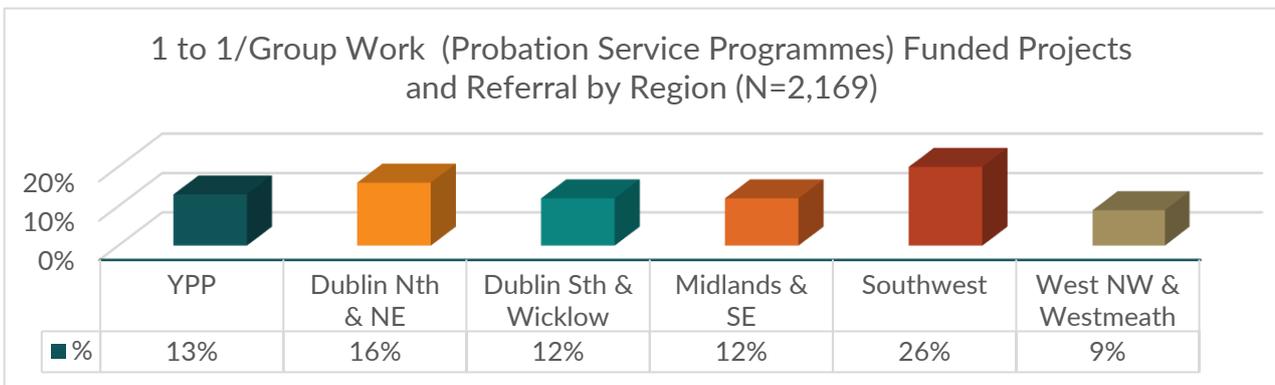


Figure 7.22



Significant Predictors of 1 to 1/ Group Work (Probation Service Programmes) ⁵⁷

Probation Service Region was a predictor of 1 to 1/Group Work, with clients from Dublin Nth and NE (16%) and the Southwest (26%) being more likely to be referred for this type of intervention than clients from other regions (Figure7.22).

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Key Messages

The aims of this chapter were two-fold. Firstly, it set out to identify the types of substance misuse services engaged with by the client sample on referral to the probation services and the rate in which they engaged with them. Secondly, it aimed to examine the response of Probation Officers to clients with misuse issues in terms of assessment, interventions, and referrals. Analysis revealed a number of key messages:

1. Low rates of engagement with Drug and Alcohol Misuse services on referral to the Probation Service were identified amongst the sample.
2. Substantial differences in the level of engagement with Drug Misuse Services were observed across Ethnicity, Probation Service Region, Age category and Sex.
3. Differences in the response of Probation Officers to Alcohol and Drug Misuse were revealed across service user Age, Ethnicity and Probation Service Region.

The findings outlined above have important implications for policy and practice and require further discussion and exploration. Such commentary is presented in Chapter 8 of this report. There, they will be situated in the context of broader national and international research in the field, and a series of recommendations for policy development, training, practice, and future research will be presented.

Chapter 8: Recommendations and Future Directions

8.1 Men and Women on Probation Supervision

Drug and Alcohol Misuse Behaviour

Findings from this study highlighted variation between genders in a number of areas. These included the level and type of drug and alcohol misuse, the impact on offending behaviour and the level of client engagement with substance misuse services at the point of referral to the Probation Service.

Exploration of alcohol misuse amongst the sample revealed that men were not only more likely than women to misuse alcohol but were also reported to have significantly higher rates of alcohol related offending. These findings are in line with national research conducted with the general population which reveals a higher rate of problematic alcohol misuse amongst Irish men (Long and Mongan, 2014).

While it is well documented that the rates of drug misuse amongst male and female offenders are comparably high, evidence also suggests that the types of substances misused across Sex differ (Forsythe and Glynn, 2017). For instance, male offenders typically misuse higher rates of cannabis, amphetamines, and ecstasy (Adams et al., 2008; Holloway and Bennett 2007), whereas their female counterparts typically misuse higher rates of heroin and prescription medications (Johnson 2004; Loxley and Adams 2009). Results from the current study reflect these trends. For instance, men on probation supervision were significantly more likely to misuse cocaine, cannabis, and ecstasy; and women significantly more likely to misuse heroin.

Findings revealed that men were significantly more likely to have a previous conviction under the Misuse of Drugs Act 1977 than women. These findings are in line with international research to show that men typically commit a higher rate of drug related offences related to distribution and supply (Davis et al., 2005; Holloway and Bennett 2007; Leiber et al., 2018; Neale, 2004; Shumpert, 2018). At present, the Probation Service delivers an alcohol and offending programme, these findings perhaps lend themselves as evidence for the development of additional programmes focusing on drug misuse and offending behaviour.

Finally, variations in the types of gateway substances misused by male and female clients were also apparent. Males on probation supervision were significantly more likely to misuse alcohol, cannabis and cocaine as gateway substances, whereas women were significantly more likely to misuse heroin and prescription medications. Such findings not only suggest that young females who come into contact with the Probation Service are more inclined to be engaging in riskier drug misuse than young males.

Such findings will support the work of Probation Officers, assigned to Young Peoples Probation, in understanding developmental differences so that appropriate assessment and intervention can be implemented.

It is important to note that the type of drug misuse by female offenders has been associated with greater health risks amongst this population (Becker and Duffy, 2002; Gossop et al., 2001; Pelissier, 2004).

There are possible reasons why the drug profiles of men and women in this study differed. Firstly, some scholars attribute sex differences in drug misuse to differential coping styles adopted by men and women and suggest that female drug misuse is a mechanism of self-medication to ease psychological distress (Byrne and Howells, 2002). Another possible reason for the high frequency of 'hard' drug misuse (i.e. Heroin) amongst female clients may be due to differences in the ways that men and women are managed by the

criminal justice system. Women are more likely to be diverted away from the criminal justice system than males. This is not only due the fact that women tend to commit low-level non-violent crime (Sharpe and Gelsthorpe, 2009), but more importantly, because a high proportion of female offenders are primary carers of one or more children (IPRT, 2013; Probation Service, 2014). Efforts to divert mothers away from the criminal justice system should not be interpreted as unequal or lenient treatment but part of a proactive gender informed approach that aims to protect the family unit and minimise negative consequences for dependent children (Minson, 2014).

However, unless diversion options are properly managed and resourced, diversion could constitute a move away from the criminal justice system solely, rather than diversion toward treatment (Malloch and McIvor, 2013). If not addressed it could result in women, who have been diverted from the criminal justice system but have not referred to treatment services, further offending and re-entering the criminal justice system with more entrenched and potentially more chaotic lifestyles. It would therefore suggest the possibility to provide more robust supports to female offenders earlier in their criminal trajectories to prevent negative consequences in the long-term.

To reduce reoffending among women, evidence suggests early intervention programmes that address substance misuse and mental health issues, improve family contact, assist with resettlement and the capacity to build social capital, and provide teaching around emotional regulation are the most effective (National Offender Management Service, 2015). The following quotations briefly describe two early intervention programmes specifically designed for female offenders in Australia and the USA.

Miruma: The Corrective Services Department of New South Wales, Australia

The Corrective Services department of New South Wales developed the Miruma residential diversion centre in 2011 for female offenders' mental health and substance misuse issues. Working in conjunction with a variety of community-based organisations and support services, Miruma offers intensive case management and supervision, along with general life skills (health care, financial management, nutrition) to facilitate the re-entry of clients into their community. Between 2011-2012, the 11-bed facility supported 53 women. Of the 53, three women returned for a second time and have now been successful in their return to the community. There has been an approximated 60% success rate for this complex group remaining in the community for two years (NSW Government, 2015).

Female Offender Intervention and Diversion Programme (FOID), Oklahoma, USA

Developed in 2010, FOID is a community-based supervision and wrap around service operated by a multiagency team consisting of state agencies and on-profits. Specifically developed for female offenders with complex needs (i.e., mental health and substance use problems), FOID aims to reduce reoffending via the provision of gender-specific and trauma-informed treatment and services for its clients; namely, employment, training, parenting skills, counselling for domestic violence and sexual assault, and support with medical, housing, and childcare needs. (Oklahoma Department of Corrections, 2013). The programme consists of four phases: the first focuses on engagement through case management, peer support, and crisis intervention; the second phase emphasises continued engagement, with the client, their family and group therapy; the third prepares clients for aftercare and focuses on assisting client engagement with the community; the final phase is aftercare which involves ongoing peer support, community group meetings, and both individual and family therapy. Once the client has completed the programme her supervision can be transferred to a lower level or terminated. Most importantly, FOID accommodates women who are also mothers. Finally, since the programme began only 7% of participants have been returned to prison (Prison Reform Trust, 2013).

Service Engagement on Referral to the Probation Service

Almost two thirds (N=1,981) of the sample were reported to misuse alcohol in some form (i.e. Binge, Harmful Misuse, Dependency). However, Service clients' level of engagement with both Medical Interventions (16%) and Community Support Services (25%) for Alcohol Misuse on referral to the Probation Service was reported as low. The most common Medical Interventions engaged with by probationers on referral were GP contact (11%) and Outpatient Treatment (5%). Whereas the highest levels of Community Support Service engagement were observed for Counselling and Psychotherapy (14%) and AA (8%). Low levels of engagement with alcohol misuse interventions may be a reflection of the cultural normalcy that exists around alcohol consumption in contemporary Ireland, which perhaps fuels a belief amongst misusers that their drinking behaviour is not problematic (Hope and Mongan, 2011). Despite findings to show that men were significantly more likely than women to engage in both Harmful misuse and Binge drinking, no sex differences were observed when examining their level of engagement with Medical Treatment or Community Interventions for alcohol misuse. These findings are at odds with research conducted with the general population which show that two thirds of persons engaged with alcohol misuse interventions between 2011-2017 were male (HRB, 2019a).

In direct contrast to the findings outlined above, there were differential rates of engagement with Community Based Support Services and Medical Interventions for drug misuse across male and female Probation Service clients. Overall, women were more inclined than men to be engaged with a Medical Intervention or a Community Support Service on presentation to the Probation Service. Evidence-based research investigating masculinities and help-seeking behaviour perhaps helps to shed some light on why such differences in service engagement were revealed. International scholarship suggests that males are less likely than females to seek professional help for a broad range of physical and mental health issues (Addis and Mahalik, 2003), even when experiencing severe levels of distress (Biddle et al., 2004). Moreover, poor help seeking behaviours have also been observed amongst men with drug and alcohol misuse issues (McKay et al., 1996, Galdas et al., 2005). Addis and Mahalik (2003) suggest that men may struggle to ask for help because they feel it demonstrates vulnerability and challenges their masculine identities. Poor help-seeking behaviour among men is especially problematic within the context of the criminal justice system given that offenders (in custody and on community supervision) have higher rates of mental and physical illness than the general population (Pratt et al., 2006), report a higher incidence of substance misuse disorders (Sirdifield et al., 2009), radically underuse health services (Howerton et al., 2007), distrust health professionals, and are often unaware of the services available to them (Mitchell et al., 2010).

Gender Informed Approach

Traditionally, treatment programmes for substance misuse have been informed by research investigating the misuse patterns of men (Tuchman, 2010; Greenfield, et al., 2007). However, that does not necessarily mean that these interventions are designed to address specific factors that are unique to male who misuse substances (SAMHSA, 2017). Research suggests that men and women not only prefer interventions that adopt a stylistically different approach (Harper and Chitty, 2005), but that their clinical and psychosocial needs differ considerably. For instance, compared to males, females report higher frequencies of physical and sexual abuse (Wisdom et al., 2009), present with higher rates of mental health issues (James and Glaze, 2006), and report a greater fear of losing custody of their children (Grella and Joshi, 1999). Females also prefer interventions that focus on building one to one relationships (Youth Justice Board, 2009). Alternatively, men report a higher rate of exposure to illicit substances, a broader range of negative social influences that precipitate substance misuse, a limited repertoire of coping skills when compared to women (Walton et al., 2001), and are less likely to seek professional medical/psychological care for substance misuse issues (Galdas et al., 2005). Some research also suggests that males prefer interventions that are rule governed and structured (Youth Justice Board, 2009). Given the identification of a range of gender-specific risk factors, triggers, and barriers to recovery; coupled with evidence to show that substance misusers benefit from a gender-informed rehabilitative approach, support for single-sex group therapies has grown amongst substance misuse experts on an international scale (Hodgins, et al., 1997, SAMHSA, 2009, 2017).

The Probation Service is committed to delivering a gender informed approach to meet the needs of females referred to the Service; to offer effective and appropriate community sanctions and achieve improved outcomes for this client group. This is evidenced by the development of gender-informed Service policies and operational guides over the past decade that both acknowledge and respond to the differential presentations of males and females subject to supervision. Specifically, gendered differences in terms of trauma and victimisation, interpersonal relationships, poverty, mental and physical health, and parenting^{58,59} are addressed. This is a positive development given recent research indicating that women and girls are

⁵⁸ See: *A gender informed approach to writing Pre-sanction reports on female offenders: Probation Service Operational Guideline October 2015.*

⁵⁹ See: *Joint Probation Service – Irish Prison Service Strategy 2014 – 2016: An Effective Response to Women Who Offend.*
http://www.irishprisons.ie/images/pdf/women_strat_2014.pdf

more likely to respond well to gender-informed approaches, especially if their backgrounds and pathways to offending are associated with gendered issues (Gobeil et al., 2016). However, while efforts have been made to make Probation practice more gender informed when working with women, it is important to note that similar efforts have not been made regarding gender informed policy and practice as it applies to men.

Considering the results generated by the present study which highlight key gender differentials regarding the misuse of substances by Probation Service clients, coupled with international evidence to suggest the implementation of gender-informed rehabilitative programs when managing substance misuse and offending behaviour, a list of recommendations for consideration by the Probation Service are presented in below.

Enhancing Gender-informed Practice...

1. Continued development and implementation of Gender Informed Research, Policy and Practice by the Probation Service. Consideration of the establishment of a gender-informed policy for male offenders on Probation Supervision. Particular attention should be given to the identification of gender-based barriers and facilitators associated with male help-seeking behaviour, engagement, and desistance.
2. Additional staff training in evidence-based gender-informed responses for both men and women on Probation Supervision. With a specific focus on gender-specific drug and alcohol misuse presentations and referrals – highlighting potential gender differences in substance misuse presentations and identifying appropriate referral pathways.
3. Upskilling staff in gender-informed responses to substance misuse and offending behaviour will enhance probation officer practice in terms of assessment, interaction style and identification of appropriate interventions and referral pathways.
4. Further strengthen interagency links to engage and support female offenders with substance misuse issues being diverted away from the criminal justice system. The delivery of gender-informed early intervention and harm reduction programmes.
5. Promoting gender-informed substance misuse interventions and treatment programmes through current community based funded projects and in collaboration with H.S.E. programme

8.2. Age Considerations

Drug and Alcohol Misuse Behaviour

When exploring the nature and frequency of alcohol misuse, findings revealed that the drinking habits of Probation Service clients varied somewhat according to age profile. For instance, Binge Drinking was highest among clients aged between 18-24 years (53%), Harmful Alcohol Misuse was most prevalent among clients aged 35-49 years (36%), and Alcohol Dependency was most frequent amongst clients aged 60+ (27%). These findings are in line with domestic scholarship to show that Binge and Harmful drinking among

the general population is associated with a younger demographic (see HRB, 2016a; Long and Mongan, 2014).

Differences in the ways in which probationers were reported to misuse illicit substances were also observed across age category. For instance, service user age was a significant predictor for Cocaine misuse for clients aged 12-59 years (12-17 years, 18-24 years, 25-34 years, 35-49 years, 50-59 years). It was also predictive of Heroin misuse for clients aged 25- 59 years (25-34 years, 35-49 years, 50-59 years). These results not only indicate that Heroin misuse is highest amongst 'older' clients, but that a significant number of probationers are engaging with quite heavy substances (Cocaine) from as young as 12 years of age. Finally, seven percent of the sample (N=220) were reported to inject drugs, and over half of this group commenced intravenous drug misuse between the ages of 18-24 years. The prevalence rate of drug overdose was identified at 5%. The highest rates of overdose were observed for client 25-34 years, identifying this cohort as the most 'at risk' group.

Service Engagement and Probation Officer Response: Service User Age

Despite data to show clients aged between 18-49 years (18-24 years, 25-34 years, 35-49 years) were the most 'at risk' group for alcohol misuse, no significant age differences were observed when exploring engagement with Medical and Community Interventions. However, when it came to Probation Officer response, Age was revealed as a predictor variable for service user referral to alcohol supports and services. For instance, Probation Officers were significantly more likely to refer clients aged between 12-49 years (12-17 years, 18-24 years, 25-34 years, 35-49 years) to Community Based Addiction Services run by the HSE. In addition, clients aged between 12-24 years (12-17 years, 18-24 years) received a significantly higher rate of referrals to Probation Service Funded Projects for alcohol misuse than clients from older age categories (25-34 years, 35-49 years, 50-59 years, 60+ years). Given findings to show that clients aged between 18-49 years (18-24 years, 25-34 years, 35-49 years) were the most 'at risk' group for alcohol misuse, these findings suggest that Probation Officers are referring clients with high-risk alcohol misuse behaviours to appropriate rehabilitative services.

Findings also showed a relationship between Age and the level of client engagement with Drug Misuse services on referral to the Probation Service. Clients between the ages of 25-59 years (25-34 years, 35-49 years, 50-59 years) were reported to have a higher rate of engagement with both Medical and Community Interventions on presentation to the Probation Service than clients aged 12-17 years, 18-24 years, and 60+ years. This is particularly concerning given the results outlined in Chapter 4 (Table 4.19) which show that probationers misuse a variety of substances at a considerable rate from as young as 12 years of age. Referral patterns of Probation Officers indicates the highest rates of referrals to Community Based Addiction Services (HSE) are made for clients aged 12-17 years and 18-24 years.

Early Intervention and Education

Adolescence is a tumultuous developmental stage of the life-course which typically marks the commencement of drug and alcohol consumption for many young people (McNicholas et al., 2019). Substance misuse is the foremost offence which brings young persons into contact with the Gardaí, and accounts for almost a fifth of juvenile criminality (Commission on the Future of Policing in Ireland, 2018). Early-onset and frequent substance misuse in young persons (aged between 10-24 years⁶⁰), specifically those in early adolescence, increases the risk of developing a range of adverse outcomes. Such as serious

60 Definition of youth set out by United Nations Department of Economic and Social Affairs
<http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>

physical health issues (Stankowski et al., 2015; Hall, 2006; Loxley et al., 2004; Newcomb et al., 2007), mental health issues and psychiatric disorders (Welsh et al., 2017), neurocognitive deficits (Jovanovski et al., 2005), sleep disorders, (Schierenbeck et al., 2008), alcohol and/or drug dependence, educational underachievement, and psychosocial difficulties (Hall, 2006; Loxley et al., 2004; Newcomb et al., 2007). Moreover, the misuse of such substances at the gateway misuse phase increases the risk of experimentation with drugs of a higher calibre (Nkansah-Amankra, 2016). Because young people are at a different developmental stage, and because they are less likely to be drug and/or alcohol dependent when compared to the adult population, responses to drug and alcohol misuse often focus heavily on prevention, early intervention, and harm reduction as opposed to intensive treatment programmes involving detoxification and psychological therapies (Stockings et al., 2016). The development of such programmes is of the utmost importance given that continued and chronic misuse amongst young misusers increases their chances of developing substance dependency and augmenting offending behaviour (Lubman et al., 2007).

The following example describes a specialised approach to adolescent substance misuse that has been adopted in other Common Law jurisdictions (Canada, USA) and has also been provided through a number of addiction services in Ireland.

The Adolescent Community Reinforcement Approach (A-CRA)

The Adolescent Community Reinforcement Approach (A-CRA) is a prime example of an early intervention substance misuse programme that has been developed specifically for adolescents and young persons. A-CRA is an evidence-based psychosocial treatment that has been widely implemented with standardized clinical training and supervision (Godley et al., 2017). The programme is designed to encourage recovery and abstinence from substance use, promote linkage and participation in care services, and help clients better engage in their community (i.e. family, friends, school, work, and extra-curricular activities). Practitioners employ a range of behavioural techniques which aim to help young people develop a substance free lifestyle that becomes more rewarding than a lifestyle involving misuse behaviour. This approach consists of 17 procedures, of which the practitioner selects and tailors in accordance with the client's individual needs, namely, problem solving, communication skills, anger management, coping with day-to-day stressors, active participation in pro-social activities, and relapse prevention skills, among others (ibid). Finally, empirical research not only testifies to the efficacy of this approach across jurisdictions, but across a range of substances (Godley et al., 2001; 2017).

The findings of this study highlight Young Persons Probation as an opportune juncture for effective screening, followed by the delivery of substance misuse education, prevention, awareness, and early intervention programmes where appropriate. Therefore, it is important that Probation Officers in all areas are adequately trained in evidence-based approaches specifically designed for implementation with this cohort. However, it is also important to note that the Probation Service only have contact with a small subset of this population. The pervasiveness of substance misuse amongst Irish youths warrants a collaborative multiagency response that includes HSE, Community based youth programmes, An Garda Síochána, TUSLA, and Drug Task Forces, education services etc. This approach is very much reflected in the actions as set out in the current *National Drug Strategy 'Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017-2025.'*

Based on the findings from the present study three key recommendations are outlined below, all of which are in line with the first goal set out the current Drug Strategy, which aims to:

“Protect the public from threats to health and wellbeing related to substance misuse by preventing early use of alcohol and other drugs among young people, influencing behaviour and challenging social norms and attitudes and providing targeted interventions aimed at minimising harm for those who have already started to use substances” (Department of Health, 2017, p17).

Ensuring Youth Focused Practice...

1. Structured and coordinated engagement with HSE and key stakeholders to facilitate increased accessibility to youth focused substance misuse services and supports particularly in locations across the country that are service deprived.
2. Staff training in both adolescent / youth assessment and the delivery of early intervention, prevention and harm reduction techniques and their successful implementation with young persons is warranted.
3. Create a dynamic communication loop for insights from frontline staff as a means of:
 - *Updating policy, staff training and practice.*
 - *Keeping Probation Officers updated and informed on a regular basis as to shifts and changes in contemporary drug trends and high-risk groups.*

8.3. Ethnicity and Substance Misuse

Drug and Alcohol Misuse Behaviour

This study identified some interesting drug misuse trends across ethnicity.

Firstly, ethnicity was revealed as a significant predictor for the types of drugs misused by service clients. Both White/ Black Irish and Irish Travellers were significantly more likely to misuse Cannabis than clients from Other ethnic backgrounds. Additionally, White/ Black Irish were more likely to misuse Ecstasy and Benzodiazepines than clients from the Traveller Community and Other ethnicities. Interestingly, trends yielded by the present study do not corroborate research conducted with the non-offender population which identifies increased rates of opiate misuse issues amongst the Traveller Community, especially among Traveller women (HRB, 2017).

Secondly, Irish Travellers were reported as having the highest level of alcohol related offending behaviour of all ethnic groups, which is interesting given that similar rates of alcohol misuse were reported across ethnic groupings. In contrast, White/ Black Irish (54%) were identified as having the highest rates of drug related offending when compared to Irish Travellers (40%) and clients from Other ethnicities (36%). These findings are not surprising given that White/ Black Irish clients were reported as having the highest levels of drug misuse amongst the sample.

Thirdly, in depth analysis exploring the context of gateway substance misuse revealed that the majority of clients from all ethnic grouping were reported to misuse gateway substances with their peers, clients from the Traveller Community (17%) were significantly more like to misuse gateway substances with family members than White/ Black Irish (5%) and clients of Other (3%) ethnic origins.

Findings to show ethnic diversity across alcohol related offending, gateway substance misuse behaviour, and the types of substances misused by probationers emphasizes the importance of Cultural Awareness and Sensitivity training for Probation Officers. Moreover, such findings evidence the need for the development and roll out of culturally appropriate substance misuse interventions, especially given the overrepresentation of clients from the Traveller community engaged with the service.

Service Engagement and Probation Officer Response

The paucity of research investigating substance misuse amongst ethnic minority groups in Ireland makes it difficult to draw comparisons across the general population and the present study's sample of probationers (Crowley, 2017). However, evidence-based research that does exist reveals a low level of engagement with community-based services resulting from social and systemic barriers. For instance, limited knowledge and understanding of the services available coupled with a lack of culturally specific programmes has been identified as a barrier to engagement (Corr, 2004). Moreover, language barriers; an absence of cultural competency; discriminatory attitudes and behaviour by professionals; and racist stereotyping have also been highlighted as significant barriers faced by ethnic minority groups when it comes to accessing community-based substance misuse services (Kelly et al., 2009). The reported lack of engagement with services by individuals belonging to ethnic minority groups not only impedes the development of a culturally informed service but prevents service providers developing trust and rapport with potential clients.

Evidence based research carried out with the Traveller Community indicates that Irish Travellers face many of the same challenges experienced by other indigenous and ethnic minorities across the globe. Specifically, negative stereotyping and prejudice, marginalisation and discrimination, socio-economic deprivation and poverty, and perilous environmental conditions (Gracey and King 2009, King et al. 2009). Recent research has not only documented a rise in mental ill health and suicide amongst the Traveller Community, but an increase in substance misuse behaviour (Van Hout and Hearne, 2017) This is especially problematic given that Travellers experience a variety of barriers when it comes to accessing support services, which in turn work to deter help-seeking behaviour. For instance, research investigating the Traveller Community's experiences of primary care and drug services reveals that they often suffer discrimination, feel their confidentiality is undermined, experience difficulties accessing referral networks, and report feeling a lack of cultural acceptance from both healthcare professionals and administrative staff (Van Cleemput, 2009). As a result, Irish Travellers have a tendency to rely heavily on acute services (such as Accident and Emergency Departments) and avoid preventive health services (such as community-based addiction services) (Van Cleemput et al., 2007). Finally, their nomadic tradition and history of mistrust of the general population (or 'settled' community) has also been identified as a possible barrier to engagement with services (Helleiner, 2000).

Findings from the present study certainly confirm the scholarship discussed above, as clients from the Traveller Community and Other ethnic groups were reportedly less likely to be engaged with both Medical and Community Interventions for drug misuse than White/ Black Irish Service clients on referral to the Probation Service. The Irish Human Rights and Equality Commission Act 2014 requires public agencies to work toward eliminating discrimination, promoting equality, and protecting human rights when fulfilling their functions. Public agencies are also required to identify any equality and human rights issues that may be relevant to their function and implement policy and practice to address such issues. In accordance with this Act, Ireland's most recent Drug Strategy, '*Reducing Harm, Supporting Recovery A health-led response to drug and alcohol use in Ireland 2017-2025*' (Department of Health, 2017, p.44), states "There is a need to recognise the diversity evident among drug users and to take steps in providing services that can accommodate this diversity and address the needs of particular groups in relation to problem drug and alcohol use".

Moving forward, it is important that Probation Service continues to build on cultural competency and equality training among staff. Probation Officers have the skill and the resource capacity to make culturally appropriate assessments and referrals that are respectful, relevant and accessible for these client groups.

Creating a culturally inclusive Probation Service approach to effectively address substance misuse and addiction issues:

1. Accommodating the needs of people who use drugs and alcohol from specific minority groups is of the utmost importance. All clients must be provided with equal access to information regarding probation protocols and procedures so that they can successfully comply with supervisory parameters. Information must be presented in a manner that is accessible and comprehensible to all Probation Service clients.
 - *Essential information should be available in different languages.*
 - *Clients must have access to interpreters.*
 - *Appropriate supports and environmental accommodations must be given to clients with low literacy levels (i.e. use of plain written language, verbal communication of appointments).*
2. There is a need to increase service user access to programmes and interventions that provide information, support, and methods that are culturally relevant and appropriate.
 - *Development of culturally specific programmes and services where appropriate (i.e. in accordance with service user demand).*
 - *Allocation of funding to existing culturally specific programmes and services as a means of increasing capacity and enhancing service delivery (i.e. in accordance with service user demand).*
3. Cultural Awareness and Sensitivity Training should be provided to all Probation Service staff as a means of ensuring anti-racism, cultural competency, and equality. Training should be specific to the Probation practice and include evidence-based principles regarding effective engagement with individuals from ethnic minority groups and new communities. Education surrounding the differential acceptability of substance misuse and offending behaviour across minority groups would also be appropriate.

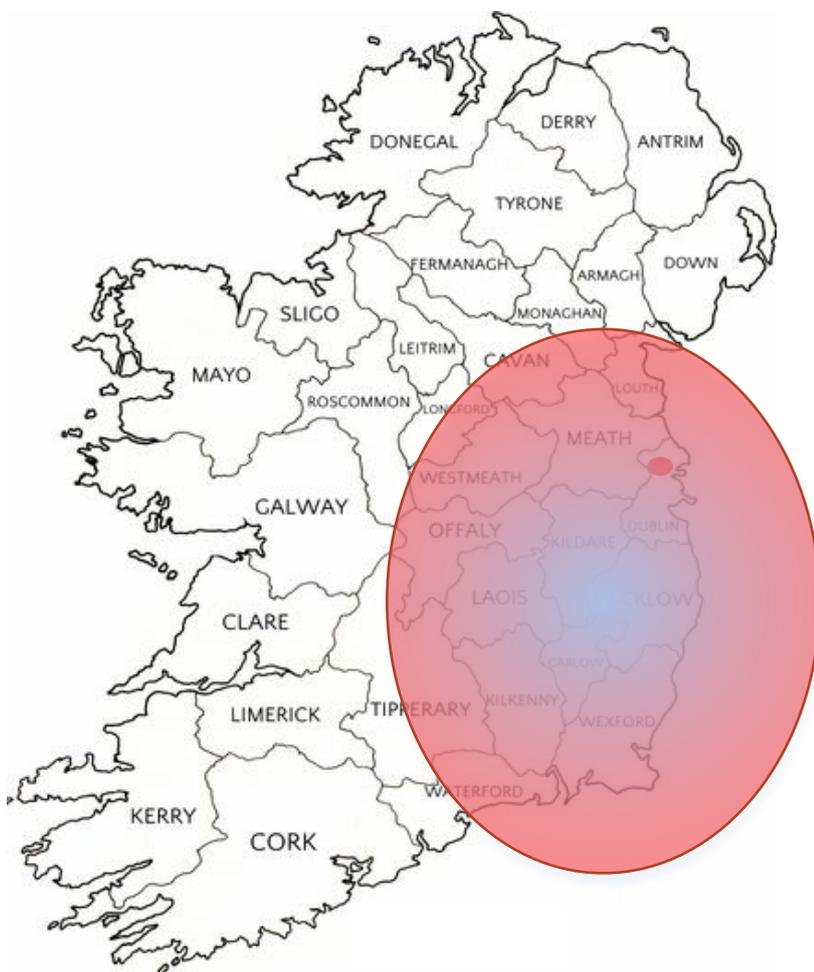
8.4. Regional Considerations

Drug and Alcohol Misuse Behaviour

When exploring Alcohol Misuse across Probation Service Region, findings revealed higher rates of misuse in rural areas, specifically in the West NW and Westmeath. This was also the case when examining the types of alcohol misuse on a regional basis, as alcohol **Dependency** and **Binge** drinking was reported to be significantly higher in **West NW and Westmeath** (Table 8.1).

Table 8.1

Types of Alcohol Misuse by Region					
	Dublin Nth and NE	Dublin South and Wicklow	Midlands and SE	Southwest	West NW and Westmeath
Binge	43%	43%	44%	45%	53%
Harmful	30%	41%	26%	34%	33%
Dependent	18%	20%	15%	16%	24%



Interestingly, the opposite was true for drug misuse. The highest levels of Heroin, Cocaine, Benzodiazepines, Ecstasy and Cannabis misuse were reported for clients supervised in **Dublin Nth & NE, Dublin South & Wicklow, and the Midlands & SE** (Table 8.2). Whereas lower rates of drug misuse were identified outside of the Capital and surrounding areas (i.e. Southwest, West NW & Westmeath).

Furthermore, the highest rates of drug overdose were also reported for these areas (**Dublin North & NE= 35%; Midlands & SE= 20% and Dublin South & Wicklow= 19%**).

Table 8.2

Types of Drugs Misused by Region					
	Cannabis	Benzo	Heroin	Cocaine	Ecstasy
Dublin Nth and NE	58%	50%	43%	42%	22%
Dublin South and Wicklow	56%	37%	33%	42%	22%
Midlands and SE	60%	34%	27%	27%	19%
Southwest	55%	32%	23%	25%	14%
West NW and Westmeath	53%	21%	14%	29%	17%

Research regarding the regional topography of substance misuse in Ireland is sparse. However, these findings are in line with one study conducted with young persons (aged 21 and younger) to show that a higher rate of individuals from rural areas sought treatment for alcohol misuse, whereas individuals from urban areas presented with a higher incidence of poly-drug misuse (Keane, 2014). It is important to note that while comparisons of the prevalence of drug misuse across Probation Service regions suggests more prolific misuse in urban areas; evidence-based research carried out with offenders suggests that chronic drug abusers from rural areas have significantly higher rates of lifetime drug misuse than chronic drug abusers from urban areas. This is likely due to a scarcity in rehabilitative services in rural areas where drug misusers can access the interventions and supports they require (Warner et al., 2001). Such findings highlight a complex relationship between drug misuse and an individual's location. Moreover, they highlight a vulnerability among offenders in rural locations with drug misuse issues that Probation Officers must be mindful of.

Service Engagement and Probation Officer Response

When examining service user engagement with Medical Interventions and Community Support Services for Alcohol Misuse on referral to the Probation Service, no major differences were identified across Probation Service Region. Conversely, regional differences were observed across service user engagement with drug services and interventions. Clients under supervision in Dublin Nth and NE and Dublin South and Wicklow were reported as having the highest levels of engagement with both Medical intervention and Community Support Services for Drug Misuse on referral. Whereas clients under supervision in West NW and Westmeath were reported to have the lowest. Results outlining Probation Officer response to Drug Misuse revealed that services users from West NW and Westmeath received the lowest rate of referrals to Probation Service Funded projects and Community Based Support Services than clients from other regions. It is possible that low levels of engagement on presentation to the Probation Service by offenders in the West NW and Westmeath, and the low rate of referrals to community support services by probation officers working in the West NW and Westmeath Region, are linked to a sparsity of drug misuse services in the area. However, further research exploring the regional equity of substance misuse services across the Republic of Ireland is warranted to explain these findings with certainty.

It is important that Probation Officers are aware of Medical Interventions and Community Supports available in their respective areas and the referral pathways associated with these services. The Probation Service and the HSE has a long collaborative history within the field of substance misuse service provision and have fostered a positive interagency relationship over the years. Moving forward, it is important that both agencies work to further enhancing their collaborative prowess by developing a systematic method

of structured engagement that involves strong interagency communication, information sharing, and problem solving. Such efforts will promote clarity regarding service access and availability and help to ensure the needs of Probation Service clients are being appropriately met.

Results show that Drug and Alcohol Misuse amongst Probation Service clients is a nationwide reality, it would be beneficial that further analysis is undertaken exploring the demand, availability and accessibility of services for substance misusers across the country. Such analysis would not only provide a map of substance misuse services (Public, Private, and NGO) which by itself would be useful; it would identify specific geographical locations with specific needs and that are 'service poor'. That knowledge would inform service provision decision-making on both a local and national level as well as the allocation of funding to develop substance misuse supports and services. A study would also fulfil in part a key strategic objective in the National Drug Strategy,⁶¹ to expand the availability and geographical spread of quality drug and alcohol services and improve the range of services by identifying and addressing gaps in service provision.

Optimising Service Access...

1. Continue to strengthen synergies with other government agencies. Specifically, with the HSE.
 - *Develop a systematic method of structured engagement between the Probation Service and the HSE that involves strong interagency communication, information sharing, and problem solving.*
2. Through interagency engagement focus should be given to the accessibility of substance misuse programmes and interventions. Consideration should also be given to additional innovative ways of engagement through remote and online platforms.
3. Create a dynamic communication loop for insights from frontline staff as a means of:
 - *Updating policy, staff training and practice.*
 - *Keeping Probation Officers updated and informed on a regular basis as to regional trends in substance misuse.*
 - *Highlighting gaps in service and problematic referral pathways.*

8.5. Gambling

International research evidences a complex relationship between disordered gambling and criminality (Commission on Problem Gambling and Crime, 2020). Offenders who present with gambling issues typically report being trapped in a vicious cycle of gambling, accumulating debt, committing crime to pay off debts, followed by more gambling (Turner et al., 2009). Research investigating problem gambling in the offender population indicates an average prevalence rate of 33% (Turner et al., 2009; 2013; Williams et al., 2012). Despite the reported pervasiveness of the issue, scholarship surrounding interventions for offenders who

⁶¹ *Reducing Harm, Supporting Recovery A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health, 2017)

present with problem gambling is scarce (Commission on Problem Gambling and Crime, 2020; Turner et al., 2017).

Commentary on the data collected in this study concerning gambling behaviour is difficult due to the overwhelmingly poor response rate of survey participants (Probation Officers). 46% of the data pertaining to the gambling habits of probationers was missing (cited as 'Unknown' in this report). One can only speculate that Probation Officers perhaps averted questions inquiring about this behaviour because they simply did not have the information. If this is in fact the case, these findings suggest that Probation Officers are simply not asking their clients about gambling behaviour. This is unsurprising given international research shows that a lack of awareness of problem gambling amongst criminal justice professionals is a significant issue (Turner et al. 2017). Such oversight is understandable when considering that Probation Officers must effectively triage which issues to tackle with each of their clients. For instance, due to the serious health implications associated with prolific drug and alcohol misuse, it is easy to see how these issues would take precedent over gambling. However, with evidence-based research identifying a relationship between gambling, addictive behaviour, and criminality, it is an area that Probation Officers should incorporate in to their assessment and supervision processes.

Increasing Awareness about Problem Gambling

1. Increased awareness of the relationship between problem gambling and offending behaviour is required across the entirety of the criminal justice system. It is recommended that training specifically focused on the assessment, management, and engagement of problem gamblers be developed and implemented with all probation officers.
 - The development of a collaborative relationships between the Probation Service and key stakeholders including gambling support services to provide staff training and developing policy and practice.

8.6. Future Directions

Substance Misuse and Probation Practice in Covid-19

The COVID-19 pandemic presented unique challenges for people with substance misuse issues and people in recovery. Indeed, these challenges are far more complex for offenders on probation supervision, especially those who have recently exited custody and require a high level of support. The implementation of social distancing measures to combat the spread of the coronavirus has called for significant changes in the ways in which Probation Officers provide supervision, support, and guidance to their clients.

In the Probation Service, there has been a re-prioritisation of face-to-face probation work with an increased dependency on engagement through telephone contact (Alvey, 2020). Overall, this shift in practice has been positive, particularly in cases where rapport has already been well-established, clear supervision plans are in place, and recent progress in addressing risks of re-offending has been made (ibid). Whilst the establishment of new supervisory relationships over the phone has been challenging, Probation Officers feel that this new way of working has fostered the development of telephone interviewing skills that promote trust and rapport with clients (Ibid). The coronavirus outbreak has forced us as a society to utilise remote internet connectivity to a level never-before-seen. Some commentators have begun to ponder whether our reliance on technology during the pandemic will fast-track greater digitisation, not just within

the criminal justice system, but throughout society at large (Susskind, 2020). This section aims to briefly explore evidence-based commentary pertaining to the delivery of substance misuse interventions and supports via digital technologies. Recommendations for policy and practice will follow in accordance with the literature reviewed.

International research suggests that one-third of the general population are experiencing increased psychological distress following the outbreak of coronavirus (Qiu et al., 2020). Such increases in stress levels have been shown to play a crucial role in drug misuse and relapse (Sinha, 2001), and are associated with the development of alcohol and other substance misuse issues (Brady and Sonne, 1999; Hoffmann, 2000). Recent research also identified a heightened level of vulnerability among some categories of substance misusers when it comes to contracting the Covid-19 infection. For instance, the damaging effect cocaine misuse has on the heart and lungs proliferates the risk of mortality associated with the coronavirus infection (Marsden et al., 2020). Alcohol misuse has also been identified as a risk factor for the development of adverse health outcomes associated with the virus (WHO, 2020). In addition, decreases in accessibility to Opioid Substitution Treatment during the pandemic may lead to reduced tolerance and subsequent overdose (Wakeman et al., 2020). Considered altogether, these findings highlight the importance of ensuring the continued provision of supports and interventions for substance misusers during this national crisis.

Probation Work and Digitization

The rapid sophistication of information and communication technologies means that new ways to communicate, engage with, and provide services are developing all the time. Digital technology has been used internationally to improve access to health information, support, and services. Such interventions are commonly referred to as “Connected Health” and have been defined as:

“encompassing terms such as wireless, digital, electronic, mobile, and tele-health and refers to a conceptual model for health management where devices, services or interventions are designed around the patient’s needs” (Caulfield and e Donnelly, 2013).

There is a growing body of evidence supporting the effectiveness of connected health technologies in treatment and/or support for a wide variety of mental health difficulties. Namely, interventions for post-traumatic stress (Lange et al., 2001), anxiety, depression, eating disorders (Grover et al., 2011), and psychosis (Alvarez-Jimenez et al., 2013). Moreover, connected health technologies have been identified as a mechanism for providing substance misuse interventions that could positively improve service delivery patterns and outcomes (Molfenter et al., 2018).

To date, a variety of connected health technologies have been utilised to provide substance misuse supports and interventions via text messaging, videoconferencing (for group and solo therapies), mobile apps, and virtual reality (see, Marsch et al., 2016; Mason et al., 2015). Some research evaluating the effectiveness of such interventions not only shows that treatment supports delivered via these types of modalities (particularly video-conferencing) has resulted in similar treatment outcomes and high service user satisfaction (Chakrabarti, 2015, King et al., 2009; Marsch et al., 2014), but evidences superior treatment outcomes when compared to traditional modes of practice (Quanbeck et al., 2014).

Almost the entire adult population in Ireland (90%) owns a smart phone (Irishlife, 2020). Thus, it may be assumed that the vast majority of Irish adults could have access to a number of videoconferencing and text messaging platforms that are not only encrypted and secure, but available free of charge (i.e., Zoom, Telegram). With evidence to show high levels of accessibility to web-enabled devices, coupled with research highlighting the effectiveness of online substance misuse interventions, it is reasonable to infer

connected health technology has the potential to improve the access of some probation clients to substance misuse support services and interventions.

Finally, there is currently a lack of evidence-based research evaluating the effectiveness of using new technologies for the remote supervision of persons on probation (Fox et al., 2018). However, interest in the area is growing, and a number of pilot programmes have been implemented internationally (see McGreevy, 2017; Morris and Knight, 2018; Pattavina and Corbett, 2019). Given the situation in which we currently find ourselves with respect to Covid-19, now is the ideal time to explore, develop and assess technological alternatives to traditional modes of supervision and service provision. First steps in this process would be to conduct a review of international criminal justice research and policy investigating the use of connected health technologies and web-enabled devices to supplement Probation Supervision and deliver Substance Misuse supports/ interventions. Subsequently, opportunities for collaboration with Probation and Parole agencies in other jurisdictions should be explored as a means of assessing the feasibility and efficacy.

There are three key reasons why the Probation Service should consider adopting new innovative ways to carry out their work and engagement with Service clients in relation to substance misuse and broader case management processes.

1. Future Proofing

Ensuring that Probation Practice evolves and aligns with the ways in which contemporary society communicates, accesses education, finds information, and engages with government agencies, health care, and support services.

2. Service Access

The implementation of digital platforms and smartphone applications to deliver key services and interventions, host meetings, and gather information have the potential to increase accessibility to clients living in areas that are service deprived, provide support for clients outside of traditional working hours, and increase client engagement with Probation Officers.

3. Improving Evidence-Based Practice

The incorporation of digital tools to connect and engage with Probation Service Clients would provide a new mechanism of data collection that would be useful in terms of evaluating the feasibility, up-take and effectiveness of programmes, services, and interventions delivered by the Probation Service. It would also allow for the systematic collation of data into an automated database that could be used to track referral pathways, client engagement, best practice and Probation population trends.

Future Proofing Probation Work...

1. Conduct a review of international criminal justice research and policy investigating the use of connected health technologies and web-enabled devices to supplement Probation Supervision and deliver Substance Misuse supports/ interventions.
 - Explore opportunities for collaboration with Probation and Parole agencies in other jurisdictions as a means of assessing the feasibility and efficacy.

Research, Evaluation and IT Development

The Probation Service has a demonstrated commitment to empirical research and evidence-based practice which is substantiated by the numerous studies and reports that are available on its website, coupled with the publication of the joint Probation Service/ Probation Board for Northern Ireland journal, the 'Irish Probation Journal', which is published on an annual basis. However, the absence of an automated data collection system and a dedicated 'in-house' research team means that the service is not meeting its full research potential in key areas such as substance misuse and related areas pertaining to offending behaviour.

Consideration should be given to the establishment of a research and evaluation team within the Probation Service headed by a full-time research officer who would work in conjunction with board members, Probation Officers and IT personnel.

1. Implement a Research and Evaluation Strategy

- Define key research and evaluation objectives.
- Launch and maintain a research repository on the Probation Service website (www.Probation.ie), where the public can access, and request research conducted/commissioned by the Probation Service in areas such as substance misuse and broader areas related to offending behaviour and management of same.
- Develop and implement a Research Impact and Dissemination Strategy to raise the research profile of the Probation Service on both a national and international scale.

2. Development of a Data Bank for ongoing drug and alcohol research and other related studies

In conjunction with IT, the research officer would establish and monitor a Data Bank containing both automated data collection and manual (purposive) data collection.

- Procurement of an Automated Data Collection software programme would allow for the collation of useful (de-identified) information about the client population. Such as, client history (demographics, current conviction(s), type of probation order, risk assessment scores (LSI, Stable and Acute), SAOR assessment scores, referrals. Automated data inputted into the Data Bank would provide easy access to information to inform training and continued professional development, annual reports, service reviews, business cases, and funding applications.

- The establishment of a data bank would also allow for the storage of data collected manually (purposively). Such as datasets from 'one off' research projects and/or datasets generated via longitudinal research i.e., repeated administration of the same survey after specified time intervals (e.g. every 18-24 months) as a means of mapping trends over time.

Ensuring Evidence-Based Practice...

1. Establish an 'in house' research team comprised of a Research Officer, Probation Officer and IT personnel.
 - *Develop a Research Impact and Dissemination Strategy.*
 - *Recruitment of a fulltime research officer.*
 - *Develop online Research Repository.*
2. Movement away from hardcopy (paper) record keeping toward digital information collation. Introduction of a data system/platform that will host client case files, allow for online assessments, and create a repository of information that is centralised, consistent and easily accessible to the Learning and Development Unit.

Dual Diagnosis

A mounting body of research indicates a high level of co-morbidity⁶² between mental health problems and substance misuse issues [also referred to as dual diagnosis, co-occurring or dual disorder). For instance, the lifetime prevalence of substance use disorder in people with a serious mental illness is approximately 50%, compared to about 15% of the general population (Kessler et al., 2005). Moreover, prevalence rates of co-occurring substance misuse and mental health issues amongst the offender population are reportedly as high as 80% for lifetime alcohol misuse and/or dependence and 60% for lifetime drug misuse and/ or dependence (Abram, et al.,2003).

International research indicates that dual diagnosis presentations in individuals involved in the criminal justice system are associated with a range of negative health outcomes including substance misuse relapse, re-hospitalisation, depressive episode, and suicide (Drake et al., 2005; 2006; Webb et al., 2011). Furthermore, offenders with a dual diagnosis have been identified as a high-risk cohort for re-offending, re-arrest, and re-incarceration (Baillargeon et al., 2010). Such findings attest to the importance of making specialist dual diagnosis treatment and interventions available to those who need them before, during, and after involvement with the criminal justice system.

In Ireland, most mental health services and addiction treatment centres are not set up to treat individuals with dual diagnosis in a holistic manner (i.e. they are addressed separately). For example, if an individual is experiencing difficulties abstaining from alcohol due to anxiety or depression, they cannot enter mental health services for their substance misuse issues as most services insist a person is "dry" before entry. Yet, it is unlikely that the individual will benefit from treatment for their anxiety until their issues with alcohol have been addressed (Dual Diagnosis Ireland, 2020). Thus, evidencing the existence of a tautological treatment quandary when it comes to the provision of supports and services for persons with a dual diagnosis.

⁶² Co-morbidity is the presence of one or more additional conditions co-occurring with a primary condition.

In line with the international research, results from a recent study investigating mental health issues among probationers in Ireland, '*Moving Forward Together: Mental Health Among Persons Supervised by the Probation Service*' (Probation Service, 2020), indicate a high prevalence rate of substance misuse and co-occurring mental health problems among Probation Service clients in Ireland. Substance misuse was identified as a significant barrier to accessing and maintaining engagement with mental health services. The study concluded that there is an urgent need for improved access to specialist services offering multi-disciplinary assessment and intervention for those presenting with a co-occurring mental health and substance misuse issues. It recommended that "these issues cannot be addressed in isolation where there are complex overlapping needs..." and that "collaborative and joint working with services that are multi-disciplinary and offer out-reach services is required to address the co-occurring conditions" (Probation Service, 2020 p.57).

Addressing Dual Diagnoses...

1. A high level of co-morbidity between mental health problems and substance misuse issues was identified in the Probation Services recent report '*Moving Forward Together: Mental Health Among Persons Supervised by the Probation Service*'. It also identified an urgent need for improved access to specialist services offering multi-disciplinary assessment and intervention for those presenting with a co-occurring mental health and substance misuse issues. Accordingly, it was recommended that:
 - *Collaboration with services that are both multi-disciplinary and offer out-reach services is required to address the needs of people with co-occurring conditions.*

Chapter 9: Recommendations

This study provides key data outlining reported substance misuse behaviour among people on Probation Supervision. These findings inform ten overarching recommendations intended to guide future policy and practice by the Probation Service, in collaboration with relevant stakeholders including Department of Justice and the Department of Health.

Continue to Strengthen Synergies with other Government Agencies

The management of offenders with substance misuse issues requires negotiated structured engagement between departments and relevant organisations. Structured engagement, co-operation and co-ordination between the Probation Service and the HSE would enhance interagency communication, information sharing, problem solving and joint working and ensure cohesive and integrated service provision.

Service Mapping: National Substance Misuse Services, Supports and Interventions

Drug and alcohol misuse amongst Probation Service clients is a nationwide issue. It is imperative that a needs analysis for substance misuse services across the country is conducted. Findings from this mapping exercise would assist in identifying how the Probation Service, in conjunction with respective departments, organisations and communities can respond collaboratively in addressing gaps in service delivery and in meeting service user needs.

Service Review: Probation Service Funded Projects

A service review of '*Probation Service Funded Projects*' that deliver specialist supports and interventions to offenders with substance misuse issues should be conducted. The review should assess alignment and interconnectedness with the goals of the National Drug Strategy 'Reducing Harm / Supporting Recovery' and the associated actions. This review should also identify the need met by the bodies and services, the role of each organisation in service provision in the area and quality of service provision. Attention should be given to the availability and accessibility of specialist substance misuse services for vulnerable groups including young people, ethnic minority groups, and female offenders.

Substance Misuse and Mental Illness

High levels of co-morbidity between mental health problems and substance misuse issues was identified in the Probation Service's recent report '*Moving Forward Together: Mental Health Among Persons Supervised by the Probation Service*'. It also identified an urgent need for improved access to specialist services offering multi-disciplinary assessment and intervention for those presenting with a co-occurring mental health and substance misuse issues. Accordingly, collaboration with services that are both multi-disciplinary and offer out-reach services is required to address the needs of people with co-occurring conditions.

IT Development

To ensure that policy and practice is both evidence-based and data driven, the Probation Service should develop an improved digitised system. This would require the significant modernisation of the current IT system and the implementation of an automatic data collection software to de-identify and collate pertinent information. Upgrading the current system would enhance the quality of the information collected in terms of consistency, increase data access and availability, and generate the information required to track trends,

monitor referral pathways, and inform policy and practice. In addition, opportunities for the development of cross – agency platforms, would facilitate improved interagency collaboration and appropriate sharing of information, providing a more robust and co-ordinated response to substance misuse.

Online platforms and Future Proofing

Review international criminal justice policy and evidence-based research, regarding the use of secure online platforms and mobile applications specifically developed to supplement Probation Supervision and deliver substance misuse supports and interventions. The development of Probation focused online platforms and mobile applications, has the potential to increase accessibility to services, enhancing engagement opportunities with clients. Such technological developments facilitate the creation of wider partnerships in responding collaboratively and effectively to shared areas such as substance misuse.

Research and Evaluation

To maximize evidence-based policy and practice, in areas such as substance misuse, it is recommended that a structured method of research is established. This would include analysing Probation Service data, evaluating service provision and training, conducting research in line with the Strategic goals and actions of the Probation Service, disseminating of findings, and collaboration with key stakeholders in advancing recommendations.

Policy Development

The Probation Service is committed to maintaining a dynamic substance misuse policy base that is progressive, current, and informed by international best practice.

Multiculturalism, ethnic inclusivity, youth focused approaches, and gender informed approaches should be at the forefront of future substance misuse policy and practice development. Continued commitment is necessary to ensure that Probation Service policy and practice is both data driven and rigorously evaluated.

Training

The profile of people supervised by the Probation Service is both dynamic and diverse in terms of demography, life circumstance and offending behaviour. It is essential that Probation Officers are provided with the necessary training and access to information and services, to improve their knowledge and competency in responding effectively to people who present with substance misuse issues, to work collaboratively with other service providers and to maintain best practice standards.

Specific focus should be given to Cultural Awareness and Sensitivity Training, Youth-Focused Practice, Gender Informed approaches, and LGBTQ+ awareness.

Gambling

Increased awareness of the relationship between gambling and offending behaviour is required across the criminal justice system. It is recommended that training specifically focused on the assessment and management of addictive gambling behaviour is developed and provided to Probation Service staff. The development of a collaborative interagency response between the Probation Service and established gambling support services would be beneficial in designing staff training and developing policy and practice,

in order to respond effectively to addictive gambling behaviour among people engaged with the Probation Service.

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Appendices

Appendix 1: Glossary of Terms

Frequency: refers to the usage of alcohol or drugs (daily/ weekly/ monthly/ occasional/ previous).

Current Misuse: refers to the last 12 months.

Past Misuse: refers to beyond the last 12 months.

Drug Misuse:

Drug misuse is drug taking which causes harm to the individual, their significant others or the wider community. It includes illegal or illicit drug taking or alcohol consumption which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence (HSE, 2020)

Alcohol Misuse:

Binge: Six or more standard drinks in one session, which is the equivalent of three or more pints, or six or more pub measures of spirits (Alcohol Ireland, 2020).

Harmful: The use of alcohol to the extent that it may cause physical or mental (psychological) damage. Harmful misuse may also result in negative social consequences (WHO, 2009a)

Dependent: A cluster of behavioural, cognitive, and physiological symptoms that may develop after repeated use. Typically includes a strong desire to consume alcohol, impaired control over use, persistent drinking despite harmful consequences, a higher priority given to alcohol than other activities, and increased alcohol tolerance (WHO, 2020).

Polysubstance Misuse: The misuse of multiple substances within a specified period of time.

Gambling: the wagering of money (or something of value) on an event with an uncertain outcome, with the intent of winning money (or something of value).

Drug Definitions (The Probation Service, 2018)

Anabolic steroids are synthetic versions of the male hormone testosterone. You can get them as a tablet, capsule or liquid to inject. Your doctor may prescribe them to treat specific conditions. They are also popular with bodybuilders, athletes and other sports people because they can improve your performance.

Amphetamine is a stimulant ('upper'). It can be a powder or tablet which you sniff, swallow or inject. Speed is an off-white or pinkish powder and can sometimes look like crystals. Base speed is purer and is a pinkish grey colour and feels like putty.

Methamphetamine Also called: crystal meth, ice, glass, tina, crystal, cristy, yaba, chalk, crank, zip, meth. Methamphetamine is a central nervous system stimulant ('upper'), similar to speed. It is white, odorless and

bitter tasting and comes as rocks, crystals or tablets, which you can dissolve in water or alcohol. You can smoke, inject, snort or swallow it.

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.

Cannabis: Herbal cannabis (grass or weed) is common and is generally made from the dried leaves and flowering parts of the female plant and looks like tightly packed dried herbs.

Skunk is a general term given to stronger forms of cannabis that contain more THC, cannabis's active ingredient, than resin or more traditional herbal cannabis. Resin/hash is a black/brown lump made from the resin of the plant.

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.

Cocaine is from the "Stimulant" category and refers to the cocaine powder which is generally used nasally or intravenously but can also be smoked.

Ecstasy / MDMA is a stimulant drug ("upper") that also produces mild hallucinogenic effects. Ecstasy tablets come in a variety of colours and shapes and often have a logo or design.

Fentanyl is an opioid used as a pain medication and together with other medications for anesthesia. Fentanyl is also made illegally and used as a recreational drug often mixed with heroin or cocaine. It has a rapid onset and effects generally last less than an hour or two.

Hallucinogens: Include LSD (acid), magic mushrooms and solvents.

Heroin falls within the "Opiate" category of drugs. It is commonly injected but can be smoked or snorted. Often referred to as Smack.

Ketamine is an anesthetic. You can get it as a white powder to snort, a liquid to inject or a tablet to swallow.

Methadone or Physeptone also belongs in the Opiate family. It is prescribed in the treatment and management of heroin use. This question however refers to the illegal use of Methadone or Physeptone from the "black market"

Over the counter medicines used for mild to moderate pain relief, flu and other symptoms. Prolonged use can lead to dependence.

New Psychoactive Substances: also known as 'legal highs' and 'head shop' drugs

Synthetic cannabinoids – these drugs mimic cannabis and are traded under such names as Clockwork Orange, Black Mamba, Spice and Exodus Damnation. They bear no relation to the cannabis plant except that the chemicals which are blended into the base plant matter act on the brain in a similar way to cannabis.

Stimulant-type drugs – these drugs mimic substances such as amphetamine, cocaine and ecstasy and include BZP, mephedrone, MPDV, NRG-1, Benzo Fury, MDAI, ethylphenidate.

'Downer'/tranquiliser-type drugs – these drugs mimic tranquiliser or anti-anxiety drugs, in particular from the benzodiazepine family and include Etizolam, Pyrazolam and Flubromazepam.

Hallucinogenic drugs – these drugs mimic substances like LSD and include 25i-NBOMe, Bromo-Dragonfly and the more ketamine-like methoxetamine.

Appendix 2

Patterns of Misuse x Sex x Age x Ethnicity

Chi Square Test of Independence

Sex		Age		Ethnicity	
X ²	p	X ²	p	X ²	p
30.93	0.00*	345.65	0.00*	81.34	0.00*

* Significant at $p \leq 0.05$

Multinomial Logistic Regression – Predictors of Misuse

Combined Drug and Alcohol Misuse					
		B	SE	Wald	Exp(b)
Sex	Intercept	2.47	0.85	9.23	-
	Female	-0.34	0.28	1.45	0.71
	Male	-	-	-	-
		B	SE	Wald	Exp(b)
Age	Intercept	2.47	0.85	9.23	-
	12-17 years	1.04	0.75	1.93	2.84
	18-24 years	1.52	0.68	4.96	4.58*
	25-34 years	1.76	0.68	6.69	5.80*
	35- 49 years	1.37	0.68	0.05	3.94 *
	50-59 years	0.79	0.78	1.03	2.21
	60+	-	-	-	-
Drug Misuse Only					
		B	SE	Wald	Exp(b)
Sex	Intercept	0.43	1.05	0.17	-
	Female	0.14	0.29	0.24	1.15
	Male**	-	-	-	-
		B	SE	Wald	Exp(b)
Age	12-17 years	1.49	1.01	2.21	4.45
	18-24 years	2.20	0.94	5.47	9.03*

	25-34 years	2.41	0.95	6.58	11.09*
	35- 49 years	2.02	0.94	4.63	7.57*
	50-59 years	1.57	1.03	2.32	0.63
	60+	-	-	-	-

Alcohol Misuse Only

		B	SE	Wald	Exp(b)
Sex	Intercept	0.43	1.05	0.17	-
	Female	0.01	0.30	0.00	1.01
	Male	-	-	-	-

		B	SE	Wald	Exp(b)
Age	Intercept	0.43	1.05	0.17	-
	12-17 years	-2.06	0.77	7.24	0.34*
	18-24 years	-1.57	0.65	5.90	0.13*
	25-34 years	-1.34	0.64	4.36	0.21 *
	35- 49 years	-0.85	0.64	1.74	0.43
	50-59 years	-0.26	0.74	0.12	0.78
	60+	-	-	-	-

* Significant at $p \leq 0.05$

(Nagelkerke)

$R^2 = 0.16$ (Cox and Snell) - 0.17

Appendix 3

Alcohol Misuse x Sex x Region

Significant difference in the alcohol misuse reported for men and women in the sample.

Sex		Region	
X ²	p	X ²	p
24.23	0.00*	84.15	0.00*

* Significant at $p \leq 0.05$

Type of alcohol misuse x Sex x Age x Ethnicity x Region

Chi Square Test of Independence Square

	Binge		Harmful		Dependant	
	X ²	p	X ²	p	X ²	p
Sex	19.56	0.00*	4.15	0.04*	0.78	0.38
Age	54.54	0.00*	55.74	0.00*	173.31	0.00*
Ethnicity	5.48	0.07	0.44	0.80	3.64	0.16
Region	22.49	0.00*	25.30	0.11	27.49	0.00*

* Significant at $p \leq 0.05$

Predictors of Type of alcohol misuse x Sex x Age x Ethnicity x Region

A series of Chi Square Tests of Independence revealed significant differences in the types of alcohol misuse patterns across client Age, region and Sex. Accordingly, all three variables were entered into a multinomial logistic regression model to explore the nature of their relationship with alcohol misuse patterns for a full table of results). Logistic regression yielded significant for Sex and Age, but not for Probation Service Region,

Binominal Logistic Regression -Type of Alcohol Misuse

Binge					
		B	SE	Wald	Exp(b)
Sex	Male/Female	0.49	0.10	19.37	1.54*
Age	12-17 years	-0.27	0.73	0.01	0.97
	18-24 years	-0.72	0.28	6.43	0.49*
	25-34 years	-1.04	0.25	17.48	0.36*
	35-49 years	-0.81	0.25	10.86	0.45*
	50-59 years	-0.49	0.25	3.90	0.61
	60+	-0.19	0.28	0.45	0.83
	Constant	0.88	0.24	13.61	2.40*
* Significant at $p \leq 0.05$ $R^2 = 0.01$ (Cox and Snell) - 0.01 (Nagelkerke)					
Harmful					
		B	SE	Wald	Exp(b)
Sex	Male/Female	0.30	0.11	7.47	1.35*
Age	12-17 years	0.26	0.83	0.11	1.29
	18-24 years	0.77	0.32	5.00	2.15*
	25-34 years	-0.10	0.26	0.15	0.90
	35-49 years	-0.52	0.26	4.10	0.60*
	50-59 years	-0.61	0.26	8.46	0.54*
	60+	-0.78	0.30	0.89	0.76
	Constant	1.13	0.25	20.28	3.08
* Significant at $p \leq 0.05$ $R^2 = 0.02$ (Cox and Snell) - 0.3 (Nagelkerke)					
Dependant					
		B	SE	Wald	Exp(b)
Age	12-17 years	20.22	E121	0	E605
	18-24 years	2.47	0.51	23.19	11.85*

	25-34 years	1.55	0.28	31.55	4.73*
	35-49 years	0.65	0.25	6.49	1.91*
	50-59 years	0.05	0.25	0.04	0.95
	60+	0.65	0.29	0.05	1.07
	Constant	0.98	0.24	16.79	2.67
* Significant at $p \leq 0.05$			$R^2 = 0.06$ (Cox and Snell) - 0.9 (Nagelkerke)		

Appendix 4

Sex x Drug Misuse

Chi Square Test of Independence Square

X ²	p
11.40	0.00*

Predictors of Most Frequently Misused Substances

A series of chi square tests of independence revealed significant differences in the types of drugs misused by service users across client Sex⁶³. Accordingly, the variable Sex was entered into 5 Logistic Regression Models to explore the nature of their relationship with the following drug types: Heroin, Cocaine, Ecstasy, Cannabis, and Benzodiazepines.

Chi Square Test of Independence Square

	Heroin		Cocaine		Ecstasy		Cannabis		Benzodiazepines	
	X ²	p	X ²	p						
Sex	31.55	0.00*	33.08	0.00*	21.38	0.00*	82.56	0.00*	0.81	0.37
Age	338.67	0.00*	14.64	0.00*	11.47	0.07	79.08	0.00*	15.47	0.01*
Ethnicity	2.97	0.22	5.29	0.07	12.48	0.00*	1.36	0.50	16.10	0.00*

* Significant at p ≤ 0.05

⁶³ Analysis was conducted on the 5 Drug categories that were misused most frequently by offenders. Namely, Heroin, Cocaine, Ecstasy, Cannabis, and Benzodiazepines

Logistic Regression- Type of Drugs Misused

Heroin					
		B	SE	Wald	Exp(b)
Sex	Male/Female	-0.43	0.11	16.49	0.65*
Age	12-17 years	1.72	0.94	3.34	0.18
	18-24 years	0.03	0.64	0.00	1.03
	25-34 years	0.90	0.53	2.95	0.41*
	35-49 years	2.45	0.52	22.57	0.90*
	50-59 years	2.72	0.52	27.75	0.07*
	60+	1.51	0.54	7.7	0.22
Constant		3.11	0.52	36.80	22.39
* Significant at $p \leq 0.05$ (Nagelkerke)		R ² = 0.11 (Cox and Snell) - 0.16			
Cocaine					
		B	SE	Wald	Exp(b)
Sex	Male/Female	0.73	0.12	39.56	2.07*
Age	12-17 years	1.97	0.76	6.81	0.14*
	18-24 years	1.27	0.36	8.45	0.28*
	25-34 years	1.80	0.40	20.02	0.17*
	35-49 years	2.14	0.40	28.73	0.12*
	50-59 years	1.71	0.42	18.03	0.18*
	60+	0.43	0.45	0.95	0.64
Constant		2.38	0.40	36.36	10.79
* Significant at $p \leq 0.05$ (Nagelkerke)		R ² = 0.05 (Cox and Snell) - 0.07			
Ecstasy					
		B	SE	Wald	Exp(b)

Ethnicity	Irish Traveller	0.67	0.18	14.02	1.95*
	Other	0.83	0.21	16.23	2.29*
Sex	Male/Female	-.066	0.15	20.20	0.528
	Constant	1.92	0.14	190.19	6.79*
Significant at p≤ 0.05		R²= 0.02 (Cox and Snell) - 0.03(Nagelkerke)			
Cannabis					
		B	SE	Wald	Exp(b)
Sex	Male/Female	-0.88	0.10	78.45	0.42*
Ethnicity	Irish Traveller	0.49	0.12	17.34	1.648
	Other	0.53	0.12	17.00	1.71*
	Constant	0.34	0.10	13.66	1.40*
* Significant at p≤ 0.05 (Nagelkerke)		R²= 0.04 (Cox and Snell) - 0.05			
Benzodiazepines					
		B	SE	Wald	Exp(b)
Ethnicity	Irish Traveller	0.30	0.12	34.61	1.35
	Other	0.88	0.16	5.79	2.41
	Constant	2.97	0.49	31.45	13.48
* Significant at p≤ 0.05 (Nagelkerke)		R²= 0.05 (Cox and Snell) - 0.07			

Appendix 5

Drug overdose x Age x Ethnicity, Region

Chi Square Test of Independence Square

Age		Ethnicity		Region	
X ²	p	X ²	p	X ²	p
275.65	0.00*	39.53	0.00*	84.23	0.00*

* Significant at $p \leq 0.05$

Predictors of Drug Overdose

Whilst Chi Square analysis revealed significant differences in client overdose across Age, Ethnicity, and Region. None of these variables revealed a significant result when entered into a Multinomial Logistic Regression Model, indicating the client Age, Ethnicity, and Probation Service Region were not significant predictors of overdose histories.

Appendix 6

Type of Gateway Substances Used x Sex x Age x Ethnicity

A series of chi square tests of independence revealed significant differences in the types of gateway substances misused by service users (i.e. Alcohol, Heroin, Cocaine, Ecstasy, and Benzodiazepines, Cannabis and Prescription Drugs) when examining Age, Sex and Ethnicity

Chi Square Test of Independence

	Alcohol		Cigarettes		Heroin		Cocaine	
	X ²	p	X ²	p	X ²	p	X ²	p
Sex	10.52	0.00*	1.20	0.30	24.90	0.00*	6.56	0.01*
Age	35.43	0.00*	5.20	0.50	129.39	0.00*	33.18	0.00*
Ethnicity	2.43	0.29	0.67	0.72	7.20	0.038	6.86	0.03*

* Significant at $p \leq 0.05$

	Benzodiazepines		Ecstasy		Cannabis		Prescription Drugs	
	X ²	p	X ²	p	X ²	P	X ²	p
Sex	2.23	0.14	0.06	0.81	72.04	0.00*	13.62	0.00*
Age	40.02	0.00*	27.18	0.00*	244.41	0.00*	26.76	0.00*
Ethnicity	10.74	0.01*	11.20	0.00*	31.73	0.00*	7.19	0.03*

* Significant at $p \leq 0.05$

Predictors of Gateway Misuse

The variables Age, Sex and Ethnicity were entered into 7 Binomial Logistic Regression Models to explore the nature of their relationship with the following Gateway substances: Alcohol, Heroin, Cocaine, Ecstasy, and Benzodiazepines, Cannabis and Prescription Drugs.

Inferential Analysis - Binomial Logistic Regression – Gateway Substances

Alcohol					
		B	SE	Wald	Exp(b)
Sex	Male/Female	0.41	0.01	17.47	0.50*
	Constant	-0.43	0.24	3.34	0.65*
* Significant at $p \leq 0.05$			$R^2 = 0.06$ (Nagelkerke)		
Heroin					
		B	SE	Wald	Exp(b)
Sex	Male/Female	-0.53	0.13	15.48	0.59*
Age	12-17 years	-1.65	1.27	1.67	0.93
	18-24 years	17.41	3143.17	0.00	3625.00
	25-34 years	-0.48	0.74	0.42	0.62
	35-49 years	-1.89	0.72	6.85	0.15*
	50-59 years	-2.31	0.72	10.28	0.10*
	60+	-1.65	0.75	4.81	0.198
	Constant	3.84	0.72	28.81	46.69
* Significant at $p \leq 0.05$			$R^2 = 0.11$ (Nagelkerke)		
Cocaine					
		B	SE	Wald	Exp(b)
Sex	Male/Female	0.48	0.17	7.12	1.61*
Age	12-17 years	18.17	12681.44	0.00	778.16
	18-24 years	-0.60	0.59	1.05	0.55
	25-34 years	-1.11	0.52	4.48	0.33*

	35-49 years	-1.33	0.53	6.53	0.27*
	50-59 years	-0.83	0.63	2.41	0.44
	60+	0.14		0.05	1.15
	Constant	3.34	0.55	36.62	28.33

* Significant at $p \leq 0.05$

$R^2 = 0.03$ (Nagelkerke)

Benzodiazepines

		B	SE	Wald	Exp(b)
Age	12-17 years	-1.47	0.92	2.56	0.23
	18-24 years	-0.95	0.52	3.38	0.39
	25-34 years	-1.14	0.47	5.86	0.32*
	35-49 years	-1.19	0.47	6.41	0.31*
	50-59 years	-0.79	0.47	2.77	0.46
	60+	0.40	0.59	0.46	1.49
Ethnicity	White/Black Irish	-0.70	0.24	8.89	0.50*
	Irish Traveller	-0.51	0.28	3.29	0.60*
	Constant	3.42	0.51	45.23	30.57

* Significant at $p \leq 0.05$

$R^2 = 0.03$ (Nagelkerke)

Cannabis

		B	SE	Wald	Exp(b)
Sex	Male/Female	0.88	0.11	70.287	2.42*
Age	12-17 years	-3.44	0.86	15.89	0.03*
	18-24 years	-2.37	0.37	39.93	0.09*
	25-34 years	-2.67	0.35	60.04	0.07*
	35-49 years	-2.51	0.34	53.39	0.08*
	50-59 years	-1.76	0.35	26.03	0.17*
	60+	-0.58	0.38	2.27	0.56
Ethnicity	White/Black Irish	-0.39	0.14	8.21	0.68*

	Irish Traveller	0.35	0.17	4.10	1.42
	Constant	2.28	0.36	40.44	9.75
* Significant at $p \leq 0.05$				$R^2 = 0.16$ (Nagelkerke)	
Prescription Drugs					
		B	SE	Wald	Exp(b)
Sex	Male/Female	-0.56	0.78	9.76	0.57*
Ethnicity	White/Black Irish	-1.03	0.42	5.94	0.36
	Irish Traveller	-0.91	0.48	3.65	0.40
	Constant	22.20	4249.98	0.00	43.68
* Significant at $p \leq 0.05$				$R^2 = 0.04$ (Nagelkerke)	

Appendix 7

Context of Gateway Misuse x Gender x Ethnicity

A series of chi square tests of independence revealed significant a difference across the Context of Gateway Substance Misuse (i.e. Alone, With Peers, With Family Members) when examining Ethnicity. No sex differences were observed.

Chi Square Test of Independence

sex		Ethnicity	
X ²	p	X ²	p
3.41	0.34	60.99	0.00*

* Significant at $p \leq 0.05$

Predictors of Gateway Context

Accordingly, the variable Ethnicity was entered into a Multinomial Logistic Regression Model to explore its relationship with the Context of Gateway Misuse.

Inferential Analysis - Binomial Logistic Regression – Context of Gateway Misuse

Ethnicity					
		B	SE	Wald	Exp(b)
Alone	Intercept	-1.45	0.39	13.56	-
	White/Black Irish	1.10	0.41	7.15	2.99*
	Irish Traveller	0	-	-	-
With Peers	Intercept	1.74	0.19	87.15	-
	White/Black Irish	0.51	0.20	6.51	1.17*
	Irish Traveller	0	-	-	-
With Family	Intercept	0.36	0.22	2.70	-
	White/Black Irish	-0.97	0.26	14.51	0.10*
	Irish Traveller	0	0	0	0
* Significant at $p \leq 0.05$				$R^2 = 0.04$ (Nagelkerke)	

Appendix 8

Alcohol and Link to Current Offence x Sex x Ethnicity x Misuse Type (Binge, Harmful, Dependant)

A series of Chi square tests of independence revealed significant differences across demographic factors Gender, Ethnicity; and behavioural factors Binge Drinking and Harmful alcohol misuse and alcohol dependency when exploring the link between Alcohol and Current offence. Accordingly, these variables were entered into two multinomial logistic Regression models. The variables Sex and Ethnicity did not yield a significant result.

Chi Square Test of Independence

Demographic factors

sex		Ethnicity	
X ²	p	X ²	p
18.50	0.00*	10.47	0.00*

* Significant at $p \leq 0.05$

Behavioural Factors (Type of Misuse)

Binge		Harmful		Dependent	
X ²	p	X ²	p	X ²	p
320.34	0.00*	211.2 2	0.00*	322.0 4	0.00*

* Significant at $p \leq 0.05$

Predictors of Alcohol and Link to Current Offence

Alcohol Link to Current Offence – Type of misuse					
		B	SE	Wald	Exp(b)
	Intercept	1.63	0.19	72.49	-
Binge	Yes	1.39	0.29	22.53	4.03*
	No	0	-	-	-
Harmful	Yes	1.52	0.34	6.76	4.49*
	No	0	-	-	-
Dependent	Yes	0.88	0.34	6.76	2.41*
	No	0	-	-	-
* Significant at p ≤ 0.05				R² = 0.18 (Nagelkerke)	

Drug Link to Current Offence x Age x Ethnicity

A series of chi square tests of independence revealed significant differences across demographic factors Age and Ethnicity when exploring the link between Drugs and Current offence. These variables were entered into a multinomial logistic Regression model however; they did not yield a significant result.

Chi Square Test of Independence

Age		Ethnicity	
X ²	p	X ²	p
182.44	0.00*	40.60	0.00*

Significant at p ≤ 0.05

Type of Drug and Link to Current Offence

A series of chi square tests of independence revealed significant differences between the types of drugs misused (Heroin, Prescription, Benzodiazepines, Cocaine, Cannabis) by Probation clients exploring the link between Drugs and Current offence. Accordingly, these variables were entered into a multinomial logistic Regression model. Cannabis was the only drug revealed as a significant predictor for Drug Link to current offence.

Chi Square Test of Independence

Heroin		Benzodiazepines		Ecstasy		Cannabis		Prescription Drugs		Cocaine	
χ^2	p	χ^2	p	χ^2	p	χ^2	p	χ^2	p	χ^2	p
591.57	0.00*	602.84	0.00*	92.24	0.00*	1022.12	0.00*	274.92	0.00*	389.96	0.00*

Predictors of type of Drug and Linked to Current Offence

Multinomial Logistic Regression

Types of Drugs Misused and Link to Current Offence					
		B	SE	Wald	Exp(b)
	Intercept	2.19	0.23	94.08	-
Heroin	Yes	0.18	0.29	0.39	1.20
	No	0	-	-	-
Benzodiazepines	Yes	0.07	0.30	0.05	1.07
	No	0	-	-	-
Ecstasy	Yes	0.43	0.43	1.04	1.54
	No	0	-	-	-
Cannabis	Yes	0.96	0.30	11.94	2.62*
	No	0	-	-	-
Prescription Drugs	Yes	0.19	0.38	0.26	1.20
	No	0	-	-	-
Cocaine	Yes	0.43	0.33	1.73	1.53
	No	0	-	-	-
* Significant at $p \leq 0.05$				$R^2 = 0.21$ (Nagelkerke)	

Conviction Under the Misuse of Drugs Act 1977 x Age x Sex x Region x Ethnicity

Significant differences across client Age, Sex, Region and Ethnicity were observed when examining Previous Convictions under the Misuse of Drugs Act 1977. Accordingly, these variables were subsequently entered into a Multinomial Logistic Regression. Service User Age was the only variable to yield a significant result.

Chi Square Test of Independence

Sex		Age		Region		Ethnicity	
X ²	p						
27.00	0.00*	195.04	0.00*	65.97	0.00*	40.19	0.00*

* Significant at $p \leq 0.05$

Predictors of Conviction Under the Misuse of Drugs Act 1977

Multinomial Logistic Regression

Conviction under the Misuse of Drugs Act 1977					
		B	SE	Wald	Exp(b)
	Intercept	15.14	1.36	124.27	-
Age	12-17 years	17.88	1140.71	0.00	579.18
	18-24 years	3.38	0.99	11.65	29.23*
	25-34 years	4.24	1.03	16.97	69.07*
	35-49 years	3.51	0.99	12.52	33.38*
	50-59 years	1.98	1.12	3.12	7.23
	60 + years	0	-	-	-
* Significant at $p \leq 0.05$				$R^2 = 0.15$ (Nagelkerke)	

Misuse of Drugs Act 1977 Conviction – Possession

Significant differences across client Age, Sex, Region and Ethnicity were observed when examining Convictions for Possession. Accordingly, these variables were entered into a Multinomial Logistic Regression. The variable age did not yield significant results.

Chi Square Test of Independence

Sex		Age		Region		Ethnicity	
χ^2	p	χ^2	p	χ^2	p	χ^2	p
26.57	0.00*	133.27	0.00*	66.07	0.00*	24.96	0.00*

* Significant at $p \leq 0.05$

Multinomial Logistic Regression

Possession					
		B	SE	Wald	Exp(b)
Intercept		-4.00	0.54	54.05	-
Sex	Female	-0.70	0.12	35.58	0.50*
	Male	0	-	-	-
Region	YPP	0.16	0.26	0.96	1.18
	Dublin Nth and NE	0.77	0.15	25.87	2.17*
	Dublin Sth and Wicklow	0.83	0.16	26.50	2.29*
	Midlands and SE	0.60	0.16	14.86	1.82*
	Southwest	0.74	0.16	22.44	2.09*
	West NW and Westmeath	0	-	-	-
Ethnicity	White/Black Irish	0.61	0.14	19.94	1.84*
	Irish Traveller	0	-	-	-
* Significant at $p \leq 0.05$				$R^2 = 0.12$ (Nagelkerke)	

Misuse of Drugs Act 1977 Conviction – Possession, Sale and Supply (less than €13,000)

Significant differences across client Age, Sex, Region and Ethnicity were observed when examining Convictions for Possession Sale and Supply (less than €13,000). these variables were subsequently entered into a Multinomial Logistic Regression. The variable age did not yield significant results.

Chi Square Test of Independence

Sex		Age		Region		Ethnicity	
X ²	p						
16.17	0.00*	74.41	0.00*	28.07	0.00*	24.23	0.00*

Multinomial Logistic Regression

Possession, Sale and Supply (less than €13,000)					
		B	SE	Wald	Exp(b)
Intercept		-4.60	0.75	37.86	-
Sex	Female	-0.58	0.14	18.10	0.56*
	Male	0	-	-	-
Age	12-17 years	1.62	0.78	4.36	5.05*
	18-24 years	2.28	0.72	9.92	9.79*
	25-34 years	2.73	0.72	14.34	15.37*
	35-49 years	2.51	0.72	12.04	12.28*
	50-59 years	1.23	0.77	2.58	3.45
	60 + years	0	-	-	-
Region	YPP	-0.02	0.31	0.01	1.42
	Dublin Nth and NE	0.56	0.17	10.77	0.98*
	Dublin Sth and Wicklow	0.44	0.18	6.04	1.74*
	Midlands and SE	0.13	0.18	0.54	1.56
	Southwest	0.36	0.18	4.26	1.14*
	West NW and Westmeath	0	-	-	-
Ethnicity	White/Black Irish	0.79	0.18	19.84	2.21*
	Irish Traveller	0	-	-	-
* Significant at $p \leq 0.05$				$R^2 = 0.08$ (Nagelkerke)	

Appendix 9

Probation Officers Response to Alcohol Misuse-1 to 1/ Group Work PS Programmes

Significant differences in referral across Region and Sex were observed for 1 to 1/ Group Work PS Programmes. No significant differences were yielded for Ethnicity, Age, or Alcohol Link to Current Offence. Accordingly, the variables Sex and Region were entered into a Multinomial Logistic Regression.

Chi Square Test of Independence

Sex		Region	
X ²	p	X ²	p
6.26	0.01*	24.39	0.00*

* Significant at $p \leq 0.05$

Multinomial Logistic Regression

1 to 1/ Group Work PS Programmes					
		B	SE	Wald	Exp(b)
	Intercept	3.21	0.42	58.40	-
Sex	Female	-0.51	0.26	0.60	1.34*
	Male	0	-	-	-
Region	YPP	-0.77	0.65	1.09	0.30
	Dublin Nth and NE	0.35	0.28	1.57	0.21*
	Dublin Sth and Wicklow	0.18	0.31	0.35	0.56*
	Midlands and SE	0.90	0.29	0.10	0.76
	Southwest	0.75	0.26	8.10	0.04
	West NW and Westmeath	0	-	-	-
* Significant at $p \leq 0.05$				$R^2 = 0.06$ (Nagelkerke)	

Probation Officers Response to Alcohol Misuse -Community Based Addiction Services HSE

Significant differences in referral across Region and Age were observed for Community Based Addiction Services (HSE). No significant differences were yielded for Ethnicity, Sex, or Alcohol Link to Current Offence. Accordingly, the variables Age and Region were entered into a Multinomial Logistic Regression.

Chi Square Test of Independence

Age		Region	
X ²	p	X ²	p
15.97	0.01*	97.57	0.00*

* Significant at $p \leq 0.05$

Multinomial Logistic Regression

Community Based Addiction Services HSE					
		B	SE	Wald	Exp(b)
	Intercept	-2.75	0.75	13.43	-
Age	12-17 years	1.79	0.59	9.30	5.98*
	18-24 years	1.31	0.43	5.90	3.70*
	25-34 years	1.38	0.54	6.51	3.96*
	35-49 years	1.25	0.52	5.27	3.47*
	50-59 years	1.11	0.59	3.54	3.02
	60 + years	0	-	-	-
Region	YPP	0.04	0.31	0.02	0.43*
	Dublin Nth and NE	-0.97	0.19	25.09	1.04
	Dublin Sth and Wicklow	-1.05	0.22	21.71	0.38*
	Midlands and SE	0.25	0.17	2.10	0.35*
	Southwest	-0.09	0.17	0.25	1.28*
	West NW and Westmeath	0	-	-	-
* Significant at $p \leq 0.05$				$R^2 = 0.06$ (Nagelkerke)	

Probation Officers Response to Alcohol Misuse - Referral to Probation Service Funded Projects

Chi Square analysis revealed significant differences in referral across Region and Age for Community Based Addiction Services (HSE). These variables were then entered into a multinomial Logistic regression to further explore the nature of these relations. No significant differences were yielded for Ethnicity, Sex, or Alcohol Link to Current Offence. Accordingly, the variables Age and Region were entered into a Multinomial Logistic Regression.

Chi Square Test of Independence

Age		Region	
X ²	p	X ²	p
42.63	0.00*	43.97	0.00*

* Significant at $p \leq 0.05$

Multinomial Logistic Regression

Referral to Probation Service Funded Projects					
		B	SE	Wald	Exp(b)
	Intercept	-2.84	0.72	15.35	-
Age	12-17 years	1.44	0.59	5.98	4.21*
	18-24 years	1.13	0.54	4.40	3.11*
	25-34 years	0.90	0.54	2.82	2.47
	35-49 years	0.61	0.54	1028	1.85
	50-59 years	-0.04	0.64	0.01	0.96
	60 + years	0	-	-	-
Region	YPP	1.13	0.33	12.05	3.12*
	Dublin Nth and NE	-0.33	0.23	0.02	0.97
	Dublin Sth and Wicklow	0.60	0.23	6.73	1.82*
	Midlands and SE	0.45	0.21	4.87	1.61*
	Southwest	0.54	0.21	6.36	1.71*
	West NW and Westmeath	0	-	-	-
* Significant at $p \leq 0.05$				$R^2 = 0.06$ (Nagelkerke)	

Probation Officers Response to Alcohol Misuse -Community Based Support Programmes

A significant difference across Alcohol Link to Current Offence were observed for Community Based Support Programmes. No significant differences were yielded for Sex, Age, Region, or Ethnicity. Accordingly, the variable Alcohol Link to Current Offence was entered into a Multinomial Logistic Regression.

Chi Square Test of Independence

Alcohol Link to Current Offence	
X ²	p
42.63	0.00*

Multinomial Logistic Regression

Referral to Probation Service Funded Projects					
		B	SE	Wald	Exp(b)
	Intercept	-3.87	0.81	23.11	-
Alcohol Link to Current Offence	Yes	1.58	0.61	6.75	4.87
	No	1.17	0.61	3.65	3.03
	Not Addressed by PO	0	-	-	-
* Significant at $p \leq 0.05$				$R^2 = 0.07$ (Nagelkerke)	

Medical Intervention Engagement for Drug Misuse

Chi Square analysis yielded significant differences across Sex, Age, Region, and Ethnicity when examining client engagement with medical treatment on referral to the Probation Service. These variables were then entered into a multinomial Logistic regression to further explore the nature of these relations. However, none of the variables (Sex, Age, Region, and Ethnicity) were revealed to be predictors for service engagement.

Chi Square Test of Independence

Sex		Age		Region		Ethnicity	
X ²	p						
53.96	0.00*	170.30	0.00*	92.76	0.00*	12.36	0.03*

Types of Medical Interventions - Methadone Treatment

Chi Square analysis yielded significant differences across Sex and Region when exploring engagement with Methadone Treatment programmes. Accordingly, both were entered into a multinomial logistic Regression exploring Methadone Treatment.

Chi Square Test of Independence

Sex		Region	
X ²	p	X ²	p
72.91	0.00*	111.34	0.00*

Multinomial Logistic Regression

Methadone Treatment					
		B	SE	Wald	Exp(b)
	Intercept	-19.77	0.42	2222.85	-
Sex	Female	1.04	0.15	50.24	2.84*
	Male	0	-	-	-
Region	YPP	-15.11	1153.49	000	0.99
	Dublin Nth and NE	1.26	0.25	25.55	3.51*

	Dublin Sth and Wicklow	0.79	0.27	8.74	2.21*
	Midlands and SE	0.46	0.27	3.01	1.59
	Southwest	0.20	0.28	0.51	1.22
	West NW and Westmeath	0	-	-	-
* Significant at p ≤ 0.05				R² = 0.25 (Nagelkerke)	

Types of Medical Interventions - GP

Chi Square analysis yielded significant differences across Sex and Region when exploring engagement with GP's for drug misuse. Accordingly, the variable Sex was into a Multinomial Logistic Regression Model.

Chi Square Test of Independence

Sex	
X ²	p
44.29	0.00*

Multinomial Logistic Regression

Methadone Treatment					
		B	SE	Wald	Exp(b)
	Intercept	-2.97	1.11	7.23	-
Sex	Female	0.87	0.16	31.26	2.40*
	Male	0	-	-	-
* Significant at p ≤ 0.05				R² = 0.07 (Nagelkerke)	

*No differences were observed for Outpatient, Inpatient, Low Threshold, Prison or Other.

Community Support Services Engaged with by Drug Misusers

Chi Square analysis yielded significant differences across Sex, Age, Region, and Ethnicity when examining client engagement with Community Support Services on referral to the Probation Service. These variables were then entered into a multinomial Logistic regression to further explore the nature of these relationships. However, none of the variables (Sex, Age, Region, and Ethnicity) were revealed to be predictors for community support service engagement.

Sex		Age		Region		Ethnicity	
χ^2	p	χ^2	p	χ^2	p	χ^2	p
32.66	0.00*	38.17	0.00*	66.61	0.00*	21.94	0.00*

Types of Community Support Service- Counselling/Psychotherapy

Chi Square analysis yielded significant differences across Ethnicity, Sex and Region when exploring engagement with Counselling/Psychotherapy services for drug misuse. Accordingly, these variables were entered into a Multinomial Logistic Regression Model.

Chi Square Test of Independence

Sex		Region		Ethnicity	
X ²	p	X ²	p	X ²	p
9.45	0.00*	28.90.	0.00*	8.94	0.01*

Multinomial Logistic Regression

Counselling/Psychotherapy					
		B	SE	Wald	Exp(b)
	Intercept	-2.92.	1.17	6.30	
Sex	Female	0.45	0.15	9.02	1.56*
	Male	0	-	-	-
Region	YPP	0.28	0.36	0.59	0.92
	Dublin Nth and NE	0.21	0.22	0.94	1.32*
	Dublin Sth and Wicklow	0.62	0.22	7.78	1.23
	Midlands and SE	0.29	0.22	1.73	1.86
	Southwest	-0.33	0.24	1.92	1.34
	West NW and Westmeath	0	-	-	0.72
Ethnicity	White/Black Irish	0.43	0.22	3.86	1.54*
	Irish Traveller	0	-	-	-
* Significant at p ≤ 0.05				R ² = 0.05 (Nagelkerke)	

Response - Motivational Interviewing (SAOR)

Chi Square analysis yielded significant differences Region when exploring probation officer's implementation of Motivation Interviewing (SOAR) for drug misuse. Accordingly, the variable Region was entered into a Binominal Logistic Regression Model.

Chi Square Test of Independence

Region	
X ²	p
28.08	0.00*

Nominal Logistic Regression

Motivational Interviewing (SAOR)				
	B	SE	Wald	Exp(b)
YPP	0.45	0.56	0.64	1.56
Dublin Nth and NE	0.51	0.29	2.99	1.66*
Dublin Sth and Wicklow	-0.53	0.17	10.08	0.59*
Midlands and SE	-0.47	0.18	6.63	0.63
Southwest	-0.07	0.18	0.14	0.94
West NW and Westmeath	-0.25	0.18	1.96	0.78
Constant	5.13	1.56	10.81	168.43
* Significant at p ≤ 0.05			R ² = 0.03 (Nagelkerke)	

Response - Community Based Support Services

Chi Square analysis yielded significant differences Region when exploring probation officer referrals to Community Based Support Services for drug misuse. The variable Region was entered into a Nominal Logistic Regression Model however; it did not yield a significant result.

Chi Square Test of Independence

Region		Ethnicity	
X ²	p	X ²	p
70.54	0.00*	13.71	0.00*

Nominal Logistic Regression

Community Based Support Services					
		B	SE	Wald	Exp(b)
	Intercept	-2.12	0.25	72.19	-
Ethnicity	White/Black Irish	0.72	0.21	12.00	2.05*
	Irish Traveller	0.95	0.25	14.36	2.58*
	Other	0	-	-	-
Region	YPP	1.54	0.25	37.76	4.68*
	Dublin Nth and NE	0.97	0.18	28.81	2.64*
	Dublin Sth and Wicklow	1.15	0.19	35.94	3.15*
	Midlands and SE	0.53	0.19	7.91	1.71*
	Southwest	0.48	0.19	6.12	1.61*
	West NW and Westmeath	0	-	-	-
* Significant at p ≤ 0.05				R ² = 0.06 (Nagelkerke)	

Response - Community Based Addiction Services (HSE)

Chi Square analysis yielded significant differences Across Age and Region when exploring probation officer referrals to Community Based Addiction Services (HSE) for drug misuse. The variables Age and Region was entered into a Nominal Logistic Regression Model. The variable Age did not yield a significant result.

Chi Square Test of Independence

Region		Age	
X ²	p	X ²	p
102.76	0.00*	19.94	0.01*

Nominal Logistic Regression

Community Based Addiction Services (HSE)					
		B	SE	Wald	Exp(b)
	Intercept	-1.23	0.86	2.04	0.15
Region	YPP	-0.46	0.28	2.83	0.63
	Dublin Nth and NE	-0.87	0.17	26.61	0.45*
	Dublin Sth and Wicklow	-1.28	0.20	41.31	0.28*
	Midlands and SE	0.03	0.17	0.04	1.03
	Southwest	-0.14	0.17	0.72	0.87
	West NW and Westmeath	0	-	-	-
* Significant at p ≤ 0.05				R² = 0.10 (Nagelkerke)	

Response - Probation Service Funded Projects

Significant differences were observed across client Age and Probation Service Region when examining referral rates to Probation Service Funded Projects. Accordingly, Age and Region were entered into a nominal regression model, but Age failed to yield a significant result.

Chi Square Test of Independence

Age		Region	
X ²	p	X ²	p
12.80	0.05*	22.30	0.00*

Nominal Logistic Regression

Probation Service Funded Projects					
		B	SE	Wald	Exp(b)
	Intercept	-1.61	0.17	91.60	-
Region	YPP	0.93	0.26	121.39	2.54*
	Dublin Nth and NE	0.25	0.20	1.56	1.28*
	Dublin Sth and Wicklow	0.56	0.21	7.47	1.58*
	Midlands and SE	0.51	0.20	6.41	1.67*
	Southwest	0.60	0.20	9.20	1.82*
	West NW and Westmeath	0	-	-	-
* Significant at p ≤ 0.05				R ² = 0.20 (Nagelkerke)	

Response - 1 to 1/ Group Work (Probation Service Programs)

Significant differences were observed across Region when examining referral rates to 1 to 1 / Group Work (Probation Service Programs). No significant differences were yielded for Sex, Link to Current Offence, and Age. Accordingly, Region was entered into a Nominal Logistic Regression Model. However, Ethnicity did not yield a significant result.

Chi Square Test of Independence

Region	
X ²	p
5.43	0.02*

* Significant at p ≤ 0.05

Nominal Logistic Regression

1 to 1/ Group Work (Probation Service Programs)					
		B	SE	Wald	Exp(b)
	Intercept	-1.85	0.99	3.52	-
Region	YPP	0.56	0.42	1.88	1.76
	Dublin Nth and NE	0.76	0.27	7.98	2.13*
	Dublin Sth and Wicklow	0.65	0.30	1.38	1.41
	Midlands and SE	0.47	0.28	2.77	1.60
	Southwest	1.40	0.26	27.91	1.03*
	West NW and Westmeath	0	-	-	
* Significant at p ≤ 0.05				R ² = 0.07 (Nagelkerke)	

