

# Alcohol Treatment Requirement (ATR)

Peer-reviewed research on the effectiveness and impact of sentences, orders, and requirements.

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## Summary

This bulletin summarises research on the effectiveness of the alcohol treatment requirement (ATR) for community orders and suspended sentence orders in England and Wales for convicted adults. Effectiveness is considered in terms of fulfilling the aims of sentencing under Section 57 of the Sentencing Code.

Alcohol consumption has been linked to offending. When a person's offending is related to alcohol consumption, reducing their alcohol use may therefore reduce their risk of reoffending. ATRs can be imposed under the terms set out in Schedule 9 paragraphs 23-24 to the Sentencing Act 2020. They may be imposed when the court determines that a person's alcohol dependency contributes to their offending, is treatable, treatment is accessible, and the person consents to the order. ATRs can be combined with other requirements to promote the aims of sentencing, such as rehabilitation. Combining requirements may improve the effectiveness of community orders and suspended sentence orders, and reduce the need for short sentences of immediate imprisonment, which are linked to poor outcomes with regard to reoffending.

ATRs can be effective in reducing alcohol use among those who engage with treatment. However, further research is needed to understand more clearly the relationship between ATRs and reoffending.

## Alcohol treatment requirements (ATRs) can be imposed for convicted adults with an alcohol dependency.

We summarise evidence on how ATRs are used, how they may impact a person’s alcohol dependency, and the evidence concerning ATRs and reoffending. The focus is on empirical studies concerning ATRs issued in England and Wales for the years 2010-2025. In cases where a convicted person is alcohol dependent, ATRs can be imposed with court orders under the terms set out in paragraphs 23-24 in Schedule 9 to the Sentencing Act 2020. ATRs can be used where the courts identify that:

- (1) an individual has an alcohol dependency;
- (2) the alcohol dependency requires treatment;
- (3) the alcohol dependency *may* be susceptible to treatment;
- (4) the individual can access the treatment (the treatment condition);
- (5) the individual consents to the order (the consent condition).

ATRs can run for the length of an order and different periods may be specified for residential treatment, institution-based treatment, and practitioner-based treatment.

The severity of alcohol dependency varies (National Institute for Health and Care Excellence, 2014, p. 44). The greater the dependency, the more likely assistance may be required to reduce alcohol dependence. The severity of the dependency may determine whether residential treatment, institution-based treatment, or practitioner-based treatment is necessary. If a person is not highly dependent on alcohol, an alcohol abstinence and monitoring requirement (AAMR) may be a viable alternative (paragraph 25 of Schedule 9, Sentencing Act 2020). Unlike an ATR, the AAMR does not require the convicted person’s consent.

## ATRs are currently underused

In 2023, about 6,300 ATRs were issued (4,271 for community orders and 2,118 for suspended sentence orders) (Ministry of Justice and HM Prison and Probation Service, 2024). Official statistics reveal that around 1/5th of individuals issued a community sentence have an alcohol misuse flag (Chalam-Judge and Martin, 2024), yet only about 4% of court orders contain an ATR (Ministry of Justice and HM Prison and Probation Service, 2024). Accordingly, it has been argued that ATRs are underused sentencing options (Centre for Justice Innovation, 2021).

Analysis of 43,372 ATRs suggests that more than half are imposed for (relatively) minor crimes dealt with in the magistrates' courts (Lightowlers, 2025).

**Table 1: Percentage of ATRs among different offence types**

Offence Type	Percentage of cases with ATRs
Summary Offences	
- Non-Motoring	44.4
- Motoring	13.6
Violent Offences	12.7
Theft Offences	11.7

Of all of the 43,372 ATRs studied by Lightowlers, 11.3% were in cases where the underlying offence was itself alcohol defined (in 8.7% of cases, data were missing).

The Pathways Report found that 64% of individuals with an ATR reported only alcohol-related problems, and 32% of those with an ATR reported having substantial drug-related problems (Ministry of Justice and the Office for Health Improvement and Disparities, 2023).

## ATRs can effectively reduce alcohol use among those who engage with treatment.

The link between alcohol abuse and offending is well established (e.g., Curtis *et al.*, 2018). Additionally, in specific cases, the offence history may also suggest a link between offending and alcohol. Addressing criminogenic needs through CSTRs may promote the aims of crime prevention, rehabilitation and public protection (Centre for Justice Innovation, 2021).

ATRs are often effective in reducing alcohol consumption. One study found an overall 37% reduction in the self-reported number of drinking days, a reduction in the average amount consumed during the life of the ATR, and a drop in the number of people dependent on alcohol (McSweeney and Bhardwa, 2011). In addition, those who completed a structured alcohol treatment programme reported fewer drinking days (compared to non-completers) (McSweeney and Bhardwa, 2011).

Using self-reports from a sample of convicted people who began treatment with an ATR, one study found that (a) the proportion of participants drinking daily fell from 76% to 10% six months later; (b) the proportion scored as alcohol-dependent fell from 100% to 19% six months later; (c) lower numbers of arrest six months after commencing the ATR compared to arrests in the prior six months; and (d) participants reported improved health and positive experiences with their treatment providers (Baldwin and Duffy, 2010).

Such favourable outcomes are consistent with another regional study. Case workers reported that 54% of participants had limited their alcohol consumption or were abstinent, while 15% had relapsed (in 31% of cases the outcomes were unknown; Ashby, Horrocks, and Kelly, 2011). More recent national data found a significant drop in self-reporting of alcohol use. In the month prior to starting treatment, 89% reported alcohol use, compared to 62% who continued to report alcohol use at their latest assessment. The average number of days that people reported using alcohol also declined (Ministry of Justice and Office for Health Improvement & Disparities, 2023). The study also found that in the sample of participants with an ATR, 29% dropped out of treatment, while 70% were either still in treatment (22%) or successfully recovered from their substance misuse (48%) (Ministry of Justice and the Office for Health Improvement and Disparities, 2023, pp. 24–25). These figures are similar to those in other research, which found that about 68% of ATR treatment requirements were completed (Lightowlers, 2024a; Lightowlers, 2024b).

Characteristics associated with a reduced likelihood of successfully completing an ATR included: starting treatment on or after the day of being sentenced (rather than already being in treatment); having a public order main offence category; having a medium or high score on the OGRS (i.e., the offender group reconviction scale, a risk assessment tool); having a court order terminated because a person was convicted of another offence, failing to comply with the order or for other reasons; reporting alcohol use in the month before starting treatment. By contrast, those who reported undertaking paid work the month before treatment or better physical health were more likely to successfully complete treatment (Ministry of Justice and the Office for Health Improvement and Disparities, 2023).

Overall, the Pathways Report suggested that ‘for offenders accessing treatment [including those with ATRs], we saw substantial reductions in their main substance of use and in the frequency they reported using these substances’ (Ministry of Justice and the Office for Health Improvement and Disparities, 2023, p. 29). However, a key limitation is the report’s short-term assessment of alcohol consumption during the time of treatment or shortly thereafter. While these reductions in alcohol are promising, further data on long-term outcomes are needed.

## Evidence is less clear about the relationship between ATRs and re-offending.

Re-offending statistics provide an informative yet imperfect metric of effectiveness. An ideal study designed to evaluate the effect of ATRs on reoffending would compare two similar groups of convicted adults—matched on characteristics such as alcohol misuse—one group successfully completing an ATR and the other not. Researchers would then track recidivist outcomes over time to determine if the ATR was associated with lower rates of reoffending. However, no study meets this standard (Lightowlers, 2025).

The closest to this ideal design is a study of male individuals supervised in the southwest region of the U.K. (Needham et al., 2015). Researchers found that men who were eligible but declined to consent to an ATR were more than two times more likely to be rearrested or reconvicted than men who completed an ATR program. This result provides evidence that completion of the ATR benefits those with alcohol misuse issues. However, the study’s findings should be interpreted with caution as they are drawn from a single regional probation area, the comparison group may have included individuals receiving immediate custodial sentences (potentially inflating their reoffending rates), and there is a risk of selection bias in that those who participated in the treatment program may have been more amenable to rehabilitation than those who did not.

In reviewing the other available evidence concerning ATRs and reoffending, we can highlight overall reoffending rates. Raw data indicates that adults sentenced in England and Wales to a community order with an ATR during the fiscal year ending March 2022 had a re-offending rate of 41%, with an average of 4.7 new offences per recidivist. Those with a suspended sentence order with ATRs had a reoffending rate of 37% with an average of 4.0 re-offences per person (Ministry of Justice, Proven Reoffending Index Disposal Data Tool, 2024).

These ATR reoffending rates were lower than for those given court orders with drug rehabilitation requirements at 66% (the same rate whether it was tied to a community order or suspended sentence order) (Ministry of Justice, Proven Reoffending Index Disposal Data Tool, 2024). Yet the rates were higher than the overall 31% reoffending rate associated with all court orders issued during that same fiscal year (Ministry of Justice, Proven Reoffending Statistics (3 monthly), 2024). (These statistics used a fixed 12-month follow-up period.)

A small study found a much lower reoffending rate among all of those with an ATR of 27% (study period between mid-2007-2009), potentially due to a shorter follow-up period (Ashby, Horrocks, and Kelly, 2011). One Ministry of Justice study focused on individuals given court orders across England and Wales who were identified as having alcohol misuse issues. ATRs were associated with a small reduction in reoffending for those given community orders, but no difference in reoffending for those with suspended custodial sentences (Hillier and Mews, 2018).

Another Ministry of Justice report found no significant differences in reoffending rates between ATRs and community sentences without a CSTR (Chalam-Judge and Martin, 2024). However, those with an ATR took slightly longer to reoffend and re-offended less frequently than those

with a short sentence. Furthermore, for those who did reoffend, individuals with an ATR were less likely to receive custodial sentences for their new convictions, suggesting that they had committed less serious crimes. Overall, the results were positive (Chalam-Judge and Martin, 2024). Thus, while the evidence is limited, this research was encouraging about the effectiveness of ATRs.

A regional report compared a group of individuals on court orders with ATRs to a matched group of people with identified alcohol misuse who were sentenced to court orders prior to the introduction of ATRs (McSweeney, 2015). Results indicated no statistically significant differences in the rates, timing, or volumes of reoffending between the groups, thus suggesting no observable impact of the availability of ATRs.

Finally, research has suggested that treatment for alcohol dependency (generally and not via an ATR) can reduce reoffending. A study of 46,000 individuals who had committed offences within the two years prior to starting treatment in the community found that by two years after treatment, the ‘alcohol only client group experienced the greatest reduction in both offenders and offences (59% and 49%, respectively)’ (Ministry of Justice and Public Health England, 2017, p. 13). Factors such as being in prison prior to treatment and homelessness were associated with higher risks of reoffending. By contrast, successfully completing treatment or still being in treatment at the end of the two-year period was associated with less reoffending. However, this leaves open the question of what (if any) effect ATRs specifically have on reoffending.

### Existing studies of ATRs fail to account for several key factors.

Most studies of ATRs and reoffending only assessed whether an ATR was assigned, not whether a person engaged with or completed treatment (Needham et al., 2015 being an exception). This is significant because the assignment of an ATR does not mean that the individual will actually receive treatment. The Pathways Report discovered that less than half (46%) of those with ATRs in their court orders (issued between August 2018 and March 2022), appeared to have engaged in any treatment on or after their sentencing dates (Ministry of Justice and Office for Health Improvement & Disparities, 2023).

The gap in access to treatment identified may be related to the time period of the joint government study (late 2018 to mid-2022) that included the COVID-19 years with lockdown-related restrictions. Prior to COVID-19, rates of engagement were higher. An older study of ATRs conducted between 2007-2009 showed that 70% had completed treatment, 11% were still in treatment, and 4% transferred away from the area, leaving a rate of failure to complete the ATR at 15% (Ashby, Horrocks, and Kelly, 2011). A nationwide analysis of those sentenced in 2018 found that 67% of those with ATRs successfully completed their court orders (Chalam-Judge & Martin, 2024). Thus, there remains an ongoing need to monitor the accessibility of appropriate treatment for ATRs.

Existing studies also fail to account for several key factors such as: (a) individuals who, despite not being assigned an ATR, completed some form of alcohol treatment in the community or prison; (b) undetected re-offending; (c) the potential overrepresentation of ATR recipients in re-offending statistics due to increased scrutiny from supervisory conditions (Chalam-Judge and Martin, 2024); and (d) the gradual nature of desistance, which often involves a reduction in the frequency or severity of offences rather than immediate cessation, extending beyond the typical one- or two-year assessment periods (Gormley, Hamilton, and Belton, 2022).

## Conclusion

To summarise, the evidence suggests that ATRs can effectively promote the aims of sentencing by reducing alcohol use. This is particularly important given the role that alcohol plays in offending. However, the current evidence is less clear about the relationship between ATRs and re-offending, and further research is needed.

This Bulletin is part of a series on the effectiveness of sentencing in England & Wales. Other Effectiveness Bulletins can be found [here](#).

For further information, contact [info@sentencingacademy.org.uk](mailto:info@sentencingacademy.org.uk)

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