Dear Richard

Many thanks for inviting consultation on your Member's Bill "Shifting the Culture". I am responding on behalf of the Edinburgh, Midlothian & East Lothian DTTO I & II schemes: we wanted to comment on Q. 17: Do you believe extending DTTO's to become ADTTO's would add value to the existing range of disposal. What differences of contexst between drugs and alcohol would need to be taken into account?

We think that the extension would add value. As the DTTO schemes have matured, the indications for accepting people onto them have broadened and now very much include those with a significant alcohol misuse problem as well as a concurrent drug misuse problem. Allowing for people who are convicted of an offence and who have a primary problem of alcohol dependency to also be considered for a robust, court mandated, community based, treatment disposal would seem to represent a sensible step forward. It should not be the case that alcohol addiction, as opposed to drug addiction, excludes someone from the intensive support that a DTTO type service can provide within the Criminal Justice System to address both their addiction and their offending for those that need it.

Considerable work would need to be done, however, in terms of how and for whom such a pilot would work. People with alcohol problems do not form a homogenous group. Whilst it seems fairly self evident that such a disposal may benefit someone who is frankly dependent on alcohol and who is committing offences because of their behaviour and/or the need to fund their drinking, it is perhaps not as clear how it might be applied to people with different patterns of drinking. It is possible that it may have a positive impact on women offenders as it would allow us to offer a service to more diverse group of women.

There are significant ethical considerations around how to manage a legally available drug such as alcohol within the criminal justice system. Is abstinence enforceable by order of the court for instance? Is abstinence a reasonable requirement to impose on someone when it would not be universally required of all DTTO clients: what pressures would be placed on a clinic in which a positive breathalyser reading for one client (on an ATTO) attracted a sanction when it did not do so for someone else on a DTTO? How would such pressures influence people's presentation at the point of assessment? Would it be ethical to mandate abstinence through supervised Disulfiram for instance, particularly in those who are not dependent drinkers and in the face of a potential

risk, albeit small, of a fatal reaction to drinking whilst on Disulfiram.

The above is not an exhaustive or definitive list of issues. Overall, we think the proposal is positive: it would need to be carefully worked through before being piloted.

Please do not hesitate to contact me should you wish to discuss this response further.

Best wishes
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