

Section: Crime, Disorder and anti-social behaviour: the effects on our surroundings and community

Q23:

What evidence is there about the links between alcohol and crime and the links between alcohol and anti-social behaviour?

- Arrest Referral figures are recording an increase in alcohol issues.
- Family Support helpline receiving increased number of calls from both parents and users of alcohol.
- Increase in number of public order issues.
- In Blyth Valley, a lot of the disorder and violent crime takes place between the hours of 10pm and 2am, indicating that alcohol is a factor.

Are there key studies or pieces of evidence you think we should be aware of?

Where are the gaps in the evidence?

- Police figures do not routinely record the involvement of alcohol in an incident.** A GIS search on incidents involving Disorder, Domestic Violence, Assaults, Public Order, Youth Disorder, Driving Offences, etc; would reveal links to alcohol – but local police acknowledge that such a retrospective exercise would be very time-consuming.
- Much of the evidence we have is anecdotal. Although everyone “knows” alcohol is linked to crime, evidence is often not recorded or measured ‘scientifically’, resulting in a situation where there are few actual statistics to establish a clear link between alcohol and crime.

Q24:

In your experience, is alcohol a factor in habitual re-offending?

- Police advise that there are lots of studies to show links between alcohol and violent crime – although difficult to establish clear evidence of cause / effect.
- Arrest Referral Workers advise that alcohol is a factor in habitual reoffending –and see the same people presenting regularly having committed crimes ‘fueled’ by alcohol.

Does it lead to particular types of crime?

- Local (largely anecdotal) evidence suggests that violent crime and sexual offences are particularly linked to alcohol (used by either victim or perpetrator).
- Blyth Valley’s night-time economy is based on pubs and bingo halls, and the majority of disorder and violent crime is committed between 10pm and 2am, suggesting alcohol plays a significant part.

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Q25:

To what extent can alcohol convincingly be demonstrated to be a factor in criminal and disorderly behaviour?

- ❑ Alcohol marketing targeted at 'macho' image and interest of the younger generation – implying that alcohol will make you 'better', 'sexier', etc. Local feeling is that this encourages 'macho' behaviour and conflict (not just restricted to males).
- ❑ Late night disorder problems focus around areas with night-time economy which relies on pubs and clubs (and therefore alcohol).

How much is perception and how much reality?

- ❑ Perception does not always reflect reality – especially where young people are concerned. There is a generalised fear of crime, drunkenness and antisocial behaviour, often linked to groups of young people 'hanging about'. In fact, on many occasions, alcohol is NOT linked – despite public fears and perceptions.
- ❑ The increase in groups of young women using alcohol is a newer phenomenon, with antisocial behaviour and violence not uncommon.

What fuels the perceptions and are they accurate?

- ❑ Public perceptions fuelled dramatically by the medias' often irresponsible and biased reporting. However, alcohol clearly is a problem – which is then magnified by misconceptions and fear.

Q26:

Alcohol is far from being the only factor in crime and disorder. Other factors are involved – for example town centre disorder can be influenced by lack of availability of transport or design of environment. What other factors might be involved?

- ❑ Police partners feel that broadening licensing hours will help town centre disorder (currently concentrated in the hours of late night / early morning).
- ❑ Disorder 'blackspots' occur on taxi ranks, stations, and at carry-out restaurants following pub closing.
- ❑ Concerns re CCTV displacing disorder and crime to surrounding areas.

How easy are these factors to influence?

- ❑ Attention can be given to 'designing-out' crime, through use of CCTV, street lighting and a range of other options. (Although there is an acknowledgement that no one approach used in isolation, is likely to prove successful).

Who is responsible for them?

- ❑ A partnership approach to these issues is crucial!

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Q27:

How does the impact of alcohol on urban environments differ from its impact on rural environments?

- Drink-driving has a bigger impact in rural areas.
- Often fewer options for young people's activities in rural areas.
- Alcohol problems may be more localised – and users more isolated in smaller communities.

What are the differences between urban and rural drinking patterns?

Difficult to answer – Blyth Valley is an urban area within a largely rural county.

How do they affect those communities and surroundings?

Q28:

To what extent can impacts on the environment (including crime, disorder, noise and waste) be designed out – for example, by use of plastic drinking glasses?

Local initiatives such as these can help – but will not design out environmental impact altogether.

Are there examples of good practice it would be useful for us to be aware of?

- Local Byelaws to deter drinking on the streets
- Pubwatch schemes

Q29:

There are some examples of good practice where a range of organisations responsible for dealing with different aspects of alcohol have successfully 'combined efforts' and shared information to tackle alcohol-related crime and disorder together. Should this approach be encouraged more widely?

- Cross-agency working is likely to be the only way to make any significant impact and should therefore be encouraged wherever possible.

What inhibits organisations or communities from taking such an approach?

- Problems generally relate to resources – both human and financial (e.g. Which partner funds the costs of ASBOs?)
- Responsibility for carrying out initiatives also an issue – who takes the lead? Are partners 'signed up' to working in this way?

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Q30:

Is it right that crime and anti-social behaviour initiatives need to be targeted on young people?

- Yes – but not in isolation!
- Evidence suggests that young people's alcohol consumption of alcohol has increased – but this is not the only concern. Health and social problems related to alcohol may not occur until people are in their 30s and 40s – with huge implications for treatment services.

Q31:

Should we be encouraging different drinking patterns – in terms of time spent drinking, location of drinking, etc; - in order to tackle alcohol-related crime and disorder?

- Given that this was announced in the Queen's Speech some time ago as a Government intention, the partnership felt that it was not appropriate that this question should be included in a consultation which is not due to be completed until mid January. It appears that this approach is a foregone conclusion.

Q32:

How can the law on, and policing approaches to public drunkenness and street drinking help to tackle these problems?

Are existing controls and powers (such as those for local authorities to introduce 'no-drinking zones') effective?

- General feeling is that there is ample legislation to deal with alcohol related issues – and a lot of legislation also has a 'sub-section' relating to people being under the influence of alcohol – therefore little need for additional measures in terms of legislation.

Are they efficient?

Q33:

One person's evening out can be another person's sleepless night. Are there principles to guide the balance of individual rights and responsibilities?

- It is acknowledged that individuals have a right to a private life – but the perspective of others on what is acceptable behaviour may be different. However, we would discourage value judgements, middle-v-working class views and the 'blame game'. It is not possible to devise a universal set of principles which covers such a subjective area – there's no Code of Practice for Life!

Q34:

Drink-drive policies are generally acknowledged to have been successful. What can we learn from them?

- Drink-drive policies, although acknowledged as successful, have taken a long time to demonstrate that success in influencing cultural change. The key message to learn from this is that there are no 'Quick Fixes' – short-termism and sporadic funding simply increase public and worker frustration.

Q35:

Domestic violence is often associated with alcohol misuse – either by the perpetrator or, on occasion, by the victim. What, in your experience, is the nature of this link – and what would you see as good practice in tackling the interrelationship between domestic violence and alcohol misuse?

- Concerns were expressed that alcohol is often used as an excuse for domestic violence (“I couldn’t help it – I was drunk”)
- There have been big developments in the way the police tackle domestic violence in recent years, based on a theme of positive action.
- Main drawback is lack of resources – there are few places for victims to go (with those that exist largely run by the voluntary sector).
- Government / Social Services should make a significant investment in Domestic Violence issues.
- Support should be increased for voluntary agencies working in this field.

Section: The implications for Vulnerable Groups

Q36:

Which children and young people do you see as being most vulnerable to the consequences of alcohol misuse?

- Children living with domestic violence.
- Children whose parents are heavy and regular drinkers (where this is seen as the norm).

Q37:

What other groups would you identify as particularly at risk and vulnerable to the harmful effects of alcohol?

- Young women – increasing use of alcohol and apparent increase in acceptability.
- Young Carers.
- Middle-aged (30s – 50s) involved in long-term alcohol use. This group, to whom alcohol has been accessible all their lives, will grow and grow. There are implications for treatment issues, in terms of long-term impacts of alcohol on health.

Q38:

Those who are vulnerable to the consequences of alcohol misuse often have complex problems (for example, they may be homeless and may have additional mental health or drugs problems) and such factors may be interrelated. What key factors need to be understood in addition to alcohol use that contribute to the problems facing such groups?

Which of these factors should interventions be aimed at?

Q39:

How can the services provided by the state and others to vulnerable groups with complex problems be joined-up most effectively?

Are there examples of joined-up delivery it would be helpful for us to be aware of?

What gets in the way of joining-up services?

Q40:

How realistically can these vulnerable groups be dealt with by mainstream services and how far do they need services which are tailored to individual groups and indeed to individuals on a case-by-case basis?

- ❑ Mainstream services should not exclude provision to vulnerable groups – although specialist interventions may be required in some instances. However, mainstream services often leave such groups and individuals to be taken up by voluntary agencies – who are often under-funded and over-stretched.

What is your experience?

- ❑ Currently, vulnerable groups are, in the main, NOT being dealt with by mainstream services – in Blyth Valley, the Community Substance Misuse Team is swamped with alcohol referrals, though their main brief is drugs. As a result of the lack of available alcohol services, the number of referrals on alcohol issues may threaten provision of drug services.
- ❑ Voluntary agencies are picking up the referrals which mainstream services cannot cope with – in turn, putting their core services at risk without additional funding and resources. Voluntary agencies generally provide Tier 1 support, rather than treatment (a 'holding mechanism' until clients can be seen by alcohol treatment services).
- ❑ Additional provision required to enable GPs / Nurses, etc; to carry out brief interventions.