



Home Office

ALCOHOL

CHANGE^{UK}

Tackling alcohol-related harm

Brief guidance for frontline police officers



Introduction

The misuse of alcohol has a huge impact on crime, anti-social behaviour and, therefore, policing. For example, data from 2019/20 shows that 42% of violent incidents are alcohol-related. A large number of the incidents that police forces have to respond to are non-crime related and it is likely many of these will be linked to alcohol. The Home Office and Alcohol Change UK have, therefore, developed an alcohol toolkit for police officers and police forces. This sets out the range of options that can be used.

This leaflet summarises points that will be of use to you as a frontline officer. In the main, these will be related to action with people with alcohol use disorders, whether in the night-time economy, street drinkers or dependent drinkers.





First step – Identification

Identifying people who would benefit from alcohol interventions is a useful first step. This will usually be based on obvious indicators:

- Their behaviour or signs and symptoms of alcohol-related ill-health (e.g. shakes, a swollen abdomen, people walking strangely due to numb feet).
- The nature of their offending.
- Information from other professionals.
- Conversations with individuals or their family and friends.

However, identification is only useful if it is a step towards action.

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Say something

The key message is – *have a word!* Where possible, you could ‘say something’ about the drinking. Make a link between the problems the person is experiencing and their use of alcohol.

- *If you drank less, we might not be seeing you in custody so frequently.*

This may not feel like a powerful step, but there is good evidence that saying something at points of crisis or change in someone’s life (e.g. an arrest, an accident, a relationship problem), can have an impact on drinking and drive change.

This could easily be extended by

- Brief educational inputs about the effects of alcohol
- Contact details for alcohol services
- The provision of written information about alcohol or about alcohol services.

During an incident with a drunken individual, saying something will probably be inappropriate, if not risky. However, you will often meet people in other circumstances. Of course, if people are intoxicated, this may limit the usefulness of such interventions, but simple statements and written information may still be useful depending on the degree of intoxication.

Screening tools

If you work in specific settings, e.g. custody, and have more time with an offender, the best method for identifying alcohol-related harm is using a screening tool:

- **AUDIT** – The recommended alcohol screening tool in the UK is AUDIT (Alcohol Use Disorders Identification Test). This is a 10-question tool. is included in appendix 1. There is also a shorter version of the tool (**AUDIT-C**) which just use the first three questions of AUDIT.
- **12 questions tool** – An alternative approach is to use the ‘12 questions for generic workers to ask about a client’s physical health’ which is in Alcohol Change UK’s Blue Light manual. This sets out questions that someone with no medical training can ask to help identify potentially serious alcohol-related health problems.

Extending the intervention

More structured interventions are also possible:

- Brief advice
- Promoting motivation to change
- Promoting a belief in the possibility of change.

Brief advice – brief advice is exactly what it says: *brief* and *advice*. Ideally, brief advice follows on from the use of the AUDIT screening tool but could be used on anyone if there is concern about their drinking. Regardless of AUDIT score, anyone can be offered information about units, safe limits and the risks associated with excessive drinking. This can be achieved by handing them an alcohol leaflet and briefly going through the main points with them. However, with those scoring between 8 and 19 on the AUDIT tool, brief advice would ideally cover:

- Feedback about the AUDIT score (this alone can be effective, especially if accompanied by a leaflet)
- Clear, structured advice about risk and change
- Goal setting: *'What changes would you like to make and how are you going to do that?'*
- Statements to enhance motivation
- Literature for the person to take away
- The offer of referral to further support, if desired.

People scoring 20 or more on AUDIT, i.e. dependent drinkers, are much less likely to benefit from this approach but even more entrenched drinkers may benefit. At the least, it allows you to:

- Make a few simple statements about the need to change and the potential benefits
- Remind the person that the door is always open for change.

With this group, the offer of referral to treatment services should always be made.

Leaflets are available to support this work. For example SIPS *Brief Advice about Alcohol Risk* (www.sips.iop.kcl.ac.uk).

Motivational interventions – motivational interviewing is a set of techniques that aims to move someone towards change. Three key techniques are:

- Asking permission to talk about the drinking and offering permission to disagree with your view. This gives people a sense of control in the process.
- Rolling with resistance – do not try and force the issue. If someone denies that alcohol is a problem, it is tempting to try and persuade them. This is unlikely to be effective. Instead, explore their priorities and interests and allow those conversations to return to the alcohol.
- Giving very specific information about the physical impact of alcohol on a person can be motivational. The [12 questions tool](#) mentioned above can help you give more specific health information.

Promoting self-belief – above all you should demonstrate that you believe the person can change. Promoting self-belief is crucial. You will help individuals believe they can change if you demonstrate that belief yourself. This can be tough – some people seem set on a course that will destroy their lives. However, people do change.

Harm reduction – if nothing else seems to be working, you could make a few harm reduction statements. For people who have problems when they go out drinking in the night-time economy, it may be useful to give advice on 'keeping safe' e.g. know how you can get home, keep hydrated, eat, avoid large rounds. However, this approach is particularly useful with people with more serious problems. The exact advice will be dependent on their needs but could include:

- Encouraging them to eat well
- Reducing suicide risk by advising against the hoarding of medication
- Warning about dangerous drug combinations.

Alcohol Change UK's [Blue Light manual](#) offers a much larger range of harm reduction techniques that can be used.

All the above techniques will need both training and senior officers supporting operational staff to undertake this task.





Interventions with the criminal justice system

Any one of the range of disposals available in the criminal justice system could impact positively on drinkers e.g. prison, restorative justice. However, some more specific powers exist. The use of these powers is often dependent on the courts, some are powers that officers can use directly. These include:

- Acceptable behaviour contracts
- Using anti-social behaviour powers
- Police powers to seize alcohol
- Fixed penalty notices
- The use of deferred prosecution schemes – e.g. Checkpoint
- Conditional cautions
- Liaison and diversion services in the custody suite
- Use of the Communications Act 2003.

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Referral

You can helpfully signpost individuals to relevant services. This could include referral to:

- Specialist alcohol services
- Hospital alcohol care teams
- Other services.

This will be facilitated by you ensuring that you have details on local services.

However, for some individuals particularly people with a pattern of chronic alcohol dependency it will not be enough to simply give information about services. They may require more specific support. Whether you can provide this support will depend on your role but examples might include:

- Tackling people's misconceptions about what happens in services
- Accompanying the person to services.

Escalation – with individuals who are presenting high levels of risk or vulnerability, escalation should be considered e.g. to a local senior multi-agency management group. Alternatively, action under other legal frameworks might be considered:

- Raising safeguarding concerns under the Care Act or Social Services and Wellbeing Act (Wales)
- Use of the Mental Capacity Act
- Use of the Mental Health Act
- Child protection powers.

The family

Although this will not be your prime concern, it is worth remembering that help is also available for the family of people with alcohol use disorders. Local alcohol services should be the first point of contact.

Wider interventions

The toolkit also includes advice on wider issues such as:

- Strategic approaches
- Use of the Licensing Act
- Interventions to improve the Night-time Economy
- Public Space Protection Orders
- Drink Drive campaigns.

These will generally be of concern to more strategically focused officers. However, for action on licensing and night-time economy related issues, you should generally talk to your Police Licensing Officer.

