



Home Office

ALCOHOL

CHANGE^{UK}

The Home Office Police Led Alcohol Intervention Checklist and Toolkit

Developed by Alcohol Change UK
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Ministerial Foreword



The sale of alcohol is important for the UK's economy, culture, and job market. Most people drink responsibly and enjoy alcohol as part of socialising, both at home and out and about. However, this needs to be balanced by taking action to address alcohol-related harms.

Although the trends in alcohol-related crime and disorder have been moving in the right direction over the past decade, an alcohol connection is still a factor in a sizeable proportion of crimes. Latest data shows that in over two-fifths (42%) of violent incidents, the victim believed the offender(s) to be under the influence of alcohol. This proportion increases in incidents occurring between strangers, in the evening or at night, at weekends, and in public places, where in each case, over half of violent incidents are alcohol-related. Alcohol also has a wider impact on communities, with latest data showing that over one in ten adults personally experienced or witnessed drink-related anti-social behaviour.

Alcohol-related crime can have a significant impact on frontline services, communities, and individuals. That is why I am delighted to be working in partnership with Alcohol Change UK on this toolkit focused on police led interventions. This toolkit will supplement the existing expertise and experience across forces in dealing with alcohol-related incidents. It brings together data, evidence, promising practice and case studies and sets out a range of interventions to respond effectively - whether to incidents in the night-time economy or supporting dependent drinkers with complex needs.

Alongside this toolkit, Alcohol Change UK will be delivering awareness sessions to police forces across England and Wales, and I am grateful for the support this project has been given by Deputy Chief Constable Scott Green, National Police Chiefs' Council Lead for Alcohol Licensing and Harm Reduction, and by the Association for Police and Crime Commissioner's Addictions and Substance Misuse leads, Joy Allen (Police and Crime Commissioner for Durham) and David Sidwick (Police and Crime Commissioner for Dorset).

I am looking forward to continuing to work with police and police and crime commissioners to tackle alcohol-related crime, and I hope this resource will be a useful and practical tool for all forces.

A handwritten signature in black ink, appearing to read 'Chris Philp'.

The Rt Hon Chris Philp MP
Minister of State for Crime, Policing and Fire



The misuse of alcohol has a huge impact on crime, anti-social behaviour and therefore policing.

Introduction

Aim and objectives

The misuse of alcohol has a huge impact on crime, anti-social behaviour and therefore policing:

- 42% of violent incidents are alcohol-related¹
- 40% of secondary school-age children have been involved in some form of violence because of alcohol²
- Around 60% of incidents that police forces have to respond to are non-crime related and a proportion of these will be alcohol-related, although this is hard to quantify.³

Therefore, this toolkit aims to:

- Support police forces to tackle alcohol-related harm.

It is not telling police forces or individual police officers what they should do; its aim is simply to set out options that could be used. It achieves this by:

- Identifying how police officers can work strategically to reduce the impact of alcohol on crime and the non-crime aspects of policing
- Describing the interventions that frontline officers can pursue to tackle the various forms of alcohol-related harm
- Laying out the available data on the impact of alcohol misuse on policing
- Supporting other agencies to engage with the police in tackling that harm.

The focus of this toolkit is the whole spectrum of alcohol's impact, from offending associated with occasional binge drinking in the night-time economy (NTE) through to dependent drinkers with complex needs. It will embrace both the crime and non-crime aspects of policing (e.g. safeguarding).

However, this toolkit does not include the role of alcohol in domestic abuse and sexual violence or issues such as 'spiking'. Nor has it included licensing offences such as the fraudulent sales of alcohol, or the detail of non-police licensing policy and practice.

The focus of this toolkit is the whole spectrum of alcohol's impact, from offending associated with occasional binge drinking in the night-time economy (NTE) through to dependent drinkers with complex needs.

Language

Over the years, the language used to describe people who are struggling because of their alcohol use has changed. Terms that have been widely used include:

- Alcoholic / Alcoholism
- Problem drinker
- Alcohol problem
- Alcohol misuse.

This toolkit is not the place to debate the merits of these terms. In accordance with current practice in the alcohol treatment system, we will use the phrase *alcohol use disorders* to describe the wide range of harmful drinking patterns that can be encountered. In specific circumstances where it is an accurate description, we may use terms like 'alcohol dependent' or 'dependent drinkers'. In talking about the wider impact of alcohol on the community, we will use the phrase 'alcohol-related harm'.

How to use the checklist and toolkit

This document is not designed to be read as a single document, rather, it is a resource that police officers can dip into, in order to develop responses.

Section 1 is a checklist that:

- Sets out the range of interventions and approaches that police forces and police officers can use to tackle alcohol-related harm.
- Can be used by police forces or Police and Crime Commissioners as a self-audit tool to consider whether the full range of interventions is being pursued.
- Can be used by partner agencies in the health, social care, housing or other settings as a tool to review what they could do to support the police to tackle alcohol-related harm.

This checklist links to the information in sections 2-5.

Sections 2-5 are the core of the document. They consist of a series of sub-sections that provide information and useful links covering the key themes covered in the checklist.

Sections 6-8 set out the available data on the impact of alcohol use disorders on policing. This is not to persuade readers of the importance of this issue but rather to support police officers at all levels to build a case for action within and beyond the police force. It will also assist partner agencies in supporting the police.

Section 9 is a leaflet that addresses frontline officers about how they can tackle alcohol-related harm.

Context

This document does not sit in isolation. Many documents have been drawn to support its development. However, in particular, the toolkit is set against the backdrop of:

- The [Modern Crime Prevention Strategy \(2016\)](#).
- The National Police Chiefs Council [National Prevention Strategy](#).
- The more recent drug strategy, From [Harm to Hope](#) which, also covers alcohol.
- The College of Policing [Problem Solving Policing](#) approach.

Methodology and acknowledgements

Alcohol Change UK have been commissioned by the Home Office to develop this toolkit. Its primary authors were Mike Ward and Jane Gardiner. It was based on desk research and a series of interviews conducted by Susan Laurie, Lauren Booker and Mark Holmes with subject experts. These experts are listed in the Appendix. The authors are very grateful for the help of these individuals. The toolkit was both commissioned and reviewed by Home Office staff, including Olivia Nuttall, Heather Slack and Sadiya Parvez. Again, the authors are grateful for their support with this process.

This document is not designed to be read as a single document, rather, it is a resource that police officers can dip into, in order to develop responses.



A checklist / self-audit tool

This tool allows police forces, Police and Crime Commissioners and partner agencies to review local police efforts to tackle alcohol-related harm.



The checklist

Strategic responses	
Recording data and monitoring impact	<ul style="list-style-type: none"> • Are the police using the alcohol flag and recording data on the impact of alcohol in a way which separates alcohol from other issues such as drug misuse or mental health? • Are partner agencies working with the police to develop better frameworks for collecting alcohol-related data e.g. hospital data? • Are the police and partner agencies monitoring the impact of interventions on alcohol-related harm?
Strategy	<ul style="list-style-type: none"> • Does the local police force have a specific alcohol strategy? • Have the police contributed to local alcohol strategies and does this reflect the scale of impact that alcohol has on policing?
Advocating for appropriate interventions (strategic groups and serious case reviews)	<ul style="list-style-type: none"> • Are police forces using the opportunity afforded by senior strategic groups and serious case reviews to advocate for appropriate alcohol interventions? • Are the police represented on key strategic groups that have oversight on alcohol misuse? • Is the representative of sufficient seniority? • Do police representatives need support to develop expertise in tackling alcohol use disorders so that they can advocate for the most appropriate interventions? • Is there a local drug death and alcohol death review process?
Supporting the development of multi-agency pathways	<ul style="list-style-type: none"> • Are there multi-agency meetings in which police officers can develop joint pathways for dependent drinkers who are having a high impact on multiple public services, including the police? • Has consideration been given to implementing the learning from initiatives such as Community Alcohol Partnerships in preventing underage drinking and reducing harm to young adults or Alcohol Change UK's Blue Light Approach on working with high-impact, change-resistant dependent drinkers?
Training and professional development	<ul style="list-style-type: none"> • Are plans and programmes in place to ensure that all police staff are able to appropriately respond to alcohol-related harm? • Can partner agencies provide any elements of the police's training need on alcohol?

Licensing, night-time economy, street drinking and drink-driving

The Licensing Act

- Are police forces and police officers making use of the range of powers available under the Licensing Act 2003?
- Are police forces contributing to local authority-led elements of the Act, such as the Licensing Statement and Cumulative Impact Assessments?
- Are police forces working with the local authority on the associated issue of late-night levies?

Initiatives focused on Licensing / commercial / managing public spaces

- Are the police using initiatives such as:
 - ▶ Respite centres in the NTE – safe spaces
 - ▶ Street angels/street pastor
 - ▶ Purple flag
 - ▶ Pub watch
 - ▶ Best Bar None
 - ▶ Business Improvement Districts
 - ▶ Reducing the strength conditions?

Designing out crime

- Are the police working with partner agencies on initiatives to design out crime e.g.
 - ▶ Are the police represented on key strategic groups that have oversight on alcohol misuse?
 - ▶ Looking at the design of licensed premises in order to recommend changes that can reduce risk.
 - ▶ Using 'safe glasses'
 - ▶ Pedestrianising town centres
 - ▶ 'Alleygating'.

Public Space Protection Order

- Are the police working with the local authority on the need for Public Space Protection Orders?

Drink-driving campaigns

- Are the police working with partner agencies to roll out campaigns around drink-driving?

Addressing individuals with alcohol use disorders

Identification

- Do local police officers require training and/or tools to support the identification of people with alcohol use disorders?
- Can partner agencies support this?

Intervention

- Do local police officers require training and/or tools to support interventions with people with alcohol use disorders?
- Can partner agencies support this?

General referral

- Have partner agencies made information available to police officers, in an appropriate format, on referral pathways into local alcohol treatment services and other relevant services?

Pathways within the criminal justice system

- Are police forces using or working with referral pathways within the criminal justice system e.g.
 - ▶ Are Liaison and Diversion services addressing alcohol use disorders appropriately?
 - ▶ Are there agreed pathways into treatment for people with Acceptable Behaviour Contracts / Criminal Behaviour Orders / Fixed Penalty Notices / Community Protection Notices?
 - ▶ Are initiatives such as Deferred Prosecution (e.g. Checkpoint) or Conditional Cautions being considered?

Legal options outside of the criminal justice system

- Are police officers trained in how to use key legal frameworks such as the Care Act, the Mental Capacity Act, the Mental Health Act or the Human Rights Act specifically with dependent drinkers?
- Can partner agencies support the police with this training?

Supporting victims and family

- Have partner agencies made information available to police officers, in an appropriate format, on support options for people with alcohol use disorders who are the victims of crime?
- Have partner agencies made information available to police officers, in an appropriate format, on support options for the family members of people with alcohol use disorders?

Innovation

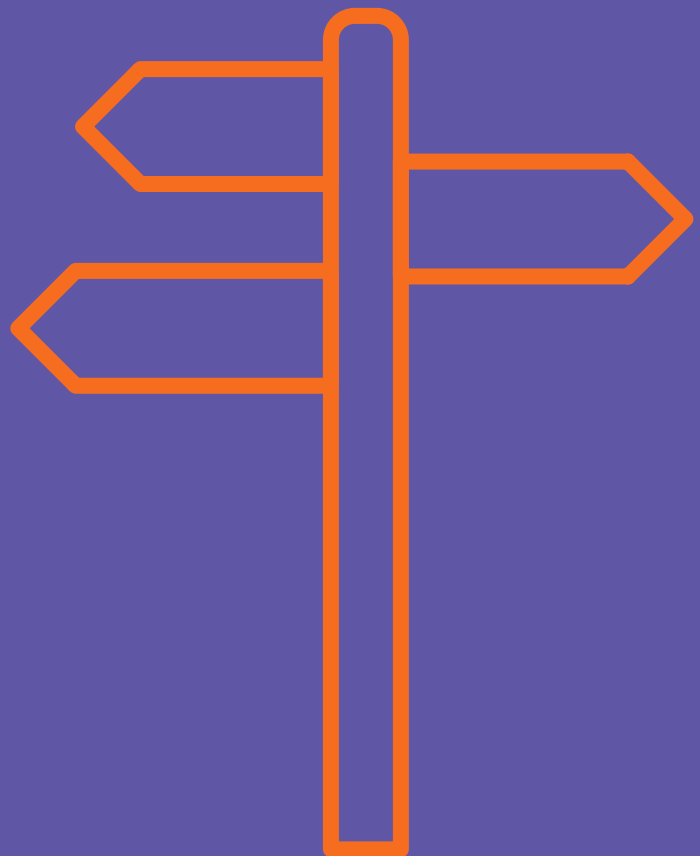
Innovation

- Are police forces considering innovative ways of addressing alcohol-related harm? For example:
 - ▶ Specialist alcohol posts
 - ▶ Breath alcohol ignition interlocking devices
 - ▶ Remote breathalysers
 - ▶ GPS trackers?



The toolkit – strategic responses

This section sets out the range of strategic approaches to tackling alcohol's impact on policing. This is not designed to be read as a single narrative, it is intended to be dipped into as required, particularly in conjunction with the checklist in section 1.



2.1 Recording data and monitoring impact

Recording, collecting and reporting data – if alcohol's impact on policing is to be tackled, it will need to be accurately identified. This will require good recording by officers. The alcohol flag on police-recorded crime has been mandatory since 2017 however, its use is inconsistent.⁴

The response to alcohol will be greatly enhanced if police forces:

- Collect good alcohol specific data by encouraging consistent and accurate use of the alcohol flag in accordance with the *Counting rules for recorded crime*⁵
- Ensure that, as far as possible, data on alcohol is not hidden under labels such as 'mental health' or 'substance misuse'. This will hinder the development of appropriate responses. (Including alcohol misuse under a broad 'mental health' label will be counter-productive because mental health and substance misuse services are commissioned by separate bodies, and the services themselves operate in very different ways.)

Police forces can also:

- Develop multi-agency data sets through a partnership with agencies in the licensed trade, alcohol treatment services, local authorities, ambulance services, accident and emergency, other health services, social care and housing (see the Cardiff model).
- Ensure that data that is already collected, e.g. in Violence Reduction Unit Needs Assessments, is used and shared
- Report the data, for example, in Force Management Strategies
- Share statistical data with their partner agencies in, for example, health, social care or the commercial sector in accordance with prevailing information governance frameworks
- Identify and record gaps (unmet needs) in the available help for people with alcohol use disorders.

The definition of an alcohol-related crime is set out in the [Home Office Crime Recording Rules for frontline officers & staff - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612127/20170627-Home-Office-Crime-Recording-Rules-for-frontline-officers-and-staff-GOV.UK-20170627.pdf). It includes: '*any notifiable offence (crime) where it is perceived, by the victim or any other person, that the effects of alcohol consumption on the offender or victim was an aggravating factor*'.

NB The power of case studies – police officers may encounter the same people over a long period of time. Therefore, they are in a position to give real-life examples of the challenges faced by individuals struggling with alcohol use. Identifying anonymised case studies of individuals with alcohol use disorders will be a powerful tool which can be used in strategic and developmental settings to promote the need for change with partner agencies, especially when set alongside robust statistical information.

Good practice – the Cardiff Model

The [Cardiff Model](#) has shown that violence can be reduced more effectively if prevention is based on information collected in emergency departments as well as on police intelligence, and shared between the two partners. The Model has three key components:

1. Continuous data collection in hospital emergency departments (EDs) on precise violence location, time, weapon and number of assailants
2. Information anonymised and shared regularly by hospitals with crime analysts who combine and summarise police and ED data to identify areas and times of violence concentrations
3. Combined information translated into violence prevention by a Violence Prevention Board.⁶

The success of this approach was endorsed by the Home Office and has led to it being adopted internationally.

Monitoring – it will be equally important to ensure that, following the implementation of any intervention, there is work to monitor trends in key outcome measures. For example, have the actions taken reduced the number of:

- Crime reports
- Arrests
- Prosecutions
- Convictions?

However, it may not be possible to directly attribute the reduction in use of resources to the intervention.

The alcohol flag on police-recorded crime has been mandatory since 2017 however, its use is inconsistent.⁴

2.2 Developing a clear strategic focus on alcohol use disorders

Every police force could benefit from a considered and strategic response to the range of alcohol-related harm it encounters. This could be a separate force strategy, it could be a separate section in the Force Management Report or in a local alcohol strategy. However, it will benefit from reflecting the real needs of day-to-day policing.

The development of the strategy will provide a focus for thinking about the impact of alcohol, the local situation and how best to respond to the various forms of alcohol-related harm. This will ensure an organised and structured response. The strategy itself will develop and support work with partner agencies. Within the force it will provide a clear statement on the importance of tackling alcohol-related harm and guidance as to the best approaches.

A number of forces have alcohol strategies e.g. [Greater Manchester](#). In Bristol, the police are partners to a [citywide strategy](#). Further afield, the police in New South Wales, Australia, have a strategy.

Any strategy will need to be set in the context of the Government's recent drug strategy, [From Harm to Hope](#), which also covers alcohol.

2.3 Advocating for interventions that support policing – strategic groups and serious case reviews

Police forces will benefit from advocating for a better response to alcohol-related harm, in particular: arguing in multi-agency settings for responses that will support policing.

Police forces will already be represented on the membership of key strategic groups:

- Health and Wellbeing Boards
- Safeguarding Adult Boards
- Community Safety Partnerships
- Combatting Drug Partnerships.

In each local authority area there is also likely to be a group that oversees the response to substance misuse generally and/or alcohol misuse specifically. If such a group does not exist police officers could certainly be advocating for such a development. Police may also be involved in initiatives such as the [Prevention Concordat for Better Mental Health](#) which could bear indirectly on this group.

Advocacy in these settings can support a range of positive initiatives e.g. developing drink-driving campaigns or establishing Public Space Protection Orders. However, advocacy will be particularly important in developing interventions targeting people with serious alcohol use disorders. These will be developed by local authority public health teams and will be influenced by partners expressing their views via e.g. drug and alcohol strategy meetings or Health and Wellbeing Boards.

It is easy to see such approaches as slow-moving and bureaucratic, particularly when compared to the fast pace of day-to-day policing. Nonetheless, these commissioning processes are the way in which more responsive alcohol interventions will be developed. Police forces need to make use of these strategic opportunities to support the development of more, and more appropriate, interventions e.g. assertive outreach services.

It will be important to ensure that officers who are representing forces on strategic groups or in serious case reviews have expertise in the responses to alcohol use disorders. For example, it is easy to assume that 'increasing alcohol treatment services' will support the police, but this is most likely to be the case if those services are working assertively to reach out to complex dependent drinkers rather than simply working with motivated individuals.

Serious case reviews – police officers will be involved in a number of serious case review processes (beyond criminal or coronial investigations). These will include Safeguarding

Adult Reviews, Domestic Homicide Reviews, possibly inquiries into the deaths of homeless people and other inquiry or review processes.

These processes again represent opportunities for police officers to make cases for interventions which will improve the ability of forces to work with people with serious alcohol problems. This can, in turn, influence the future commissioning of services on the ground. For example, serious case reviews could be a means of encouraging:

- Better and earlier identification of alcohol-related harm
- The development of services that reach out more assertively to dependent drinkers
- Better joint working and information-sharing.


Police officers should be actively engaging in these processes and ensuring that where relevant, review reports reflect the need for interventions that support the police in working with complex individuals.

Again, it will be important to ensure that officers who are representing forces on strategic groups or in serious case reviews have expertise in the responses to alcohol use disorders.

It will be important to ensure that officers who are representing forces on strategic groups or in serious case reviews have expertise in the responses to alcohol use disorders.

Drug and alcohol death review processes – it has long been Government policy that there should be local processes for learning lessons from drug-related deaths. Such processes may not be in operation in every local authority area, but many areas will have them, and it is reasonable for police forces to argue for the development of these systems. Learning lessons from drug-related deaths may support the development of aspects of alcohol intervention.

In some local authorities, these processes are being extended to learn lessons from specific alcohol-related deaths. It will not be possible to review all local alcohol-related deaths because the number would be too great. However, focusing on a sample, e.g. people who died while under the care of treatment services, would be possible. Learning lessons from alcohol-related deaths could again be a useful means of advocating for better responses.



Police officers will be involved in a number of serious case review processes. These will include Safeguarding Adult Reviews, Domestic Homicide Reviews, possibly inquiries into the deaths of homeless people and other inquiry or review processes.

2.4 A Multi-agency identification and management of high impact individuals and high risk locations

At the intersection between strategic approaches and the day-to-day operational approaches are multi-agency problem-solving groups which focus on high impact individuals or locations. This encompasses MAPPAs, MARACs, homelessness forums, Prolific and Priority Offender initiatives, town tasking groups, neighbourhood groups, hospital frequent attenders groups and multi-agency safeguarding hubs. Anecdotal evidence from people involved with such groups with alcohol use disorders are likely to constitute a part of the caseload of any of these groups.

In order to address these alcohol-related issues via these means, it will be important that:

- Police officers are aware of the range of multi-agency options available and are aware of how to refer to these groups
- All members of the group, including the police officers, have training in best practices with people with alcohol use disorders
- Where possible local alcohol treatment services are part of these groups
- Alcohol services are able to offer assertive outreach approaches to people identified through these groups.

In addition, multi-agency groups can be used to support existing police initiatives to identify and tackle crime and disorder hotspots: particularly those associated with alcohol-related crime.

Good practice examples

Alcohol Change UK's [Blue Light](#) Approach is a national initiative to develop alternative approaches and care pathways for change resistant drinkers who place a huge burden on public services. It has shown that there are positive strategies that can be used with this client group. This approach will also save money and resources. The Blue Light Manual outlining the core approach is available at alcoholchange.org.uk

In particular, the Blue Light Approach has established specific local multi-agency groups for managing complex change resistant dependent drinkers, e.g. in Sandwell, Medway and Northumberland. The Sandwell 'Blue Light' group has been shown to have saved considerable sums of public money and has won two major national awards: [The Guardian Public Health & Wellbeing Award 2019](#) and the [Royal Society for Public Health Healthier Lifestyles Award 2019](#).

Good practice examples

A long-standing multi-partner approach is the [Community Alcohol Partnerships \(CAP\)](#). This is a process which brings together and supports local partnerships of councils, police, retailers, schools, health providers and community groups to reduce alcohol harm among young people, improve their health and wellbeing and enhance their communities.

2.5 A programme of training and professional development

General - all police officers will benefit from being familiar with the key elements of identifying and responding to alcohol-related harm. It is not for this toolkit to dictate how that training should be delivered or at what level it should be commissioned, e.g. national, force level, multi-agency or led by the PCC. Training on the more specialist areas such as licensing will not be appropriate here. However, in terms of drinking in the night-time economy, it would usefully cover:

- Understanding the impact of alcohol on policing
- Identifying people who are causing or experiencing alcohol-related harm
- Simple interventions (brief advice).

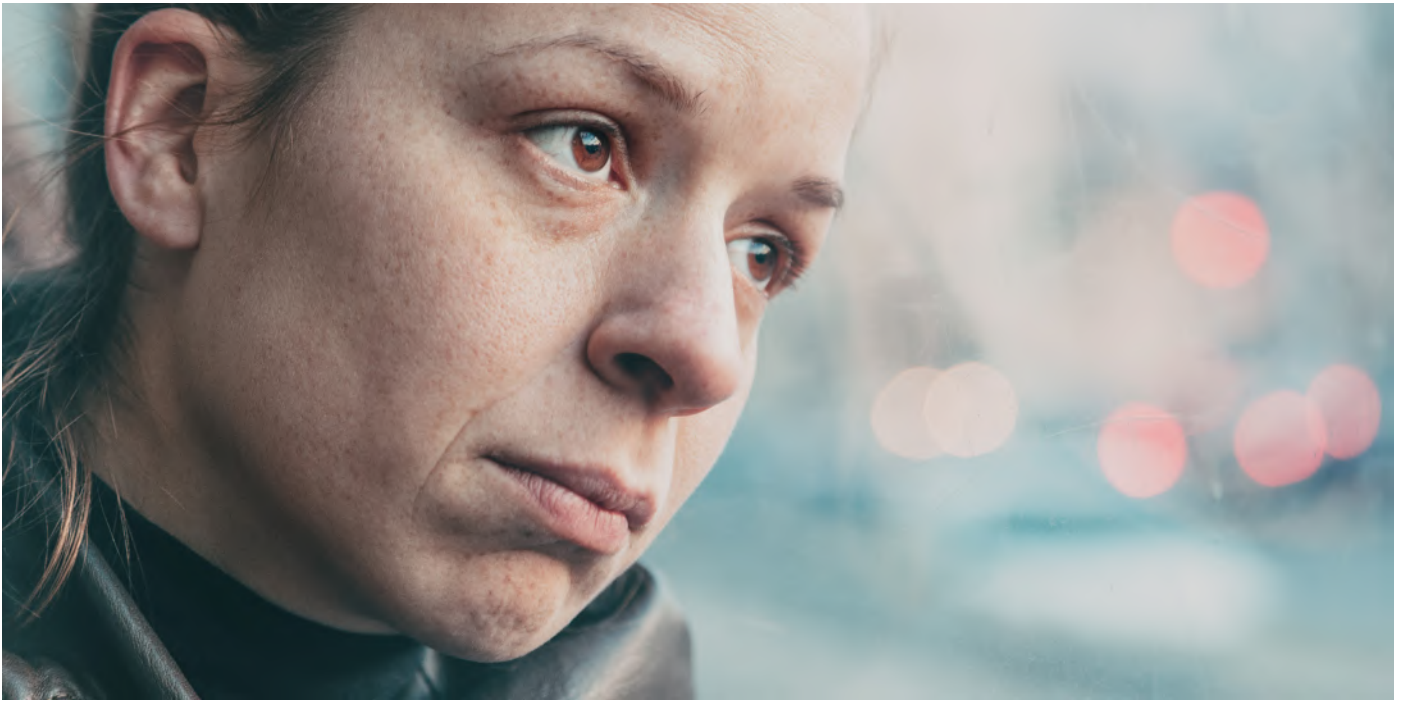
In terms of people more serious alcohol use disorders it would usefully cover:

- Referral routes (including specific local pathways)
- Responses to people who do not seem to want to change their drinking
- The use of legal frameworks including for example, anti-social behaviour powers, the Mental Capacity Act, Mental Health Act and Care Act (England) / Social Services and Wellbeing (Wales) Act.

- The College of Policing's [Crime reduction toolkit | College of Policing](#) provides evidence to support training in some areas, e.g. brief advice.
- The [National Institute for Health and Care Excellence \(NICE\)](#) also supports alcohol training for a variety of professionals, including those in the criminal justice system.
- Public Health Teams in local authorities will be able to help with developing training.
- Safeguarding Adult Boards may also support some elements of training.

Other resources that support training include:

- [Alcohol Change UK – information sheets.](#)
- [Alcohol Awareness – An ARCHIVE of alcohol awareness campaigns, videos, posters, clips, infographics, documentaries and other materials.](#)
- [Institute of Alcohol Studies Knowledge Centre.](#)



Advanced – for some officers, e.g. those taking on strategic roles, more advanced knowledge will be required. This could cover:

- Licensing as well as anti-social behaviour legislation as it applies to alcohol-related harm
- Other powers and approaches to managing alcohol in public spaces and the wider night-time economy
- A more detailed understanding of how alcohol use disorders develop
- Pathways into detoxification and residential rehabilitation
- A more detailed understanding of how to meet the needs of change resistant drinkers.

Attitudes – police officers will work most effectively with people with alcohol use disorders if they believe:

- That it is their role
- That it is worthwhile doing and
- That these individuals ‘deserve’ support.

In the interviews for this project, it was emphasised that police officers who are working hard to keep people and communities safe are likely to have experienced very problematic behaviour from intoxicated individuals. They will have seen the consequences of drunken violence or drink-driving, and they may have seen people they have known over many years deteriorate into very degraded situations as a result of dependence on alcohol. Like the rest of the population, some police officers may have had family members with alcohol use disorders, which have skewed their views, and a few officers may have concerns about their own drinking.

These experiences could impact their response to working with people with alcohol use disorders. The interviewees for this project consistently identified the need for training and professional development work to help officers to

recognise the need for appropriate and positive action. To achieve this, three steps can be taken:

- Training and professional development work that explores officers' attitudes and beliefs to people with alcohol use disorders
- Promoting messages about the benefits of alcohol intervention
- Promoting messages about the importance of action in order to free up police resources to tackle other areas of policing.

The interviewees for this project consistently identified the need for training and professional development work to help officers to recognise the need for appropriate and positive action.

Good practice – People with lived experience

People with lived experience, who provide visible examples of recovery, can play a vital role in training and professional development. Any input will be very personalised and, therefore, this should not be a standalone element but part of a wider training programme that can put individual experience into a wider context. In addition, professionals across a range of roles, e.g. licensees, community safety managers, health and social care professionals, housing staff and of course, representatives of alcohol treatment services can be very helpful.

The toolkit – licensing, night-time economy, street drinking and drink-driving

This section sets out the range of approaches to tackling alcohol's impact on licensing, the night-time economy, street drinking and drink-driving. This is not designed to be read as a single narrative, it is intended to be dipped into as required, particularly in conjunction with the checklist in section 1.





3.1 The Licensing Act 2003

The Licensing Act regulates: the retail sale of alcohol and the supply of alcohol by or on behalf of a club to a member of the club. It also covers 'regulated entertainment', and the provision of late-night non-alcoholic refreshments. This section of the toolkit is only concerned with the aspects of the Act related to alcohol and specifically the aspects which relate to policing.

The statutory purpose of the system is to promote four fundamental objectives ('the licensing objectives'):

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance
- The protection of children from harm.

It also placed licensing decisions under the Licensing Authority (a local authority function). However, it included a number of powers which are relevant to the police.

Section 182 of the Licensing Act requires the Home Secretary to issue [guidance](#) from time to time on the operation of the Licensing Act to Licensing Authorities. This will be an important reference point for police officers concerned about the practical implementation of the Act.

Statement of licensing policy

The development of the Statement is led by the Licensing Authority but police forces and police licensing officers will be key contributors. The statement sets out the principles which will be applied when carrying out the local licensing functions. Local authorities must review licensing policies every five years at least.

Cumulative impact zones

The Cumulative Impact Assessment (CIA) was introduced as a tool for licensing authorities to limit the growth of licensed premises (both on and off-licences) in a problem area. As a result, there are approximately 230 cumulative impact zones across the country where there are restrictions on the opening of new premises. Work on Cumulative Impact Zones are led by the local authority but police will be key contributors. Home Office [section 182 guidance](#) has more information on this.

Police licensing officers

All police forces have one or more police licensing officers (PLOs) whose role is to supervise licensable activities within their jurisdictions. Among their primary duties are assessing licence applications and submitting representations and seeking reviews on behalf of the police (see below). They liaise with, inspect and promote best practice in licensed premises. They also identify problem premises which may be linked with crime and disorder locally. Therefore, PLOs are a resource for any police officer tackling problems associated with licensed premises.

Reviews and representations

At the heart of the Licensing Act are *representations* and *reviews*. These are the mechanism by which members of the public and Responsible Authorities under the Act (e.g. the Police) can challenge the granting or variation of a premises licence or club premises certificate (representations) or raise concerns about the operation of an existing licence or certificate (reviews). When representations are made, a licensing authority has several options available to it, including the ability to amend an application, attach additional conditions or refuse it.

At any stage, following the grant of a premises licence or club premises certificate, a responsible authority, or any other person, may ask the licensing authority to review the licence or certificate because of a matter arising at the premises in connection with any of the four licensing objectives.

Summary reviews can also be undertaken by the police when they consider that the premises concerned are associated with a serious crime or serious disorder (or both). The summary review process, set out under sections 53A–53D of the 2003 Act, allows interim conditions to be quickly attached to a licence and a fast-track licence review. On review, a licensing authority may take steps, including amendment of the licence or certificate, attaching additional conditions or revocation.

Representations or review applications must be supported by evidence, e.g. incident logs or summaries showing patterns of crime or disorder linked to the premises or, in the case of an application for a new licence, in the area in which it is sought. Any officer considering this route should speak to a Police Licensing Officer for more advice and information.

The summary review process, set out under sections 53A–53D of the 2003 Act, allows interim conditions to be quickly attached to a licence and a fast-track licence review.

Closure powers

The police have a range of means by which they can close premises and expedite licence reviews conferred upon them by the Licensing Act 2003, e.g. closure notices issued under section 169A of the Licensing Act 2003 (pertaining to the persistent sale of alcohol to those under the age of 18).

Section 160 of the Licensing Act 2003 also allows the police to apply to a magistrates' court to make an order requiring all premises holding premises licences or subject to a temporary event notice which is situated at or near an area experiencing disorder or where disorder is anticipated, to be closed for a period up to 24 hours.

However, the police also have closure powers in related legislation:

- Under section 19 of the Criminal Justice and Police Act 2001, police officers are given the power to serve a closure notice where they are satisfied that the unauthorised sale of alcohol has occurred at the premises.
- The Anti-social Behaviour, Crime and Policing Act 2014 (section 76) contains provisions on the closure of individual premises associated with nuisance or disorder, including licensed premises.

Selling to a person who is drunk

Section 141 of the Licensing Act makes it an offence to sell or attempt to sell alcohol to a person who is drunk, or to allow alcohol to be sold to such a person on premises with the benefit of a premises licence, club premises certificate

or temporary event notice. This power has not been well used, at least in part, because of the challenge of defining 'drunk'. However, it remains an available power. It is also an offence to obtain, or attempt to obtain, alcohol for consumption by a person who is drunk.

The Late Night Levy

The Late Night Levy (LNL) was introduced by [Chapter 2 of Part 2 of the Police Reform and Social Responsibility Act 2011](#). It was slightly amended in section 142 of the [Policing and Crime Act 2017](#), which introduced flexibility to allow councils to 'localise' the levy.⁷ It enables licensing authorities to charge a levy to persons who are licensed to sell alcohol late at night (between midnight and 6am) in the authority's area, as a means of raising a contribution towards the costs of policing the late-night economy. The decision to introduce the levy is for the licensing authority – the local authority – to make. However, the licensing authority is expected to consider the need for a levy with the local Chief Officer of Police, and Police and Crime Commissioner.

This has not been as widely used as was originally expected and currently, only seven local authorities use levies, the majority in London. At the time of writing, the Home Office had launched a public consultation on the charge to be applicable to late night refreshment (LNR) premises. The consultation is aimed at LNR providers, local licensing authorities, the police, licensed premises, members of the public and other interested parties.

The key resource in this area is the [Late Night Levy – new guidance as at 24 March 2015 – final .pdf](#) ([publishing.service.gov.uk](#)) published by the Home Office.

3.2 Initiatives focussed on licensed premises

A number of initiatives may support work in the night-time economy or with the licensed trade. These include (but are not limited to):

- Reducing the strength conditions
- Respite centres in the NTE – safe spaces
- Street angels/street pastors
- Purple flag
- Best Bar None
- Pubwatch
- Business Improvement Districts.

Not all of these will be led or initiated by the police but, at the very least, police officers and policing will be impacted by these initiatives and could play a role in advocating for these approaches. They are not being endorsed by this Toolkit, they are simply being highlighted as potential approaches.

Reducing the Strength – *Reducing the Strength* started as a campaign initiative designed to tackle the problems associated with street drinking by removing from sale low price and high-strength alcohol products through voluntary agreements with local retailers. Suffolk was the first area to adopt the approach back in 2012 and subsequently a number of other places, e.g. Brighton and Portsmouth, replicated the approach. The model used varied from place-to-place, but tended to target alcohol

products above 6.5% alcohol by volume (ABV), although some focused on a slightly lower %ABV or lower cost products. In some areas there was also a focus on reducing single can sales – requiring people to purchase a four or six pack instead – which is a deterrent for people drinking on the streets both because of cost and because other people may target their spare cans.

However, these initiatives have been challenging to maintain because they are ultimately unenforceable and may fall foul of competition law.⁸ Therefore, the most effective way forward is now considered to be to incorporate this approach into licensing conditions for off-licences. It is also important to note that the Suffolk scheme applied a combined approach to tackling street drinking rather than using a single measure.

The key resource on Reducing the Strength is the Local Government Association (LGA) guidance [Reducing the Strength](#). Other examples of such campaigns can be found in [Greenwich](#) and [Wrexham](#).

Respite centres in the NTE – safe spaces – these are safe spaces where intoxicated or otherwise vulnerable individuals can go when out drinking. They may be a specific building, a tent or caravan and in one case, a bus equipped with medical facilities. They are of greatest relevance in busy night-time economies or at particularly busy times of the year.

Good practice examples

Pre-pandemic, St Johns Ambulance, the Greater Manchester Police and Wigan Council agreed to deliver several safety haven pilots. This was vital in providing a safe space for people on a night out who may have felt vulnerable, had too much to drink, needed someone to talk to, or simply to charge a phone to get home. The Greater Manchester Combined Authority reports that the pilot was successful and helped to reduce ambulance call outs and triaged those who otherwise would have gone to A&E.⁹

Street angels/street pastors – volunteers (often from church groups) who patrol the night-time economy and provide support to people who are intoxicated or vulnerable. These are local initiatives and whether they exist and what they do will vary from area to area. Some of these groups have a focus on street homeless populations.



Best Bar None – a Home Office supported accreditation scheme for the drinks and hospitality industries, the accreditation assesses against four themes:

- Venue management
- Staff training and care
- Customer safety and welfare
- Customer service and community.

Accreditation lasts for a year, and the assessment is regularly updated to ensure current priorities, such as the safety of women and girls, are included. Every accredited business receives a personalised report with advice and ideas about how to provide an even safer and more welcoming place for customers.

Licensing Security and Vulnerability Initiative (SAVI) - Licensing SAVI offers a confidential self-assessment tool designed to help the owners and operators of licensed premises provide a safe and secure environment for their managers, staff, customers and local communities. It does this by providing personalised advice and recommendations, many of which will assist in working closely with Responsible Authorities and complying with the Licensing Act 2003, promoting its four licensing objectives.

Purple Flag – Purple Flag is an accreditation process similar to the Blue Flag award for beaches. It leads to Purple Flag status for town and city centres that meet or surpass the standards of excellence in managing the evening and night-time economy. Partnership working to achieve this award can be a means of driving up standards locally. Areas as diverse as Halifax, Guildford and Swansea have won the award.

Pubwatch - Pubwatch schemes are partnerships where licensees come together as an independent group to pre-empt crime and anti-social behaviour in licensed premises. Pubwatch groups work closely with local authorities and the police to maintain a safe and secure social environment for customers and staff. This will involve regular meetings of local groups, the sharing of information about individuals or situations which pose a risk and possibly the imposition of joint bans on individuals and circulation of photos of those concerned. A national Pubwatch organisation also exists.

Pubwatch groups work closely with local authorities and the police to maintain a safe and secure social environment for customers and staff.

Business Improvement Districts (BID) – A BID is a defined area within which businesses are required to pay an additional levy in order to fund projects within the district's boundaries. This is an international model which has been adopted in the UK. BIDs are established with the agreement of local businesses. These are not primarily focused on alcohol, but some improvements, e.g. Business Crime Reduction Partnerships, pedestrianisation of the commercial area, can reduce alcohol-related harm. For further information, see [British BIDs | Homepage](#).

3.3 Designing out crime

Designing out crime aims to reduce the vulnerability of people and property to crime by removing opportunities that may be provided inadvertently by the built environment. This approach is not specific to alcohol-related crime and disorder and is used to address concerns such as drug-related crime, shoplifting and anti-social behaviour. This is also a well-developed approach and most forces will have already applied these principles where relevant.

In the context of alcohol-related crime approaches which might be considered would include:

- Looking at the design of licensed premises in order to recommend changes that can reduce risk
- Using 'safe glasses' which shatter on breaking to prevent use as a weapon
- Pedestrianising town centres to reduce the risk of intoxicated people being run over.
- 'Alleygating' (in which access to specific areas can be closed off to primarily prevent burglary, however, these have been used to close areas in which people congregate to drink or use drugs)
- Removing benches in public locations to prevent street drinkers gathering
- Ensuring CCTV coverage of key locations
- Providing specified locations in which street drinkers can drink.

Designing out crime aims to reduce the vulnerability of people and property to crime by removing opportunities that may be provided inadvertently by the built environment.

3.4 Public spaces protection order

A public spaces protection order (PSPO) is an order issued by a local authority under the [Anti-social Behaviour, Crime and Policing Act 2014](#) which is designed to tackle activities carried on in a public place which have a detrimental effect on the quality of life of those in its locality and which prohibits specified things being done in a defined area. Therefore, it has been widely used to restrict public drinking in areas where this is causing nuisance, subject to the relevant legal tests being met. It is not a police power, but police forces can put a case to local authorities for the implementation of a PSPO, and police officers will be instrumental in enforcing the order.

There is no specific evidence for the effectiveness of PSPOs, however, they will be as effective as the ability or willingness to enforce them. Guidance on PSPOs has been published by the Local Government Association – [Public spaces protection orders: guidance for councils \(local.gov.uk\)](#) and there is [general guidance on the Act](#).



3.5 Drink-driving

Campaigns to prevent drink-driving are probably the highest profile area of police activity targeting alcohol-related harm. This is an important issue but has been very well addressed by the College of Policing's Crime Reduction Toolkit which provides a range of useful evidence;

- [Drink-driving media campaigns | College of Policing](#)
- [Drink-drive stops | College of Policing](#)
- [Increased police patrols to reduce drink-driving | College of Policing](#)
- [Drink-driving courts | College of Policing](#).

It is important that police forces read the evidence provided there.

Good practice examples

Recent campaigns include:

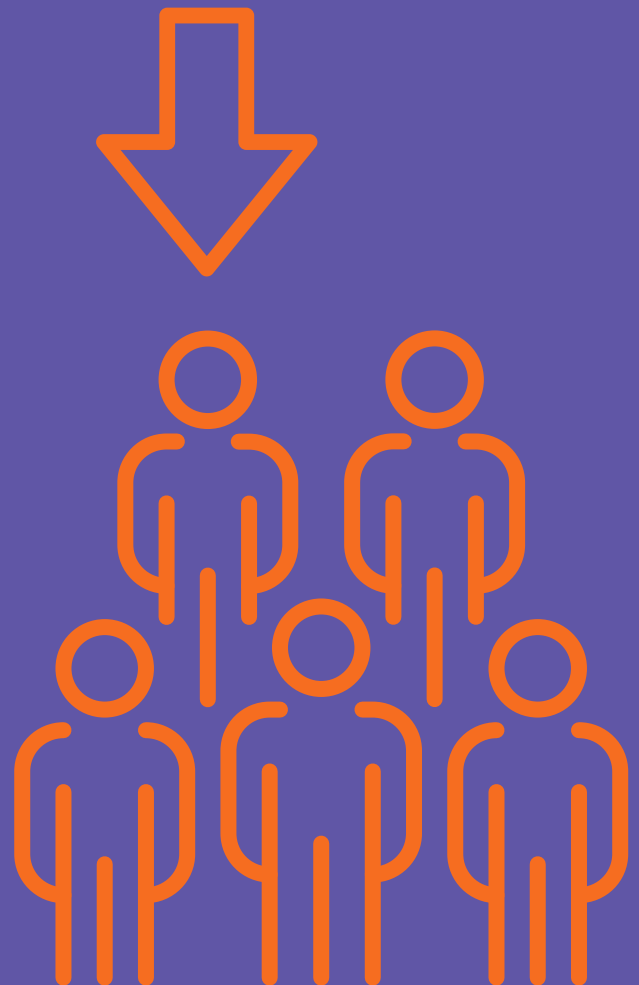
- [Drink Drive – A Deadly Mix | Nottinghamshire Police](#)
- [‘Save a life and call it in’ | North Yorkshire Police](#)
- [Don't Get Wrecked Christmas Campaign | Derbyshire Constabulary](#)

Examples of international campaigns can be found at:

- [Drink driving – Alcohol Awareness \(alcoholcampaign.org\)](#)

The toolkit – Addressing individuals with alcohol use disorders

This section sets out how police forces can consider addressing the needs of people with alcohol use disorders. This is not designed to be read as a single narrative, it is intended to be dipped into as required, particularly in conjunction with the checklist in section 1.



4.1 Identification

Police officers can play a key role in identifying people who would benefit from alcohol interventions. This could be people who are causing problems in the NTE or people who are chronically dependent on alcohol. Identification will usually be based on obvious indicators:

- General observation of behaviour
- The nature of their offending
- Information from other professionals
- Conversations with individuals or their family and friends.

In some cases, this will be assisted by:

- Their observation of key physical symptoms of alcohol-related ill-health and being able to understand what those symptoms may imply

And in some more specialist contexts:

- The use of a screening tool or questionnaire.

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

Visual indicators – work undertaken with Merseyside Police suggested that police officers would be helped by training which showed some of the physical indicators associated with alcohol-related ill-health (e.g. the swollen abdomen and jaundice associated with liver disease, the particular gait and clumsiness associated with peripheral nerve damage or the location of the acute pain associated with pancreatitis.) Police officers may often see these physical markers but be unaware of their importance. Officers are not expected to physically screen drinkers but if they observe symptoms it is useful if they understand what those mean.

Using an alcohol screening tool – for some officers working in specific settings, e.g. custody, who have more time with an offender, the best method for identifying alcohol-related harm is using a validated screening tool. Two tools will be particularly useful:

- **AUDIT** – the recommended alcohol screening tool in the UK is [AUDIT](#) (Alcohol Use Disorders Identification Test). This 10-question tool is included in appendix 1. There are also shorter versions of the tool ([AUDIT-C](#)) which just use the first three questions of AUDIT. However, most police officers will not be in situations that allow the use of such a tool. Nonetheless, for officers who do have an ongoing or more intensive relationship with an offender this tool could be considered as a routine part of work. It is certainly a tool that could be used in the custody setting and it will be valuable with anyone: first time offenders in the NTE or chronic dependent drinkers.
- **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 part of 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. Many dependent drinkers live for long periods with chronic pain, coughing blood or passing blood from the back passage without seeking help. At the least, the 12 questions tool provides officers with information on what specific signs and symptoms may mean but also

offers an opportunity to discuss health conditions if time allows. This will mainly be of use with people with existing alcohol use disorders.

The latter approach is not for all officers, only those in particular settings which make this style of work possible.

National campaigns – police forces generally could consider supporting national campaigns such as [Dry January](#) or [Alcohol Awareness Week](#) which help everyone to think about their drinking. In some cases these could be conversation starters with people.

However, identification is only useful if it is a step towards action. This is considered in the next sections.

Officers are not expected to physically screen drinkers but if they observe symptoms it is useful if they understand what those mean.

4.2 Intervention

The identification of alcohol-related harm requires steps to be taken to address that harm. Most police officers are not going to undertake anything more than the simplest interventions; however, there are things that they can usefully do. NICE Public Health Guidance 24 highlights that the types of steps recommended here are feasible for all professionals. No direct evidence has been identified that they reduce crime but NICE does evidence effectiveness with alcohol use disorders generally in terms of reducing consumption and, therefore, consequent harm. That can impact on the community generally and potentially non-crime aspects of policing.¹⁰

Different types of interventions will be necessary for different groups of drinkers. Younger people, who are becoming out of control for the first time in the NTE, may need very different and simpler approaches to chronic dependent drinkers identified in the context of safeguarding.


However, the key message, irrespective of the nature of the harm, is – **have a word**. Professionals of all kinds, including police officers, can and probably should 'say something' to anyone who experiences problems with alcohol. It is vital to 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 saying something at 'teachable moments' or 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.



Police officers can play a key role in identifying people who would benefit from alcohol interventions. This could be people who are causing problems in the NTE or people who are chronically dependent on alcohol.

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.

This approach is relevant to anyone with an alcohol use disorder but is particularly relevant to people who are having first time problems or are at the early stages of developing a more serious problem.

However, more structured interventions are possible:

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

Again, it must be emphasised that these will generally not be possible for all officers, it will only be those who are having longer and possibly ongoing contact with individuals. These will also require training.

Good practice – Have a Word

Have a Word is a national initiative to prevent alcohol misuse offending and injury through motivational advice in criminal justice and health services. You can read about this [here](#).

Brief advice – brief advice is exactly what it says: *brief and advice*. [NICE \(National Institute for Health and Care Excellence\) have provided evidence on its effectiveness in reducing alcohol consumption](#). 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.^{11,12} 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.¹³

People scoring 20 or more on AUDIT i.e., dependent drinkers are much less likely to benefit from this approach. Nonetheless, evidence exists that even more entrenched drinkers may benefit. At the least, it allows officers 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 those scoring over 20, the offer of referral to treatment services should always be made.

If no-one talks about the drinking, opportunities to change will be missed and the pressure on the person to change will be minimised. Indeed, it may be taken as an indication that nothing is wrong with the drinking.

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 (MI) is a set of techniques that aims to move the individual from ambivalence to change. Again, these will generally only be for officers with the time and role to undertake this. A wide body of evidence of effectiveness with drinkers is available.¹⁴

The techniques cannot be summarised here; however, three approaches are worth emphasising:

- 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 with a long history of alcohol use disorders denies that alcohol is a problem, it is tempting to try and persuade them that they are wrong. This is unlikely to be effective. Instead, explore their priorities and interests and allow those conversations to return to alcohol.
- Giving very specific information about the physical impact of alcohol on a person can be motivational.¹⁵ The [12 health questions tool](#) can help officers give more specific health information.

Miller & Rollnick’s book [Motivational Interviewing](#) is the key text¹⁶ other free resources are available on the internet including YouTube videos of Motivational Interviewing in operation.

Promoting self-belief – above all officers could be encouraged to demonstrate that they believe the person can change. Promoting self-belief is crucial, most particularly with people with serious alcohol use disorders. Officers will help individuals believe they can change if they demonstrate that belief themselves. This can be tough – some people seem set on a course that will destroy their lives or the lives of others. However, people do change. Even people who seem to have abandoned all hope of a different life can turn themselves around. If officers do not demonstrate a belief in the possibility of change, then they will reinforce a sense of hopelessness in individuals.¹⁷

Promoting self-belief is crucial, most particularly with people with serious alcohol use disorders.

Ultimately, if nothing else seems to be working, officers could make a few harm reduction statements.

Harm reduction – harm reduction accepts that the drinking will continue but aims to reduce the associated damage. For some 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, it is particularly useful with people with more serious problems. The exact advice will be dependent on their needs but could include, for example:

- Encouraging them to eat well
- Reducing suicide risk by advising against the hoarding of medication
- Warning about dangerous drug combinations
- Exploring whether heating or cooking methods suggest a fire risk
- Considering if there are trip hazards in the house.

Alcohol Change UK's [Blue Light manual](#) offers a much larger range of harm reduction techniques that can be used with dependent drinkers, and this can be a reference point for both individual officers and for those developing training for police officers at operational and strategic level.

Training is readily available on all these themes via local public health teams or organisations such as [Alcohol Change UK](#).

4.3 General referral

In many cases, police officers can reasonably be expected to signpost individuals to relevant services. This could include referral to:

- Specialist alcohol services
- Hospital alcohol care teams
- Other services such as adult social care, housing or benefits support.

Officers may also be able to initiate a process that leads to someone engaging with

- Assertive outreach services
- Detoxification and residential rehabilitation
- Day services
- Other residential services e.g. a wet house.

This will be facilitated by officers having access to an electronic services directory perhaps as a phone app.

Specialist alcohol services – every local authority area has a specialist alcohol treatment service. Local Authority Public Health Teams will be able to provide details on all specialist alcohol interventions. It would be good practice for police forces to build links with these services. Police officer's ought to be aware of them, how they operate, and how to refer someone to into them. At the very least, officers can tell people about the service and give them contact details, preferably written details.

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 police officers can provide this support may depend on their role, but examples might include:

- Tackling people's misconceptions about what happens in services
- Asking the alcohol service for a speedier appointment for a vulnerable individual
- Providing incentives for the person to attend
- Accompanying the person to services.



NICE have published two guidance documents which bear on alcohol treatment. These provide background evidence on the effectiveness of these interventions in treating alcohol use disorders:

- [Alcohol use disorders: diagnosis, assessment and management of harmful drinking \(high-risk drinking\) and alcohol dependence \(Clinical guideline CG115\)](#)
- [Alcohol use disorders: diagnosis and management of physical complications \(Clinical guideline CG100\)](#)

Hospital alcohol care teams – many, but not all, general hospitals will have specialist alcohol care teams. These will usually be nurse led teams that work with people with alcohol use disorders who attend the hospital. Therefore, if a police officer is aware that someone, at whatever level of alcohol-related harm, is in the hospital, contact can be made with the alcohol liaison team to encourage them to see the person. Again police officers will need to be aware of whether this is an option in their area.

There are other relevant services which police officers will probably not refer to directly but to which they can initiate referral via other routes – probably through specialist alcohol services.

A key resource on hospital alcohol care teams is: [NHS England » Alcohol care teams in district general hospitals: resources](#). The College of Policing's Crime Reduction Toolkit provides information on the benefits of some work in hospital albeit not directly related to alcohol - [Accident and emergency navigators | College of Policing](#).

Other services – people with alcohol use disorders may also require referral to a range of other health, housing and social care options and officers will need to have a general knowledge of referral options which will be relevant to all individuals.

There are other relevant services which police officers will probably not refer to directly but to which they can initiate referral via other routes – probably through specialist alcohol services. However, these may not always be available in a particular area.

Assertive outreach services – some alcohol treatment services will have specific outreach services that work with complex, change resistant dependent drinkers. These services reach out to people in the community rather than expecting them to attend a central venue, the focus is on relationship building at the outset rather than the alcohol misuse, they will undertake harm reduction work and will have the time and consistency necessary to engage someone into treatment. These services are increasingly available e.g. in Northumberland, Sandwell, Surrey, Newham and Buckinghamshire. Local forces will need to explore with their alcohol treatment services what outreach capacity is available and ultimately could play a role in arguing for an expansion in this role. This approach is covered by the [Alcohol Change UK Assertive Outreach guide](#).

Detoxification and residential rehabilitation – in some cases, dependent drinkers will require detoxification and/or longer term residential support. Most police officers will not need to understand this complex area of health and social care. However, officers involved in strategic development work and serious case reviews will need to have a familiarity, in particular so that they can argue for more investment in this area if they perceive that there is a gap in services. Most officers will simply need to understand that:

- Detoxification and rehabilitation can be accessed via specialist alcohol treatment services
- Detoxification on its own is not a solution to alcohol dependency. Unless that detoxification is set within the framework of a programme of support and aftercare it will end up being a pointless and possibly unhelpful intervention.

Multi-agency groups – section 2.4 highlighted the impact of specific multi-agency management groups which have been developed under [Alcohol Change UK's Blue Light project](#). These groups bring together agencies from across the health, social care, housing and the criminal justice system to jointly identify high impact dependent drinkers, to share information about these individuals, and develop jointly owned care plans. This approach has been shown to have had a very positive impact in the areas where it operates. Again local forces will need to explore with partner agencies whether such a group is available and could consider playing a role in arguing for the development of such groups.

More specialist options – some areas, mainly large urban areas, may have some very specialist services – 'wet houses' and day services that work with change resistant dependent drinkers. For example, Liverpool had an enclosed outside space where drinkers could drink but also engage with help. Police officers will need to identify with partner agencies whether any such specialist facilities are available and possible referral routes.

4.4 Pathways within the criminal justice system

The best approach to managing alcohol use disorders is through voluntary interventions which see people making changes of their own volition or, if they have more serious disorders, willingly moving into the alcohol treatment system. Supporting this has been the main thrust of the approaches set out in this toolkit. However, these approaches may not work and ultimately consideration may need to be given to a range of options that are available within 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, this section focuses on alcohol specific powers. In most cases the imposition of these powers are dependent on court decisions and cannot simply be imposed by a police officer. However, some of them are powers that officers can use directly, and police officers should be aware of the full range of these disposals.

Acceptable behaviour contracts – an acceptable behaviour contract (ABC) is a written agreement between a person who has been involved in antisocial behaviour

and one or more agencies whose role it is to prevent such behaviour from occurring again. ABCs are a voluntary measure – they are not legally binding – and can be used in a wide variety of circumstances. This could be the starting point for work between the police and someone with an alcohol use disorder who is, for example, constantly ringing 999.

Using anti-social behaviour powers – the Anti-social Behaviour, Crime and Policing Act 2014 introduced powers to support frontline agencies in tackling anti-social behaviour. These include the *Civil Injunction* which is a civil order issued by the courts and the *Criminal Behaviour Order* (CBO) which is available on conviction of any offence. The orders not only allow courts to ban behaviours (e.g. drinking in a particular location) but also allow the imposition of *positive requirements* which will help encourage permanent change.¹⁸

The Government’s guidance is clear that positive requirements are appropriate for people whose anti-social behaviour is due to alcohol problems and that the positive requirements can include treatment-type interventions, e.g. to receive *support and counselling* or attend *alcohol awareness classes*. Therefore, these powers do offer an opportunity to empower responses to a treatment resistant and disruptive group.¹⁹

The Act also includes other powers which may be of use with this group:

- **Dispersal powers** – The Act introduced a dispersal power enabling the police to disperse anti-social individuals in public places. The power can apply to individuals engaged in anti-social behaviour where alcohol is a factor.
- **Community Protection Notice** – which can require people to cease anti-social behaviour and take reasonable steps to rectify or address it.²⁰
- **Closure Orders** – these can be used to protect victims and communities by quickly closing premises that are causing nuisance or disorder. This can include a partial closure to prevent people, who are exploiting someone, from entering the property. This will be particularly important with ‘cuckooing’.²¹

This process might begin with the use of a non-statutory, Acceptable Behaviour Contract (see above).²² Two useful documents on this are:

- [Tackling alcohol-related anti-social behaviour through Civil Injunctions and Criminal Behaviour... | Alcohol Change UK](#)
- [How to use legal powers to safeguard highly vulnerable dependent drinkers | Alcohol Change UK](#) – contains a brief section on the anti-social behaviour powers.

Police powers to seize alcohol – police officers can seize or confiscate alcohol from those under the age of 18 who are drinking in a public place or who demonstrate an intention to drink in a public place. The police may also seize alcohol from an adult (over the age of 18) if they believe that the adult will supply children with alcohol. If a Public Space Protection Order is in place police can confiscate alcohol from people acting in an anti-social manner.

Penalty Notices for Disorder – police officers can issue [Fixed Penalty Notices](#) for some alcohol-related offences, most notably drunk and disorderly in a public place. If the penalty is paid (currently £90) this discharges the liability for conviction. Otherwise, the person can elect to go to court. Schemes have been established where the penalty can be waived, or paid by another means (e.g. a charity), if the person attends some form of alcohol intervention.

Deferred prosecution schemes – these schemes allow suspects in cases of certain less serious offences to defer their prosecution on condition that they take part in a rehabilitation programme. If successfully completed, the suspect will not be prosecuted and will escape a criminal conviction. If they fail to comply, they will be charged and sent to court. This is not an alcohol specific power but has been used with people with alcohol use disorders.

The Government’s guidance is clear that positive requirements are appropriate for people whose anti-social behaviour is due to alcohol problems and that the positive requirements can include treatment-type interventions.

Good practice examples

The most notable example of deferred prosecution is the checkpoint scheme in Durham. Under the Durham programme offenders spend four months with a police supervisor who helps them access support for issues including mental health, drug or alcohol use, homelessness and communication skills. Impact figures show a 10.3% reduction in re-offending on the basis of prevalence and a 30% reduction in the risk of reoffending over a 19-month period compared to a control group who received traditional criminal justice disposals.²³

The initiative also involves the victim of the crime, consulting them on the progress of the offender’s rehabilitation, although they do not have the final say on whether the offender is prosecuted. Durham police said only five victims had complained out of the 2,660 offenders who had completed the programme.

Checkpoint costs the force £480,000 a year but an internal estimate suggests that for every 1,000 offenders it saves at least £2m a year in reduced crime.²⁴

Conditional cautions – conditional cautions operate in a similar way to deferred prosecutions scheme, with the exception that, if the conditions are successfully completed, the suspect receives a formal caution, of which a record subsists. If a condition is not complied with, and there is no reasonable excuse, then a prosecution can be commenced for the original offence. This approach has been used to encourage people with alcohol use disorders to engage with alcohol interventions.



Liaison and diversion services in the criminal justice system - [liaison and Diversion \(L&D\) services](#) identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first encounter the criminal justice system i.e., in the custody suite or courts. They can then offer identification, screening, assessment and referral to other services.

Alcohol Abstinence Monitoring Requirement / sobriety bracelets – the Alcohol Abstinence and Monitoring Requirement (AAMR) is a power given to the courts in the [Legal Aid, Sentencing and Punishment of Offenders Act 2012](#) that allows them to order offenders to abstain from alcohol for a period of up to 120 days and to be regularly tested for compliance. AAMRs are supported by wearable technology – a sobriety tag or bracelet – that monitors, through skin contact, the amount of alcohol in the person’s system. However, these cannot be used with dependent drinkers, for whom compulsory abstinence could lead to life threatening alcohol withdrawals.

The South Yorks FMS reports that the use of alcohol monitoring tags has had a 97 per cent sobriety rate. The Ministry of Justice’s [Electronic Monitoring Statistics statistical release](#) provides information on the use of the AAMR.

Drink Banning Orders – DBOs were introduced by the Violent Crime Reduction Act 2006. They can be issued by a court because of offences like vandalism and graffiti, antisocial behaviour or violent or threatening behaviour. People can be banned from, for example, drinking or possessing alcohol in public, buying alcohol or entering places that serve alcohol. The Order can last up to two years. Government guidance on DBOs can be found [here](#).

Communications Act 2003 – people with alcohol use disorders can, when intoxicated, become involved in repeated unnecessary calls to emergency services, especially ambulance services. These place an undue burden on emergency services and prevent other people receiving the help they need. Prosecutions are possible for this under the [Communications Act 2003](#).

Risk assessment – in using any legal framework it is important to carefully risk assess the option. Ill-considered requirements could make a situation worse. For example, banning someone from licensed premises could mean that they are placing themselves at far greater risk due to withdrawals or causing more serious problems in their efforts to access alcohol.

4.5 Legal options outside of the criminal justice system

Several other legal frameworks can support the management of people with alcohol use disorders, particularly dependent drinkers:

- 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 Care Act 2014 (England) or Social Services and Wellbeing Act (Wales) 2014 – under Section 42 of the Care Act and Section 126 of the Welsh legislation, local authorities have a duty to make inquiries and determine what action needs to be taken if they have reason to believe someone to be vulnerable and at risk of abuse, neglect or self-neglect. The inclusion of self-neglect means that many chronic dependent drinkers may require safeguarding. Practitioners (including police officers) can submit safeguarding concerns to the local authority about people who they believe fall into this category. A safeguarding referral can be a useful way to focus attention on complex individuals. The subsequent inquiry is a useful way of initiating a multi-agency discussion about meeting the needs of a complex individual.²⁵

Mental Capacity Act (2005) – consideration of mental capacity will be important with many dependent drinkers. For example, they may be unable to care for themselves, keep themselves safe or manage their finances. Therefore, decisions may need to be taken on their behalf by someone else. Mental capacity is a complex area and the application of this legislation to dependent drinkers is even more complex. However, there will be situations under which dependent drinkers do lack the mental capacity to undertake particular actions. This toolkit is not the place to explore this, however, Alcohol Change UK has published '[Safeguarding Vulnerable Dependent Drinkers](#)' which provides detailed guidance on using these powers.

Mental capacity is a complex area and the application of this legislation to dependent drinkers is even more complex.

Mental Health Act (1983 & 2007) – this Act applies to people with mental and behavioural disorders (and who also pose a significant risk to themselves or others). The 2015 Code of Practice is clear (p.26) that *disorders* include:

- Mental and behavioural disorders caused by psychoactive substance use.
- Organic mental disorders associated with prolonged abuse of drugs or alcohol.

Both suggest that some people with alcohol use disorders could be protected and supported by use of the powers in one of the sections of the Act e.g. Section 2 (assessment) or Section 3 (treatment). Most importantly, sections 136 and 135 give police officers' powers to take someone to a place of safety because of mentally disordered behaviour (S136)

or enter premises to take someone to a place of safety (S135). Again, the Alcohol Change UK guidance will explore these themes in more detail.

Child protection – In situations where there are concerns for a child due to a parent or carer's drinking, police officers can raise child protection concerns with the local authority. As with the Care Act this can lead to action under relevant legislation (the Children Act 1989 and subsequent legislation). Actions will primarily be focused on the child but steps may be initiated which impact on the adult's drinking.

4.6 Supporting victims and family

Consideration will need to be given to whether and how police officers can support:

- Victims of alcohol-related crime
- People with alcohol use disorders who are the victims of crime
- The family of people with alcohol use disorders in the criminal justice system.

Victims of alcohol-related crime – victims of alcohol-related crime will need support in the same way as any other victim of crime, for example, referral to [Get help – Victim Support](#). Police officers, themselves, will be the victims of aggression or assault by drunken individuals and may require support as a result.

People with alcohol use disorders who are the victims of crime – many dependent drinkers will be the victims of crimes such as exploitation or violence. They will need support as victims of crime, but officers will also need to consider whether this situation offers an opportunity to encourage someone to seek help with their alcohol use.

Family – although not a key policing role, many officers will encounter the family members of people with alcohol use disorders. (In serious cases Family Liaison Officers may have opportunities to talk to the family). It is often the case that family members struggle more than the dependent drinker. They will be attempting to hold together a home and family, protect children and maintain the family finances. They may be the victims of abuse. As a minimum, officers need to be aware that there are sources of help and support for family and carers:

- Local alcohol treatment services may offer support to the family members of drinkers.
- [Adfam](#) – the national charity on alcohol, drugs and the family offers access to help directly, through referral and through the provision of information.
- [Al-Anon](#) – Al-Anon is the sister organisation to Alcoholics Anonymous which offers help to the family members and loved ones of people with alcohol use disorders, through both face-to-face help and [Find an Al-Anon or Alateen Face-to-Face, Phone, or Online Meeting](#).
- [Smart recovery](#) – Smart recovery is another self-help group working with people with substance misuse problems and which again can offer help to family members.

NB Adfam have also demonstrated that supporting their family members can encourage change in people with alcohol use disorders.

The toolkit – Innovation

A short section on innovative approaches to tackling alcohol's impact on policing.



5. Innovation – possible and promising practice options within the criminal justice system

Appointing specialist posts: Many forces have specialist drugs posts, however, the research has only found one example of an equivalent specialist alcohol post (beyond licensing specialists). Nonetheless, consideration could be given to the development of specialist alcohol liaison officers who could have a role at both strategic and operational level:

- Gathering and preparing evidence for the development of interventions that help meet the challenges the police experience across the NTE through to people with alcohol use disorders
- Advocating in senior and multi-agency groups for the appropriate development of responses and interventions
- Advising frontline police officers on how to work with more complex drinkers, including a detailed understanding of treatment pathways and appropriate legal frameworks
- Providing support and information to professionals in the Police Force and beyond on disposals such as positive requirements under Criminal Behaviour Orders (CBOs) and Civil Injunctions or sobriety tags.
- Ultimately providing expert input into individual cases being worked with by colleagues from health or social care services.

As has been indicated, there is no evidence base for this type of role, it is simply a logical extension from the approach applied to drug misusers. It could be a relatively low-cost option which could help to deliver change for police forces.

Other potential innovative frameworks for tackling alcohol-related harm include:

- Breath alcohol ignition interlocking devices
- Remote breathalysers
- GPS trackers.

None of these are the subject of current legislation in the UK. These approaches are simply presented to demonstrate and promote innovative thinking.

Breath alcohol ignition interlocking devices – this is a technological approach which requires someone to provide a negative alcohol breath test before a car will start. There is no legal framework for this but an ongoing trial with the voluntary cooperation of participants is under way in Durham. For information see: [Car breathalyser lock | College of Policing](#).

Remote breathalysers – the technology that supports the Alcohol Abstinence Monitoring Requirements (see above) could be used voluntarily to monitor someone's alcohol consumption. The existing AAMR scheme can only be used with non-dependent drinkers because abstinence would enforce medically risky alcohol withdrawal. However, using remote breathalysers voluntarily could be a support to other approaches such as part of a programme to support alcohol reduction over time.

GPS trackers – although this has not been subject to any structured trial, it has been suggested that people with alcohol use disorders could be given wearable GPS trackers which alert them if they enter licensed premises or enter other areas that are associated with risk for them. This is no more than a possibility at this point.

Managed Alcohol Programmes – a pilot is being run in Scotland of a Canadian initiative – [Managed Alcohol Programmes](#) – these are day centres where dependent drinkers can drink in a controlled and monitored fashion. These are not currently available in England.



Alcohol and its impact on policing

The following three sections set out the available data on the impact of alcohol use disorders on policing.

The three sections cover:

- The crime aspects of policing
- The non-crime aspects of policing
- The cost of alcohol-related crime

This data is not provided to persuade readers of the importance of this issue, but rather to support police officers at all levels to build a case for action within and beyond the police force.



6.1 General data and other research on alcohol use

The Office of National Statistics divides drinkers into four main groups.

Non-drinkers and low risk drinkers – 76% of adults in England	People who either drink nothing or drink regularly within the safe drinking guidelines*
Increasing risk drinkers 8.5m or 20% of adults in England	People who regularly drink over the safe drinking guidelines (14 units per week) but not more than 50 units per week (males) and 35 units per week (females)
Higher risk drinkers 1.0m adults or 2.5% of adults in England	People who regularly drink over 50 units per week (males) and 35 units per week (females) but who are not yet dependent
Dependent drinkers 0.6m adults or 1.5% of adults in England	People who are psychologically or physically dependent on alcohol
<p>* Within the latter three groups there are 7.3 million binge drinkers (17% of adults in England) – individuals who regularly drink more than 8 units on one occasion if male or more than 6 units on one occasion if female.²⁶</p>	

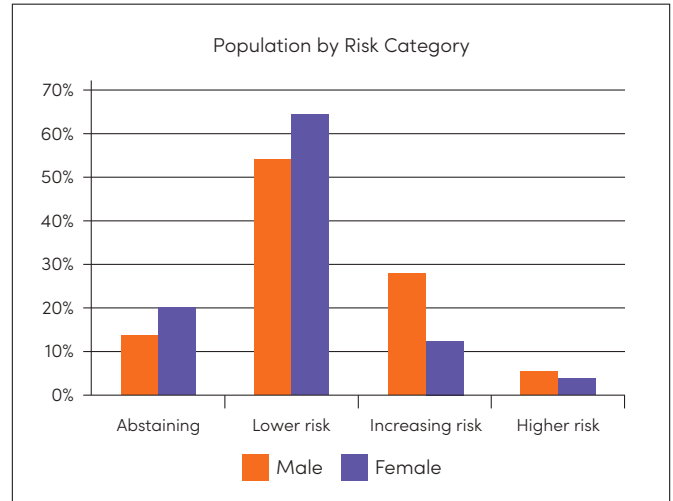
However, it is not possible to link either the level of crime or the impact on policing specifically to each one of these groups. However, interviews with key stakeholders and other qualitative sources highlighted that it is likely that the many non-crime impacts, e.g. safeguarding, will be associated more with higher risk and dependent drinkers; the problems in the night-time economy are more likely to be associated with increasing risk and binge drinkers – this is more robustly and quantitatively evidenced.²⁷

Women are more likely to either abstain or drink sensibly than men. Men are more likely to drink at increasing, higher risk and dependent levels.

6.2 Gender

Women are more likely to either abstain or drink sensibly than men. Men are more likely to drink at increasing, higher risk and dependent levels, as figure 1 below highlights.

Figure 1: Alcohol-related risk category by gender



The only exception to this male/female pattern is in under 16 females. At this age girls (11%) are more likely to have been drunk in the last four weeks than boys (7%). The admission rate to hospital for alcohol-related harms was also skewed to girls in this age group: 37.5 (per 100,000) compared to 25.9 (per 100,000) for boys.²⁸



*14 units per week for both men and women

In general, males seem far more likely to commit alcohol-related crime. Data is not available to link gender and alcohol use to every crime. Nonetheless, in the area of drunk and disorderly, violence offences and drink-driving this gender bias is clear. For example, of the people convicted of drink-driving between 2005 and 2015, the majority were male (84%) compared to female (16%).²⁹ Only 12% of alcohol-related violence offences are committed by women.

6.3 Data on alcohol-related crime

Alcohol is one of the six main drivers of crime and is linked to a wide range of offences. In England and Wales, alcohol-related crime is estimated to cost society £11.4 billion annually (2010/11 prices).³⁰ A review found that 64% to 88% of adults in the police custody setting, and 64% of young people in the criminal justice system, in the UK scored positive for an alcohol use disorder (i.e. regularly drinking over the government's sensible drinking guideline).³¹

This section sets out the range of crimes which are linked to alcohol. It focuses on:

- Violence generally
- Violence in the NTE
- Homicide
- Theft including shoplifting
- Robbery
- Burglary
- Public drunkenness / drunk and disorderly
- Anti-social behaviour
- Criminal damage
- Street drinking
- Drink-driving
- Arson
- Hate crime.

However, alcohol also has an extensive range of non-crime impacts on the police. These are set out in section 3. The following sections set out the headline data on the role of alcohol in various crimes. These are not designed to persuade police officers of the impact of alcohol on crime, but rather to provide a resource that can be used when making cases and building arguments for alternative responses to alcohol-related harm.

NB – it is hard to untangle in which offences alcohol is the main driver and which might occur anyway with alcohol as a background feature. No statement is being made here about cause and effect.

6.4 Violence (general)

- In 42% of violent incidents the victim believed the offender to be under the influence of alcohol in 2019/20.³²
- In England and Wales, alcohol-related violent incidents are also more likely to be reported to the police than those which are not alcohol-related.³³

6.5 Violence in the NTE

- Between 2017/18 and 2019/20, 91% of violent incidents which took place in or near a pub or club were alcohol-related, and 65% of those which took place in public spaces were alcohol-related.^{34,35}

- 60% of violent incidents that occurred over the weekend, and 59% of those that occurred in the evening or at night were alcohol-related.^{36,37}

6.6 Homicide

- National and international statistics have highlighted a strong relationship between alcohol and homicide.
- In the years ending March 2020 to March 2022, in a third (33%) of homicides, the victim or suspect was under the influence of alcohol.³⁸
- ONS data for 2020-2022 showed 13% of suspects were under the influence of alcohol, and a further 10% under the influence of both alcohol and drugs.³⁹
- In another study 38.8% of perpetrators displayed high levels of alcohol use disorders.⁴⁰

In 2018/19, 7% of people in England and Wales said there were high levels of anti-social behaviour in their local area. 13% of this anti-social behaviour was alcohol-related.

6.7 Theft

- 12.4% of theft offences are alcohol-related.⁴¹

6.8 Robbery

- In 15% of robbery cases the victim believed the offender to be under the influence of alcohol.⁴²

6.9 Burglary

- 18.1% of burglaries are alcohol-related.⁴³

6.10 Public drunkenness / Drunk and disorderly

- In 2021/22, there were 12,700 Penalty Notices for Disorder (PNDs) issued in relation to non-notifiable offences, almost half of these PNDs related to drunk and disorderly behaviour.⁴⁴
- 12% of people said that there is a very or fairly big problem in their area with people being drunk or rowdy in public places.⁴⁵

6.11 Anti-social behaviour

- In 2018/19, 7% of people in England and Wales said there were high levels of anti-social behaviour in their local area. 13% of this anti-social behaviour was alcohol-related.⁴⁶

6.12 Criminal damage

- A British study found a link between alcohol consumption and vandalism.⁴⁷
- 20.6% of criminal damage is alcohol-related.⁴⁸

Alcohol is one of the six main drivers of crime and is linked to a wide range of offences. In England and Wales, alcohol-related crime is estimated to cost society £11.4 billion annually.



6.13 Street drinking

- In a smaller unitary or lower tier local authority with a lower level of alcohol-related need, it is estimated that the number of street drinkers will be in the range of 15–25.⁴⁹
- In larger or higher need areas, the number can reach 50–90.⁵⁰
- In the very large urban areas the number may be 200 or more.⁵¹
- Street drinkers could impose annual costs ranging from £300,000 to £4 million dependent on the local authority area.⁵²
- In one area 69 street drinkers were responsible for 2,010 police incidents ranging from anti-social behaviour to sexual assaults and robberies.⁵³

6.14 Drink-driving

- Every year around 85,000 people are convicted of drink-driving offences.⁵⁴
- 200 to 240 people are killed annually in collisions in Great Britain where at least one driver was over the drink-drive limit.⁵⁵
- In 2019 there were 6,480 drink-drive casualties and 5,350 drink-drive collisions (data for 2020 will be impacted by Covid restrictions).⁵⁶

6.15 Hate crime

- 21.5% of hate crimes were alcohol-related.⁵⁷

6.16 Fire

- In England and Wales there were 240 fire deaths in 2020/21.⁵⁸ A review of Fire Investigation Reports highlighted that 48% of victims were impaired by alcohol.⁵⁹

6.17 NB – Drinkers as victims of crime

It should be noted that drinkers may also be the victims of crime.

- 29% of street drinkers had been physically abused by the public
- 42% of street drinkers had been verbally abused.⁶⁰

Drinkers will also be the victims of other crimes e.g. 'cuckooing related offences', violence and exploitation. No specific data has been identified on this.

6.18 Young people, drinking and the impact on the police

It is not a crime for people over 5 years of age to drink alcohol (it is a crime to give alcohol to a child under 5). The impact on the police will relate to the underage purchase or sale of alcohol or vulnerability, crime and disorder related to alcohol use.

- Alcohol consumption among United Kingdom youth is higher than the European average.⁶¹ However, overall alcohol consumption among young people in the UK is in decline. Since 2003, the percentage of school pupils who have ever had a drink has declined from approximately 60% to 40%.⁶²

- 21% of 15-year-olds in England reported having been drunk in the last four weeks.⁶³
- 18% of pupils who drank in the last week were estimated to have drunk more than 15 units. Younger pupils who drank in the last week were likely to have drunk fewer units than older pupils.⁶⁴

No statistics have been identified on the impact of young people's drinking on crime. This is likely to be because these issues will be seen as a safeguarding issue and pursued through a non-crime route. However, Government data (based on research from a sample across 1 in 7 of the UK's secondary schools) does highlight related issues such as how alcohol is accessed and the location of drinking which will impact on policing.

- Pupils who obtained alcohol in the previous four weeks were most likely to have been given it by parents or guardians (75%). Other common sources were to be given it by friends (50%), or to take it from home with permission (46%).
- 8% of pupils said they had bought alcohol from a shop or pub in the previous four weeks, with 15-year-olds the most likely to have done so.
- Pupils who drank alcohol were most likely to do so in their own home (76%). At someone else's home (42%), or at parties with friends (29%).
- Most current drinkers said they drank with parents (67%) or friends (52%). Only 3% of pupils said that they usually drank alone.⁶⁵

8% of pupils said they had bought alcohol from a shop or pub in the previous four weeks, with 15-year-olds the most likely to have done so.

There is also more general data on alcohol, young people and crime.

- Young people who get drunk at least once a month are twice as likely to commit a criminal offence as those who don't.⁶⁶
- More than one in three teenagers who drink alcohol at least once a week have committed violent offences such as robbery or assault.⁶⁷
- 40% of secondary school-age children have been involved in some form of violence because of alcohol. They could have been beaten up or robbed after drinking, or have assaulted someone.⁶⁸
- Up to 41% of young offenders had drunk alcohol at the time of their offence.⁶⁹
- Young people who start drinking at an earlier age, drink on a frequent basis or engage in heavy episodic binge drinking are at an increased risk of involvement in youth violence as both victims and perpetrators.⁷⁰
- One study suggests that 40% of young people who drank in public had experienced alcohol-fuelled violence either as victims or perpetrators.⁷¹

7. Non-crime impacts of alcohol on policing

7.1 Introduction

The majority of police time is spent on incidents that do not relate directly to crime.

- 64% of incidents that forces responded to in 2016/17 were non-crime related – e.g. road traffic collisions, mental health incidents and missing person cases
- 24% related to crime
- 12% focused on anti-social behaviour.⁷²

In particular, HMICFRS has indicated that much police activity is related to mental health.⁷³ In the Metropolitan Police 30% of frontline policing demand is estimated to be mental-health related⁷⁴, and responding to a single mental health incident can take up to 12 hours of officer time.⁷⁵

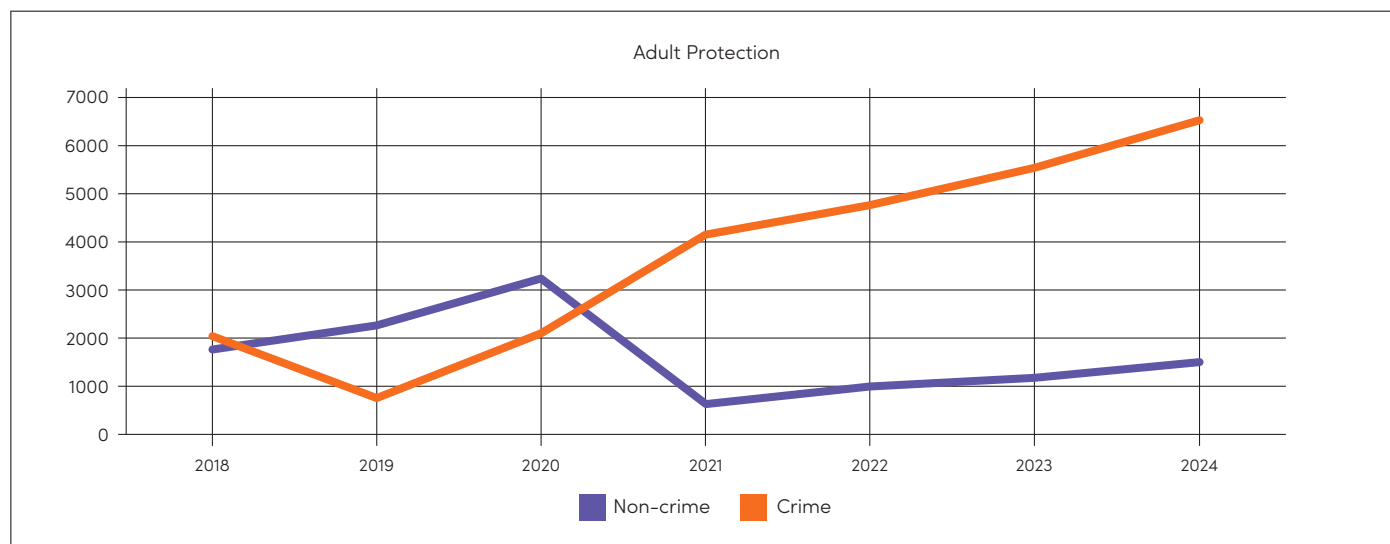
Given the prevalence of co-occurring alcohol and mental disorders, it is likely that some of these mental health issues involve alcohol.⁷⁶ However, the number of alcohol-related non-crime incidents is hard to quantify. In part, because some the role of alcohol may not be recorded or is labelled as 'mental health'.

The following section sets out data on various non-crime impacts:

- Safeguarding
- 'Self-directed' violence
- Being called to non-crime death scenes
- Welfare checks
- Missing persons
- Section 136/135 (Mental Health Act)
- Nuisance 999 calls.

Adult safeguarding

The following graph shows the volume of adult protection investigations reported to Kent Police between 2018-2022, and the predicted number to 2024.



7.2 Safeguarding

The police are a key agency in identifying and submitting safeguarding concerns. Officers will be called to a variety of situations in which they may identify vulnerable individuals e.g. welfare checks, reports of anti-social behaviour or incidents of abuse and exploitation. There are no indicators of the proportion of police activity which is dedicated to safeguarding. However we do know that:

- In 2017-2018 394,655 concerns of abuse were raised by all agencies; an increase of 8.2% on the previous year.⁷⁷
- Alcohol misuse is a feature in between 25% - 40% of Safeguarding Adult Reviews.⁷⁸

Each police force is now required to publish an annual Force Management Statement (FMS). These can provide data on non-crime activity. For example, Wiltshire Police were involved in 48,695 safeguarding referrals (68 per day) in the 24 months to March 2019. In Norfolk Constabulary, the number of adult protection cases was estimated to be around 11,000 per year. The table below shows safeguarding activity from Kent Police and the projected rise in such activity.

HMICFRS has indicated that much police activity is related to mental health. In the Metropolitan Police 30% of frontline policing demand is estimated to be mental-health related.



7.3 'Self-directed' violence

The World Health Organization defines self-directed violence as self-harm and suicide, and alcohol plays a significant role in both.

- There were 5,244 suicides in England and Wales in 2020.⁷⁹
- Alcohol is associated with 15–25% of all suicides and 65% of all suicide attempts.⁸⁰

Police officers will be called to almost all of the suicides and many of the suicide attempts.

7.4 Being called to non-crime death scenes

Police officers may be called to situations in which people are found dead from alcohol-related natural causes e.g. oesophageal varices can cause profuse bleeding and may suggest to the public the need for police involvement. No data is available on this.

7.5 Welfare checks / 'Safe and well' checks

A welfare check is an in-person visit by the police authorities in response to a specific request made to ensure a person is safe and sound. For example, Derbyshire Constabulary officers were called to 2841 safe and well checks in a six month period.⁸¹ The extent to which alcohol is involved in these cases is not known, but it is likely to be a common factor.

7.6 Missing persons

In 2019/20 the police in England and Wales were involved in:

- 359,240 missing related calls
- 126,228 missing incidents
- 89,128 missing people.⁸²

Of these missing people incidents, 5,401 (6%) were reported to feature the use of drugs or alcohol.⁸³ However, interviews and conversations with professionals suggest that this may be an under-estimate.

Dorset Police FMS identifies that missing person incidents amount to approximately 14% of overall police demand in Dorset with 20,000 hours of patrol officer time spent dealing with them. In addition, a great deal of time is spent reviewing cases at a more senior level. In the Metropolitan Police FMS, missing persons cases were reported to be running at about 3,000 per month. In Norfolk Constabulary the number of missing persons case was estimated to be around 4–5,000 pa. It should be noted that the majority of these cases relate to young people with adult cases representing around 35–40% in the Staffordshire and West Midlands Police FMSs.

7.7 Mental Health Act Section 135 and 136

Sections [135](#) and [136](#) of the Mental Health Act give police officers powers to take people who are mentally disordered to a place of safety. This represents a significant area of work. In the Metropolitan Police, a total of 5,416 detentions were made using Section 136 during 2020 and they received 3,442 requests to attend a Section 135 Mental Health Act Assessment. Given the very high rate of co-occurring disorders in mentally ill people (at least 40%) the use of these powers is likely to embrace a significant number of people with alcohol problems.

7.8 Nuisance 999 calls

Nuisance 999 calls are a crime and such callers can use huge amounts of resources (£100,000 in one prosecution). However, as with missing persons, interviews and conversations with professionals suggest that they can also tend to be associated with vulnerable, mentally disordered or alcohol dependent individuals.

8. The cost of alcohol-related crime to the police

Government data suggests that alcohol-related crime costs society £11.4 billion per annum in England and Wales (this is not just policing costs). This, of itself, highlights the huge scope for action in tackling alcohol use disorders.

No consistent data exists on the costs of alcohol use in relation to specific categories of crime. However, Home Office data on the costs per incident to the police of individual crimes that may be related to alcohol are available:

- Homicide - £3,217,740
- Violence with injury - £14,050
- Violence without injury - £5,930
- Criminal damage (arson) - £8,420
- Criminal damage - £1,350.⁸⁴

Alcohol Change UK has previously undertaken an assessment of the cost impact of street drinkers. It was estimated that the average annual cost of a high risk, change resistant drinker is around £35,000 including

health, criminal justice and anti-social behaviour costs. This figure was compared with data from other sources which confirmed its validity. This figure is an indicator of the scale of costs incurred by street drinkers.⁸⁵

All of these highlight the huge potential cost savings from tackling alcohol use disorders.

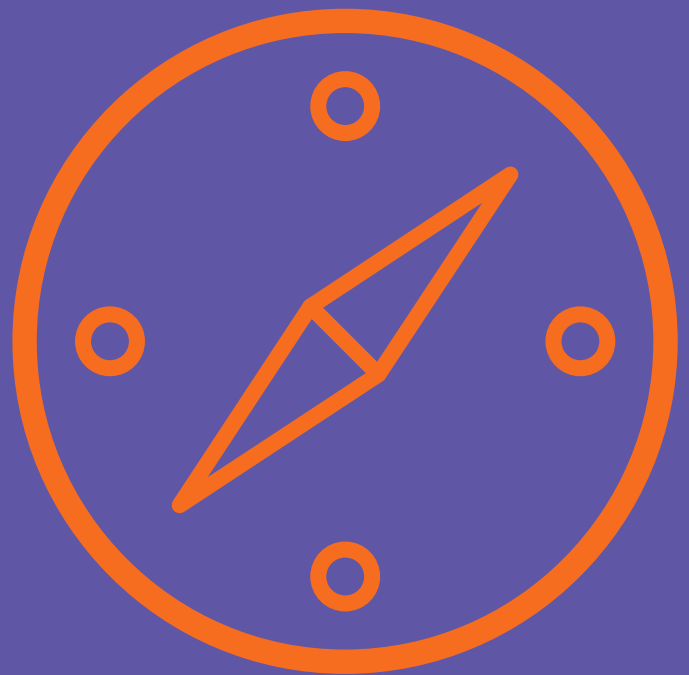
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A leaflet on tackling alcohol-related harm

Brief guidance for frontline police officers

This section contains a leaflet that can provide frontline officers with guidance on interventions with people with alcohol use disorders. This builds on the information in the toolkit.





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.

The misuse of alcohol has a huge impact on crime, anti-social behaviour and, therefore, policing.

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.


Interviewees

- ACC Scott Green, Alcohol lead at National Police Chiefs Council
- David Moore, Police Officer, Devon and Cornwall
- Nigel Rixon, Police Licensing, Leicestershire
- John Miley, Head of National Association of Licensing Enforcement Officers
- Kevin Weir, Checkpoint Durham
- Insp Marc Roberts, Prevention Hub, North Wales
- Clare Jenkins, Police Licencing, Hampshire
- Dr Laura Goodwin, Lancaster University
- Ian Hesketh, UK College of Policing
- Sgt Jonny Barton, Worthing Custody Centre
- Marcus Roberts, Director of Policy and Strategy, Association of Police and Crime Commissioners
- Insp Hayley Crawford, District Commander for Bassetlaw
- Philip Matthews, Former Chair of the Police Federation
- Mick Urwin, Retired Police Officer & Alcohol Change UK Trustee
- Justin Srivastava, Strategic Policy and Workforce Development Lancs / Violence Reduction Unit
- Stan Gilmour, Director, Thames Valley Violence Reduction Unit
- Tony Ormond, expert by lived experience
- Jo Salisbury, expert by lived experience
- Kerry Simpkin, Head of Licencing, Place and Investment Policy. Westminster City Council
- Phil Bates, Licencing Manager, Southampton and Eastleigh Licencing Partnership
- Andy Sidebotham, Superintendent. Police Standards Manager for Local Policing
- Ian Graham, Chief Licencing Officer, Metropolitan Police
- David Lucas, Director of The Institute of Licencing. Chair of Nottingham City Pubwatch
- Michael Kill, CEO Night Time Industries Association

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