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An Analysis of Alcohol Use and Disorders
Amongst Those Detained in Custody
In Aberdeen

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Section 1

1.1 Introduction

The relationship between alcohol and crime is highly topical and increasingly important to policy makers. The connection between alcohol consumption and crime has significant implications for the implementation of appropriate interventions and policies. In recent years a number of studies have identified a relationship between alcohol and crime. Whilst this relationship is complex, it is clear that alcohol is a contributing factor in a number of crimes. This study builds on previous research and analyses the results of alcohol screening for excessive drinking amongst people in police custody in Aberdeen.

Whilst there has been great speculation in the media about the causal influence of alcohol on crime (and in particular violent crime), there is a lack of robust research investigating this link. For example, according to a report by the Social Research Institute, many police forces do keep records of crimes that they believe to be alcohol related. However, the causality of the offence (i.e. the extent to which alcohol was to blame for the offence) was often determined on the basis of judgment calls rather than statistically robust data and the lack of standardised methodologies results in variations of estimates of the link between crime and alcohol of between 30 and 85% (Marsh et al, 2001). Given these statistics it is clear that more detail is needed on the nature of alcohol consumption in crimes where alcohol is a factor. From a policy development perspective it is vital to know whether those committing crime during or after drinking alcohol do so as a result of consuming alcohol or have a deeper problem associated with harmful levels of drinking.

The study is based on data collected by Grampian Police and analysed by The Robert Gordon University.

Grampian Police undertook an alcohol screening questionnaire of people in police custody. The central aim was to record the hazardous and/or harmful patterns of alcohol consumption amongst those in custody. An Alcohol Use Disorders Identification Test (AUDIT) test was conducted with those in custody to screen for excessive drinking.

This information adds to the policy debate as it provides greater detail on the nature of alcohol related crime. This allows for an identification of excessive drinking as a factor in crime and more importantly the frequency of cases where hazardous (or risky) drinking, harmful drinking, or alcohol dependence is identifiable. Furthermore as the AUDIT test is designed “in particular to help practitioners identify people who would benefit from reducing or ceasing drinking it is particularly associated with interventions to reduce alcohol. AUDIT thus is suitable as providing a basis for Screening and Brief Intervention programme (SBI).”¹

¹ Those wishing to know about screening and intervention they should consult Ayoub, A. F. et al, **A randomised controlled trial of brief intervention strategies in patients with alcohol related facial injury**, Glasgow University School of Dentistry, 2006.

1.2 Methods

The methodology adopted was based on a previous project undertaken by Devon and Cornwall Police, Plymouth DAAT and the University of Plymouth and documented in “Screening and Brief Intervention in the Charles Cross Custody Suite” authored by Barton and Squire. Grampian Police adopted this methodology as an opportunity to undertake a similar investigation subject to available resources. The questionnaire for Barton and Squire study consisted of 13 questions, based around the standard 10 question AUDIT test and additional questions to determine whether or not alcohol was a contributing factor in the respondent’s arrest. The Aberdeen study included a further five demographic questions to assist in the identification of at risk groups.

The approach followed by this report and the work of Barton and Squire is sufficiently similar to allow for comparison of the data. Moreover, as the AUDIT score is widely used the data is for comparable at a national level. Data from the Adult Psychiatric Morbidity Survey (APMS) 2000 reveals that 28 per cent of all adults in Scotland had an audit score above 8. AUDIT scores for Scottish males in 2000 indicate that 41 percent have an AUDIT Score associated with hazardous drinking.²

The investigation was conducted with people in police custody. In total 207 questionnaires were completed between the months of March and December 2008 with the majority completed in November and December. Accessing people in police custody presented a number of challenges and at all stages World Health Organisations Guidelines (WHO 2001) on conduct of this type of interview we followed. The WHO document “The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care” identifies where an AUDIT questionnaire can be used appropriately and effectively. The WHO states that an AUDIT test is appropriate for those in prison or for those “cited for legal offences connected with drinking (e.g... public intoxication)” (WHO 2001). The guidelines recommend that the interviewers must “be friendly and non-threatening” (WHO 2001). To ensure compliance the interviews were conducted by experienced officers from the Grampian Police. The guidelines recommend this as appropriate when using the AUDIT on those in custody, jail or court. Sending an untrained researcher into a cell was inappropriate for reasons of safety and protocol.

Respondents were categorised by type of offence. Offences are classified on the basis of eleven generic types: Violent crimes (for example Murder, Serious Assault, Assault); Domestic violence; Public Order Criminal Damage (including Vandalism); Driving related (including drink driving); Drug related; Drink related; Acquisitive crimes; Sexual; Administrative (breach of bail,

² The **Adult Psychiatric Morbidity Survey** presents the most reliable data on national AUDIT scores for the UK regions. More recent figures are unavailable on the AUDIT scores of the Scottish residents as Scotland did not participate in the 2007 Adult Psychiatric Morbidity Survey. The 2007 survey only covered England. The previous surveys covered England, Scotland and Wales.

arrested on warrant) and Other. These were the categories used by Barton and Squire and their use in this project allowed for further comparison between the data of two studies.

Research Design

The data collection for the questionnaire and data entry was the sole responsibility of Grampian Police. All data analysis was undertaken by the Centre for International Labour Market Studies (CILMS). However, the Centre has been guided and advised by Inspector Roddy MacInnes and Sergeant Andy Verreydt of Grampian Police.

Collection of Data

Respondents to the survey were interviewed whilst in custody to ensure a high response rate. All respondents were read the following statement prior to participation.

“I would like to ask you some questions about your use of alcohol. The questions have been developed by the World Health Organisation to identify persons whose alcohol consumption has become hazardous or harmful to their health. These questions are entirely independent of any police investigation for which you have been detained. Your answers are confidential and your participation is entirely voluntary. Dependent on your response to the questions, we will offer you advice and information on your drinking.”

This methodology presented a number of advantages:

- High response rates when compared to other research methods, such as postal questionnaires.
- Swift and efficient collection of necessary data.
- Allows a comparative methodology with the previous study.

Data Analysis and Presentation

The data was entered into the SPSS system to allow for computerised evaluation and analysis. For this particular survey the most commonly used components of the SPSS package were those of frequency, mean average and cross-tabulation. These results are presented in the form of bar charts and tables with relevant descriptive narratives.

1.3 Project Aims

Main Objectives of the Study:

- Assess the AUDIT scores of those in the custody of Grampian Police.
- Analyse the characteristics and level of drinking of those in the custody of Grampian Police.

- Compare result for Grampian with the Plymouth study.
- Assess the predictors of harmful drinking to aid targeted interventions.
- Informing future policy.

Section 2

2.1 Demographics

Throughputs

- Since the start of the project Grampian Police has made contact with 207 detainees, mostly in Aberdeen City.
- The data was collected
- This equates to 4.6 meaningful contacts per week
- Average time for each interview was 6 minutes.

The AUDIT questionnaire allows for a detailed breakdown of the demographic profile of the detainees who took part in the project.

2.1.1 Age

Table 1: Age range of detainees

Age range	% detainees seen
Under 18 years old	9.2
18-24 years old	35.7
25-34 years old	30.9
35-44 years old	14
45-54 years old	7.2
55-64 years old	1.9
65-74 years old	1

Table 1 shows that the most highly represented age group were the 18-24 year olds comprising 35.7% of the detainees seen. Of all the detainees who completed questionnaires, more than 75% were less than 34 years old.

2.1.2 Offence type

For the purposes of this project it was decided to group the offences into eleven generic types: Public Order; Violent crimes (including ABH, GBH Affray, Assault); Administrative (breach of bail, arrested on warrant); Domestic Violence; Acquisitive crimes; Drug related; Driving related (including drink driving); Criminal Damage; Sexual Offences; Drink related and Other. The

use of these groups allowed for a comparison with a similar project which had been run in Plymouth (Barton & Squire, 2008).

Table 2: Offences committed by detainees

Offence type	% detainees
Public Order	23.4
Violence	22.4
Administrative	16.1
Domestic Violence	11.7
Acquisitive	10.2
Drug related	8.8
Driving related	4.9
Criminal Damage	2
Sexual Offences	.5
Drink related	0.0
Other	0.0

Table 2 shows that violent crime was the most common offence that detainees were being held for, with 34.1% of detainees seen being held for either violence (22.4%) or domestic violence (11.7%). The second most common offence was public order (23.4%).

2.1.3 Gender

Table 3: Gender of detainees

Gender	% detainees seen
Male	87
Female	13

The majority of detainees seen during the project were male (approximately 87%). This differs to the demographic for Aberdeen City where the population is made up of 49% male and 51% female (GRO 2001)

Table 4: Offence types committed by male and female detainees

Offence type	% Male detainees	% Female detainees	Total %
Public Order	89.6	10.4	100.0
Violence	87	13	100.0
Administrative	78.8	21.2	100.0
Domestic Violence	91.7	8.3	100.0
Acquisitive	76.2	23.8	100.0
Drug related	77.8	22.2	100.0
Driving related	100.0	0.0	100.0
Criminal Damage	100.0	0.0	100.0
Sexual Offences	100.0	0.0	100.0
Drink related	0.0	0.0	0.0
Other	0.0	0.0	0.0

Table 4 shows the percentage of males and females who were detained for each offence type.

2.1.4 Ethnicity

The majority of detainees (72.5%) seen were classified as Scottish. This is different to the demographic for Aberdeen City where approximately 84% of the population are classified as Scottish (GRO 2001)

2.1.5 Alcohol consumption

The AUDIT (Alcohol Use Disorders Identification Test) questionnaire divides drinking behaviour into four types in relation to the respondent's level of risk relating to alcohol:

1. low risk;
2. hazardous, medium risk;
3. harmful, high risk
4. dependent.

A total AUDIT score of 7 or below is classified as low risk. A score of between 8-15 is an indicator of medium risk. A total AUDIT score of between 16-19 is classified as high risk and a score of 20 or above is an indicator of dependent drinking behaviour.

Of the detainees seen during the project:

- 15.5% were low risk
- 28% were hazardous, medium risk drinkers
- 11.1% were harmful, high risk drinkers
- 45.4% were dependent drinkers

In total, 84.5% of respondents had an Audit Score above 8. This contrasts with data from the Adult Psychiatric Morbidity Survey 2000 that reveals that only 28 per cent of *all adults* in Scotland had an audit score above 8.

Examining some of the responses to individual AUDIT questions revealed that:

- 57.5% of detainees indicated that they found it difficult to stop drinking once they had started at some point in the last year with 15.9% indicating that this occurred on a daily or almost daily basis
- 58% of detainees indicated that they had failed to do something that was normally expected of them because of drinking with 11.6% of detainees indicating that this happened weekly and 10.1% indicating that this occurred on a daily or almost daily basis
- 35.3% of detainees indicated that they felt that they needed a first drink in the morning to 'get themselves going' with 14.5% of detainees indicating that this occurred on a daily or almost daily basis.
- 69.6% of detainees indicated that they or someone else has been injured because of their drinking with 52.2% indicating that this was within the last year.
- 54.6% of detainees indicated that someone had expressed concern about their drinking levels or suggested that they cut down.

We can further examine this by breaking the AUDIT scores down within age ranges as shown below in table 5.

Table 5: AUDIT scores sorted by age range

Drinking Behaviour		Age range of detainee				
		Under 18	18-24	25-34	35-44	45+
Medium risk drinking	% within Age	31.6%	20.3%	29.7%	48.3%	19%
	Number within Age	6	15	19	14	4
High risk harmful drinking	% within Age	15.8%	16.2%	7.8%	3.4%	21%
	Number within Age	3	12	5	1	2
Dependent drinking	% within Age	42.1%	52.7%	48.4%	17.2%	57%
	Number within Age	8	39	31	5	11
Total number within Age		16	62	59	28	19

Table 5 shows that 89.5% of detainees under 18 years old recorded drinking behaviour which was medium risk or higher; of this 89.5 of under 18s, 42.1% recorded dependent drinking behaviour. Of the 18-24 age group 89.2% recorded drinking behaviour which was medium risk or higher; of the 89.2% of 18-24 year olds 52.7% recorded dependent drinking behaviour. The 25-34 age group recorded 48.4% as having dependent drinking behaviour. Of the 35-44 age group only 17.2% recorded having dependent drinking behaviour. 13.3% of the 35-44 age group were recorded as having low risk drinking. As the numbers of respondents in the 45-54, 55-64 and over 65 age groups were low, these groups were combined in the table above. As can be seen, 57% of respondents aged 45 or over recorded having dependent drinking behaviour.

The overall levels of medium-dependent drinkers in this study were higher than those recorded in the Plymouth study (84.5% compared with 64.2%). Further, although the age categories were not the same in the 2 data sets and so direct comparisons of the crosstabulations are difficult, it was identified that there was a higher level of harmful or dependent drinking amongst younger respondents in the Aberdeen study compared with the Plymouth study.

Further research should be conducted to investigate the reasons behind these variations to determine whether they are due to variations in sampling techniques between the studies or whether there are other contributing factors such as:

- The impact of the concentration of licensed premises in Aberdeen City Centre that directly market to younger people
- Social and Economic factors that may lead to more young people becoming dependent drinkers in Aberdeen compared with other cities.
- Analysis of the general offending behaviour of young people in Aberdeen compared with other cities.
- 'Cultural' factors regarding the consumption of alcohol in Aberdeen such as the impact of having a high offshore workforce who tend to consume alcohol heavily when onshore.

Figure 1: How many drinks containing alcohol do you have on a typical day when you are drinking?

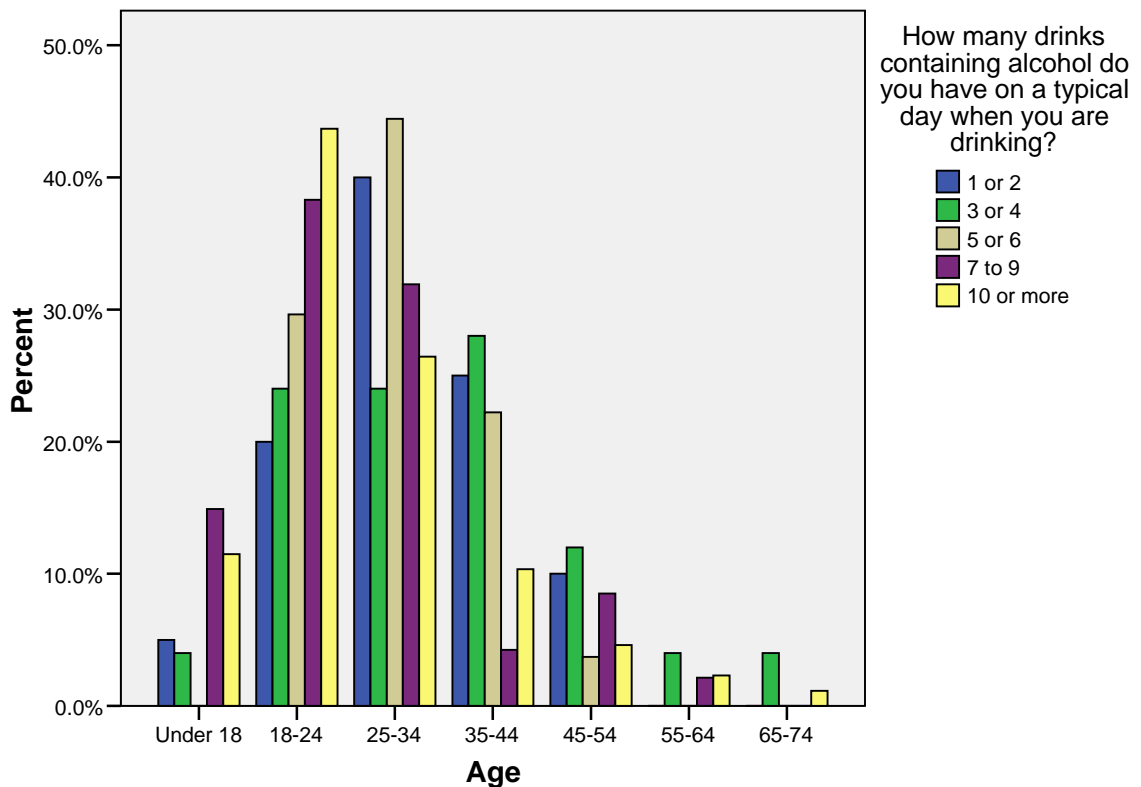


Figure 1 shows the age of detainees in relation to their responses to how many drinks containing alcohol they have on a typical day when they are drinking. Figure 1 shows that the 18-24 age group are more likely to consume 10 or more drinks containing alcohol on a typical day's drinking than any other age group. The second most likely to consume 10 or more drinks containing alcohol are the 25-34 age group. Both these age groups recorded higher drinking levels on a typical day's drinking than any other.

Figure 2: How often do you have six or more drinks on one occasion?

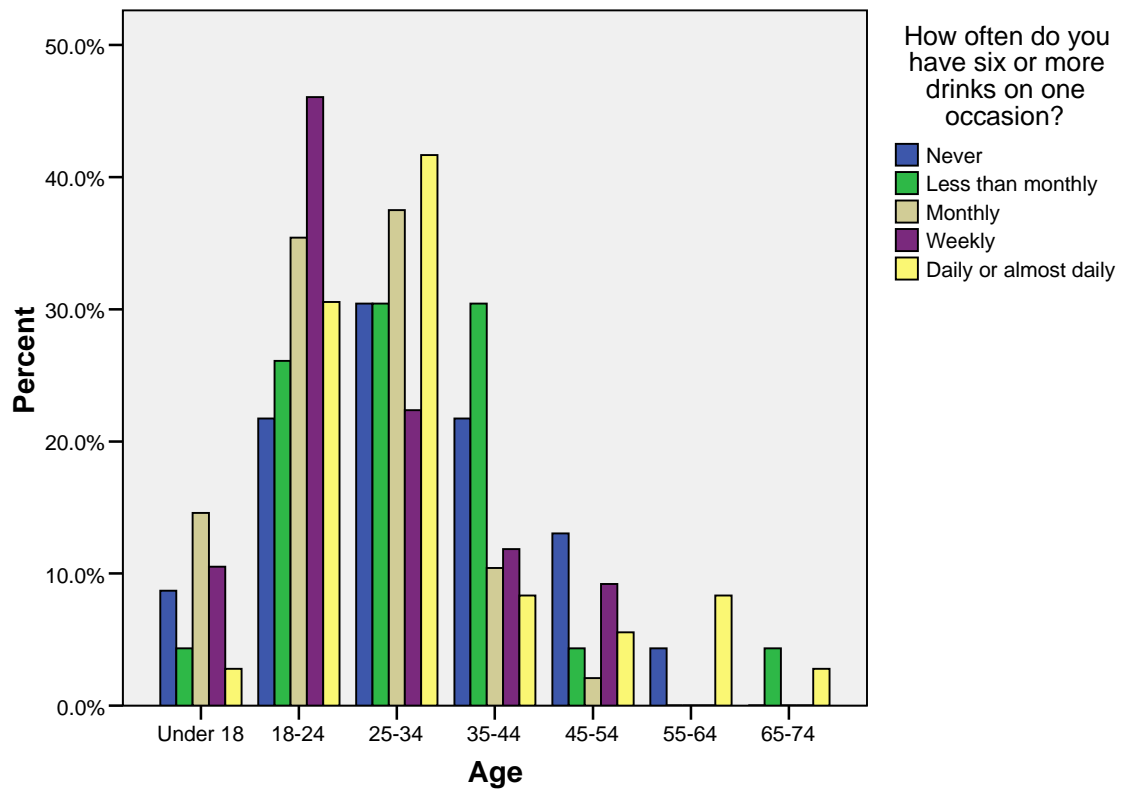


Figure 2 shows the age of detainees in relation to their responses to how often they have six or more drinks containing alcohol on one occasion. Figure 2 shows that daily drinking of six or more drinks containing alcohol is most common in the 25-34 year old age group. The 25-34 year old age group also has the second highest percentage of weekly drinking of six or more drinks containing alcohol. The 18-24 year old age group shows the highest percentage of weekly drinking of six or more drinks containing alcohol.

2.1.6 Age and offence type

Table 6: Offences committed within each age group of detainees

Offence		Age range of detainee				
		Under 18	18-24	25-34	35-44	45+
Public Order	% within Age	15.8%	20.8%	28.1%	13.8%	38%
	Number	1	15	18	4	8
Violence	% within Age	26.3%	29.2%	15.6%	24.1%	14%
	Number	5	21	10	7	3
Administrative	% within Age	21.1%	19.4%	14.1%	6.9%	19%
	Number	4	14	9	2	4
Domestic Violence	% within Age	5.3%	12.5%	12.5%	27.6%	19%
	Number	1	3	8	8	4
Acquisitive	% within Age	15.8%	13.9%	6.3%	6.95	9.5%
	Number	3	10	4	2	2
Drug related	% within Age	0%	5.6%	15.6%	13.8%	0%
	Number	0	4	10	4	0
Driving related	% within Age	10.5%	5.6%	3.1%	6.9%	0%
	Number	2	4	2	2	0
Criminal Damage	% within Age	5.3%	1.4%	3.1%	0%	0%
	Number	1	1	2	0	0
Sexual Offences	% within Age	0%	0%	1.6%	0%	0%
	Number	0	0	1	0	0
Total number within Age		19	72	64	29	21

Table 6 shows that the under 18 age group are most likely to have been apprehended for a violent crime (31.6%) than any other type of crime, this is made up of violent offences (26.3%) and domestic violence offences (5.3%). The 18-24 year old age group are also more likely to have been detained for a violent crime (29.2% for violent offences and 4.2% for domestic violence offences) than any other type of crime. Within the 25-34 year old age group detainees are most likely to have been arrested for committing a public order offence or violent crime (both 28.1%). More than half of the 35-44 age group were detained for a violent crimes (51.7%), this is made up of 24.1% arrested for violent offences and 27.6% arrested for domestic violence offences. The 45-74 year old age group were most likely to have been apprehended for a public order offence with violent offences (comprising violent crimes and crimes of domestic violence) being the second most likely cause for being apprehended.

2.1.7 Employment status

The National Statistics Socio-Economic Classification (NS-SEC) divides employment into ten categories and was used to analyse the AUDIT data.

The ten categories are as follows:

- Unemployed
- Full time student;
- Clerical and intermediate occupations;
- Senior management or administrators;
- Technical and craft; Semi-routine manual and service industries such as postal workers, security guards and sales assistant;
- Routine manual such as cleaner, laborer and bar staff;
- Middle managers or Junior managers;
- Modern professional managers;
- Traditional professions such as accountant, doctor, solicitor, lecturer and judges;
- Armed Forces.

Table 7: Employment status of detainees

Employment Status	% of detainees
Unemployed	44.8
Technical & craft and Semi-routine manual & service industries	28.6
Routine manual and service occupations	10.8
Clerical & Intermediate occupations	3.4
Middle managers or junior managers	2.0
Full time student	3.4
Senior management or administrators	0.0
Traditional professions	0.0
Modern Professional Occupations	1.0
Armed Forces	1.0
Semi-routine manual and service operations	5.0

Table 7 shows that the largest percentage of detainees (44.8%) seen during the project were unemployed. The second largest group were employed with technical and craft industries or semi-routine manual and service industries.

The above breakdown provides a valuable indication of the employment groups upon which any intervention could be focused. However, beyond knowing which groups comprise the majority of detainees there are considerable difficulties in accessing these groups and effectively intervening. A system of intervention targeted at these key groups needs to be developed. This will need the cooperation of a number of local stakeholders and a review of best practice.

Respondents were asked whether they thought that their behaviour was altered and whether this was a contributing factor in their involvement in crime either as a victim or a perpetrator- 65% of respondents indicated that they believed that alcohol was a factor.

Table 8: Alcohol as a contributing factor cross tabulated by AUDIT score

Belief that alcohol was a contributing factor		7 or under	8-15	16-19	20 or above	Total
		Yes	% within AUDIT score	78.1%	50%	21.7%
	Number	25	29	5	14	73
No	% within AUDIT score	21.9%	50%	78.3%	85.1%	64.7%
	Number	7	29	18	80	134

Table 8 shows that those with a high AUDIT score were more likely to indicate that they thought that consuming alcohol contributed to them becoming a victim or a perpetrator of a crime. For example, 22% (approx) of respondents with an AUDIT score of 7 indicated that they thought that consuming alcohol was a contributing factor compared with 85% (approx) of respondents with an AUDIT score of 20 or above.

Respondents were asked how their behaviour changed as a result of alcohol. The main comments made by respondents were that they become more aggressive or are more likely to get involved in fights while drunk (indicated by 45 detainees) and 29 detainees indicated that alcohol changes their personality, some also indicated that they would not have committed the crime if they had been sober and that their judgment was impaired (8 detainees). A number of detainees indicated that they enjoyed the feeling of being more confident. One detainee commented that:

“I did not get away from trouble when it should have been obvious it would only end up in bother for me. It makes me make poor decisions but I quite like being able to be more assertive. “

It was clear from the comments that many of the detainees had serious alcohol problems with some indicating that they stole to get money to buy alcohol, lost their jobs or missed work because of drinking, lost custody of children or suffer from black outs while drinking. Some detainees indicated that they had drug problems as well as alcohol problems and others indicated that they had mental health problems with some indicating that they self-harmed and one detainee indicating that they drank alcohol to build courage to commit suicide.

Not all detainees indicated that they believed that alcohol contributed to negative behaviour, however. Several described themselves as a 'happy drunk' or that they were 'mischievous'. Some detainees indicated that they did not believe that they bore responsibility for their behaviour: One commented that:

"I'm never violent, I'm really easy going but folk can just really annoy you when they try and wind you up. They don't know when to stop and I can just snap and times. I think I'm a nice guy though, so I don't know really."

Officers conducting the process were struck by the number of occasions where an immediate intervention would have been appropriate and which in many instances would have been welcomed by the custody. Advice leaflets were handed to custodies when their AUDIT score suggested this was appropriate or when they specifically requested.

Respondents were asked if they would consider reducing their alcohol intake. Approximately 65% indicated that they would consider reducing their alcohol intake.

Table 9: Detainees who consider reducing alcohol intake crosstabulated with AUDIT score

Consider reducing alcohol intake		7 or under	8-15	16-19	20 or above	Total
Yes	% within AUDIT score	86.7%	44.6%	13.6%	18.3%	35.3%
	Number	26	25	3	17	71
No	% within AUDIT score	13.3%	55.4%	86.4%	81.7%	64.7%
	Number	30	56	22	93	201

Table 9 shows that those reporting a high audit score were far more likely to indicate that they wanted to reduce their alcohol intake. Approximately 13% of those with an AUDIT score of 7 or under indicated that they wanted to reduce their alcohol intake compared with 86% with an AUDIT score of 16-19 and 82% of those with an AUDIT score of over 20.

Detainees were asked to provide comments regarding their desire to reduce alcohol consumption. Many detainees indicated that they are aware that they drink excessively and would like to stop indicating that they are not happy with their lives in particular offending behaviour. Five detainees indicated that they have a drug problem as well as an alcohol problem and do not feel that they can tackle both at the same time. Some respondents indicated that they had

already had contact with treatment services and one detainee indicated that he would like to go to Albyn House for treatment. Others indicated that they had tried to stop drinking in the past unsuccessfully.

Some detainees also acknowledged that they would have problems translating their desire to reduce alcohol intake into action. One commented :

“that said I've been here before feeling sorry for myself and whether this translates into action remains to be seen. I'd like to think so but I'm not completely confident on that one. “

Other respondents indicated that their drinking was influenced by others and that they found it hard to control their drinking when out with friends etc. Some indicated that they did not believe that they had an alcohol problem and therefore did not need to reduce their intake. These detainees present a serious problem in terms of effective intervention. The interviewers perceived that many of the respondents with high audit scores were completely unaware of the problem. If people are unaware of the problem to some extent it is harder to intervene as the individual may not see the need for the intervention and be willing to participate. A review of how to intervene with hazardous drinkers who do not realise that they have a detrimental level of drinking is needed.

Section 3

3.1 Conclusions

The report draws a number of key conclusion and recommendations:

1. The project screened 207 detainees between March and December 2008. The data was generated via an established and proven methodology. We believe this presents an extremely important insight into a very serious problem.
2. The core finding is that the majority of people detained for an offence had a high AUDIT score. This implies that policy needs to focus on those people who have harmful levels of drinking.
3. The problem is not focused on drinkers but on problem drinkers. Recommendation for cutting crime must relate to tackling the levels of harmful drinking and in preventing people from becoming harmful drinkers in the first instance.
4. The findings show that violent crime was the most common offence that detainees were being held for, with 34.1% of detainees seen being held for either violence (22.4%) or domestic violence (11.7%). Of those arrested for violence, over 90% had AUDIT scores of 8 or above.
5. Those reporting a high AUDIT score were far more likely to indicate that they wanted to reduce their alcohol intake. Approximately 13% of those with an AUDIT score of 7 or under indicated that they wanted to reduce their alcohol intake compared with 86% with an AUDIT score of 16-19 and 82% of those with an AUDIT score of over 20.
6. These conclusions contribute to the debate on the price of alcohol. Increasing the price of alcohol may exacerbate the problem of those with high audit score accessing alcohol. If crime is the current method of financing their drinking habit a high price may aggravate the problem. However, the long run effect of high alcohol pricing may be beneficial as high price may dissuade people from developing a high audit score.

Recommendations

Given the significance of this report it is clear that careful consideration of the way in which the City deals with alcohol-related problems is needed. A review and new set of interventions will assist those with a drink problem and hopefully lessen the levels of crime.

1. We would suggest that the intervention work be piloted at the earliest opportunity across key high risk groups. An excellent source of information on intervention can be found at:
<http://www.shaap.org.uk/UserFiles/File/Screening%20and%20brief%20interventions.pdf>
2. Young adults (18-34 year old) account for over 75% of those detained during this study. It is recommended that this group would benefit from being targeted with a structured information and prevention campaign.
3. Long term unemployed/never worked and technical and craft industries or semi-routine manual and service industries occupations are the most prevalent among those arrested. It is recommended that this group would also benefit from being targeted with a structured information and prevention campaign.
4. Future research and policy development is best guided by national level data. There would be great value in a combined study with other regions in Scotland as this would allow for a comparison of the data collected.
5. A capacity review of local alcohol guidance provision. A capacity review would provide a comprehensive assessment of local government ability to provide guidance on alcohol provision in the most effective way possible.

Further research

- **Continued use of Audit screening.** It would be greatly beneficial to continue this research on a periodical basis. This will ensure that long term data is available and allow us to see the impact of any interventions.
- **Best practice Review.** Best practice Review of Intervention and Successful pilots that have reduced problem drinking at the regional level.
- **Follow up with local support organizations and healthcare providers:** Given that young people are such a key group in this research it would be interesting to undertake an audit score test with young clients of local support services such as Aberdeen Foyer and other organisations who work with people with additional needs and

devise a project to identify and refer individuals with a high AUDIT score to the appropriate services.

- **The large percentage of detainees (44.8%) who were unemployed needs further research.** A more detailed identification of their circumstances would allow us to understand more about the nature of their unemployment and whether a high audit score was a cause or effect of unemployment. A review of successful interventions with the unemployed will provide the region with an appropriate method by which to focus help at this group. Given the rising level of unemployment across the country this research would be timely and pertinent.
- This report sets out to address the issues of hazardous and/or harmful patterns of alcohol consumption amongst those in custody. The data on hazardous consumption of those in custody suggests a very high level of alcohol consumption. Given these findings it is increasingly important to access figures relating to the hazardous consumption of the whole population. The data in this report relates to a very small number of custodies in comparison to the 20,000 drinkers that visit Aberdeen on a typical weekend evening. Information on the hazardous consumption by these law abiding citizens is needed in the development of any alcohol policy. This report could not access any Scotland wide data on Audit scores past 2000. More current data would greatly inform the debate on how many hazardous drinkers we have in our society

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Appendix 1

AUDIT (Alcohol Use Disorders Identification Test)

Time and date started:

Initials:

<p>I would like to ask you some questions about your use of alcohol. The questions have been developed by the World Health Organisation to identify persons whose alcohol consumption has become hazardous or harmful to their health. These questions are entirely independent of any police investigation for which you have been detained. Your answers are confidential and your participation is entirely voluntary. Dependent on your response to the questions, we will offer you advice and information on your drinking.</p> <p>Place an X in one box that best describes the answer to each question.</p>							
	Questions	0	1	2	3	4	Score
1.	How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2.	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3.	How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4.	How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5.	How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6.	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7.	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8.	How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9.	Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10.	Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
						Total	