



## Alcohol and Violence

### *Briefing Statement*

#### **Introduction**

Alcohol-related violence impacts on physical, mental and sexual health. It places considerable strain on health services and other public sector resources, making it a major public health issue. Alcohol misuse\* is a prominent feature of many types of violence including violence in public settings, sexual violence and domestic violence.

In England and Wales, alcohol is thought to play a part in approximately 1.2 million violent incidents – almost half of all violent crimes,<sup>1</sup> with devastating health consequences for victims, their family, friends and the wider community.<sup>2</sup> While health, police and other public services deal with the consequences of alcohol-related violence, such staff are also victims, for example, 116,000 NHS staff are assaulted each year,<sup>3</sup> primarily by patients and relatives.

Effectively addressing alcohol-related violence includes not only dealing with perpetrators and victims, but also sharing information and intelligence in order to prevent it. This requires a co-ordinated, partnership approach at both local and national levels incorporating a wide range of agencies including health, criminal justice, education, local authorities, the alcohol industry, voluntary organisations, the media and communities.

Much of this should be effected through Crime and Disorder Reduction Partnerships (CDRPs) in England, and Community Safety Partnerships (CSPs) in Scotland and Wales – to which primary care organisations are statutory partners. Public health professionals are therefore well placed to help coordinate partnership activities, ensure evidence-based practice underpins interventions, and promote primary and secondary prevention. Public health professionals can also advocate within the health service for engagement in the broader alcohol and violence agenda.

*\*Alcohol misuse refers to a range of drinking behaviours including binge-drinking; high weekly average consumption; drinking in inappropriate contexts (eg. driving/at work) and dependent drinking.*

## Evidence

### Relationships between alcohol and violence

The association between alcohol and violence is well documented.<sup>4,5</sup> Alcohol consumption and, in particular, binge-drinking increases the risk of being a victim of violence; usually through decreased physical capacity, compromised decision-making and isolation in unsuitable settings. It also increases the likelihood of perpetrating violence through reduced inhibition and increased aggression. In night-life settings, drinking environments can contribute through overcrowding, poor ventilation, and permissiveness to anti-social behaviour.<sup>5,6,7</sup> Discarded bottles and glasses are frequently used as weapons.<sup>8</sup> Alcohol-related violence in the home (including child abuse and domestic violence) is often due to alcohol consumed at home. Individuals may also be assaulted by intoxicated individuals returning to the home. This violence is unlikely to come to police notice.<sup>9</sup> Victims or observers of violence may also use alcohol as a coping mechanism.<sup>10</sup>

### Where and when does alcohol-related violence predominantly occur?

An estimated 600,000 incidents of alcohol-related violence occur each year<sup>1</sup> in and around licensed premises, including night-time food outlets, bus and taxi ranks where large numbers of intoxicated people congregate, and where licensed premises are clustered in a relatively small area, closing at similar times.<sup>5</sup> Alcohol-related violence is most likely to occur on weekend nights.<sup>7</sup> It is difficult to calculate the numbers of alcohol-related assaults in town and city centres due to 'hidden' violence such as domestic violence, which is poorly recorded and rarely analysed.

### Who is most 'at risk' of alcohol-related violence?

Similar factors are associated with being both a perpetrator and victim of alcohol-related violence:

- high alcohol consumption
- individual genetic traits, and
- environment, including social and cultural influences, family structures, peer influence and access to alcohol.

However, the group most at risk is men, aged 16-29 years, unemployed, with high levels of alcohol consumption (binge-drinkers) and who regularly visit pubs and nightclubs.<sup>1</sup>

## Types of alcohol-related violence

### *Violence in public settings*

Half of all incidents of alcohol-related violence in England and Wales take place in or around pubs and clubs.<sup>1</sup> Amongst 18-24 year olds, twice as many women and nearly three times as many men classified as 'binge-drinkers' have participated in a violent crime or group fight in a public place than those classified as 'regular' drinkers.<sup>11</sup> Such bingeing is encouraged by irresponsible drinks promotions (eg. happy hours). Insufficient transport services, poor street lighting and overwhelmed or inappropriately targeted police resources also increase the likelihood of violence.<sup>5,12</sup>

### *Sexual violence*

Alcohol consumption is a major factor in sexual violence. An estimated 19,000 alcohol-related sexual assaults occur each year in England and Wales.<sup>13</sup> Many of those committing sexual assaults have consumed alcohol prior to an incident (58% of men imprisoned for rape<sup>14</sup>) and in some cases are alcohol dependent.<sup>15</sup> Furthermore, many victims of sexual assault have been drinking prior to the event. Recent research suggests that, in night-life settings, rapists specifically target intoxicated young women due to their vulnerable state.<sup>16</sup>

### *Domestic violence*

In the UK, almost a fifth of all women, and 10% of men, aged 16-59 years, have been the victim of physical domestic violence.<sup>9</sup> Alcohol is estimated to be a factor in a third of all incidents of domestic violence,<sup>17</sup> with many aggressors having consumed alcohol prior to the assault. Victims of domestic violence may also use alcohol as a coping mechanism and, in some cases, this may be used by violent partners as an excuse for continued abuse.<sup>17,18</sup>

### *'Self-directed' violence*

The World Health Organization defines self-directed violence as self-harm and suicide, and alcohol plays a significant role in both. In England and Wales, it is estimated that alcohol is associated with 15-25% of all suicides and 65% of all suicide attempts.<sup>19</sup> In Scotland, 53% of those committing suicide, who had contact with mental health services in the 12 months prior to death, had a history of alcohol misuse.<sup>20</sup>

### Impacts of alcohol-related violence

Injury sustained as a consequence of alcohol-related violence is often facial. In over 10% of assault injuries presenting at UK A&E departments, bar glassware had been used as a weapon.<sup>21</sup> In addition

to physical scarring, consequences include emotional and psychological trauma.<sup>1</sup> For alcohol-related sexual violence, this can be accompanied by sexually transmitted infections and unwanted pregnancy.<sup>9,22</sup>

Alcohol-related domestic violence also impacts on children. They may develop behavioural and mental health problems, and themselves misuse alcohol and drugs in later life. Parents who are intoxicated or injured (eg. as a consequence of domestic violence) may be less able to ensure their children's well-being and safety.

Alcohol-related violence and anti-social behaviour increases fear of crime, disrupts local communities and can prevent people from visiting town and city centres at night. It also places a huge burden on public services, contributing to health service waiting times and diverting police resources from other areas.

### Financial cost

The annual cost of alcohol-related crime and disorder in England alone is £7.3bn, with a further £1.7bn in health costs.<sup>13</sup> In Scotland, alcohol problems equate to more than 1.5% of the annual GDP: around £180m in health and social care costs, and £268m in criminal justice costs.<sup>22</sup> In Northern Ireland, the total social costs is estimated at £777m per annum.<sup>23</sup> No comparable figures for Wales could be found.

## Settings for effective interventions

### Health Services

Much alcohol-related violence never comes to the attention of judicial services. A&E departments are usually the first service contacted by both perpetrators and victims. More serious injuries subsequently appear in other specialist departments (eg. Oral and Maxillofacial clinics). These provide opportunities to deliver brief interventions. Typically these involve 5-20 minutes of motivational counselling/interviewing and have been successful in reducing alcohol consumption. For example, brief interventions delivered at suture removal in a Maxillofacial Clinic were associated with one in five hazardous drinkers converting to 'safer' drinking at one year's follow-up.<sup>24</sup> Alcohol screening (to identify those with alcohol problems), as well as brief interventions, have also shown some success in primary care settings.<sup>25</sup> Health settings also offer a unique opportunity to identify and address hidden violence including domestic abuse, eg. in ante-natal services. Although they can provide support, advice

and referral to external agencies, further guidance for health staff on appropriate action should be developed.

### Criminal Justice Services

Alongside existing powers, new initiatives have been created to tackle alcohol-related problems:<sup>26</sup>

**Anti-social behaviour orders** allow police, local authorities and social landlords to ban disruptive individuals from specific areas/activities.

**Anti-social behaviour contracts** can be used to establish agreement with young people and their parents on alcohol use and antisocial behaviour.

**Alcohol arrest referral schemes** provide motivational interviewing and referral to treatment for individuals arrested for alcohol-related offences.

However, the evidence base for such interventions needs further research, including the effect on health services and public health.

Importantly, primary care trusts in England now have responsibility for prisoner health and should ensure those convicted for alcohol-related offences have access to high quality alcohol treatment services.

### Schools/Pre-school

Schools are key to primary prevention measures. Mentoring services, anti-bullying and extended school programmes can reduce the risk of young people becoming perpetrators and victims of violence.<sup>2</sup> Importantly, pre-school interventions providing support for children and new parents have also been shown to reduce the risk of becoming either a perpetrator or a victim of violence in later life.

### Communities

Successful community prevention programmes tend to incorporate a range of interventions integrated through and implemented by multi-agency partnerships.<sup>25,27</sup> Interventions should address:

Safer drinking venues:

- improve the design of licensed premises, reduce crowding, clear access routes, provide food and free drinking water<sup>5</sup>
- improve licensed premises management: work closely with licensees to implement codes of practice, staff service standards and customer conduct
- replacement of glass bottles with plastic bottles, and annealed (non-toughened) glass with tempered (toughened) glass<sup>8,28</sup>

- ensure appropriate staff training, including servers and security/door staff, to encourage responsible customer care by staff<sup>29</sup>
- raise alcohol prices and end drinks promotions eg. 'happy hours'<sup>30</sup>
- strict enforcement of licensing laws.<sup>31</sup>

#### Safer outside environments:

- targeted policing guided by health service and police data<sup>28</sup>
- increase provision of late night transport services
- use of CCTV in public places (shown to reduce violent injury by increasing police patrol responsiveness)<sup>32</sup>
- ensure numbers of licensed premises in entertainment districts
- improve street lighting and enforcement of anti-social regulations.

#### Using health data

Health data can potentially be used to target responses to alcohol-related violence, identify areas requiring prevention measures, and assess the impact of both health and judicial efforts.

#### Sources of data:

- A&E attendances
- ambulance data
- inpatient Hospital Episode Statistics (HES)
- general practice.

Only HES data are collected on a national and consistent basis and can be used to examine the demographics of alcohol-related violence and hospital admissions.<sup>5</sup> However, delays in accessing HES data make them less effective than local A&E data. If made available to police and local authorities, they can be successfully used to target nightlife violence 'hotspots' and monitor effectiveness.<sup>28</sup> Additionally, collecting information on victims' residences and places of last drink can be used to identify worst affected communities and, potentially, licensed premises.

Public health professionals have an important role in working with Acute Trusts and GPs to improve the coverage, accuracy, analysis and access to data on alcohol-related violence. Monitoring issues such as domestic violence and child abuse should also be considered when enhancing information systems and analysing their content. Public health is well placed to ensure such data is appropriately used. Equally, public health analyses can add value to data

from other agencies, collating intelligence from criminal justice, licensing authorities, educational establishments and social services in order to provide a wider picture of risk factors for alcohol-related violence. Such multi-agency intelligence can be used to underpin partnership working and understanding of how alcohol-related violence impacts on individual performance targets.<sup>33</sup> The GMC has issued guidance to A&E doctors stating that all firearm injuries should be reported promptly to the police.<sup>33</sup> However, clear guidance is needed on what data can be exchanged between agencies such as health and judicial services.

### Partnership with the alcohol industry

It is important that the alcohol industry – from manufacture to retail – becomes 'fully engaged' in tackling alcohol-related violence. There is awareness within the industry of the long term implications of inaction (such as increased legislation). Involving industry representatives can offer greater and faster opportunities for change, such as using data to inform premises that they are associated with multiple A&E attendances. A number of documents detail the broad roles of local outlets<sup>34</sup> and codes of conduct developed by the industry.<sup>35,36</sup> Useful trade organisations at local and regional level include the British Beer and Pub Association, and the Bar Entertainment and Dance Association.

### Policy context

There are numerous policy documents and publications on alcohol misuse and associated harms. Key drivers include:

#### UK

Ofcom have reviewed and updated their policy on advertising alcohol on television. They are particularly concerned with ensuring that alcohol advertising is not associated with aggression, anti-social behaviour and sexual success.

#### England and Wales

*Tackling Violent Crime in the Night-time Economy* is the Home Office's response to the Alcohol Harm Reduction Strategy for England.<sup>13</sup>

It provides information for crime and disorder reduction partnerships and police on successful activity in place across the UK to address alcohol-related violence in nightlife settings.

The *Licensing Act 2003* gives powers to police to confiscate alcohol from people drinking in public places and increases the police's power to

immediately close a problem licensed venue. It provides the opportunity for more flexible opening hours through varying closing times, which is hoped will reduce alcohol-related violence.

The *Security Industry Act 2001* ensures that all door staff are registered with the police and received appropriate training. Individuals convicted for violence or drug offences in the past five years are also excluded from working as door staff.

### England

The *Alcohol Harm Reduction Strategy for England* highlights the burden to the taxpayer, the NHS and the individual posed by alcohol misuse. It provides a framework for tackling alcohol-related harm through four key areas of focus: education and communication; identification and treatment; alcohol-related crime and disorder; and supply and industry responsibility.

*Choosing Health: Making Choices Easier* makes reducing harm a key priority. It includes action on providing information on alcohol containers detailing alcohol content, raising awareness of the possible harm associated with alcohol consumption and piloting brief interventions in primary care and A&E departments.

The *Crime and Disorder Act 1998*, and the *Police Reform Act 2002* gave the NHS statutory responsibility to work with the police and local authorities to tackle crime, for example through Crime and Disorder Reduction Partnerships.

### Scotland

The Scottish Executive's *Plan for Action on Alcohol Misuse* sets two key priorities: the reduction of binge-drinking, and the reduction of harmful drinking in children and young people. It also sets targets for the reduction of drinking over weekly limits by adults and children. The plan complements the Nicholson Committee Review (see below).

The *Nicholson Committee Review of Liquor Licensing Law in Scotland* recommended that any licensing bill should have five core 'licensing principles': prevention of crime and disorder, promotion of public safety, prevention of public nuisances, promotion of public health, and protection of children from harm. This review was used as the basis for the Licensing (Scotland) Bill.

### Wales

*Tackling Substance Misuse in Wales: A Partnership Approach* sets objectives and targets for reducing substance misuse by focusing on children, young

people and adults; families and communities; treatment, and reducing availability of alcohol.

### Northern Ireland

The *Strategy for Reducing Alcohol Related Harm* includes encouraging a responsible attitude to alcohol, and protection of individuals and communities from alcohol-related harm. A review of liquor licensing laws is also being undertaken.

### International

The World Health Organization's (WHO) document *World Report on Violence and Health* highlights the link between alcohol and violence and makes a number of recommendations – particularly the need to enhance capacity for collecting data on violence and, crucially, promote primary prevention responses.

The Council of Europe have produced a series of handbooks on tackling violence in a range of settings, including one which addresses the relationship between alcohol, drugs and violence. (see Korf et al 2004. Violence and insecurity related to the consumption of psychoactive substances. Strasbourg: Council of Europe.)

**The Faculty of Public Health:** Alcohol misuse and its associated problems, including violence, is an important public health issue for the Faculty. It has responded, through co-ordinated efforts of Faculty members with expertise in the field of alcohol and associated services, to the major consultations on alcohol. It facilitates an electronic discussion group on substance misuse (covering alcohol and drugs) which provides a vital forum for those wishing to network with others on alcohol issues (see: Network Groups at [www.fph.org.uk](http://www.fph.org.uk)). This briefing statement forms part of the Faculty's strategy to highlight the need for action to tackle alcohol-related violence and the unique contribution public health can make.



## Recommendations

Public health has a major role to play in helping to regulate the rapidly expanding night-time economy and ensuring that its impact on health is considered at all times.

At local level, primary care organisations are a statutory partner in Crime and Disorder Reduction Partnerships in England, and Community Safety Partnerships in Wales and Scotland. Public health is key to linking up the work done by CDRPs/CSPs and Drug and Alcohol Action Teams (DAATs) to ensure an integrated approach to tackling alcohol-related violence. In some areas, DAATs have been merged with local CSPs to ensure health issues are a key driver of action to reduce crime and disorder.

- It is critical that public health specialists are key stakeholders in these partnerships because they:
  - have the analytical capability and expertise to pull together data on alcohol-related violence from judicial sectors, health services and other key partners, to give an informed picture on the overall impact of alcohol-related violence within a local area
  - are in a prime position to pursue better quality data from multiple health sources (see *Using health data* p.4), analyse it and ensure it is fed into appropriate agencies
  - can ensure that issues, such as alcohol-related sexual violence and domestic violence, and other settings for alcohol-related violence, are included in assessment and interventions
  - can highlight the various settings for interventions to tackle alcohol-related violence (see *Settings for effective interventions* p.3)
  - have expertise in developing and evaluating evidence-based and common-sense approaches to ensure the effectiveness of new initiatives, including the development of robust protocols
  - can advocate for early prevention initiatives to tackle the causes of alcohol misuse and related violence, such as early parental support, school strategies to increase after-school activities to increase educational engagement
  - are key to identifying further opportunities for brief interventions and alcohol screening
  - can encourage the NHS to work with key partners eg. police to develop effective protocols to protect NHS staff from alcohol-related violence

- can work with the local community – through community meetings and surveys – to seek views on priorities, concerns, and where they see opportunities for action and involvement in tackling alcohol-related violence.

- In general, alcohol treatment services are relatively poorly developed. Public health specialists can advocate for better alcohol treatment services by providing intelligence on alcohol use, epidemiology and cost-effectiveness of interventions.

The above recommendations should be carried out in partnership with a wider campaign of education and awareness raising of the possible negative consequences of alcohol misuse, as well as the promotion of sensible messages on alcohol consumption – particularly aimed at younger people. Public health specialists should work with key partners and local media to produce and disseminate local information

Local work on tackling alcohol-related violence should also be fed into regional and national strategies. Public health specialists are a key route for channelling local best-practice into regional and national strategies. For example, at regional level public health teams are well placed to coordinate the efforts of regional development agencies, regional crime prevention, Strategic Health Authorities, Health and Safety Executives, Public Health Observatories and other key regional bodies. As well as tackling alcohol misuse, violence and general nightlife development, such organisations are often best placed to facilitate sharing information and intelligence.

For key national strategies see *Policy Context* p.4.

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## Publications

### Alcohol Harm Reduction Strategy for England (2004)

Strategy Unit  
w: [www.strategy.gov.uk](http://www.strategy.gov.uk)

### Choosing Health: Making Healthy Choices Easier (2004)

Department of Health (England)  
w: [www.dh.gov.uk](http://www.dh.gov.uk)

### Crime and Disorder Act 1998

Licensing Act 2003  
Her Majesty's Stationery Office  
w: [www.hmso.gov.uk](http://www.hmso.gov.uk)

### Final Revised Alcohol Advertising Rules (2005)

Ofcom  
w: [www.ofcom.org.uk](http://www.ofcom.org.uk)

### Nicholson Committee Review of Liquor Licensing Law in Scotland (2004)

**Plan for Action on Alcohol Misuse** (2002)  
Scottish Executive  
w: [www.scotland.gov.uk](http://www.scotland.gov.uk)

### Police Reform Act 2002

Home Office  
w: [www.policereform.gov.uk](http://www.policereform.gov.uk)

### Strategy for Reducing alcohol Related Harm

Department of Health, Social Services and Public Safety  
w: [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

### Tackling Substance Misuse in Wales: A Partnership Approach (2000)

National Assembly for Wales  
w: [www.wales.gov.uk](http://www.wales.gov.uk)

### Tackling Violent Crime in the Night-time Economy (2004)

Home Office  
w: [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)

### World Report on Violence and Health (2002)

World Health Organization  
w: [www.who.int](http://www.who.int)

## Useful organisations

### Alcoholics Anonymous

w: [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

### Alcohol Concern

w: [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

### Alcohol Focus Scotland

Organises the 'Serve Wise' training programme for Scotland's licensed trade  
w: [www.alcohol-focus-scotland.org.uk](http://www.alcohol-focus-scotland.org.uk)

### Association of Chief Police Officers

w: [www.acpo.police.uk](http://www.acpo.police.uk)

### Crime & Disorder Reduction Partnerships

**Community Safety Partnerships**  
w: [www.crimereduction.gov.uk](http://www.crimereduction.gov.uk)  
w: [www.scotland.gov.uk](http://www.scotland.gov.uk)

### Local Government Association

w: [www.lga.gov.uk](http://www.lga.gov.uk)

### Safer Scotland

w: [www.saferScotland.web.stormid.com](http://www.saferScotland.web.stormid.com)

### Sure Start

w: [www.surestart.gov.uk](http://www.surestart.gov.uk)

### Victim Support UK

**Support line:** 0845 30 30 900  
w: [www.victimsupport.org.uk](http://www.victimsupport.org.uk)

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**Publication date:** May 2005

**ISBN:** 1-900273-18-7

The information provided in this statement is correct at the time of going to press.

Design and print: [www.fosterandlisle.co.uk](http://www.fosterandlisle.co.uk)

## Summary

**This briefing describes the association between alcohol (and its misuse) and violence. It summaries the impact on individuals and society, as well as outlines the distinctive contribution public health can make to tackling this issue. The statement is not intended as an exhaustive resource but a signpost to key issues such as the kinds of violence associated with alcohol misuse, for example, domestic violence or street violence. The statement outlines evidence-based interventions, recommendations, and key publications and organisations as a 'next step' to understanding and tackling this complex problem.**