

Alcohol and drug-related crime Delivery Plan

Mission Statement

To prevent and impact on the causes and consequences of substance misuse in Devon, with a particular focus on related crime and disorder issues.

LAA 32 Reduce the harm caused by alcohol and drugs – measured by National Indicators: 20 Assault with injury crime rate; 39 Rate of hospital admissions per 100,000 population for alcohol related harm.

Introduction and Evidence

Substance misuse and related offending cause significant levels of harm to communities, families and individuals. There is a great deal of evidence of substance misuse related harms across health, economy, crime and disorder and families³.

Presented below are some headlines from the DAAT needs assessment papers – December 2007⁴ and January 2008⁵.

- During 2006/07 there were 3,904 recorded alcohol-related violent crimes across New Devon – 37.7% of all recorded violent crime in New Devon was alcohol-related.
- Alcohol-related violent crime accounts for 8.1% of all recorded crime in New Devon – 48,360 recorded crimes.
- In North Devon recorded alcohol-related violent crime accounts for 9.7% of all recorded crime. In Torridge it rises to 9.8%.
- 24% of people in Devon in 2006 considered drunk or rowdy behaviour to be a “very big problem”. MOSAIC profiling shows that 54% of those MOSAIC types who were most fearful live in North Devon and Torridge.
- 35% of all A&E and ambulance attendances will be alcohol-related. In Devon this is 57,185 attendances at A&E per year, 1,099 per week or 160 per day.
- Between 2003/04 – 2006/07 there were 907,257 hospital admissions in Devon. 16.5% of these or 150,000 were alcohol-related.
- Exeter ranks 314th out of the 354 English Districts for alcohol specific hospital admissions amongst males under 18 years of age (1 is best 354 is worst).
- North Devon ranks 283rd for mortality from chronic liver disease. South Hams ranks 256th.
- Torridge ranks 264th for alcohol-related months of life lost in males.
- There are 4,000 Children in Need in Devon. Alcohol misuse will be a significant factor in 40% - 60% of cases – that is 1,600 to 2,400 cases.
- Estimated 2,325 problem drug users across Devon.
- Estimated 850 regular amphetamine users.
- April to September 2007, recorded drug offences rose by 16.3%.
- Two thirds of the respondents to the DAAT's Service Users' survey had been in contact with the criminal justice system.
- 50 out of the 59 PPOs in the community at December 2007 had a drug treatment need. 8 had an alcohol treatment need.

³ NWPFO – Alcohol profiles 2007

⁴ DAAT Alcohol Needs Assessment Dec 2007

⁵ DAAT Drug Needs Assessment Jan 2008

A Needs Assessment of Alcohol Treatment Services for Offenders in the South West Criminal Justice System ⁶

- Nearly two thirds of prisoners have an alcohol use disorder.
- Of these, roughly half are hazardous / harmful drinkers and half are alcohol dependent.
- Mental health problems are common among offenders with an alcohol use disorder.
- Nearly three quarters of offenders with an alcohol use disorder have misused drugs at some time.
- Over a quarter of male and one fifth of female prisoners who have an alcohol use disorder also currently misuse illicit drugs.
- More male (66%) than female (56%) offenders in the community have an alcohol use disorder.
- About three quarters of offenders aged 16-19 years have an alcohol use disorder.
- More than one fifth of offenders with an alcohol use disorder also inject drugs.
- 62% of offenders with an alcohol use disorder are unemployed.
- 23% of offenders with an alcohol use disorder are homeless.
- 51% of offenders with an alcohol use disorder are motivated to tackle their alcohol problem.
- Somewhere in the region of 5,000 offenders with an alcohol use disorder in the year before entering prison are released annually from prisons into the South West region.
- Around 2,250 male prisoners are released from South West prisons into the South West community annually without post custody supervision; estimates suggest between 650 to 700 of these will be alcohol dependent.
- The South West has a higher than average proportion of offenders with an alcohol misuse need than nationally.
- The South West has a lower than average proportion of offenders with an alcohol misuse need who have a relevant planned intervention than nationally.
- Offenders with an alcohol misuse need are less likely to have this need addressed in their sentence plan or to receive a relevant intervention than offenders with a drug misuse need even though alcohol misuse need is much greater than drug misuse need.

Alcohol-related violent crime in public places⁷

Between April and September 2007 there were 13,605 violent crimes across Devon and Cornwall Constabulary Force area. Of those crimes, 46.3% were recorded as having been committed under the influence of an intoxicating substance, 11.4% were committed in connection with licensed premises and 65.3% were committed in a public place.

Additionally, around 50% of criminal damage is committed between the hours of 22.00 and 0200 and is linked with alcohol use.

Alcohol misuse is a driver of ASB.

There is mounting recognition at national, regional and local levels of the need to increase efforts to impact on crimes associated with alcohol misuse, such as assault and criminal damage, a great deal of which manifests in the evening and night time economy.

Refer to the Sustainable Community Strategy evidence base at <http://www.devonsp.org.uk/sustainablecommunitystrategy/evidencebase.html>.

⁶ A Needs Assessment of Alcohol Treatment Services for Offenders in the South West Criminal Justice System - South West Public Health Observatory - Alice Walsh October 2007

⁷ Devon and Cornwall Constabulary alcohol-related violent crime – Dec 2007

Delivery Plan

The outcomes will be managed jointly by the DAAT Board and the Safer Devon Partnership. The DAAT Chair and DAAT manager are members of both groups. The DAAT officer team will manage the day-to-day delivery, monitor progress and report to the SDP via the Drug and Alcohol Theme Group and to the DAAT.

The DAAT works to deliver the National Drug Strategy and the National Alcohol Strategy, Safe, Sensible, Social. The DAAT is additionally responsible for commissioning the drug and alcohol crime reduction interventions linked to the PPOU (as above) and other community safety / crime reduction strategies.

The DAAT receives a pooled budget in respect of commissioning the drug treatment system; this will reduce in 2008/09 and is likely to reduce further in future years.

Services which respond to alcohol-related harms are not as well developed or as well funded. This is illustrated in the DAAT Needs Assessment, but the DAAT is prohibited from spending the ring-fenced drug treatment budget on alcohol services.

The following resources are required to respond more adequately to alcohol-related harms across Devon. It should be noted that increased funding into alcohol services should be regarded as “investment to save” money and savings can be realised across LAA block and organisational boundaries. For instance, reducing pressure on A&E may enable the restructure or redeployment of resources, addressing alcohol misusing offenders will impact on probation, police and DV, addressing alcohol misuse in families will impact on social services.

The resources shown here will deliver partnership action within or across LAA blocks. The need for resources to develop alcohol treatment services remains. The initiatives proposed form a coherent package of measures and are evidence based, for instance through evaluations from the Tackling Violent Crime Programme.

Project title	Action (including geographic coverage)	Project lead	Resources	Delivery dates	Performance measures
Strategy Development Development of an integrated strategy from Tier 0 – Tier 4, within which to develop a comprehensive alcohol-harm reduction strategy covering criminal justice, treatment, individuals, families and communities.		DAAT	Existing £60,000		
Tier 2 <ul style="list-style-type: none"> Alcohol Arrest Referral Maintain service at current levels. 	There would be a concentration of effort in areas of greatest need where greatest impact could be made. The Needs		£133,544		Will contribute to NIs 20, 39, 15, 17, 18, 41

	Assessment points to areas of greatest need. North Devon, Torridge and Exeter score highest in terms of population wide alcohol harms, though further work is needed to avoid missing pockets of rural need.				
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