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## **Controlling alcohol-related crime and disorder**

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Combating alcohol-related crime and disorder has been a major theme for successive governments. This hot topic focuses on national licensing and minimum pricing strategies as two means to achieve this across the general population, with an [alternative hot topic](#) considering whether testing for substance use and consequent sanctions can have an effect among people already in contact with the criminal justice system.

### **Focus on the 'irresponsible few'?**

Within substance use policy there can hardly be a hotter issue than alcohol-related violence and disorder. For governments mindful of a drinking electorate, the conundrum is how to curb the fallout from alcohol without being branded as a 'nanny-state killjoy'.

Alcohol policy has largely gravitated towards interventions that focus on individual drinkers and licensees (in particular the 'irresponsible few'), and the environmental conditions that foster or contain crime and disorder, as opposed to interventions that tackle the health and social harms of alcohol across the whole drinking population. This is a popular approach – appealing to the overlapping interests of a range of stakeholders (including the general public and the drinks industry) – yet, has arguably failed to tackle the root causes of alcohol-related crime and disorder, and its less visible consequences in society.

The National Probation Service for England and Wales embraced the concept of individual responsibility in 2008, [advising offenders](#) that "Alcohol cannot behave badly – only people can!" It was also the thread running through the 2016 Home Office [Modern Crime Prevention Strategy](#) – the government insisting that people must "shoulder their share of responsibility when it comes to decisions they take about drinking to excess, committing acts of violence or disorder, and not challenging the unacceptable behaviour of others", and that "offenders, be they individuals or licensees, should be left in no doubt of the need to change their behaviour".

The Modern Crime Prevention Strategy meanwhile showed no signs of reigniting the [minimum pricing policy](#) for alcohol outlined in the 2012 UK alcohol strategy and dropped in 2013, but did aim to equip local authorities and police with the right powers, including a [supportive framework](#) for licensing. Though arguably this had been somewhat undermined by [cuts to police funding and staffing levels](#) during the same time period, resulting in some areas with the drinks industry [taking on strategic roles previously the responsibility](#) of the police.

### **Downward trend in crime and disorder**

Overall, there has been a downward trend in alcohol-related crime and disorder during the past two decades. In England, levels of violence in the night time economy (and elsewhere) [increased](#) in the 1980s, but returned to earlier levels from the mid-1990s. During the subsequent decade, [rates of crime and violent crime](#) continued to go down across England and Wales. The proportion of violent crimes linked to the perpetrator drinking have also been falling, according to UK population surveys, yet still account for a significant amount of all violent crimes. In Scotland, 54% of [victims of violent crimes](#) perceived the crime to have been committed under the influence of alcohol in 2014/15, [down from](#) 59% in 2012/13, [and](#) 63% in 2010/11. In England and Wales, [a similar measure fell](#) to about 704,000 in 2013/14, [accounting](#) for 53% of all violent incidents. This has also been the case for antisocial behaviour. Since peaking at 26% in [2008/09](#), the proportion of adults who perceive people being drunk or rowdy to be a problem in their local

area fell to 18% in 2013/14 in England and Wales, and remained so through 2014/15 and 2015/16 – still **topping the list** of anti-social behaviour experienced or witnessed.

The extent to which these improvements have been due to alcohol-specific public policy initiatives is unclear. As well as major changes during the time period above, such as the introduction of the Licensing Act, other changes occurred in the background that likely had an impact on alcohol-crime enforcement activities, **including** “unprecedented investments in policing”. There has been a concerted **effort** to stamp out violence in the night time economy, evidenced by “the hard work of police and local partnerships”, but the same cannot necessarily be said for addressing consumption or the drinking culture. Reviewing a broad range of UK policies and interventions, **these researchers** found “little evidence” that they have “promoted more relaxed drinking behaviours”.

In 2010, in the context of planned Licensing Act amendments, the UK government **declared itself** “committed to ensuring that alcohol is no longer the driver of crime and disorder that it has been over the last decade”. The theme carried through to the **2012 alcohol strategy**, in which then prime minister David Cameron’s message was “simple”: “We can’t go on like this. We have to tackle the scourge of violence caused by binge drinking.” It referred to licensing law as one way forward, but also stressed that “a real effort to get to grips with the root cause of the problem ... means coming down hard on cheap alcohol.” A minimum price per unit of alcohol sold in England was to be the solution – one already being pursued in Scotland.

### **Is pricing alcohol out of crime the answer?**

Minimum unit pricing falls at the opposite end of the spectrum to interventions that focus on the ‘irresponsible few’, and is difficult to implement for this reason. A broad-sweeping approach, minimum unit pricing has been perceived to interfere in a negative way in the lives of ordinary citizens. However, the evidence **suggests that** it would **help to reduce** alcohol-related harms.

After similar findings for **Scotland** and **England**, the latest simulation model for the UK predicted that in **Wales** a £0.50 unit price for alcohol would reduce the frequency of heavy drinking, and thereby result in 3,684 fewer offences per year.

A **review** commissioned by the Home Office supported minimum pricing or a similar price-rising policy. Most studies included found an association between higher alcohol taxation/pricing and decreased crime – specifically, reductions in overall crime, violent crime, sexual assault, and criminal damage/property offences. However, for homicide and domestic violence, the evidence was inconclusive; there was conflicting evidence regarding robbery; and there was no evidence of an association between alcohol tax/price increases and anti-social behaviour.

The Home Office itself was unconvinced at first, **arguing** that the price-crime relationship “is not straightforward and linear and the evidence base is not able to support a causal relationship.” By the **2012 strategy** the doubts had officially been laid to rest and a minimum price was the centrepiece strategy not just for the health-promoting objectives but also for reducing crime and disorder. Unofficially however, the doubts remained, and by the following year the alcohol strategy’s commitment to a minimum per unit price for England **had been abandoned**. While not denying it would improve health and reduce crime, the government was not satisfied it would do so “without penalising all those who drink responsibly” – something which the drinks industry has fiercely argued (the Scotch Whisky Association, for example, **writing** in 2015 that “there is no justification for requiring responsible drinkers to pay more”).

The Scottish government, in contrast with England, is continuing to pursue implementation of the **minimum price law** passed in June 2012; **aiming** to set a minimum price at £0.50 per unit of alcohol as soon as possible after the resolution of **four years of legal delays** led by the Scotch Whisky Association.

If shown to be successful in Scotland, the UK **House of Lords** Select Committee on the Licensing Act 2003 **recommends** that a minimum unit price “should be introduced in England and Wales”. They have also further urged the Government to “continue to look at other ways in which taxation and pricing can be used to control excessive consumption”. Challenged on why they were looking at minimum unit pricing, the Select Committee argued that as it had been introduced as a mandatory licensing condition in Scotland, this set the precedent for it at least being discussed under the scope of licensing. In the UK, the statutory objectives for licensing include the prevention of crime and disorder, the prevention of public nuisance, the promotion of public safety, and the protection of children from harm; and in Scotland, an additional licensing objective to protect and improve public health.

Pricing policy and research is dealt with more fully in **another hot topic**.

## No net impact of 'café culture' licensing law

In the absence of effective population-level measures to cut drinking, in practice policy has focused on measures to control resultant crime 'visibly' associated with on-licensed premises.

The highest proportion of all weekend violent crime occurs on Friday and Saturday nights between 9pm and 3am (39% and 41% respectively), [according to](#) figures from 28 police forces in England and Wales – times when people tend to drink more, and are more likely to move their drinking to licensed premises, [including](#) 'vertical drinking' establishments "where drinking is an end in itself rather than an accompaniment to other activities such as having a meal while seated at a table".

Excessive drinking combined with adverse factors within and just outside venues can fuel aggressive behaviour and violence. Citing this [World Health Organization report](#), the [Institute of Alcohol Studies](#) says adverse factors include: crowding; poor bar layout and traffic flow; inadequate seating or inconvenient bar access; dim lighting; noise; poor ventilation or unclean conditions; discount drinks and promotions that encourage heavy drinking (eg, 'happy hours'); lack of food; a 'permissive' environment that turns a blind eye to anti-social behaviour; patrons with a history of aggression and who binge drink; bar workers who don't practice responsible serving; and aggression/intimidation by security staff.

When the Licensing Act 2003 was introduced in 2005, it was billed as a mechanism for [creating](#) "a more European culture of bars and cafés for older people and families". In [relaxing](#) the opening hours of bars and nightclubs, it could theoretically remove the need for people to 'drink against the clock', and minimise the public disorder previously generated from licensed premises closing at the same time. However, the café culture idea has since been dismissed as 'red herring'. The Institute of Economic Affairs [characterised](#) then Prime Minister Tony Blair's aim as trying to "diversify the night-time economy, allow greater freedom of choice and improve public order."

Internationally, [research has found](#) that extending the hours during which licensed premises can sell alcohol is associated with more crime and disorder, and that as the concentration of (especially on-licence) alcohol outlets increases, [so too does](#) excessive alcohol consumption and related harms, including injuries and violence. And indeed before the Act, there were widespread fears that '24-hour drinking' would lead to high levels of consumption, as well as more binge-drinking, violence, alcohol-related deaths, and visits to Accident and Emergency. However, UK evidence has been equivocal or lacking. [Rates of crime and violent crime](#) were going down before the Act was brought in, and continued to go down afterwards. From 2004/05, the number of violent crimes reportedly declined by 35% (according to crime surveys) and 17% (according to police records). And in the 12 months after the Licensing Act, there was a 5% [decline](#) in violent crime compared to the year before in 30 police forces in England and Wales.

Both the Institute of Economic Affairs and Institute of Alcohol Studies conducted retrospective studies of the Act a decade after its introduction – with both concluding that neither the most pessimistic or optimistic of predictions came to fruition:

*"Ten years after the Licensing Act was introduced, the evidence suggests that it had neither a strong negative nor strong positive effect on violent crime, alcohol-related health problems, public order or Accident and Emergency admissions. It coincided with a significant decline in per capita alcohol consumption, binge-drinking and violent crime, but it is impossible to tell whether these trends are linked to the Act in any way. A cautious interpretation of the data suggests that the Act may have improved public health and public order somewhat. It certainly did not worsen them."*


*(The [Institute of Economic Affairs](#))*

*"The predictions of 24-hour alcohol fueled crime and disorder made when the Act was introduced have not come true, but neither has the Act produced any discernable reduction in alcohol-related crime and disorder."*

*(The [Institute of Alcohol Studies](#))*

Yet, in Hartlepool, a town in the north east of England, licensees and partner agencies [perceived](#) the Licensing Act to have been "detrimental".

The ending of fixed closing times was intended to alleviate pressure on emergency services caused by peaks in crime and disorder, but, in some areas such as Hartlepool, the police and local authorities reported *more intense* periods of crime late in the night (actually, the early hours of the morning). [According to](#) data from the 30 police forces cited above, there was a 25% increase in violent crime between midnight and 3am after the Act. Overall, these early morning

offences accounted for only 4% of total violent crime, which was not enough to offset the larger decline observed at other times, but perhaps enough to upset local people. For more [click here](#) 

## Preventing 'saturation' of licensed premises

Perhaps the [strongest policy](#) on licensing exists in Northern Ireland, where no increase in licensed premises is possible: new premises can only open if they acquire licences from other venues. Outlet density is also a key and explicit feature of Scottish legislation. Unlike in England and Wales, [in Scotland](#) licensing boards must refuse an application for a new licence if this would result in too many of the 'wrong kind' of drinking venues in an area, regardless of whether objections have been received. Boards are also required to pro-actively identify overprovision (defined as actually or potentially risking licensing law's health, crime and social objectives) and designate these localities as closed to new licences or licences for premises of a particular description. An [evaluation](#) of Scotland's 2005 licensing act discovered that licensing boards were finding overprovision [difficult to define and measure](#), but, there have been [signs](#) that since the evaluation was completed, more Scottish licensing boards are getting to grips with and using the over-provision criteria to control the availability of alcohol.

England's equivalent provision is the (unlike in Scotland) *optional* power of licensing authorities to formulate 'cumulative impact policies' which identify certain areas where further licensed premises would be likely to have a negative cumulative impact due to a saturation of premises. In 2014 there were 2,018 such areas, but puzzlingly, in these areas 86% of license applications or applications for variations in licenses were still granted – slightly lower than the 91% in other areas, but [not enough to convince](#) an alcohol policy monitoring service that this provision is having the intended impact.

A number of industry representatives giving evidence to the Home Office Select Committee opposed cumulative impact policies on principle, as well as the group review intervention powers proposed in the [Modern Crime Prevention Strategy](#), describing them both as 'blunt instruments'. Tim Page, Chief Executive of the Campaign for Real Ale [said](#):

*"No, we do not agree with the introduction of cumulative impact policies and the group review intervention power. We believe that both are blunt instruments and inappropriate in areas where there are still too many pubs closing every week. But there are also new pubs opening – micropubs and other types of public houses. If an individual looking to open an orderly establishment where consumers can drink in moderation and in a regulated environment is unable to open because of the existence in that area of other establishments and his cumulative impact is considered to be disadvantageous to the local community, we think that in principle that is wrong and there should be a more particular and specific approach to individual applications rather than having them ruled inadmissible by the application of such a blanket policy.*

In sync with other industry colleagues, he [suggested](#) that the more appropriate way forward would be "partnership and co-operation between specific individuals looking to open licensed establishments, and the local authority and the police".

## Industry involvement in managing night time economy – partnership in action or ineffective diversion?

At the end of January 2017, Wrexham County Borough Council [announced](#) that the area was among 33 selected to participate in a [new round](#) of the Local Alcohol Action Areas Home Office scheme. First launched in February 2014, Local Alcohol Action Areas were set up across England and Wales to [tackle alcohol-related crime and health harms](#). In the [first phase](#), 20 areas participated, with a variety of interventions introduced to reduce street drinking, vulnerability and violence. "These ranged from club hosts patrolling bars to offer help to those who are vulnerable, to mandatory safeguarding training for taxi drivers, increased trading standards activity on underage sales of alcohol, to a triage service for street drinkers, and even a non-alcoholic bar for

### Tackling crime and disorder at a local level: Spotlight on Wrexham, North Wales

[Initiatives established](#) in Wrexham include:

- Best Bar None: a national award scheme to raise safety standards in bars and restaurants, with some already having been awarded for their contributions to ensuring that Wrexham provides a safe night out.
- Alcohol Treatment Centre: treating vulnerable individuals to ensure they can get home safely.
- Nightsafe: monthly meetings between agencies, door security firms and owners of licensed premises to tackle arising issues.

teenagers.” Despite no evaluation yet being published, the government **declared** the programme “a success”, saying opportunities have been created to share learning, strengthen partnership-working, and focus on key local issues.

Local Alcohol Action Areas and other voluntary partnership schemes (such as **Best Bar None**) are endorsed by the government in the **Modern Crime Prevention Strategy** as examples of how to prevent crime associated with the night time economy. However, the evidence base for such an approach is lacking. Studies **suggest** that voluntary schemes *can be* successful in reducing violence, but when backed up by enforcement – meaning, a credible and well publicised threat of legal or regulatory action (1 2 3 4). In the absence of this, it is not possible to say that they will contribute in a substantial or significant way to solving the problem of alcohol-related crime and disorder. In the meantime a concern is that they may be acting as a diversion from (and actually come at the expense of) other truly effective measures.

The Public Health Responsibility Deal was established by the former UK coalition government in 2011, and through this, the drinks industry **pledged their continued work** with Best Bar None, a Home Office–drinks industry initiative designed to raise standards and reward good management of licensed premises. In the timeline, this came *after* the government had committed itself to **minimum unit pricing**, but *before* they announced the policy had been dropped. Two analyses (1 2) found that the public–private partnership ethos of the Public Health Responsibility Deal was, particularly compared to mandatory regulation, unlikely to make alcohol less available or more expensive, and unlikely to affect consumption or have any significant positive impact on population health. Moreover, it seemed to have helped forestall more effective measures to make alcohol less available or more expensive.

**Evidence-based recommendations** are that the industry should contribute only as producers, distributors and marketers of alcohol, and *not* be involved in policy formation or health promotion as continues to be the case. Alcohol Focus Scotland have explained why this is important, **warning** that through seemingly benign partnership-working and relationship-building with policy-makers and practitioners, the drinks industry is provided with “access, influence, and credibility”, which enables them to simultaneously “control the policy agenda” and “gain public support”.

An investigation by the British Medical Journal **found** that the decision-making process concerning the Public Health Responsibility Deal and minimum unit pricing had been heavily influenced by a drinks industry “granted easy and open access to all departments of government” – with the health department alone having 130 meetings with representatives between the coalition taking power in May 2010 and the end of 2013, 80 of which were publicly unacknowledged and undocumented. In February 2013, public health minister Anna Soubry met seven industry representatives who voiced their “deep concern” that minimum pricing would damage Responsibility Deal agreements with the industry and hit Treasury revenues. Soubry was told they would prefer a ban on below-cost sales, an ineffectual measure which was in fact implemented instead of minimum pricing, despite this option not being formally on the table in the government consultation about minimum unit pricing. To Professor Bellis, who **resigned** in July 2013 as chair of the Public Health Responsibility Deal monitoring and evaluation group, the Deal had been “turned by industry into a tool to avoid actions that would improve people’s health”. Indeed he was reportedly told by an industry representative “that their continued contributions to the deal were dependent on a minimum unit price not being implemented”.

## **Some initiatives difficult to implement**

Early Morning Restriction Orders were brought in by the Police Reform and Social Responsibility Act 2011 in England and Wales, giving local authorities power to restrict the sale of alcohol in certain areas between 12am and 6am to address problems associated with late-night drinking. Authorities can also introduce a levy on licensed premises opening after midnight to help contribute to the costs they impose on the police. Both **had by 2014** rarely been implemented, partly due, it is thought, to fear of legal challenge from the drinks industry and the expectation that very little revenue would be raised. **By 2016**, though proposals had been made in Hartlepool

- Street Pastors: volunteers from local churches working on Friday and Saturday nights to care for, listen to and help people who are out on the streets.
- Think Safe, Drink Safe: an inter-agency campaign which aims to prevent and reduce alcohol-fuelled violent crime and anti-social behaviour.

These schemes focus on curbing the fallout from heavy drinking, as opposed to restricting the availability of alcohol.

Though they demonstrate that concerted action is being taken, there is a lack of evidence that these actions individually or collectively contribute in any substantial or significant way to tackling alcohol-related crime and disorder.

and Blackpool, no Early Morning Restriction Orders were in operation. And [there had](#) indeed been “vehement” opposition from the drinks industry, firm in the position that interventions should be targeted at particular groups, individuals and premises.

The House of Lords Select Committee [determined that](#):

*“All the evidence we have received has made clear that [Early Morning Restriction Orders] have proved impossible to implement, and may indeed prove harmful to any area in which they are implemented. The majority of local authorities we heard from were unenthusiastic towards them both in principle and in practice, and on the few occasions where they have been considered, they have subsequently been withdrawn under threat of legal challenge.”*

*“We believe it is appropriate that no Early Morning Restriction Orders have been introduced and we recommend that, in due course, the provisions on EMROs should be repealed.”*

Since 2012 licensing authorities in England [have themselves](#) been ‘responsible authorities’ under licensing law, meaning they can initiate action for example to oppose new licences or review an existing licence, even if no representations have been received from other bodies. Yet, this could be set to change. After receiving evidence critical of the way the licensing process operates, the Select Committee on the Licensing Act 2003 [concluded](#) that reform is absolutely essential. Their recommendation was for the Licensing Act 2003 to be amended to “transfer the functions of local authority licensing committees and sub-committees to the planning committees”, beginning with a pilot in a few areas. The Institute of Licensing take a different view on this, for which, view [here](#).

A potentially far-reaching innovation [made in Scotland](#) was to include prevention of harms to health among the objectives which must be considered while making licensing decisions. However, an [evaluation](#) of Scotland’s 2005 licensing act found that licensing boards saw this objective as especially problematic, and it was the one that boards and their officers across Scotland were struggling to address. Again, concern over legal challenges was holding back use of this new power, but there was also a more fundamental issue: public health is about the welfare of an entire population, yet licensing boards generally make decisions about individual alcohol outlets. A study a few years later, based on interviews with public health practitioners in Scotland [acknowledged](#) that the public health objective of licensing “fit poorly within a paradigm traditionally focused on harms at the level of individual licensed premises rather than the population harms of concern to public health”. This created a tension between public health actors (“individuals with a substantial remit to protect and promote public health generally or specifically in relation to alcohol”) and the licensing board – the former disappointed that evidence about alcohol-related health harms did not easily or directly influence policy, and the latter bound not just by health concerns, but by “economic considerations, perceived public opinion and doubts about evidence”.

Introducing a health objective to licensing is also being considered for England and Wales. What may prove a step towards it was an [amendment](#) to licensing law giving local health bodies in England and Wales the power to make representations to licensing authorities about new licence applications and to request reviews of existing licences. From 2012 this meant they could oblige the authority to consider issues such as the impact of new licensed premises on the local NHS (primarily A&E departments and ambulance services) and more generally the safety of the public within the night time economy.

## **‘Anti-social’ public drinking**

‘Alcohol-free zones’ have proliferated across the UK, enabling the police to stop people drinking in certain places, at certain times. The focus has tended to be on street drinking, because of the nuisance and annoyance to other people. There is [limited evidence](#), however, that these restrictions on designated areas improve public perceptions of safety, and may come at the cost of further marginalising the drinkers concerned, notably homeless people.

The addition of anti-social behaviour provisions to the law (most recently under the Anti-social Behaviour, Crime and Policing Act 2014) also

### **Homelessness, crime and anti-social behaviour**

Homelessness is commonly [associated](#) with “nuisance activities” such as begging and street drinking – masking the fact that homeless people are also vulnerable to alcohol-based crime and disorder, which they may be wary of reporting for fear of being ‘moved on’ by police, or made the subject of anti-social behaviour powers. A [report](#) from the homelessness charity Crisis and researchers at the London School of Economics revealed that homeless men

enables the police to [take action to address](#) alcohol-related (and other) behaviour that causes, or has the potential to cause, harassment, alarm, distress, nuisance or annoyance. In order to shift the focus from the perpetrator to the victim, the police have been guided to focus on the *impact* of anti-social behaviour, as opposed to whether it meets an objective threshold of harassment, alarm, distress, nuisance, or annoyance. This on one hand can offer a level of [protection](#) to vulnerable people, who may be more at risk of harm from anti-social behaviour, or more likely to be targeted because of their vulnerabilities, but on the other hand, may result in vulnerable people being reported for 'anti-social' symptoms of addiction, mental illness, and learning disabilities.

and women 'sleeping rough' in London, Oxford and Cambridge, feel vulnerable to being attacked and humiliated by non-homeless members of the public who have been drinking, particularly when they are sleeping in close proximity to licensed premises, and when venues are closing for the night.

In recent years, the UK has seen a [rapid growth](#) in the night time economy, and with it, "significant additional costs falling on the public sector". The health care and criminal justice systems in particular have had to shoulder the consequences of increased consumption – treating patients at A&E with alcohol-related injuries, and keeping 'drunk and disorderly' people off the streets (see a further example of police enforcement work [here](#)). Although levels of alcohol-related crime and disorder have been falling, alcohol policy itself has not been credited with the improvements, and may just be scratching the surface of what it takes to control alcohol-related crime and disorder. According to [this report](#) from the Institute of Alcohol Studies, the police regarded alcohol laws as almost impossible to use effectively, stressing that it is "the licensed trade who actually serve drunks, and create the conditions where this is acceptable." This, it could be argued, exemplifies the flaw in the logic of alcohol policy that focuses on the visible negative effects of drunkenness, to the exclusion or minimisation of the root of the problem, drunkenness itself – something which, in British society seems [not only](#) to be tolerated, but seen as "necessary to generate the amounts of alcohol consumption needed to finance night-life venues".

## UK research lacking

As far back as the mid-16th century, drinking premises in England have been regulated, addressing public drunkenness and the social disorder related to it. Contemporary national policy has [focussed](#) on reducing harms associated with excessive alcohol use – particularly violence and disorder – "delivering a package of interventions in night-life environments", which as well as those discussed above have included "high profile policing, late night transport security, street lighting and closed circuit television camera networks". Comparatively less attention has been given to reducing drunkenness itself in public spaces (ie, levels of consumption), reducing the availability of cheaper alcohol through off-licensed premises, and tackling 'hidden' alcohol-related violence outside of nightlife settings and urban centres (eg, domestic violence). The influence and involvement of the drinks industry has compounded this. They have shown consistently that they will support initiatives which emphasise personal responsibility and partnership-working in the night time economy, and will unequivocally seek to block further regulation and interventions seeking population-level change, even when to do so defies the evidence base.

Powers to curtail the availability of alcohol were among those [commended](#) in guidance from Britain's National Institute for Health and Care Excellence (NICE). This prioritised national policy initiatives making alcohol less affordable, available in fewer outlets for less time, and promoted less visibly. The supporting [NICE quality standards](#) urged:

- Local authorities to use local crime and related trauma data to map the extent of alcohol-related problems to inform the development or review of a statement of licensing policy.
- Trading standards and the police to identify and take action against premises that sell alcohol to people under 18.
- Schools and colleges to ensure that alcohol education is included in the curriculum.
- Schools and colleges to involve parents, carers, children and young people in initiatives to reduce alcohol use.

[NICE](#) in particular wanted public health to be a licensing objective and for licensing law to allow authorities to take into account potential links between the number of alcohol outlets in an area and their hours of sale and local crime and disorder and alcohol-related illness and deaths.

Though the international research convinced this national authority, the policy prominence of alcohol-related crime and disorder has yet to be matched by UK-based research. What there is (for example, from [Cardiff](#)) has found it difficult to securely attribute improvements to

interventions. Interventions focused on licensed premises such as training bar staff and improving management [can work](#) but are best seen as ways of dealing with 'hot spots' rather than achieving population-wide change. The importance of the national legislative environment and of its enforcement is apparent in studies which [have found](#) that the ultimate and real possibility of enforcement action is needed to make the most of these initiatives and of wider programmes which add community mobilisation elements.

[Run the search](#) to see these and other studies in the Effectiveness Bank.

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