Alcohol-related crime and disorder data: guidance for local partnerships

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Acknowledgements

Summary

Background

- This report is intended to provide guidance for local Crime and Disorder Reduction Partnerships (CDRPs). It focuses on the collection and analysis of alcohol-related crime and disorder data within the context of conducting audits under the terms of the 1998 Crime and Disorder Act, and the routine profiling of data.

- The report is based upon the findings from research carried out in four research sites. However, we have endeavoured to draw out salient issues that are of general relevance.

- The research highlights the strong case for taking the issue of alcohol-related crime and disorder seriously.

- Only three statutory notifiable offences are alcohol-related specifically and thus part of police recorded crime statistics. Most alcohol-related offences are summary offences and as such crime statistics are not routinely collected and published (for example, drunk and disorderly). Many other incidents of crime and disorder that are not legally defined as alcohol-related may have occurred in the context of alcohol consumption or intoxication, which could potentially have contributed to their occurrence (for example common assault, criminal damage).

- In this report, 'alcohol-related crime and disorder' is defined as ***instances of crime and disorder that occurred, and/or occurred at that level of seriousness, because alcohol consumption was a contributory factor.***

Understanding the utility of data

- All crime and disorder data are to some extent flawed. Some offences, such as domestic violence and racial harassment, remain relatively 'hidden', but it does not mean that because something cannot be measured, or measured to a high degree of accuracy, it is not a problem. This is important when considering alcohol-related crime and disorder.

- In the vast majority of cases the presence of alcohol is based upon subjective judgements, in the sense that 'offenders' are not tested.

- We recommend that CDRPs use two complementary approaches to the collection and analysis of alcohol-related crime and disorder data: a ***'direct*** approach and an ***'indirect*** approach.

- A ***direct approach*** is based on establishing a link between alcohol consumption on the part of a specific 'offender' and a specific offence. Because data of this type are largely derived from subjective judgements (and the precise role of alcohol is subject to academic debate anyway), it impossible to know with absolute certainty that the event would not have occurred, or have been less serious in its consequences, if the offender had not been drinking. Thus the data available have to be seen as *indicative.* CDRPs cannot, realistically, be expected to conform to a standard of proof that would satisfy, say, the scientific community. It is both necessary and reasonable that CDRPs collect data from sources where subjective judgements have been made. If they did not, then no direct data would be collected.

- With an ***indirect approach,*** data are not reliant upon subjective judgements about alcohol having been consumed by a specific offender. Rather, different sets of data are used to make *correlations.* That is, data are collected relating to, on the one hand, incidents/offences and victimisation and, on the other, spatial, temporal and contextual data. Thus, for instance, data on assaults or disorderly behaviour (using police incident data), or data on facial injuries caused by a weapon (using A&E data) can be examined

for location and time of occurrence, enabling the identification of likely alcohol-related crime and disorder hotspots. It might also be correlated with contextual data such as developments in the night-time economy to understand the implications of a changing entertainment profile on crime and disorder problems.

Key data sources

- We discuss the alcohol-related crime and disorder data available from a range of sources. These are divided into three categories: public providers, local authority providers and 'other' providers. An indication is also given of the nature of the data provided: 'direct', 'indirect' and 'contextual'. The amount, quality and relevance of the data available vary considerably (some very minor sources of data have been excluded).

- We recommend that police data, derived from incident, crime and custody reports, be seen as core data. These are sources of both **'direct'** and **'indirect'** data on alcohol-related crime and disorder. The data are collected routinely and can be easily collated for CDRP purposes.

- A&E departments and ambulance services, in addition to the police, are likely to provide the most useful sources of **'indirect** data, providing victimisation, spatial and temporal data.

- Developments in the night-time economy (i.e. the night-time leisure market oriented towards drinking and 'having a good time') are considered to be the most useful contextual data. The night-time economy should be seen as a crucial dimension in patterns of alcohol-related crime and disorder. Organisations responsible for the planning, marketing and licensing of this economy, such as the local Planning Department and Environmental Services (which is responsible for processing Public Entertainment License applications), can yield significant, relevant data.

- Public consultation (including victim and fear of crime surveys) is an important source of information on local problems and issues. It is recommended that (nationally) standardised victim surveys be carried out in all localities periodically.

- Notwithstanding the local variations in availability and quality of data and crime and disorder reduction strategic priorities, Table 1 (below) summarises sources of data likely to be most useful for the local auditing and profiling of alcohol-related crime and disorder.

Considerations for partnerships

- It is important that CDRPs inform agencies and organisations precisely what sort of data they require from them, and encourage them to collect *and* analyse these data. There will be resource implications that have to be addressed by partnerships.

- It is important that CDRPs develop data management systems that encourage and facilitate the 'mainstreaming' of alcohol-related crime and disorder data by local partners and other relevant organisations. In other words, such data should be collected and analysed as part of normal working practices. If data can contribute to reductions in crime and disorder, this is likely to have a positive impact on an organisation's primary function.

- Where possible, we recommend that relevant local research projects are carried out and, in those areas where they are absent, that local or regional centralised data collection and analysis facilities are established.

- It is important that audits are not seen as three-yearly compulsory exercises but as at least annual exercises that enable CDRPs to monitor progress against their strategic objectives on an ongoing basis. Routine profiling involves the regular and periodic analysis of data. In general, we recommend that routine profiling takes place quarterly.

- For the purposes of routine profiling and auditing, it is important that organisations collect and analyse data consistently overtime as far as possible. Where this is not possible, the effect of inconsistency in data collection methods should be clearly acknowledged when reporting and sharing data. In particular, partnerships should be aware of the impact the recent introduction of the National Crime Recording Standard will have on police crime data.

- As a result of statutory obligations, CDRPs have local generic data-sharing protocols in place. The details, though, vary from one area to another, and some agencies are still unsure of exactly what it is they are expected to disclose. Guidance on information exchange for Crime and Disorder Partnerships is available on the Home Office website. Because of issues of confidentiality, it is important that any data derived from an organisation's personal case files are provided to CDRPs in an *anonymised* form. Data may further be aggregated where appropriate.

Specific recommendations for data development

- Police should inform CCTV control rooms of reported incidents that are officially recorded. This will allow non-recorded incidents to be filtered out. A further recommendation is that police and CCTV controllers use the same incident coding system.

- The British Transport Police should add 'alcohol-related' as an 'interest marker' in their crime recording system and, within regional forces, standardised use of the already existing interest markers by individual officers should be encouraged.

- Location codes used in ambulance service data should be specific wherever possible, e.g. 'licensed premises' rather than 'public space'.

- In relation to the night-time economy, local authority environmental services departments could provide annual reports for CDRPs on current policies and public entertainment licences issued or denied.

- Consideration should be given to introducing formal recording procedures for street cleansing services in order to identify problematic trends.

Table 1: Summary of valuable data sources for auditing and profiling local alcohol-related crime and disorder[1]			
Data Source[2]	Utility	Direct[3]	Indirect[3]
Police incident data	'Final' codes provide a crude indicator of the presence of alcohol in a specific incident of crime or disorder.	✓	
	Times and locations of incidents provide indicators of alcohol-related crime and disorder.		✓
Police crime data	Crime report forms may include 'interest markers' that indicate alcohol as a factor relevant to the offence in some way.	✓	
	Times and locations of crime, especially violent crime, provide indicators of alcohol-related crime and disorder.		✓
Police custody data	Custody records provide information on an arrestee's condition including signs of intoxication.	✓	
Youth Offending Team data	Data collated by the YOT may provide an indication of whether alcohol use is regarded as an influencing factor in offending in individual cases (especially data supplied by police in the first instance).	✓	
NHS Hospital A&E case notes	Various case note information provide indicators of alcohol use, involvement in crime and disorder or both.		✓
Ambulance Service patient record form	Key data fields enable data relating to types and severity of injuries to be linked to spatial and temporal data.		✓
Social Services Care assessment files	Care assessment files contain, where relevant and disclosed, information relating to alcohol misuse and either victimisation or offending.	✓	
Local authorities/ Police/ Registered Social Landlords (RSLs) Antisocial Behaviour Orders (ASBOs); Acceptable Behaviour Contracts (ABCs)	ASBOs are available to local authorities, the police and RSLs to help curtail persistent anti-social behaviour. ABCs can also be used to curb disorder. Information relevant to ASBOs or ABCs may be stored on a database held by the responsible authority which can be searched to determine if alcohol has been recorded as a relevant factor in antisocial behaviour.	✓	
Housing Departments homelessness case records	Alcohol may be disclosed as being a relevant issue for someone who is homeless or is about to become homeless due to a violent relationship. Where recorded this may provide useful information on incidence of alcohol-related domestic violence.	✓	
Technical Services street cleansing records	If formal recording practices are introduced, street cleansing data could provide spatial and temporal data on problems associated with alcohol-related disorder.		✓

continued

Data Source[2]	Utility	Direct[3]	Indirect[3]
CCTV incident log database	Logs can record details of incidents of crime and disorder as well as operator's judgements about intoxication in the participants.	✓	
	As with police incident data, times and locations of incidents logged provide indicators of alcohol-related crime and disorder.		✓
Bus (and Taxi) services incident forms	Records of incidents of crime and disorder may make reference to alcohol if relevant.	✓	
	Some databases enable the mapping of incidents of crime and disorder spatially and temporally.		✓
Sexual Assault Referral Centre case files	Case files record whether the victim or perpetrator (according to the victim) is intoxicated at the time of an alleged offence.	✓	

Notes
1. Shaded areas indicate data sources considered to be core to the needs of CDRPs in relation to this.
2. Sources of data that provide purely 'contextual' information are not covered in the table. Contextual data are derived from social, economic and environmental developments in a locality and are important for understanding the backdrop to trends in alcohol-related crime and disorder. Sources of contextual data include public licence entertainment applications to environmental services, planning applications processed and controlled by the local planning department and anecdotal evidence collected by local domestic violence forums and refuges. Partnerships should also consider consultation, local surveys and research. Data sources appear in the table in the order in which they appear in Chapter 3, and not in any order of priority.
3. Data for which a connection is established between alcohol consumption and an offence, offender or victim is utilised in the 'direct' approach. The 'indirect' approach involves making links between spatial, temporal and contextual indicators of alcohol consumption and crime and disorder.

Contents

1. Introduction

Overview

This report focuses on the auditing and routine profiling of alcohol-related crime and disorder. The report:

- examines a range of data sources and the types and quality of data available

- indicates the major issues and problems associated with the collection and analysis of data in this area

- discusses the ways in which the quality of data can be improved and how the data can be used to build up a better picture of local alcohol-related crime and disorder problems

Auditing crime and disorder

A proper auditing process is seen as central to the government's crime and disorder reduction programme. To this end the 1998 Crime and Disorder Act placed a statutory duty on local authorities and the police (the 'Responsible Authority') to:

- Carry out an audit of levels and patterns of crime and disorder for each district, borough or unitary authority in England and Wales.

- Analyse and publish the results of the audit.

- Use the audit as the basis for consultation with those specified by the Home Secretary, other 'appropriate people and bodies', and with the public.

- Publish a three-year crime and disorder strategy, including objectives and targets, drawing on the results of the audit and consultation process.

- Implement the strategy and monitor, adjusting objectives and targets as necessary.

An audit constitutes the basis for selecting crime and disorder priorities. It will draw on data relating to the following basic categories: Offences/incidents; Victims; Offenders and Contextual and 'risk' factors.

Following consultation, the results of an audit are used to inform appropriate strategies. Subsequent audits are intended to provide information necessary for assessing the success of these strategies and the current 'shape' of local crime and disorder problems. Although local CDRPs will identify their own strategic priorities according to local circumstances, they are expected to make a significant contribution to meeting national crime and disorder reduction targets.

Routine profiling

A common partnership planning process is crucial. Although the 1998 Act set in place a three-yearly cycle for auditing and strategy setting, it is important that audits are not simply seen as a three-yearly compulsory exercise, but as at least annual exercises that enable CDRPs to monitor progress against their strategic plans on an ongoing basis.

Routine profiling involves the regular and periodic analysis of data in order to assess the progress made by a programme, and the regular and periodic analysis of other data (e.g. contextual data) relevant to that programme. Our view is that in general, quarterly is an appropriate time frame for routine profiling. However, decisions regarding the frequency of profiling will be guided by local circumstances and, in some cases, the time frames used by an agency to record data.

Partnerships

The requirement to conduct audits and set strategies makes significant and still-evolving demands on CDRPs. Clearly, the process is complex, nonetheless:

- the whole process is intended to fit together - to be 'joined up' - as part of a holistic approach to problems of crime and disorder; and

- in order to achieve an integrated approach, it is important that partnerships ensure that agency plans are synchronised with crime and disorder strategies.

Auditing and routine profiling involves the *interpretation* and *analysis* of data (and agencies are expected to analyse their own data before passing it on to audit teams). It is important that the processes incorporate contributions from a broad range of partners; strategic partnerships benefit from the inclusion of a range of experiences and perspectives.

Strategic priorities

Given that alcohol consumption *per se* is not a crime or a form of disorder, 'drinking' (apart from under-age drinking, possibly) will not figure among a CDRP's strategic priorities. However, strategic priorities are highly likely to consist of 'offences' that, to a greater or lesser extent, may be linked with alcohol, and the outcomes to which auditing and routine profiling are oriented will incorporate targets based upon a reduction in these offences. Consumption of alcohol may be implicated in a range of crime/disorder events (e.g. acquisitive crime and criminal damage) and not just violent, anti-social and disorderly behaviour. A properly conducted audit is the basis for assessing the relationship between alcohol and the offences identified as strategic priorities. Thus, for instance, a strategic aim of reducing incidents of anti-social behaviour could have specific alcohol-related objectives and targets associated with it. Alternatively, a strategic priority itself might have the direct aim of, say, 'reducing the harmful effects of alcohol misuse', along with contingent objectives, such as 'reducing alcohol-related anti-social behaviour'. In 2000 the government issued an *Action Plan* aimed at encouraging CDRPs to tackle different aspects of alcohol-related crime, disorder and nuisance. (The Action Plan can be accessed at
http://www. homeoffice. gov. uk/pcrg/aapO 700. htm).

Using data

Data relating to offences/incidents, victims and offenders (these need not be restricted to strictly legal categories, given that we are dealing with crime and *disorder)* are used to build up a picture of local crime and disorder problems and the progress made by a programme. Contextual data are data relating to broader aspects of life within a locality that may have a bearing on amounts and types of crime and disorder, e.g. demographic change, unemployment rates, truancy rates, location of licensed premises, and developments in the night-time economy. Though not exclusively, the night-time economy is one important context in which alcohol-related crime and disorder is likely to occur. It may well be an existing source of concern for CDRPs. It is also one of the most likely contexts of alcohol-related crime and disorder to be amenable to intervention. It is therefore given emphasis within this report.

Identifying alcohol-related crime and disorder

A substantial body of national and international research has highlighted the link between alcohol consumption and various sorts of crime and disorder. The key message is that this link should be recognised and taken seriously. Although CDRPs will only rarely have access to academic research that focuses on their locality, such research signals that it is unlikely that a locality will be immune to crime and disorder problems associated with alcohol. Not surprisingly, given that it involves a complex mix of pharmacological, social, cultural, and situational factors, the precise nature of the relationship between alcohol consumption and crime and disorder remains a matter of debate. Additionally, 'proving' conclusively that alcohol consumption contributed to a particular crime or disorder event, in the sense that it

only occurred because alcohol had been consumed is, apart from alcohol-defined offences such as drink driving, impossible. Therefore, it is important to stress that CDRPs will be dealing with *indicative* data when conducting audits; they cannot be expected to be constrained by the 'standard of proof associated with the scientific community. Neither is every local CDRP expected to mobilise their resources to conduct research aimed at unravelling precisely how alcohol interacts with other factors (of course, this is not to say that they should not endeavour to develop and improve the quality of available data). Put another way, CDRPs have to recognise what can be realistically achieved. The same can be said about data relating to many other serious crime and disorder problems, such as domestic violence and racial harassment. Clearly, a lack of accurate, quantifiable data does not mean that these problems have to be ignored (indeed, available data will *underestimate* the extent of these problems).

Informative alcohol-related crime and disorder data can be collected by CDRPs using two approaches, which we term *'direct'* and *'indirect'* (these are discussed more fully in Chapter 2).

The ***direct approach*** seeks to collect data that make a 'direct' link between alcohol consumption by an 'offender' and their 'offence'. Thus, for instance, CDRPs could draw on police arrest and incident data, or data from bus and taxi drivers who may witness offending behaviour, in order to make such correlations. The problem is that apart from cases of drink driving (where an offender is tested), the presence of alcohol is based upon subjective judgements. Nonetheless, useful data of this sort can be collected, providing that there is a degree of consistency in data recording practices.

A great deal of research in this country and elsewhere has examined the 'direct' link between alcohol consumption and various types of crime and disorder. Some of this research has been based upon testing offenders for alcohol consumption (see, for example, Bennett, 2000), but for audits and routine profiling, CDRPs will obviously need to access *local* research of this type, and it would have to be carried out on a regular basis. These are some of the main findings from this research:

- A significant proportion of people arrested by the police for a range of offences have been drinking prior to their arrest (Bennett, 2000).

- Violent offenders are more likely to be heavy drinkers than demographically matched samples of the population in general (Welte and Miller, 1987).

- A high proportion of violent crime (including domestic violence) and public order offences is committed by people who have been drinking (Taylor and Leonard, 1983; All Party Group on Alcohol Misuse, 1995; Graham and West, 2001).

- Crime surveys point to members of the public encountering high levels of alcohol-related verbal abuse, threatening behaviour, and anti-social behaviour. They also indicate the extent to which significant numbers of people consciously avoid town and city centres at weekends.

- A large proportion of convicted adult offenders (across a range of offence categories) admit to drinking prior to committing their offence (All Party Group on Alcohol Misuse, 1995; Briscoe and Donnelly, 2001).

The *'indirect'* approach is, potentially, the more productive approach available to CDRPs in the collection and analysis of local alcohol-related crime and disorder data; it can also be used to complement data provided from a direct approach. With an indirect approach, measuring alcohol-related crime and disorder does not require linking specific offences to specific offenders and then 'proving' that alcohol consumption was a salient factor. Rather, this approach is based upon making links between, on the one hand, offences/incidents and victimisation data and, on the other hand, spatial, temporal and contextual data. Contextual data have already been mentioned. Spatial data are derived from the location of

offences/incidents; temporal data from the time of day and day of the week that offences/incidents occur.

Again, there is now a large research literature based upon an indirect approach to data collection and analysis. Some of the main findings are:

- Police statistics reveal that a very large proportion of city centre violent crime occurs over the weekend period, between 9.00 p.m. and 3.00 a.m. (and rising to a peak around the eleven o'clock pub closing time) and within or directly outside licensed premises. A similar pattern occurs with criminal damage, drink and disorderly offences and other public order offences.

- Most arrests for alcohol-related crime take place between 11 o'clock and midnight on Friday and Saturday nights.

- In Britain, a beer glass is the most commonly used sharp weapon in an assault.

The research project
A Home Office evaluation of the first round of crime and disorder audits (Deehan and Saville, 2000) found that over 70 per cent of audit documents mentioned alcohol as an issue, particularly in relation to public order and domestic violence. However, partnerships had not focused systematically on the issue when collecting data, and alcohol did not emerge as a clearly defined priority in subsequent strategy documents. This suggests that the general lack of knowledge regarding local patterns and contexts of alcohol-related crime and disorder is impeding the development of appropriate criminal justice and public health interventions. As the All Party Group on Alcohol Misuse noted:

> *The biggest single barrier faced by those who wish to see an*
> *on-going strategy for concerted action to tackle alcohol-related*
> *crime is an absence of detailed statistical evidence...The current*
> *lack of officially compiled figures had undoubtedly led to the*
> *marginalisation of alcohol-related crime as an issue. (1995: 8)*

This research has sought to help alleviate such problems by identifying locally available data sources and the nature and quality of these data, as well as pointing to the gaps that are likely to exist. The research has also sought to look at a number of key issues surrounding this area, in particular, the definition of 'alcohol-related' crime and disorder, using an 'indirect' approach to data collection and analysis, the nature of the night-time economy, and data sharing and protocols. In short, the purpose of this guidance document is to:

- **provide a source of guidance to CDRPs about the collection and analysis of data on alcohol-related crime and disorder and to identify key issues that should be considered**

The research sites
The findings are based on research carried out in four research sites. The four sites provide a wide range of settings in which audits of crime and disorder are conducted:

- City A is a major urban centre and, compared with the country as a whole, has a youthful age structure. The working population is projected to continue expanding well into the next decade. Its city centre population has grown rapidly over the last decade and this is expected to continue for the next few years.

- In spite of a small, but consistent, year-on-year population decline during the 1990s, City B remains one of the most densely populated parts of England. Its population, though, is about half that of City A.

- Town A is situated in a borough that is a mixture of the urban and the rural. Traditionally a large market town, its population is one third that of City B.

- With one-fifth the population of Town A, Town B is a traditional small market town with a large rural hinterland.

Methodology

The research was conducted on the basis of interviews with primary statutory providers and other relevant bodies and organisations. Interviews and more informal discussions were used to ascertain how agencies came into contact with alcohol and crime and disorder issues, and in what ways, if at all, it impacted upon their work. Recording methods, the formats in which data were kept, and any software available for data analysis were examined. Periodically, formal meetings were held with key personnel from community safety/crime reduction partnerships. Various people working in the retail trade, leisure industry and the night-time economy, or who had useful local contextual information, were also interviewed. The researchers were also able to attend, as observers, meetings of various local groups and organisations and also observed operational policing and recording techniques, and CCTV system operation.

The structure of this report

Chapter 2 discusses the main issues and problems surrounding the collection and analysis of alcohol-related crime and disorder data, whether for auditing or routine profiling purposes. The chapter includes a brief overview of the practical and legal dimensions to alcohol-related crime and discusses 'direct' and 'indirect' approaches in more detail. Chapter 3 focuses on the main sources of data on alcohol-related crime and disorder. The type, quality and availability of data is discussed, and their utility to 'direct' and 'indirect' approaches is highlighted.

Although Chapter 3 is based upon the findings from the four research sites, in the context of this report we have endeavoured to draw out broader salient issues and considerations, in an effort to make the report of general relevance. Chapter 4 raises issues that are relevant to CDRPs in the coordination of data collection, analysis and dissemination. By way of a conclusion, Chapter 5 brings together the main issues arising from the research.

2. Defining and measuring alcohol-related crime and disorder: key issues

Prior to examining and assessing the various data sources in the next chapter, it is useful to look at some of the key issues and problems that local CDRPs will face when engaging in the auditing and routine profiling of alcohol-related crime and disorder data. Although the problems are challenging, well-managed and properly informed processes of data collection and analysis can meet these challenges, and thereby develop positive responses to problems of alcohol-related crime and disorder.

Legal dimensions of 'alcohol-related crime'

'Alcohol-related crime' has a statutory definition, encompassing personal behaviour and licensing laws. The following offences on the statute book are unambiguously related to the consumption of alcohol (a series of other offences cover the area of licensing):

- Offences where alcohol consumption by the accused party is intrinsically related to the offence (e.g. drink driving, drunk and disorderly, aggravated drunkenness, death by careless driving while under the influence of alcohol).

- Offences relating to specific circumstances where a third party has consumed alcohol, irrespective of whether the accused has done so (e.g. supplying a firearm to a drunken person).

However, recorded crime in England and Wales excludes almost all 'statutory' alcohol-related offences. The term 'recorded crime' refers to notifiable offences, i.e. offences recorded by the police and which are reported to the Home Office. Recorded crime includes all indictable and triable either way offences, along with a small number of summary offences.[1] Recorded crime generally provides the crime statistics used in crime and disorder audits. Almost all of the statutory alcohol-related offences are summary offences, which means that they are excluded from standard quantification of crime in England and Wales. Only three - death by careless driving whilst under the influence of alcohol, and drunkenness relating to ships and aircraft respectively - are notifiable offences. CDRPs should note, therefore, that most 'statutory' alcohol-related crime statistics are not routinely published.

Drink driving offences alone are judged against a fixed, objective standard based on a prescribed alcohol concentration in the body. However, in law, 'alcohol-related crime' can also be defined in conjunction with a professional opinion that the offender was under the influence of alcohol at the time they committed the offence. Police officers apply this subjective standard in relation to many 'statutory' alcohol-related offences, but also do so in any case where the condition of the alleged perpetrator is deemed relevant to the case.

Practical dimensions of alcohol-related crime and disorder

For the purposes of a CDRP, the definition of alcohol-related crime and disorder must be broader than legal-based definitions. It should incorporate statutory alcohol-related crimes, statutory offences committed by an offender under the influence of alcohol, as well as including instances of disorderly behaviour that involve alcohol. For the purposes of this report, alcohol-related crime and disorder is therefore defined as *instances of crime and disorder that occurred, and/or occurred at that level of seriousness, because alcohol consumption was a contributory factor*[1]

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[1] Criminal offences are split into three categories: (i) triable only on indictment ['indictable offences'] - these are the most serious breaches of criminal law and are always tried in Crown Court; (ii) triable-either-way - these offences may be tried either at Crown or magistrates' court; (iii) summary - these offences are triable only at a magistrates' court.

CDRPs should appreciate that in the vast majority of cases it is impossible to establish a contributory link between alcohol and crime and disorder in an absolute sense. Apart from drink driving, for which a breath, urine or blood test verifies the presence of alcohol, the presence of alcohol will normally be based upon subjective judgements. CDRPs are most likely to be concerned with gathering data on violent crime, criminal damage, anti-social behaviour and domestic violence, in which alcohol *may* be a contributory factor, but no 'objective' link can be established. Thus any link between alcohol and an 'offence' in most cases can only be inferred, using a police officer's judgement and/or statements from an offender, victim or witness. However, we emphasise that this does not mean that CDRPs should only collect data when there is conclusive evidence that alcohol was a contributory factor. Any demand for absolute, conclusive proof would place an unreasonable and unnecessary constraint upon auditing and routine profiling processes (and virtually no data would be collected), and would hinder an understanding local crime and disorder problems.

There is a danger of concluding that because a problem cannot be measured to a high degree of accuracy, it cannot count as a crime or disorder problem. There are various types of crime and disorder that are extremely difficult to quantify, indeed, *all* statistical data relating to crime and disorder are to some extent flawed (see Maguire, 2002). In our view, current recording practices - on the part of various organisations - and the nature of the phenomenon, have created a situation in which amounts of alcohol-related crime and disorder are *under-estimated.*

Approaching measurement

As discussed in Chapter 1, CDRPs have two different, but complementary, approaches to data collection at their disposal. Each reflects a particular understanding of the problem of linking alcohol consumption to crime and disorder:

• A *direct approach* seeks to establish a connection between an 'offender(s)' who has been drinking and a specific 'offence(s)'. The archetypal example of where this is done successfully is drink driving.

• An *indirect approach* avoids attempting to make this sort of link, rather, it is based upon making connections between offence/incident and victimisation data, and various spatial, temporal and contextual data. These data can then be used as a 'proxy indicator of alcohol-related harm.' (Briscoe and Donnelly, 2001: 10)

Direct approach

It is impossible to measure the total amounts of offences/incidents that occurred because alcohol was a contributory factor. Apart from having to grapple with a complex mix of other contributory factors, all offences/incidents would have to be recorded and all offenders apprehended. However, and more realistically, a direct approach can be used to *collect and analyse data relating to 'offenders' who are judged to have been drinking prior to the offence.*

A number of agencies are involved - or could be involved - in making and recording such judgements (these agencies are discussed in detail in the next chapter). The police are the best source of 'direct' data. There are, though, other useful sources, e.g. the Probation Service, Youth Offending Teams, certain local authority departments, bus and taxi drivers and CCTV operators. It should also be noted that consultation processes to assess community concerns and local victim surveys could also be utilised to collect information.

Indirect approach

Potentially, this is the more productive approach to alcohol-related data collection and analysis. The data are not dependent upon someone's judgement about an individual's alcohol intake and its contribution to offending, and in that sense avoids the pitfalls associated

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Offences against licensing laws are not focused on in this report. Data relating to licensing offences are available in police records. However, prosecutions are quite rare because evidence can be difficult to gather and enforcement is restricted by force guidelines on the issuing of warnings. These factors mean that police data are unlikely to provide comprehensive information on the extent of breaches of licensing laws.

with a direct approach. However, judgements will still have to be made, in this case by CDRPs and based upon plotting significant connections between offences/incidents/victimisation data and data relating to location, time and context, i.e. spatial, temporal and contextual data.

In addition to police data, local CDRPs can, at least potentially, draw on a variety of 'indirect' offence/incident/victimisation data sources, such as accident and emergency departments, ambulance crews and logs kept by street cleaning services.

Spatial and Temporal Data

Spatial data are derived from analysing the geographical distribution of incidents, especially in terms of 'hot spots' in particular areas of a town or city, e.g. certain licensed premises, fast food outlets, taxi ranks, bus stations and pedestrian routes out of the centre. Combining spatial data with temporal data is important in that incident peaks and troughs can be linked to specific times and days of the week. Evidence compiled from a large sample of accident and emergency departments around the country indicates that the busiest period for alcohol-related injuries was 9.00 p.m. to 3.00 a.m. Most of the assaults took place in the street (43%), with 21 per cent taking place in pubs and bars. The peak times for assault coincided with the closing times of licensed premises, with Fridays and Saturdays being the busiest days (Hutchinson et al, 1998).

If incidents occur within or near to licensed premises, or are clustered around taxi ranks and fast food outlets during the night/early morning on Fridays and Saturdays, there are indications that alcohol is a relevant factor. Crucially, incorporating this kind of information into audits and routine profiling does offer a basis for establishing trends, which is important when evaluating the impact of crime and disorder strategies.

Contextual data

Contextual data are derived from broader social, economic and environmental developments that may have a bearing on patterns, types and amounts of alcohol-related crime and disorder. The basic aim is to see what correlations exist between incident/victimisation data (particularly relating to assault, anti-social and disorderly behaviour) and these contextual data.

The night-time economy sector has expanded significantly in recent years as many towns and cities have reinvented themselves as centres for leisure and entertainment. The commercial ethic of the night-time economy is based upon 'having a good time', and alcohol is at its centre. However, intoxication, at least in places, is the norm rather than the exception, and significant levels of violence have been shown to exist within the night-time economy. Increasingly, local government is involved in partnerships with the private sector to facilitate local economic growth and development.

- There are now around 112,000 on-licensed premises in England and Wales: 78,000 pubs/bars, 30,000 restaurants/hotels and 4,000 licensed clubs, a respective increase over the last 20 years of 16 per cent, 44 per cent and 25 per cent.

- In 1998, the industry reported 199 million night club admissions (up from 142 million in 1993).

- Applications for new on-licenses are currently running at over 3,000 per year - an increase of over 38 per cent from the mid-nineties.

- The pub/club industry employs approximately 500,000 people at the point of service delivery, and turns over £22 billion each year (3% of the UK Gross Domestic Product).

- The average annual turnover of a pub is £265,000, although the busier, larger city centre units can have a turnover similar to a large night club - between £1 million and £3 million.

(Hobbs et al., forthcoming).

CDRPs should, therefore, look at such things as the issuing of public entertainment licences, the opening of new licensed premises, drink 'promotions', licence extensions and the general 'shape' of the night-time economy to appreciate the effects of changes within the night-time economy on alcohol-related crime and disorder.

3. Data sources

In this chapter we discuss the various sources and types of alcohol-related data available, or potentially available, to local CDRPs for auditing and routine profiling. The types of data cover *offences/incidents, victims, offenders* and *context*[2]. We indicate whether the data from each source are suitable for a *'direct'* or *'indirect'* approach, or both. The sources have been placed into three categories:

Public Provider Data Sources	**Other Data Sources**
• Police	• Licensed Premises
• British Transport Police	• Alcohol-Related Initiatives
• Probation	• CCTV
• Youth Offending Team	• Bus Services
• NHS Accident and Emergency Departments	• Alcohol and Drug Advisory/Treatment Services
• Ambulance Service	• Victim Support
• Drug Action Team	• Domestic Violence Forums, Women's Aid
Local Authority Data Sources	• Sexual Assault Referral Centres
• Social Services	• Services for Homeless Persons
• Education	• Football Stadia
• Local Authorities/Police/Registered Landlords	• Consultation and Surveys
• Housing	• Local Research and Data Collection/Analysis Facilities
• Environmental Services	
• Technical Services	
• Planning	
• City Centre Management	

Notes: During the course of the research a number of organisations not listed here were examined. These have been omitted because they could supply no significant data.

Data Sources: Key Points

• Although discussion is based on findings from the four research sites we have attempted to, as far as possible, make it of relevance nationally. The names, functions, recording practices etc. of agencies may vary from one part of the country to another.

• The quality, relevance and availability of the data vary considerably from one agency to another. The sources are not, however, listed in order of priority. Police data can be considered 'core' data, in spite of the problems highlighted.

• Data quality, relevance and availability will vary from one CDRP area to another. CDRPs will have to take local circumstances into consideration, including available expertise and resources.

• Using data to make meaningful comparisons over time requires a degree of uniformity and consistency in data collection. In the case of the police, CDRPs need to be aware of the possible effects of changes in Home Office counting rules and local policing policy and organisation.

In the case of contextual data we have concentrated on social, economic and environmental factors that may have a *direct* bearing on alcohol-related crime and disorder - no attempt has been made to indicate all sources.

Public provider data sources

Alcohol testing data

Some alcohol-related offences are judged against a fixed, objective standard, in the sense that individuals are tested and the presence of alcohol is measured against a proscribed legal limit. In most cases this involves drink-driving offences (though the law also applies to crew of inland and airborne public transport). However, apart from causing death by careless driving when under the influence of drink, these are summary offences and are therefore not published as part of recorded crime figures.

Incident data

Details of any reported incident of crime or disorder are inputted into the police's management and deployment system, and incidents are given an initial code. After investigation, an incident is given a final code. Final codes are a more reliable data source than initial codes. A number of these codes may be thought of as possibly involving alcohol including Disorder in a Public Place/Street; Disorder in a Licensed Premises; Disturbance on Private Property; Drunkenness; Domestic Dispute; General/Public Nuisance.

However, incident classification is only a crude indicator of the presence of alcohol. In most cases the only way to ascertain if the incident was deemed to be alcohol-related would be to analyse the incident log, which might contain reference to intoxication of the offender, the victim, or both. At present, though, in many cases neither the classification nor the narrative in an incident log will mention alcohol or drunkenness. It would be relatively straightforward to analyse incidents on the basis of their codes. However, as a *direct* approach, this would not be a reliable measure (and only selecting 'drunkenness' cases would underestimate the number of alcohol-related crime and disorder incidents). On the other hand, incident data could be usefully drawn upon when employing an *indirect* approach (though over time the reliability of the data is dependent upon consistency in police recording practices).

Crime report data

If an incident is given a crime number it becomes part of the police's crime database and officers are required to complete a crime report. This includes all relevant details available on the type, date, time and circumstances of the crime, as well as details relating to any victim. If available, the report will include information from police officers, and offender, victim and witness statements. The crime report form asks officers to indicate what are known as 'Interest markers relevant to the offence'. One of these is labelled 'Alcohol'. This marker could potentially be a productive device for measuring alcohol-related crime. However, officers do not always tick the relevant box, or they may feel that other parts of the form make ticking the box superfluous (e.g., on the MO *modus operandi,* free text, section the officer may state that the alleged offender had been drinking heavily). At present, the MO section cannot be searched. The form would be made more useful if the use of interest markers by officers was improved. Another significant problem, though, is that the marker does not distinguish between offender and victim, only that the incident was in some way alcohol-related.

Used as part of a *direct* approach, crime reports offer a useful, indicative source of data that are relatively easy to extract. However, in general they are likely to underestimate amounts of alcohol-related crime. An *indirect* approach is not dependent upon reference to alcohol in crime reports. Rather the data are used to make correlations with other (spatial, temporal and contextual) data. The same can be said of police recorded crime statistics. Of course, crime statistics have to be treated with a degree of caution, as they only involve a sub-set of offences, and it is worth emphasising how important it is that police recording practices within each CDRP remain as uniform and consistent as possible over time. This is not always possible, and the impact of any changes to recording practices, such as those resulting from the National Crime Recording Standard (NCRS), should be identified and the implications carefully considered. The NCRS will in most, if not all, force areas result in an increase in recorded crime from April 2002 (see Chapter 4 for further details).

The above discussion underlines the importance of linking incidents to location and time, and noting the importance of the night-time economy. GIS technology could be used to develop more sophisticated means of mapping patterns of crime and disorder in and around licensed premises and city centres. This process could draw on data held in crime reports, such as demographic data on offenders and victims, adding a *'direct'* ingredient to analyses.

The introduction in 2002/03 of a new *Police Service Best Value Performance Indicator* category relating to violent crime will assist in the profiling of alcohol-related violence. Officers are now required to routinely record two key indicators of violent offences which may indicate the involvement of alcohol: i) acts of public place violence occurring in connection with licensed premises (pubs, clubs and bars); ii) acts of violence perceived by the victim, a witness, or a police officer to have been committed by an offender who was under the influence of any intoxicating substance. However, it should be noted that data would only be recorded for those incidents that are recorded as 'crimes', a sub-set of all incidents.

Custody data

Custody data provide a potentially valuable source of *direct* data on alcohol and offending, though often being based on free text, the records are not easily searched. The role of a custody sergeant is primarily to ensure that custody is an appropriate measure and that all details of the arrest and alleged offence are recorded. Intoxication is of major concern because it can mask signs of injury. The recording of a prisoner's condition is thus mandatory. Where there is concern for the welfare of a prisoner, the custody sergeant calls in a forensic medical examiner to assess the arrestee for fitness to be interviewed, detained or charged. The police surgeon's notes may state 'intoxicated', and may even note that the prisoner had drunk, say, ten pints of lager.

Specialist police data

Traffic officers are responsible for all alcohol-related motoring offences. The process begins with a screening breath test, usually at the roadside. Persons who fail this test are then taken to the nearest police station and are required to provide a sample of breath, urine or blood for evidential purposes. The traffic section for all force divisions keeps statistical records.

Football liaison police officers, where relevant, compile annual reports and reports for each home match, listing the offences for which arrests have been made. Whilst the data can provide a perspective on the extent to which alcohol is implicated in football related offending, custody records will contain more details.

British Transport Police
- Direct: *Offence report*
- Indirect: *Offence report*

British Transport Police (BTP) have jurisdiction over all crime that occurs on railway property, and are responsible for recording it. In practice, jurisdiction extends beyond the geographic territory of railway property, for example, if a suitcase were stolen from a station platform, the crime would be investigated by BTP. A standard 'Offence Report' is completed for all crime, and an officer could make reference to alcohol in the *modus operandi* section, a source of **direct** data. BTP use all statutory offence categories, but also have responsibility for enforcing a large number of byelaws specific to train operating companies and Railtrack. Some of these offences relate to intoxication, though rarely give power of arrest and hence are of a less serious nature than, say, drunk and disorderly or public order offences. BTP have recently added special interest markers to their crime recording system but do not have 'alcohol-related' as an option at present. Doing so would provide a further source of direct data on the link between alcohol and the offender or offence.

The BTP Annual Report gives details of notifiable and non-notifiable recorded offences. Under non-notifiable offences, a section headed 'alcohol offences' is provided, though no definition of the constituent offences is given. Although crimes recorded by BTP are a small

proportion of all recorded crime, from a crime audit perspective it is important to be aware of possible 'hot spots' that could be identified locally, providing *indirect* data on the link. One difficulty is that records of non-notifiable 'alcohol-related' offences are kept at force level, meaning that some work would be required in order to extract data relevant to a CDRP area.

Probation
- Direct: *Pre-sentence reports; reports based on supervision subject to community penalties and/or licences*

In their submission to the All Party Group on Alcohol Misuse (1995), the National Association of Probation Officers stated that 30 per cent of their clients and 58 per cent of remand and sentenced prisoners experience *severe* alcohol problems. Certainly, in the four research sites probation officers said that a significant proportion of their caseloads had 'drink problems'. The Probation Service can be a useful source of *direct* data indicating (i) those clients with an alcohol problem and
(ii) those clients whose alcohol use is linked to offending. It is important to note that because of issues of confidentiality, the data available will have to be *anonymised* before being shared.

Probation records are based upon - usually computerised - Pre-Sentence Reports (PSRs) and reports relating to supervision subject to community penalties and licences. In each case, probation officers use a risk and needs assessment tool. At the time of writing a new assessment tool (called the OASys system) has been developed and is being 'rolled out' across the Probation Service nationally. Those areas waiting for the new system are still using either ACE or LSI-R assessment.

Risk and needs assessment reports are narrative format documents. A probation officer will consult the offence analysis contained in the Crown Prosecution Service case papers, and these will generally refer to alcohol if it is mentioned as a factor in statements made to the police, including witness statements. Therefore, at PSR stage it will often be possible to identify the likelihood of an offend ing-related alcohol problem. The assessment tools examine social factors such as employment and education and family and personal relationships, and personal factors, such as substance abuse and addictions and health. In addition, attempts are made to identify cognitive factors, e.g. attitudes to victims and motivation to change.

Clearly, probation records provide a 'rich' dataset. However, offenders convicted of summary offences alone will often fall outside the remit of the Probation Service. In these cases, supervision is only likely to arise if magistrates consider an offence to be part of a habitual offending pattern. This means that most offenders found guilty of a number of unambiguously alcohol-related offences (e.g. drunk and disorderly, most drink driving offences) will not be included in probation data. This also often applies to those found guilty of public order offences and criminal damage, many of which are seen as drink-related by the police.

Youth Offending Team
- Direct: *YOT 1 form; ASSET assessment profile*

The first time the Youth Offending Team (YOT) becomes aware of youth offending is following an intervention by the police. At this stage it is police officers who provide the prima facie evidence that alcohol is linked to an offence. In many areas, officers complete some form of 'Youth Detail Sheet' for all cases involving persons aged 10-17 years, which is passed to the local YOT (although there is no national standard either for the procedure or the form involved). The sheet may include a tick box section in which to record 'influencing factors', of which is 'Alcohol' may be an example ('Drugs' and Truancy' are two other common options). If the incident is serious, the young offender concerned enters the 'effective supervision' stage or, if criminal proceedings are likely, a dedicated YOT liaison police officer will become involved. At this stage a more in-depth assessment of the young offender is made by a YOT social worker, generally using the ASSET structured assessment tool developed by the Youth Justice Board. The ASSET assessment profile provides a comprehensive score-based

analysis of 12 factors likely to be associated with further offending. One of these items is 'substance use', and 'alcohol' is one of 14 substance categories.

From the point of view of a *direct* approach to data collection and analysis, youth detail sheets provide a broad indication of the proportion of offences committed by young offenders (albeit a sub-set) where alcohol is seen as an influencing factor. As with all recording systems, data quality is dependent upon the accurate completion of the forms. Data drawn from the ASSET assessment profile ostensibly offer a far more sophisticated picture of the links between alcohol and offending. However, the use of ASSET-derived data is problematic for a number of reasons. Firstly, the system is in its relative infancy, and it was acknowledged at the research sites that improvements to data quality could be made. Secondly, not all YOTs are working with computerised systems, which obviously makes data analysis difficult. Thirdly, the detailed, 'whole-life' assessment built into ASSET does not lend itself easily to simple collation and dissemination via an audit. In view of this, the relatively simple, though imperfect, information provided by youth detail sheets seems more useful for audit purposes.

NHS Hospital Accident Emergency Departments
- *Indirect: Case Notes*

Accident and Emergency (A & E) Departments could be a primary source of *indirect* data on alcohol-related crime and disorder. Dealing with intoxicated persons is a routine event for A & E staff, the busiest times being post - 11.00 p.m. on Fridays and Saturdays. In most cases, A & E attendance will be the result of some injury or dysfunction, rather than purely as a result of intoxication.

All attendees are initially assessed by a triage nurse, who will record if alcohol is present. To assess the underlying condition patients are routinely asked if they have been drinking and, if so, how much. Indications of a head injury, such as slurred speech, may appear the same as the effects of alcohol, for example. Patient notes are hand-written, but a typed discharge letter is generated for the patient to take to their GP, and this will sometimes mention alcohol. Case notes - both nursing and medical - usually record if a patient has consumed alcohol.

A & E data collection systems are designed for efficient clinical administration. A coding system, based upon four broad category groups, allows doctors to diagnose the precise problem(s) associated with each patient. The first category contains sub-categories, of which the following six are the most likely to be associated with alcohol consumption: 'Accident', 'Deliberate Self-Harm', 'Assault', 'Social', 'Other' and 'Did Not Wait' (an 'alcohol' code is used only for cases of alcoholic poisoning). The 'Did Not Wait' category is interesting in that A & E staff interviewed mentioned the frequency with which intoxicated attendees opt not to wait for treatment. 'Assault' refers to cases where the patient alleges that they have been assaulted, or a person with them, police or ambulance personnel does so on their behalf (A & E staff do not make this judgement). The second broad diagnosis category includes sub-categories defining the more specific nature of the injury or dysfunction. The most common sets of injuries consistent with patients who have been drinking excessively are 'Laceration', 'Abrasion', 'Contusion/Bruise' and 'Fracture'. The remaining two broad categories define the precise location of the complaint(s) on the body. A & E data are of limited usefulness for a *direct* approach. Whilst it is possible to define a broad set of injuries consistent with, say, an alleged or suspected assault A & E data would only reveal that a patient/victim had consumed alcohol, indicating the role alcohol plays in making people more vulnerable to an assault, and an assault with more serious consequences. Linking an assault to an assailant who had been drinking, however, would require further information from police and/or witnesses.

An A & E Department can, however, be an excellent source of *indirect* data. In addition to clinical and standard demographic data, coding procedures also pick up extra information relevant to alcohol consumption and its effects - most importantly, time of admittance into A & E and 'Place of Incident' (especially categories 'C; Pub/Club and 'P'; Public Place). Data can also been broken down by mode of arrival (e.g. ambulance, police, 'walk in'), time elapsed since injury, and type of incident.

A final potential source of data is records of staff physically or verbally abused by patients and others in A & E Departments. This would require a simple method of recording whether an assailant appeared to be under the influence of alcohol.

Although A & E Departments *can* be an excellent source of *indirect* data, collection systems are designed to meet clinical requirements, rather than the needs of CDRPs. CDRPs will have to work closely with local hospitals to develop mechanisms for collating relevant data. There are resource implications, but medical services have much to gain from collecting and analysing data that can contribute to the implementation of effective programmes aimed at reducing alcohol-related crime and disorder.

Ambulance Service
- *Indirect: Patient Record Form*

The research sites reported that during the peak 11.00 p.m. - 3.00 a.m. weekend period a high proportion of ambulance attendances relate to individuals who have been drinking. We can assume that this is replicated across the country. Of course, not all of these cases relate to crime or disorder or have a simultaneous police presence.

Accurate clinical diagnosis is the priority behind Ambulance Service data recording practices. Incidents reported to the control room are coded using Medical Priority Dispatch System codes (essentially a triage listing). There is unlikely to be an indication that alcohol is involved at this stage, other than subjective references or an inference deduced from the incident location (e.g. a pub). On arrival, part of the diagnosis is to check with the patient and/or any other people if alcohol has been consumed, and then determine if this is clinically relevant. In practice, paramedics will seek to diagnose any underlying injury that may be masked by intoxication.

Ambulance crews complete a Patient Record Form (PRF); this is designed to enable key data to be optically scanned. Key data fields include case number, the date, time, vehicle call sign, and patient name (where possible). Paramedics can record the presence of alcohol in the patient notes, if appropriate, but these data cannot be searched electronically. They also record instances where a patient states that they have been assaulted, and a raw count of such cases could be derived electronically. The PRFs could also be used to search for trauma factors, e.g. wound, head injury. Although, theoretically, ambulance data could contribute to a *direct* approach to auditing, in practice there are problems. The relation of alcohol to victimisation may be of interest, however, even when a (alleged) victim has been drinking, the data will of course not indicate drinking by a (alleged) perpetrator. Further, it is not the role of the Ambulance Service to make judgements about the links between alcohol consumption and crime/disorder. However, the data can be very useful in terms of an *indirect* approach. Data relating to the types and severity of injuries can be correlated with spatial and temporal data (as well as developments in the local night-time economy). Again, though, there needs to be consistency in recording practices, together with sufficiently detailed information, e.g., it is possible to search on the 'location' code to find out how many emergency calls relate to licensed premises, providing that the location is specified, rather than simply described as 'public space'. Anecdotally, assaults on ambulance staff often involve intoxicated persons. Staff complete an 'Incident Report' form in cases of verbal or physical abuse, and these could provide additional 'alcohol-related' information.

Some Drug Actions Teams (DATs) view their remit as encompassing both illegal drugs and alcohol (and some of these are called Drug and Alcohol Action Teams), whilst others have not usually engaged with the problem of alcohol misuse. At the time of the research, though, DAT priorities were built around illegal drug use, often as a consequence of the tendency for government funding criteria to be 'ring fenced', and this is reflected in a lack of information on alcohol misuse.

However, all DATs were advised by the UK Anti-Drugs Co-ordination Unit to develop Young People's Substance Misuse Plans by March 2001 The plans are not restricted to illegal drugs; they also include misuse of prescription drugs, tobacco and alcohol. As they will be prepared on the basis of data provided by key local services in an integrated approach to substance misuse service provision, the initiative will bring together a range of data, some of which will be concerned with alcohol misuse. These data could be used for comparative purposes over time in a given locality and to that extent contribute to an indirect approach to data collection and analysis.

Due to the nature of their work, local statutory and voluntary sector services concerned with substance misuse can offer only very limited data relating to alcohol misuse. The chronic drinkers who constitute the core group dealt with represent only a small proportion of those individuals who have alcohol problems. Likewise, the data generated by arrest referral schemes are very limited, as they only encompass a tiny minority of offenders who admit to having a drink problem.

Local authority data sources

Social Services
- *Direct:* Care Assessment Files

Social Services data recording is in the form of detailed, individual case files, often completed manually. Care Assessment Files contain a wealth of information, including (where relevant, and disclosed) information relating to alcohol misuse and victimisation/offending. Personal information could not be made available to CDRPs. However, the anonymised files could be analysed periodically so as to indicate, at an aggregated level, any changes in the extent to which alcohol is a feature of social work caseloads.

Education
- *Direct:* Exclusion records; Attendance records; Pupil records

An Education Authority keeps records of exclusions, but any link between alcohol, offending behaviour and exclusion will be extremely difficult to draw out. Only cases that come to police attention (and then, in some cases, the Youth Offending Team) are likely to provide data that can more directly assess this link. In addition, schools keep attendance records. Consequently, if alcohol is thought to be a relevant factor, there will be a reference to alcohol in a pupil's records. In cases of non-attendance and exclusion, educational social workers will explore all aspects of a case, and this may include substance misuse. There will be case files for each individual who comes under supervision, though the role of alcohol will be difficult to isolate.

Anti-social behaviour orders (ASBOs) are available to the police, local authorities and Registered Social Landlords (RSLs) to help deter and prevent the escalation of persistent, anti-social behaviour. ASBOs may be applied for against any person aged 10 or over who has acted in an anti-social manner. They are a civil order restricting certain behaviours, breach of which is a criminal offence dealt with by the courts. Acceptable behaviour contracts (ABCs) provide responsible authorities with an alternative approach to dealing with anti-social behaviour amongst young people. This is achieved by encouraging young people to agree to a contract stating that they will behave in a responsible manner. Whilst ABCs are not legally binding or enforceable, they avoid the costs associated with taking an ASBO application to court and can often serve to highlight a young person's behaviour to their parents and act as a warning that an ASBO will be applied for if the behaviour continues. (More information on ASBOs and ABCs can be found in Home Office Research Study 136, Campbell, 2002.) Information relevant to an ASBO or an ABC will usually be stored on a database that can be searched to determine if alcohol has been recorded in particular cases. Thus data could be collected showing the number of ASBOs issued where alcohol was a factor, together with their geographical distribution, providing a source of *direct* data.

However, it should be noted that alcohol consumption as a factor is likely to be under-recorded as it is dependent on the subject revealing relevant information and the recording officer noting its relevance. Additionally, staff interviewed during the course of the research felt that alcohol was a more visible factor with ASBOs than with ABCs. Finally, as a number of agencies can apply for ASBOs, it should be borne in mind that there might be relevant data in any or all of the three agencies' databases

Some housing departments have specialist units that deal with neighbour disputes and nuisance behaviour. A housing department can be a source of anecdotal information on problems associated with alcohol consumption. Among interviewees there was a general feeling that a large proportion of anti-social behaviour and nuisance on estates is alcohol-related. However, data relating to council tenants do not link 'offending' behaviour to alcohol.

The Serious Offender Database stores information on 'serious offenders' who require re-housing in council property (for instance, on release from prison). The serious offenders' panel receives information from agencies such as the Probation Service, meaning that members of the panel are aware of the details of the offending behaviour. Alcohol may be referred to, but as this information is confidential it could only be made available in an anonymised form to audit teams.

A housing department is responsible for assisting homeless people, or people in danger of becoming homeless. This entails working in partnership with various local agencies, some of which may deal with substance misuse as part of their work (the housing department interview procedure establishes reasons for vulnerability, which may involve substance misuse). A violent relationship is the most common reason for homelessness, and anecdotal evidence reinforces the view that alcohol is often a factor. If it is thought relevant, alcohol will be noted in case records, though the information is dependent upon the account given by an applicant. Given the relative 'invisibility' of domestic violence, these records could provide useful, additional indicative information.

Attempts at systematic and specific alcohol-related data collection runs counter to the holistic approach used to assess and assist both tenants and homeless persons. Nevertheless, a housing department could be a source of 'soft' *(direct)* data on alcohol use, thereby providing a broader picture of its negative effects.

Environmental Services
- *Indirect: Contextual data*

An environmental services department has both a regulatory and an enforcement role in relation to the night-time economy. The department is responsible for processing Public Entertainment Licence (PEL) applications (which may be new or renewals), and is thus a very important source of contextual data. This is particularly so in cases where conditions are attached to a PEL, e.g. participation in a door registration scheme. The addition of extra, or new, conditions can clearly influence the night-time economy. Information on current policies and statistical data on PELs issued or denied can provide useful background data. Thus these data will point to broad trends in the night-time economy that may be reflected in crime and disorder patterns. As noted in a recent study of audits of crime and disorder an environmental health department can also be a rich source of *contextual* data on such things as damage, nuisance and complaints about noise:

> In many ways, the District Environmental Health Department can be
> viewed as an 'early warning system' that a local environment is
> starting to decline. (Tierney, et al., 2001)

Technical Services
- *Indirect: Street cleansing records*

A technical services department is responsible for the general cleanliness of public areas and facilities; this includes refuse management and street cleansing. In many towns and cities the night-time economy generates a substantial 'morning after' clean-up operation, involving large amounts of litter, often vomit and urine, and at times blood left as a result of an accident or an assault.

A technical services department could provide spatial and temporal data useful for developing an *indirect* approach to assessing alcohol-related crime and disorder. However, at present street cleansing services do not engage in formal recording procedures whereby incidents can be logged. If formal recording procedures were introduced, street cleansing data could be consulted in order to identify problematic trends, e.g. empty glasses and bottles regularly found in certain locations.

Planning
- *Indirect: Contextual data*

A planning department is responsible for processing, controlling and developing planning applications within an authority. As part of an effort to regenerate their local economies, planning services have played a key role in the development of 'entertainment quarters'. A planning department is, therefore, an important source of contextual data on the mix of licensed premises active in a town or city centre, and expected future developments. Interestingly, in City A, the department became more sensitive to issues of community safety following the implementation of the 1998 Crime and Disorder Act, which brought a closer involvement with other partners in the development of crime and disorder strategies. There is now, for instance, a new police-planning consultation system for dealing with 'A3' (bar, restaurant etc.) and 'D2' (night club) planning applications.

As a part of the local authority, planning departments have a duty, under Section 17 of the 1998 Crime and Disorder Act, to consider the crime and disorder implications of their work[3]. However, at present, planning departments do not have a responsibility to record information on alcohol-related crime and disorder. Such information, which would come from the police, may be used to inform the process of dealing with 'A3' and 'D2' applications, and other issues, such as the location of cash point machines.

N.B. If a refused planning application goes to appeal, the centralised Planning Inspectorate, which is exempt from Section 17, may overturn a local authority decision.

City Centre Management
- *Indirect: Contextual data*

City centre managers are responsible for a broad range of strategic matters in connection with the retail and night-time economies, as well as having a general role in respect of community safety in the town/city centre. Although they cannot provide hard data, as a focal point for a range of opinions and perspectives (commercial, local authority and police), a city centre manager is inevitably a repository of contextual data relating to alcohol, crime and disorder.

'Other' data sources

Licensed Premises
- *Indirect: Incident records*

Many licensed premises, especially night clubs, maintain records of incidents occurring on or immediately outside the premises. These cover a very wide range: complaints about the food served, problems with drugs, fights, and so on. In the night clubs visited during the research, records were extremely detailed. The night clubs that were part of national chains transferred the data to a company database on a regular basis. Although the nature of the environment might lead one to assume that alcohol plays a part in many, if not most, incidents recorded, because of current recording practices the link will not be clear. In terms of a source of *indirect* data, though, these records can provide useful information on the types of incident occurring within the night-time economy. However, there is no obligation to share data, and there is a potential problem of the stigmatisation of venues and negative commercial impact if they do.

Alcohol-Related Initiatives
- *Indirect: Contextual data*

All CDRP areas are likely to have introduced one or more alcohol-related initiatives aimed at addressing or preventing problems associated with drinking. Whilst these approaches may vary greatly from one Crime and Disorder Reduction Partnership to the next, initiatives which involve regular minuted meetings can provide useful background and contextual information.

CCTV
- *Direct: Incident log database*
- *Indirect: Incident log database*

CCTV systems are commonplace, especially in town and city centre locations. Some have progressed to digital technology, some use police operators or supervisors, others rely on civilian staff (in some cases volunteers), some operate 24 hours a day, others only at certain times, some cameras are unmonitored, and some control rooms lack direct radio links with police. In view of this, the type and quality of data available will vary widely. Interviews with CCTV operators revealed that the busiest times mirrored operational policing experience, i.e. Friday and Saturday nights.

Staff operating a CCTV system will log incidents observed in an occurrence book, and this information may be imported into a database. In the more sophisticated systems, the information can be translated into tables and graphs, and spatial and temporal correlations can be made. Even with the most sophisticated system, though, operators can only log what they have seen (or believe they have seen), consequently, they routinely make subjective judgements about the involvement of alcohol. However, at particular times, in particular

locations, and taking the general behaviour and circumstances of those observed into consideration, reasonable assessments that an incident is alcohol-related can be made. The quality of this *direct* data would be improved if the control room were to receive additional information from the police regarding specific incidents, in order that (i) incidents not recorded by the police can be identified, and (ii) further information regarding the influence of alcohol can be added to the information that *is* recorded by the police (it would be helpful if the control room and police used the same incident codes; this is not always the case).

CCTV systems can be a useful source of *indirect* temporal and spatial data. However, there is a need for consistency in recording practices; analysis of control room incident logs in one site showed a variation in descriptive practices by different operators. Nonetheless, the logs provided a rich flavour of the night-time economy.

Bus Services
- Direct: *Health and safety form; Incident form*
- Indirect: *Health and Safety form; Incident form*

Bus companies often expect their drivers to fill in a health and safety form recording incidents of verbal or physical abuse. They are also expected to complete a vehicle incident form if they are involved in an accident, or if an incident occurs involving passengers (e.g. fighting, acts of criminal damage). Any reference to alcohol would be recorded in a free text box. Information from these forms is kept on the bus company's database. Potentially, this information could be useful within a *direct* or **an** *indirect* approach. Although an examination of forms during the research found few where alcohol was mentioned, with an 'indirect' approach a reference to alcohol is not necessary. Some databases enable the mapping of incidents spatially and temporally and, providing that recording practices are consistent, valuable correlations between certain types of incidents and the night-time economy could be made. However, whilst there may be a positive reporting *policy,* there are data gaps simply because some drivers do not report incidents. Note: local taxi companies may also collect similar information.

Alcohol and Drug Advisory/Treatment Services
- Direct: *Case files*
- Indirect: *Case files*

The nature of community-based alcohol and drug advisory/treatment services varies from one area to another. Confidentiality precludes CDRPs having direct access to case files, however, anonymised data could be shared. In some instances a service could provide information pertaining to the efficacy of treatment programmes, as well as broader contextual information relating to problem drinking in the area. Whilst acknowledging the need for client confidentiality, alcohol advisory services could provide a wider perspective on the personal and social problems facing those involved in alcohol misuse. The *Christo Inventory,* which is used by many services, offers a standardised, professional assessment of alcohol-related problems. Information available from these forms, though, is dependent upon the details disclosed by a client, and obviously some will not admit to any criminal history they may have. Furthermore, although broad links between alcohol and offending can be made, offending behaviour is not profiled. Thus alcohol and drug advisory/treatment service can offer some limited data that can make a contribution to both a *direct* (based on personal histories) and an *indirect* (based on local contextual information) approach.

Victim Support
- *Direct: Case report*

During an initial interview with crime victims, alcohol might emerge as a relevant factor and be recorded in the case report. Not all victims accept assistance from Victim Support, hence any data would only relate to a sub-set of victims. Collecting alcohol-related information would create an extra administrative burden on support workers and those charged with collecting/analysing relevant data. In some cases victims will obscure the fact that *they* had been drinking when an incident occurred. It is likely that this will be most prevalent in cases where a criminal injuries compensation claim is submitted, as victims may feel that it will prejudice their case.

Domestic Violence Forums, Women's Refuges/Aid
- *Indirect: Contextual*

Research has documented the links between domestic violence and alcohol (e.g. Lindquist *et al.,* 1997): perpetrators will sometimes have been drinking when they attack their partners and victims/survivors sometimes drink as a mechanism for coping with violence. In the 2000 British Crime Survey (Kershaw *et al.,* 2000) 44 per cent of victims of domestic violence described the perpetrator as being under the influence of alcohol.

It may be possible to derive a correlation between domestic violence incidents and the presence of alcohol from, for example, police records or victim surveys. However, a large proportion of cases is not picked up by the criminal justice system. Turning to the groups and services concerned with domestic violence, the message from all sites was that at present no data linking domestic violence to alcohol are available, though there is anecdotal evidence. In terms of auditing and routine profiling, data from these sources are contextual.

Sexual Assault Referral Centres
- *Direct: Case file*

In some areas, referral centres for victims of sexual assault have been established (there was one in City A, run jointly by the police and health service). People either self-refer or are brought to the centre by the police. In the case of an alleged rape, medical examinations take place at the centre, and various support services will be made available to the victim. If the victim or perpetrator (according to the victim's account) was intoxicated at the time of the alleged offence, this will be recorded in the case file. Workers at the centre were of the opinion that alcohol was an important factor in sexual assault cases, in that it is connected to the issue of consent. However, one added: 'Alcohol is currently recorded in a haphazard way' (blood and urine tests are only undertaken where tests are believed to be particularly relevant e.g. when there are indications that drinks have been 'spiked'). Although, therefore, data on alcohol is often dependent upon subjective accounts and professional judgements, it can be indicative of the scale of the problem within the context of sexual assaults.

Services for Homeless Persons
- *Indirect: Contextual data*

Some organisations that offer help, advice and hostel accommodation to homeless people specifically target those with problems of alcohol dependency. Workers in the research sites indicated that some common factors were associated with dependency such as being drunk and disorderly, drink driving and shoplifting. Data available from these sources provide information on a small number of usually 'hard to reach' people and their problems. However, because workers are not in a position to verify connections between alcohol misuse and offending, the data (which would have to be anonymised) are of limited use in terms of a direct approach. They can, though, be used to indicate background factors relating to a small proportion of the population.

Football Stadia
- Direct: Match reports

Although quality and detail will vary, safety and security managers working in professional football stadia will have a database containing information on arrests and ejections, and sometimes 'drunk and disorderly' will be mentioned. It will be difficult to ascertain the extent to which alcohol is involved in the incidents recorded, but records involving public disorder or assault could be used to indicate broad trends.

Consultation and Surveys
- Direct and indirect

Consultation is an important dimension to carrying out crime and disorder audits, and is intended to actively involve the local community in establishing strategic priorities. Clearly, these 'voices' may well have something to say about the implications of alcohol consumption on crime and disorder. Likewise, CDRPs can draw on findings locally conducted of victimisation and fear of crime surveys which include alcohol measures.

Local Research and Data Collection and Analysis Facilities
- Direct and Indirect

Some CDRPs have local, centralised data collection and analysis facilities for auditing purposes and in some cases these also carry out their own research, which can be drawn on by CDRPs. Specialised departments or individual researchers in local universities may also be sources of relevant research. In addition, research may be carried out (or funded) by local agencies or local authorities.

4. A co-ordinated approach

CDRPs and individual organisations must consider various issues when collecting data and making it available to others for the purposes of auditing and routine profiling. It is important to ensure that the process is co-ordinated and that recipients are clear about data quality and limitations. Particular issues that should be addressed are consistency in data collection/analysis, 'mainstreaming' data collection, and data-sharing protocols.

Consistency

CDRPs are likely to be concerned about trends in alcohol-related crime and disorder, especially where alcohol-related crime and disorder strategies and targets exist. The most effective way of examining trends is for agencies to establish data measurement tools that are utilised repeatedly and consistently over time. This is not to say that where better methods of data collection are identified these should be dismissed for the sake of consistency. Rather, it is important that the implications of any definitional or methodological changes are identified at source and communicated to others utilising and interpreting data. At the present time, CDRPs need to be especially aware of the impact of the National Crime Recording Standard (NCRS), officially introduced in England and Wales in April 2002 (some forces adopted the new counting rules prior to April 2002), on crime data. Taking a more victim-orientated approach to crime recording, the NCRS promotes greater consistency of crime recording between police forces. However, the standard will affect counts of crimes in any one force area overtime, and the extent to which it does so will depend on the previous force-level rules and practices. Caution will therefore need to be taken when examining trends in recorded crime rates before and after the counting rule changes.

Mainstreaming

A related issue that CDRPs should consider is the encouragement of 'mainstreaming' of data, that is, the collection and analysis of data as part of the routine working practices by participant organisations. Auditing and routine profiling processes will benefit from CDRPs developing data management systems that facilitate the 'mainstreaming' of crime and disorder data by partner organisations and others. Organisations will need to have a clear understanding of precisely what is required from them by the Partnership. One difficult issue is encouraging an organisation, or service, to invest resources into the mainstreaming of such data, when it has not done so traditionally. Addressing *alcohol-related* crime and disorder data adds another dimension to this. The costs to an organisation of feeding into the crime and disorder audit and strategy process, however, is likely to be offset by the rewards for doing so. For example, one incident of serious wounding costs health services an average of £8,500 (Brand and Price, 2000). Information shared for the purposes of the crime and disorder audit will help inform strategies through which alcohol-related crime and disorder is reduced or the harm minimised.

In the case of statutory partners such as the police and probation, the collection of crime and disorder-related data is inherent in their work, and these data can be drawn on within the specific context of alcohol-related crime and disorder. Local authority departments can also provide both 'direct' and 'indirect' alcohol-related data, and mainstreaming among these organisations is supported by:

- A local authority's legal obligations under Section 17 of the Crime and Disorder Act 1998 to take account of the crime and disorder implications of their actions and to do all they reasonably can to prevent crime and disorder in their area.
- The requirement under the Local Government Act 2000 for local authorities to consider the social, economic and environmental well-being of its area.
- The requirement under the same Act for a local authority to produce a Community Strategy (which will include various quality of life issues).
- The 2001/02 Best Value Performance Indicator, which requires a local authority to set up a Corporate Community Safety Strategy (in line with the local audit).
- Ensuring that Best Value reviews incorporate crime and disorder.

The extent to which other organisations, such as bus companies and taxi firms, 'mainstream' relevant data (even when to do so is company policy) varies considerably. If CDRPs could encourage the development of more rigorous and consistent recording practices they would create additional useful data sources.

There are further resource implications of drawing data together from different sources and analysing them in order to establish correlations. However, if the data can play a part in informing strategies that reduce incidents of alcohol-related crime and disorder (e.g. cases of assault), these reductions will have a positive impact on organisations' primary functions.

Data sharing

As a result of statutory obligations under the terms of the 1998 Crime and Disorder Act, CDRPs have local, generic data sharing protocols in place. There are, though, variations in how detailed these are, and how informed about them the various agencies are. The finding from the four research sites was that whilst data protocols covering 'core' data existed, there was some uncertainty regarding how far the process should go, including who precisely should have access to information, and many felt that more rigorous guidelines would be beneficial. In particular, there are obvious difficulties when the data involve issues of confidentiality. Patient records within the health services are especially considered highly confidential. However, Section 115 of the Crime and Disorder Act gives public bodies the power to share information in so far as doing so is aimed at reducing crime and disorder in accordance with the provisions of the Act. Home Office guidance on 'information exchange' within CDRPs can be found on the Crime Reduction website. When sharing information, personal data should be anonymised, thereby removing the potential for any identification of the individual. For the most part, data made available to the Partnership is likely to be aggregated, but care should still be taken to ensure that it is also anonymised. Overall, there is no reason why agencies whose records are based on personal case files cannot be anonymised and then aggregated for the purposes of information exchange.

Some organisations may collect relevant data, but are under no obligation to supply that to CDRPs. Licensed premises, for example, may hold records that could be used to fill gaps in police data, but may be reluctant to share that information if it is perceived that it will stigmatise individual venues. CDRPs will need to build relations with partner members to create a culture in which the information can be shared without inviting prejudice against the source organisation.

5. Conclusions

Evidence from a large body of research carried out in Britain and elsewhere has established that alcohol consumption is a significant contributory factor with respect to a range of offences, and in particular violence and disorderly and anti-social behaviour. It is also a significant contributory factor with respect to having an enjoyable night out and making friends. These are the conflicting realities that make the issue so complex, and underline why work in this field needs to be carefully balanced. It is not alcohol consumption *per se* that is at issue. At issue are those circumstances and situations where the consumption of alcohol contributes to unacceptable forms of behaviour. CDRPs are expected to play a part in developing strategies that will minimise the crime and disorder risks posed by alcohol consumption. An important starting point is for CDRPs to acknowledge that alcohol consumption *is* a contributory factor in many crime and disorder incidents, and that includes making the consequences of such incidents more serious.

Building up a picture of local crime and disorder problems through a properly conducted audit is the basis for the development of appropriate strategies. Thus information regarding the links between alcohol consumption and crime and disorder (e.g. within the context of the night-time economy) indicates what the problems are *and* possible ways forward in terms of addressing those problems. Alcohol consumption will, at least to some extent, be linked to the crime and disorder problems likely to be identified as strategic priorities in an audit, and in some cases the link will be strong. And it should be stressed that CDRPs are expected to take the views of the community into consideration via processes of consultation.

Carrying out audits of crime and disorder in general is always complex, and to a greater or lesser degree, data are always flawed. However, collecting data on alcohol-related crime and disorder brings its own particular problems. Partnerships may feel defeated in the face of such difficulties. However, as we have tried to show in this document, there is a positive way forward. Relevant and useful local data are available, or are at least potentially available. The way forward is necessarily based upon an understanding of what can reasonably be expected of a CDRP - working towards a realistic standard of proof.

This guidance document discusses various sources of alcohol-related crime and disorder data available to local CDRPs, distinguishing between 'direct' and an 'indirect' data. Essentially, a direct approach is based (ideally) on attempting to establish proof of a link between an offender's drinking and their 'offence'. Some of the sources provide useful 'direct' data. However, identifying the precise role alcohol plays in crime is an issue that divides the academic community, not just crime and disorder practitioners. The unequivocal influence of alcohol on offending behaviour can only be determined in those cases for which alcohol consumption is inherent to the offence definition (e.g., drunk and disorderly) or, further, if an offender is tested against some objective legal standard (e.g., drink-driving). Determining whether or not any other form of incident would have occurred if alcohol had not been consumed is not possible. In virtually all cases, direct data are derived from subjective judgements made by individuals working in the various agencies and organisations. Whilst such data can be used for auditing and routine profiling, their reliability is dependent upon the extent to which recording practices are consistent.

CDRPs can be unnecessarily constrained by seeking to rely exclusively on a direct approach. A complementary, and potentially more productive way of proceeding, is to use an indirect approach. Here data used are not derived from linking alcohol consumption with a specific offence or offender. An indirect approach is based upon establishing significant correlations between incidents/offences/victimisation and spatial, temporal and contextual data (regardless of whether or not the presence of alcohol has been recorded). Developments in the local night-time economy are of key importance from the point of view of contextual data, for it is here that many of the problems associated with alcohol consumption will be located.

It is the responsibility of local CDRPs to inform partner agencies and others precisely what is required from them and be prepared to negotiate the best method for dissemination of

resulting information. Partnerships should actively encourage agencies to collect and analyse data that are, in most cases, readily available. These data, once anonymised, can be shared for the purposes of auditing and profiling. By ensuring the recording and analysis become routine practice, the cost implications are likely to be minimised.

There are difficult problems to overcome in the measurement of alcohol-related crime and disorder, but these are not intractable. Local alcohol-related crime and disorder data are illusive and flawed, but not fatally. At the very least they provide a prima facie case that problems exist - a conclusion strongly supported by the evidence from a large body of research.

Useful Websites

The Home Office **Action Plan** Tackling Alcohol-related Crime Disorder and Nuisance' encouraging local action to reduce levels of alcohol-related crime, disorder and nuisance by addressing three objectives: *www.homeoffice.gov.uk/pcrg/aap0700.htm*

The Home Office **Alcohol and Crime toolkit,** drawing together information on the latest developments, research findings and promising approaches to reducing crime and disorder problems associated with alcohol: *www.crimereduction.gov.uk/toolkits/ar01.htm*

British Crime Survey Internet webpage: *www.homeoffice.gov.uk/rds/bcs1 .html*

The **Crime and Disorder Act Guidance:** Chapter 5 provides guidance on information exchange: *http://l01hc002/cdact/cdaguid.htm#Contents*

The **Crime Reduction Strategy,** guidance to the government's strategy to fight crime and the fear of crime in which Crime and Disorder Reduction Partnerships play a central role: *www.crimereduction.gov.uk/crssummary.htm*

The Home Office **Crime Reduction Website,** offering advice, ideas and experience and a forum for the sharing of ideas relating to crime reduction: *www.crimereduction.gov.uk*

The Home Office **Passport to Evaluation** a new distance learning package looking at the basic techniques used to evaluate crime reduction projects. See especially Part 3, pages 64-78 on principles of data gathering and analysis: *www.crimereduction.gov.uk/learningzone/evaluation.htm*

The Home Office **Using Intelligence & Information toolkit,** covering analytical techniques and products for effective intelligence/information, and processes for effective information processing: *www.crimereduction.co.uk/toolkits/ui01 .htm*

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