



# Alcohol and Crime

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## Introduction

The role of alcohol as a factor implicated in criminal behaviour has long been a topic of research interest. Surveys of offenders show that they are very heavy drinkers in comparison with non-offenders, particularly 16 - 24 year olds. In the UK, around 60% of male prisoners and almost 40% of female prisoners are hazardous drinkers, as measured by the Alcohol Use Disorders Identification Test (AUDIT), compared with around 30% male and at most 10% female general hospital patients (Singleton et al, 1999). We also know that offending is more prevalent in heavy drinkers (Fergusson, 1996), and population studies show that, as alcohol consumption increases, so does violent offending (Norström, 1998). Many arrestees are drunk (Bennett, 1998), and a sizeable proportion of offenders admit to a relationship between their drinking and offending (McMurrin and Hollin, 1989).

This accumulation of evidence supports the notion that alcohol plays a role in the commission of offences, however, there are several possible types of relationship (Collins, 1982; Roberts et al, 1999). Alcohol may cause crime directly (e.g., disinhibition; cognitive impairment); alcohol and crime may be linked through a shared third factor (e.g., personality; social disadvantage); alcohol and crime may be in a conjunctive relationship, connected by social and contextual factors (e.g., being in a pub with other drinkers); crime may lead to drinking (e.g., having the money; to assuage guilt); or the relationship may be spurious (e.g., lying about drinking to mitigate crime). Within any population of drinkers, each of these will apply to some proportion, and even within any one drinker, each of these relationships may apply at some time.

It is plain that the question to ask is: "What types of crime are committed by what kinds of people under what conditions, and what role does alcohol play in the commission of the crime?". This question may be translated into the study of risk factors for alcohol-related crime, an epidemiological approach where the multiplicity of factors implicated in the commission of alcohol-related crime can be acknowledged (Room and Rossow, in press).

## Antisocial behaviour and crime

Drinking is associated with many types of crime, including drink-specific crimes (e.g., underage drinking, drunkenness, driving whilst under the influence), property damage and fire-setting, acquisitive offences, aggression and violence, and sexual offending. Drinking and delinquency, along with other disapproved behaviours, are not uncommon in adolescence, with most problem behaviour being adolescent-limited (Moffitt, 1993), however antisocial behaviour persists in some people.

Many factors are common to the development of both drinking and delinquency, for example low IQ, poorer families, larger families, family discord, and poor family management practices, such as lax supervision, harsh punishment for misdemeanours, and lack of praise for good behaviour (Farrington, 1995; Hawkins et al., 1992). Research into the predictors of drink-driving, show that these are highly similar to those for anti-social behaviour and delinquency generally (Karlsson and Romelsjö, 1997). Drink-specific crimes apart, violence has the strongest relationship with drinking and hence has received most research attention.

## Violence

There is a wealth of evidence of a strong relationship between alcohol intoxication and aggressive and violent behaviour that comes from criminal statistics, studies of offenders, and longitudinal studies of general population cohorts, augmented by laboratory research into the study of aggression (Farrington, 1996; Farrington and Hawkins, 1991; Fergusson et al., 1996; Graham et al., 1998; Loeber, 1988, 1990; Murdoch et al., 1990). Using data from a longitudinal study of a birth cohort in New Zealand, Fergusson and colleagues (Fergusson and Horwood, 2000; Fergusson et al., 1996) have shown that a substantial amount of the relationship between alcohol use and crime is related to shared factors, such as social disadvantage and deviant peer affiliations. Nevertheless, when these confounding variables are controlled for, a significant relationship remains between alcohol misuse and crime, particularly violent crime. The suggestion is that alcohol misuse and violent offending arise via a similar route -- the antecedent risk factors are highly similar -- but that there is also a direct cause and effect between alcohol misuse and violent offending. Of particular concern is that sub-group of perpetrators of domestic violence, whom much of the evidence suggests are similar to generally violent men, but with exceptionally high rates of substance abuse (La Taillade and Jacobson, 1997; Sharps et al., 2001).

### Risk factors for alcohol-related violence

1. Family history
  - (a) Both heavy drinking and criminality run in families. For example, fathers who are alcoholic and criminal are most likely to raise alcoholic and criminal sons (McCord, 1999).  
Biogenetic and socialisation factors have both been studied in relation to family transmission.
  - (b) Inherited behavioural traits may be the key predisposing factor to drinking and aggression, with traits affecting psychosocial development (Tarter, 1988). Impulsivity, which may have a biological basis in low serotonergic functioning, is associated with a variety of impulse control problems, including aggression, violence, and alcoholism (Moffitt et al., 1998).
2. Childhood disorders
  - (a) Impulsivity may manifest itself in a range of disorders. The childhood psychiatric disorder of attention deficit/hyperactivity disorder (ADHD) places children at greater risk of both later aggressive offending and substance misuse, particularly where ADHD develops into conduct disorder (Maughan, 1993; Wilens and Biederman, 1993).
  - (b) Hyperactive boys, compared with non-hyperactive boys, have been identified as eight times more likely to commit a violent offence and three times more likely to develop alcohol problems in adulthood, with the co-occurrence of hyperactivity, alcohol problems and violence in the same people occurring ten times more often than expected by chance (Klinterberg et al., 1993).
3. Family management
  - (a) Laboratory evidence suggests that hyperactive children are stressful to parents and those

with a history of alcohol problems in the family may drink to help them cope, with alcohol use being associated with those family management practices that are predictive of delinquency and substance use (Pelham and Lang, 1993).

- (b) Parents who drink heavily also present a model of excessive drinking, and pro-substance use norms have been shown to predict both delinquency and substance use in a longitudinal study of aggressive boys (O'Donnell et al., 1995).
- (c) Furthermore, if the parents are aggressive or violent when intoxicated, the child may witness or experience aggression, increasing the likelihood that the child will become aggressive in adulthood (Milner and Dopke, 1997).

#### 4. Personality / personality disorders

- (a) Impulsivity is associated with a range of adult personality disorders and substance use disorders (O'Boyle and Barratt, 1993; Siever and Davis, 1991; Verheul et al., 1995).
- (b) The alcohol-aggression relationship has been scrutinised in laboratory studies showing that, overall, individuals who receive alcohol are more aggressive when provoked in laboratory tests compared with those who do not receive alcohol or those who are given a placebo, i.e., think they are drinking alcohol but are not, and the more people drink the more aggressively they respond, however, aggression is greater for those who are of an aggressive disposition in the first place (Chermack and Giancola, 1997).

#### 5. Cognitive functioning

- (a) Serotonin deficits are also associated with impaired cognitive functioning (Pihl and Lemarquand, 1998). Impulsivity may impede the acquisition of thinking and reasoning skills early on in life, and impaired executive cognitive functioning is associated with aggressiveness, impulsive violent crime and with antisocial personality disorder (Giancola et al., 1996; Golden et al., 1996; McMurrin et al., in press).
- (b) Related to this is that low intelligence is predictive of offending, particularly violent offending (Farrington, 2001), with measures of cognitive functioning being the means by which intelligence is inferred.
- (c) Alcohol takes its effect in part by altering the cognitive control system, causing 'alcohol myopia' (Josephs and Steele, 1990), where intoxicated individuals attend primarily to salient and proximal situational factors (e.g., threat), and have reduced access to a range of methods for solving problems. Thus, alcohol further impairs attention, abstracting relevant information, reasoning, problem-solving, planning, and self-regulation, increasing the risk of aggression in those who are anyway at risk.

#### 6. Context

- (d) Violence is clearly more likely to happen where people are grouped together, particularly if others are also drunk and of an aggressive disposition. Violence most commonly occurs in and around city centre licensed premises and entertainment venues, especially where young men

gather and drink heavily on weekend nights (Hope, 1985; Lang et al., 1995; Ramsay, 1982).

- (b) Not only is the assailant likely to be intoxicated, but so is the victim of violence (Lindqvist, 1991), which may be because violence is common in social drinking venues, where the probability of both the assailant and the victim being intoxicated is high. However, as intoxicated people are less able to ignore threats or prevent escalation of conflict, this effect may be multiplicative in a group of drinkers (Graham et al., 1998).

## 7. Outcome expectancies

- (a) The effects one expects to experience from drinking are cognitive representations of past experience that predict future behaviour (Goldman, 1994; Goldman et al., 1987). Some alcohol-related outcome expectancies can be criminogenic, for example the outcome expectancy that drinking alcohol will lead to aggression and violence. Whilst the pharmacological effects of alcohol are probably more potent than expectancies, at high doses of alcohol consumption those who think alcohol makes them aggressive are more extremely aggressive (Chermack and Taylor, 1995).
- (b) General outcome expectancy scales are available, but there is currently no comprehensive alcohol and aggression scale available, although one is under development (McMurran et al., submitted).

## 8. Lifestyles of drinking and crime

- (a) Most people grow out of substance use and delinquency as they acquire responsibilities, but for some people crime and substance use become a way of life (Walters, 1998). Lifestyles of crime and substance use lead people into social contexts that breed further crime and reduce prosocial opportunities, until eventually the person seems trapped in an antisocial lifestyle.
- (b) The rational offender then develops and strengthens beliefs that a lifestyle of drinking and crime is a reasonable way to live and these antisocial attitudes militate against change (Walters, 1998).

## 9. Mental illness

- (a) A combination of schizophrenia and alcohol abuse increases the risk for violence, with male schizophrenia sufferers who abuse alcohol being 25 times more likely to commit violent crimes than healthy men, although it has also been observed that the mental illness adds only a little to the risk over and above the substance abuse (Räsänen et al., 1998; Swanson, 1994).
- (b) In most mentally ill people, the potent risk factor for violence is substance abuse and, while mental illness adds to that risk, mental illness is mostly not the causal factor. This position is supported in a meta-analysis of predictors of risk in mentally disordered offenders in which major predictors of risk were found to be the same for mentally disordered offenders as for non-mentally disordered offenders (Bonta et al., 1998). Assumptions that psychopathology is the major cause of recidivism have meant that 'normal' risk factors have received little

attention in this group, and it is interesting to note that the role of alcohol use in violent recidivism has not been recorded in the studies contributing to the meta-analysis.

### Factors that protect against alcohol-related violence

Far less work has been done to identify factors that protect against heavy drinking and violence. We know that protective factors do apply, for example:

1. Maternal 'competence', i.e., self-confidence, non-punitive, and affectionate (McCord, 1999);
2. Being nervous and socially withdrawn in boys (Farrington, 1995);
3. Having parents and siblings with no convictions (Farrington, 1995);
4. Bonding to family, school, and the community (Elliott et al., 1985).

### Sexual offending

Less work has been done on the role of alcohol in sexual offending. Between 30 and 50% of rapists are reported to have been drinking at the time of the offence (Maldonado et al., 1988; Martin, 2001; West and Wright, 1981), and the alcohol consumption of convicted rapists and child molesters is significantly greater than that of non-sexually violent offenders (Abracen et al., 2000). Despite this, alcohol problems are not a predictor of sexual recidivism (Hanson and Bussière, 1998; Prentky et al., 1997).

Sexual offending theories place alcohol variously in the role of:

1. overcoming internal inhibitions to offend (Finkelhor, 1984),
2. interfering with self-regulation (Ward and Hudson, 1998),
3. impairing cognitive functioning through 'alcohol myopia' (Josephs and Steele, 1990), as is the case with non-sexual aggression (Seto and Barbaree, 1995), and
4. a consequence emotional loneliness, a common factor that explains both drinking and sexual offending (Abracen et al., 2000).

Research testing these putative roles is scarce. In laboratory research, although findings are equivocal, there is evidence that alcohol can disinhibit sexual arousal (Seto and Barbaree, 1995). There is also some evidence to suggest that rapists hold the outcome expectancy that drinking will lead to them doing something sexually risky (McMurran and Bellfield, 1993).

### Interventions

1. Prevention
  - (a) It is important to prevent alcohol-related violence by addressing the broad context in which drinking occurs (Edwards and members of the Alcohol and Public Policy Project, 1994; Shepherd and Lises, 1998). This is done through, for instance:
    - i. National and local legislation controls of the availability of alcohol (e.g., banning

- the sale of alcohol at sports grounds and prohibiting drinking in certain public places),
  - ii. Targeted policing (e.g., weekend night-time police presence in city centres),
  - iii. Altering drinking venues (e.g., seating, noise levels and decor in pubs and clubs, and using toughened glass),
  - iv. Training bar staff (e.g., de-escalation skills),
  - v. Staggering closing times.
- (b) Prevention is prominent in relation to drink-driving, for example, targeting young people's access to alcohol (Wagenaar et al., 2000), promoting designated driver schemes (Meier et al., 1998), and random breath testing (Baum, 1999).
- (c) Since risk factors for heavy drinking and crime are shared, interventions aimed at family and school may influence both outcomes, as well as alcohol-related crimes of all types (property offending, violence, and drink-driving). Supporting parents and helping them manage their children effectively, family therapies, pre-school intellectual enrichment programmes, and improving school affiliation are all important (Farrington, 1994; 1995; Kazdin, 1997; Mulvey et al., 1993).

Two recent UK Government initiatives bode well for research into prevention. First, in association with proposed relaxation of the licensing laws, the Government intends to take into account crime prevention measures put in place by licensees in granting licences, as well as increasing police powers to close disorderly houses (Home Office, 2001). This would be fertile ground for collaboration between applied researchers, the police, and licensees, a model for which is the South Wales Police's Tackling Alcohol-Related Street Crime (TASC) initiative ([www.cardiff.tasc.cwc.net](http://www.cardiff.tasc.cwc.net)). Second, the Government's Crime Reduction Programme has included early intervention approaches (e.g., Sure Start and On Track) that are evidence-based, and are also fertile ground for research.

## 2. Treatment

- (a) A new breed of interventions has recently begun to evolve from programmes that address substance misuse in a client group that happens to be offenders. Emerging now are integrated treatments for offenders whose crimes are related to substance misuse, with effectiveness data beginning to emerge (Correctional Services of Canada, 1999; McMurrin and Priestley, 2001; Wanberg and Milkman, 1998).
- (b) Interventions specifically addressing alcohol-related violence are underdeveloped. Graham et al. (1998) point out that there is a need for interventions that reduce violent behaviour by integrating aggression and alcohol treatments. One programme that does this is Control Of Violence for Angry, Impulsive Drinkers (COVAID), which is currently being piloted in Cardiff (McMurrin, in preparation).
- (c) For mentally ill substance users, the preference is to integrate substance use and psychiatric treatments, although the evidence for the effectiveness of integrated treatment is weak (Ley et al., 2001). In their review of US dual diagnosis treatment programmes in prisons, Edens et al. (1997) note that the core elements of these programmes are similar to those of general

substance abuse programmes, but with the addition of a strong community atmosphere, medication, case management, and basic life skills training. Preliminary results indicate that such programmes improve retention in treatment and reduce criminal recidivism.

### Recommendations for future research

1. As with most research in criminal behaviour, we know more about the development of alcohol-related crime in males than females, and in the UK there is a dearth of research that relates to minority cultural and ethnic groups. These gaps present an obstacle to the development of effective gender- and culture-sensitive prevention and treatment programmes.
2. Little is known about factors that protect against the development of alcohol-related offending. Protective factors may provide information that would enhance the efficacy of prevention and treatment efforts, and further investigation of these, preferably in longitudinal studies, would be valuable.
3. Further information needs to be gathered regarding the relationship between alcohol and sexual offending.
4. New Government initiatives (e.g., changes to licensing laws, and early crime prevention programmes) should be rigorously evaluated, with long-term funding provided. This is mentioned in case the opportunity should be lost. Multiple outcome measures should be used, including alcohol consumption and a range of criminal behaviours.
5. Substance misuse interventions for offenders are most commonly targeted at changing illicit drug use. Programmes targeting alcohol use, alcohol-related crime, and, specifically, alcohol-related aggression or violence are very few indeed. Most of the alcohol-related programmes that do exist have not received the attention that other criminal justice programmes receive by way of organisational support for programme development, staff training, and accreditation. Indeed, of all the programmes that are currently accredited for use in the UK criminal justice systems, none specifically addresses alcohol-related crime. Developing and evaluating such programmes would be useful.
6. In relation to the above, efforts to develop and evaluate components of interventions that target specific criminogenic factors would be invaluable, for example devising methods of attenuating alcohol-related criminogenic outcome expectancies, and changing values that support drinking and crime. That is, interventions need to be refreshed with new, evidence-based material.
7. Meta-analyses of treatment outcome studies (e.g., Lipsey, 1995) show that the largest effect sizes are found where, amongst other things, treatments are intensive and applied with high-risk offenders. Consequently, resources in prison and probation services in the UK are, at present, being focussed almost exclusively on intensive interventions for high-risk offenders. This approach is being applied with all types of treatment, and brief interventions, which have a good track record in the addictions

field, are being neglected. Relatively brief interventions for drink-driving, for example, are effective, reducing drink-driving by 7-9%, compared with no-treatment controls, and being most effective when education, counselling, and probation follow-up are combined (Wells-Parker et al., 1995). The role of brief interventions with other medium to low risk offenders could usefully be examined.

8. Integrated treatments for comorbid mental disorder and substance abuse in offenders have generally been rather slow to develop, perhaps because of the separateness of mental health and substance abuse services. Mental disorder symptoms often present the greater urgency for treatment, with substance misuse treatment being deferred, even though substance abuse is recognised as a recidivism risk factor in mentally disordered offenders.
9. Further research into how events of intoxicated offending unfold would be instructive. This might be conducted through laboratory-based research (e.g., MacDonald et al., 2000), which would be of use in furthering our understanding of intimate violence, or through observation studies in natural environments (Graham et al., 2000).

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