



Violence is preventable, not inevitable.

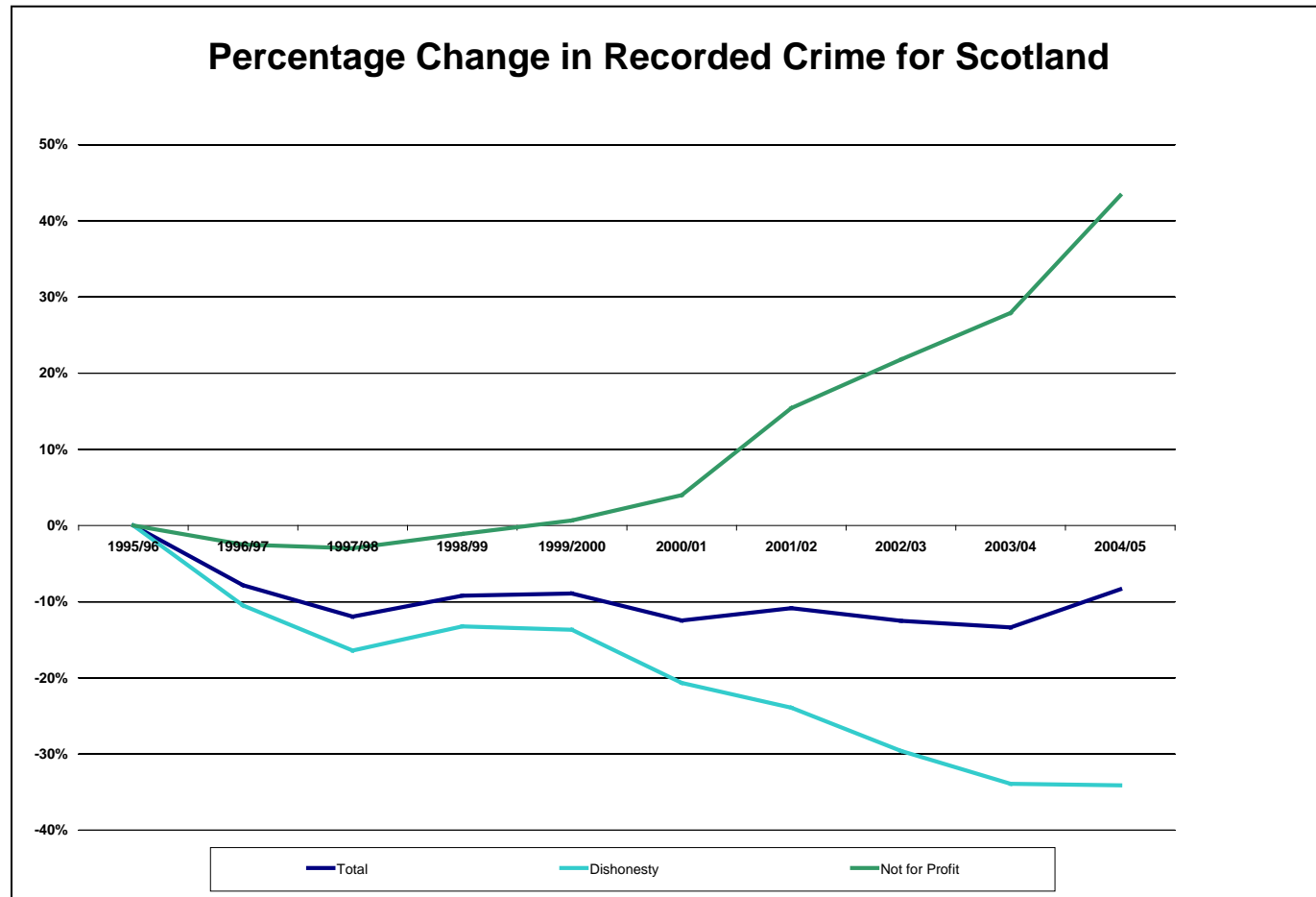
Linda Borland & Will Linden

www.actiononviolence.com

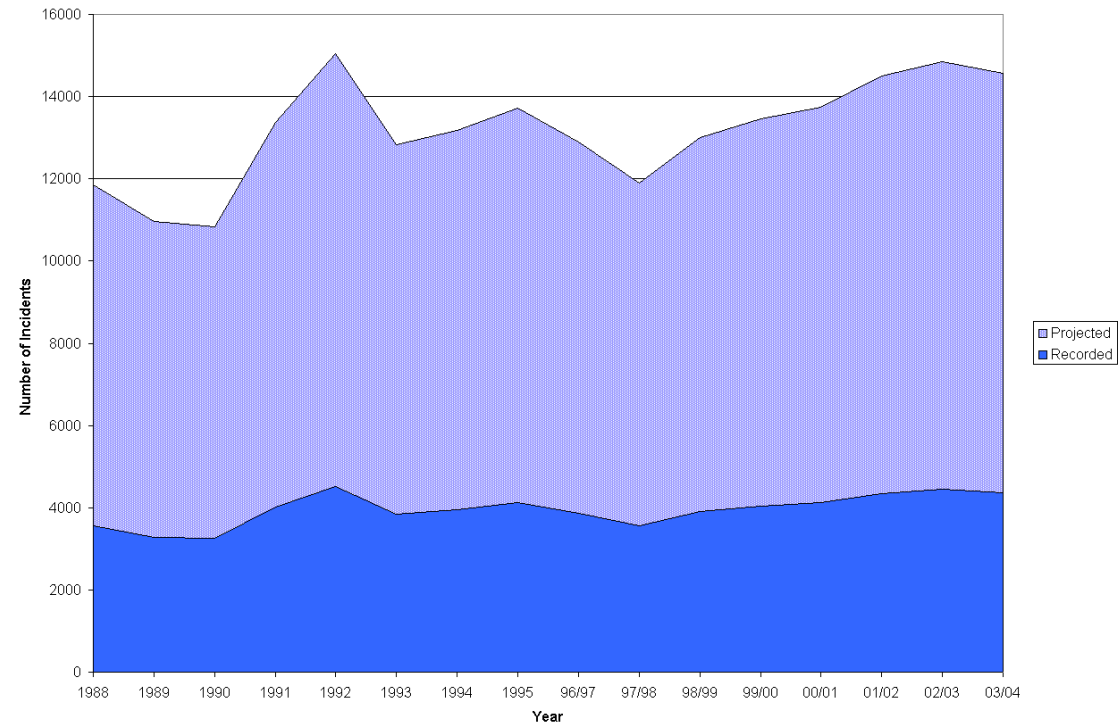
Violence Reduction Unit

DEATHS BY VIOLENCE PER 100,000:

1	NORWAY	1.0
2	SPAIN/GREECE	1.3
16	NORTHERN IRELAND	3.5
22	ENGLAND AND WALES	4.2
29	ROMANIA	5.1
37	ALBANIA	6.2
40	SCOTLAND	7.3
42	UNITED STATES	7.9
44	ISRAEL	8.3



Violence Reduction Unit



Violence Reduction Unit – Financial Costs in Scotland

2010-2011

CRIME	TOTAL	COST
Murder	98	£1.3 million
Attempted Murder	560	£750,000
Serious Assault	5,034	£23,000
Simple Assault	66,892	£2,000

VIOLENCE COSTS 3% - 6% OF HEALTH SERVICE BUDGET

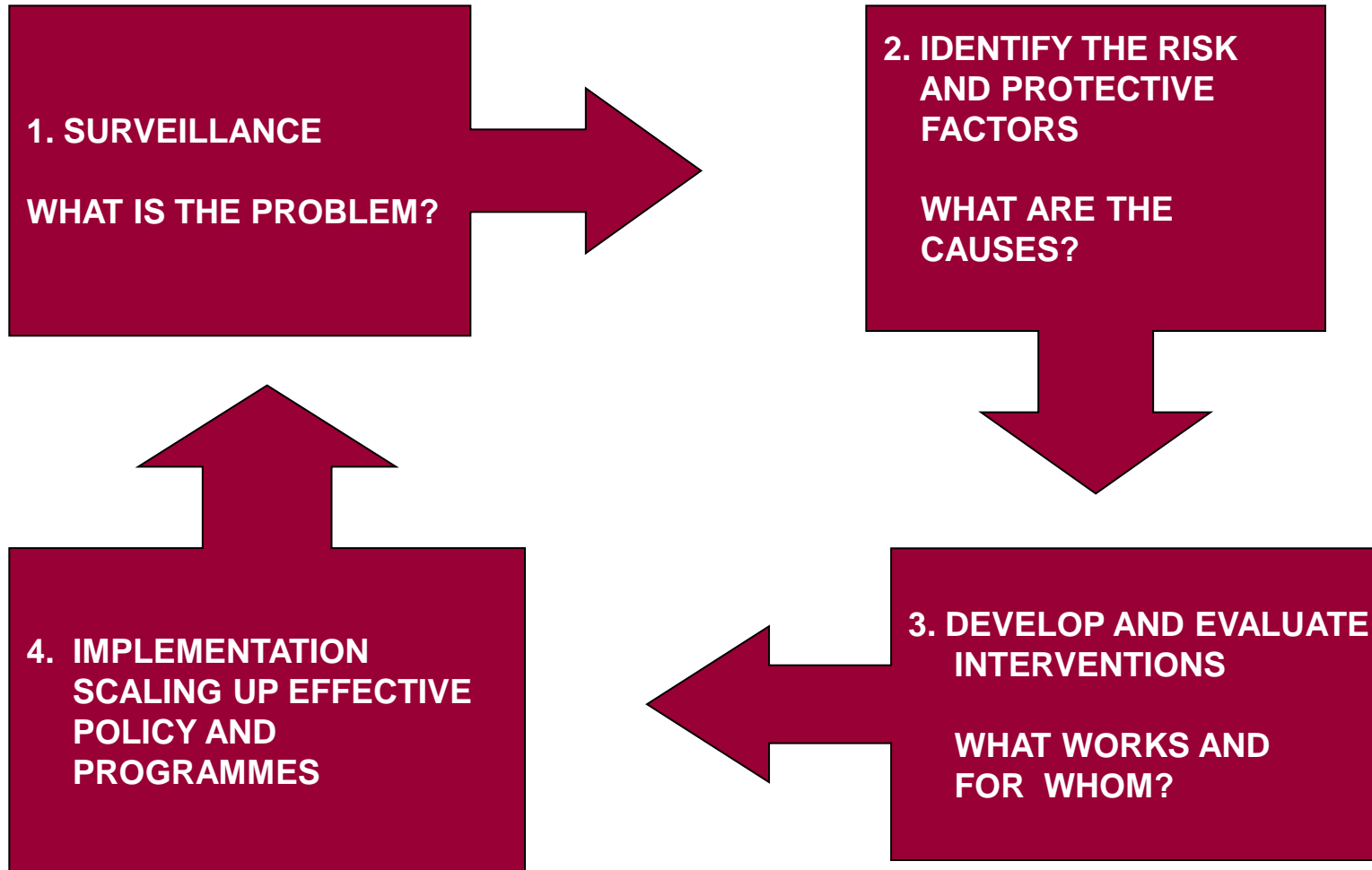
Violence Reduction Unit

“Interpersonal violence – Violence between individuals in families and communities – is a public health problem.”

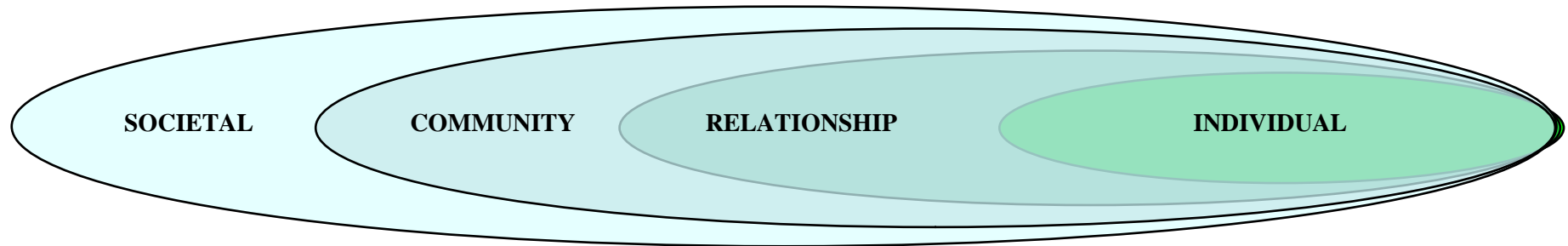


Etienne Krug
Director
Department of Injuries and Violence Prevention
World health Organisation
2004

Violence Reduction Unit – The Public Health Model



Violence Reduction Unit



**Lack of punishment
for pre cursor
offences – knife
carrying**

**Lack of visible swift
justice**

**Lack of appropriate
court disposals**

**Lack of appropriate
change programmes**

Links to deprivation

Scottishness

Cultural norms

**Legitimisation of
violence**

**Access to and
use of alcohol**

**Lack of
aspiration**

Dependency

Lack of knowledge

**Friends that engage in
violence**

**Prevalence of gang
culture**

Poor parenting skills

Violent families

**Lack of significant
adults/positive role
models**

**Lack of communication
skills**

Poor behavioural control

Impulsiveness

Aggressive behaviour

**Lack of skills to deal with
conflict/Lack of life skills**

**Exclusion from
Services/schools**

Nutrition/Diet/Alcohol

Violence Reduction Unit

TO REDUCE VIOLENT BEHAVIOUR BY:

Working with partners and communities to contain and manage the problem using traditional and innovative enforcement tactics...

AND AT THE SAME TIME...

Ensure a long term commitment from all partners and communities to develop policies that will bring about **attitudinal change and deliver a permanent and sustainable reduction in violence.**

My name is Scotland and I have a drink problem

- **80% of prison inmates said alcohol contributed to their incarceration**
- **80% of Young Offender who used a weapon said they were under the influence of alcohol at the time of the offence**
- **70% of patients presenting at A & E Departments said their injuries were alcohol related**
- **Alcohol was consumed prior to 73% of domestic violence cases last year**
- **80% of homicides in Strathclyde – alcohol played a significant role last year**

- **Minimum Pricing**
- **Legislation**
- **Police Enforcement**
- **Education**
- **Advertising**

Monitoring alcohol consumption

Breathalyser Vs

Remote Transdermal Monitoring

Strengths	Weaknesses
Tested system	Requires multiple randomised daily tests
Police led	Can not provide continuous testing
Accepted by Scottish Courts	Can not manage adjustable consumption models
Existing technology	Resource intensive
Direct Police Engagement	High failure rate
Low start up cost	Tested previously - unsuccessfully
Minor amendment to policing practice	
Opportunities	Threats
To equip officers with small hand held detectors	High risk of failure
Enforce bail, sentence and release conditions	Policing resources not able to manage the testing regime
Accurate measurement at the time of testing	Will miss some instances where the client has taken alcohol - offenders adapt drinking patterns
Educate officers	Small hand held detectors not admissible in court (accuracy issues)

Strengths

- Very accurate system – scientifically proven**
- Continuous monitoring – every 30 minutes**
- Little resource commitment**
- 24/7 monitoring,**
- Proven internationally**
- Joint alcohol and curfew monitoring a potential**
- Improved outcomes**
- High levels of adherence**

Opportunities

- Will allow for adjustment models to encourage sensible drinking**
- Will allow for dealing with large numbers of individuals**
- Could be incorporated into exiting contract with tagging contractors**

Weaknesses

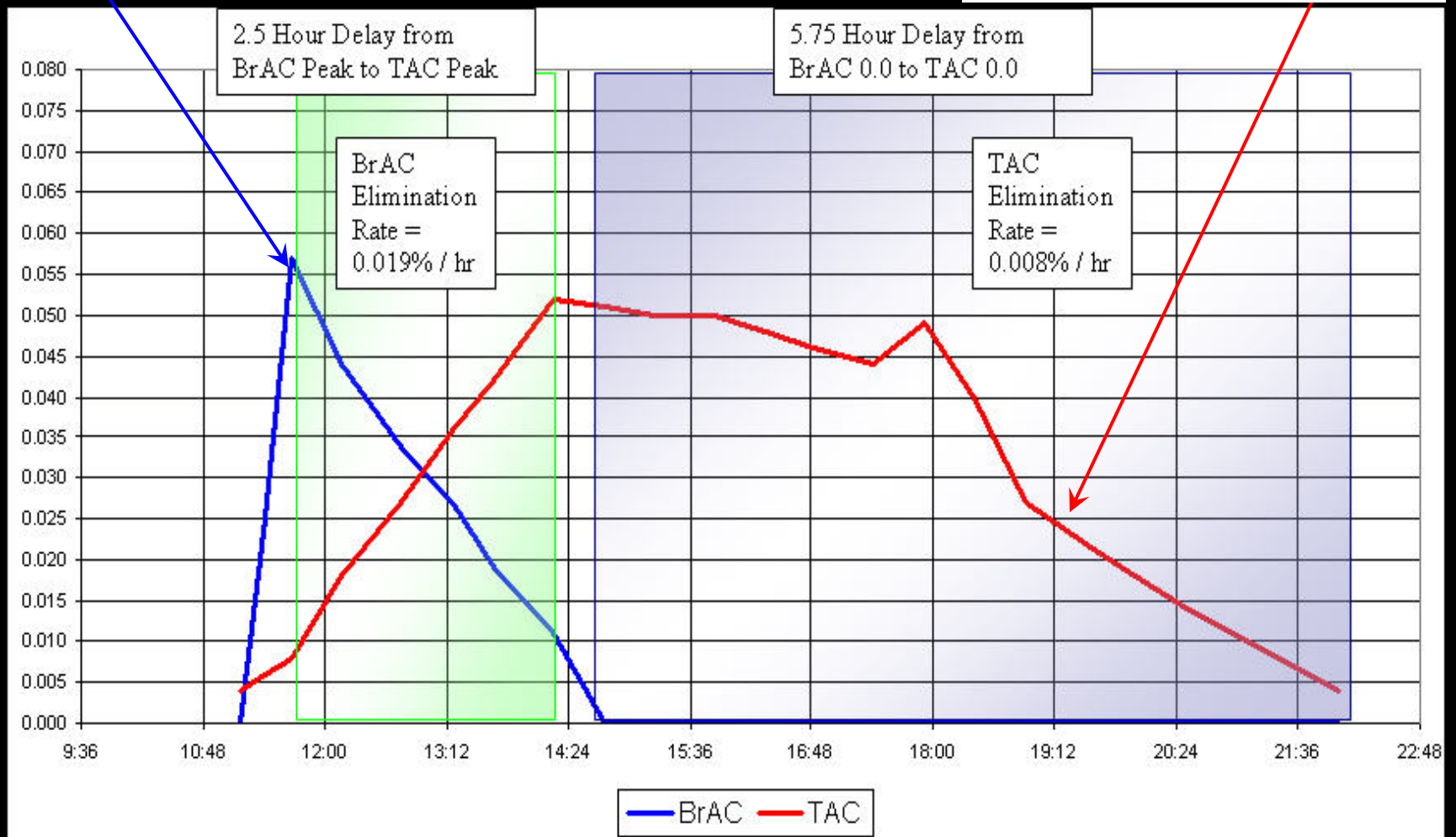
- Higher start up cost + Daily charge per client**
- Can not be submersed in water**
- Not currently used outside the USA and Canada**
- Mainly used for dealing with drunk drivers – little evidence for violent offenders (some for domestic)**
- Difficult to manage the homeless or temporary housed**
- Some evidence of false negatives**

Threats

- Current contracts with tagging providers may limit the use**
- All information on clients usage is held in the USA – may breach UK data protection rules**
- High numbers of client could require a significant level of funding**

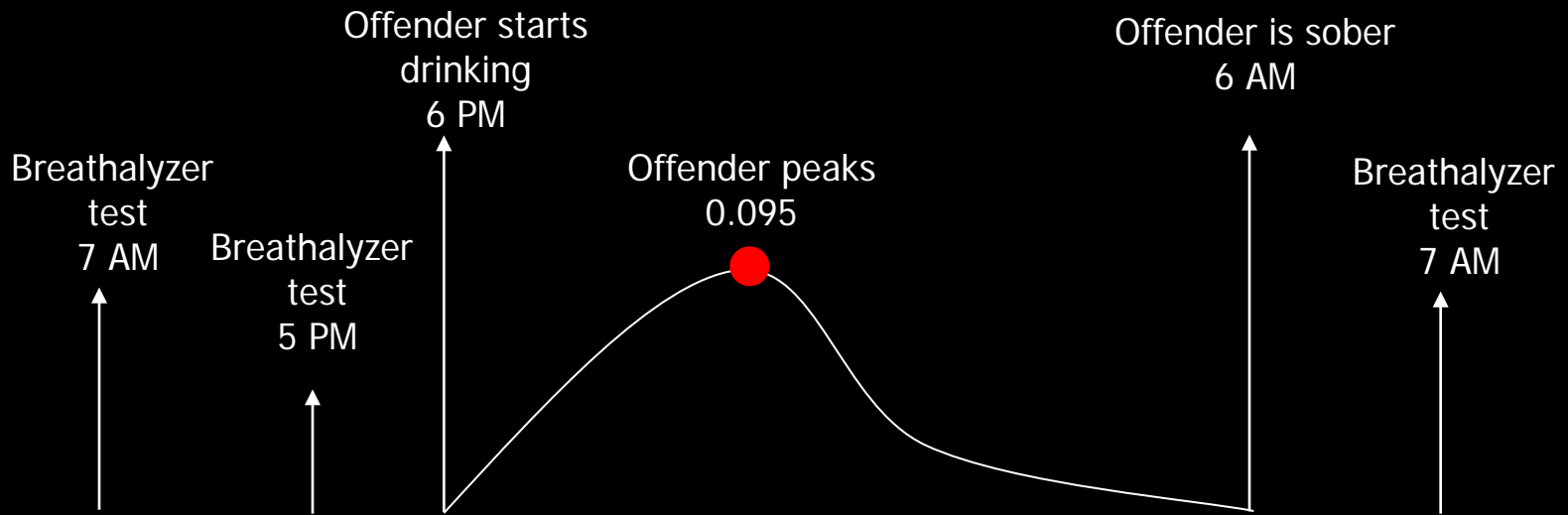
Typical BrAC Curve

Corresponding TAC Curve



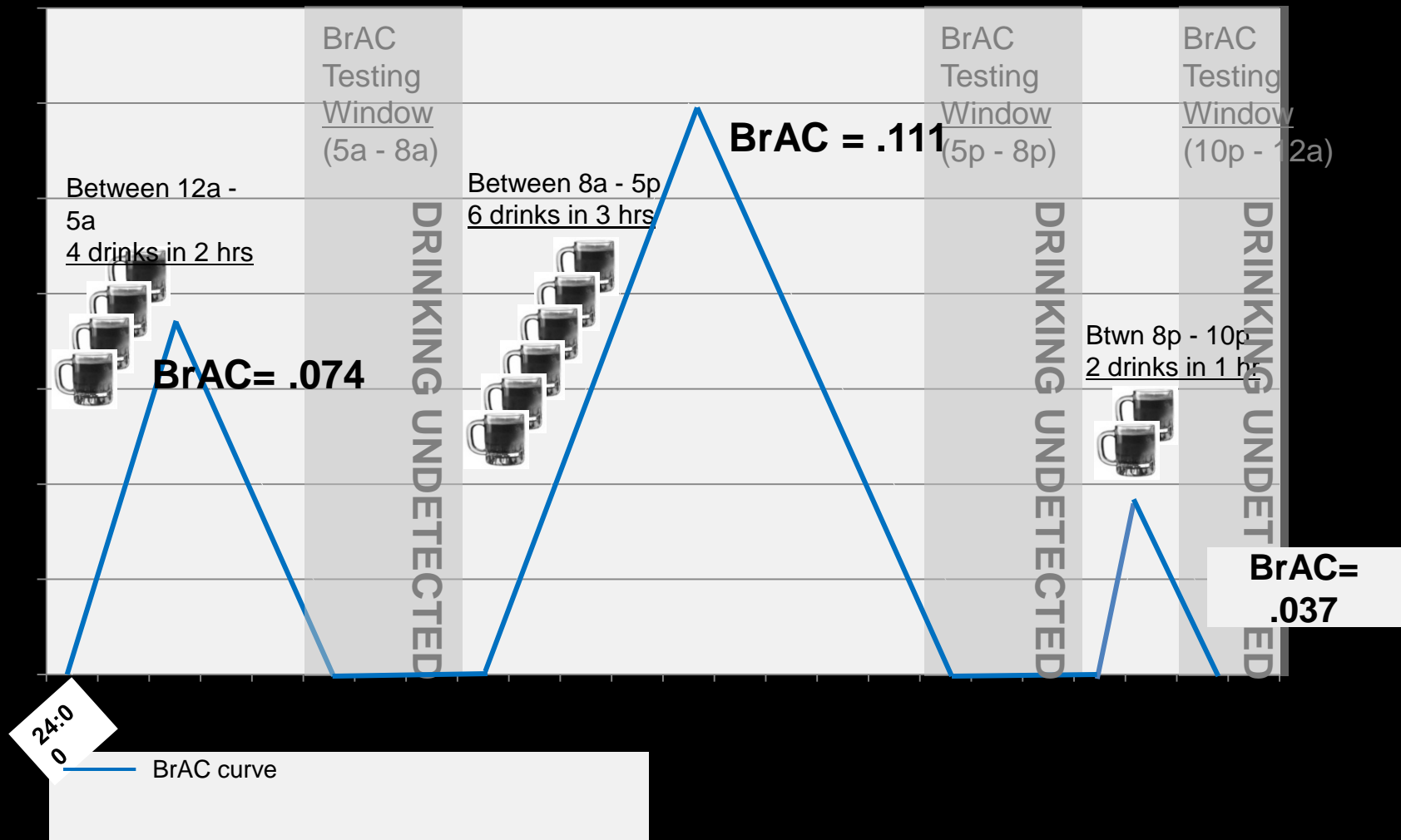
Alcohol metabolizes quickly:

Offenders can drink around random breathalyzer tests.



Random tests miss most drinking events.

Estimated BAC / 176 lb
male



← With 48+ tests/day, CAM detects all drinking events →

Between 12a - 5a
4 drinks in 2 hrs



BrAC
Testing
Window
(5a - 8a)

Between 8a - 5p
6 drinks in 4 hrs



BrAC
Testing
Window
(5p - 8p)

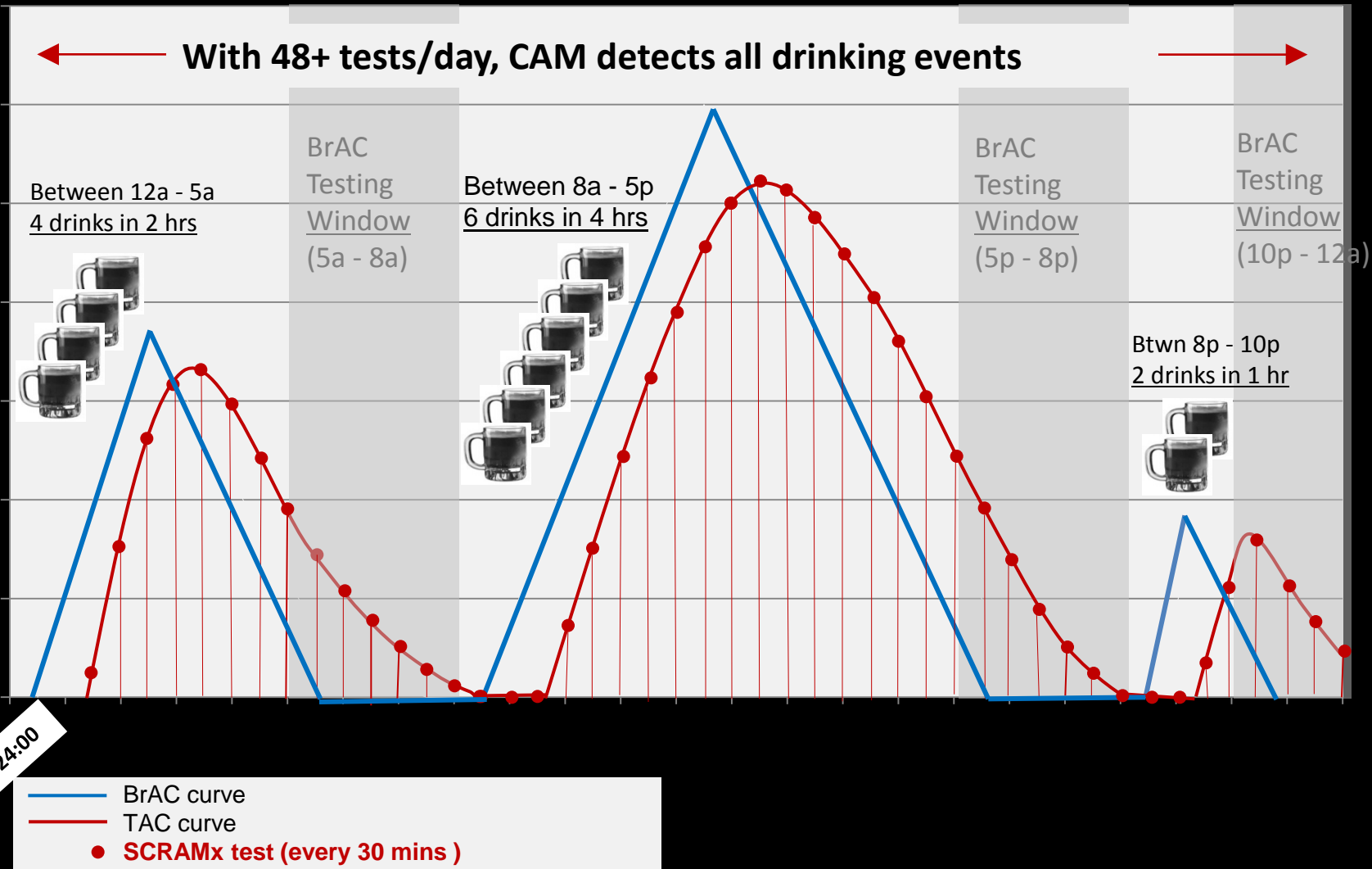
BrAC
Testing
Window
(10p - 12a)

Btwn 8p - 10p
2 drinks in 1 hr

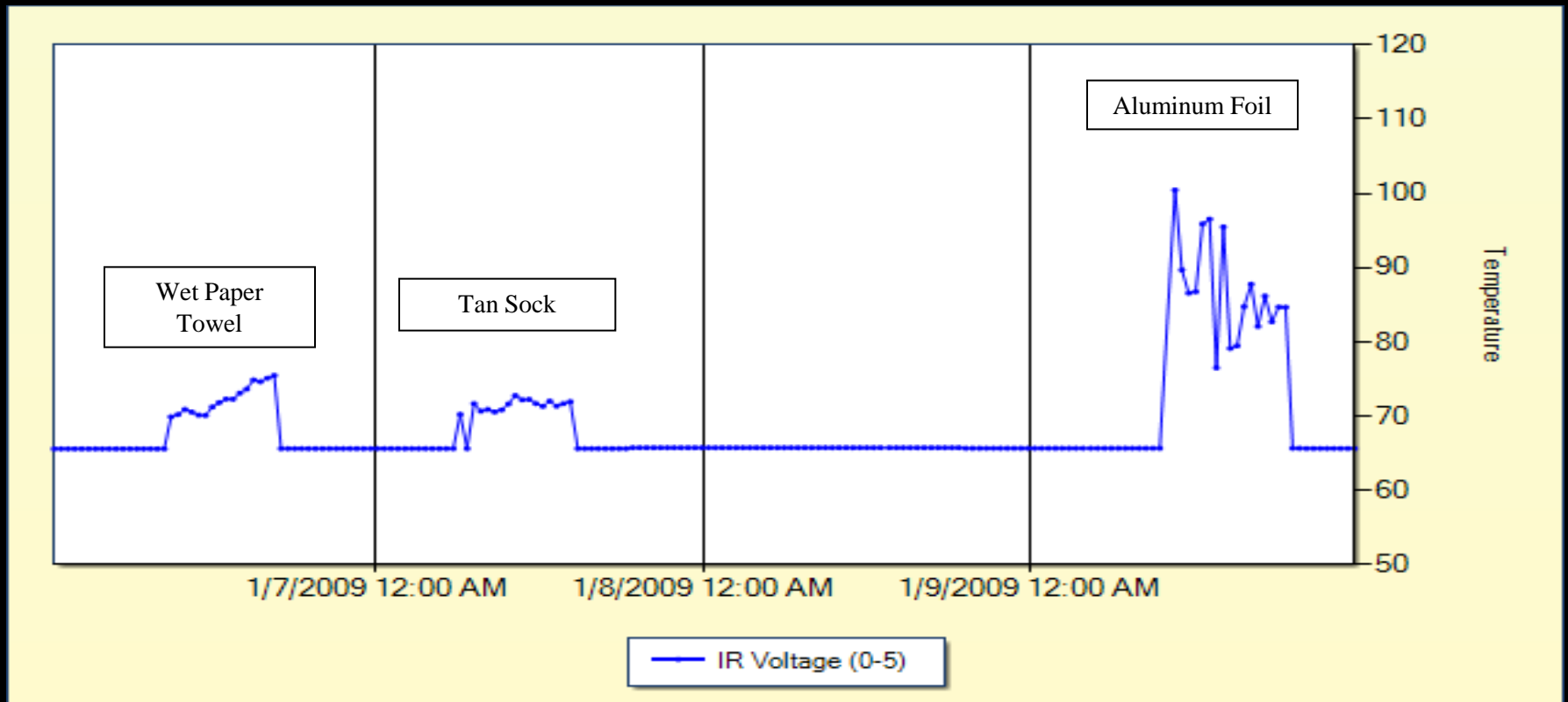


24:00

- BrAC curve
- TAC curve
- SCRAMx test (every 30 mins)



Detecting Tamperers/Obstructing Materials



Excuses...

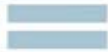
The Chocolate Donut Theory

Can chocolate donuts and other foods make you drunk?

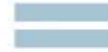
To reach a .065% BAC, a person would have to consume the following foods in one hour:



Chocolate Cake Donuts
274 Donuts (2.4 ounces per donut)



Chocolate Raised Donuts
207 Donuts (3.2 ounces per donut)



Sun Maid® Raisin Bread
43.48 pounds



Thomas® Sourdough English Muffins
26.96 pounds



Kentucky Bourbon Cake
7.24 pounds



Home Pride® Wheat Bread
25.52 pounds



4 beers
(12 ounces per serving)

Source: "Ethanol Content of Various Foods and Soft Drinks and their Potential for Interference with a Breath-Alcohol Test," in the *Journal of Analytical Toxicology*, Vol 22, May/June 1998. By Barry K. Logan and Sandra DiStefano.

800.557.0861

S RAM
from AMS

www.alcoholmonitoring.com

Alcohol Monitoring Pilot – Objectives

Key Objectives: Criminal Justice

- Reduce the Number of Alcohol Related Crimes and Prevent Victimisation
- **To Address the Use of Alcohol by Offenders and its Correlation to their Offending and Recidivism**
- To Support a Shift in Public Attitudes Towards the Use of Alcohol and its Role in Offending

Key Objectives: Public Health

- To Reduce the Overall Consumption of Alcohol Amongst this Intransigent Population
- **To Introduce the Concept of Sensible Drinking Patterns**
- To Help Address the Social, Psychological and Medical Problems Associated with their Alcohol Consumption and Associated Behaviours

Unpaid work or other activity requirement

Offender supervision requirement

Compensation requirement

Programme requirement

Mental Health treatment requirement

Drug treatment requirement

Alcohol treatment requirement

Residence requirement

Conduct requirement

Conduct Requirement :

The intention of a 'conduct requirement' is to provide the court with additional flexibility to impose requirements on an offender to do or refrain from doing specified things not covered elsewhere in the legislation.

- Violence and Alcohol go Hand in Hand in Scotland
- In Many Areas of the Country the Health Outcomes Relating to Alcohol are Very Poor
- Tackling Binge Drinking is very Difficult and Current Alcohol Programmes Primarily Address the 'Addicted'
- We Generally Do Not Address the Underlying Behaviours in Payback Orders and Community Sentences
- Alcohol Monitoring is Not a Universal Disposal it is Directed to Those who Require it Most
- Other Countries are Watching with Interest, with a View to Copying the Scottish Model

Harm Reduction –

**Offenders
Victims
Society**

Alcohol Monitoring is both a monitoring tool and a catalyst for change but without other services dealing with the multitude of complex problems then the impact WILL be short lasting

St Andrews Test

- testing SCRAMx on students



- 446 St Andrews students
- 129 males, 317 females
- mean age = 21.64
- 58.1% British (25.1% Scottish)

Alcohol timeline follow-back

Attitudes and behaviours

AUDIT (Alcohol Use Disorders Identification Test)

Condition	n	Anklet?	Alcohol?
A	13	Yes	No
B	21	No	No
C	19	Yes	Yes

Condition	Drink During Trial?	
A	1/13	7.7%
B	10/21	47.6%
C	18/19	94.7%

Anklet as Reminder

Having the anklet there, it's always there, you're reminded of it that you're taking part in the study. Whereas without the anklet it's maybe easier to forget the study.

Anklet as Surveillance

You did feel as though somebody was watching and they'd know if you had a drink. It was always in your mind. I guess if I hadn't had that, I could have slipped in a cheeky drink here and there and nobody would know.

Anklet as a Tool

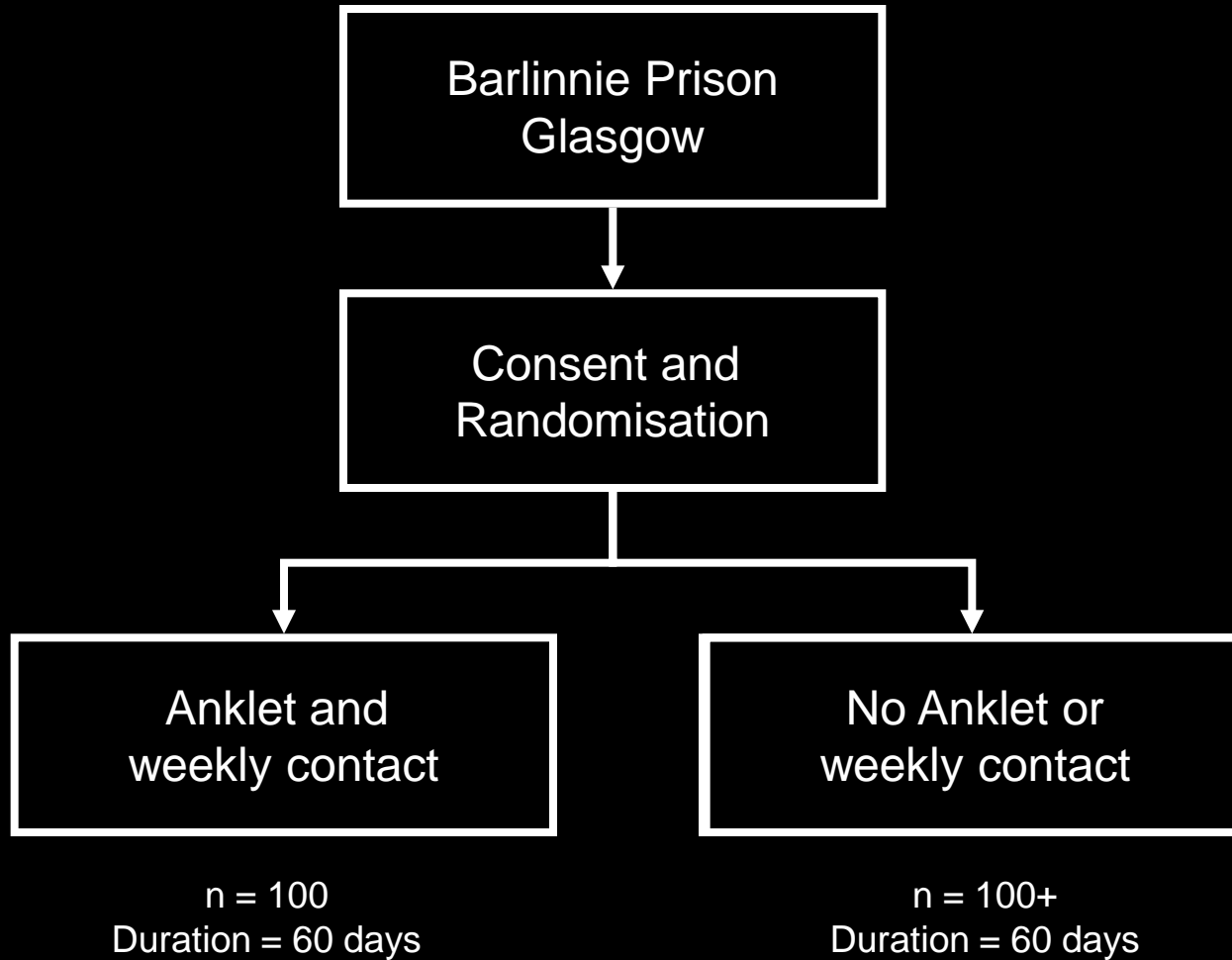
It was a way to explain yourself for not drinking when you were in a situation where drinking was perhaps expected. If you say you're taking part in a study that's fair enough, but to have the physical evidence makes it easier. Probably the social pressure again, some people would find it really hard to get away with it. That would be a good reason to say no.

- **Peter Donnelly and Damien Williams – U. of St Andrews**
- **Christine Goodall – U. of Glasgow / MAV**
- **Linda Borland and Derek Simpson (VRU)**
- **Shea Tuller – AMS Inc.**
- **Scottish School of Public Health Research**

Next Steps

- testing on ex-offenders

Prison Study



Inclusion

- Volunteer due for release
- Glasgow Postcode
- Alcohol Related Offence
- Male
- ≥ 18 years old
- Either land line telephone point or 3G signal area
- Short term sentence < 4 years
- Be able to give informed consent (English Literacy, learning difficulties)

Exclusion

- Sex Offenders
- Heroin addicts or Methadone programme
- Offenders taking Disulfiram
- Homeless
- AUDIT score over 20 AND high SAD-Q
- Medical issues such as diabetes or skin disorders
- Psychotic illness & taking tranquilisers
- Offenders wearing a home detention tag

Primary Outcomes

- Re-offending
 - 60 days
 - 1 year follow up

Secondary Outcomes

- Alcohol Consumption (AUDIT)
- Alcohol related Aggression (ARAQ)
- Alcohol resistance self-efficacy Scale
- Hospital Anxiety and Depression Scale (HADS)
- Severity of Alcohol Dependence Questionnaire (SAD-Q)
- QoL scale (EQ-5D)

Qualitative Secondary Outcomes

- Family relationships
- Employment and training
- Self reported drinking and the circumstances surrounding
- Self reported involvement in violence
- Peer relationships
- Why did they get involved
- Use of alcohol support organisations
- Perception of effect on finances

Some questions to consider?

Can we legitimately tell people they are not allowed to drink alcohol?

Who is best placed to manage this – service providers v. local delivery?

Punishment vs. harm reduction which is best?

Thank you and questions

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