



POLICING 2026 STRATEGY

Q1. Does the Policing 2026 strategy identify and acknowledge the main risks, challenges, opportunities and demands likely to impact on policing over the next 10 years?

YES

We believe that the strategy rightly identifies high levels of alcohol consumption as a key factor in inequality and ill health which is continuing to drive demand on the police. We would, however, suggest some additional information to strengthen this section of the strategy.

Firstly, we suggest referencing recent statistics on the sale of alcohol in Scotland to the sentence “Alcohol consumption will continue to be prevalent, especially in the home, with more alcohol bought in shops and online”, specifically that 74% of alcohol is bought in off-sales for consumption in the home or other private dwelling.¹

Secondly, we would highlight the need to explicitly recognise the impact of alcohol consumption on health inequalities, for example, by referencing that those in our most deprived communities are eight times more likely to die or to be hospitalised as those in our least deprived communities.²

Q2. Do you agree the main areas of focus proposed within the Policing 2026 strategy are the right ones to deliver an enhanced policing service?

MOSTLY AGREE

AFS strongly agrees with the prominent focus on the second area of prevention ('tackling crime, inequality and enduring problems facing our communities') in the Policing 2026 Strategy.

Internationally, there is a strong association between alcohol consumption and an individual's risk of becoming a perpetrator or victim of violence.³ The evidence shows this to be the case in Scotland: 41% of prisoners report being drunk at the time of their offence⁴; for 38% of those accused of homicide, alcohol is implicated as a factor in the crime⁵; and 54% of victims of violent crime thought

¹ MESAS (2016), Alcohol consumption and price in Scotland, 2015. Edinburgh: NHS Health Scotland
<http://www.healthscotland.scot/media/1202/27345-00-alcohol-consumption-and-price-in-scotland-2015-may2016.pdf>

² Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsum A (2016), Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. NHS Health Scotland.

³ World Health Organization (2006), Interpersonal violence and alcohol policy briefing. Switzerland: World Health Organization
http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/pb_violencealcohol.pdf

⁴ Carnie, J. & Broderick, R. (2015), Scottish Prison Service Prisoner Survey 2015, Edinburgh: Scottish Prison Service

⁵ Scottish Government (2015), Homicide in Scotland 2014-15. Edinburgh: Scottish Government

the offender was under the influence of alcohol⁶. We are pleased to see this recognised within the strategy (“alcohol is a prevalent factor in many crimes” (page 23)).

There is also a relationship between the availability of alcohol and violent crime, particularly gender-based violence. For example, a study specifically looking at alcohol outlet density and domestic violence suggests that an increase in the number of licensed premises, particularly off-sales premises, in an area, increases the incidence of domestic violence.⁷ Further research suggests that there is a link between the density of bars in an area and the number of emergency department visits related to intimate partner violence.⁸

Children are at particular risk of harm. Around one in seven 15 year olds report being in trouble with the police or ending up in a situation where they felt threatened or unsafe due to drinking alcohol.⁹ Of most concern for policing in Scotland is the fact that almost two thirds (60%) of young offenders in Scotland report being drunk at the time of their offence, and one in five young male offenders got drunk daily before being imprisoned.¹⁰ As a result of parental drinking, children in Scotland have reported physical abuse and violence, and a lack of care, support and protection.¹¹ This is borne out by the fact that parental alcohol misuse is a concern in 1 in 5 child protection cases in Scotland.¹²

Shifts in consumption habits over the past twenty years have contributed to the changing nature of alcohol-related crime and disorder, creating additional challenges for the Scottish police force. Scotland is now a nation of home drinkers with three quarters of alcohol sold in off-sales and drunk at home and in other private settings.¹³ With more violence occurring behind closed doors rather in public places and the difficulties associated with policing the private sphere, primary prevention measures are vital.¹⁴

AFS believes that the strategy’s prevention focus is primarily on secondary prevention and early intervention. We would welcome explicit reference within the strategy (page 29 on prevention) to the role that the police can play in primary prevention by strengthening its effective partnerships. Police Scotland can, and does, help to tackle the drivers of crime (such as alcohol consumption) through working with and supporting other organisations in promoting evidence-based measures to improve the safety and wellbeing of persons, localities and communities in Scotland. For Police Scotland to effectively tackle crime, inequality and enduring problems faced by our communities, work to reduce

⁶ Scottish Government (2016), Scottish Crime and Justice Survey 2014/15: Main Findings, Edinburgh: Scottish Government.

⁷ Livingston M (2011) A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction*, 106, 919-925.

⁸ Cunradi, C.B. et al (2012) Alcohol outlet density and intimate partner violence-related emergency department visits. *Alcoholism: Clinical Experimental Research*, Vol 36, 5, 847-853.

⁹ Scottish Government (2016), Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS): Alcohol Report (2015). Edinburgh: Scottish Government.

¹⁰ Broderick, R. & Carnie, J. (2016), *Young People in Custody 2015*, Edinburgh: Scottish Prison Service

¹¹ Wales, A. & Gillan, E. (2009). *Untold Damage: Children accounts of living with harmful parental drinking*. Scottish Health Action on Alcohol Problems (SHAAP), Edinburgh and Child-line, Glasgow.

¹² Scottish Government (2017), *Children’s Social Work Statistics Scotland Additional Tables 2015/16*. Edinburgh: Scottish Government.

¹³ MESAS (2016), *Alcohol consumption and price in Scotland, 2015*. Edinburgh: NHS Health Scotland <http://www.healthscotland.scot/media/1202/27345-00-alcohol-consumption-and-price-in-scotland-2015-may2016.pdf>

¹⁴ Karyn McCluskey, then Director of Violence Reduction Unit, stated that 50% of violence now occurs in the home (2016) <http://www.actiononviolence.org.uk/we-still-have-much-to-do> ; 2015/16 figures are given as 43% through the Violence Reduction Unit, as quoted in Adams, L. (4 May 2017) ‘Violent crime ‘moving into homes’, BBC Scotland <http://www.bbc.co.uk/news/uk-scotland-39791684>

alcohol consumption in Scotland is an essential element of the prevention approach to be taken over the lifespan of the Policing 2026 Strategy and beyond. This should focus on building support for evidence-based measures.

There is clear international evidence that population measures to increase the price of alcohol, control its availability, and reduce exposure to alcohol marketing are both effective and cost-effective in reducing consumption and alcohol-related crime, disorder and harm. Police Scotland is uniquely placed to highlight this evidence base and the importance of adopting whole population measures as part of a preventative strategy to reduce crime and make Scotland's communities safer. More information on how we believe Police Scotland are positioned to promote these measures is contained in our answer to question 3.

Q3. Do you agree the methods proposed within this strategy are the right ones to deliver an improved policing service?

NOT SURE

Although we agree with the methods proposed to deliver an improved policing service, particularly the strategic objective to 'strengthen effective partnerships', we would like to see a greater emphasis on primary prevention.

As is highlighted in page 35 of the Strategy, "the Christie Commission outlined an objective of working effectively with other organisations to improve outcomes (e.g. social and economic wellbeing) for the people of Scotland." Alcohol Focus Scotland supports this objective, and welcomes the reference to enhancing police partnership working at local, national and international levels. AFS believes that the 'strengthening effective partnerships' section is the correct place within the strategy to identify how Police Scotland will progress the Police Priorities of prevention and collaborative working. It is our view that effective partnership working is the most effective method to prevent crime and disorder through tackling the drivers of crime.

We are however concerned that this section of the strategy neither adequately reflects the Strategy's 'prevention' area of focus, nor the policing principle of 'promotes measures to prevent crime, harm and disorder' as outlined in the Strategic Police Priorities. For example, although it is recognised that the police will "use [their] information and insight to influence, inform and work with partners, government and the public" this is stated solely in reference to developing and improving services. We would like to see the strategy strengthened as regards working with partners to take a systems approach to prevention. We would also suggest adding a reference to influencing public health policy within this section, given its important role in preventing some of the key drivers of crime.

At a local level, the police play a vital role in preventing crime and disorder, securing public safety and protecting and improving public health by providing data and intelligence on the operation of licensed premises to licensing boards, as well as informing each licensing board's statement of licensing policy and overprovision. Controlling the availability of alcohol through the licensing system is fundamental in reducing the harm that alcohol causes in our communities and the associated burden on the police force. There is a clear correlation between the density of outlets licensed to sell alcohol and the occurrence of alcohol-related crime and disorder¹⁵, with neighbourhoods that have a higher number

¹⁵ Popova, S.; Giesbrecht, N.; Bekmuradov, D.; Patra, J. Hours and days of sale and density of alcohol outlets: Impacts on alcohol consumption and damage: A systematic review. *Alcohol Alcohol* 2009, 44, 500–516. [CrossRef] [PubMed] *Int. J. Environ. Res. Public Health* 2017, 14, 221 14 of 16.

of licensed premises experiencing higher levels of alcohol-related deaths.¹⁶ By reflecting on their contribution to, and participation in, the licensing system in Scotland, the police are in a unique position to influence national policy in relation to controlling the availability of alcohol, one of the most effective and cost-effective measures to reduce alcohol consumption and harm.

We are pleased to see within 'collaborative working' that the police are committed to sharing the knowledge that they gain. The availability of good quality data has been associated with successes in addressing the objectives of the Licensing (Scotland) Act 2005 - enabling local issues to be identified and trends monitored over time. However, on the whole, national and local data relevant to licensing is not being collected consistently or in a manner which allows for meaningful comparisons. For example, capacity data is not currently being collected in a standardised way, which can make assessments of overprovision more difficult. In addition, data collected at local and national level is not always readily accessible to potential users, or presented in the most suitable way for the data to be used effectively. The police do already share data from Inn Keeper (the IT system used for recording liquor and civic licensing issues) with key stakeholders as part of the licensing process e.g. when providing comment to licensing boards on individual licensing applications. However, some of the data contained on Inn Keeper could be useful to other individuals and agencies involved in licensing, whether directly commenting on applications or contributing to the development of licensing policy more broadly.

To ensure that up-to-date information is available on the extent of alcohol-related crime, anti-social behaviour and disorder, we would welcome a commitment to improve and further develop recording mechanisms in this area. In addition, options for sharing this data with relevant stakeholders - such as public health organisations and licensing stakeholders - to both enable development of policy and practice solutions and inform local decision-making should be explored and enacted. Recent regional events with licensing stakeholders, hosted by Alcohol Focus Scotland, evidenced the desire for such improvements in the collection, reporting and sharing of data.

An improved policing service is one that acknowledges the policy links between health and justice, as well as utilising the opportunities the justice system provides for health interventions. Given the association between alcohol use and offending behaviour, and the amount of police time spent on alcohol-related incidents, police custody could provide an important opportunity to intervene. This could include providing for screening and brief interventions aimed at reducing risky drinking within custody suites, carried out by trained police staff, or drug and alcohol workers, with links to established local support services. A pilot project to include alcohol brief interventions and increase provision of an arrest referral service was undertaken in West Lothian in 2015-2016, and is recommended as an example of partnership working, innovative practice, person-centred care and the use of an earlier opportunity for secondary prevention to an ultimate reduction in inequalities.¹⁷

¹⁶ Richardson, E.A., Shortt, N., Pearce, J., Mitchell, R. (2014), Alcohol-related illness and death in Scottish neighbourhoods: is there a relationship with the number of alcohol outlets? Centre for Research on Environment, Society and Health. <http://www.alcohol-focus-scotland.org.uk/media/65042/Alcohol-outlet-density-and-harm-report.pdf>

¹⁷ Jeffrey, R. (2016), Pilot to include Alcohol Brief Interventions and increase provision of an arrest referral service in West Lothian. NHS Health Scotland, West Lothian Drug and Alcohol Service, and NHS Lothian. <http://www.nhslothian.scot.nhs.uk/Services/A-Z/HealthPromotionService/Documents/2016.08.30%20Pilot%20to%20include%20Alcohol%20Brief%20Interventions%20-%20Final%20Draft%2030-8-16.pdf>

Q5. The Policing 2026 strategy highlights that we will need to re-shape our organisation with a workforce focussed on having the right skills and capacity to meet future challenges. Do you agree with this approach?

MOSTLY AGREE

Within the section on ‘empowering and developing our people and culture’, the strategy makes reference to recognising and valuing workers’ development and wellbeing. We welcome this commitment, and would draw attention to the risk posed to police officers through responding to and dealing with individuals who have used alcohol. A survey of emergency workers found that over a four week period, 36% of police officers were physically abused and three quarters were verbally abused as a result of individuals who had consumed alcohol.¹⁸ This is unacceptable and once again underscores the need for a preventative approach, as well as training and support to officers in dealing with these challenges. We would also suggest ensuring that Police Scotland has an alcohol workplace policy, a formal written statement which sets out the organisation’s aims, support structures and processes for reducing and managing alcohol problems in the workplace. This would help to demonstrate that Police Scotland is committed to providing a safe, healthy and productive working environment for all employees and others involved in its operation.

Q6. Is the strategy presented in a clear and understandable way?

YES

However, we would suggest a few changes to the language used: ‘drug/alcohol use’ should be used in the place of ‘drug/alcohol misuse’ (e.g. page 29) and ‘addictions’ (also page 29).

¹⁸ <http://www.alcohol-focus-scotland.org.uk/news/emergency-services-face-shocking-levels-of-alcohol-abuse/>