

Plenary Address

Alcohol and Crime: New Strategies for Crime Prevention

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The Urban Institute
2100 M Street, N.W.
Washington, DC 20037

Jeremy Travis
Senior Fellow

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Jeremy Travis

The Urban Institute | 2100 M Street, NW | Washington, DC
phone **202-261-5587** | fax **202-659-8985** | e-mail **JTravis@ui.urban.org**

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Dear friends and colleagues:

I am honored to be invited to deliver this opening address at your conference. I have long been an admirer of the work of the National Crime Prevention Council, particularly its Director, Jack Calhoun, who has brought his remarkable blend of energy and humanity to the task for mobilizing public and private resources in the cause of crime prevention.

I am also honored to be sharing this podium with Millie Web, the national president of Mothers Against Drunk Driving. Our country has an honorable tradition of citizen activism, seemingly spontaneous uprising of ordinary folk who have decided they are fed up and won't take it any more and petition their government to do something about the deep ills of our society. MADD stands in this tradition and has demonstrated persistence and influence in the cause of reducing the carnage caused by drunk drivers. We salute them.

I wish to thank the choir who opened this session. Their music and faith should serve as inspiration as we tackle the important work ahead. Finally, I applaud you for involving young people in this conference. They give us hope that the next generation will bring even greater creativity to the task of creating a safe and just society.

The assignment to deliver a keynote address is always a challenge, but it is particularly difficult in this case because of the impressive array of expertise represented in your program. Over the next few days you will hear from many people who bring different perspectives to the issue of alcohol and crime – scholars, activists, practitioners from policing, nursing, juvenile justice and education. It is my hope that I can put your discussions in some broader context and offer some challenges that can inform your deliberations throughout the conference.

I. Setting the Stage: Three Historical Trends.

Your conference is timely because you are meeting at a period in our history when we are witnessing the confluence of three trends of profound importance. Before discussing the specific linkages between alcohol and crime, allow me to set the stage for your discussions by discussing these historic trends.

A. Research and Practice Collaborations.

First, we are witnessing a new level of engagement between the worlds of research and practice. We are seeing a new openness to research in the agencies of the criminal justice system. I would like to draw from my own experience as an observer of the police profession and, for a part of my career, as a member of the executive staff of the New York City Police Department. It was not too long ago that researchers had a hard time gaining simple access to most police departments. Researchers were suspect. They were thought to be interested only in their own academic agenda, getting the data

and publishing their findings in academic journals. Worse still, they were distrusted because the police executives feared that any adverse evaluation findings would be discussed first on the front pages of the local newspaper, and not brought to the attention of the agency leadership. It was a clash of cultures – the culture of action and instinct against the culture of reflection and analysis.

Observers on both side of that culture clash now attest to a fundamental change in the relationship between the research and police communities. Over the past twenty-five years, gradually and with some pain on both sides, we have seen a new openness develop. Researchers – and the universities where many of them are employed – are now creating ongoing, long-term partnerships with the police (and other agencies of our system of justice), with the researchers providing analytical support, evaluation studies, theoretical consultations, and strategic advice to police agencies, and the policing profession. Police professionals are seeking the advice of academics, testing their ideas about new approaches to crime, and inviting researchers to help them develop new organizational strategies to deal with difficult issues like corruption, clearance rates and police officer suicides.

In many ways, the transformation of the policing philosophy that is captured in the concept of “community policing” attests to this new openness. Research demonstrated the fundamental ineffectiveness of the traditional model of reactive policing in the mid-1970’s, and researchers provided the profession with new ideas, tested those ideas, assisted in the conceptualization of new policing strategies and are now working closely with departments around the country to help us understand the effectiveness of new policing tactics and organizational styles. I am of course proud of the role that the National Institute of Justice played in supporting much of this research, but I am most impressed by the professionals who have been open to the criticism, challenge and accountability that honest research requires.

Beyond policing, I think we are seeing a similar openness to research in other domains of the criminal justice community. Two weeks ago I attended the National Workshop on Sentencing and Corrections, a conference that was opened by a presentation by a leading academic on the latest research knowledge about the effectiveness of various sentencing policies and correctional programs. In another domain, we are seeing the development of new strategies to address family violence and child abuse that reflect the deep involvement of researchers, many of whom are working directly with battered women’s shelters, emergency room physicians and dependency courts to test new models. Similarly, the development of community strategies that are based on assessments of risk and protective factors at the neighborhood level reflects strong scientific foundations. Finally, the advent of mapping software, and the new focus on geo-coded data, allows research findings about situational crime prevention to be translated into community action.

This new focus on research is also fueled by a strong governmental focus on accountability – a concern to know “what works”. It was not that long ago – only twenty-five years – when the conventional wisdom was that “nothing works,” a phrase

found in the title of an article reviewing evaluations of rehabilitation programs. Now, we know that many programs work, we know that many don't work, and we see funding agencies asking for evaluations of programs. At the national level, Congress directed the Department of Justice to commission a review of the evaluation literature to determine effective interventions in crime prevention and the resulting report by the University of Maryland has become the international touchstone for rigorous evaluations of crime prevention policies and programs. There is even new language to express this role for research. Borrowing from the tradition of "evidence-based medicine," researchers and practitioners – including the Labor Government of Tony Blair – are now talking about "evidence-based crime policies."

I certainly don't want to leave the impression that all is well here – much more research needs to be funded, we have only begun to subject important crime prevention policies and programs to rigorous evaluations, the world of practice still needs to be more welcoming of researchers, and we still fund many interventions that don't work. But I hope you will agree that we are witnessing a new openness to research. For this reason, the focus of this conference on the nexus between research and practice is highly commendable and bodes well for the future development of policy.

B. Public Health and Public Safety Dialogue.

The second major trend that sets the stage for your conference is the new conversation between the worlds of health and criminal justice. This is certainly the case in the research professions. At NIJ, we found that some of our most productive partnerships were with our colleagues at the Centers for Disease Control and Prevention, particularly as we studied intimate partner violence, violence against women, and gun violence. Our new understanding of the workings of the brain, pioneered by scientists supported by the National Institute on Drug Abuse, has been highly instrumental in helping criminal justice professionals think differently about the type of intervention appropriate for drug users. Working with the Center for Substance Abuse Treatment, we developed new measures of prevalence of drug and alcohol abuse for individuals in the criminal justice system. The contributions of health researchers to our understanding of those phenomena – and the best interventions to address them – have been enormous.

The new intersection between public health and public safety extends beyond the value of interdisciplinary research, however. I think that practitioners are increasingly reflecting the perspectives of practice in the other sector. I can speak best about the world of criminal justice practice. We are increasingly concentrating on the public health dimensions of our work. Here in Washington last year the White House hosted a conference on the mentally ill in the criminal justice system. The Office of Justice Programs sponsored a conference on Alcohol and Crime, with a strong public health dimension. The National Institute of Justice has funded the Commission on Correctional Health Care to conduct a major review of the health concerns presented by the criminal justice population. The cutting edge work in the area of family violence prevention and intervention is being developed jointly by public health and criminal justice experts.

Although I leave final judgment to the public health representatives in the audience, I offer the observation that the public health community has also found common purpose with the criminal justice community. I have had the occasion to speak recently with the boards of two major public health philanthropies, one interested in substance abuse and one interested in the intersection of substance abuse and serious mental illness. Both foundations had come to the same realization – if you want to address these health concerns in our society, you must work in the criminal justice context, for the simple reason that the criminal justice population is a very unhealthy population. A few quick examples make the point. According to the Centers for Disease Control and Prevention, about 17 percent of the people living with AIDS passed through a correctional facility in 1996. Between 12 and 35 percent of the people with communicable diseases pass through a correctional facility each year. The Los Angeles County jail is known as the largest mental health facility in the country. So, we can say to the public health practitioners, if you are looking for your clients and your patients, we have them.

Again, I do not want to underestimate the difficulty in bringing these perspectives together. There are enormous cultural differences between the two systems. One system's client or patient is another system's suspect, offender, inmate, "perp" or worse. The environment of the criminal justice system could not be more anti-therapeutic – prison cells, isolation, deprivation of liberty, stress about the future, physical restraints, body searches and sparse contacts with families and psychological support systems all make health interventions very difficult.

Nevertheless, I think you are meeting at a time when the crosswalk between these two perspectives is gaining momentum, and your challenge is to think about the specific applications of this development to building effective interventions to break the cycle between alcohol and crime.

C. The Problem Solving Revolution.

The third trend that sets the stage for your deliberations is the movement within criminal justice practice toward a "problem-solving" methodology. In an area of public policy that has for too long been dominated by ideological debate, this new approach to crime policy is very pragmatic, not just in its emphasis on results demonstrated through good evaluations, but also in its approach to community crime problems and specific individual cases. Again, I think that the police profession has taken the lead in this development. Properly understood, community policing has two dimensions – first, the active engagement of the community in setting the agenda for police activities, and second, the use of a problem-solving approach.

"Problem-solving" sounds so simple, but it is really revolutionary. Rather than just make arrests, the police now hold themselves accountable, working with the community, for defining a problem, designing a strategy for addressing the problem, and evaluating the results, and then modifying the strategy based on that evaluation. So, just think about how this might work. If the problem is drug dealing on a street corner, then

any number of strategies, including but not limited to arrests, could be employed – cleaning up the vacant lot where young people hang out, dealing with the irresponsible landlord who allows drug dealing out of his building, intervening with the young people through their families, churches, youth organizations or peer groups.

This problem-solving approach has spread beyond the police, with remarkable results. Think about drug courts – in essence, the judge is a problem-solver, not just an adjudicator. The “problem” is the offender’s drug addiction, so the unit of work for the drug court is sobriety, not just another case disposed of. The intervention is treatment and testing, mixing the stick of the criminal sanction with the carrot of support. Judges have to understand the literature of relapse in addition to the latest rulings in the law. Now, in addition to drug courts we are seeing the development of mental health courts, DUI courts, gun courts, community courts, and courts overseeing the reentry of prisoners into their community. Problem solving jurisprudence is one of the most innovative developments we have seen in a long time.

The problem-solving approach is springing up in prosecutors’ offices, public defenders’ practices, and community corrections, with the potential to transform many aspects of criminal justice operations, particularly when combined with the community partnerships that have been pioneered by the police and are now being emulated by their criminal justice colleagues.

II. The Alcohol and Crime Nexus.

So, it is against this backdrop that you are meeting this week in Washington – in an environment characterized by a new willingness to bring research and practice into productive engagement, a new conversation between the health and criminal justice professions, and a new problem-solving methodology taking root in the criminal justice innovations. What promise does this environment hold for an effort to address the links between alcohol and crime? In my view, you have chosen a moment when great strides are possible.

Let’s just review quickly some of the key research findings that underscore the importance of the links between alcohol and crime.¹

A. Alcohol and Violence.

Alcohol and crime are so closely linked that one cannot talk about crime without talking about alcohol. Not that every crime involves alcohol, rather that the issue of crime and the issue of alcohol abuse cannot be discussed in isolation.

¹ The prevalence data cited in this section are from a Bureau of Justice Statistics report that was prepared for the Assistant Attorney General’s *National Symposium on Alcohol Abuse and Crime*, entitled, “Alcohol and Crime: An Analysis of National Data on the Prevalence of Alcohol Involvement in Crime.” Lawrence A. Greenfeld, April, 1998.

Let's look first at the big picture. One third of violent victimizations involve alcohol – about three million crimes a year. About one third of the convicted offenders under correctional supervision stated that they were under the influence of alcohol at the time of their arrest – that is about two million people. Alcohol is associated with more violent crime than all illicit drugs put together – over the years 1992 to 1995, out of eleven million victims of violence, 2.2 million perceived the offender to be under the influence of alcohol; note that, by comparison, half a million said the offender was on alcohol and drugs, and 600,000 perceived the offender to be using drugs alone.

The link between alcohol and crime is more pronounced when we look deeper at certain types of crimes. Domestic violence is particularly troubling. Nearly two thirds of violent victimizations among intimates involve alcohol. By comparison, only 21 percent involved drugs, either alone or combined with alcohol. If we take one more step into intimate violence, we see that three quarters of the spousal assault incidents involve alcohol, while only 16 percent involve drugs, either alone or combined with alcohol.

So, the message here is clear: if we hope to address the issue of violence in America – particularly violence between intimates – we have to address the link between that violence and alcohol. And we must be clear that we are not talking only about the alcohol problems of the offender. There is research evidence showing that crime victims are at increased risk for developing problems of alcohol and drug use. It might not be popular in all circles to focus on the link between victimization and alcohol and substance abuse, but I think a candid assessment of victims' needs in this regard is an important step in designing effective interventions.

B. Alcohol and Criminals, Times and Places.

We should take another cut of the data to put the link between alcohol and crime in a different focus. What do we know about the crimes and the criminals that are described in the aggregate data, beyond the high prevalence of alcohol in the crime statistics? For one thing, we have learned that 70 percent of the alcohol involved incidents occurred in a residence, another 10 percent occurred in a bar or a restaurant, so a strategy to intervene must think about the place of the crime, and it is not typically on the street.

We also have learned that two-thirds of the violent incidents involving alcohol occur at night, between the hours of 8:00pm and 3:00am, with ten percent occurring between eleven and midnight. So, we need a nighttime strategy. We have also learned that nearly three-quarters of the offenders – and two-thirds of the victims – involved in these incidents are between the ages of 25 and 49. So, we know that when we address the link between alcohol and crime, we are dealing with a relatively older age group. Finally, and very interestingly, we have learned that hands, fists and feet are the most common weapon in alcohol related violence – they caused the damage 80 percent of the time. Guns were used in just four percent of the alcohol-related incidents.

What do these prevalence data suggest for a strategy to break the link between alcohol and crime? Without addressing yet the important issue of prevention, and setting aside for a moment the issue of drunk driving, I would argue that these data point us in a certain direction. If we hope to have an impact on overall crime statistics, particularly violent crime, our work must begin in the home, the violent home, where alcohol facilitates and fuels the eruption of force between people who are related to each other, often married to each other. So, a specific challenge that you could embrace would be to find common purpose with the domestic violence coalitions in your community, the domestic violence courts that are being created around the country, the advocates for women safety who are urging the police, prosecutors and courts to protect the victims of intimate violence. You can find common purpose with the advocates of abused and neglected children. Working together, you can save lives.

C. Alcohol and Locations.

Let's turn to another relationship between alcohol and crime. Your conference has commendably embraced the challenge of the impact of alcohol upon the quality of life in our communities. As I mentioned earlier, one of the important innovations in the criminological literature and the practice of policing is the identification of "hot spots" — or places in communities that are correlated with high levels of crime. The use of crime mapping — in essence, the electronic version of the old pin maps in police precincts — graphically demonstrates the links between places and crimes. And the problem-solving approach of the new policing philosophy requires the police to do something about those "hot spots" and to be accountable for the results.

Guess what? When you do this sort of analysis, alcohol outlets are some of the hottest of the hot spots. A study by Sherman conducted in 1989 found that on-site alcohol outlets accounted for one-third of all robberies, rapes and auto thefts recorded in the year's crime reports.¹ Another study by Roncek and Maier conducted in 1991 found that city blocks with bars had higher rates of assaults, robberies and rapes, even when unemployment, poverty and race were controlled for in the statistical analysis.² Another study, this one by Grunewald, found that the availability of alcohol, measured in terms of the geographic density of alcohol sales outlets, is linked to specific patterns of alcohol-related vehicle crashes in those communities.³ Finally, a study by Scribner shows that the higher levels of alcohol outlet density are geographically associated with higher rates of assaultive violence.⁴

So, even though the implications of these findings are quite clear, the action steps are not at all obvious. Since we know that concentrations of alcohol outlets are associated with higher rates of criminal activity, I would encourage you to think about the policy responses to these findings. What would be appropriate police strategies around those bars? What would be appropriate regulatory strategies involving sales of liquor to high risk individuals or at high risk hours, or zoning strategies that would reduce the concentration of these outlets? I know that some of these approaches have been tried, but I am not aware of evaluations of any of these strategies. I would personally appreciate learning from you about any research on these strategies, but, more importantly, you have

the opportunity to generate a national discussion about this under-explored aspect of the link between alcohol and crime.

D. Alcohol, Treatment and Prevention.

I would next like to talk about the role of treatment and prevention in this discussion. There has been a relationship between alcohol treatment programs and the criminal justice system for a long time, but I think the question we should address is how we would envision that relationship if we were serious about breaking the link between alcohol and crime. Given the high prevalence of alcohol problems within the criminal justice population, wouldn't we expect to see alcohol treatment provided to a significant percentage of that population? And if, in an ideal world, treatment were available to all those who needed it, how would we expect the criminal justice agencies, particularly the judiciary, to take advantage of the availability of treatment?

I think this is a useful mental exercise to perform, and encourage you to think about it, because it will surface a number of difficult issues at the intersection of the criminal justice and public health cultures, particularly within the treatment community. Do we, for example, want treatment to be ordered by the court? Do we want treatment participation to be a condition of a temporary restraining order in a case of domestic violence? Do we want judges to exercise any discretion about the course of treatment, or the modality of treatment? What sanctions, if any, do we want judges to impose for treatment failures?

Many of these issues are being addressed in the context of drug courts, and DUI courts, but if we are pushing hard on the nexus between alcohol abuse and crime, and see the criminal justice system as presenting an opportunity to intervene in the lives of offenders who are dealing with alcohol dependence, what role do we expect the courts to play in the life course of the treatment?

Let's push the treatment nexus a bit further. If we think that alcohol and crime are particularly closely related at certain times of day (late at night), in certain places (in the home), in certain relationships (intimate and spousal relationships), how do we expect the orders of the court – and the conditions of treatment—to be tailored to reflect those realities? Is sobriety our goal? Are we expecting that offenders stay away from those hot spot bars? How do we expect them to rearrange their family relationships? Should the alcohol-dependent offender who beats his wife when he gets drunk live elsewhere until this alcohol problem is under control?

Then we have to talk about enforcement of those conditions. There is a very interesting movement within the criminal justice community that is bringing the police together with probation and parole agencies to enhance the supervision and support of offenders living in our communities. This new public safety partnership was particularly effective in Boston where they focussed on young people who were actively involved in violent gangs and used conditions of probation as a way to keep these kids off certain street corners, at home under curfews, and generally out of harm's way. Would we want

the police and probation to engage in similar activities with offenders with alcohol problems who are under court supervision? If so, what would be the role of the treatment providers? Would we want them to administer breathalyzers on the spot? And if not, why not? And if we don't enforce the conditions of these orders, can we realistically expect that the addictive behaviors will change? What would happen to the credibility of court orders if they were not enforced? Or would judges just impose those orders they knew could be enforced, thereby diluting the impact of the research findings about hot spots, hot times, and hot relationships where alcohol and crime are a deadly and violent combination? As you follow this logic, I think you will agree that you are entering uncharted waters, but the potential payoff is enormous, so I encourage you to embrace the challenge and change the national debate.

Finally, we should discuss the role of prevention in these strategies. On one level, if we are talking about offenders with deep alcohol problems, the traditional prevention opportunities have passed us and them by. Our best hope may be to control their behavior and minimize the harm they do to themselves and others. Yet I think the research literature has a different — and optimistic — lesson for us on the topic of preventing alcohol abuse. The basic message of this literature is that intervening in the lives of at-risk young people can reduce a variety of inappropriate behaviors – criminal behavior, substance abuse, risky sexual practices, tobacco use. So, even if young people caught up in our juvenile and criminal justice system are not using alcohol at all, or not deeply involved in alcohol abuse, they have identified themselves as at risk nonetheless, and their arrest provides an opportunity to intervene. The impact of that intervention may well be the prevention of alcohol dependence, and the various problems that are associated with it.

III. The Challenge and the Promise.

So, your challenges are both clear and important. I applaud your willingness to grasp this particular nettle – and to take the next step in breaking the link between alcohol and crime. I have suggested that you explore the crime prevention potential of a focus on alcohol and violence, strategies around people and places, and the intersection of court supervision and treatment modalities. Certainly there are other avenues to pursue. You know better than anyone else how hard it is to achieve success in this arena. You know better than anyone else that it will take major changes in the way society thinks about alcohol, our most prevalent drug. But then again, you have your own successes to point to, and your own victories to celebrate. We need only note the remarkable reduction we have seen in alcohol related traffic deaths – in 1996, there were over 17,000, accounting for about 40 percent of all traffic fatalities. This is a 29 percent reduction from the more than 24,000 fatalities ten years ago, when alcohol was involved in 52 percent of traffic fatalities. Who would have thought this possible, that 7,000 fewer people would die last year on our streets and highways? I will bet that the folks at MADD thought this was possible – and think that even further reductions are possible. Maybe we need the same determination that the folks at MADD have demonstrated, the same willingness to

challenge conventional wisdom, the same attitude that we're not going to take it any more.

Thank you.

¹ Sherman, L.W., Gartin, P.R., and Buerger, M.E. 1989. "Hot Spots of Predatory Crime: Routine Activities and the Criminology of Place." *Criminology* 27-56.

² Roncek, D.W. and Maier, R.A. "Bars, Blocks, and Crimes Revisited: Linking the Theory of Routine Activities to the Empiricism of 'Hot Spots.'" *Criminology* 29: 725-754.

³ Gruenewald, P.J., Millar, A.B., and Roeper, P. "Access to Alcohol: Geography and Prevention for Local Communities." *Alcohol Health and Research World*, 20 (4): 244-251, 1996.

⁴ Scribner, R.A., MacKinnon, D.P., and Dwyer, J.H. "The Risk of Assaultive Violence and Alcohol Availability in Los Angeles County." *American Journal of Public Health*, 85 (3): 335-340, 1995.