

Drugs, alcohol and youth crime: Counting the cost

Key Messages

- Young people who drink regularly, smoke and/or take illegal drugs have a higher risk of becoming involved in anti-social behaviour and crime.
- Those who are involved in the youth justice system are at very high risk of health harms because of substance misuse.
- Early intervention with children and families identified as at risk is essential.
- Universal interventions in schools and youth services can help develop social skills, protective relationships, positive activities and values.
- Attachment to school is a key protective factor.
- Prevention includes support for those leaving young offenders' institutions or secure children's homes to avoid a rapid relapse into drug and alcohol-related crime and risky behaviour.

Mentor: Thinking Prevention

Mentor works to identify and promote the best means of protecting young people from alcohol and drug harms. These clearly cannot be separated from other facets of young people's physical, social and emotional wellbeing. This briefing paper is one of a series of five which explore public health issues including underage conception, smoking, crime and anti-social behaviour, alcohol harms and disengagement from school. We can't afford to wait until adulthood to tackle these problems, so it is vital to understand prevention approaches that can be effective with children and young people

The papers are available from www.mentoruk.org.uk/publichealth

Links between crime, anti-social behaviour, and drugs and alcohol

A public health approach can be seen as the key to violence prevention: violence is contagious and interacts closely with other health issues.¹ There is a significant overlap between young people who drink regularly, smoke and/or take illegal drugs, and the minority who are involved in anti-social behaviour and crime. For example, one survey of 16 year olds found that almost half (47%) of those involved in criminal activity either drank alcohol on most days, or smoked at least six cigarettes per week *and* had tried cannabis, compared to 13% of the law-abiding majority.²

Research carried out for the Youth Justice Board into alcohol and drug misuse among children and young people in the secure estate (age 12-18) found that 44% fell into the highest category of problematic substance misuse.³ In the period before entering custody, two thirds (66%) reported binge drinking once a week, while a quarter (25%) considered their drinking to have been out of control.³

About Mentor

Mentor is the UK's leading charity dedicated to protecting young people from drug and alcohol harms. We review research from around

the world, test promising approaches and work to translate best policy and practice into evidence based national and local services.



1st floor, 67 – 69 Cowcross Street, Farringdon,
London EC1M 6PU
www.mentoruk.org.uk
020 7553 9920

Among those young people with the most severe substance misuse problems (those using drug and alcohol treatment services) only a minority admitted to committing offences, yet these seemed to be “fairly prolific”. Six percent said that they had shoplifted in the past month, 12% said they had committed an assault and 8% a theft. In addition, around 7% refused to answer each question.⁴

The incidence of crimes varies by drug: for example those treated for alcohol use are more likely to have assaulted someone but less likely to have committed theft, compared to cannabis users. The NTA estimates that, the cost of crime that would be committed by this group of young people in the absence of treatment is just under £100m per year.⁴

Common risk factors and causal links

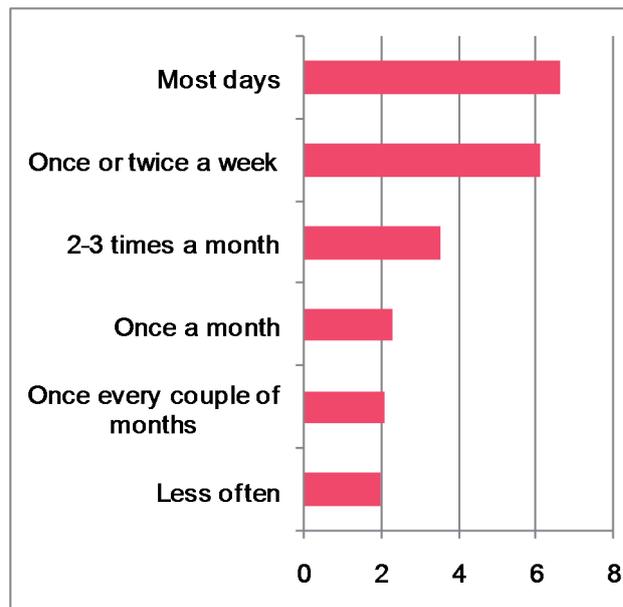
It is clear that there are factors in young people’s personality, development and environment which can predispose them both to drug and alcohol misuse and to anti-social behaviour. However, there also seem to be causal links from young people’s alcohol and drug use to crime.

A study following 15,000 young people from age 14 to 17 found that drinking alcohol was a strong predictor of an increase in criminal activity (graffiti, vandalism or shoplifting) in the following year.⁵ The graph above illustrates this: even after adjusting for other factors, someone who drinks once or twice a week aged 15 is six times more likely to increase their criminal activity over the next year, compared to a non-drinker. There was little to no evidence that the reverse was true (criminal activity leading to an increase in drinking).

As with adults, a proportion of youth crime and anti-social behaviour occurs under the influence of drugs or alcohol. In a Europe-wide survey of 15-16 year olds, 22% of boys and 14% of girls in the UK said they had been in a physical fight when drinking, and 18% of boys and 13% of girls said they had been in trouble with the police after drinking alcohol – higher than almost any other country in the survey.⁶

The link between drinking and alcohol-related aggression, crime and disorderly behaviour is determined to a significant effect by other factors, such as expectations, inherent aggression and the social environment. However, there is no doubt that there is a significant link. For example, half of all victims of violent crime questioned in the British Crime Survey believed their attacker was under the influence of alcohol.⁷

Odds of increased criminal activity a year later by drinking behaviour aged 15



Reducing alcohol consumption can have a measurable impact on crime: an evidence review found that increases in alcohol price were associated with reductions in overall crime, violent crime, sexual assault and criminal damage.⁸ In the NTA study referenced above, young people in treatment were asked about any recent shoplifting, assault or theft. Self-reported offences fell on average by 55-65% after treatment for drug or alcohol addiction.³

Prevention

A comprehensive prevention strategy is needed to address crime and anti-social behaviour linked to alcohol, one that starts in the early years, but also addresses the needs of young people already involved in risky behaviours. It is important to note that, although important, ‘policing’ is a relatively small part of this.

Universal prevention, working with young people in schools and the community

All children and young people should receive age-appropriate education about drugs and alcohol that enables pupils to explore their own and other peoples’ attitudes and values; and to develop their personal and social skills to manage risk, solve

problems and communicate effectively. Education can challenge values and misperceptions about alcohol and can also address concepts of 'respect' and masculine identity linked to violence and anti-social behaviour.

However, at present, PSHE is a non-statutory subject and is often given a low priority by schools. Local partnerships have an important role to play here, making the links between drug and alcohol education, anti-social behaviour and educational achievement.

Evidence-based drug education programmes which have been shown in the US and Europe to reduce alcohol use among young people include 'Life Skills Training' and 'Unplugged'. An enhanced version of the former has also been found to reduce violence and aggression among students.⁹

Schools play an important role in integrating young people into society, and attachment to school is a significant protective factor against both crime and substance misuse. Absence from school is linked to alcohol, tobacco and cannabis use, crime and other risky behaviour. It is important to intervene early to break this cycle of disengagement (see another paper in this series: *Disengaged from school, engaged with drugs and alcohol?*).

One example of a very early school-based intervention is the Good Behaviour Game. This intervention with primary school pupils has no overt link with drugs or alcohol. However, by keeping children engaged and improving behaviour in the classroom, it can significantly reduce later anti-social behaviour including problematic drug use amongst boys in particular.¹⁰

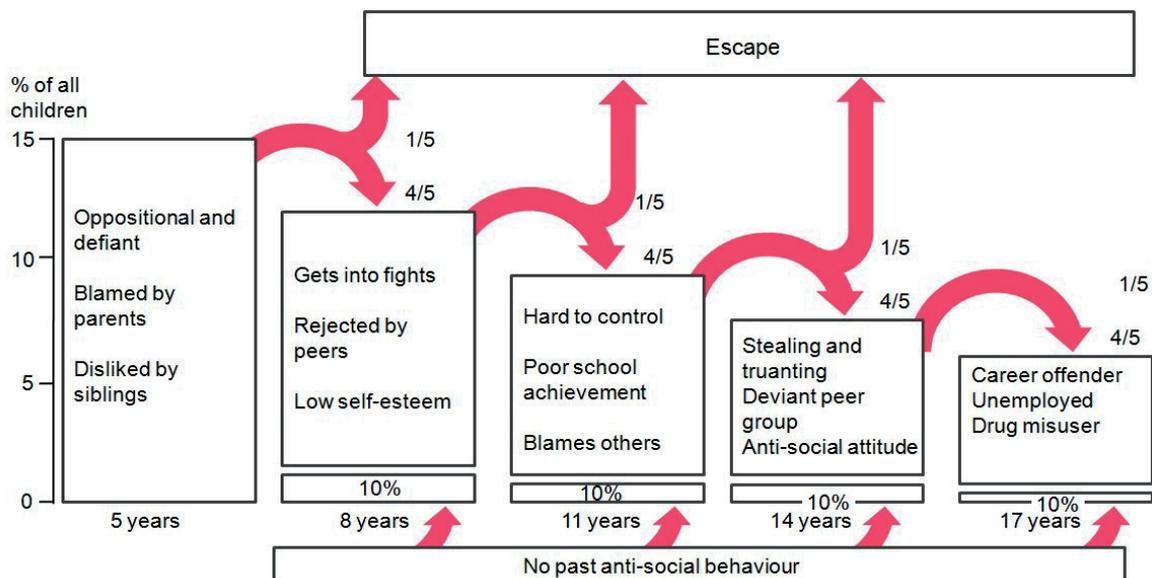
Outside school, youth work settings can be a valuable safety net, particularly for those already disengaged from school. At the most basic level, they provide young people with positive activities. One study found that young people who drank due to boredom were more likely to drink frequently, drink heavily and drink unsupervised.¹²

In addition youth work can give young people supportive and sustained relationships with caring adults, and the chance to assume constructive roles in the community, helping protect against drug and alcohol misuse. Youth work can also help young people make better decisions by offering them safe spaces to explore their identity, experience decision-making, increase their confidence, develop interpersonal skills and think through the consequences of their actions. Drug education programmes can be delivered in youth settings as well as in the school classroom.

Targeted prevention: working with families from the early years onwards

Many of the risk factors associated with offending in adolescence and adulthood can be identified at a young age, including inadequate parenting, and temperament and behaviour problems.¹³ Policy and research reviews in recent years (for example Graham Allen's 2011 review)¹⁴ have stressed the importance of parenting and childcare programmes to support healthy social and emotional development in infancy and early childhood. Despite this, it is important to recognise that the earlier and more

Continuity of anti-social behaviour from age 5 to 17¹¹



closely targeted interventions are, the higher the proportion of those 'at risk' that will be missed, as children move in and out of this category.

Universal services, such as health visitors and children's centres, play a vital role in identifying where children and their parents need specialist help. Adequately resourced family support is then needed to deal with issues such as domestic abuse, mental health, substance misuse and children's behavioural problems.

Family-based prevention is not just about the early years and there is strong evidence for the effectiveness of family-based therapies in preventing or reducing youth crime and anti-social behaviour.¹⁵

Young offenders

In research carried out for the Youth Justice Board among children and young people in the secure estate, 62% of the young people said that they had used alcohol and drugs for reasons that might indicate mental health or anger management issues: to 'escape', to feel safe, to relax or relieve stress, to calm down or to forget worries. Forty percent of young people said that they used drugs because they were bored, lonely, or anxious; 39% said that they became irritable, anxious, or depressed if they did not use drugs; and 37% stated that they used drugs not to get high, but just to feel 'normal'.¹⁶

Support and treatment is needed for these young people not just during their time in young offenders' institutions and secure children homes but during reintegration into the community. Avoiding old patterns of alcohol or drug use can be essential in making a fresh start and avoiding a relapse into offending and eventually re-conviction.

Resources

- Bellis, M., Hughes, K., Perkins, C. and Bennet, A. (2012) [Protecting people Promoting health: A public health approach to violence prevention for England](#). Department of Health
- Project Oracle www.project-oracle.com

References

1. Bellis, M., Hughes, K., Perkins, C. and Bennet, A. (2012) *Protecting people Promoting health: A public health approach to violence prevention for England*. Department of Health
2. Department for Education (2011) *Understanding vulnerable young people: analysis from the Longitudinal Study of Young People in England*, Sheffield: Department for Education
3. Youth Justice Board (2009) *Substance misuse services in the secure estate*. Youth Justice Board
4. Frontier Economics (2010) *Specialist drug and alcohol services for young people – a cost benefit analysis*. Department for Education.
5. Green, R. and Ross, A. (2010) *Young people's alcohol consumption and its relationship to other outcomes and behaviour*. Department for Education
6. ESPAD (2009) *The 2007 ESPAD Report: Substance Use Among Students in 35 European Countries*. The Swedish Council for Information on Alcohol and Other Drugs
7. Flatley, J., Kershaw, C., Smith, K et al. (2010) *Crime in England and Wales 2009/10*. Home Office
8. Booth, A., Meier, P., Shapland, J. et al. *Alcohol pricing and criminal harm: A rapid evidence assessment of the published literature*. Home Office and Sheffield: School of Health and Related Research, University of Sheffield
9. Botvin, G. J., Griffin, K. W., Nichols, T. R. (2006). *Preventing youth violence and delinquency through a universal school-based prevention approach*. *Prevention Science*, 7, 403-408
10. Kellam S., Brown C., Poduska J. et al. (2008) *Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes*. *Drug and Alcohol Dependence* 95(suppl. 1), S5-S28
11. HM Treasury (2003) *Every Child Matters*. The Stationery Office (diagram based on unpublished research by Stephen Scott for the Home Office)
12. Morleo, M., Hennessey, M., Smallthwaite, L. et al. (2011) *Changes in young people's alcohol consumption and related violence, sex and memory loss*. North West Public Health Observatory
13. Moffitt, T. and Caspi, A. (2001) *Childhood predictors differentiate life-course persistent and adolescence-limited antisocial pathways among males and females*. *Developmental Psychopathology* 13(2):355-75.
14. Allen, G. (2011) *Early Intervention: The Next Steps*. Cabinet Office.
15. Ross, A, Duckworth, K., Smith, D., Wyness, G. and Schoon, I. (2011) *Prevention and Reduction: A review of strategies for intervening early to prevent or reduce youth crime and anti-social behaviour*. Department for Education
16. Youth Justice Board (2009) *Substance misuse services in the secure estate*. Youth Justice Board