Sometimes it seems that British society simply accepts the problems caused by alcohol as an unpleasant fact of life that must be endured. Ill health, absenteeism, accidents, and underperformance at work, crime and disorder on the streets are the price we pay for living in a culture that permits alcohol consumption. Compare this with the constant reports from the ‘war on drugs’ that pervade the media, despite the much higher prevalence of alcohol-related problems. This bias is reflected in research funding, with alcohol remaining a ‘Cinderella issue’ in the UK (Alcohol Concern, 2002).

Researchers nevertheless persist in their worthwhile endeavours, examining the causes, correlates and consequences of alcohol use and misuse. Every so often, interest in alcohol problems takes an upward turn, and the value of their research is appreciated. In 2001, the Government at Westminster produced proposals for relaxing the licensing laws (Home Office, 2001). The point of the proposed changes is to allow citizens and visitors the opportunity to enjoy a drink at any time, without being inconvenienced by abstruse licensing laws. This report was followed a year later by a Department of Health plan to formulate a National Harm Reduction Strategy (Department of Health, 2002). The potential increase in crime and disorder was acknowledged in both reports. *Time for Reform*, the Home Office paper, focused principally upon measures for controlling disorder in and around licensed premises, whereas the Department of Health Document asked a wider range of questions about the development, context, control and treatment of alcohol-related crime. Given these developments, it is timely to assess what we know and what needs to be researched.

We know that alcohol is implicated in crime. Surveys of offenders show that they are very heavy drinkers in comparison with non-offenders, particularly 16- to 24-year-olds. In the UK, around 60% of male prisoners and almost 40% of female prisoners are hazardous drinkers, compared with around 30% of male and at most 10% of female general hospital patients (Singleton et al., 1999). We also know that offending is more prevalent in heavy drinkers (Fergusson et al., 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 (McMurran and Hollin, 1989).

Whilst we know that there is a relationship between alcohol and crime, what we are less sure of is the nature of that relationship. 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); they 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. Even for any one drinker, each of these relationships may apply at some time. It is plain that the question we are trying to answer through research is a complex one: ‘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?’ (Walfish and Blount, 1989).

 Contributors to this issue of Criminal Behaviour and Mental Health provide information that adds to our understanding of the complexities of the alcohol–crime relationship and how best to intervene to reduce alcohol-related crime. Richardson and Budd examine the style of drinking associated with crime in a large sample of young people, our highest risk age group. McMahon, Butwell and Taylor interrogate the database of UK secure hospital patients to examine trends in alcohol use and crime over more than 20 years. Badawy examines the role of serotonin in the alcohol–aggression relationship. Day and colleagues query some of our assumptions about the nature and direction of causality between alcohol and crime. A pilot intervention for alcohol-related aggression is reported by McMurran and Cusens.

Whilst these papers are a valuable contribution to the research literature, this is an opportunity to identify gaps in our knowledge that would usefully be the focus of future research. First, compared with risk factors, far less work has been done to identify factors that protect against heavy drinking and crime, although we know that protective factors do exist (Farrington, 1995). Second, there is relatively little information about the role of alcohol in sexual offending, although we know that between 30 and 50% of rapists are reported to have been drinking at the time of the offence (West and Wright, 1981; Maldonado et al., 1988; Martin, 2001), and the alcohol consumption of convicted rapists and child molesters is significantly greater than that of non-sexually violent offenders (Abracen et al., 2000). Third, a new breed of interventions has recently begun to evolve to address substance-related crime. Developing from programmes that address substance misuse in a client group that just happens to be offenders, emerging now are integrated treatments for offenders whose crimes are related to substance misuse (Wanberg and Milkman, 1998; Correctional Services of Canada, 1999; McMurran and Priestley, 2001). Nonetheless, interventions specifically addressing alcohol-
related crime are few, and further development and evaluation in this specific area is required. Fourth, treatments for mentally ill offenders with alcohol problems need attention. Where such programmes exist, 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). Fifth, 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. Sixth, 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 focused 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 alcohol treatments, are being neglected. Finally, 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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Editorial
