

Screening and Brief Intervention in the Charles Cross Custody Suite

Final Report

Adrian Barton & Greta Squire (University of Plymouth,
Social and Public Policy Research Group)

July 2008



Section 1

Introduction

1.1 Inappropriate and problematic use of alcohol by sections of the population which leads to alcohol related crime and disorder is acknowledged as being a major and growing problem in the UK. In response, the government has launched two sets of initiatives each with different aims. One set are aimed at the drinkers themselves and seek to change behaviour and the other set are criminal justice led and aimed at using the criminal justice agencies to address alcohol related crime and disorder. One such example is the Alcohol Misuse Enforcement Campaigns (AMEC). Whilst police led campaigns have delivered some success they tend to prioritize a situational approach to the problem and ignore the individual and motivational aspect of the hazardous and harmful use of alcohol. This is to be expected as very few police forces or police officers are trained or equipped to offer advice about harmful or hazardous drinking to individuals. Moreover, in the context in which schemes such as AMEC are delivered there is little scope for the officers to meaningfully engage with problem drinkers at a level which they can address motivation – indeed it is often the case that police officers and hazardous and harmful drinkers will be in conflict when they meet.

However, as the Drug Interventions Programme (DIP) has demonstrated the criminal justice system can be a very effective vehicle through which substance mis-users can access information and treatment and this, in part, led to the development of the Screening and Brief Intervention programme (SBI) being piloted in Plymouth.

1.2 SBI programmes have a long history in primary health care. SBI comes in the shape of an early enquiry by health professionals about the patient's life style and the subsequent provision of information and counseling aimed at changing hazardous or harmful behaviour. It is important to note that the success rate for SBIs runs at about five percent of contacts meaning that SBIs work on volume and turnover of patients. Importantly for the Plymouth SBI project, health research indicates that SBIs are very effective when delivered to non-treatment seeking individuals who find themselves in situations where information can be provided and there may be an impetus for change: it can be the arrest that propels clients into treatment and longer-term behaviour change. This type of work is in its infancy but given the extent of alcohol-related crime it holds the potential to have a significant impact on alcohol related crime and the hazardous and harmful use of alcohol. Accordingly, the SBI project in Plymouth is in its infancy: it started on 7th March 2007 and ran as a twelve-month pilot project. Funding for the project came from Devon and Cornwall Police via a Neighbourhood Renewal Fund (NRF) grant for £43576

1.3 NRF is a special, non ring-fenced grant made available to England's most deprived local authorities, to enable them in collaboration with their Local Strategic Partnerships (LSP), to improve services, narrowing the gap between deprived areas and the rest of the country. Specifically this focuses on increased employment and improved economic performance, a reduction in crime, better educational attainment, improved health, better housing and cleaner, safer, greener public spaces. Three

areas of Plymouth are eligible for NRF funding – Stonehouse, North Prospect and Barne Barton.

1.4 This final report will be structured in the following manner: It will provide a brief overview of the methods used to obtain the data; it will then outline the process used to screen detainees; following that it will detail the aims of the SBI project; from there it will provide detailed statistical information on all aspects of the project. It will then move to provide information from the interviews. Finally, it will offer some conclusions about the overall impact of the project and the extent to which it achieved its aims.

1.5 Methods The data used in this final report was collected over the period 7th March 2007 until May 31st 2008. Quantitative data was collected from the Plymouth SBI forms (see appendix 1) and analysed using the SPSS software package. In addition, the research team also collected qualitative data which was obtained by attending SBI project management meetings, from semi-structured interviews with police officers alcohol workers, staff from a variety of agencies involved in the management of the project and a small number of clients. The team also observed SBI screening and interventions being conducted in the custody suite at Charles Cross custody suite.

For the purposes of this project it was decided to group the offences into eleven generic types: Violent crimes (for example ABH, GBH Affray, Assault); Domestic violence; Public Order; Criminal Damage; Driving related (including drink driving); Drug related; Drink related; Acquisitive crimes; Sexual; Administrative (breach of bail, arrested on warrant) and Other. We also recorded a number of demographic details including age, gender, ethnicity, occupation. It is important to note that we were unable to screen detainees under 17 years old.

1.6 Process Devon and Cornwall police working in conjunction with Plymouth DAAT and the Harbour Centre currently employs specialist alcohol workers who are located in the Custody Suite at Charles Cross custody suite. The SBI project can also draw on the services of fifteen trained police officers to conduct the screening process. The SBI workers make contact with detainees as part of the general custody process. Once the detainee has agreed to take part in the scheme, they are then screened using the Alcohol Use Disorders Identification Test (AUDIT) screening instrument, which is a questionnaire, developed by the World Health Organisation and designed to measure the individual's patterns of alcohol use. Depending on the AUDIT score the trained worker then provides an appropriate intervention which ranges from information regarding alcohol consumption for low risk drinkers, through to more detailed information and counseling for those classified as hazardous and harmful drinkers, and on to the provision of information on further assessment and treatment services for those classified as having moderate to high levels of dependence.

The workers screened those detainees that they could access and who agreed to take part in the process. It is important to reiterate the point that all participation in the screening process was voluntary. The project obtained a broad

cross section of offences, with the exception of those being held on immigration offences. In most cases the team chose not to screen these detainees often because of problems with language and understanding.

1.7 Aims of the project The SBI project is part of a suite of projects that fall under the generic title of 'Plymouth After Dark'. Plymouth After Dark is a multi-agency suite of programmes aimed at reducing alcohol related crime and disorder in Stonehouse and the City Centre, an area which includes Durnford Street, Millbay and Stonehouse and surrounds the 'Clubland' area of Union Street in Plymouth.

Plymouth After Dark has a range of interventions aimed at reducing antisocial and disorderly behaviour, from positive policing to target troublemakers, to Club Outreach workers working with young people to reduce alcohol and substance misuse. The programme aims to improve the quality of life for residents living in the Stonehouse area. Activities within the programme include:

- Alcohol assessment & advice (screening & brief interventions) in Charles Cross Custody Unit.
- Antisocial Behaviour Orders and Drink Banning Orders to exclude persistent violent offenders from public places.
- Specific police patrols on main routes through Stonehouse neighbourhood.
- Development of a Minor Injuries Unit in Stonehouse on Friday & Saturday nights.
- Training and equipment for Door Supervisors to allow them to deal with troublemakers more effectively.
- Supervised Taxi Rank drawing the public away from the Stonehouse area.
- Targeted enforcement of late night licensed premises including pubs clubs and takeaways.
- Clean up the area using Probation Services Community Order Teams.
- Development of licensed premises Award Scheme to improve standards.
- Penalty Notices for persons behaving in an antisocial and disorderly way.
- Harbour Centre workers providing advice on substance misuse in clubs.
- Provision of purpose built bottle bins to keep the streets safer.

As SBIs work on the principle of a high volume throughput the SBI project set the following process targets: engaging with, screening and providing the appropriate intervention to at least seven detainees per day; a target time of five minutes to complete the process.

Beyond that, the SBI project had the aims of:

1. Reducing alcohol related violence, public order and criminal damage as part of a suite of interventions outlined above and
2. As a public health intervention alerting people to the negative impact of their drinking behaviour on their health and social well-being
3. To provide a baseline figure of how many people were presenting as at least hazardous drinkers in the city

Section 2

Statistical information

2.1 Throughputs The SBI project was dependent upon ensuring that a high volume of detainees were screened and offered the appropriate level of intervention. With that in mind the following set of information details the throughputs from March 2007 until March 2008.

- Since the start of the project SBI has made contact with 4721 detainees.
- Of those 3900 (82.61%) agreed to take part, meaning that 35% of all those detained at Charles Cross for the period of the project were screened
- This equates to 10.10 meaningful contacts per day (although it is important to note that the daily totals varied, with the highest numbers of contacts taking place at the weekends).
- Of those 77.2% interventions were completed within the five minute period and 97.8% were completed within ten minutes.

For the first 3 months of the project's operation the screening was undertaken by trained police officers and not alcohol workers as there was a delay in recruitment.

There was a further operational problem once the alcohol workers were appointed which revolved around fitting the alcohol workers into the daily routine of the custody suite. In effect, the detention officers had to accompany the alcohol workers to the cells which at times proved difficult in what is an already crowded work schedule. This was not always possible and at times led to a fall in the number of throughputs. Whilst this did not affect the screening process, in the sense that the AUDIT tool was being used in the manner in which it was planned, it did have the effect of reducing the number of through puts and the range of interventions that could be offered, most notably tier three counseling. This was resolved over time and the alcohol workers and the project became fully embedded in the custody suite from around September 2007.

2.2 Demographics The AUDIT form also enables a detailed breakdown of the demographic profile of the detainees who agreed to take part in the SBI project. The following section provides those details.

2.2.1 Age

Age range	Percentage of detainees seen
17-24	47.3
25-30	17.8
31-35	10.1
36-40	9.5
41-45	7.1
46-50	3.9
51-55	2.3
56+	2.0

Table 1
Age range of detainees

The first set of demographic information relates to the age of the detainees. It can be seen that the most frequent group were the under 24 year olds comprising of 47.3% of those seen with the under 30s accounting for two thirds of all of those seen (65.1%).

2.2.2 Offence type For the purposes of this project it was decided to group the offences into eleven generic types: Violent crimes (for example ABH, GBH Affray, Assault); Domestic violence; Public Order; Criminal Damage; Driving related (including drink driving); Drug related; Drink related; Acquisitive crimes; Sexual; Administrative (breach of bail, arrested on warrant) and Other.

Table 2 demonstrates that violent crime was by far the most common offence with 37.2% of detainees seen being held for either violence (29.9%) or domestic violence (7.8%).

Offence type	% detainees
Violence	29.9
Domestic violence	7.8
Public Order	3.1
Criminal Damage	7.6
Sexual offences	1.4
Drink related	2.3
Driving related	2.8
Drug related	12.8
Acquisitive	11.4
Administrative	4.1
Other	11.3

Table 2
Offence type

2.2.3 Gender

Gender	Percentage of detainees seen
Male	84.8
Female	14.7

Table 3
Gender of detainees

The majority of those detainees seen were male.

Offence type	% male detainees	% female detainees
Violence	86.5	13.5
Domestic violence	80.1	19.9
Public Order	87.7	12.3
Criminal Damage	88.1	11.9
Sexual offences	94.3	5.7
Drink related	80.9	19.1
Driving related	91.3	8.7
Drug related	84.0	16.0
Acquisitive	86.0	14.0
Administrative	88.2	11.8
Other	83.7	16.3

Table 4
Percentage of males and females detained for each offence type

Table 4 shows the percentage of males and females detained for each offence type.

2.2.4 Type of intervention Once the detainee has been screened there are a number of interventions that the worker can offer depending on the severity of the detainees drinking. The most frequent intervention to date has been advice. As an aside, CCTV coverage of the cells shows that the majority of detainees offered leaflets did read them. In detail

- 40.2% detainees were provided with multiple interventions which included advice, leaflet and/or referral.
- 44.2% were given advice,
- 14.4% were given a leaflet
- 0.7% were referred.

2.2.5 Ethnicity 96% of those detainees seen were classified as White European. This reflects the demographics of the city.

2.2.6 Alcohol consumption The AUDIT tool divides drinking behaviour into four main types:

1. low risk;
2. hazardous medium risk;
3. harmful high risk
4. dependent.

Of those detainees seen:

- 35.8% were low risk
- 32.1 % were hazardous, medium risk drinkers
- 10.9% were harmful high risk drinkers
- 21.2% were dependent drinkers

We can provide further information by breaking the AUDIT scores down within age groups as shown in table 5.

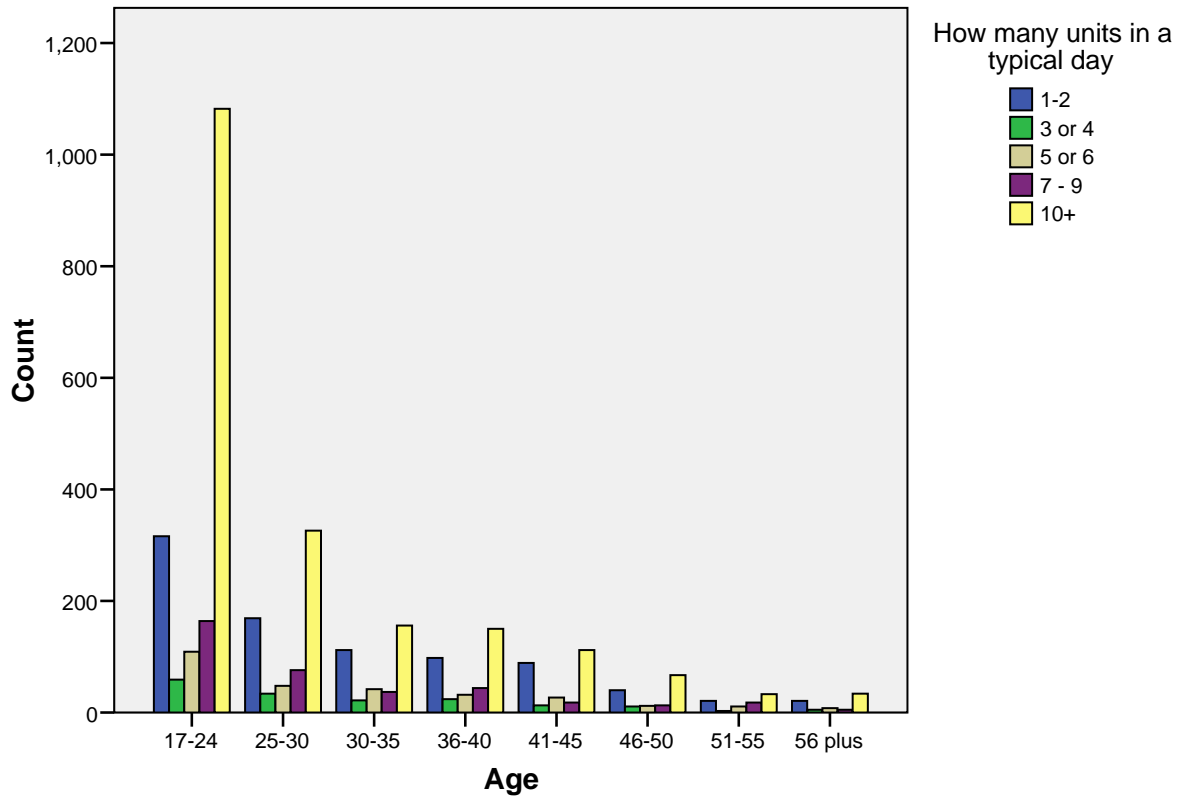
Drinking behaviour	17-24	25-30	31-35	36-40	41-45	46-50	51-55	56+
Low risk drinking	29.0	38.4	45.0	40.8	49.4	39.9	39.5	41.4
Medium risk hazardous drinking	36.5	32.0	30.1	28.4	16.6	24.5	25.6	37.0
High risk harmful drinking	13.6	10.6	9.2	6.6	8.1	6.3	3.5	6.8
Dependent drinking	20.9	19.0	15.7	24.1	25.9	29.4	31.4	15.1

Table 5
Alcohol use scores by age group

The majority of those detainees seen by the SBI project (64.2%) were using alcohol in a manner at least putting them into a medium risk category. Within the youngest age group, 71.0% of detainees are recording medium risk drinking behaviour and above and this is the largest single group of drinkers whose alcohol consumption can be classified as being at risk. However, whilst 20.9% of the 17-24 year olds fall into dependent drinking, those aged between 41- 55 contain the

highest percentage of dependent drinkers. Arguably those detainees in the 41 - 55 age group who are in the dependent range are long term chronic drinkers.

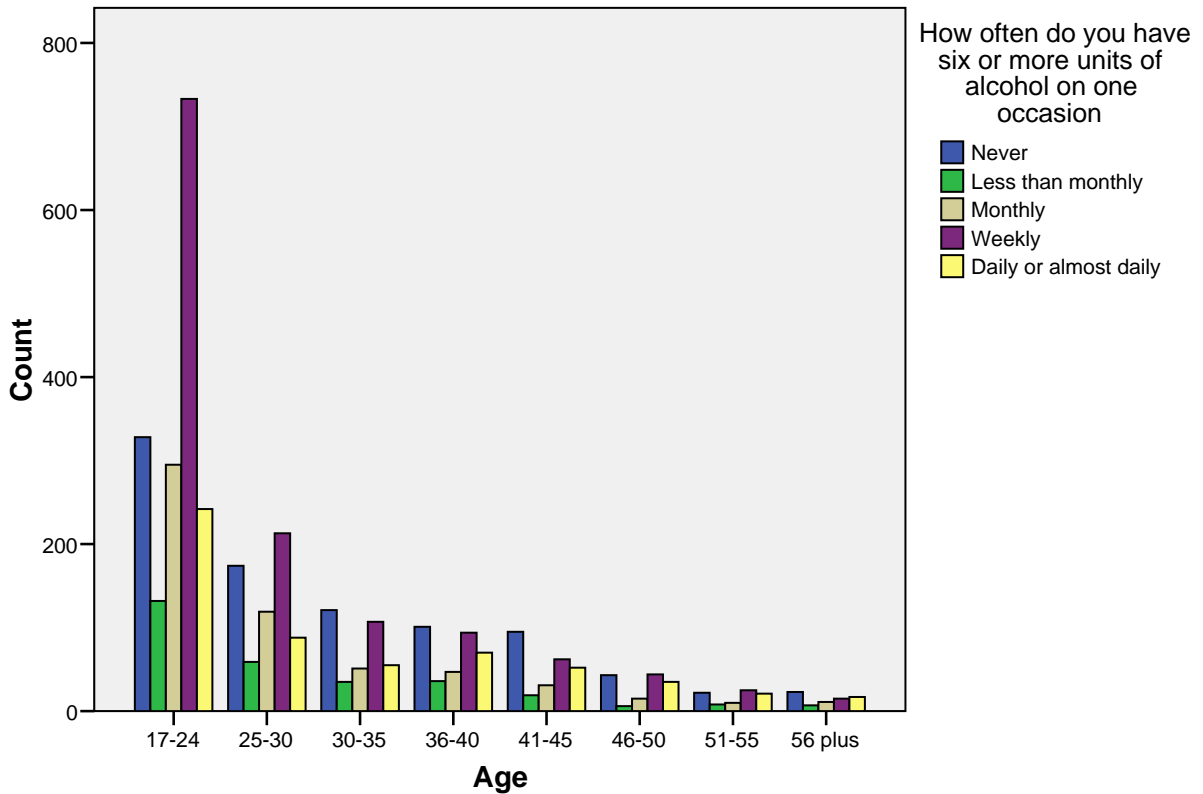
Bar Chart



Graph 1
Age and alcohol units consumed in a typical day

This graph highlights the age of respondents alongside how many units they consumed in a typical day when they drank alcohol. The 17 – 24 year old category consumes 10 + units of alcohol in a typical day’s drinking more often than any other age group.

Bar Chart



Graph 2
More than six units of alcohol on one occasion

Graph 2 demonstrates the age of the respondent against how often they drink more than six units of alcohol on one occasion. Weekly drinking of 6 or more units is most frequent in the 17-24 age group. Taken together this data and the set of data above shows that the 17-24 year olds are engaging in weekly bouts of binge drinking which may impact on their offending behaviour. It is to this that the next section of the report turns.

2.2.7 Age, alcohol consumption and offence type It is clear that the 17-24 age group consumes more alcohol than the other age groups and many appear to do so in a manner that can be described as binge drinking. It is equally clear that the under 30s are more likely to commit violent offences. This is demonstrated in table 6 which shows that 33.6% of all those aged under 24 and 31.7% of all those under 30 were arrested for violent crimes.

Offence	17-24	25-30	31-35	36-40	41-45	46-50	51-55	56+
Violence	33.6	31.7	24.4	24.1	23.2	21.7	26.7	8.2
Domestic violence	3.8	7.8	10.8	13.5	10.0	20.3	16.3	17.8
Public Order	3.7	3.4	2.7	1.7	3.1	2.1	1.2	0
Criminal Damage	10.0	6.0	5.1	7.2	5.4	4.2	1.2	1.4
Sexual offences	0.7	0.9	1.1	1.7	3.5	4.2	4.7	8.2
Drink related	12.3	11.6	12.5	14.4	13.5	14.0	19.8	20.5
Driving related	2.5	1.8	4.3	4.0	2.3	3.5	3.5	4.1
Drug related	7.7	9.5	9.5	7.2	5.0	4.2	5.8	4.1
Acquisitive	11.7	13.6	12.2	10.9	11.2	2.8	5.8	12.5
Administrative	3.2	4.7	6.8	4.0	6.2	4.9	1.2	4.1
Other	10.8	8.9	10.6	11.2	16.6	18.2	14.0	19.2

Table 6
Offence type with age

Age within Offence	17-24	25-30	31-35	36-40	41-45	46-50	51-55	56+
Violence	53.7	19.1	8.3	7.8	5.5	2.9	2.1	0.6
Domestic violence	23.1	17.8	14.0	16.4	9.1	10.1	4.9	4.5
Public Order	56.1	19.3	8.8	5.3	7.0	2.6	0.9	0
Criminal Damage	62.2	14.0	6.8	9.0	5.0	2.2	0.4	0.4
Sexual offences	22.6	11.3	7.5	11.3	17.0	11.3	7.5	11.3
Drink related	45.1	16.1	9.7	10.6	7.4	4.2	3.6	3.2
Driving related	42.7	11.7	15.5	13.6	5.8	4.9	2.9	2.9
Drug related	47.2	22.0	12.4	8.9	4.6	2.1	1.8	1.1
Acquisitive	48.0	21.1	10.7	9.0	6.9	1.0	1.2	2.1
Administrative	36.2	20.4	16.4	9.2	10.5	4.6	0.7	2.0
Other	44.6	13.9	9.4	9.4	10.3	6.2	2.9	3.4

Table 7
Age groups within offence types

However, as table 7 demonstrates, if we look at the age groups within each offence, the under 24 and under 30 age groups dominate violent crimes with the under 30s accounting for 72.8% of all those detained for violent offences.

Further to this we can begin to examine the relationship between the different offence types and 'binge drinking'. The recommended daily intake of units of alcohol is 2-3 units for females and 3-4 units for males, so for our purposes alcohol intake that exceeds 6 units per day for males is classed as binge drinking. What is evident from the findings is that those who engage in binge drinking are more likely to commit acts of violence than any other group. It is also interesting to note that in the

weekly binge drinkers the propensity to commit public order and criminal damage offences is high.

2.2.8 Employment status We are using the National Statistics Socio-Economic Classification (NS-SEC) which divides employment into the following ten categories:

- Long-term Unemployed/never worked;
- Full time student;
- Clerical and intermediate;
- Senior management or administrators;
- Technical and craft; Semi-routine manual and service industries such as postal workers, security guards, farm workers and sales assistant;
- Routine manual such as HGV driver, cleaner, labourer and bar staff;
- Middle managers or Junior managers;
- Modern professional managers;
- Traditional professions such as accountant, doctor, solicitor, lecturer and judges;
- Armed Forces.

Two groups dominate and they are the ‘never worked/long term unemployed’ and the ‘technical and craft’ categories (for example building and allied trades, printers, train drivers and so on). However, our findings indicate that it is the builders and allied trades that dominate the ‘technical and craft’ group of detainees. In detail:

Employment status	% of detainees
Long-term Unemployed/never worked	35.4
Full time student	7.3
Clerical & Intermediate occupations	2.7
Senior management or administrators	0.3
Technical and craft	19.4
Semi-routine manual and service occupations	4.9
Routine manual and service occupations	9.2
Middle managers or junior managers	1.4
Traditional professions	0.8
Modern Professional Occupations	1.9
Armed Forces	3.7

Table 8
Employment status of detainees

Section 3.

3.1 Impact Above, it was stated that the project had three main aims: to reduce alcohol related violence, public order and criminal damage offences within the city, to impact on public health in terms of drinking patterns and to provide a base-line measurement for the city. This section of the report will assess how successful SBI has been in addressing those aims.

Before providing this information it is important to note that the SBI project falls under the heading of 'social crime prevention' project; that is its main purpose is not to try to effect the where and when an offence takes place more, rather it seeks to change attitudes and behaviour over time. As such, it is recognized that evaluating the impact of social crime prevention initiatives is fraught with difficulties, not least because it is almost always a combination of other circumstances working alongside the social crime prevention intervention that becomes the catalyst for change within the individual.

3.1.1 SBI is part of a suite of programmes all of which are designed to reduce violent crime in the night time economy of the city. As a result, it is difficult to ascribe 'success' to a single project. However, and bearing that in mind, Devon and Cornwall Police statistics 2007/2008 for the Plymouth BCU show a:

- 5.8% fall in violent crime (excluding homicides)
- 14.7% fall in criminal damage

Clearly, alongside other 'Plymouth After Dark' initiatives, SBI has had some impact on reducing violent crime in the city. It has also enabled more people to access alcohol related services:

- From July 2007 until March 2008, 163 people were offered the chance to access a more detailed alcohol screening service after the initial SBI screening
- 52 people accessed this service as a direct result of being screened in the custody suite.
- It is instructive to note, given what we said above about the initial problems with the detention officers impacting on the range of interventions being offered that the number of these interventions have risen since October 2007 with 39 of the 52 people (75%) accessing additional alcohol-related services doing so between October 2007 and March 2008
- We found that many of the people screened by the project had no idea that the amount they were drinking or the manner they consumed alcohol was potentially harmful to them and those around them.
- We found that some people who were defined as dependent had realised they had a problem with their alcohol use but had no idea where or how to access alcohol-related services.

3.1.2 In addition to the statistical evidence we can also point to the results of the semi-structured interviews. The interviews with the clients produced a number of case studies. For example, client 'B', a 44 year old male, started drinking heavily four

years ago following the break-up of a long term relationship. He was screened by the alcohol workers in the custody suite following his second arrest within a twelve month period for affray. At the time, he was drinking between 6-18 cans of bitter per day and often ended by drinking either port or spirits '*whichever was cheapest in the supermarket*'. 'B' is a self-employed builder and was able, just, to keep in work, although just prior to the SBI screening this had become sporadic. Whilst he realized that he was drinking too much, and his drinking had begun to have a serious and negative effect on his life, in his own words 'B' '*never saw himself as an alcoholic: alcoholics are the men in dirty coats sitting on the bench drinking out of a paper bag*'. However, he had reached the stage in his life where he recognized the need to change but was at a loss as to how to begin: in short, prior to the SBI intervention 'B' had no idea how or where to go to address his drinking problem. However, as a direct result of the SBI screening 'B' has realized that his alcohol use is a major problem and was offered a structured and supportive environment in which to begin to address his alcohol use. 'B' now attends sessions at the Harbour Centre and at the time of interview had been dry for 14 weeks.

There are a number of key impact points from this case study:

- People like 'B' may realize that their drinking is causing them a problem but either cannot or will not engage with services of their own volition
- Once accessed, services have a major impact on the offender's behaviour in terms of alcohol related problems
- Accessing SBI via the criminal justice system was the vehicle through which change was facilitated
- Offending behaviour which is alcohol related has ceased in these cases
- SBI interventions can take place at key times in offender's lives and become an important catalyst for change.

3.1.3 Whilst the figures and case studies indicate success in terms of both reducing crime and improving health, we would argue that it is the unforeseen 'value added' impacts of the SBI project that has been most interesting and arguably will be of longer term value to both crime and disorder and public health in the city. We have identified four key 'value added' impacts':

1. Because of the multi-agency nature of the Plymouth After Dark suite of interventions quarterly findings of the SBI project have been taken to the BCU's multi-agency violent crime steering group which has helped to raise awareness of contributory factor excess alcohol consumption plays in violent crime and anti-social behaviour. Delegates have gone from this group back into their own agencies and as a result there has been an increased awareness of the joined-up nature of problems associated with alcohol across the city, including the city council, the strategic health authority and local businesses. However, raised awareness has not been confined to agencies: due to the numbers being screened and interest in the project being taken up by the local media there has been a raised awareness of alcohol use in the city generally.
2. Alongside that is the recognition that like every other city in the UK Plymouth has a problem with alcohol and, to date, has probably under-invested in alcohol-related services. The SBI project has highlighted that there are a

significant number of people in the city whose alcohol use needs some form of intervention, ranging from targeted advice to a tier 3 service.

3. Looking at demographics including employment status has made it possible to begin to construct a picture of the most 'at risk' groups in the city and the times when those groups are most likely to come into the custody suite. Some of the findings will not be surprising – the age range for example. However, by looking at employment and identifying key problem groups it is possible to construct a targeted information campaign. Many of those that are arrested and detained work in the construction industry and there has been discussions about targeted campaigns in the city colleges where construction training takes place, as well as ideas about contacting the major construction firms in the city. Equally, the high numbers of NEET detainees could lead to targeted campaigns being held in benefit offices.
4. Arguably, one of the most important 'value added' outcomes is the fact that Plymouth now has baseline data relating to the scope and size of the alcohol-related problems within the city, which prior to the SBI project were either anecdotal or kept in-house by some agencies. The need to measure the extent of the problem and how many and what type of person is using alcohol in a hazardous manner has also filtered into the work of other agencies in the city and a form of SBI is now planned for probation.

Conclusions

What follows are the headline conclusions from the research. We have included some suggestions based on our research and these are the bold text in the following points.

1. The project screened 35% of all those detained from March 2007 and March 2008. Given the size of the sample we are confident that the statistics above are a valid and reliable picture of the alcohol use of people detained in the Charles Cross Custody suite.
2. Whilst there was been slight variations in the quarterly figures, the patterns in drinking and offending remained constant. We are confident that our findings reflect a entrenched pattern of alcohol use and offending and not one that is specific to the time frame of the project.
3. A large percentage of those detained are using alcohol in at least a hazardous manner and this has implications for the city's crime and disorder and public health strategies in the future. **We would suggest that the city undertakes a review of its capacity to deal with the potential level of need and demand for alcohol-related services and that it recognises the level of potential demand in any future crime and disorder and public health strategies**
4. Binge drinking takes place across all the age groups but is most prevalent amongst the under 30s
5. There is a relationship between weekly binge drinking and most crimes. This relationship is strongest with violent offences. *N.B. It is important to note that we cannot say that this is relationship is the cause of offending but it is clearly a major contributory factor in a large number of cases*

6. Young (17-24 year old) males seem to be the group where this relationship between binge drinking and violence is most prevalent. **We would suggest that this group would benefit most from targeted alcohol-related information and prevention interventions in the future**
7. All age groups have high levels of dependent drinking but the 41 – 55 year olds have the highest levels of dependency. **We would suggest that this group would benefit from a more structured and long term approach to their alcohol use, possibly with a voluntary referral option being offered to them as part of the booking in process in the custody suite**
8. Long term unemployed/never worked and technical and craft occupations dominate the employment groups of the detainees. **We would suggest that this group would benefit from a targeted and structured information and prevention campaign**
9. The most used form of intervention has been a mixture of advice and leaflets, but the use of further interventions has risen since October 2007. This is due in all probability to the embedding of the alcohol workers in the custody suite **We would suggest that there is a capacity review of local alcohol service provision given the clear need the research has identified**
10. The project managed to achieve its throughput targets despite some early settling in problems and this should be seen as a credit to staff from all the organisations involved in the project. **We would suggest that the screening and brief intervention work continues in the Charles Cross custody suite**

The problems that we have highlighted surrounding alcohol use in the city are not unique to Plymouth. Equally, looking at how other areas of the United Kingdom approach alcohol-related problems it is clear that there is no single solution to the problem; rather best practice would appear to be to use a multi-agency approach that offers a mix of short-term immediate impact situational interventions that seek to control where and when people consume alcohol and a long-term social approach that aims to change the manner in which people use alcohol. Clearly, the SBI project falls into the latter category and as such its effects will not be easy to measure.

That said, our conclusions are that the SBI project has been a success not only in achieving its aims and objectives but also, and we would argue more importantly, it has provided a base line measurement which provides organisations with an indication of the scale of the problem. It has also become the stimulus for a review of the way in which the city deals with alcohol-related problems, thus playing an important role in the planning and implementation of long-term strategies to dealing with an entrenched social problem.