

Tackling alcohol related violence in city centres: effect of emergency medicine and police intervention.

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Published

2005

Publisher

Emergency Medicine Journal

Type

Journal article

Volume

23

Issue

1

Page(s)

12-17

Abstract

OBJECTIVES: To identify correlates of alcohol related assault injury in the city centre of a European capital city, with particular reference to emergency department (ED) and police interventions, and number and capacity of licensed premises. **METHODS:** Assaults resulting in ED treatment were studied using a longitudinal controlled intervention, a three stage design during a three year period of rapid expansion in the night-time economy, when ED initiated targeted police interventions were delivered. A controlled ED intervention targeted at high risk night-clubs was carried out. Main outcome measure was ED treatment after assault in licensed premises and the street. **RESULTS:** Targeted police intervention was associated with substantial reductions in assaults in licensed premises but unexpected increases in street assault were also observed (34% overall: 105% in the principal entertainment thoroughfare). Combined police/ED intervention was associated with a significantly greater reduction compared with police intervention alone (OR = 0.61, 95% CI 0.40 to 0.91). Street assault correlated significantly with numbers and capacity of premises. Risk of assault was 50% greater in and around licensed premises in the city centre compared with those in the suburbs, although dispersion of violence to more licensed premises was not observed. **CONCLUSIONS:** Marked decreases in licensed premises assaults resulting from targeted policing were enhanced by the intervention of ED and maxillofacial consultants. Capacity of licensed premises was a major predictor of assaults in the city centre street in which they are clustered. City centre assault injury prevention can be achieved through police/ED interventions targeted at high risk licensed premises, which should also target the streets around which these premises are clustered.

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