**Executive Summary**

This study gathers together information from the health, academic and legal field to explore the link between alcohol, drugs and crime.

The first part of the study deals with quantitative analysis of the alcohol-crime relationship. Correlation analysis has been conducted, taking AUDIT score as the measure of alcohol consumption and “counts of offending” as the measure of crime. The value of Pearson correlation coefficient obtained is 0.8512 which shows there is a strong positive correlation between the two factors. Nearly two-thirds of drug users and more than half of the alcohol users report committing alcohol-related offences. Also, positive correlation exists between the monthly expenditure on intoxicants and “counts of offending”.

A strong link exists between alcohol and drug use. Two-thirds of the hazardous drinkers have consumed illegal drugs. Conversely, 93.33% of the drug users have consumed alcohol.

A multifaceted relationship exists between intoxicant use and crime. The nature of the relationship can be causal, correlation or co-existence. Thus, a continuum of crimes, from the intoxicant-specific to the intoxication-induced are associated with crimes. Dependence on psychotropic substances leads to crimes for acquiring the substance of dependence. Licensing offences are a separate category of alcohol-related offences.

The most common intoxicant related offences are Road Traffic Injuries (RTIs), suicides, intimate partner violence and family violence, crimes of passion, loots and thefts, licensing offences, riots and organised crime.

The case studies of Gujarat, Bombay and United States of America show that the policy of Complete Prohibition proves counter-productive.

A majority of intoxicant-related offences are not reported or the role of alcohol is not specified. Reasons vary from protection of male perpetrators in a patriarchal family setup to disguising role of alcohol for medico-legal and insurance reasons.

The level of psycho-education among the public is low which leads to stigmatisation of addicts and loss of a support circle. As a consequence most substance users never receive de-addiction treatment.

India is about to initiate a National Programme on Non Communicable Diseases which needs to incorporate early detection of substance use related health problems and brief advice /intervention programmes as an integral part primary health care check-ups. It will help in early identification and counselling of potential miscreants.

A database containing the bar code of the alcoholic beverage bottle purchased and the buyer’s identification details should be maintained by the retail liquor outlets. This would help in curbing licensing offences as digital records would be maintained of all transactions.

The concept of secondary harm from alcohol and its disproportionate cos on society needs to be introduced into the popular discourse and widely disseminated via popular media.

A Community Watchdog Committee can be setup at the locality level which would take into cognizance any instance of physical, sexual or emotional exploitation of women happening in the locality and intervene.

A user-friendly website can provide comprehensive information about responsible drinking such as drinking limits for driving, “unit calculator”, laws on public drinking, how to avoid illicit liquor etc.

From the available evidence in other countries like the UK, incidence of violence in liquor-serving premises is deterred by certain situational factors such as better lighting and cleanliness, serving food, professional door staff, staggered closing timings etc.

The interventions need to be developed as universal, high risk and selective, depending on the extent of alcohol and drug abuse. Universal interventions should be geared towards restricting initiation into alcohol and drugs and reducing consumption, while high risk behaviour would be tackled as a consequence.