

## Alcohol and Criminality

The analysis of the relationships between alcohol and various “high-risk” or “problematic” behaviours has focused upon measuring a connection. Such a task is not easily carried out, as precisely defining the components of the relationship studied is required, as well as determining what population must be monitored in accordance with the theories suggested, and having suitable measurements. The notions of cause, correlation, covariance, and co-occurrence must then be cautiously used. A lack of general theory about those issues eventually deprive them of any factual range. Without answering to such demands several surveys prove useless. We shall see that studies in regard to drink-driving have provided actual progress as far as some of those aspects are concerned.

### **Defining the components of the links studied is difficult**

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Identifying the links between alcohol and misdemeanours is troublesome, as the composing parts of that connection are badly outlined.

The forms and natures of alcohol use are miscellaneous and the reactions observed or postulated — physiological, psychological, even psychiatric ones and their behavioural expressions — fluctuate from one individual to the other. Other aspects of the alcoholization phenomenon, especially sociological ones, are even less known.

Prohibited behaviours are difficult to apprehend. The recorded offences facilitate an approach of them without accounting for the wholeness of such occurrences, as a number of the misdemeanours committed will remain unknown from public authorities. Some of them could be associated with over-indulgence without always including alcohol in their definitions.

### **Alcohol: Surveying alcohol users and not “alcoholics”**

The definitions of “alcoholism” change from one author to the other, as much as they vary in time and according to topics. In its proper meaning, an “alcoholic” refers to many categories of “alcohol-diseased” who are not altogether addicted to the substance in the medical sense of the term. The implicit pathologies cover a wide range, their diagnosis often

requires thorough analysis, and establishing their origins may sometimes prove complex. Speaking of alcohol users rather than “alcoholics”<sup>1</sup> is then more appropriate.

Those users can be classified in three groups: those who drink to excess (acute use<sup>2</sup> or high-risk use<sup>3</sup>); those addicted to alcohol; simple or occasional users who reach an alcohol level prohibited when driving, and users in a state of drunkenness whatever the circumstances. The first two characterise themselves with an alcoholization said to be “chronic”. The last group refers to “acute drunkenness”. The latter stands apart for such a predicament can coexist with each one of the previous types, and it involves measures and specific risks, insofar as one’s health as well as dangerousness for oneself or other individuals are concerned. These categories overlap to some extent, and the same individual may move from one to the other according to whatever periods in his life. If all heavy drinkers do not become alcohol-diseased, addicted or not, every alcohol-diseased and addicted drinkers have been acute drinkers for some duration, for quite a long time generally.

There is another type: the multiple-users who simultaneously or alternatively use various psychoactive substances (“drugs”, medicines, alcohol...).

Other aspects of the alcohol uses (types of drinks, places, socialisation) help circumscribing under-groups among those comprehensive categories of users. Some of these forms would induce specific misbehaviours. Finally medical researches attempt to isolate the role of ethanol from those of other components of various beverages, because that molecule is not invariably the only one to be active, especially upon sensorimotor abilities and aggressiveness.

Measures and assessments: the alcohol level indicates the rate of alcohol within blood; that proportion is also measured into the air exhaled by the subject, and such measures account for acute alcoholism; other blood and various tests help detecting chronic alcoholism. When neither a measure is being made nor a test being carried out, characterising the user proves complex.

### **Offences directly or indirectly connected with alcohol**

Two groups of offences can generally be labelled and they crosswise intersect our legal categories.

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<sup>1</sup> Despite this warning such a term will be used to account for studies using it.

<sup>2</sup> Undesirable behaviours are observed.

<sup>3</sup> That risk concerns the health of individuals whose daily use amounts to or exceeds 4 to 5 glasses for men, and 2 to 3 glasses for women. A *glass of alcohol* is accounted for regardless of its size and contents, as far as the latter match its regular uses (a *beer* glass to drink beer, a *wine* glass for wine, a *vodka* one for vodka, etc.)

Offences with “a direct alcoholic connotation”: the alcohol use is part of the offence, and measuring the alcohol level in the blood is planned during the routine report. They relate to modes of use associated with specific circumstances: exceeding some limits of the alcohol level or public drunkenness. The latter are so rarely penalised that they no longer appear in published penalties records. Otherwise some offences based upon the consequences of the acts, such as manslaughter and injuries by drivers, lead to determining the role of alcohol.

Offences with an “indirect alcoholic connotation”: their perpetration is associated — at least partly, explicitly or not — with alcohol use without the latter being a specific element of their definition. It generally refers to acts of violence and more particularly to attacking individuals’ safety, among which various situations can be circumscribed: the perpetrator suffers from chronic alcoholism and/or is in a state of drunkenness during the events; the acts are motivated by the alcoholic condition of the victim of the offence, whether a close relation attempts to get rid of the alcohol-addict considered as a threat or an individual takes advantage of his/her victim’s temporary weakness to rob him/her or commit a sexual abuse. During some assaults it frequently happens that several opponents are intoxicated, then the roles of perpetrator and victim are shared among them according to circumstances or at random.

### **Measurements of unequal qualities**

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The measurements obtained vary a lot in nature and quality whether it comes to offences with a direct alcoholic connotation or not.

As far as the first ones are concerned, measures qualify for a certain quality even though some reservations could be made.

For the second category, there are legal arrangements requiring an alcohol level when the events date back to less than six hours. Their perpetrators being seldom caught in the act, a few measurements are made, and the only pieces of evidence available are therefore statements — potentially strategic ones —, hence controversial. Additional investigations can be carried out in order to establish a chronic alcoholism.

Besides, no population can favour a direct description of that connection. General population surveys, which are self-reported or about cases of casualties, can be biased by strategic statements and approximate definitions concerning the grounds of the relationship. Every other populations are selected. The offences referring to criminal populations being prosecuted or sentenced are legally well-characterised, whereas alcoholization measures may be imprecise. Researches about alcohol-diseased show reverse characteristics.

### **Alcohol and offences with a direct alcoholic connotation: a proved link of causality**

The theory according to which alcohol would cause road crashes appeared as far back as the beginning of the 20<sup>th</sup> century. Yet its demonstration required test groups of non-victim drivers who cannot be easily asked to make a blood test. By the end of the 1950's measuring the alcohol in the exhaled air removed that difficulty.

Epidemiological surveys established a curve of increase about the risk of being involved in an accident according to alcohol level. Those curves slightly shift with a significant risk increase from thresholds fluctuating between 0.50 and 1 gram of alcohol per blood litre onwards. That of Grand Rapids, USA, leads to advise a legal rate of 0.80 g/blood litre, as the risk being stressed upon would then exponentially increase beyond that limit. French surveys confirmed such a result: a driver whose alcohol level exceeds 0.80 g/l is ten times more likely to cause a fatal accident than when refraining from drinking alcohol.

Various researches join together to show that about one third of the drivers liable for causing a fatal accident have an illegal alcohol level in the blood.

The alcohol level is closely connected with indicators of chronicity: the higher the alcohol level is, the more likely that individual is a chronic drinker. In some researches, 27% of road accident victims could be considered as chronic drinkers.

Criminal records provide a general and insufficient scope that can nevertheless supplement previous data. Rather than informing about the specific role of alcohol in road traffic, they provide some information about the efficacy of the road risks repression, and more particularly about drink-driving.

Those annual figures illustrate the comparative extents of the various driving offences with an alcoholic connotation and the frequency of positive results to preventative controls. In order to have an overview of the issue, let us observe legal activities through the 1992-98 period.

Each year, among the total amount of penalties about one third is linked with road driving, and one quarter with drink-driving. Driving risks accordingly qualify for a legal priority.

As far as accidents are concerned, verdicts show that, from one year to the other, 47 to 50% of individuals convicted for injuries betray a positive alcohol level; whereas only 22 to 24% of people sentenced for manslaughter would exceed the legal limit. Compared with the previous ratio, that proportion proves insignificant, all the more because researches display an extended involvement of alcohol in fatal accidents when compared with physical ones. Such data depict a steady occurrence: in the case of a mortal accident, the alcoholized driver very often deceases; he therefore does not stand before court and does not appear among criminal records. As a result, penalties data underestimate the risks of drink-driving.

*Penalties for drink-driving in 1998*

Offences	1998
<b>Homicides and injuries committed by driver in state of drunkenness</b>	<b>4545</b>
Among which manslaughter	469
Among which voluntary manslaughter	4 046
<b>Drink-driving</b>	<b>103 328</b>
<b>Total amount of driving offences committed by driver in state of drunkenness</b>	<b>107 873</b>

*Source: Observatoire National Interministériel de la Sécurité Routière (ONISR; National Interdepartmental Observatory of Road Safety)*

Without accident, sentences for drink-driving offences or unmistakable state of drunkenness recorded by the police represent more than 80% of road transgressions.

When put together, those drunk-drivers crimes stand for 79% of penalties delivered in regard to road traffic. Such a ratio shows that road risks repression essentially focuses upon the dangers connected with alcohol. Mainly depending on the repressive activity, those data cannot claim to represent either the drink-driving phenomenon or the part played by these behaviours in the road criminality perpetrated. However their figures testify for the extent of the issue: there are still numerous individuals who would drive after drinking, and the latter are responsible for a sizeable proportion of accidents, especially mortal ones, as it can be ascertained in other surveys.

**Alcohol and offences with an indirect alcoholic connotation: an imprecise connection**

The available “measures” refer to populations selected at various steps of the judicial or penal intervention, and that does not facilitate a comparison between themselves, as well as they are not illustrative of the occurrences studied. The same can be said about the sources issuing from the health system: injured or dead victims, alcohol-diseased.

- Convicts

All individuals condemned are collected during a month in 1969. An acute or a chronic alcoholization is observed among perpetrators or victims of offences. Such a chronicity is noticed more than once every two occurrences for homicides and arsons, more than once every three occurrences for crimes and misdemeanours against children, forcible entries and trespasses, as well as for rebellion and outrages.

*Estimate of the Connections between Groups of Offences and Chronic or Acute Alcoholization among their Perpetrators or Victims*

<b>Groups of Offences</b>	<b>Percentage of Alcoholic Influence</b>
Manslaughter	69
Crimes and misdemeanours against children	38
Fatal blows, aggravated assaults	29
Involuntary manslaughter and injuries	14
Sex crimes and misdemeanours	27
Arsons	58
Rebellion and outrage	34
Damage to state-approved commodities	30
Theft	14
Vagrancy and beggary	28
Forcible entries, trespasses	35
All offences taken into account	19

*Source: Bombet, 1970.*

- Estimate of the connections between groups of offences and chronic or acute alcoholization among their perpetrators or victims.

That gathering which covers a month is not significant as the alcoholization behaviours reveal seasonal disparities. However such a work stands for the most used and the most precise reference about that phenomenon<sup>4</sup>.

According to other researches, alcoholization is frequent in case of murders and exceptional when it comes to assassinations. The discrepancy would depend on premeditation which implies the “assassination” label, homicides perpetrated under the influence of alcohol being generally not calculated.

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<sup>4</sup> Dated 1980, the publication that best valued that study takes up the figures gathered in 1969.

- Prisoners

Two penitentiary under-populations were compared, “alcoholics” (acute or chronic alcoholization) and a test group of “non alcoholics”. The “alcoholism” would be a deciding factor for some offences as indecent assaults, aggravated assaults, homicides. It would play a significant role in thefts and breaches of the law on narcotics (BLN). Three groups of “alcoholic” offending populations have been underscored: drug-addicts having an additional drinking problem and committing BLN, and thefts; a rather socially well-fitted population perpetrating sex crimes, aggravated assaults, and homicides; a socially quite ill-fitted small population, some homeless. Previous incarcerations were less numerous among the “non-alcoholics” than among the “alcoholics”. The motives of those subsequent offences were not detected. They may depend on alcohol as a “cause” or as an exposure to police detection and/or their preservation in the criminal system.

The “alcoholic” do not reveal different social features from other offenders except for the delinquency precociousness and the nature of the offences, which are chiefly homicides, rapes, and indecent assaults. The role of the “alcoholism” seems particularly vital in the group of rapists.

If many burglars report having performed under the influence of alcohol, it is often because they have drinking habits and they cannot see any reason to change them before acting.

- Victims: attackers or attacked

The victims admitted at hospitals emergencies or autopsied can be assailants as well as assaulted individuals. The consequence of such conflicts, fatal or not, often depends on chance; however the seriousness of injuries would increase with alcoholization. As in many cases of casualties, those violent interactions basically happen between people knowing each other.

In France, among 4 796 victims of road accidents admitted at emergency wards in 1982-83, the most alcoholized injured individuals were involved in brawls (N = 544, that is 11% of the cases). These brawls include fights and suicide attempts, where 77% of the individuals involved are males, among which 56% are alcoholized. Among 49% of the latter, the alcohol level exceeds 1.2 g/l, going beyond 2 g/l for 29%. Three times less numerous, females are twice less alcoholized. People involved in those brawls would be acute drinkers for 18% of the whole. The higher the alcohol level is, the more the adversaries are armed, and that leads to more serious injuries.

In 1994 the USA emergency wards admitted 1,4 million victims of interpersonal acts of violence, fundamentally resulting from assaults, among which one third of fights. Victims are males for three-fifth of them, and half of them are under 25 years-old. Relationships between

protagonists are known in 70% of cases. These are 17% of partners or ex-partners of couples of various status, 8% of members of the same family, 23% of friends and acquaintances, and unknown individuals for 23%. Unmeasured alcoholization is stated for one of the individuals involved in 13% of cases.

According to French and American studies about autopsied individuals, victims of homicide are more frequently and more acutely alcoholized than others.

In France, an analysis of the victims' liver tissues reveals that they very often suffer from chronic alcoholism, in addition to being frequently under the influence of alcohol when the events occur.

In the USA specific groups have been detected, such as battered women killing their husbands — an acute drinker — or men — being alcohol-diseased and having suicidal tendencies —, who would kill their spouses before committing their own suicides.

- Alcohol-diseased

Different studies attempt to identify offences, particularly the violent ones, committed by alcohol-diseased undergoing therapy. As these populations are not depicted, their over-involvement in criminality cannot be concluded. If violent patients are compared with non violent ones, the first are more apt to commit suicide: their aggressiveness would then be directed towards themselves. Numerous studies try to bring to light the prevalence of acts of violence and sexual abuses endured by those patients during their childhood.

The connections observed between alcohol and criminality do not allow any theory of causality. However alcohol is often referred to during interactions — violent or sexual ones — observed among some convicted individuals, prisoners, protagonists of assaults being injured or deceased, and alcohol-diseased.

The emergence of a connection between alcohol and accidents on the public highway is made clear, even though its measuring still lacks accuracy. That explanation led to conceiving laws and setting up actual repressive policies.

The link between alcohol and offences with an indirect alcoholic connotation remains ill-known, because of methodological complexities fastidious to overcome. Nevertheless, whatever the meaning of the connection detected, it must be answered to. The issue is about knowing if it must be a “downstream” answer, that is *after* the offence has been committed. Or whether the issue is dealt with “upstream”, thanks to prevention and education, by way of addressing the whole population and high-risk groups, without neglecting political and ethical problems that may occur then. Looking for longer terms effects must not distract from the need to improve current “downstream” answers. The latter belong to the criminal and treatment systems, as far as involuntary or voluntary acts of violence and sexual assaults are concerned.

Road offences must not be forgotten then, as they stand for a method of locating acute drinking beginners, easier to be treated than alcohol-diseased or alcohol-addicts.

- Methodological references

The prevailing problematic measurement is that of a link between alcohol and traditional delinquency. It cannot be directly carried out on a significant population sample, because both phenomena are difficult to approach, and crimes and misdemeanours are comparatively rare. All this call for the survey of specific populations.

Acute users are difficult to detect and they would seldom volunteer information about their non-revealed offences. Patients undergoing treatment are selected beforehand.

All offenders do not fit into the criminal system, but prove easier to study then. There are selective bias for those populations, which are generally convicted or jailed. If the survey covers convicts, it must then be taken into account that all offence perpetrators are neither arrested nor condemned. "Alcoholics" committing transgressions might be (because of their condition) more frequently detected, apprehended, and found guilty than others... The youngest, those who benefit from the best guarantees of lawful representation, and the primary delinquents do not reveal the same probabilities to be sentenced to effective confinement. When studies include prisoners, they are not significant of those convicted.

Victims do not have a specific status, between the assailant and the assailed individual.

For the results to be relevant, basis of comparison must be available: model population, test groups, or national data. Yet these figures concerning the phenomena surveyed are difficult to obtain.

As a consequence of such difficulties, researches are more often retrospective than lengthwise, despite the very superior yet more expensive illustrative qualities of the second ones. Results among a group of users should be compared to the ones obtained by non users otherwise analogous. The studies rarely carried out that way tend to show that differences attenuate then.

It cannot be denied that a remarkable percentage of offenders convicted for traditional transgressions have a drinking problem. The similarities observed between alcohol and violence do not lead to foolishly conclude in terms of causality, whereas such a connection may only be an indication of a discriminating process put to use in the criminal system.

- Legal context

Apart from some cases, as road driving, alcohol use is not prohibited to grown-up individuals. The obvious drunkenness leading to disturbing law and order is nevertheless penalised by offences seldom enforced nowadays, and dangerous alcoholics must be reported to health authorities.

The legal categories classify offences in a decreasing order of importance: crimes, misdemeanours, and infractions. In France there is no “crime” label as far as road traffic is concerned.

In 1958, incriminating drink-driving was in the hands of the judge to evaluate the effects of the alcohol level tested when a road accident or an infraction would occur. The July 9<sup>th</sup>, 1970 Law established for the first time a legal limit of 0.80 g/l of blood (or of 0.40 mg/l of exhaled air) for a contravention, and of 1.20g/l of blood for a misdemeanour. The December 8<sup>th</sup>, 1983 Law brought the misdemeanour limit down to 0.80g/l and suppressed the contravention; recreated on July 11<sup>th</sup>, 1994, for alcohol levels below 0.80g/l, whose inferior limit was brought down to 0.50g/l on September 15<sup>th</sup>, 1995. Ultimately, the July 12<sup>th</sup>, 1978 Law regulates prophylactic screening tests for drink-driving which help recording alcoholization aside from accidents or other transgressions.

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- **For more information**

This contribution has been synthesised from two other studies. One was financed by the Public “Mission de Recherche Droit et Justice” (Law and Justice Research Commission) and covers alcohol and traditional criminality [(Pérez-Diaz C.), *Alcool et risques – le rôle de l’alcool dans la délinquance volontaire (The Role of Alcohol in Deliberate Criminality)*, Paris, GDR Psychotropes, politique et société, to be issued]; the other one dealt with alcohol and road transgressions [Pérez-Diaz (C.), *La relation entre alcool et accidents de la voie publique (The Link between Alcohol and Accidents on the Public Highway)*, publication Mana, Presses de l’Université de Caen, to be issued].

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