



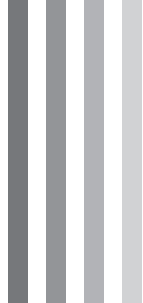
# DE JUISTE SNAAR

Professionals met een publieke taak  
en de omgang met overlast, agressie  
en geweld als gevolg van alcohol-  
en/of drugsgebruik

## Summary

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## Summary

Public service professionals need to deal with substance related aggression on a regular basis. The exact influence of substances on aggression and the best way to handle these kind of situations however is not clear. Bureau Beke and the Trimbos Institute therefore conducted a research commissioned by the Ministry of Safety and Justice (WODC) with the following research question: ‘What are (the most) effective ways for supervisors, door men, police and other public service professionals to prevent, reduce or end substance related nuisance, aggression and violence?’

In order to answer this question, a literature review has been conducted, experts (from both scientific and practical perspective) have been consulted, 6 adolescents who are regular nightlife visitors have been interviewed and an expert meeting has been organized to explore possible future ways to deal with substance related violence.

### **Scientific literature on substance related violence**

Despite the fact that the violent crime rate in the Netherlands is stable or even slightly declining, many public service professionals are in their line of duty confronted with violence. Research shows that in the last year 59 percent of the public service professionals have been confronted with any form of aggression or violence. Within the public domain, especially the nightlife setting appears to be violence-prone.

From the substances mostly used in nightlife settings, alcohol, amphetamines and cocaine appear to have an effect on brain functions that could (partly) explain substance related violence. This is true for both individual and combined substance use. The effect depends on the dose. Furthermore, after using a stimulant (cocaine, amphetamines and ecstasy) an excited delirium may occur. Someone experiencing an excited delirium displays random aggression and is almost impossible to constrain by means of physical force.

Exterior indicators of someone’s substance use are related to the experienced effects of a substance. These indicators can be physical characteristics but are more often expressed by typical behavior. Specific characteristics and behavior related to stimulating substances (enlarged pupils, teeth grinding, tremors and spasms in the face, restless and agitated behavior, disorientation or lack of reaction to cold) appear to be quite distinguishable from characteristics and behavior related to sedating substances (sleepiness, slackness and – as in stimulating substances – disorientation). Determining what specific substance has been used, however, is hardly possible. This is even more true for situations in which more than one substance type is involved. Scientific literature on substance use recognition is very limited. Alcohol use appears only to be recognizable when consumed in high doses by indi-

cators like red eyes, alcohol odor, distortions of speech and impaired walking. Also drug use is barely recognizable for both trained and untrained police personnel and is often false positively identified. Physical and behavioral characteristics described in grey literature are useful for the recognition of stimulating, sedating or consciousness-altering substance use. The setting or surroundings in which substance use occurs is not only important for the interpretation of a situation but also for consequences for, and the reaction of, public service professionals.

Public service professionals in nightlife are confronted with the use of violence by groups on a regular basis. Due to divergent interests of public service professionals on the one hand and nightlife or event visitors on the other an 'us versus them'-perspective could arise. Characteristics related to violent group behavior are young age, urge to prove oneself ('young men syndrome') and insufficient insight in long term consequences of one's behavior. Substance use could enforce some violence endorsing factors. Furthermore, substance use can contribute to the feeling of belonging to a group.

In the current scientific literature, no specific recommendations are provided for dealing with aggressive intoxicated people; an exception being the handling of an excited delirium. Most important advice here is to make sure someone struggles as short a period as possible, if necessary by means of sedation; also to prevent someone from dying. General knowledge on the influence of drug, set and setting, however, could provide valuable clues by increasing insight in possible causes of and motives for these kinds of behavior. Also relevant here are general principles and insights concerning aggression and violence prevention.

### **Experts on substance related violence**

Professionals from the fire department, the police, event organisations, security, ambulance, municipal health services and the Netherlands Food and Consumer Product Safety Authority shared their experiences with substance related violence and possible prevention thereof. These professionals indicate that in their experience people who are most likely to become violent are people within groups characterized by a strong group culture and a lot of testosterone, inexperienced nightlife visitors and tourists. Check-up moments are often the trigger off violence, but also just the uniform itself can be a spark. Important factors in the arise and course of violent situations are the sort of event, substance use involved and a lack of clarity on what rules apply. Also impatience can be the reason for the use of violence, this is especially true at first aid and ambulance services. Finally, the experts name the excited delirium as cause of violence.

The way a substance related violent incident evolves depends on the type of substance that was used. People under the influence of stimulants react more explosive and fierce than people who have used sedatives. In the case that stimulant use leads to an excited delirium, this can be recognised with some knowledge and experience. The best way to handle these situations however is common knowledge only for – a small part of – the health professionals. Early detection of substance use and aggressive signals and acting accordingly could

prevent incidents from escalating. Ergo, experts indicate that recognition of substance use is important but requires knowledge and experience. They find it hard to identify what substance someone used exactly. Although some experts, mainly from the health care sector, say they are able to quickly determine what substance has been used.

Professionals give examples of both escalating and de-escalating strategies in dealing with substance related violence which are to be found in table 3.1 (p. 60). Another point emphasized by the professionals in order to prevent substance related violence is the importance of a thorough preparation and evaluation. A good preparation entails information based working, knowledge sharing between partners, a thorough analysis of the line-up (in case of an event), the expected visitor groups and substance use, an analysis of former relevant experiences and a joint risk analysis.

Based on the several focus groups, there appears to be a notable large gap between experts from health and safety sectors when it comes to knowledge of substances. Especially during the preparation and operation phase of events, these two sectors could be complementing each other in a more effective way, according to the professionals. Furthermore, in safety professional's education and training more attention should be paid to both knowledge on substances' effects and recognition of use. Finally, existing competence of the designated work force in nightlife settings and on events should be taken into account.

In order to explore the applicability of the knowledge gathered during this research, an expert meeting has been organized with five experts on both public service professionals' training and education and on training and education of other professionals dealing with intoxicated people (e.g. security staff). In addition also an emergency room physician has been consulted.

Experts agree that there is no standard approach for dealing with substance related violence. Professionals could be provided, however, with a better education enabling them to recognize relevant factors based on which well-founded decisions could be made. Increased knowledge of substances' effects helps in understanding intoxicated people's behavior. Therefore, knowledge and skills of public service professional's concerning (dealing with people under the influence of) alcohol and drugs should receive more attention within the existing curriculum. To make sure that the professionals who are, in their daily work, actually confronted with intoxicated people on a regular basis are well prepared, differentiation in training and education is needed here. Furthermore, in order to successfully keep up knowledge and skills by means of 'training on the job' an open culture in which there is not only room for evaluation and self reflection but also attention for mental resilience is crucial, according to these experts.

### **Influencing substance related violence?**

From the consulted resources could be derived that nuisance, aggression and violence develops through one of two tracks. The first track refers to a course in which aggression and violence occur seemingly spontaneously. The second, and much more common, track refers to a course in which some sort of trigger (however small) can be identified. Substances can

be a factor in the occurrence of violence but only in case of the excited delirium substances can be seen as the main cause of violent behavior. Rather a violent situation is the result of all specific factors involved, relating to the drug someone took, the setting someone is in, and the characteristics of the individual. Substances may be used in an 'instrumental' way though, to intentionally charge for violent behavior. Furthermore, the chance on violent incidents increases as the evening progresses and substance use levels increase. Usually this concerns alcohol consumption but also ecstasy is 're-taken' during the night.

When it comes to judging someone's substance use in a violent situation, there appears to be a difference between public service professionals from the health sector on the one hand and the safety sector on the other.

Table 4.1 (p. 72) offers an overview of possible signals of substance use based on insights derived from (white and grey) literature and expert experiences. These signals should be common knowledge for all public service professionals working in nightlife settings or at events. Also the insight that someone often may seem intoxicated but that many entirely different causes can explain this typical behaviour, is important here.

Based on this research, the researchers do some suggestions concerning the way findings and knowledge from this report could be used; thus how substance related violence can be tackled. These suggestions concern:

- Dissemination of knowledge on substance's effects, on identification of substance use and on handling intoxicated people;
- Implementation of knowledge within existing education;
- Registration of substance use involved in violent crimes;
- Cooperation between the safety and health sector in nightlife settings and during events;
- Thorough and joint preparation for an event or nightlife evening;
- Developing a protocol on how to handle situations in which someone displays an excited delirium.