

Street drinking: enforcement Vs support – finding the balance?

Local alcohol strategy leads are often tasked with dealing with complex issues relating to street drinking activity. This work can be time consuming and is often politically rather than strategically driven. A number of key issues are often highlighted by alcohol leads:

- That there is often a ***disproportionate amount of attention directed to street drinking issues*** compared to other local alcohol related harm. This is largely due to the high visibility of street drinking and the influence of outspoken local resident groups and/or councillors.
- ***Street drinking is a complex issue in which there are no ‘quick wins’*** – effective responses are largely reported to be multi-pronged approaches that achieve the difficult balance between enforcement and support based interventions, however;
- ***Street drinkers are often treatment resistant*** and largely not motivated to change street drinking habits, making support based intervention options limited.
- ***Street drinkers have become increasingly homogenised into a wider more complex group of street populations*** including drug users, rough sleepers and beggars. The profile has been further widened by often transient street populations from Eastern European (A8/10) countries.

Implementing street drinking responses that effect longer term change may therefore require carefully considered partnership strategies. A number of local authorities have street population strategies and lead officers to ensure that street drinking, rough sleeping, begging and similar issues are addressed in the most effective way. Supporting actions should be delivered through effective multi-agency working whereby outreach and support services work in partnership with enforcement agencies.

Enforcement: options for reducing street drinking related disorder

A range of legislative powers are now available to address alcohol related crime and disorder. Street drinkers are most commonly associated with low-level Anti-Social Behaviour (ASB) such as noise disturbances, littering, urination or intimidating or drunken behaviour. 4 common options for addressing alcohol-related disorder are summarised below:

1. DPPOs/Controlled Drinking Zones (CDZs)

CDZs can be designated (under the 2001 Police and Criminal Justice act) by local authorities as public areas in which police can confiscate alcohol at their discretion. CDZs are by far the most popular piece of legislation used in addressing street drinking ASB with over 700 zones across the country.

Partners, particularly local police Safer Neighbourhood Teams (SNTs) often describe CDZs as a useful ‘tool’ to help address street drinking related ASB.

However managing public expectations is often seen as crucial, particularly whereby the public may be likely to misinterpret zones as ‘bans’ on public drinking. Other issues such as displacement and the need for consistent or strategic approaches to enforcement must also be considered.

2. Dispersal Zones/Directions to leave powers

Under Section 30 of the Anti-Social Behaviour Act 2003, local authorities can designate Dispersal Zones for a period of up to 6 months where ASB has been a problem. Within a Dispersal Zone, police can require those in groups of two or more to leave the area.

Section 27 of the Violent Crime Reduction Act 2006 gives police the power to order an individual to leave a locality for up to 48 hours in response to alcohol-related disorder. Unlike CDZs this requires some paperwork to be filled out by the enforcing officer but can be issued in any public place.

3. Anti-Social Behaviour Orders (ASBOs)

As a harder enforcement measure, ASBOs can be issued by the courts to set out specific conditions on an individual which if breached result in a criminal offence. ASBOs have in many cases been applied to prevent street drinkers from carrying out specific behaviours or entering certain areas. ASBOs however can be difficult to obtain as are usually supplemented as part of a court conviction and require careful consideration by partners.

4. Environmental controls

The removal or re-location of benches is a common tactic employed to reduce street drinking, whilst increasing provision of litter bins, toilet facilities or CCTV may be likely to reduce ASB. Licensing can also be used as an option to address premises associated with street drinking, though voluntary engagement schemes such as to limit super-strength drinks do not appear to have been effective.

Key documents and resources:

Full details on all available measures for addressing alcohol related crime and disorder are contained within the Home Office guidance:

- ‘*A Practical Guide for Dealing with Alcohol Related Problems: What You Need to Know*’ Home Office 2008 [Download here](#)

Further key documents/resources:

- *Guidance on Designated public Place orders (DPPOs): For local Authorities in England and Wales*. Home Office 2008 [Download here](#)
- *Southwark’s Designated Public Place Order: an evaluation of effectiveness and the implications for addressing problematic drinking in public places;* [Ranzetta Consulting 2008](#)
- [‘What works’ to tackle alcohol-related disorder?:](#) An examination of the use of

- ASB tools and powers in London* London South Bank University July 2008
- *'Alcohol Consumption in Public places'* [Home Office Crime Reduction Site](#)

Support: options for reducing alcohol-related harm amongst street drinkers

Local authorities should recognise the harms and risks street drinkers face when considering enforcement options and recognise street populations may more often be victims of crime. Street drinkers are likely to have complex needs such as severe alcohol dependencies and histories of serious physical or mental health problems. Most street drinkers are in fact in some form of housing, though often it is temporary accommodation which they may be at risk of losing.

A further problem is presented in that many entrenched street drinkers are resistant to the notion of treatment and are aware of local services. Many have developed chronic alcohol and drug dependencies but are unwilling or unable to contemplate an alcohol-free life. Social networks tend to reinforce this, the most important factor in achieving treatment goals may often be the availability of a socially functioning support network where pressures and triggers to drink are reduced. For street drinkers with complex needs and limited resources, escaping and replacing old drinking ties may be particularly challenging.

Therefore a pragmatic approach to reducing harms amongst street drinkers should consider that a harm reduction or wider support based approach may be more effective. Below a number of responses are considered:

1. Multi-agency working groups focused on individuals

Many local authorities run partnership groups as an ongoing review and action-planning process for case-conferencing key individuals. Opportunities to share information and discuss support options may benefit crime and disorder objectives as well as reducing harm amongst street drinkers.

2. Alternative spaces and supervised environments

Wet centres may effectively reduce street drinking numbers during opening hours but there is little evidence of positive impacts on drinking levels, though wider health gains may be made from engagement with services. The highly cost-prohibitive nature and more recent impact of the smoking ban has made wet provision increasingly impractical. Instead 'alternative spaces' can be unofficially designated areas for street drinkers to use, though these may be largely motivated by pressure to reduce visibility of street drinking rather than support individual's needs.

3. Alcohol Treatment Requirements (ATRs)

Although technically an enforcement measure, ATRs are an option that allow alcohol dependent offenders to access treatment as an alternative to a custodial sentence.

ATRs may be an opportunity to incentivise harmful behaviour change but successful outcomes are likely to depend on careful planning between criminal justice and treatment services.

4. Other responses: reconnections services

A number of responses have been developed to reconnect street populations, (particularly rough sleepers) with areas where they have more social capital or support. Street populations may be more likely to achieve employment, healthcare or rehabilitation by returning to home or other networks. Reconnections services for A8 Eastern European nationals are currently supporting many street drinkers from the streets in the UK to access support or employment in their home countries.

Key documents and resources:

- *'The impact of enforcement on street users in England'* Joseph Rowntree Foundation 2007 [Download here](#)
- *Alcohol Concern Fact sheet 19: Street Drinking* [Download here](#)
- *'Wet Day Centres in the United Kingdom: A research report and manual'*, King's Find 2003 [Download here](#)

Conclusion: achieving the balance?

Addressing street drinking related ASB and reducing harms to individuals are clearly different objectives. However outcomes for all of the above interventions can, if properly managed, have a positive impact on both. For instance, CDZ evaluations have indicated that reductions in ASB have made some street drinkers feel safer, whilst others reporting to have reduced overall consumption. Support based interventions, such as case-working clients or providing reconnections will also often result in reduced street drinking activity and ASB if successful.

Carefully planning responses to street drinking issues is therefore imperative, giving consideration to both short and longer term impacts of enforcement and support. Partnership working groups should therefore share information and jointly deliver agreed actions that support a clear strategic direction. However senior decision makers must recognise the considerable resources that addressing street population activity can take and carefully assess how much time alcohol leads should prioritise for this often comparatively small number of individuals.

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