Street Drinking in the London Borough of Barking and Dagenham

2018

Research Report

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0. Executive Summary

Aims: This report aims to address a lack of research on street drinking in the United Kingdom. Drinking alcohol in outdoor public places (e.g. streets and parks) and outside of formally organised events can be associated with reports of antisocial behaviour and/or indicate chronic alcohol consumption and other problematic behaviours (Manton, Pennay, & Savic, 2014). This report helps develop a richer understanding of the lived-experience of people engaging in street drinking, explores their accounts of what motivates and escalates the behaviour, and compares factors of risk and resilience from participants’ life stories, focusing on residents and contexts of one East London borough.

Method: Assessment data was collected by WDP outreach workers from 29 observed street drinkers between August 2017 to August 2018. Weekly Field Reports were filed by outreach workers to managers. Demographic data of participants and a summary of field data are presented for context. The academic partners from LSBU collected and triangulated mixed-methods data from semi-structured, in-depth interviews and field observations from April to October 2018 alongside local outreach workers. Interview participants (N=18) included people in recovery from alcohol misuse, key workers, and local residents. Qualitative data was analysed using both inductive and deductive Thematic Analysis (Braun & Clarke, 2006) with a reflexive, social constructionist approach. Screening data from 18 current and historic street drinkers was collected and analysed to understand patterns of and motivations for street drinking.

Results: Field Observations illustrate that ‘street drinking’ activity is performed by people ‘en route’ or in seated locations and drinkers’ secondary social behaviours are not uniformly nuisance behaviours. Pen portraits provide short summaries of the inter- and intra-personal narratives of alcohol addiction, street drinking, and in some cases recovery. Two Detailed Case
Studies are presented to illustrate the detail of participants’ accounts with ongoing analysis of psycho-social dimensions to be reported more fully in forthcoming publications, reports, and presentations. Quantitative data are consistent with qualitative findings, suggesting a high degree of awareness of risks associated with street drinking, and a desire to stop or reduce this behaviour.

Conclusion and Recommendations: This project identifies a need for an outreach service to work with and support a relatively small group of individuals across the borough with significant and often complex needs. These individuals are frequently disengaged, and disinclined to engage, with existing services. The needs of this group are not primarily alcohol or other substance related, but require a multi-agency approach. Specific recommendations to develop an effective outreach service for this group are provided, with additional recommendations made regarding strategies to reduce some of the visible impacts of street drinking in certain parts of the borough.
1. Introduction

1.1. Background

This report aims to address a lack of research on street drinking in the United Kingdom. Drinking alcohol in outdoor public places (e.g. streets and parks) and outside of formally organised events can be associated with reports of antisocial behaviour and/or indicate chronic alcohol consumption and other problematic behaviours (Manton et al., 2014). This report helps commissioners and service providers to develop a richer understanding of the lived-experiences of people engaging in street drinking, explores interpersonal and intrapersonal accounts of what motivates and escalates the behaviour, and compares factors of risk and resilience from participants’ life stories.

In 2017, the London Borough of Barking and Dagenham Council (LBBD) commissioned WDP to deliver a Street Drinking Outreach Project across the local area. In this project, street drinking is operationalised as drinking alcohol in outdoor public places – including streets, parks or public squares – and outside of mainstream or formally organised events – e.g. a festival or neighbourhood street party (Manton, et al., 2014). Utilising models of addictive behaviours (West & Brown 2013), interventions promoting harm-minimisation (Marlatt, 1996; Rhodes, 2009), and local experts by lived experience (Fischer & Neale, 2008), this study used a mixed methods data collection and a Community Based Participatory Research (CBPR) approach (Israel, Schulz, Parker & Beker, 1998; Speer & Christens, 2013).

1.2. Research partnerships and Community Based Participatory Research

WDP’s outreach provision in Barking and Dagenham commenced in August 2017. Two outreach workers were deployed in the borough during the project, with the aim to identify street drinkers in the area, engage them in treatment, and promote participation in the qualitative research.
The two members of staff worked in tandem to establish the landscape of street drinking in the borough, and their work was supplemented with volunteers during the course of the project, to allow broader outreach coverage.

As well as being collocated with both CGL, Addaction and Subwize at various junctures of the project, the outreach team networked closely with a variety of other partner agencies. These included but were not limited to; supported accommodation hostels; local housing advice services; hospitals and hospital liaison workers; multi-agency meeting forums; Police; Anti-Social Behaviour teams; and The Source and Salvation Army services within the local area.

These networks served to ensure the outreach team developed a good understanding of the local geography, street drinking hotspots, and some of the regular known drinkers in the area.

This was further supplemented by accounts from other agencies and parties within the local area, including train station staff, park rangers, local residents, business owners and various other third-party accounts. Each of these helped build a local intelligence picture of the street drinking landscape and inform the targeting of areas and identified individuals within the borough.

In the first part of the programme, WDP were responsible for the day-to-day gathering of information on street drinking behaviour in the borough through the use of a structured questionnaire and field reports which were submitted to the project’s commissioners on a weekly basis. The questionnaire comprised the standard assessment used by WDP, in addition to questions which explored specific information around street drinking – in particular, patterns of and motives for street drinking, as well as awareness of risks and intentions to change this behaviour. The second part of the research was a qualitative study to address a need for deeper understanding of street drinking, what escalates it, and factors of risk and resilience in the community. As a way to address the needs of people living in distress who may not be accessing
services whilst also capturing rich, socio-geographic detail, walking interviews are an emerging method of data collection promoted by the ESRC (Clark & Emmel, 2010) and used for researching neighbourhoods and communities (Carpiano, 2008) and for researching public health interventions (Garcia, Eisenberg, Frerich, Lechner, & Lust, 2012; Miaux et al., 2010).

1.3. **Public Spaces Protection Order (PSPO)**

A Public Spaces Protection Order was put into effect in Barking and Dagenham from 19 March 2018 for a period of 36 months. This was noted prior to data collection. Without comparative data prior to the PSPO, we cannot make comparisons or evaluate its effect; however, readers may infer their own conclusions from data in the Results sections.
2. Materials and Methods

2.1. Participants

2.1.1. Quantitative Survey and Screening

Of the 29 individuals who engaged with the outreach team, 17 agreed for their data to be used for the purposes of research, which was then passed to the LSBU research team. Ages ranged from 20 to 64 (mean 47.6 years), and the sample comprised 5 females and 12 males.

2.1.2. Qualitative Interviews

We collected and triangulated ethnographic data from semi-structured interviews and field observations from April to August 2018 alongside local outreach workers from WDP. Two outreach Workers (OW) initiated contact and established rapport with individuals identified engaged in street drinking behaviours between August 2017 and August 2018. The OW also utilised their knowledge of local people from preceding professional involvement in other roles, using prior contacts and rapport building efforts as professional and research capital. From April 2018, the field researcher and interviewer (AT) shadowed the OW when they worked together or partnered with a single OW, as per the WDP Lone Working Policy. During this period, the OW team pre-arranged interview times and made introductions to AT. In some cases, AT made initial approaches to local residents, as well as collecting observational data during scheduled evening hours. The effect on the study is the creation of a more rounded sample than would have been possible without local knowledge and relationship building, with perspectives varying across a demographic that includes people who are new to services as well as people who have experiences of coming in and out of service engagement over a longer period of time. As the street-drinking participants are obtained from the initial screening, there is some overlap between the quantitative and qualitative data. We stopped collecting new interview data in August 2018 in order to have time to transcribe, analyse, and report findings.
More interview data in a longer study, allowing for changes in the level or type of engagement with the OW team over a longer period of time.

Acknowledging that a number of young people do drink alcohol in the United Kingdom where the legal drinking age is 18, for ethical and practical purposes, this study is limited to participants aged 18 years and above. Interview participants ranged in age from 19 years to 62 years of age (mean = 42.4 years). Interview participants (N=18) included people in recovery from alcohol misuse, key workers, and local residents. Whilst people were recruited into one category or another so as to gain the perspectives of people who participated in street drinking themselves and those who were otherwise affected by that behaviour, interview data revealed that the categories were not mutually exclusive. For example, some participants did not identify themselves as having ever engaged in street drinking behaviour but throughout the investigative and reflective processes of the interview, revealed to the interviewer (and sometimes themselves) that there were instances where they had engaged with alcohol in unlicensed, public, outdoor spaces. In other examples, some participants who were current or historical street drinkers reflected on the problems they had observed from (other) street drinkers.

Table 1: Interview participants

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Time since last drink</th>
<th>Gender</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Accommodation</th>
<th>History with other substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack</td>
<td>&lt;1 day</td>
<td>Male</td>
<td>62</td>
<td>White British</td>
<td>Rough sleeping</td>
<td>Yes</td>
</tr>
<tr>
<td>Bubbles</td>
<td>&lt;7 days</td>
<td>Male</td>
<td>45</td>
<td>White British</td>
<td>Stable accom</td>
<td>No</td>
</tr>
<tr>
<td>John</td>
<td>&gt;12 months</td>
<td>Male</td>
<td>52</td>
<td>White British</td>
<td>Stable accom</td>
<td>No</td>
</tr>
<tr>
<td>Dave</td>
<td>&gt;12 months</td>
<td>Male</td>
<td>18</td>
<td>White British</td>
<td>Rough sleeping</td>
<td>Yes</td>
</tr>
<tr>
<td>Mr Fabulous</td>
<td>&gt;12 months</td>
<td>Male</td>
<td>38</td>
<td>White British</td>
<td>Stable accom</td>
<td>Yes</td>
</tr>
<tr>
<td>Sarah</td>
<td>&gt;12 months</td>
<td>Female</td>
<td>20</td>
<td>White British</td>
<td>Rough sleeping</td>
<td>Yes</td>
</tr>
<tr>
<td>Beth</td>
<td>&lt;3 months</td>
<td>Female</td>
<td>48</td>
<td>Black British</td>
<td>Stable accom</td>
<td>Yes</td>
</tr>
<tr>
<td>Jim</td>
<td>&lt;1 month</td>
<td>Male</td>
<td>57</td>
<td>White British</td>
<td>Stable accom</td>
<td>No</td>
</tr>
<tr>
<td>Mum</td>
<td>&gt;12 months</td>
<td>Female</td>
<td>50s</td>
<td>White British</td>
<td>Stable accom</td>
<td>No</td>
</tr>
<tr>
<td>Britney</td>
<td>&lt;3 months</td>
<td>Female</td>
<td>58</td>
<td>Black British</td>
<td>Stable accom</td>
<td>Yes</td>
</tr>
</tbody>
</table>
We conducted interviews either as walking interviews in the field (Carpiano, 2008; Clark & Emmel, 2010; Evans & Jones, 2011; Miaux et al., 2010) or as more traditional, face-to-face interviews (Edwards & Holland, 2013). Both modes of interview involved a semi-structured interview guide, which was mapped out on a grid rather than a list. This allowed the interviewer greater flexibility to be responsive to the ideas expressed by the participant and follow the direction of the participant in ordering their own narrative and how they made sense of their lived experiences, thus removing structural barriers to communication, rapport building, power-sharing, and co-production of interview data. With each participant’s permission, interviews were audio recorded using a digital recording device. This data will be kept for a period of 5 years, appropriate to the reporting and publication of the findings in line with the data protection rights of participants.

Inclusion criteria were that participants were at least 18 years of age, were resident in the borough or taking part in street drinking behaviours within the borough, and felt able to provide consent and participate in an interview. Participants were excluded or interviews were postponed if participants indicated that they had recently used intoxicants. The OW and field researcher emphasised that current or future access to services would be unaffected by the decision to accept or decline the invitation to participate. In real terms, some participants who were actively seeking additional support (e.g. housing services or residential detoxification provision) may have felt that their participation would help to demonstrate ‘willingness to

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Accommodation</th>
<th>Work Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>Female</td>
<td>50s</td>
<td>White British</td>
<td>Stable accom</td>
<td>No</td>
</tr>
<tr>
<td>Annie</td>
<td>Female</td>
<td>40s</td>
<td>White British</td>
<td>Key Worker</td>
<td>N/A</td>
</tr>
<tr>
<td>Flower</td>
<td>Female</td>
<td>50s</td>
<td>White British</td>
<td>Resident</td>
<td>No</td>
</tr>
<tr>
<td>JoeBlogs</td>
<td>Female</td>
<td>50s</td>
<td>Black British</td>
<td>Key Worker</td>
<td>N/A</td>
</tr>
<tr>
<td>MrBush</td>
<td>Male</td>
<td>40s</td>
<td>White British</td>
<td>Key Worker</td>
<td>Yes</td>
</tr>
<tr>
<td>Marija</td>
<td>Female</td>
<td>30</td>
<td>White Other</td>
<td>Resident</td>
<td>No</td>
</tr>
<tr>
<td>Sylvija</td>
<td>Female</td>
<td>29</td>
<td>White Other</td>
<td>Resident</td>
<td>No</td>
</tr>
<tr>
<td>Bongo</td>
<td>Male</td>
<td>36</td>
<td>Mixed British</td>
<td>Stable accom</td>
<td>Yes</td>
</tr>
<tr>
<td>Heat</td>
<td>Male</td>
<td>37</td>
<td>Mixed British</td>
<td>Rough sleeping</td>
<td>Yes</td>
</tr>
<tr>
<td>MrBush</td>
<td>Male</td>
<td>40s</td>
<td>White British</td>
<td>Key Worker</td>
<td>Yes</td>
</tr>
<tr>
<td>Marija</td>
<td>Female</td>
<td>30</td>
<td>White Other</td>
<td>Resident</td>
<td>No</td>
</tr>
<tr>
<td>Sylvija</td>
<td>Female</td>
<td>29</td>
<td>White Other</td>
<td>Resident</td>
<td>No</td>
</tr>
<tr>
<td>Bongo</td>
<td>Male</td>
<td>36</td>
<td>Mixed British</td>
<td>Stable accom</td>
<td>Yes</td>
</tr>
<tr>
<td>Heat</td>
<td>Male</td>
<td>37</td>
<td>Mixed British</td>
<td>Rough sleeping</td>
<td>Yes</td>
</tr>
</tbody>
</table>
engage’. Likewise, the desire to ‘give back’ which was expressed by the majority of participants is a repertoire which forms a part of the 12-step program of which many were or had been engaged.

Of the people who had indicated a willingness to participate at various stages during the outreach project, five were unavailable due to regular intoxication and/or substance use, one was unable to attend scheduled appointments for unspecified reasons, and two became unavailable for other health reasons prior to interview.

There are limitations to our sample. We were unable to engage any immigrant men for interviews or assessments, despite their presence and visibility, both physically and discursively. We do have two Eastern European participants who are women and non-drinkers commenting on the effect of street drinking in the area.

2.2. Ethical Approval

The study received ethical approval from the ethics committee of the School of Applied Sciences at London South Bank University. The safeguarding and lone working policies of WDP were written into this application.

2.3. Qualitative Data Analysis

Data was analysed using an inductive Thematic Analysis (Braun & Clarke, 2006) with a reflexive, social constructionist approach. This involved the interviewer re-listening and reviewing the interview data, transcribing the interviews and coding the transcripts to look for representative patterns across the dataset, examples that disrupted those patterns, and illustrations, which provide rich, detailed, personal descriptions and explanations that would not be available through other means of data collection.
In theoretical and ideological terms, we have adopted a non-judgemental, person-centred, feminist approach to interviews, understanding that each person is the expert in their own experiences and inviting recognition from all parties that the participant is central to the success of the research. We extend this to our analytical approach, which is referred to in academic terms as ‘critical realism’. In other words, we acknowledge the participants as narrators of their own lives whilst also acknowledging that social structures, relationships, and expectations can shape how we interact as researchers and responders, including what people choose to share, reveal, conceal, emphasise, embellish, or downplay. Being mindful of those structures allows us as analysts – and readers – to be informed not only by the content of what is said, but by the possible intentions in saying and hearing.
3. Results: Demographic Data of Outreach Participation

A standardised screening tool was used to collect data from all participants in the outreach project. Of the 29 who were screened, 17 gave consent for their data to be shared for the purposes of this research evaluation. This research sample comprised 8 current and 9 historic street drinkers. Demographic information on the combined and subgroups is shown in Table 2. These data show a broad similarity between the current and historic street drinking groups, with notable differences being that current street drinkers were more likely to be male, and were also more likely to be living on the street than historic street drinkers.

Table 2. Screening Participant Demographics

<table>
<thead>
<tr>
<th></th>
<th>Street Drinker Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All</td>
</tr>
<tr>
<td>Number</td>
<td>17</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>12</td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
</tr>
<tr>
<td>Nationality</td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>15</td>
</tr>
<tr>
<td>None stated</td>
<td>2</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White British</td>
<td>14</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>1</td>
</tr>
<tr>
<td>Other Black</td>
<td>2</td>
</tr>
<tr>
<td>Recourse to Public Funds</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>16</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>No disability</td>
<td>13</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>1</td>
</tr>
<tr>
<td>None stated</td>
<td>3</td>
</tr>
<tr>
<td>Accommodation Status</td>
<td></td>
</tr>
</tbody>
</table>
Living on the street 6 5 1
Local Authority Registered 6 0 6
Private Rent 3 1 2
Staying with friends/family 1 1 0
Direct access short stay 1 1 0

Parental Status
Not a parent 10 5 5
Parent but not living with children 6 3 3
Declined to answer 1 0 1

Employment Status
Long term sickness/disability 11 5 6
Unemployed and seeking work 3 1 2
Regular employment 1 1 0
Not stated 2 1 1

Data collected from all participants regarding substance use suggested that alcohol was the primary substance used by the majority (see Table 3). AUDIT scores for the current street drinking group were higher than the scores for the historic drinkers – though in the case of the historic drinkers their AUDIT was based on retrospective recall of their drinking patterns when they were last actively street drinking. This difference in scores may therefore be attributable to a degree of recall bias. In any event, the scores in general suggested harmful and potentially dependents levels of drinking across both groups.

Table 3. Participant Alcohol and Other Substance Use Characteristics

<table>
<thead>
<tr>
<th>Number</th>
<th>Street Drinker Status</th>
<th>All</th>
<th>Current</th>
<th>Historic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>17</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Mean AUDIT score</td>
<td></td>
<td>26.0</td>
<td>30</td>
<td>20.8</td>
</tr>
<tr>
<td>Primary Substance Used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td>13</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Cocaine Freebase</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
The patterns of street drinking were again fairly consistent between the current and historic street drinking groups (see Table 4). Responses suggested that the majority street drink every day, throughout the whole year, both during the day and night. Most participants reported either drinking equal amounts or more alcohol on the street, compared with drinking at home. Most participants reported that they were as likely to drink on the street by themselves as they were to drink in a group. Importantly from a harm reduction and support perspective, most participants responded that they would street drink even if unwell, and all participants reported that they would like (or, in the case of historic street drinkers, would have liked) support to stop street drinking specifically. Responses to the Risk Acceptance question suggested that most participants both understood that street drinking carries a degree of risk, and that they are motivated to reduce their street drinking.

Table 4. Street Drinking Characteristics

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Current</th>
<th>Historic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number</strong></td>
<td>17</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Total years Street Drinking</td>
<td>7.5</td>
<td>6.3</td>
<td>8.6</td>
</tr>
<tr>
<td>Typical days per week Street Drinking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every day</td>
<td>14</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>2-4 days</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Do/Did you Street Drink all year round?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>16</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>No – only in summer</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>When do/did you Street Drink?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daytime only</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Day and night time</td>
<td>15</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Do/Did you drink more at home or outside?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More at home</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>About the same</td>
<td>7</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>More outside</td>
<td>8</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>
REPORT ON STREET DRINKING IN THE LONDON BOROUGH OF BARKING & DAGENHAM 2018

Who do/did you Street Drink with?

<table>
<thead>
<tr>
<th></th>
<th>Always alone</th>
<th>Usually alone</th>
<th>Equally alone and in a group</th>
<th>Usually in a group</th>
<th>Always in a group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always alone</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Usually alone</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Equally alone</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Always in a group</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Would you Street Drink if unwell?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Maybe</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Do/did you want help to stop Street Drinking?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
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</tbody>
</table>

Street Drinking Risk Acceptance Score*  

<p>| | | | |</p>
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<td></td>
<td>8.6</td>
<td>8.3</td>
<td>8.9</td>
</tr>
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</table>

* Risk acceptance scores range from 1-10, with 1 representing no awareness of any risk associated with street drinking nor any intention to stop, and 10 representing both an understanding of the risks and strong intentions to stop. Scores in the mid-range represent increasing awareness and acknowledgement of risks, and increasing intentions to reduce or stop street drinking.

Finally, participants completed the Drinking Motives Questionnaire, which was adapted to specifically assess motivations for street drinking (see Table 5). The DMQ assesses four independent motivations for drinking:

- **Enhancement** motives relate to the use of alcohol to improve or magnify positive feelings;
- **Social** motives relate to events such as parties, or simply to ‘be sociable’;
- **Coping** motives relate to the use of alcohol to deal with negative feelings, such as feeling socially anxious;
- **Conformity** motives relate to using alcohol due to peer pressure, or wanting to fit in.

In general, it tends to be the case that individuals reporting stronger conformity or coping motives are at greater risk of developing problematic drinking patterns. Results showed a fairly high level of endorsement of Enhancement, Social and Coping motives. Interestingly, the
historic group reported a higher degree of Conformity motives, while current street drinkers almost universally did not endorse conformity as a reason for street drinking. This is notable because, to the extent that conformity motives relate to engaging in a behaviour based on perceived pressure from others, it may be that current street drinkers are more likely to consider their street drinking to be a ‘self-directed’ activity, while historic street drinkers may, on reflection, feel that they may well have been street drinking due to pressure from others to do so.

**Table 5. Street Drinking Motivations**

<table>
<thead>
<tr>
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<th>Street Drinker Status</th>
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<tbody>
<tr>
<td></td>
<td>All</td>
</tr>
<tr>
<td><strong>Number</strong></td>
<td>13</td>
</tr>
<tr>
<td>Enhancement Motives</td>
<td>3.3</td>
</tr>
<tr>
<td>Social Motives</td>
<td>4.8</td>
</tr>
<tr>
<td>Coping Motives</td>
<td>3.2</td>
</tr>
<tr>
<td>Conformity Motives</td>
<td>1.2</td>
</tr>
</tbody>
</table>

\(^a,b\) Difference between groups significant at the p<.05 level

*Note:* Each motive scale is scored between 0 – 6, with higher scores representing a greater endorsement of the specific motivation for street drinking.
4. Results: Local Resident and Business Perspectives

The results of the online survey of local businesses and residents is limited by a low response rate. Attempts were made to conduct this survey through both the London Borough of Barking and Dagenham’s own survey portal, as well as via a paid Facebook advertising campaign. In total, 11 local residents completed the survey. The results are illustrated in Figure 1 and Figure 2, which show the extent to which a variety of antisocial behaviours were identified as common, and to what extent respondents felt these issues were problematic in their local area, respectively.

**Figure 1.** Responses to the question ‘Thinking about the area in which you live, how common are each of the following?’
Figure 2. Responses to the question ‘Please now rank each of these issues in order of how much of a problem they are in your local area’.

While based on a limited sample, it is notable that the most common and most problematic issue identified was litter. Second to this, again in terms of frequency and extent of the problem was the use of drugs and alcohol and public places. The only other notable trend to highlight here, again being cognizant of the limitations of the small sample size, is that while participants generally tended to rank these issues towards the top end of the 4-point scale in terms of frequency, the extent to which each was seen as a problem was limited to the mid-point of the 8-point scale (with noisy neighbours and abandoned or burnt out cars being seen as not a problem at all by all participants).

In addition to the online survey, we also visited a number of off-licensed premises in the borough to discuss street drinking. Business owners were told what the purpose of this project was, and were invited to share their thoughts and experiences regarding street drinking in their area. Responses from licensees fell in to two broad categories. Some licensees were keen to
talk about this issue, acknowledging there was a problem (or, at least, a high frequency of street
drinking). These licensees appeared to be navigating a difficult situation, whereby they did not
think they should be selling alcohol to certain individuals who they knew would be drinking
heavily in public, but they also felt unsupported with regards to refusing sales to individuals
who were visibly intoxicated, and also had to manage issues in relation to shoplifting from
some of these individuals.

Conversely, some licensees simply did not acknowledge any issues related to street drinking
in their immediate locale (in some cases, despite visible evidence of cans and bottles lying
around close to their premises). These licensees were keen to identify other areas where they
were aware street drinking was an issue, but they denied any knowledge of street drinking in
their area. We would reflect that this type of response may have emerged more out of concern
that the purpose of our project would be to ‘whistleblow’ or otherwise create problems for these
businesses. However, these premises also tended to be the larger shops, where more than one
staff member was present, where a large proportion of all of the consumables were alcoholic
beverages or tobacco, and the alcohol on sale was from the low-cost end of the alcohol beverage
market. One interpretation may be that the smaller shops, where only one staff member is
present, might be disproportionately affected by an issue such as shoplifting, in the sense of
being seen as easier targets.
5. Results: WDP Outreach Field Report Summary

Following the completion of outreach within the borough there were some overarching reflections from the project which, albeit anecdotal in nature, provide a wider context within which the issue of street drinking in Barking and Dagenham can be seen.

5.1. A Tale of Two Hotspots

Firstly, the geography of street drinking within the area was clearly and consistently found to be located around two prominent hotspots. Although not exact areas, these were generally in the vicinities of Dagenham Heathway (RM9 6LD / RM10 8QS), and Barking Town Centre (IG11 8EA).

Whilst there were various areas across the borough where street drinking was found to take place (Parsloe’s Park and Dagenham East Station for example), drinking in those areas were far less consistent, and seemed to be somewhat more intermittent.

Similarly drinking paraphernalia would also be found in various locations, and third-party reports of street drinking would be common, but drinking itself was harder to witness day to day in those areas. This may well be reflective of drinking at weekends and/or late-night drinking that did not coincide with outreach work.

5.2. Distinct Street Drinking Populations

It was also identified that those drinkers who were identified as part of the project were almost exclusively drinkers either in Barking OR Dagenham indicating distinct street drinking communities in each area.

In this respect, it appeared there are two ‘communities’ of street drinkers in each of the two main hotspots. This was supported by responses in the screening tool data which evidenced self-disclosed drinking areas correlating with the hotspots identified by the Outreach team.
5.3. **Entrenched Lifestyles**

The Outreach team also reflected on the nature and lifestyles of the street drinkers they had contact with during the project. They observed the lifestyles of these individuals to be deeply entrenched in nature and they encountered significant challenges in linking the individuals into community services.

Although they found street drinkers to be generally very amenable to the project, and willing to take part in initial screening, they tended to be resistant beyond this, in terms of engagement with community services. Escorts to services such as housing and substance misuse services, although routinely offered, were rarely taken up.

Interactions therefore focused primarily on the delivery of harm reduction and brief interventions, and signposting to wider services. Although these ‘soft’ contacts were of value in terms of building rapport, showing empathy and understanding with an otherwise resistant client group, tangible progress towards significant changes in lifestyle were often limited.

5.4. **Foreign National Drinkers**

Throughout the project there were observed groups of foreign nationals street drinking around the Barking Town Centre hotspot. Although their presence was inconsistent and irregular, it was sufficiently regular to be of notice.

Attempts were continuously made to engage with these individuals when they were seen, but the outreach team encountered avoidant attitudes, even to the briefest forms of dialogue.

It is difficult to draw any firm conclusions from this, other than to acknowledge they are a distinct sub-group of the wider street drinking population, that given their resistance to engagement and dialogue are likely to remain a hard to reach group of street drinkers.
Figure 3. Heatmap showing occasions when outreach workers observed street drinking.
6. Results: Field Observations

This section provides some of the field researcher’s observations of street drinking in the area. Descriptive accounts provide readers with some of the different patterns that can be seen at different times of the day or in different weather. We make comparisons between different street drinking geographies, highlighting some of the spaces that are much less visible compared to those which are much more visible. Of note, the PSPO is operational at the time of the reported observations.

6.1. Barking Station (Station Parade North-East)

2018/7/6: 20:40: Four people are drinking directly outside the North-East entrance/exit to the shops and station: a shirtless, tattooed, white British man in his forties or fifties drinking Stella Artois from a can; a thirty-something white man in shorts, work boots, and blue t-shirt carrying a case of Stella Artois bottles; a white woman in skinny jeans, vest, ponytail and cap with two cans; a white man in a t-shirt and shorts. A white man in his fifties is not drinking but is with the others. He is begging. There are many other people coming and going through the area, not recorded.

20:44 The man with the bottles and the woman have a short row. The begging man is involved somehow. He packs up to leave.

20:45 White man, forties (t-shirt, trousers, socks and sandals), carrying a rucksack and carrier bag. Drinking cans from the carrier bag. He waits for the bus. He is joined by a woman, not drinking.

20:47 White man, twenties or thirties (t-shirt, shorts, workboots) drinking Stella.

20:48 White man, forties (polo, khaki shorts, trainers) drinking one can of gin-and-tonic, carrying a second.
REPORT ON STREET DRINKING IN THE LONDON BOROUGH OF BARKING & DAGENHAM 2018

20:50 Shirtless man with Stella comes over to talk to me. (See Pen Portrait: ‘Dan’.)

20:55 [End report]

6.2. Market Area (Ripple Road x Linton Road)

2018/7/6: 18:30: I am sitting on the benches where Ripple Road meets Linton Road as the market traders pack and clear up. There are six Eastern European men and two boys aged about four and six. The man with the children has three cans of Żubr (Polish, meaning Bison) brand beer. He is smoking and talking to the other men, some of whom also have cans of beer. One is standing and has his tins of Budweiser in a green carrier bag, but he is not drinking. The children are playing. One man leaves.

18:45: Two more men arrive, dressed as returning from professional work. They are not drinking. One is greeted by the children. The man who left returns with more Żubr. The man with the children clears up his tins, calls the boys, and they all leave with school bags and the man with the extra Żubr. The boys and their father (?) greet a woman they all seem to know, then she carries on in a different direction.

18:50: The two professional looking men leave. There are four men left. Three are drinking. The man with the Budweiser is dressed casually for the hot weather. He is not drinking. One of the men who is drinking Żubr is shouting into his phone. He has tattoos and tanned skin, and is wearing a vest for the hot weather.

19:05: One of the men is sitting apart from the others. He is not with them. Another younger man arrives and they leave. Three men remain, talking. Two are drinking beer and smoking.

19:10 [End report]
6.3. **Station Parade South-West**

2018/7/6: 20:25: Two white adult men are drinking from tins of beer. They get up to leave, placing their cans in the bins. In front of the betting shop, six men are sitting on a bench. They appear to range in age from twenties to fifties. Some have tins of beer. The oldest looking man in the centre of the bench has an energy drink and a 3-litre blue plastic bottle of white cider. One of the professional men from Ripple Road speaks to one of the men who came out of the betting shop. Four more men are outside the betting shop, smoking but not drinking.

20:30 Four school boys have a wheelchair. They are ‘rowdy’, attempting stunts with the chair, and are being encouraged by the men on the bench. I start to feel unsafe.

20:35 [End report]

6.4. **Barking Abbey Grounds**

2018/7/6: 19:30: Along the wall of the Abbey, there are three men sitting on a blanket, drinking and talking. Two other, younger men are drinking cans of beer or lager and talking. They do not disturb anyone and are undisturbed for the 50 minutes I am present. I do not make notes of the other people who are further away from the Abbey on the grass and benches, except to note they are not drinking.

20:20 [End report]

6.5. **Dagenham East Betting Shop**

2018/7/19: 17:00 White man in his forties (vest and shorts) exits betting shop, goes past the shop/ off-license and around the corner, then returns to the off-license. He returns to the betting shop with a bag, greeting another man (similar age, appearance). They go around the corner into an alleyway and drink beer. An older, white woman comes out of the shop. She turns to
walk down the alleyway, sees the two men and stops. She watches them for a moment, then
decides to proceed.

17:15 [End report]

6.6. Dagenham Heathway

The OW received reports of nuisance behaviour and heavy drinking on benches across from
the station and across from the library. On one of four daytime visits, we saw one man who
was known to the OW and declined to participate in the study. On another daytime visit, two
men in casual clothing were each drinking a can of beer and talking.

We did not visit this area at night time when problems have been reported in interviews.

6.7. Chadwell Heath (St Chad’s Park and streets South)

2018/7/20: c10:30: On the High Road north of the park, there are two betting shops near
grocery stores selling alcohol. Data from interviews and observations in other areas suggested
this combination may invite street drinking behaviours. The OW spoke to one of the local
business owner-operators to ask if there were any problems with street drinking. His response
was “no,” then “not much.” In the alley nearby, there was evidence of urination, but there was
no evidence of alcohol litter, or any litter.

St Chad’s Park is accessible down an alley and/or a side street. The park is not patrolled and I
suspected its proximity to the off-licenses/ grocery stores on the high street would make it a
likely ‘hot spot’.

Down the alley, there is a vacant lot filled with a tipped mattress, old appliances, and several
dozen pint cans and £4.49 (vodka?) bottles. We walked into the park. There were people
walking dogs and three council workers with their trucks. We approached the three men (in
their 40s and 50s, likely). They seemed wary at first but I introduced myself and the study and
they gave us an indication that a) there was plenty of drinking that happened in this park, b) that plenty more happened at other parks (namely Parsloes Park), c) that their truck was full of alcohol containers, and d) that it often spilled onto them. They pointed us towards the wooded area at the North end of the park.

In the North end, we spotted evidence of drinking (cans) and other litter: a lighter, tissue and wetwipes, and one condom wrapper. One of the men walking his told us there was a real problem in the park. He listed drinking, sex, injecting drugs. He said he was concerned because the animals (dogs) are sensitive. He said once, when he went into the brush to clean up his dog’s poop, he came across a man sleeping. We thanked him and continued looking. We did not find any campers or rough sleepers. We did find the one condom wrapper near some cigarette boxes and energy drink cans. We did not find any needles. The OW found one plastic bag marked with cannabis symbols which he smelled and reported to smell of cannabis or spice.

[c12:00 End report]
7. Results: Pen Portraits

Pen portraits offer readers a short summary of some of the narrative details that were collected from interview participants where interviews were conducted or through field observations with people who were not able to participate directly. Field observations are reported from the perspective of the field researcher (AT) and are taken from participant-observation in the public spaces of Barking and Dagenham. No observation data is reported about service users or staff in or immediately nearby the alcohol services as a matter of consent and respecting those spaces as safe and confidential.

7.1. Ben

Ben is in his thirties and is regularly seen around high streets with his friend. Ben is friendly when the OW approaches him but always defers an assessment. We have several short interactions with him over the course of the data collection period. He often had a can of strong lager in his hand and smelled strongly of alcohol. He sleeps rough in a space with some overhead cover that is used as shelter by other people sleeping rough in the area. He showers and eats hot meals with help from local charity services. He told me a story of being attacked by a teenage man. The young man bit him so hard he showed me the red scabs where teeth had broken the skin on his forearm. Ben and his friend disappeared for a few weeks. We later learned they had been ‘nicked’, had appeared in court, and were spending more time in other areas.

7.2. Jack

Jack is 62. He sleeps rough and at the time of our interview has been living without receiving benefits for nine months. He has medical problems related to drinking too much alcohol, a problem he has struggled to address even when he spent time in prison. Jack uses heroin to cut down the amount that he drinks. He uses alcohol and heroin to ‘numb’ the emotional pain he
feels. He tells me how he was brutally beaten as a small boy by his father and taken into care, aged nine years old. He has served a number of prison sentences which he does not differentiate from his time in care as a child. He was assessed as ‘fit for work’ last year, which prompted him to feel considerable distress in the context of his lack of housing and his health issues.

Jack has adult children from a previous marriage. He has tried to stay with one of his children but dealing with family relationships and conflicts disrupted the success. Jack has a close friend, Gustaw, who is also sleeping rough. They have crafted a makeshift shelter for themselves and Mary behind some bins. Jack would like to find a way out of rough sleeping, drinking heavily, and using heroin, and a way out of his emotional pain. He cannot manage to work through a solution for all four at once, whilst each single factor seems to prevent him from being able to address the others.

7.3. Dave

Dave is 18. He has been without housing for three years and often sleeps rough. He has lived in Barking and Dagenham his whole life and expresses frustration that the friends he knew in school seem to have much more stability and direction in their lives. He tells me he struggles with managing his feelings, particularly how he expresses anger. Like his girlfriend, Sarah, he has given up drinking alcohol and is on a prescription of methadone to help manage staying off heroin.

Dave is protective of Sarah and is frustrated by the lack of opportunities they have been given for housing and by the number of obstacles that have prevented them from having a place to live. In his interview, he constructs himself as being very reliant on people who work in service provision, but demonstrates the dual tension of resenting their authority and his own limited ability to be self-directed at the same time as having to live up to his own and others’
expectations of what it means to be an adult man. Several times during his interview, Dave expresses ideation of ending his life ‘if things don’t change’.

7.4. Mr Fabulous

Mr Fabulous is 38. He is a white-British gay man. He lives with his partner, Don. Mr Fabulous has stopped drinking and taking drugs more than a year ago, after he was hospitalised from an alcohol-related accident at home. He talks about regularly drinking in parks and on the streets, as a teenager and an adult, sometimes with the intention of coaxing other people to join him and buy drinks for him. His later history includes accounts of aggressive, anti-social behaviour, public nuisance, verbal abuse towards others, and physical violence enacted on strangers. ‘I was a nightmare,’ he tells me in our interview. Preceding his own aggressive behaviour, Mr Fabulous suffered sexual abuse as a child and began drinking as a child. He continued to be abused by men as a young teenager and would trade sex for drugs and alcohol. He adopted an extroverted, attention-seeking persona. Even in our interview, he takes on a role of animated, raconteur. As part of his recovery, Mr Fabulous has started to volunteer in one of the services he attends.

7.5. Sarah

Sarah is 20. She began drinking at 13 in response to abuse from a male family member. She began to drink heavily and would drink in parks to get away from what was happening at home and on street benches as a way to manage her own safety by being visible and amongst people if she felt in danger from men. Men would approach her and offer to give her and a friend more to drink, a pattern she recognises now as being dangerous after one of the men drugged her. At 16, she gave up alcohol with the help of a female friend who showed her how to cut down her drinking safely and eventually stop.
Sarah spent some time caring for her mother and lived with an aunt when she was unable to live with either of her parents. Her aunt’s problematic drug use prevented Sarah staying with her longer-term. Sarah spends most of her time with her boyfriend, Dave, whom she describes fondly. She tells me how their recovery from heroin is linked and how they support each other. Sarah is on a methadone prescription after she started to use heroin when she first began sleeping rough. She is successfully decreasing her prescription but also reveals that sometimes they still ‘dabble’.

7.6. Ivan

Ivan was an older man sitting in front of the train station begging. I had seen him and noted the blue plastic carrier bag he kept in the corner behind him. I suspected the cylinders it contained were not cans of energy drink. The OW pointed out the young man in a chic tracksuit and sporty headphones across the pavement (begging from shopfront, minding from bikerack). The OW’s account was the older man was being controlled by Eastern European gangs and being drip-fed drugs and being used to make money from begging. We did not approach him.

7.7. Jim

Jim had his last drink just over a month before our interview. He does not identify as a ‘street drinker’ but talks openly about his problems with drinking heavily at home and in pubs. He lives alone and finds the seclusion of his flat can trigger him to want to drink. He reveals that when he worked on the other side of London it was usual to buy four cans of lager after work and drink on the tube on the way home. Jim speaks freely about how alcohol impacted his abilities to engage with other people. He also describes an incident where an evening drinking with friends moved from indoors to outdoors and later resulted in a tragic fatality. Jim grew up in a large family where it was an ordinary part of each week for the men and older boys to drink heavily. Jim, 56, has two teenage children who live with their mother. He advises his
older son to avoid heavy drinking and to enjoy alcohol in moderation. He praised the local alcohol service, which he and his partner, Pam, access for support for people in recovery and their carers, respectively. Jim was paired with a young woman who started her recovery at the same time and has found it helpful to have a ‘recovery buddy’. He previously served ‘in the forces’ for nine years but is off work following an injury. He has been prevented from work at some points because of a criminal conviction which he is working to have overturned. At the interview, he is optimistic about his future.

7.8. Britney

Britney is 58 and lives alone. She does not identify as a street drinker herself, but does tell stories of drinking wine on the bus with girlfriends on the way to pubs and clubs in the 1980s and ‘90s. Britney has been abstaining from alcohol for less than three months and does not foresee being able to go without drinking for a year. To date, her longest period without drinking has been 11 months. When she drinks now, she drinks at home alone. She tells me about young neighbours who drink with their friends in their residential street, which she describes as a dumping ground. Britney struggles with multiple mental health diagnoses and has been signed-off of work. She is fearful of being forced into work in her current condition. During our interview, Britney shares stories of having survived rape and an attempted gang rape, and using alcohol to cope with how she felt after and since those events, as well as the suicide of a family member. Britney is close with her parents and siblings. She is single and lives alone.

7.9. Annie

Annie is a key worker specialising in drug and alcohol services with more than six years experience. She sees mental health distress and substance misuse as going ‘hand-in-hand’. Annie values a humanist approach to alcohol misuse, distress, and addiction. Her work has
included co-ordinating services, facilitating group work with people in various stages of recovery from alcohol and/or drugs, and one-to-one counselling. She has worked in commissioned services and has a background in medical healthcare and counselling. She tells me that service users experience disruption when tendering processes or staff changes mean a person with whom they have worked to build a trusted relationship is no longer available.

Part of Annie’s work is with people who are physically dependent on alcohol such that they have seizures if they try or are forced to stop ‘cold turkey’. Whilst they are in a supervised ‘detox’ program, she works with them to arrange for them to have access to other services. She tells me the best thing to be able to do is to have a conversation and about learn about each person’s story from their own, current perspective.

7.10.  Jerry

Jerry sleeps rough in the same spaces as Ben. I see the two together regularly. He is amiable and friendly to me. He has a rapport with the OW and agrees to have an assessment and an interview, but never is able to participate in an interview owing to regular patterns of intoxication and once an appearance at court. When I first met Jerry, he had some visible symptoms of infection. He was wearing dirty clothes and had not recently washed. Older and seemingly more frail than most of the other men I met, I never saw him without Ben. The two were conspicuously absent a few weeks after the PSPO came into effect. After one – then another – of the treatment centres closed, I did not see him again.

7.11.  Gustaw

Gustaw is Jack’s friend and together they designed a makeshift shelter behind some bins, where they sleep and rest. The area they have created has wooden planks overlaid with flattened cardboard boxes to keep them up off the cold ground. There are clotheslines strung with sheets for privacy, sleeping bags, and some space for a few personal things. Gustaw had agreed with
the OW to take part in the assessment and interview stages of the study, but was not able to participate. I never actually met – or even saw – Gustaw, such were his patterns of drinking, using heroin, sleeping during the daytime, and ‘sorting himself out’ (using again) soon after waking. Gustaw is an immigrant to the UK from Eastern Europe. According to Jack, Gustaw looks out for him and for Mary.

7.12. **Mary**

Mary is a white-British woman in her early twenties. She stays with Jack and Gustaw in the makeshift shelter. I saw her regularly when I visited Barking. She walks quickly, with purpose. When I see her begging in front of the supermarket, she seems rigid but not still. From the OW, I understand that she uses heroin regularly. One of them tells me she is at risk if she is selling sex or trading sex for drugs. One day when we are eating lunch, Mary comes into the café looking for her mobile phone. She is in distress because she left it in the toilet and now it is gone. She leaves without asking the staff. I ask one of the staff if a phone has been turned in but it had not.

7.13. **Bill**

At the start of field research and interviewing, Bill was sleeping rough. He has no biological family, having lost his son to drug overdose. He was not engaging with alcohol services. He had a chronic, debilitating, physical health problem but was not seeking treatment or advice, in part out of fear that if he were hospitalised, he would not have access to his benefit payment and so would be institutionalised without funds to access cigarettes – alcohol and heroin notwithstanding. One of the outreach workers on this project would look for him, made regular contact in five or ten minute interactions, listened to his concerns and monitored his condition. It was the outreach worker who worked with and for Bill to organise for him to be admitted to hospital. At the end of data collection, it was reported that Bill was still in hospital but being
looked after and the first of his physical health problems had been addressed, along with harm reduction strategies for his addictions to alcohol and heroin. Bill’s story does not finish at the end of this research project.

7.14. **Dan**

Dan stops to talk to me while I am doing observation work one evening in front of Barking station. I first see him at 8:40pm one night in early July. He is a white British man in his late forties or fifties. He is wearing shorts and trainers, shirtless, tattooed, and drinking a 500ml can of Stella Artois. He is one of several people who are drinking from cans or bottles, despite the PSPO. Some of the people he was talking to are having an argument. A woman preaching a ministry through a loudspeaker seems to annoy him. He tells me she’s talking ‘bullshit’, then tells me, ‘I’ve got to get home.’ He says he has to finish his beer so he can go home to put his children to bed. ‘I’ve got to put the little ones in comfort.’ He leaves me to walk over to a young white woman to ask her for a cigarette.
8. Results: In Their Own Words – in-depth perspectives

Interview participants offered a range of in-depth perspectives on a variety of topics. Content is organised thematically by topic to give readers insight into details of the lived experiences of people who have been affected by street drinking. This presentation of interview excerpts provides readers with rich, detailed, first-hand accounts. It highlights where there are patterns found across the range of experiences, as well as indicating where there are tensions, whether in the contradictions between the accounts of different individuals or complexities within the lived experiences of one person. All names and some identifying details have been changed. Where possible, interviewees have chosen their own pseudonym.

8.1. Views on street drinking

In interviews, we asked open-ended questions about ‘street drinking’ or ‘drinking outdoors’ so as not to lead or prime responses about who, where, or what was involved; however, we noted that during the recruitment phase, outreach workers did sometimes refer to the project as being about ‘homelessness and street drinking’. Street drinking is regularly talked about as something that is associated with homelessness and begging, in an almost taken-for-granted way. Street drinking is also associated with anti-social behaviours amongst street drinkers and enacted towards passers-by, with some non-drinking residents perceiving hazards whilst others take an empathetic or pitying view. Disrupting the pattern that street drinking is an ‘out-group’ behaviour, this section also includes accounts of people who drink in public streets as a way of navigating their own hazards. Examples are illustrated in this section.

We asked people where street drinking takes place in Barking and Dagenham. In 13 of the interviews, people made reference to drinking outside the train and underground (tube) station.

I know people that are homeless and sit outside the station. [A: Ya] Drinking, what they bother drinking. They sit on the street drinking. But the old bill now are getting a bit more stricter with them. And that’s happening throughout the borough. And one of your, I don’t
know if you, one of your colleagues, like Kai, he asked me the best places to go to find street drinking. [A: Right] I said, “Try all the parks. [A: Ya] And try all the betting offices. [A: Ya-ya] And, there’s a load of them in Barking and Dagenham. Er. I’m not necessarily for it but I’m not necessarily against it. (Bubbles, 45)

Bubbles, a 45 year old man who is not homeless himself, but is engaged with services to quit problem drinking, takes a compassionate and rationalising approach saying, ‘…you’re not doing nothing wrong. I can understand people street drinking. Because tent people are homeless and they drink to keep warm’ (Bubbles, 45). He offers a functional account, explaining that people who are living in tents drink to maintain a sense of warmth.

John, 52, has not drunk alcohol for over a year at the time of the interview. When I ask him where street drinking happens in the area, he associates some street drinking with begging, and connects these two behaviours together with homelessness.

I see they’re homeless and they’re begging for money, they can get money, get a can of drink, then sit back down and beg because you’ve got loads of people going down there.

Street drinking behaviours were talked about and observed by participants and researchers in areas where drink was accessible to buy (or steal) and reported more in spaces where there was higher pedestrian traffic. The connections between drinking behaviour and location showed patterns in interview data as well as the researchers’ observations, although ethnographic data, which are discussed later, also disrupt the assumptions that drinking occurs most in the high street where begging activity might yield higher returns.

Beth, 48, is in recovery from alcohol. She identifies a broader cohort of the public – including people on their way home – as drinking on benches and in the street. Beth’s observation supports/is supported by our field observations of people in housing and/or work also take part in street drinking. For Beth, she says when people drink on the street, it has a ‘triggering’ effect on her which poses a hazard to her as she is confronted by the desire to drink while she is going about her daily routine.
Some of the drinkers I see on the bench, some are homeless, some people are coming home from work. It’s not all, it’s not all the homeless people [A: Mm] and alcoholics, erm. Some people got their overalls on and they’re sitting on their bench, sitting on the bench havin’ a drink or they’re walking past, wi-, wi, with a can of beer in the bag and erm, (.) workers. Erm. So it’s not just one ‘pecific people and erm,

Beth signals that the definition of street drinking can be different for different people, depending on their perceptions and assumptions, their own cultural beliefs and practices, and also how they define ‘street’ to include or exclude public transportation spaces. Jim is 57 and grew up in a large family where regular and heavy drinking was ordinary and normalised. In Jim’s interview, he tells me he has never been a street drinker, but also illustrates how that might be otherwise when he tells me about having tins of beer with his coworkers on the tube on the way home from work.

When I last worked, it was like when I was working on [anonymised] and it was – we’d have a pint on the way home. Or okay, we might get four cans, sitting on the tube from [West London] where we working – it’s a two hour journey home, and you’d have a can on the tube. [A: Mm-hm, mm-hm] Know what I mean? There was, there was no serious drinking in it. (Jim, 57)

Britney echoed this story, talking about ‘necking’ bottles of wine on buses with her friends on their way to a night out.

Back in the 80s, when I was working, it was always a thing. We’d meet up. We’d go around. We’d get on the bus and have a short bottle on the bus. We get off at the off license. We’d get our drinks. And before we get to our destination, I would – we all sit there – four, four of us girls, all girlfriends, sitting up – then, there weren’t no banned on. You couldn’t – you know, you could drink on the bus. [A: Ya- //ya] //Sitting on the back of the bus! Neckin’ it! Before we get to our destination. [A: Mm-hm] To me, those were happy times. [A: Mm-hm] … I didn’t think there was a problem until certain things happened. You know, to me. So. You know. (Britney, 50s)

For Jim, it was ordinary at the time to drink cans of beer on his commute after work, like it was ordinary for Britney to be drinking wine on the bus. The size and structure of London can contribute to when, where, and perhaps how much alcohol people consume with longer commuting times between home and work cutting into rest and leisure time and easy access to
public transportation negating the need to drive. Jim’s account does not take into account the impact his drinking might have had on people around him.

When I, when I, when I see people on the benches, erm, (3s) if if if I'm not strong enough in myself it could be a trigger for me [A: Mm-hm] or I can be sitting on the bench just relaxing and someone will come over. Sometimes, I sit on the bench, outside the library, to smoke. Because, you know, I smoke away from the building and someone will come and sit next to me on the bench and open a beer or have a bottle of wine on them and they’ll be knocking back the bottle of wine next to me and, erm, (4s) I don't really like it. (3s) Or they'll ask for money. [A: Mm-hm] (5s) It could be a trigger for me if I'm not vigilant, [A: Mm-hm] (.) seeing people doing that [A: Ya. Ya.] (.) Erm. (Beth, 48)

Beth’s abstinence from alcohol is less than three months and where she has struggled with alcohol in the past, falling back into heavy drinking is a salient worry. While Beth is an example of someone who spends leisure time in the high street (i.e. having a cigarette outside the library), Marija, 30, only passes through these spaces on her way to and from transportation or shops.

They sit on the benches, outside the station, they buy alcohol, and they are like to group of five, six people, like from both sides in front of [National Grocery Store], and on the side of the station, and they drink. And no one tell them anything. [A: Ya] Yes, and they quite often get in conflict with people that pass them. [A: Mm-hm] or trying to (. get your attention, especially to girls, [A: Ya] women. [A: Ya, ya. So, is it men that you see?] Men. Quite often, men. […] but they are probably men in their mid-age, like 40, 45, the people that I saw before. They are about this age. (Marija, 30)

Marija does not associate street drinking with homelessness but she does associate it with loud and aggressive behaviour and people, often middle-aged men, having arguments with each other or calling after women who pass by. She describes feeling threatened by the presence of people drinking outside of the station following her experiences of being shouted after when she goes shopping – and once chased – by people who are there drinking in groups when she was arriving home from work. Marija’s feeling of vulnerability is emphasised when she talks about doing things with her children, which is discussed below.
The cause-and-effect of street drinking and perceived threat is disrupted by Bubbles’ story. He was the victim of a beating that hospitalised him and has left him with ongoing physical, mental, and emotional damage. Bubbles is fearful of being attacked again and has difficulty leaving his home except when he drinks. He drinks in the street, en route to meet friends or attend appointments, as a way to manage and regulate his fears and anxieties.

It’s just sometimes. Like I have done it since the beating and because I’m walking around and because I’m a bit nervous and I’m drinking … petrified. Do you mind if I stand up? If I’m walking around then I’m always doing that looking over your shoulder to see who’s around me. If I’m walking around I’m constantly planning. Where I can be attacked from and how to get away from it. But with a drink inside me I don’t care because it takes the scaredness away. I’ve got to stop drinking full stop. I’m constantly planning, thinking of … I walk around a bit tensed up ready for a fight. Right. And I don’t trust anyone. Well, I trust people in here but I don’t trust people who are coming towards me. It’s getting a bit better because the beating was in [anonymised]. (Bubbles, 45)

As a result of his attack, Bubbles has an impairment that affects his speech and causes him to slur words which he says causes others to think he is in an impaired state even when he is not drinking. The one-way view that people street drinking are threatening to others is problematized by reports and observations of street drinkers being attacked themselves. When we met Ben, he told me a story of having been attacked by a 19-year-old (not homeless) man. He tells me that the young man bit him and he shows me the red scabs where about 12 teeth had broken the skin on his forearm. As he told the story of his altercation and his fear of retribution by the young man and his friends, Ben became more animated. He would not have seemed out of the ordinary telling his story and waving his arms and his beer tin if he were standing in a pub during an evening; however, I was aware that in front of a sandwich franchise at 11:30 on a weekday morning, passers-by would see him not as a victim of an attack, but as a possible threat himself.
John does not express feeling threatened. In his account, he would continue drinking on his way home from the pub as an ordinary part of how he shaped his social time and his personal excitement with alcohol.

If, if I knew I had to get home at a certain time, especially with my partner now [A: Mm-hm] I would have a few drinks. And then like, because I wanted, I wanted the buzz, [A: Mm-hm, mm-hm] I could be walking home, and I could be drinking, [A: Mm-hm, mm-hm] on my way home. (John, 52)

He is a long-time resident of Barking and Dagenham. He knows people socially and professionally through a range of experiences over the years, including his own work towards sobriety, and prior to that, a social life that included both the betting shop and drinks with friends. As a middle-aged, able-bodied, white-British, heterosexual man dressed in casual sportswear, he seems unlikely to attract unwanted attention in the area. John also discusses other contexts where street drinking is a part of a social interaction, and perhaps part of the experience of gambling in betting shops, which is sometimes a social experience, also.

The Bandstand, it’s got, it’s got seats out there, so you can sit there and drink, which I’ve experienced this morning with people. [Anonymised shop] or indeed any betting shop, I think, is it the stress of losing money at the betting shop? They come out. There’s always, there’s always what shops, there’s always shops there, they’re willing to sell you drink. So they go into the betting shop, lose their money, lose most of their money, “Let’s go and have a couple of drinks.” So they stand outside. (John, 52)

For John, seeing people drinking in parks or outside betting shops is still quite ordinary, although he frowns upon his neighbours and colleagues drinking in front of children and expresses concern about one neighbour who seems to be struggling with heavy-drinking in public spaces.

I’ve just, as I say, I’ve just seen one of me colleagues around here, around the corner just there, and he’s standing there drinking. (.) And, (.) it just don’t go down well with me. No. (John, 52)
Marija, who does not drink alcohol herself, is wary of people drinking in parks and on benches. She says this is less common, usually in the later part of the afternoon, but she is concerned when she has her children with her.

I like the park, I like the opportunity for them [children] to play, but when I see people like this, like who are drinking, I don’t feel safe. [A: Mm-hm, mm-hm] To be honest, I just avoid coming here, if I see someone (.) drinking or like ‘smoking’. [knowing laugh] You know? Because I don’t trust people like this. You never know what they will, what they will do. [A: Mm-hm] Because, they don’t think like – they are ‘dizzy’ or (.) in a situation where they are drinking. (Marija, 30)

Beth talks about being aware of the perceptions of others and the effect that her drinking might have had on their use of public spaces. The following quote is her response to a question inviting her to define ‘addiction’:

Someone that will, erm, do anything to have a drink. Not care about the mums that are walking past with their kids. You know. Children staring at them. It’s not good for kids to see, is it? [A: Mm-hm] You know what I mean? When I used to be drinking on a bench and a mum used to walk past with their kids, I used – that’s the only time I used to feel embarrassed. Other than that, I never felt embarrassed [A: Mm-hm] You know what I mean. Because the kids would stare. [A: Right] So for children, I th— I think it doesn’t look good for children when they’re walking past with their mum or with their dad. You know. B’cause the mum or dad, kind of like, kind of pulling them and like rushing past because they don’t really want their children to see that [A: Mm-hm] but their children have to see that. (..) Other than that, I didn’t care who saw me. But, but kids. Ya. That did bother me. (Beth, 48)

Beth is a mother herself. Her quote is representative of a self-awareness and self-consciousness amongst the people who are accessing alcohol services, particularly in how they are seen by children. In this example, Beth discusses the evaluation of street drinking from other parents ‘rushing past because they don’t really want their children to see that’ and her own evaluation of street drinking, saying, “It’s not good for kids to see, is it?’ and ‘I think it doesn’t look good for children when they’re walking past’. Beth did not interpret her presence drinking in parks as menacing or unpredictable, as was Marija’s interpretation. To this, Beth adds reflection on
her feelings about her own behaviour as feeling ‘embarrassed’ in front of children who would stare.

Answering a question about the places where she would drink, Sarah lists different public spaces, with the caveat that she would avoid places where there were children, mindful of the impression it had made on her.

A: And so wh— can you tell me where you were drinking?

Sarah: Erm, in parks, like behind bushes. On benches. [A: Mm-hm] Er, anywhere, anywhere I would drink, but I wouldn’t drink in front of children [A: Mm-hm] because I seen that a lot when I was a kid. (Sarah, 20)

John, whose street drinking was not in static locations but en route between locations, echoed Beth’s sentiments about not caring what other adults thought, but like other participants, being mindful of the impression he made on children, especially his own.

I’d walk, I’d walk along in the road, drinking cans, [A: Mm-hm] I think, ya. I think, I didn’t care. [A: Mm-hm] But when I look at it now, (.) I think it’s, ssst, it’s disgra’ceful. [A: Mm-hm] It’s disgraceful. I mean, when you think right, (.) there’s so many youngst- young children about, and if they’re seeing you drink, obviously you’re in— they think, “Well, if they can do it, I can do it.” [A: Mm-hm] Ah. (.) It doesn’t set, it doesn’t set a nice, a nice feeling, a nice feeling, a nice — it doesn’t set you up as a role model, a nice role model for people. [A: Mm-hm] I mean, if I had done that (3s) with my children, (.) if I was on the streets (.) if my children had seen me on the streets, [A: Mm-hm] (.) I think it would’ve, (.) it could’ve set them off. I mean my daughter, my daughter does have a drink. (.) And my son has a drink. (.) They know I used to drink in the shop. [A: Mm-hm] But I think, if I was to drink outside, (.) and they’ve seen me, and they copied me, (.) I don’t think, I wouldn’t be happy. [A: Mm, mm, mm-mm-mm] I wouldn’t be happy. (John, 52)

This section has outlined some of the places and forms that situate street drinking in Barking and Dagenham, as well as some of the perceptions that people have of seeing people drinking or drinking themselves in the streets. In the next section, quotes from interviews illustrate how people discussed their own use of alcohol, what motivated certain drinking behaviours like street drinking and heavy drinking, and how it affected them and the people around them.
8.2.  Views on my own use of alcohol

In this section, participants share some of the reasons how drinking became a problem for them, and ways that it has caused distress for themselves — emotionally, physically, socially, and financially. John’s story frames alcohol as an ordinary part of a young, working man’s social activities. He narrates a timeline of drinking in ways that were (and are) familiar to many people in London and across Britain.

I got into drinking when I was about (. ) seventeen-and-a-half. I started working, I started working as a [anonymised] manager. I done [anonymised] work mostly in life. I also done bar work, assistant manager of pubs, up in London. So I was obviously involved in drinking, socialising. [A: Mm-hm.] And I worked, when I worked in [anonymised], we used to come and it was a relaxer, used to come out, come out of the [anonymised], in my eyes, I used to go into a pub, go into a pub, have a game of darts, relax, unwind, we had three darts, unwind, unwinder, [A: Ya] relax, and uh, I think I just got a taste for the drink, and I loved it. And then when I came out, uh, I moved up, I moved up to [anonymised], got married up there. Come back. When I started working, working in the pub game, I was living, living in a pub. […] I, uh, I so I started drinking, socialise with customers, because if you had a drink, you socialise with them, they have a drink with ya. Nice way – I met my (. ) second wife (. ) in a pub in (. ) Barking. (. ) That was tss about (. ) mm nearly thirty years ago. She fell pregnant. I decided to come out of the pub game. But because I loved it, I loved a drink, obviously the drink followed me around. (John, 52)

Jim makes the same comparison as drinking being a normalised part of community and family life for his Irish family. “It wasn’t because I wanted a drink, it was just being social.” (Jim, 57)

Dave’s account of his first time drinking demonstrates how the normalisation of heavy drinking for young men is an enduring theme in this area.

Dave: (chuckles) um funny, (..) I got pissed at a Christmas party [A: Mm-hm] And I, I liked it and my nan didn’t know I was drinking [A: Alright] yeah (..) and I just liked it, I liked falling around everywhere and that’s just when it all just went downhill really (..) ’cos I’ve always hung around with older, I’ve never ever managed to get on with people my age [A: Right, right] so it’s irritated me, immature, and so yeah nah I was always out with boys that were like 16 and 17 and that and they was always getting drunk and then the more I got the drunk the more and more I liked it [A: Uh-uh] and yeah no, it was fun though, got in a lot of trouble though. (Dave, 18)
Whilst noting the social context of hanging around with older boys, it is necessary to avoid oversimplifying a response that (‘working-class’) men are individually responsible for falling into addictive behaviours. Dave’s story has the added complexity of his mother being a heroin user and from the way he speaks about her, struggling to manage parenting. Dave spent time living with his grandparents. He goes on to talk about working for a friend of his father’s but never talks about involvement in sports or volunteering or other activities that might have been modelled in a different environment. Dave’s story is also framed in a time when after-school clubs and activities had been reduced or cut.

Several stories of starting to drink alcohol share a theme of people using alcohol as a way of coping with abuse perpetrated by family members and/or traumatic events. Sarah’s story illustrates how this happens in childhood for some in response to on-going abuse.

I did start drinking (. ) at the age of 13. Because me an’, well, my [male family member] that done stuff to me and that’s what started it all off. Like, I would get home from school, he would be in a bad mood, and then I would get kicked in the stomach, every night after school. And (. ) after that (. ) I just, I got in with the wrong group of people and started drinking with them. After I knew it, I couldn’t break [sic] up in the morning, without having a drink, without my hand shaking, and when I turned (. ) 16, it just got worse, and it put me in the hospital as well. I had alcohol poisoning. And from the age of 16 and up, my [male family member] was still doing what he was doing. Like I stopped the alcohol and I had to still put up – I had no one to talk to about what he was doing to me. But. I had help from my friends getting off the drink. And when I turned 18, that’s when I turned to the drugs, the opiates, and all that. (Sarah, 20)

These stories add detail to the existing knowledge that people drink as a way to regulate mood. Sarah illustrates the complexity of the context in which she began drinking: She was being physically abused by a male family member, had ‘no one to talk to about what he was doing’ and ‘got in with the wrong group of people’. In context, this occurred at a time when funding for youth services and after-school programs was being cut as a way to make financial savings and reduce costs in the short term.
Sarah’s story includes unhelpful friends, supportive friends, an abusive family member, and other family members who lack resources or abilities to help her. Sarah’s story has similarities and differences with Jack’s.

It was where I was, like I said to you, it was where I was rebellious. And my father thought, er, led, it was like “spare the rod and spoil the child”, sort of thing, yeah? And, erm. (.) My father, he, he would beat me. (.) To try and make me change my ways. And as I said to ya, it doesn’t work. If a child wants to do something, then it will do it, just for spite. [A: Ya] And erm, (..) it got to the stage where (.) he used to beat me that bad that my mother couldn’t send me to school (.) for long periods of time, and then er you had the school man would come around to investigate these things. [A: Ya!] And er from a young age it was (.) drummed into me, like you know, you never say nothing to anyone official [A: Ya] about being beaten – yeah? – it was a strict no-no.

A: Keep that in the family. // Ya?

Jack: // Ya. // And erm (3s) My father wouldn’t admit to my mother having to keep me off school because I was covered in bruises – black – because then you all changed in front of each other – girls and boys! [A: Ya] in a classroom, in front of the teacher. If I was to undress, (.) my father would have been in prison _that day_. Not waited! If you could have seen some of the states I was in. [A: Ya] (5s) And er, (..) they ended up, my father turned around and, like they summoned my father to court, and me obviously, and my father turned around and said, er, “As far as I know, erm (..) my son’s given his lunch money, everyday. He’s, he’s, erm (.) sent out the door to go to school. Er. If he doesn’t go, I can’t (.) hold his hand 24/7.” So they decided that I was unruly (.) and (.) put me into council care. (3s) And that’s where I near-enough stayed until I was, oh, just over 20. In and out, in and out, in and out. (.) And that basically (.) made me get into a lot of things that I do now because all this drinking and drugs and all that came from somewhere in the start – yeah? (..) And where I was put into er these accommodations, well, (.) they (.) they were prisons but for (.) for children. And er, people in there, (.) a few of them (.) were quite a lot older than me. There were some younger than me, some same age. Erm. (.) And (.) in gaol, back then – there is a saying, “You’re a sheep or a shepherd.” Y’know, you do as you’re told or you tell other people to do it. [inhales] (3s) And (.) when I was a, sort of – I was a big kid. [inhales] (3s) And (.) where I’d been beaten so much by my father it made me really tough (..) and I fought like fuck. (Jack, 62)

In Jack’s account, he still positions a level of responsibility on himself as a small child, justifying horrific beatings as his father’s attempt to change his ‘rebellious’ ways. He recounts being sent to ‘gaol’, not differentiating ‘council care’ from ‘prisons but for children’. From
Jack’s story, the abuse that he learned did not stop but was perpetuated against him by bigger boys and then by him on smaller boys.

Britney’s story adds to this theme by illustrating that drinking is also a response to isolated, traumatic events in adulthood, as well as the examples of ongoing abuse in childhood.

[inhales through nose] But erm, ya. But it just, it’s just – It was just at the stage where, (.) where I was left. (.) [softly] I was left on me own. (.) At a place. (.) And that’s when it started. But I still didn’t realise. Because I was like, you know. My, ‘cause I mean, I was nearly gang-raped (3s) by five, five or six, but I can’t remember but I know it was about five or six, I was went to a party (.) with my friends (3s) ‘Course I was drinking. Passed out. Ss- Woke up to (.) these men (.) pawing at me. And because I put up a fight, (.) I got smacked in the mouth and I was taken out. And it still – I still have – I still – it overwhelms me because they grabbed hold of me, they – Because it was in, it was in Dagenham, in a flat and it must have been on the third or fourth floor, and they hanged me over, by me ankles. (.) And it was but for a bloke must have had a conscience, said, “Leave it out. Stop it.” Or I was like, I don’t know. And, that still traumatises me. [A: Mmmm] Every time I think of that. [her voice is cracks] (Britney, 58)

Britney’s story is horrifying and she is visibly affected still, even telling it. It is salient in the data because it seems to answer very clearly one of the overarching objectives of this research:

What motivates some people in Barking and Dagenham to drink in ways that are harmful? The answer is in part that terrible things have been done to a person; however, the context is also important to understand drinking heavily as a response. For Britney, as a black woman attacked by white men in England in the 1980s, she was afraid to report this to the police.

Because they were white, I was black, who was going to believe me? Because I, they said, “Did you go to the police?” I never went to the police. Because I didn’t think anybody would believe me. So erm. Ya. [At renewed volume] So that was the start of that. And then, (.) you think that, you know, I was drinking. I was drinking more and more. More and more heavy. But things was happening to me. I was blacking out. (.) And things – I would get, I would put meself in precarious positions. (Britney, 58)

In Britney’s story, there are layers of distress that she is experiencing, as a woman, as a person of colour, in an institutional climate of failure to prosecute and convict male perpetrators of violence against women. This detail is informative as it disrupts assumptions of
oversimplification and begins to address questions that ask why some people who experience these events turn to drink. Sadly, this is not the only horrific thing that was done to Britney. As she goes on to say, another man’s attack (and his evasion of arrest or prosecution) is made easier by how she is treated as a woman using alcohol.

We will make this distinction in our own words differently from how Britney and others frame their stories: She is not responsible for being attacked because she was drinking. The man who raped her is responsible for raping her. The men who hit her and hung her out of a window are responsible for hitting her and hanging her out of a window. The fact that Britney and other women who are raped are still talked about as ‘putting meself in precarious positions’ signals that many of these women will continue to look for ways to deal with the emotional fall-out that will not seem to make sense to a person who believes that all women have been treated well.

Later in his interview, when Jack talks about his current alcohol and drug use and his inability to see his way out of it, his memories of what he learned about himself and how he learned to act and ‘be’ in childhood frame his own lack of ability to navigate a complex path to recovery. The following excerpt from Jack’s interview illustrates his awareness of differences between his actions and those of other residents in Barking and Dagenham, but also an absence of agency or feeling of ability to find other actions that will address his emotional, cognitive, and social distress.

And, (.) and, that’s basically (.) where I been ever since. [choked up] In that same (.) fog. Walking ‘round in that same circle, every day, (.) doing the same things, and I just can’t seem to find the key for the doorway to get out. [A: Mm-hm, mm-hm] and that sometimes causes a problem because I’m constantly looking and [tears up] I’m not a stupid person {A: No, no no no no} I’m not a stupid person by half and erm (.) you know, (.) sometimes (.) I envy people, (.) you know, (4s) because they seem to have everything and I seem to have nothing, and I – you know? [A: Mm-hm] And I think, well, what are they doing that I’m not? [A: Mm] (.) You know? What kind of satisfaction are other people getting out of their life, right, that I’m lacking? [A: Mm] and I just can’t seem to put any sense on it. Because,
I think if I knew that, I think I could probably stop doing what I do. [A: Mm-hm] It’s been such a big, big part of my life. I just don’t where the end is or the beginning is, you know? [softly] I just don’t know. [A: Mm.] I really, really don’t. And er, (4s) [thhh, intake of breath] it sort of leaves you in a void you know you’ve always got that emptiness. (8s) And I [crying now] drink and I take drugs because I want to fill it [A: Mm-hm, mm-hm] (3s) I can’t. (3s) I don’t know why. (3s) I really don’t.

A: That’s a (.) a big (.) a big emptiness to fill.

Jack: [softly] Ya. (..) [inaudible]

A: You’ve been through a lot.

Jack: I have. [mumbles] Because. I can’t stop. I can’t fill it. You know. And. [sniffs] (..) I feel like I’m lacking in something. Sense! I’ve got plenty of sense. I don’t know how to (.) to work towards it. I mean, I can put it all into motion. And start doing it. But I just keep falling backwards [softly] same old (..) sitting there. [A: Mm-hm] You know? Like, looking up from the bottom of a hole and thinking. “Ya, it’s alright, I’ll climb out tomorrow,” [A: Mm-hm] And I never do! I can’t! It’s raining. And the walls are slippery. And I just keep sliding straight back to where I come from. I might have a week (..) clean. A couple of days. I think I’m really doing well. And then [slaps his hands] Bang! Right back to where I started. [A: Mm-hm, mm-hm] And I say, none of us have got the key and (..) if I worked it out (.) into days of the week, I spend (.) 5 days a week trying to find (.) myself a way of (.) not doing what I do (.) and then I’ve only got two days to myself. And then, all I’m doing is thinking about what I’ve done. [A: Mm-hm] which puts me back in the same place as that I was. So I’m still doing what I’m doing (5s) and er (4s) there’s one good thing (.) in the last few years (.) that’s come from this (.) where I’m constantly, er, trying to make myself better. (Jack, 62)

I always remember. When I would, I never forget because, I never really drank indoors in the, that, that that, in, in the early, in the early 80s, in the 80s, but I remember there was a, a bottle of wine. And one of the fellas (.) made it. Gave it to one of the, er, er, my friend Sally but she didn’t drink wine, so she gave it to me. But I always remember getting up that morning because I was still (.) shocked (.) that this girl [A: Mm] was going to stick that bottle [A: Ya] in me face. [A: Ya] So, erm, I remember getting up. And I was still – my head was all over the place. And I couldn’t – and the hurt that, you know, she was going to do that to me. I just went and got this bottle of wine. And this about (..) this was 8 o’clock. I’ll never forget that. Eight o’clock Sunday morning and I went – no breakfast nothing – I just brought the bottle of wine and “kk” [mimes opening the bottle], poured it into a glass, drank it, sitting down there, crying – ‘cause I remember blubbing. (.) But er and then but, (.) crying (.) but drinking it (.) and feeling (.) that (.) the pain was (.) lessening. [A: Mm-
Lessening. [A: Mm-hm] And that’s when I realised – but I didn’t realise because I was in denial, that me drinking. And it got worse, and it got worse, and I got myself into precarious – more situations through the drink. Even down to the fact that, my friends didn’t want to go out with me because (.) I was drinking. (Britney, 58)

8.3. **Views on dangers for women drinking alone**

This section expands on some of the experiences that were specific to women who talked about street drinking in interviews.

Beth: Erm. It’s very much judged. And also, they’re pretty vulnerable. [A: Mm-hm] Because some, some men used to mistake, mistake me for a prostitute.

A: Oh! Okay.

Beth: So I looked that, I looked that (.) shattered, I looked such a state, a mess [A: Mm-hm] that I was, that’s what drink does to you, that I got mistook for a prostitute or – you know? [A: Mm-hm] Erm. (.) And being left vulnerable. (..) You know. Erm. (..) Ya. (.) What was the other questions.

A: Well let’s – do you mind talking about that for a little bit? What do you mean you were left vulnerable?

Beth: (..) Because (..) if I was on a park bench and I was running out of drink or I’d drunk my last drink, you know, guys would see you on a park or see you on a bench and they start talkin’ to ya. And I might not even know that person. And like, if they’d offer, offer more drink for me, I’d go back to their house for a drink. [A: Right] So, therefore I was vulnerable because of going back with a stranger. [A: Mm-hm] They’ve seen that my drink’s run out, [A: Mm-hm] the bottles on the floor empty, [A: Mm-hm] and erm, that’s where women are vulnerable. [A: Mm-hm] Like bench drinkers. [A: Mm-hm] You attract males. Erm. Some males that have got money. You know. And erm, they take you back to their house with a offer of drink, you’re gonna go, if you’re an addict. I was a full-blown addict, so I don’t care if you’re a stranger [A: Ya] I’m going back to your house to have a drink. [A: Ya] And erm. That’s what I used to do. [A: Mm-hm] And erm (.) I think there’s a whole manner of risks as a, a, as a female drinker. [A: Mm-hm] Erm (..) Society might look on a female drinker as, erm (.) “She’s a bit loose.” Erm. (..) Or the might get trying – or, I don’t know, people might try and get her into prostitution. [A: Mm-hm, mm-hm] You know? (..)

A: And did anything like that happen to you?

Beth: [quickly] No! No, no. It’s just that, I used to get mistook as a prostitute. [A: Mm-hm] You know what I mean? Because of the way I looked. (Beth, 48)
A: Mm-hm. And why did you choose those places?

Sarah: Because (.) I felt like I felt safe and there is no one there to like, to tell me what to do and they would like, there was no one there to hurt me, (.) and I would like, I wouldn’t be near (.) my brothers or – (.) I just wouldn’t be near people that would make me feel intimidated.

A: Mm-hm. Mm-hm. That’s a lot to go through. [S: Ya] (..) So can I ask you about the outdoor spaces, then? When you said parks and benches and behind the bushes –

Sarah: Ya, the out-, the outdo–, the outside spaces, like, it would make me feel free because I’m not trapped, like I could go where I want [A:Mm-hm] and be, well not be who I wanted but I get to express my feelings a bit more and like, if I, when I was drinking I would go for, on for long walks, and that’s why I would choose the parks. [A: Mm-hm] Or when I would be drinking on the benches, is if like, I had nowhere else to go and they would be the only things there. [A:Mm-hm] Like, it would be, if it was at night time, it would be too dark to go through a park, obviously I’d be scared to go through there, so I’d be sitting on the benches, just drinking and everyone would walk past. Pointing and saying, “Oh, look. Look at that alcoholic.” But. They don’t know what people go through. [A: Mm-hm. Mm.] See?

A: And what was that like?

Sarah: Horrible.

A: Ya?

Sarah: Ya. (..) Without – like, you see them people, like not every day but, you would see ‘em like, if you’re, if you’d gone back down that way or they might be working in one of the shops that you go in and point you out to their mates or som’ing. Like they’re discriminating ya. [A: Mm-hm] And it hurts. But at end of the day, at the end of the day, I put myself in that situation. (..) So, ya.

A: Is that, is that how you think about it? That you put yourself in that situation?

Sarah: Ya. (Sarah, 20)

8.4. Views on Barking and Dagenham
In this section, participants’ interview data illustrates some of the general opinions about Barking and Dagenham as a particular urban context. Quotes are offered without additional narrative from the researchers.

But I would love to see more community life in Barking. (John, 52)

So you get a lot of street drinking around there. It’s going the wrong way, Barking and Dagenham, Heathway and Barking there’s always street drinking going on. (Bubbles, 45)

It’s, it was alright, if like, you weren’t known around the areas. But, (. ) in general, I think it’s quite bad because now, it ain’t what like what it used to be you could (. ) go out, (. ) leave your front door (. ) open, (. ) without someone robbin’ your house. Now you have to keep ‘em all barricaded up because of all the gangs. All the dealers. Everything. It’s getting shithole now. (. ) Like, before now you could walk down the roads without having to look behind ya to see if someone’s following, like following ya. Or, watching yourself when you’re drawing out your money at the bank jus’ in case they rob ya. [A: Mm] Or holding ya at gun point or something or stabbin’ ya. It’s got worse over the years. (3s) [A: Mm]

Not nice. ‘Round here. Anymore. Som’in’ needs to be done about it. And I suppose, som’in’ needs to be done about the homelessness as well. [A: Mm-hm] (. ) It’s (. ) poverty, I think. [A: Mm-hm] Ya. That’s it really. There’s nothing good about Barking. I don’t know. It’s just shit. [A: Mm. Mm] (Sarah, 20)

Over at [Service A] which was over at Addiction-Service-A* [*anonymised] I was made a service user rep. I used to get involved with the meetings with the commissioner of Barking and Dagenham. I had some regular meetings at [anonymised]. I’ve been involved with things in the borough, with probation services. The drinks people, drugs services everything. We’ve (. ) we’ve just recently, er, the commissioner come up with a thing about doing a cricket thing in Barking, which is an unusual thing. He put the, he put the something to someone. They went up to Lord Patel in the [House of] Commons. Lord Patel threw his hat in the ring. “Great idea.” Essex County Cricket Club have been fantastic. We done a two day tester last year. Great time. We had a lot of laughs. (John, 52)

I would’ve ended up getting myself in debt and I would’ve ended up back on the streets with like fucking two and a half rent arrears down on me, I wouldn’t’ve been able to pay
that, nah, weren’t fair mate. Like the person who set it up for us as well. Said I wanted to get out of London, said I didn’t wanna be in London. I never wanna be out of London, I love London too much. [A: Mm-hm] I’ve grown up in London and like the London area, not once has that come out me mouth. I said I wanted to get out of Barking and Dagenham. Not once did I say I wanted to get out of London. (Dave, 18)

Barking and Dagenham got a, Barking and Dagenham has changed completely. You’ve got too many off licenses (.) selling to under-aged kids, alcohol. [A: Mm-hm] You’ve got too many people drinking on the streets. [A: Mm-hm] You’ve got no police to police anything. [A: Mm-hm] Drugs are out of control. Barking, I, I won’t go to Barking Avenue anymore, because you go there you find needles commonly in the morning, sorry, afternoon and it’s just become an enormous place, and there, there is no structure. [A: Mm-hm] It’s like people are taking over and there is no fine line between the police and authority [A: Mm-hm] and what you should be doing, ‘cos you shouldn’t be drinking in the street to the point where you’re going to punch someone in the face to steal their wallet, which I have done, which many alcoholics have done, which many drug addicts have done. [A: Yeah, yeah yeah] There is no – (.) it’s like, I can’t speak for other people, but I can only give an interpretation of what I’ve been taught. What I’ve been told is that it’s them and us, and we’re fighting against them, which I thinks wrong. We should work with the police and authorities [A: Mm-hm] or people like you, people like Max who I’m, er, volunteering for, and find a common ground. There has to be a common ground, ‘cos it’s getting out of control there, I don’t go out of a night time there now. [A: Mm-hm] And I will tell you something, I’ll be the first to say, I’ve been out at 10 o’clock in the morning, won’t come home till 10 o’clock the next morning, and I’d be out – there’s a park that I used to get pissed at, [A: Mm-hm] bang my head against a brick wall. I used to go to Barking Abbey, I used to run right through the fucking – sorry I keep swearing. It’s not like me to swear. [A: No you’re totally fine.] It’s just that, you know for me, I used to run riot through the high street [A: Mm-hm] with bottles in my hand, fucking pisser, didn’t care. (3s) Barking has changed and it just needs, it needs to find its feet again [A: Yeah, yeah] too much drugs. (Mr Fabulous, 38)

When you see someone homeless on the streets, it’s not knowing if to help them, when to help them, if you’re doing the right thing. You know, if you give them money – people say, “Oh, don’t give them money,” but if they’re really hungry, or – even if they need drugs – they need money for it, you know? (.) Erm, I know you can’t give to everybody. I still don’t know if it is helping people to give them money. (Jane, 50s)
There's a bench I used to drink on and you know they took the bench away [A: Right. Okay.] Erm. I go to that place sometimes when I'm in the area and I just have, I just go there and I have a thought, a deep thought, of where I was when I was drinking on the bench. And the council's took it up. Even if they took the benches away you'd still find somewhere to drink in doorways. If I couldn't find a bench I'd, I would drink in shop doorways or something's that's got steps or a wall [A: Mm-hm] or somebody's house. I'd, I'd sit on somebody's – if somebody had a house with steps, I’d sit on their step. I’d sit on their wall. So even if – because that's what they're doing now, innit, they're taking away benches. [A: Mm-hm] So even if they take away benches, they’re gonna find somewhere else to drink. [Right.] It's not going to make a difference. It's not can get rid of – it's not gonna get rid of alcoholics. But the only thing is, I found with bench drinkers, they don't see them as alcoholics, where people just see them as drunks. Pissheads. Erm. And they’re a pain in the – you know people see them as vermin. They’re a pain in the – you know what I mean? They don't look at them as alcoholics. They’ve got a problem. [A: Mm-hm] They are addicts! [A: Mm-hm] A addict is going to go to the off licence, and find the nearest bench, because he or she can't wait to get home, [A: Mm-hm] can't wait to get home, or get on a bus to get home, or walk to get home. The nearest place to drink is a park bench for an addict. [A: Mm-hm] So. Erm. I don't really know (.)what can be done (.) to solve the problem (.) because addicts will find other places to drink. [A: Mm-hm] Like you said, the park, you know what I mean? If you can't find a bench a bit of grass will do. // // [laughs] // (Beth, 48)

8.5. Views on Alcohol Services in Barking and Dagenham

This section illustrates some of the comments people made about their experiences in services.

Nobody I could speak to because I thought Samaritans was for people who top themselves and AA was for people who were already alcoholics. (Jim, 56)

Places, things like this, (.) like, places like this, [Service C], [Service B], whatever, whatever the agency, I think are fantastic, because, er it’s, one it gives us somewhere to go. And (.) one is (.) [sniffs] we get groups, and get help. [A: Mm-hm] And taking part in these studies for me is a pleasure because (.) it’s my little way of giving something back. [A: Ya!] Because, er, Kai, tss, both Kai and Kay here, erm, all know what my dream, what my goal is and I want to be a peer mentor. (Bubbles, 45)

I’ve found (.) there’s certain agencies – like, I used to come here. (5s) I used to leave here feeling exactl’ the same. Nobody – it’s just – there was not any help here. This is where
you come and get your prescriptions for your methadone or whatever, [A: Mm-hm] and that was it. But since I went to [new service], (.) I’ve got a nice case worker. The nurse – when I was on my detox, I first came here, to this one. “There’s your tablets. (.) See ya later. (.) Go home and take ‘em yourself.” [A: Right] I went 13 days. And then I went back home. Because I had nowhere to go to. But here. And I stopped coming in. I’m surprised I’m even here. Er. (. ) I went to [new service]. [New service] then said to me, “Right, prove to me that you deserve it. And I was there a good few months. Tellin’ ‘em this. Tellin’ ‘em that. Attending all the groups. Like I always did. And then I got it [detox]. The nurse (.) turned up at 10 o’clock. Me, young girl, and a few others. Started taking the meds. Because we was observed. For two hours. To see how your system reacted to it. Then we’d sit and talk about it. You know what I mean? [A: Ya] And then she give us an envelope. With just one day’s (.) with what times to take them. [A: Mm-hm] Then we go back the next day. Another two hours. [A: Mm-hm] She was there to care. You know what I mean? The ability isn’t a case of, whether or not you take them or not, nobody’s going to find out, because he didn’t. (.) But she done it a totally different way, [A: Mm-hm] and it’s me, thinking, I enjoyed going. I, I had the feeling, ya, I can come off this. Because there was belief there. Here it was just the case of, [scoffs] “Ngh. You can take ‘em or not. I don’t care.” Because I seen ‘em comin’ in and out, in and out. All day long. You know what I mean? There was nothing there. There was no understanding. You know what I mean? (Jim, 56)

At the end of the day, (. ) peop- places like this like the drug and alcohol units and the youth clubs and clubs where people can go to be, feel safe I think that’s good because, at least it’s getting you off the street. [A: Mm-hm] And, like, it ain’t getting you in trouble. But ya, they need to have more like, clubs about, like Safe Clu-, Safe Zones. (Sarah, 20)

A: And at the early stages, so you said you went through detox, and then you went to groups at the beginning. [J: Ya] […] What was that like?

John: Terrifying. [A: Ya?] Going to groups. Going to groups: terrifying. Absolutely scared the life out of me. Because we had, we had Keith* [*anonymised], stupid grin, one of our mentors, and he’s a great, he’s a great guy, (.) and (.) he would pick on, he would pick on the new person. (.) If you was in a group, he’d pick on you, and you’d think, “I’m not going back there.” But you knew he meant good.

A: Mm-hm. What do you mean, “He picked on…”?

John: He picked on you. Like if you was in – if you walked into a group, and you was the new person – because normally, basically, normally, you do get the regulars [A: Mm-hm, mm-hm] And if you’re, if you’ve never done it before, you walk in there, and he would dig you out. He would ask you questions. Then you’ve got to come out. You’re either come
out – It’s either sit there and come out, or you walk out. [A: Mm-hm] Or you walk out. And if you walk out, you’re going to walk straight back and have a drink. (John, 52)

[Service A] was a great place. Now that’s gone. Now they’re start, movin’ ‘em down. They’ve broken us [his support group] all up. We’ve got to build the trust up again. You know what I mean? That was hard, when I had the trust of all the [Service A] and all of that. Because they knew all about me. Now this new group. Now the system’s changed. They’re shuttin’ all these places down. All the regular staff, because they’re not CGL, they’re going somewhere else. So now I’ve got to sit and talk to another keyworker who knows nowhere about me. [A: Mm-hm] Everybody else is, like this group that I was just in, we’re all best of friends. We’ve all known each other’s problems and everything else. Now we’re all split up because there’s nowhere to go. [A: Mm-hm] You know what I mean? It just, it just doesn’t feel right. You know what I mean? I can phone any one of them, there’s about 10 of us, “I’m having a bit of a problem.” (Jim, 56)

I’ve worked with a lot of facilitators. I’ve had a few keyworkers. And. One that works for [Service B], Husky, I get on really well with him. [A: Mm-hm, mm-hm] He was my keyworker when I, he was at [Service C]. Overall, I’ve just got to stop drinking for health reasons. (Bubbles, 45)

Two months leading up to going into rehab I couldn’t do anything for myself. I couldn’t go to the toilet properly, I was messing myself [A: Wow] I couldn’t keep anything down, I was literally (. ) a different person to what I was, what I was born. So yeah it put me so much cos it gripped me so much, like I didn’t know where I was coming or going. [A: Mm-hm] and I remember coming here, why am I saying I remember, I don’t remember that actually, I remember coming here just before I went to rehab, for one last chat, for one last chat with my key worker who’s now left Camden. And Um Christ arisen. I fell, I fell through the door apparently and went, [shouting] “Where’s my fucking rehab!” I swore at the police and the police were called out to escort me out. And I swore I’d never ever come in here again and I and I and I and I, how do I say the words (. ) about um (. ) just before I go to rehab [A: Mm hm] (inaudible) I bought myself more benzos because I was way more concerned that I was going to inject, I was drinking that much, I was drinking two litres of vodka a day with wine and I was drinking cider (. ) I was snorting crack, and um I got into rehab, got into the detox centre, I’d just come of benzodiazepines. Like [inaudible] and it was just one of the hardest things [A: Mm-hm] I’ve ever had to do [A: Mm-hm] but I genuinely I’m glad that I’ve done it and it’s open new opportunities, opportunities for me, so I very much, very much, I very much, I’m a very much healed
person today, so without, without this place (.) I wouldn’t be here today. I can guarantee it. And I can guarantee you that now, so that’d me in a little nut shell. (Mr Fabulous, 38)

We also done (..) a few years ago we got involved with a drama group. Someone asked for a drama group. And we done a – they asked me if I will be involved in that and I went, “Ya.” I’d never done drama in me life. [A: Ya-ya!] We ended up putting a play on at the Broadway Theatre in Barking, from this place, [Service C]. [A: Ya-ya] Er. The manager, Nicole, she got involved with it. She was in, she was in the play. We had a packed house over at Broadway Theatre. On stage. Loved it. (John, 52)

8.6. Views on council services and government

Like, we don’t get much support. Like, from the council. Like you should do. But. You ain’t even got enough funds, as well. (Sarah, 20)

I’d be happy for a room the same size as this, that’d do me wonders. [A: Mm-hm] I’d fit a bed, a wardrobe and a tv [A: Mm-hm] in a shared house you all share one shower. It, it just don’t make sense, I think they just don’t wanna do it to be honest. (.) See with me Dad or me Mum, there’s gotta be something to do with the surname or something because I ain’t done nothing to the council and they ain’t even given me a chance to shit in me own toilet. [A: Mm-hm] (laughs) Yeah like most people want a Ferrari. I’m like, I don’t, I want to be able to have a shower in my own place, sleep in my own bed, wash up my own plates [A: Mm-hm] and cook my own dinner. Fuck the Ferrari I want somewhere to live. (Dave, 18)

I think, it can be quite easy, depending on your circumstances, to find yourself homeless. [A; Mm, mm-hm] I mean I’ve got – I’ve just got my mum now but I did have my dad as well. You know, in my teenage years when I was getting drunk and coming home and being ill and (.) coming home all times of night, so I had a supportive mum and dad. But not everybody does has. You know? […] When I’ve been in hospital for long periods of time, it’s my mum who sort of kept my place going, paid my rent, and. If I was to come home and not have all that support, I would have found it much, much harder. (Jane, 50s)

The council. Sent me the bill. Full rent. Ya? For being they haven’t paid no housing benefit, for me. (.) They never changed it over, [A: Wow] and evicted me. Er. (5s) Twenty-eight
days before I was due to be evicted I got served with their summons thing and they asked me to go to the council. And I went there, the guy turned ‘round and went,

[in character] “Oh ya, look at that. I, I, I can see where the problem is. Er, your housing benefit wasn’t changed over and all that. But you still owe us seven-thousand-something-blah blah blah.”

[with raised voice] “How the fuck does that work? It’s your, your fault and I’m paying for it! And now I’m being evicted!”

[in character] “Oh there’s nothing we can do about that. Er. Because like, when you first move in you’re on a year’s probation. Er. You, you’ve already broke the agreement. Soooo, you’re going to be evicted anyway.”

(.) “Thanks a lot.” (Jack, 62)

I got involved with my grandchild. I see him about once a month. […] Obviously, I go down and see him once a month. Just recently, he’s been adopted. (.). So I’ve lost personal contact. But because I was so good with him, and social services said that I was, they let me meet, meet the adoptive parents, the adoptive parents wanted to meet me, which is unusual, never been known. I’ve had me picture taken with the adoptive parents. Uh. But it’s a sad, it’s a sad thing. I could’ve got back on the drink over this, but I’ve deci – I’ve chose, there’s more to life than a drink. (John, 52)

I, it’s just not fair, it really, ain’t (3s) I dunno, I thought two people’s housing benefit or two people paying rent for one property, I thought, oh that would have been a brilliant idea, but we can’t go down on the council together ‘cos we ain’t living together and we ain’t married and that’s just putting up walls, every way you think there’s something that can be they put up another wall, it’s excuses (Dave, 18)

Yes! (..) Barking and Dagenham, they, they – they think they’re smart, ya? Erm. If, if you’re homeless and you sleep under a tree or on a bench or say you sleep above the station, er because you’ve got some sort of cover or you’ve got some sort of statue, er, (..) like a chair or whatever, [softly] technically you’re not homeless because you’ve got a building around you. That’s their “Get Out of Jail Card Free”, ya? [with volume] To be homeless you’ve actually er got to be sleeping on a concrete floor in a open space. Right? But if you do that you get arrested for vagrancy. [A: Mm] [J sniggers] (7s) Ya? You get arrested for vagrancy. That’s the crazy thing. (Jack, 62)
8.7. Views on local policing

I do believe now that the police have got involved [A: Mm-hm] in the borough don’t – in Barking and Dagenham – I would like to see them being a bit more stricter. Because there is people in Barking, they sit there drinking. I know the police are under a lot of – thingy are under a lot of strain, a lot of violence. I would love to see more community officers on the street. (John, 52)

But street drinking if you go up by St Lukes is The Chase, is a fishing lake and all the places by the fishing have cans. I’ve sat over there having a few cans like the police just leave us alone. The police just leave us alone at the fishing lake. If you have it in town, they’ll tip it away or they can hit you with an £80 fine. But if you’ve got closed, that’s fine. But if they catch you on the streets you can get nicked for it. (Bubbles, 45)

There should be more police on the street as well. [A: Mm-hm] I think. [A: Mm-hm] For protection. (.) Ya. (Sarah, 20)

Because they were white, I was black, who was going to believe me? Because I, they said, “Did you go to the police?” I never went to the police. Because I didn’t think anybody would believe me. So erm. Ya. (Britney, 58)

I see the officer, police maybe, I don’t know, maybe two or three times a week, they going through the street but only in the morning and the afternoon. [A: Okay!] Maybe this is the problem. [A: Right] Because, in the, after six or seven o’clock, it’s changing. [A: So they’re
going at the wrong time] Ya, maybe if you have more patrolling in the evening, it would be better. I see a lot of strange people. (Silvija, 29)
9. Case Studies

9.1. Jack, currently street drinking

Jack is 62. He is white British. He started drinking at the age of 12 or 13 years old and ‘went on from there’. He describes it as a way of socialising that ‘didn’t stop at drink. It sort of turned to drugs as well. Always in the same groups, always with the same people’. In our interview, Jack begins by framing his drinking as ‘socialising’ and makes references to different social contexts: first drinking as a child when living in residential care, then later he gave up alcohol for two years. He resumed drinking in prison, and it was something he did socially with his new girlfriend.

Jack: Ya, but (.) right, to go back to the beginning my parents had me and I served a few sentences and ern came home stayed dry for two years. [A: Great] Got myself a steady girlfriend, working, ern and then she wanted to go out and it started off a couple of times at weekends, we’d go out for a little drink Sunday afternoons. Then it was about like I remember like and [mimes reaching for a flask in a suit’s chest pocket]

A: Tucked in your breast pocket?

Jack: Tucked in the breast pocket ya and er even going to work like that ya like with a bottle in me pocket [A: Mm-hm, mm-hm].

Jack’s description of his drinking narrative also indicates other contexts for his drinking behaviours. Jack describes a childhood where he was beaten by his father, regularly and severely, until he was taken into care. His remembrance of the beatings and his removal from his family home was as a punishment for his behaviour.

It was where I was, like I said to you, it was where I was rebellious. And my father thought, er, led, it was like “spare the rod and spoil the child”, sort of thing, yeah? And, ern. (.) My father, he, he would beat me. (.) To try and make me change my ways. And as I said to ya, it doesn’t work. If a child wants to do something, then it will do it, just for spite. [A: Ya] And ern, (.) it got to the stage where (.) he used to beat me that bad that my mother couldn’t send me to school (.) for long periods of time, and then er you had the school man would come around to investigate these things. [A: Ya!] And er from a young age it was (. ) drummed into me, like you know, you never say nothing to anyone official [A: Ya] about being beaten – yeah? – it was a strict no-no.
A: Keep that in the family. // Ya?

Jack: // Ya. // And erm (3s) My father wouldn’t admit to my mother having to keep me off school because I was covered in bruises – black – because then you all changed in front of each other – girls and boys! [A: Ya] in a classroom, in front of the teacher. If I was to undress, (.) my father would have been in prison that day. Not waited! If you could have seen some of the states I was in. [A: Ya] (5s) And er, (.) they ended up, my father turned around and, like they summoned my father to court, and me obviously, and my father turned around and said, er, “As far as I know, erm (.) my son’s given his lunch money, everyday. He’s, he’s, erm (.) sent out the door to go to school. Er. If he doesn’t go, I can’t (.) hold his hand 24/7.” So they decided that I was unruly (.) and (.) put me into council care. (3s) And that’s where I near-enough stayed until I was, oh, just over 20. In and out, in and out, in and out. (.) And that basically (.) made me get into a lot of things that I do now.

He recounts his time in young people’s institutions as ‘gaol’, using the same language to describe his childhood in ‘council care’ as his adult experiences in prison.

I was nine years old the first time I got locked up. Nine years old. Nine years old! Yeah. I got put into care. […] And where I was put into er these accommodations, well, (.) they (.) they were prisons but for (.) for children. And er, people in there, (.) a few of them (.) were quite a lot older than me. There were some younger than me, some same age. Erm. (.) And (.) in gaol, back then – there is a saying, “You’re a sheep or a shepherd.” Y’know, you do as you’re told or you tell other people to do it. [inhales] (3s) And (.) when I was a, sort of – I was a big kid. [inhales] (3s) And (.) where I’d been beaten so much by my father it made me really tough (..) and I fought like fuck [chuckle]. Even at that young age and I wouldn’t take no shit, don’t care how old you are. And er, it led me to a lot of problems.

Jack’s life story is characterised by intermittent periods of incarceration.

I’d get nicked for shoplifting and all that just to, you know, keep the habit going, you know, and fl- finance. Erm, maybe two, three times a year. Gaol. Every year. Without fail. Without fail. Because your luck doesn’t hold out forever. And, you are going to get arrested.

Jack talks about spending time in different penal institutions, at times for new offences, at other times from higher to lower security prisons, or as part of a ‘progressive move’. Jack describes drinking in prisons as well as some of the circumstances of being moved between institutions.

Jack: I sort of er, I become dry while I was in the gaol and then like I get moved from sort of like a D-cat to C-cat [open prison to closed prison] like a dispersal type gaol. Once I got to where I was supposed to be serving the rest of my sentence. And then it was all down to (.) drinking in gaol. Got into some trouble like that too, it’s another
arrestable charge or offence while you’re in the gaol. Spent many, many weeks in solitary. Er. Er. But the majority of the time in gaol er was dry er because er they made a point on a few of my last sentences they’d do what they call a progressive move and er it stops you getting too attached or too involved. In terms of, they cut you off from the beginning in the gaol.

A: Attached or involved with what?

Jack: In gaol. Like, getting to know who’s who and what’s what. Being able to get what you need. You know? So er that’s what they did to me. Er because I’m an old-head like in gaol, a lot of people want to talk [inaudible] I know about the gaol and what to do around it and that was another reason I was moved, on and on. [chuckle]

Jack describes himself as institutionalised. ‘Don’t get me wrong. I mean, er, life (.) is a lot easier and a lot better (.) out here but because I was always in gaol from a young age, it made me institutionalised. And er, (.) that’s never left me, (.) never left me. I mean, [inhales, sniffs] Er. (.) In a way, it’s really helped me a lot, erm, being homeless, because I can cope, er, through most [voice cracks] hard times.’

In Jack’s story, there are tensions between, on the one hand, his continued pattern of criminal behaviours and consumption of alcohol and drugs, and on the other hand, he tells me the only periods he has gone without substances have been while he was incarcerated.

Then I was sort of like 19 stone muscle [120 kg], worked out every day in the gym and [pauses, 3 seconds] basically used to get away with what I wanted. ‘Til they put me in a few different prisons. Ah. [pauses, 3 seconds] I’ve been in gaols, and riots, loads of remission [pauses, 8 seconds]. It hasn’t done any good, [softly] because I’m still here. I’m still here. I’m still in the same, the same place, the same situation, er. Nothing seems to have changed, it’s like I’m living in a time warp but I’m still doing the same things I was doing ten years ago. Ya? Cradle of death, ya? Ya, still doing the same things, apart from not going to gaol. […]

I can’t, I can’t really erm (3s) put my finger on what actually (.) pushed me (.) to do (.) what I’m doing. Er. To the extent that I’m doing it now. I can’t, (.) I mean, (.) there are a lot of people I er that have been doing what I’m doing and erm (4s) they basically er they manage to have big, clean patches. The only clean patches are the time that I had (.) [softly] in gaol.

In the passage above, Jack does not make a direct connection himself between the abuses he suffered and endured as a small child and his interrelated behaviours of consuming alcohol,
drugs, and taking part in criminal behaviour. Addiction theorists might point to self-medication and/or affect regulation (i.e. managing his emotions, feelings) and/or (learned?) problems with impulse control (i.e. managing his responses and actions). Later in the interview when he starts to reflect on his future, Jack does make connections between what he experienced in his past and how he attempts to manage his present.

It was that constant er (.) numbness and oblivion (.) [voice cracking] that takes me away from (.) everyday. You know? [A: Mm-hm, mm-hm] And (.) not just [inhales sharply] what’s coming, but what I’ve already had. [A: Ya] And, that’s what I’m trying to hide from. Well, not hide. I want, I want to make it better. Yeah? I want to stand there and I want to make amends. [sniffs] Yeah? And, some of the things that I’ve done. (.) But I wanna, (.) I wanna admit to meself that I can get better but [under voice] it don’t happen in a day.

Jack talks about using both alcohol and drugs throughout his interview. At one point, he describes what I would categorise as a self-medicating strategy. What is especially informative in Jack’s description, however, is an explanation of agency or rationalised decision-making about managing the secondary physical effects, or unwanted side-effects, of what (and how much) he consumes to become intoxicated. In this passage, he speaks about not being able to manage his feelings or situation without intoxicants, but not being able to physically tolerate the amount of alcohol he finds necessary to salve (pain management), so using heroin as a prophylactic strategy.

And, if I leave one, (.) I’m just going to substitute (..) with the other one. [A: Mm-hm?] ‘Right? So which one do I get rid of? [A: Mm-hm] And I’m constantly thinking, you know? If I can get rid of one, I’m just going to double-up on the other one, ‘cos the money I’m spending on that I’m now gonna spend on that. [A: Mm-hm]. (.) So. (..) What should I do? I mean, like, er, if I drop the drugs out, and go back to totally alcohol, I’ll be dead within two years. [sniffs] Erm, I’ve had renal failure twice. (.) [inhales] Erm, my kidneys, me kidneys packed up, er, twice. Er, (.) I had er, nearly 14% misuse scarring and like, I kept collapsing. And er, they run some tests on me. And erm. (.) I wasn’t very good. (..) I was turning yellow and everything. Heha. And er, (.) it doesn’t stop ya. (.) You know? It doesn’t stop you. (..) The same as, I’ve overdosed (.) on many occasions (.) and as soon as my eyes open, the first thing I look for is another drug [claps hands together] And. It’s not that you wanna hurt yourself. (.) It’s just that erm, (..) it’s an evil, wicked thing. Heroin. It is an evil, wicked thing. [A: Mm-hm] But once it’s got hold of you – You’re always going to be that
addict. It doesn’t matter, even if you don’t take it. You are still that addict. Ya. You know. It’s er. (...) I dunno. (...) It’s really. (...) I’d like, I, I say, I’d overdose and keep looking (.) for the next hit. (...) And I wouldn’t even think about it, I just don’t.

Whilst he recognises his relatively recent achievement in avoiding activities that would find him being arrested (e.g. shoplifting), he communicates a difficulty even to imagine living without intoxicants.

Ya, I made a change and it worked, but. I can’t, I can’t wrap my head around getting myself clean. Everything. I mean, I still have to have a drink. And (.) I still have to make my money for my drugs.

Jack says he has reflected on his age – even in his 40s and 50s – and the amount of time he has spent living with alcohol and drugs and in prison.

I don’t know what it’s about. I think, that’s when I, I got me inkling that, “Should I still be doing this? You know? “How old am I?” And er. […]

I’m thinking to myself, “Oh. (...) What is my life expectancy. I’m 62 now, if I keep doing what I’m doing? What is my life expectancy?” Because, at the moment, I’m one of the oldest (. ) junkies in Barking and Dagenham. Heha. And everybody else, even half my [age], are dropping like – (4s) And, I look at myself as, as if I’m lucky but I’m not lucky because I’m still doing it! [inhales] (. ) Right? (...) If I could put it to rest, then, my mind would be a lot easier. (. ) [With energy] That’s one of the reasons I’m sitting here! [A: Ya!] Talking to you! [A: Ya!] Er. Because I want to find the answer. I don’t think, I don’t think, I’m going to find it yet a while but, you know. Erm. (4s) [And softly] I’ve been trying for a long while now, Allan.

Jack is without accommodation and ‘sleeps rough’. He and two other friends who are sleeping rough have constructed a makeshift sleeping area behind some bins. In our interview, he sounds proud of their resourcefulness. ‘We might be homeless but we’re still human.’ He explains that he has been living without receiving any benefits for 10 months, although he says it was 3 months before he learned he was not receiving any money and he had been living off of his little bit of savings. I am surprised to hear about his savings, given the account he makes elsewhere in his interview about spending his money compulsively on alcohol and drugs.
He tells me he was assessed as fit for work, then ‘ended up having a bad session’, which required a hospital visit.

And when that erm when I was told that I had to go for the medical they told me on the afternoon of the day before I had to be there. Right. And I – it caused me a big problem. That’s just made things worse for me. Er. Sort of er erupted a little bit. Went on a bender. [A: Okay] Went on a bender. Put meself back three months.

There is a tension in Jack’s account that is present in all of the accounts of the people who talked to me while homeless. Each of them aired a grievance about an incident where they were expected to attend an appointment on their own. Compare Dave and Sarah’s stories. Jack, like Dave and Sarah, expresses disdain for the timeframe. This is not something I explored with Jack. In Dave and Sarah’s case, there was an expectation that they would be able to plan a travel route that required two changes on buses and required them to be present within a relatively narrow window of time which had been unmanageable for them, compounded by not having accessible funds or travel cards in credit. In their case, they were denied a second chance to attend after they arrived too late. Jack’s difficulty may also have been related to logistics. In both cases, it may be likely that there are elements of anxiety about attending, or perhaps a lack of skill or social intelligence in being able to ‘get to’ the appointment, on time or otherwise. This may be simple lack of practice from having lived on ‘street time’ or outside of norms of institutional time-keeping. It may be a lack of modelling, where Jack and others have been without social capital expected to have been demonstrated to them. It may be from a lack of multi-factoral preparedness, which is partly attributable to cognitive decline or limits of cognitive function. There is evidence that this lower than expected level of cognitive function may be caused from prolonged over-consumption of alcohol and/or lack of cognitive ‘bandwidth’ (the result of prolonged periods of high cognitive load required to navigate the practical, day-to-day lived experiences of living in the streets and the resulting emotional toll.
There may also be an element of side-effects of alcohol producing expectations of secondary personal gain through status as a known ‘addict’. Jack’s account relies on a medicalised discourse of his addiction as a disease.

Jack describes some of his physical condition to me, detailing injuries from accidents as well as drug-taking injuries. He describes the incredulity he feels about being expected to find work while he is homeless. ‘Wh- wh- what do they think this is? Like a, Fairyland?’ He expresses unhappiness with the assessors, on both medical grounds as well as doubt about the possibility of an employer offering him a job in his condition at 62 years. He is cynical about the assessment process.

The more people they take (3s) you know? (. ) Off benefits (. ) the more money they earn. And they’re not even doctors. They’re what you call, er, a medical professional. They’re nurses. [A: Mm-hm, mm-hm] Hnh. Who are they to overrule the doctor? Obviously the person that’s written me off. ( ..) So, I can’t, you know, I don’t know what, what kind of logic that is. ( ..) Er. ( ..) And ( ..) telling me now, “Go work.” (3s) Apart from that, who’s going to hire me? I’m 62 years old. They’d sooner have someone 21. Or 22. [A: Mm] Rather than 62. [A: Mm] Yeah? And I mean if anything was to happen to me, while I was at work, they’d be responsible. ( ..) You know? ( ..) If I was to collapse and fall into some machinery or something like that. ( ..) What?! ( ..) Tss. ( ..) Yeah.

Jack describes his ‘benders’ as consuming ‘a litre and a half of rum [and] seven or eight Supers [500 ml cans of ‘super-strong’ lager with 9% alcohol content]. He compares his consumption of drugs as being to the same level.

Whether he has paid for alcohol or drugs, Jack describes the role of other people in his social circle as people who seem to encourage him in his inebriation as a mode to personal gain.

Everyone around you doesn’t mind, because like, you know, while I’ve got a few quid there, and I’m – I’ve got bottles of alcohol, everyone’s having a drink with me, it’s costing them nothing. So it’s costing them nothing. And they don’t mind that. So they prefer to keep me in that – you know? in that situation because it makes their life easier, because their money stays in their pocket, my alcohol fuels their fire.
9.2. Annie, local keyworker

Annie has been a key worker specialising in drug and alcohol services for six years. Her keyworking roles have included co-ordination of services, inter-agency service liaison, facilitating group work with people in various stages of recovery from alcohol and/or drugs, and one-to-one counselling. She has worked in commissioned services as well as medical healthcare services. She has a background in medical health care and ‘felt a calling for counselling’ about 10 years ago when she funded herself through a program to work in a mental health profession. She sees mental health distress and substance misuse as going ‘hand-in-hand’. Her career path includes a career in another professional field, retraining, volunteer work, locum work, then fixed term contracts. She recognises that service users experience disruption when tendering processes or staff changes mean a person with whom they have worked to build a trusted relationship is no longer available.

Annie values a humanist approach to alcohol misuse, distress, and addiction. In her words, ‘My experience is that every person I see has a story. It’s very rare a person comes in [to this service] from a social side of it. A lot of people we see here, there’s an experience of trauma and they use drugs and alcohol to manage. So become physically alcohol dependent.”

Part of Annie’s work has been to work with people who are physically alcohol dependent to the point that they have seizures if they try or are forced to ‘withdraw’ from regularly consuming alcohol. Whilst they are in a supervised ‘detox’ program, she works with them to arrange for them to have access to other services.

As part of an individual’s detox protocol, a doctor may prescribe medications such as chlordiazepoxide or lorazepam to ‘calm down some of the symptoms while they’re going through it [the detox process]’ for a five to seven day period. Some hospitals have detox specific beds, whilst others do not. In a hospital without detox specific beds, people who
present for urgent care services (e.g. A&E) must show symptoms of other underlying health issues or ‘they will be asked to go, and basically have a drink, because they cannot just bring someone in on detox’. […] Sadly, some people will get turned away. They just go back and carry on doing what they’re doing in desperation.’ Annie says the treatment of people needing detoxification from physical dependence on alcohol is a political issue. If there is no medically-recognised problem, individuals will present ‘day-after-day with intoxication’ whilst staff in urgent care centres ‘don’t know what else to do with them’.

Annie says not everyone who attends her service wants additional support beyond the service they are accessing. ‘You can see there’s a need, but every attendance they don’t want to engage with services. I can’t refer anybody without their consent. If they say no, there’s nothing I can do.’ Annie’s comments highlight a tension within the limits of care provision, but also a recognition of individual agency and the role of self-determination in an individual’s recovery process. ‘You’re seeing people in a place of – marginalised, on the edge of society, there are probably all sorts of reasons. They might be refusing because they have their own issues, or a matter of pride.’

Annie also relates how an individual’s recovery journey may not be linear, or may have set-backs, marked by periods of improved care rather than an absolute beginning, middle, and end structure. She details a story about one man whose story typifies this pattern.

He’s recently had a period of not much contact, very unkempt, not well cared-for. Intoxicated but no substance abuse. This time around, I really tried to push social workers to come around to see, but he never ever consents to being referred to services. He says no. He’s been in services in the past. He asked for his case to be closed. And at that time, he had reduced his drinking and he had carers in place then but it looks like the carers are no longer around. So you can see this deterioration and an impact on his physical and mental [health].
In this passage, Annie highlights the interconnection between physical and mental health and chronic alcohol consumption; whereas earlier, she pointed out that alcohol dependence was not treated as a medically recognised physical or mental health problem.

So a lot of people have gone off the radar for many, many years then physical health symptoms start to worsen: liver not functioning, getting jaundice, getting fluid on their tummies, they get admitted and then everything comes to light. They’ve been drinking for 30 years, when you pare it back, you see where it all started.

One particular lady I’m working with, never been confident, alcohol makes her feel confident and feel relaxed. She has a past trauma and has other traumatic experiences in her life. […] It’s like that thing in your brain, once you make that connection, if I feel x, do this, then people become more and more reliant on it and drink more and then after all these years we see them when physical health has overtaken it.

Accumulation is one theme that recurs throughout Annie’s interview. ‘People are shocked to realise the accumulative effects and you can go for a lot of years and not experience [physical health] problems. Some people find it very late and then we lose them.’

Annie talks about what motivates or drives people to drink in ways that are destructive to their physical health. She refers to trauma and life events throughout her interview, referring to ‘unresolved or even repressed feelings [that] come up when you least expect it’. The ‘you’ in her description can refer to the individual micro-level – people in addiction, people working with people in addiction – as well as on a more macro-level, for communities, organisations, institutions, and society more generally.

She says the council have supported work like hers that is explicit in recognising that many people dealing with addiction have come to it with experiences of trauma. ‘Barking and Dagenham makes me chuckle. When we got the tender they wanted us to do a trauma based approach like it was some new thing. […] People don’t just do it [compulsive alcohol consumption] for the fun of it. There’s something really quite serious behind it.’
Annie also talks about drivers that interact on social and personal levels to drink, such as being without paid work, having less ability to manage money, and feeling multiple compulsions to consume alcohol, to spend the money available, and to evade difficult feelings, however temporarily.

A lot of people don’t work anymore, you know, they’re on benefits, they can’t sustain any lasting – any money is going to feed their addiction. Some people get quite uptight about that but working in the field you know that people don’t ration it but if you’ve got a compulsion to do something you just don’t care. You’ve got to deal with all the issues. Just to say you’re going to benefit more money […] And if you know that if you stop drinking you might shake or all those feelings are going to come flooding back – what money value do you put on that?

When Annie is asked about changes she has seen over her career, she says the number of alcohol referrals has escalated, as have the number of people with substance misuse and co-morbid psychosis. She also lists escalations in physical problems from people who use both alcohol and drugs: problems with infected injecting sites, people with respiratory problems (e.g. chronic obstructive pulmonary disease, COPD). To this observation, causation cannot be attributed. This may be because more people are using alcohol and drugs together, the substances consumed and the modes of consumption are causing more problems, people feel more able to present for help, people feel less stigma for presenting for help, or there may be more accounting of alcohol and drug related symptoms because of specialist training. However, Annie says there is a clear correlation between the timeline of decreased service provision, increased symptoms of mental health distress, and the increase of physical symptoms. ‘We see a lot of symptoms from social circumstances: more people that are homeless or not living in good conditions, people that are malnourished, alongside alcohol addiction because people don’t eat when they’re drinking because [of the] sugar content.’
In addressing the interaction of mental health, physical health, and chronic alcohol use, Annie says that even when multiple services, agencies, and/or social workers are involved, problems are more acute when a person has no home.

There are social workers that attend our meetings but they are tied to what they can provide. We get someone who might qualify for care: e.g. [we] can send someone to [their] home to provide six weeks of drop-in care, but what if someone is homeless? If someone is homeless [a hospital] will discharge them to their local authority housing what-do-you-call-it place – [then reacting to my facial expression] I know, it’s quite grim.

Annie says people who drink on the street are not all experiencing homelessness; however they often have additional care needs. ‘We’re working with someone who does have housing and that’s the person who is out drinking in the street. I’m hoping he will qualify for this package of care.’ She says that whilst housing is important, it can also create unexpected barriers to social connection. She tells me about a person who ‘gave up a flat to go back to living on the street because they didn’t talk to anyone at home, like they did on the street’. That decision disrupts the rationale of prioritising safety and security, or perhaps it signals how ‘safety’ and ‘security’ might be constructed differently for a person whose social history and psychological condition has more complex contours [or dimensions] than expected.

Annie has built up a knowledge of people and their individual situations in the borough and neighbouring boroughs through her different work roles. ‘I’ll get the call […] They say the name, oh yes I know that person. They might attend the service I work(ed) for or I’ve been around for a number of years! So I know people.’ This accumulative, longitudinally accrued type of knowledge is like a database and so creates information capital and insight capital for Annie and her employers. It helps her to deliver services with a certain efficiency as well as empathic humanity, having already established contact and some form of relationship or interaction with (potential) service users. Her information capital provides her and her
employer(s) with resources to act pro-actively as well as re-actively for the individuals who represent or who have family histories of alcohol and substance misuse.

She goes on to describe ‘outreach work’ as distinct from in-service keyworking as a way to engage clients who decrease or stop contact that had previously shown markers of improved health outcomes. Referring to the man in her earlier story, she says, ‘Outreach work might be a way to engage with him. Keep going back to him. I can’t engage with them unless they come back.’

Annie describes some of the limitations of outreach, saying there was always potential disruption to confidentiality. Describing particular institutional environments like hospitals, she says, ‘It’s just not confidential. Every person in the waiting room is “having a little listen” because it passes the time for them. But you’ve got to work with what you’ve got to work with.’

Other limitations that Annie describes are barriers to service delivery created at the juxtaposition of resource-dependent requisition forms and decreasing staff numbers with increasing caseloads. She details some of what she has observed in satellite settings, such as a pilot project where a local alcohol and drugs service had a specialist alcohol and drugs liaison worker in a hospital setting. She describes evidence that having the liaison worker based in the A&E itself – as opposed to even an office one floor away – had been an adaptation to the pilot that had a significant, positive impact on the number of referrals made. ‘In A&E, they work to four hour deadlines, so [the staff are] watching the clock, and they let people [patients attending] go in order to get them out the door in under four hours, so they don’t breach [the target times].’ She describes patients who ‘absconded’ because their condition inhibited their patience to wait to see the alcohol and drugs liaison.

Annie describes other examples of innovative, ‘weird referrals’, such as when a nurse who was busy with another telephone conversation alerted the hospital liaison to a person in need of
assistance ‘with “cubicle 7” written on her hand. And while she was talking on the phone to someone else, she goes like that [demonstrates displaying the basal joint (thumb-side) of her closed hand]. And that’s a referral! But it works!’ She describes the different paper forms that staff in hospital settings are required to fill out, including ‘proformas, notes, drug charts’. She says innovative solutions and communication strategies need to be developed and used, as nursing staff are already under enormous pressure to see more people in less time. Describing one instrument that has been designed to be used in urgent care settings, the Paddington Alcohol Test (PAT) form is still too long in practice. ‘If you put another form there, even though that seems like a good idea, I think that’s going to go by the wayside. It’s literally just telephone referrals now.’

Annie explains how shifts scheduled in ‘ordinary’ working hours can be counter-productive to being available for people who hope or need to access services at ‘irregular’ or unpredictable times.

Time is an issue. I run out of time, quite a lot. I probably work late and that’s not good. We could get a call at quarter past and I finish at half-past, I don’t want to miss that opportunity and then you get down there but then it might turn they want a referral or refer to some other organisation. I do feel as far as time is concerned, I’m up against it. But you might get a lull for a couple of hours where you’re just sitting there.

Annie’s account of how time is scheduled and managed reinforces our observations of how service users access services, anecdotal reports from other keyworkers, and observations of the outreach work in this project. Fordian constructs of regular, ‘industrial’ time, with precepts of timed efficiency and scheduled, calendarised appointments ignore the phenomenological, lived-experiences of people accessing and providing services. Annie says there is ‘no such thing as a typical day’ when she does outreach work. She details how the time spent with each person in some roles is dependent on a number of factors.
It depends: I can spend an hour or it might be a 10 minute check-in and just a little chat. Recently I spent two hours with someone in A&E because there was safeguarding, children involved, violence, overdose, self-harm, it was a long case and a lot of professionals were involved. Having conversations with other professionals. Sometimes I do joint assessments with the mental health professional. So as not to be mob-handed we do a lot of our work in the background talking to the other professionals. You can never gauge it. You go along on the job until it’s finished.

I am struck by how ‘accumulation’ and unscheduled interactions seem to play such an important role in Annie’s work and in the recovery stories of other interview participants in this study who are service users themselves. I share my own thoughts with Annie as we draw the interview to a close.

One of the things I’ve noticed is the cumulative effect. If you’re seeing someone for 6 days and you’re seeing them for 10 minutes a day, they’re getting an hour’s contact time. There’s something to explore there about time, how we use time and how we manage time with people for whom contact (and social connection) is the issue. If addiction and mental health and trauma are helped by social contact, there’s something to be explored there about time.

I ask Annie what kinds of things services, agencies, healthcare providers and researchers should be asking. She tells me the best thing to be able to do is to have a conversation and about learn about the person’s story from their current perspective.

It’s not a question, but have a conversation. Find out what their stories are. Try to meet them. I don’t go straight in with the alcohol. If you kind of go in with a conversation. “Tell us why you like coming here?” That’s the sort of conversation I have. Tell me about what brought you here?
10. Researchers’ Reflections

This study aims to answer questions about street drinking behaviours in the London Borough of Barking and Dagenham. What motives or rationale do people who are street drinking have? What can be learned about their current lives and their past experiences? What are their perspectives on street drinking? How are they seen by their fellow residents? How do they think they are seen? And how do they see themselves? As residents in Barking and Dagenham? As drinkers? What escalates street drinking in Barking and Dagenham? What are the factors of risk and resilience?

The answers provide a disruption of distinct, binary classifications of street-drinkers and non-street-drinkers, between people in recovery and people in addiction, and between existing service users, non-service users, and past-service users. In the telling and hearing of people’s longer stories, we learn that people move in and out of categories and their attendant identity groups. The boundaries of the categories are made fuzzy and so are the definitions when a person tells us that they have been sober for months but in the interview reveal that they recently had a single bottle of beer and that worries them.

Interview data signposts that erosion or gaps of formal support would indicate higher risk of relapse for those in recovery and lower engagement for current drinkers. Erosion was indicated as loss of local services and the need to travel several kilometres, whether by foot or by public transport. Gaps in support were illustrated as failure to ensure housing payments were transferred from one provider to another, resulting in eviction, or lack of communication or definition of responsibility between keyworkers and housing workers to support people in recovery to navigate transportation and attend appointments.

These types of ‘services’ are often provided by supportive family members. Patterns of risk seem evident for people in the absence of having learned an ability (e.g. saving money,
communicating effectively) or maintained a capacity (e.g. negotiating with a service provider, preparing to be on time) to manage the ordinary tasks of life in London which are sometimes challenging. These abilities and capacities that seem ordinary and trivial are skills in themselves which have been modelled and practiced by many people. Their absence seems to be interpreted as unwillingness rather than lack of knowing, learning, or remembering.

Qualitative data indicated that patterns of resilience in recovery emerged when formal support (e.g. from a trained counsellor, nurse, or keyworker) was supplemented with informal networks of support such as peer-support groups and/or having a ‘recovery buddy’. People who had been in recovery longer talked about more connections with other people who either do not drink heavily or at all and who support them in their decisions to stop drinking.

Harm-minimisation by reducing alcohol rather than stopping it completely was explored in different ways. For Sarah, she has reduced using alcohol to the point of abstinence. For Jack, he feels unable to reduce his alcohol intake without relying on heroin for a similar effect. In the street, reducing alcohol consumption equates with stopping alcohol consumption or not being in the street – a conundrum for people without private residence or invitation to a public house.

The answers, and the process of capturing them through interviews, reveal at least one clear truth about people in Barking and Dagenham who are struggling with alcohol: They have a desire to be heard, which for many of them is a very real need. In interviews, almost all participants thanked the interviewer for letting them tell their story, for listening, for letting them ‘get some things off my chest’. The interviews were not structured and had no fixed expectations of outcomes or results from either the interviewer or the interviewee, so people had freedom to share as much or as little as they chose. For some, the interviews seemed to have a therapeutic effect. As researchers, we were making space for people to reflect and
explore privately. Compare this to Jim’s comparison of different nursing styles in detox: What made the difference to him was feeling like someone cared.

This points to how time and cost are measured in commissioning and provision of addiction services, which may include ‘outreach’. The data suggest that ‘efficiency’ is not a good measure of time and cost; whereas efficacy – the ability to produce a desired result – may be a more useful metric if it can capture phased and temporary results, as well as longer-term results.

There are, by many accounts, tensions in how people who drink harmfully and/or use substances are ‘treated’. Physical alcohol addiction is often untreated before other physical symptoms manifest. People struggling with mental distress are told to reduce their alcohol consumption before they can be seen for counselling in the NHS whilst their mental distress may be a significant, contributing factor to their harmful use of alcohol.

At the same time, some people in early recovery from alcohol hear the message that they should not attend one-to-one counselling as they may struggle to cope with the process and relapse to harmful patterns of alcohol.

And a person who struggles at the intersection of homelessness, mental distress, and harmful alcohol consumption may be cognisant of the benefits but unclear on how to untangle the lengths of habit, disorder, and reputation within which they lie. Otherwise, they may refute advice to address their drinking, wonder what value it offers to be sober and sleeping in the street.

Thanks to the commissioners, we were also making pathways for them to be heard by people whose decisions have an impact on their very lives.

The answers highlight recognising the value of working in partnership with local people, local agencies, and academic institutions. The connections made for this report do not fully capture
some of the developments that have grown from Barking and Dagenham residents’ participation in this study as an intervention in its own right. Salient for us as researchers were the relationships that the Outreach Workers had with their local contacts, the understanding and knowledge they had of each person and their context. Not only were these valuable resources for us as researchers, but they are invaluable capital to the residents and agencies in Barking and Dagenham, a point supported in the testimonies where interviewees discussed particular keyworkers or compared services and the effects of their closures at personal and interpersonal levels.

Particularly salient within that is a recognition that industrial methods of measuring and counting – hours, appointments, pounds – are not effective ways of planning or capturing the social, interpersonal work that is required to help people living with harmful alcohol consumption within contexts of extreme scarcity. The potential of outreach work in this context, lies in its flexibility to operate across spaces and agencies in a way that addresses the multiple needs and contexts for a single person.

The limitations of this, and we see three, are: first, having to pre-plan and deliver working hours according to predictable schedules for people who face issues which are unscheduled and less predictable. Second, a lack of regular accountability by individuals to agencies and/or agencies to funders working within a funded system where agencies are siloed by individuated budgets. And third, the (im)possibility of inter-agency expertise. Outreach workers need to be cross-disciplinary and specialists in substance recovery, social work, housing and benefits administration, healthcare, and often child protection.

In costing and deciding on funding for outreach work, Bill, one of the observed participants featured in the Pen Portraits, provides an embodied example of many of the points observed.
At the start of field research and interviewing, Bill was sleeping rough. He was not engaging with alcohol services. He has no biological family. He had a chronic, debilitating, physical health problem but was not seeking treatment or advice, in part out of fear that if he were hospitalised, he would not have access to his benefit payment and so would be institutionalised without funds to access cigarettes – alcohol and heroin notwithstanding. One of the outreach workers on this project would look for him, made regular contact in five or ten minute interactions, listened to his concerns and monitored his condition. It was the outreach worker who worked with and for Bill to organise for him to be admitted to hospital. At the end of data collection, it was reported that Bill was still in hospital but being looked after and the first of his physical health problems had been addressed, along with harm reduction strategies for his addictions to alcohol and heroin. Bill’s story does not finish at the end of this research project.

Finally, as researchers, we learned about challenges in the assumptions that the research process is linear and all research is contained within a formal space which follows the design of the study. We saw clearly the value of local knowledge of people as well as places. This supports recognition of the added-value of community based and co-produced research projects, the importance of planning and managing staffing, design, and training, as well as the formal recognition of the extent to which data with less predictable participants relies on inter-sector and intra-sector co-operation.
11. Conclusion and Recommendations

It was clear from our research that the issues faced by the most complex and vulnerable clients were not always primarily alcohol or other substance-related. While there was clear value in having an outreach service in place, providing opportunities to engage with individuals who were often highly disengaged from local services and support, it does not follow that a specific alcohol and other drug outreach service would best meet the needs of this group. Further, our evidence suggests that alcohol use and street drinking for some individuals may be a response to severe and complex trauma, requiring specialist support from mental health services, rather than substance misuse services. **We therefore recommend the consideration of a multidisciplinary approach to assertive outreach for this population of clients, bringing expertise together from substance misuse, mental health, housing and other key services.**

It was also evident from our engagement with these individuals that many valued having an opportunity to develop a connection with our researcher and the outreach team. This connection, at least initially, was easier to develop when we did not attach an expectation of more formal engagement in treatment or support to the interactions. **We therefore recommend that the outreach service itself focuses on developing relationships with this population, even if initially individuals might be resistant to engaging with services. This would entail a more humanist, person-centred approach to outreach, with less emphasis placed on short-term efficacy or efficiency metrics.**

One issue which became apparent during this research related to the specific function of an outreach service – in particular, whether outreach workers should focus on identifying known individuals who have become disengaged from services, or whether the focus ought to be on investing time in building links with individuals who are not known to any services. **Clearly both of these groups are important, but we would recommend a clear steer at a service**
level as to the relative emphasis placed on each, with appropriate KPIs and performance measured which reflect the different types of outcome (short term and long term) which can be reasonably achieved.

We observed and received reports of variations in the times and places that individuals engaged in street drinking. **We would recommend focusing on Thursday, Friday, and Saturday early evenings to increase the likelihood of engaging with these groups. Monday, Tuesday, and Wednesday mornings were the least likely times to encounter these individuals and so should be deprioritised in terms of outreach work and engagement activity.**

An important reflection from this project was the importance of bespoke training for outreach workers in performing their role effectively. In the wider context of substance misuse services, where many outreach services have been cut, there is a growing skills shortage amongst professionals in this areas in terms of understanding the effective components of outreach work. **We would therefore recommend structured workforce development training to support staff engaging in outreach work.**

With regards to local residents and business owners, street drinking is clearly viewed as problematic for some, and we observed evidence of significant quantities of empty alcohol containers being disposed of in playgrounds and other public spaces. In the context of this project, it was difficult to disaggregate the extent to which this was attributable to the group with complex needs who were involved in our interviews, as opposed to individuals or youths who may be (for example) drinking in parks during the evenings. **In any event, to the extent that drinking in some areas is not prohibited, we would recommend environmental interventions such as the installation of more and larger bins, increasing the frequency of waste collections, and seating which is set apart from children’s play equipment.**
12. Acknowledgements

This report has been a collaboration and we would like to acknowledge the efforts of the people whose contributions and co-operation have helped make it possible. Special thanks to Jamie Douglas-Smith and Ralph Hood who helped to shape the data collection with their knowledge, skills, and engagement. Thank you to Louise Hal-Fead for her help with transcribing interviews. Thank you to Chris Ayton, Siobhan Moore, Lisa Sturrock, and all of the staff and service users at CGL Red Lion, CGL St Luke’s, and Addaction who made us feel welcome, offered us advice, fellowship, and quiet spaces. We extend our very special thanks to all of the people who chose to participate in the assessment interviews, the in-depth interviews, or the walking interviews. Your generosity in sharing your time and your personal stories have given this project its voice. Finally, a thank you to the residents of Barking and Dagenham.
13. References


14. Credit Roles

Antony C. Moss: Conceptualisation, funding acquisition, investigation, supervision, writing.

Sharon Cox: Conceptualisation, funding acquisition, investigation, supervision, writing (reviewing and editing).

Graeme Hodgkinson: Conceptualisation, funding acquisition, supervision, writing (reviewing and editing).

Allan Tyler: Methodology, research design, data collection, formal analysis, writing.
### 15. Appendices

#### 15.1. WDP Screening Questionnaire

**WDP Street Drinking Project Assessment**

<table>
<thead>
<tr>
<th>Title:</th>
<th>Mr ☐</th>
<th>Mrs ☐</th>
<th>Miss ☐</th>
<th>Ms. ☐</th>
<th>Other ☐</th>
<th>Gender:</th>
<th>Male ☐</th>
<th>Female ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>____________________________</td>
<td>Date of Birth:</td>
<td>____________________________</td>
<td>Address:</td>
<td>Post Code:</td>
<td>____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname:</td>
<td>____________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nationality:</td>
<td>____________________________</td>
<td>Religion:</td>
<td>____________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area where they Street Drink (why there particularly):</td>
<td></td>
<td>Do you consider yourself to have a disability?</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile No.:</td>
<td>____________________________</td>
<td>Consent to call?</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Ethnicity:</em></td>
<td></td>
<td>Disabilities:</td>
<td>____________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- White British: ☐
- Black African: ☐
- White Irish: ☐
- Black Caribbean: ☐
- White & BA: ☐
- Indian: ☐
- White & BC: ☐
- Pakistani: ☐
- Black Other: ☐
- Bangladeshi: ☐
- Other Mixed: ☐
- Chinese: ☐

- Are you registered with a GP? | Yes ☐ No ☐ | GP Name: | ____________________________ |

- *Current Housing Status* | No Housing Problem ☐ | Housing Problem ☐ | NFA – Urgent Housing Problem ☐ |

- Please Provide Housing Status Details
  - Do you live alone? | YES ☐ NO ☐ |
  - Are you allowed to drink where you live? | |
  - Employment Status: | Regular Employment ☐ | Unpaid voluntary work ☐ |
  - Long term sick/disability ☐ | Retired from paid work ☐ |
  - Unemployed/Seeking work ☐ | Pupil/Student ☐ |
  - Do you have recourse to public funds? | YES ☐ NO ☐ |
  - Currently in receipt of benefits Inc. Universal Credit? | YES ☐ NO ☐ |

**Current Drug / Alcohol / Tobacco Use**

<table>
<thead>
<tr>
<th><em>No.</em></th>
<th><em>Substance</em></th>
<th><em>Frequency</em></th>
<th>Volume</th>
<th><em>Age 1</em> Used</th>
<th><em>Route</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Indicates NDTMS Core Data Set Requirement*
# WDP Street Drinking Project Assessment

## AUDIT—C Initial Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Scoring System</th>
<th>Your Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have a drink containing Alcohol?</td>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>Monthly or less</td>
<td>1, 2</td>
</tr>
<tr>
<td>How often have you had 5 or more units if female, or 8 or more if male, on a single occasion in the last year?</td>
<td>Never</td>
<td>3</td>
</tr>
<tr>
<td>Scoring: A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT—C positive. Please complete remaining AUDIT—C questions on page 4.</td>
<td>[Initial Questions Score]</td>
<td></td>
</tr>
</tbody>
</table>

## Remaining AUDIT—C Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Scoring System</th>
<th>Your Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often during the last year have you found that you were not able to stop drinking once you started?</td>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>How often during the last year have you failed to do what was normally expected from you because of your drinking?</td>
<td>Never</td>
<td>1, 2</td>
</tr>
<tr>
<td>How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
<td>3</td>
</tr>
<tr>
<td>How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>4</td>
</tr>
<tr>
<td>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>Have you or somebody else been injured because of your drinking?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Scoring:**
Total score 0–7: Lower Risk; Total score 8–15: Increasing Risk; Total score 16–19: Higher Risk; Total score 20+: Possible Dependence

## Mental Health Screening

Do you feel you currently have a mental health treatment need?  
Yes [ ]  No [ ]  Other [ ]  If yes, please give details, inc. any medication and contact details of professionals involved

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## WDP Street Drinking Project Assessment

### Street Drinking Questionnaire

**Street drinking patterns**

Of all the days that you drink in a typical week, how many would you spend drinking on the street?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Which days do you tend to drink on the street? (Tick as many as are applicable):

- Monday
- Tuesday
- Wednesday
- Sunday
- Thursday
- Friday
- Saturday
- Everyday

Would you say that your drinking on the street is lighter, the same, or heavier than drinking you do at home/in a pub?

- Lighter
- The same
- Heavier

In which areas do you drink on the street regularly?

How long (in years) have you been drinking on the street?

Do you drink on the street all year?

- Yes
- No

Yes/No – if No, record which seasons

- Spring
- Summer
- Autumn
- Winter

Do you drink outside during the day or night?

- Day
- Night
- Both

Do you drink outside as part of a group, or do you tend to drink alone?

- Always in a group
- Usually in a group
- Equally in a group
- Usually alone
- Always alone

What could the local authority do to stop you drinking on the street (e.g. "Wet Shack"):

### Street drinking motivations

**Amended version of the Drinking Motives Questionnaire (Revised, Short Form)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Sometimes</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last 12 months, how often did you drink alcohol on the street...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because you like the feeling?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To get drunk?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because it’s fun?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because it helps you enjoy being outside?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because it makes being with others more enjoyable?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because it improves being with a group?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To fit in with a group you like?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To be liked?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>So you won’t feel left out?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Because it helps when you feel depressed or nervous?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To cheer you up when you’re in a bad mood?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To forget about your problems?</td>
<td></td>
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</tr>
</tbody>
</table>

Do you want to stop drinking outside?

- Yes
- No

If yes, record any help which the client thinks would be useful for them

Has anyone offered you help to stop drinking in general?

- Yes — and I took up this offer
- Yes — but I did not take up this offer
- No

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WDP Street Drinking Project Assessment

Please provide details of any previous treatment and dates and reason for leaving:

Would you drink on the street if you were unwell? YES ☐ NO ☐ Maybe ☐

Have you ever drunk unsafe alcohol-related (non-potable) products (hand-sanitiser gels etc.)? YES ☐ NO ☐

If so, please provide more details: ________________________________________________

Children and Family

Do you have any children under the age of 18? YES ☐ NO ☐ Refused to Answer ☐

Do you live with any children under the age of 18? YES ☐ NO ☐ Refused to Answer ☐

Do you look after any children on a regular basis (e.g. child-minding or babysitting for friends/family)? YES ☐ NO ☐ Refused to Answer ☐

<table>
<thead>
<tr>
<th>Lives with client</th>
<th>Name and Gender</th>
<th>DoB</th>
<th>Address where child is resident</th>
<th>School (where relevant)</th>
<th>Parental Responsibility Y/N</th>
<th>Relationship to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Please give details of frequency and nature on contact with children, e.g. supervised contact.

Are you pregnant? NA ☐ YES ☐ NO ☐

Offending Behaviour

Are you currently involved in the Criminal Justice System? YES ☐ NO ☐

IOM/MAPPA / Probation / Court Orders?

If YES, give details below, inc. court dates and any outstanding matters:

The Risk Acceptance Ladder (RAL)

With regard to drinking outdoors, which of the following most closely applies to you (choose the lowest number you can):

1. I would stop doing it but ...
2. I have never heard about drinking outdoors being a problem
3. I have heard about the risks but I think they are exaggerated
4. I believe the risks are significant but they don't apply to me
5. I accept that the risks apply to me but I don't care very much
6. I accept that the risks apply to me and I do care but I think the risks are worth it
7. I accept that the risks apply to me but there is no point in changing now
8. I care enough to stop drinking outdoors but I don't think I can
9. I care enough to stop doing drinking outdoors but want to wait for a bit
10. I care enough to stop doing drinking outdoors and fully intend to

*Indicates NDTMS Core Data Set Requirement
# WDP Street Drinking Project Assessment

## Risk Assessment

<table>
<thead>
<tr>
<th>Substance Misuse Issues</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overdose</td>
<td>Current: Yellow, Historic: Green, Never: Red</td>
</tr>
<tr>
<td>Drug Use Injecting (e.g. rect, groin)</td>
<td>Current: Red, Historic: Green, Never: Yellow</td>
</tr>
<tr>
<td>Sharing Equipment</td>
<td>Current: Green, Historic: Yellow, Never: Red</td>
</tr>
<tr>
<td>Alcohol/Withdrawal</td>
<td>Current: Red, Historic: Yellow, Never: Green</td>
</tr>
<tr>
<td>Neglect</td>
<td>Current: Yellow, Historic: Green, Never: Red</td>
</tr>
<tr>
<td>Nutritional needs unmet</td>
<td>Current: Green, Historic: Yellow, Never: Red</td>
</tr>
<tr>
<td>Poor personal hygiene</td>
<td>Current: Red, Historic: Yellow, Never: Green</td>
</tr>
<tr>
<td>Family &amp; Children</td>
<td>Current: Green, Historic: Yellow, Never: Red</td>
</tr>
<tr>
<td>Any children under a child protection plan</td>
<td>Current: Red, Historic: Yellow, Never: Green</td>
</tr>
<tr>
<td>Any other involvement with family &amp; children services</td>
<td>Current: Yellow, Historic: Green, Never: Red</td>
</tr>
<tr>
<td>Client has childcare responsibilities</td>
<td>Current: Green, Historic: Yellow, Never: Red</td>
</tr>
<tr>
<td>Unsafe and unsecured storage of medication, substances and equipment</td>
<td>Current: Red, Historic: Yellow, Never: Green</td>
</tr>
<tr>
<td>If living in same location as a child(ren)</td>
<td>Current: Yellow, Historic: Green, Never: Red</td>
</tr>
<tr>
<td>Harm to Others</td>
<td>Current: Green, Historic: Yellow, Never: Red</td>
</tr>
<tr>
<td>Violence against others/property</td>
<td>Current: Red, Historic: Yellow, Never: Green</td>
</tr>
<tr>
<td>Use or carrying of weapon</td>
<td>Current: Yellow, Historic: Green, Never: Red</td>
</tr>
<tr>
<td>Serious harm to another person</td>
<td>Current: Green, Historic: Yellow, Never: Red</td>
</tr>
<tr>
<td>Multi Agency Public Protection Arrangements Officer</td>
<td>Current: Red, Historic: Yellow, Never: Green</td>
</tr>
<tr>
<td>Arson</td>
<td>Current: Yellow, Historic: Green, Never: Red</td>
</tr>
<tr>
<td>Harm from others</td>
<td>Current: Green, Historic: Yellow, Never: Red</td>
</tr>
<tr>
<td>Victim of abuse/neglect</td>
<td>Current: Red, Historic: Yellow, Never: Green</td>
</tr>
<tr>
<td>Victim of exploitation or abuse (financial/sexual/emotional/physical)</td>
<td>Current: Yellow, Historic: Green, Never: Red</td>
</tr>
<tr>
<td>At risk of violence from another person</td>
<td>Current: Green, Historic: Yellow, Never: Red</td>
</tr>
<tr>
<td></td>
<td>Victim of assault/abandonment</td>
</tr>
</tbody>
</table>

## Immediate Actions: taken to minimise risk

<table>
<thead>
<tr>
<th>Risk</th>
<th>Action</th>
<th>By When</th>
<th>By Whom</th>
</tr>
</thead>
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If follow-up is required, please tick ☑ and write review date:

*Indicates NDTMS Core Data Set Requirement
15.2. **Local Business and Resident’s Survey**

The link below will take you to a short survey which will ask some questions about your experiences of living and running businesses in Barking and Dagenham.

This survey has been developed by the Centre for Addictive Behaviours Research at London South Bank University. We will be collating all responses and sharing the results with the London Borough of Barking and Dagenham. This study has been approved by the LSBU Research Ethics Committee.

This survey is part of a wider project with WDP, a substance misuse charity, and the London Borough of Barking and Dagenham, to understand issues and concerns which local residents and business owners might have in relation to street behaviours such as antisocial behaviour, drug and alcohol use on the streets, or vandalism.

The whole questionnaire should take no more than 10 minutes, and your responses will be anonymous and held confidentially. Your data will not be shared with any other third party.

If you have any questions or concerns about this survey, please contact the project lead, Professor Antony Moss via email: mossac@lsbu.ac.uk

1. Age
2. Gender
3. Ethnicity
4. Are you responding as a Resident or a Local Business owner to this survey?
5. What is the nature of your business?
6. First 3/4 characters of your Home/Business Postcode

7. How safe do you feel living/working in your local area 1) During the Day and 2) After Dark?

**RESPONSE:** Very safe; Fairly Safe; Neither safe nor unsafe; Fairly unsafe; Very Unsafe.

8. Thinking about the area in which you live/work, how common are the following:

**RESPONSE 1:** Very common; Fairly common; Fairly uncommon; Very uncommon; I don’t know.

a. People hanging around in groups on the street
b. Noisy neighbours or loud parties
c. People using alcohol or drugs in public places
d. Abandoned or burnt out cars
e. People being drunk or rowdy in public places
f. Rubbish or litter lying around
g. Vandalism or other forms of deliberate damage to property
h. Begging

9. Please now rank (using a scale from 1-8, with 1 being the most problematic, and 8 being the least problematic) each of these issues in order of how much of a problem they are to your local business/in your local area (if you do not see any issues as a problem at all, please just don’t provide a rank)

RESPONSE: respondents needs to provide a numerical value between 1 and 8 for each item. The question should allow participants to leave some items blank, if they do not them as a problem at all

For those who respond to any of items a, c or e the following questions will be asked:

In your responses to the previous question you indicated that you have sometimes noticed people hanging around and/or using alcohol on the street. We are particularly keen to know more about your perceptions of street drinking in your local area.

10. How frequently do you see people drinking on the street?

RESPONSE: Every day; Most days; At least once a week; At least once a month; Less than monthly

11. Are there certain times when street drinking is more or less common in your area? This might vary by time of day, or even at different times of the year.

RESPONSE: Yes; No; If yes, please describe how this varies [Free text box]

12. How much of a problem is street drinking to your business/you in your local area?
RESPONSE: On a scale of 1 -10 where 1 = Not a problem at all, 10 = The biggest problem in my local area

13. Where do you typically see people drinking on the street in your area? Please try to be specific as you can, using street names or postcodes.

RESPONSE: Free text box

For those who respond between 2-10 in the previous question the following questions will be asked:

14. You have indicated that street drinking is a problem for your local business/you in your local area, and we would like to understand why this is the case. Please use the space below to explain what specific problems you feel are caused by people drinking on the street in your area.

RESPONSE: Free text box

For Local Residents only:

15. As a Local Resident, we would like to know how you feel about the number and location of off-licenced premises in your area. Off licenced premises are those businesses licenced to sell alcohol off of the main premises, and so does not include pubs or restaurants, but would include off licences and any other shops with an off licence to sell alcohol.

15a. Please select the statement below which best reflects your opinion about the number of off licenced premises in your local area.

a. I don’t think that we have enough off licenced premises in my local area
b. I think we have just the right number of off licenced premises in my local area
c. I think we have too many off licenced premises in my local area
d. I don’t have a strong opinion either way about the number of off licenced premises in my area
15b. Please select the statement below which best reflects your opinion about the location of off licenced premises in your local area.

   a. I think that off licenced premises are bunched too closely together in my local area
   b. I think that the location of off licenced premises in my area is fine
   c. I don’t think that off licenced premises are bunched together, but I do think that they are located in the wrong areas

15c. If you have anything further you would like to add regarding the number or location of off licenced premises in your local area, please use the box below to provide your comments:

For Local Business Owners only:

16. As a Local Business Owner, do you feel that street drinking has a negative impact on your business?

   RESPONSE: Yes; No; If yes, please describe how it impacts on your business [Free text box]

For all respondents:

17. As part of our research in to these issues, we would be keen to speak with local residents and business owners either by telephone or in small focus groups to explore in more depth some of the issues highlighted by this brief survey. If you are willing to be contacted to participate further for this purpose, please provide your name and contact telephone number and/or email address below.

   RESPONSE: First name; Last Name; Telephone number and/or email address