

TACKLING STREET DRINKING

POLICE AND CRIME COMMISSIONER
GUIDANCE ON BEST PRACTICE

PREPARED BY A NATIONAL CONSORTIUM OF
POLICE AND CRIME COMMISSIONERS

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Street drinking is a continuing cause for concern in many parts of the country, and one that I believe can be tackled best through a partnership approach. I am therefore delighted with the involvement of a number of my fellow Police and Crime Commissioners (PCCs) in the development of this first national guidance on best practice.

The effects of street drinking can be costly in different ways. It causes distress to members of the public, it is bad for business and a drain on our public services. The street drinkers are often vulnerable people who actually need care and support, not punishment.

As this guidance shows, we can have an impact by refocusing existing efforts rather than making significant new investment. It is not about reinventing the wheel. It is about drawing upon cost effective and efficient approaches and pulling them all together. The overall aim is to reduce the number of incidents by improving the interventions targeted at street drinkers themselves. I urge PCCs to start this process both locally and nationally by using their abilities to bring agencies together and set the direction.

The guidance recommends adopting a multi-component approach that includes encouraging the commissioning of alcohol services to target change resistant drinkers. It advises building local multi-agency groups to focus on street drinking, building partnerships with the retail trade to tackle it, and using enforcement powers that lead to individual and community change.

As the guidance highlights, PCCs, the police, housing and community safety organisations can help present the case for commissioning alcohol services that engage and motivate those whose drinking causes considerable nuisance or harm. PCCs could also encourage educational and supportive dialogue between those providing alcohol interventions and those selling alcohol, and start a national debate on better access to mental health services for street drinkers and people with alcohol problems generally.

At the heart of this response is local partnership. It is right, therefore, that this document emerged from a partnership approach. Early last year I suggested to the APCC alcohol lead, Tony Hogg the former Devon & Cornwall PCC, that we develop this guidance. Tony Hogg wrote to all PCCs asking whether they would join him in supporting the project and eight PCCs provided funding and officer time to support this initiative.

The full list of the partner PCCs to the project is:
Devon & Cornwall, Dorset Cambridgeshire, Cheshire, Humberside Nottinghamshire, Sussex, West Mercia. Our thanks are due to all of them, especially to Devon & Cornwall for its early leadership.

Alcohol Concern, the national charity on alcohol misuse, took on the research and development process. This was delegated to Mike Ward, Alcohol Concern’s Senior Consultant, who wrote the text of this guidance. The work was overseen by a small steering group with representation from PCCs, the Home Office, Public Health England, Portman Group, Local Government Association, and the APCC. The PCC liaison was provided by Susan Martin from Nottinghamshire PCC with support from Neil Kingston from Humberside PCC. Lisa Vango from Devon and Cornwall PCC was vital in initiating the project.

Thanks are due to all for their efforts and those of the many people who were interviewed for, or otherwise contributed to, this process which I hope and believe will lead to a reduction in street drinking and help to foster safer, happier communities.

Paddy Tipping
Police and Crime Commissioner
Nottinghamshire
November 2016

1. EXECUTIVE SUMMARY

Police and community safety bodies face many competing priorities; however, strong justifications exist for a focus on street drinking. It is a widespread and persistent problem. The visibility of such drinking means it is of specific concern to the public and arouses strong emotions. Although street drinkers are relatively few in number, they place huge pressure on services through calls on police time, hospital visits and 999 calls.

The aim of this guidance is: to reduce the incidents of, and burden from, street drinking and to improve the interventions provided to street drinkers themselves.

Street drinkers will be dependent on alcohol and require the support of treatment services. However, they will also have other risks and vulnerabilities. Tackling their needs will provide a gateway into addressing serious problems, ranging from intimate partner violence through abuse and exploitation to mental health problems and other drug use.

Tackling street drinking needs to be seen in the context of a number of other policies e.g. housing and mental health strategies. The issue is broader than policing; however, Police and Crime Commissioners (PCC) can be a powerful local and national voice guiding efforts to deal with this problem. Their ability to bring agencies together and influence change is vital. Moreover, these efforts do not have to be costly and nothing in this guidance requires investment by PCCs. Scope exists for much better targeting of existing resources. At the very least PCCs can challenge the belief that nothing can be done about this group.

The evidence suggests that no single approach works on its own; a multi-component approach is required. Partnerships considering single approaches, for example a retail campaign or a wet centre, need to be challenged to develop a multi-component approach. This guidance has identified nine areas of action that PCCs can pursue to make a difference:

- ▶ **Support or lead the development of a local consensus on tackling street drinking;**
- ▶ **Encourage the establishment of multi-agency groups focused on street drinkers/ high impact change resistant drinkers;**
- ▶ **Encourage the commissioning of alcohol services which include a focus on change resistant drinkers e.g. services which prioritise and assertively engage this client group;**
- ▶ **Encourage the appropriate use of legal powers such as civil injunctions by ensuring that they target individuals with both controls on their drinking and requirements to engage with interventions;**
- ▶ **Build partnerships with the retail trade to tackle street drinkers;**
- ▶ **Broker agreements between mental health and substance misuse services on the management of these clients who often fall between the two services;**
- ▶ **Ensure a constructive pathway exists from prisons and hospitals into the community for street drinkers;**
- ▶ **Encourage staff training in relevant approaches with street drinkers / change resistant drinkers;**
- ▶ **Ensure performance indicators are built in to any initiative.**

The response to street drinking begins at the strategic level. It is vital that agencies such as police, local authorities, businesses, alcohol services and health services develop a joint action plan. PCCs are well-placed to encourage this strategic approach.

The three most important elements of a multi-component approach will be:

- ▶ the development of multi-agency groups to manage the response to street drinkers;
- ▶ ensuring alcohol services address change resistant drinkers through assertive outreach,

other engagement focused approaches;

- ▶ the use of individual-focused legal powers.

These will be supported by work with the retail sector to create an environment that reduces the likelihood of street drinking and the use of appropriate geographically focused legal powers (e.g. Public Space Protection Orders).

MULTI-AGENCY CASE MANAGEMENT GROUPS focused on high impact drinkers already operate in a number of areas. These operational groups will be the core of any process and will drive best practice into interventions with street drinkers generally. Evidence is emerging that these groups have a positive impact.

ALCOHOL SERVICES need to be commissioned that are appropriate to the needs of this client group, i.e. services which work with unmotivated or change resistant drinkers and offer assertive outreach. PCCs, police officers and other community safety staff play a vital role in encouraging the development of alcohol service specifications that include assertive outreach and targets for engaging street drinkers.

ENFORCEMENT POWERS should be viewed as a constructive part of a process that leads to individual and community change. If appropriately used, with well-designed positive requirements, orders such as the civil injunctions can help initiate and support a process of change.

The alcohol industry should be a key partner in tackling street drinking. The public has the right to expect that those businesses that sell alcohol do so responsibly. This will also enhance staff welfare: a report from the Association of Convenience Stores has highlighted the pressure on staff from dealing with intoxicated customers.

Beyond the structures described, specific links need to be in place with hospitals, prisons and mental health services. They will all encounter street drinkers and it is important to ensure that their response maximises the chances of engaging a drinker in a process of change. The current, reported, lack of support from mental health services is a major barrier.

At the national level PCCs could encourage five specific developments:

- ▶ a national approach to identifying the numbers of street drinkers, with a national count based on an agreed methodology;
- ▶ a model service specification for alcohol services that reach out to, engage and motivate high impact, change resistant drinkers such as street drinkers;
- ▶ guidance on how to write positive requirements in civil injunctions for street drinkers or problem drinkers generally;
- ▶ a national, educational and supportive dialogue between those providing alcohol interventions and those selling alcohol. This could build an equivalent to the Community Alcohol Partnerships model, which has tackled underage drinking, but targeted at adult street drinking;
- ▶ a national debate on better access to mental health services for street drinkers and people with alcohol problems generally.

2. INTRODUCTION

- 2.1** Street drinking is a widespread and persistent problem. Communities as diverse as Exeter, Lambeth, Bedford, Liverpool and Middlesbrough have identified it as an ongoing concern and developed plans to tackle it.
- 2.2** Yet, despite this impact, no national guidance has previously been published on tackling street drinking. At the local level, this has occasionally resulted in partnerships considering solutions which were either poorly evidenced or unnecessarily expensive.
- 2.3** Police and Crime Commissioners (PCCs) can be a powerful local and national voice supporting and guiding efforts to deal with this problem. These efforts do not have to be costly and nothing in this guidance requires investment by PCCs. Scope exists for much better targeting of existing resources.
- 2.4** A group of eight Police and Crime Commissioners has worked with a steering group consisting of the Home Office, the Association of Police and Crime Commissioners, Public Health England, the Portman Group, Local Government Association and Alcohol Concern, to develop advice to help PCCs to:
- ▶ ensure local resources tackling street drinking are well-targeted,
 - ▶ include appropriate interventions in Police and Crime Plans.

3. HOW THIS GUIDANCE WORKS

- 3.1** This document has been designed to be as brief as possible, yet comprehensive enough to guide local action. It is supported by a separate research document which:
- ▶ sets out a more detailed evidence base for the identified interventions;
 - ▶ includes resources to assist local working;
 - ▶ provides further examples of local initiatives.

This can be accessed at www.apccs.police.uk (Each section of this guidance has a reference to the supporting section of the research document.)

4. WHO ARE THE STREET DRINKERS?

- 4.1** Street drinking is a complex phenomenon and any local response will need to be clear about the problem being targeted. In this guidance street drinking is:
- ▶ regularly associated with a particular public area (e.g. a park, town centre, street or square), if not necessarily always with precisely the same place;
 - ▶ regularly associated with specific people or groups of people, although the membership of each group may evolve over time;
 - ▶ visible to the public;
 - ▶ causing nuisance or anxiety to members of the local community including businesses or public services;
 - ▶ likely to be associated with a group of people who are experiencing, or at imminent risk of, significant alcohol related harm.
- 4.2** Street drinkers are likely to be people who:
- ▶ live alone, are marginally housed or homeless, probably in part, because of their drinking;
 - ▶ are unemployed and living on benefits;
 - ▶ drink heavily and seek company with other drinkers;
 - ▶ resist changing their drinking;
 - ▶ are spending a large proportion of any income on alcohol and buying cheaper and stronger alcoholic drinks such as 'white cider'.
- 4.3** Street drinkers are likely to be a subset of a wider group of change resistant drinkers who are causing a range of problems in the local community.
- 4.4** During the research specific concern was expressed about street drinkers from East European communities. This theme is explored in more detail in section 1 of the research document.

5. WHY SHOULD PCCs AND PARTNERS TACKLE STREET DRINKING?

5.1 Police and community safety bodies face many competing priorities; however, strong justifications exist for a focus on street drinking. The visibility of such drinking means it is of specific concern to the public. It can be seen as:

- ▶ an equalities issue: older people and women feeling more threatened by intoxicated individuals;
- ▶ a child protection issue: young people being exposed to scenes of public drunkenness;
- ▶ an impediment to business development: street drinkers deterring customers from commercial areas.

5.2 Street drinking can elicit very strong views from local people. One London resident wrote: *“I have witnessed several times, even in early afternoon, the drunks/alcoholics that surround the green...Disgusting for us adults but awful for children to see. The council should hang their heads for not helping residents.”* Whether such views are justified or not, they demonstrate the emotions aroused.

5.3 The public nature of the problem also means it is a drain on resources: police officers are being called to address low level but visible problems and, as a result, are dealing with people whose problems are often better viewed as mental disorders than crimes.

He had been brought back by the police on numerous occasions for being intoxicated and unsafe on his scooter. He was referred for a Mental Health Act assessment; although the risk was high, it was not felt that he was sectionable.

5.4 A small number of street drinkers can incur significant costs: not simply crime and anti-social behaviour on the street but also associated costs such as hospital visits, repeated 999 calls and the opportunity costs of resources used to target their needs. Alcohol Concern's Blue Light project estimated that the average annual cost of a high risk, change resistant drinker is around £35,000 including health, criminal justice and anti-social behaviour costs. This figure was compared with data from other sources to test its validity. This figure is an indicator of the scale of costs incurred by street drinkers.¹

5.5 Research for this guidance estimates that in a smaller unitary or lower tier local authority with a lower level of alcohol-related need, the number of street drinkers will be in the range of 15-25. In larger or higher need areas, the number can reach 50-90. In the very large urban areas the number may be 200 or more. Even if a conservative figure of £20,000 per annum per street drinker is used, this group could impose annual costs ranging from £300,000 to £4 million per local authority area.

The basis of the calculations in the last two paragraphs is identified in section 1 of the research document.

5.6 Tackling street drinking will also provide a gateway into addressing a range of other serious problems. Public drinking is the visible manifestation but those involved can have a range of other problems. Street drinkers will probably be dependent on alcohol and in need of significant support to stop drinking. They may:

- ▶ be involved in relationships with intimate partner violence, e.g. Wiltshire Domestic Homicide Review, (see box below);
- ▶ be subject to abuse and exploitation, e.g. Angela Wrightson who was murdered by two schoolgirls in Hartlepool;²

- ▶ be at risk of dying in public, e.g. police in Hereford identified a high mortality rate among street drinkers;³
- ▶ have mental health problems or chronic physical health problems;
- ▶ be using other substances.

▶ *In late 2012, Adult Y was seriously assaulted by his intimate partner Adult Z. Despite Police and Ambulance intervention, Adult Y died from significant blood loss...At the time of death Adult Y was 51 years of age and the perpetrator Adult Z was 46 years of age. They did not live together; each had their own rented accommodation. Over a period of three months from August 2012 they gradually formed a relationship after meeting in a local Park. They gathered there most days to drink alcohol with a group of 'mates'.⁴*

▶ *One 38-year-old street drinker started out drinking at home. When drunk she rang the ambulance service repeatedly and, consequently, was a frequent A&E attender and cost a considerable sum to the ambulance service. As a result, a marker was put on her ambulance service records to structure the intervention to her. She began drinking on the street so that she could still access a response from the ambulance service.⁵*

5.7 Not every area needs a concerted approach to tackle street drinking. Some areas may not have a problem; in others, the level of perceived need will mean that a combination of policing and, perhaps, public space protection orders will be the best approach. However, where local concern exists, the approaches in this guide will need to be considered. In addition, these will be a gateway into tackling a range of problems associated with chronic, change resistant drinkers; and offer a point at which PCCs can link to other public service agendas – particularly the health service and local authorities.

Background information on these paragraphs is in section 1 of the research document.

6. ACTION IS POSSIBLE

6.1 This guidance challenges the belief that nothing can be done about this group. It is easy to view these drinkers as having an engrained problem that will resist intervention. This is not the case: useful interventions do exist with this client group. These include interventions to tackle their alcohol dependence, as well as containment focused approaches such as bans from public places.

Background information on this paragraph is in section 2 of the research document.

THE THREE KEY ELEMENTS OF A LOCAL APPROACH TO STREET DRINKERS

This triad will be supported by a strong strategic framework, geographically focused legal powers and robust links with the retail sector.

A MULTI-COMPONENT APPROACH



6.2 The consensus suggests that no single approach works on its own. Partnerships considering single approaches: e.g. a toleration zone, a retail campaign or a wet centre need to be challenged to develop a wider approach.

6.3 The best approach is a multi-component approach based on joint working. Within this, the three most important elements will be:

- ▶ the development of multi-agency groups;
- ▶ ensuring alcohol services address change resistant drinkers; and the use of individual-focused legal powers.

These will be supported by work with the retail sector to create an environment that reduces the likelihood of street drinking and the use of appropriate, geographically focused, legal powers (e.g. Public Space Protection Orders).

Background information on these paragraphs is in section 3 of the research document.

7. THE FRAMEWORK FOR ACTION

7.a The PCCs' power lies in their ability to bring agencies together and influence change. This guidance has identified nine areas of action that PCCs can pursue to make a difference:

- ▶ Support or lead the development of a local consensus on tackling street drinking;
- ▶ Encourage the establishment of multi-agency groups focused on street drinkers / high risk change resistant drinkers;
- ▶ Encourage the commissioning of alcohol services which include a focus on change resistant drinkers e.g. services which prioritise and assertively engage this client group;
- ▶ Encourage the appropriate use of legal powers such as civil injunctions by ensuring that they target individuals with both controls on their drinking and requirements to engage with interventions;
- ▶ Build partnerships with the retail trade to tackle street drinkers;
- ▶ Broker agreements between mental health and substance misuse services on the management of these clients who often fall between the two services;
- ▶ Ensure a constructive pathway exists from prisons and hospitals into the community for street drinkers;
- ▶ Encourage staff training across the health, social care and criminal justice system in relevant approaches with street drinkers / change resistant drinkers;
- ▶ Ensure performance indicators are built in to any response.

7.b All of these will help PCCs develop safer communities but do not require a significant investment of new resources. They can be achieved by retargeting existing resources. For example, local alcohol service specifications can be re-focused to give more attention to street drinkers and devote more staff time to outreach.

7.c Given that this group of individuals are likely to be alcohol dependent, and may have mental health problems, emphasis must be placed on the role of alcohol and mental health services. Many of these individuals have been engaged with treatment but have dropped out and, unless they are assertively followed up and engaged by these services, they will continue to create problems.

The evidence base

7.d There is a dearth of research into approaches to tackling street drinking: most existing approaches have a limited evidence base. This does not mean that they do not work, but that few or no academic quality reviews exist. Therefore, this guidance builds on a combination of available research and a consensus of opinions from practitioners around the country.

Background information on this paragraph is in section 4 of the research document.

7.1 DEVELOPING A LOCAL CONSENSUS ON TACKLING STREET DRINKING

7.1.1 Plans for tackling street drinking should sit within a local strategic framework. This does not need to be a specific street drinking strategy. It is preferable that those plans are embedded in a wider approach to anti-social behaviour or high impact change resistant drinkers, e.g. the community safety plan, police and crime plan or alcohol strategy.

7.1.2 In particular, PCCs could encourage links into the development of the NHS Sustainability and Transformation Plans (STPs). Because of the heavy burden many street drinkers place upon

NHS services, there is a strong case for assertive engagement to address the underlying alcohol dependence, mental health and chaotic behaviour of high impact treatment resistant drinkers in order to save money. The STPs are led by the NHS and developed in partnership with a wide range of local stakeholders. PCCs can have a voice in such partnerships and can advocate for inclusion of efforts to tackle high impact problem drinkers. In some circumstances PCCs may wish to contribute to the joint funding of such action.

7.1.3 Part of this strategic work will require assessment of the scale and nature of the problem. PCCs could encourage local joint strategic needs assessments, community safety and other public consultations to ask questions about street drinking and consult street drinkers and those who work with them.

7.1.4 Efforts could be made to quantify the number of street drinkers. This will be hard: the problem is too ill-defined (was the man on the bench near the station a street drinker or a tired commuter waiting for a lift?), variable (did the weather impact on the numbers seen?) and hidden (was every alley and corner of the park searched?) to be easily counted. Nonetheless, quantifying the problem will be important in monitoring national and local impact.

7.1.5 Some areas, e.g. Brighton and Middlesbrough, have undertaken structured street drinker counts. In Brighton, this has been repeated at the same time each year over three years and has shown a decline in numbers linked to local interventions. PCCs should consider a national approach to identifying the numbers of street drinkers with a national count based on an agreed methodology.

7.1.6 Further support can be drawn from evidence such as the burden from frequent hospital users. In Salford, for example, the top 30 alcohol-related frequent hospital users cost more than £500,000 to the health service in a single year. Some of these will be street drinkers and identifying the number and cost will be important evidence of the need for action.

POINTS FOR LOCAL CONSIDERATION 1 – THE STRATEGIC CONTEXT

Is there a strategic level agreement on the need to tackle street drinking locally?

Are the right partners involved in the process?

Have efforts been made to assess the scale and nature of street drinking locally?

Do local Joint Strategic Needs Assessments, Health and Wellbeing Strategies, Police and Crime Plans, alcohol strategies and Community Safety plans all consistently address street drinking?

Is a communication plan required to inform local residents about what is happening and encouraging them to report incidents or not to give to beggars?

NATIONAL ACTION 1 – STREET COUNTS

Police and crime commissioners should press for the development of a national approach to identifying the numbers of street drinkers, with counts based on an agreed methodology.?

Background information on these paragraphs is in section 5 of the research document.

7.2 ESTABLISH A MULTI-AGENCY OPERATIONAL GROUP

7.2.1 The local response will benefit from a multi-agency case management group focused on high impact drinkers. These operate in areas such as **Leicester, Hastings, Swindon, Medway, South Tyneside** and **Lincolnshire** and oversee work with either street drinkers

specifically or high impact change resistant drinkers, including street drinkers. These operational groups will be the core of any process and will drive best practice into interventions with street drinkers generally.

Nottingham has developed a multi-agency Street Drinkers' Case Conferencing Group in the Arboretum ward. This ensures that the most problematic street drinkers are identified and receive the support required to change. The group can also drive other action. Staff with authority to use S.35 powers, regularly undertake high profile patrols of the area to target groups of street drinkers and confiscate open containers from those who represent a risk of anti-social behaviour. The first patrol dispersed 8 street drinkers from the area for a period of 48 hours. The Arboretum is a cumulative impact zone and success has been achieved in refusing new licence applications. Consideration is now being given to the use of Community Protection Notices as a tool for controlling behaviour.

7.2.2 At the most basic level, groups will ensure good information sharing, e.g. in London the first ever client of one such group was presented by police and ASB officers as a persistent drunken nuisance. Health services revealed that this man was actually the victim of a serious head injury. Such information sharing can improve case management and prevent criticism in the event of serious untoward incidents.

7.2.3 This process will require robust information-sharing protocols and clear pathways into, and expectations of, specialist alcohol services.

7.2.4 Multi-agency groups will also support the assessment of need and the identification of gaps in the pathway. At their best, these groups will enable the coordinated targeting of interventions.

7.2.5 A key link for these groups, and this work generally, will be with liaison and diversion or arrest referral schemes in the criminal justice system. Where these exist they will offer a robust opportunity to link street drinkers into positive interventions.

In Medway, police officers identify a risky street drinker and bring the name to the multi-agency group. The main target is to engage that person with treatment services. It is then agreed that, if the police come across that individual, they will call the alcohol services who will prioritise coming out to that person. This speed of response has helped increase engagement with services.

Background information on these paragraphs is in section 6 of the research document as well as:

Protocols for a multi-agency group

POINTS FOR LOCAL CONSIDERATION 2 – OPERATIONAL MANAGEMENT

Is there a local multi-agency operational management group which is focused on street drinkers which ensures that the work of all agencies is coordinated

7.3 ENCOURAGE THE COMMISSIONING OF ALCOHOL SERVICES WHICH FOCUS ON CHANGE RESISTANT DRINKERS

7.3.1 The best solution to street drinking is to encourage the drinkers to change their behaviour. This is not simple; however, it is possible and should be part of the response. This will often require action to improve the specialist alcohol service response to street drinkers.

7.3.2 Local specialist alcohol services should be central to this process; however, in order to attract street drinkers, they will need to work with people who are ambivalent about, or

unwilling to, change their drinking. Alcohol Concern's Blue Light project has highlighted that the majority of alcohol services work mainly with motivated clients, thus excluding many street drinkers.

Alcohol services want people to turn up ready to change and engage with the programme.⁷

- 7.3.3** PCCs and other non-alcohol specialists such as police, housing and community safety staff can change this. They need to present public health teams with the case for commissioning services, or service elements, that reach out to, engage and motivate people whose drinking is causing considerable nuisance or harm rather than simply working with those who are motivated to change.
- 7.3.4** In particular, outreach services across the country are demonstrating their effectiveness. The Home Office has highlighted that Alcohol Concern's Blue Light approach in Lincolnshire (which was supported by the local PCC) has reduced police incidents by 30% with the targeted group of clients. Outreach workers aim to provide a gateway to health, housing, social services and treatment as well as harm minimisation and motivational interventions. Success is measured in terms of health gains, fewer arrests, reduced emergency hospital admissions tenancy sustainment and engagement with services.
- 7.3.5** This process will be enhanced if alcohol services, and outreach services specifically, are working to multi-agency groups that target and support their efforts (see above).

Background information on these paragraphs is in section 7 of the research document as well as:

A support document on outreach techniques with street drinkers.

POINTS FOR LOCAL CONSIDERATION 3 – COMMISSIONING ALCOHOL SERVICES

Are alcohol services being commissioned which are appropriate to the needs of this client group i.e. services which work with unmotivated or change resistant drinkers and offer assertive outreach?

Are police and community safety staff sufficiently engaged with alcohol commissioners to ensure that service specifications require services which manage the impact of alcohol misuse on the community rather than simply providing treatment?

NATIONAL ACTION 2 – MODEL SERVICE SPECIFICATIONS

PCCs should encourage the development of a model service specification for alcohol services that includes interventions which reach out to, engage and motivate high impact, change resistant drinkers such as street drinkers.

7.4 ENCOURAGE THE APPROPRIATE USE OF LEGAL POWERS

- 7.4.1** The use of enforcement powers should be viewed as a constructive part of a process that leads to individual and community change. This will embrace legal powers targeted at both geographical areas and identified individuals. Most of these powers are contained within the Anti-social Behaviour, Crime and Policing Act 2014.

(A wider table of available powers is included in section 8 of the research document).

- 7.4.2** Public space protection orders can be used to ban public drinking in a particular area, ranging from a street in the town centre to an entire borough. These geographical powers

define the behaviour as a problem for a community and allow action against individuals who would otherwise be pursuing a legal behaviour which could only be challenged when disruption had reached an unacceptable level. The repeated breach of such geographical bans will be an important marker of the need for the use of individual powers, e.g. a civil injunction.

- 7.4.3** Evidence suggests identifiable benefit to drinkers from the use of individual contracts or orders. The most obvious of these are the Acceptable Behaviour Contracts (ABCs) or the Civil Injunctions / Criminal Behaviour Orders.
- 7.4.4** The Bristol Streetwise project successfully used ABCs to encourage engagement with services: "the... 'stick' approach is likely to improve the street drinker's chances of benefiting from treatment for their substance misuse..."
- 7.4.5** A 2008 review of enforcement measures reported that: "...when preceded by warning stages (such as ABCs) and integrated with intensive supportive interventions, it was evident that 'harder' measures could bring about positive benefits for some street users themselves, as well as to the general public. Enforcement in these instances acted as a 'crisis point', prompting reflection and change, encouraging engagement with support services, such as alcohol and drug treatment."⁹

Street drinker comment:

"...this ASBO, in a kind of weird way, has done me a favour because I've faced my demons... I want to change my criminality, I want to change who I am, and who I've become, you know. I want a better life for myself really and that's why I'm here [rehabilitation centre] because there comes a time where you just get sick of it."¹⁰

- 7.4.6** This requires the development of model 'requirements' for orders such as the civil injunctions. In one high profile case, a woman received an order that simply banned her from every licensed premises in the country. Constructive orders will recognise the potentially fatal impact of enforced alcohol detoxification and ensure that the recipient is required to receive help from alcohol services. This will also require service specifications for local alcohol services to be written in a manner that enables them to offer interventions that can form part of the positive requirements in such orders. This could be a further strand in the dialogue about the commissioning process described earlier.

Background information on these paragraphs is in section 8 of the research document.

POINTS FOR LOCAL CONSIDERATION 4 – ENFORCEMENT POWERS

Have geographical bans been implemented to define the behaviour as a problem for a community and allow action against individuals?

Are individual orders ranging from ABCs to civil injunctions being used in conjunction with welfare interventions to initiate change?

Have local alcohol services been commissioned in a manner that enable them to offer interventions that can form part of the positive requirements in such orders?

NATIONAL ACTION 3 – ENFORCEMENT POWERS

PCCs should ensure that the potential of the new civil injunctions to be a promising way to engage individuals into treatment is developed through national guidance on how to write positive requirements for street drinkers or problem drinkers generally.

7.5 WORK IN PARTNERSHIP WITH THE RETAIL TRADE

- 7.5.1** Shops and businesses generally have a right to expect that their trade will not be hampered, or customers discouraged, by street drinking; but the public also has the right to expect that those businesses that sell alcohol do so responsibly. This will be good for business but also enhance staff welfare: evidence from the Association of Convenience Stores (ACS) has highlighted the pressure on staff dealing with intoxicated customers. Evidence from Ipswich's Reducing the Strength campaign (see below) suggested controls on sales can improve staff well-being.¹² It is also worth noting that, in the last year, manufacturers of cans of super strength lager have reduced the size and strength of these products following an agreement between the government and the trade.
- 7.5.2** Five main forms of enforcement are possible in the retail sector; these are reviewed below (more detail is provided in the research document).
- 7.5.3** Cumulative impact policies to control the number of licensed premises: The number of licensed retail outlets in an area can be limited through implementing a cumulative impact policy (CIP). A CIP creates a rebuttable presumption that applications for the grant or variation of a premises licence in a defined area will normally be refused or subject to certain limitations, unless the applicant can demonstrate in the operating schedule that there will be no negative cumulative impact as a result of the licence. In order to justify such a policy, there must be evidence that the number or density of licenced premises in an area is leading to crime and disorder or public nuisance, or is detrimental to public safety or child protection. The local authority must undertake a public consultation before the cumulative impact policy is incorporated into its statement of licencing policy.
- 7.5.4** Enforcing the law on selling to intoxicated individuals: Sales of alcohol to intoxicated customers are regulated under the 2003 Licensing Act. These powers could be a powerful technique in challenging street drinking. However, for an offence to occur, staff need to knowingly serve drunk customers, creating a high evidential bar and, possibly, deterring police forces from focusing resources on this. More importantly, a survey by the ACS found that retailers often felt intimidated, or risked physical assault, if they refused to sell to a person who was drunk.^{14 15} Liverpool's *Drink Less Enjoy More* intervention demonstrated that encouraging use of these powers alongside training, publicity, retailer support and police involvement had a positive impact in the night-time economy. These lessons could be applied to street drinking.¹⁶

THE KENSINGTON, LIVERPOOL INITIATIVE

Liverpool City Council has used a CIP as part of a package of measures to tackle street drinking in the city's Kensington ward. This was not 'aimed' at the night-time economy but instead targeted off-licences and late night refreshment in an area with significant health inequality and a large number of hostels. Public health evidence about the detrimental effects of parental drinking on child protection was used to support the CIP. In addition, a can marking initiative identified where cans used by street drinkers came from and the area had targeted patrols from the police. It is believed that the impact of these measures has been significant: alcohol related crime and anti-social behaviour have declined in the targeted area over a 21-month period.¹³

- 7.5.5 Refusal to serve initiatives:** The ACS suggests that where a small number of street drinkers are being targeted by reducing the strength, "it may be more effective to focus on not serving those individuals rather than removing products for all customers."¹⁷
- 7.5.6** The ACS acknowledge that: "These initiatives are challenging, and require engagement from local groups which help street drinkers..."¹⁸ This help is likely to be in the form

of training and targeted interventions by local alcohol services and will require the development of support models which, in particular, avoid precipitating alcohol withdrawals in individuals.

In the United States, Green Bay, Wisconsin has instituted a No Serve list identifying 'habitual drunkards' who are regularly committing crime or causing other disruption to the community. This is distributed to those selling alcohol.

- 7.5.7** A Demos report has suggested a more nuanced approach. It argues that local shops need guidance on how to deal with customers who are drunk and recommends:
- ▶ Providing shop staff with support and advice on dealing with customers presenting problems related to chronic alcohol use;
 - ▶ Developing schemes whereby alcohol misuse agencies work with shops and provide guidance about tackling customers presenting with chronic alcohol problems.

The need for this supportive and educational approach has been endorsed by the Retail Alcohol Standards Group and the ACS.

- 7.5.8** In targeting underage drinking the retail trade has worked effectively with local agencies to develop Community Alcohol Partnerships (CAP).

CAP's mission is to reduce alcohol harm in local communities via a partnership approach, with a primary focus on tackling underage drinking. The CAP model is built on local education, training and partnership working. CAPs have been utilised as a means of tackling street drinking. CAPs may include an objective which focuses specifically on street drinking, utilising the same partnership based approach to reduce harm related to street drinking in a local area. However, a street drinking objective will always be an addition to a CAP's work program, as all schemes must primarily focus on issues relating to underage drinking, in line with CAPs core mission. A new CAP can only be established in an area where there is clear evidence of underage drinking.

- 7.5.9** A key recommendation of this guidance is the need to develop a CAP type approach with the drinks industry to target street drinking. This will enable the development of training packages for shop staff as well as guidance on best practice and supportive materials such as posters and leaflets on selling to intoxicated individuals. It will also enable the retail trade to be drawn into wider efforts to, for example, impact on frequent hospital admissions.
- 7.5.10 Reducing the strength:** One of the most important initiatives in tackling street drinking has been the 'Reducing the Strength' scheme. The most notable use has been in Ipswich, but others had previously used the approach and now many areas have adopted similar schemes. The details vary, but the core is work with local off-licensees to prevent the sale of cheap, strongly alcoholic drinks consumed by street drinkers e.g. 7.5% ABV 'white cider' and super strength lagers (now around 8% ABV). The legal consensus is that these schemes can only be voluntary. Even in Ipswich some retailers refused to support the initiative. Nonetheless, the borough argued that participation was sufficient for the scheme to have an impact on street drinking.²¹ Local Government Association guidance already exists on these schemes and provides a more detailed review:

http://www.local.gov.uk/documents/10180/5854661/L14-350+Reducing+the+Strength_16.pdf/bbbb642e-2bcb-47d4-8bea-2f322100b711

BRIGHTON

One year's data on the impact of Brighton's retail initiative (*Sensible On Strength*) indicates that of the 17 highest profile street drinkers in Brighton, 13 switched to lower strength alcohol. "It is now the exception rather than the rule to see street drinkers with high strength cans - a complete reversal of the situation 12 months previously".²²

7.5.11 Single can sales: An alternative or supplement to reducing the strength is to discourage single can sales. Bournemouth implemented an agreement on not selling single cans of strong cider or lager, as part of a wider reducing the strength campaign.

Background information on these paragraphs is in section 9 of the research document.

POINTS FOR LOCAL CONSIDERATION 5 – RETAIL INITIATIVES

Is the retail sector being engaged in tackling street drinking through training and support as well as campaigns such as reducing the strength?

NATIONAL ACTION 4 – PARTNERSHIP WITH THE RETAIL SECTOR

PCCs should encourage a national, educational and supportive dialogue between those providing alcohol interventions and those selling alcohol. This could result in the development of an equivalent to the Community Alcohol Partnerships but focused on adult drinkers.

7.6 BROKER AGREEMENTS BETWEEN MENTAL HEALTH AND SUBSTANCE MISUSE SERVICES

7.6.1 A challenge in working with street drinkers is the presence of people who also have mental health problems. Most areas consulted, reported that it is hard to secure help from mental health services for these 'dually diagnosed' individuals. One report called the response stigma and exclusion.

- ▶ *It was difficult to get agreement from the mental health services to take on street drinkers as clients.*
- ▶ *The street drinkers' group found mental health services very difficult to engage.²⁶*
- ▶ *At least half of them would have mental health issues but... the mental health services are unwilling to see them because they are unable to assess them accurately.²⁷*

7.6.2 Senior community safety staff should develop and monitor local pathways into mental health services for street drinkers and be persistent if the response does not meet local need. Mental health services should be an integral part of the proposed multi-agency groups.

7.6.3 However, this is a national problem and ultimately Police and Crime Commissioners and senior police officers should use their influence to highlight this gap with NHS England and the Royal College of Psychiatrists.

Background information on these paragraphs is in section 10 of the research document.

POINTS FOR LOCAL CONSIDERATION 6 – MENTAL HEALTH SERVICES

Is there good access to mental health services for street drinkers who also have mental health problems?

NATIONAL ACTION 5 – MENTAL HEALTH SERVICES

PCCs should encourage a national debate on better access to mental health services for street drinkers and people with alcohol problems generally

7.7 ENSURE POSITIVE PATHWAYS FROM THE PRISON AND THE HOSPITAL

7.7.1 Many street drinkers will spend short periods in prison. This offers an opportunity to intervene positively, for example, it may allow the individual to receive a mental health assessment. However, to maximise the benefit will require good liaison and communication between prison and community services to ensure a pathway is in place. Having access to assertive alcohol services will mean that high-impact individuals can be targeted for support from the prison gate.

In Bristol, imprisoned street drinkers can go through a supervised detoxification. The local service keeps in touch with the prison so that, on discharge, they can re-engage the person.²⁶

7.7.2 Street drinkers will frequently be seen in hospital either due to injury or collapse or as a refuge from the street. This is a significant burden on hospitals. National guidance already recommends the development of alcohol services in hospitals and pathways from there into the community. PCCs should encourage clinical commissioning groups and public health teams to commission these services.

POINTS FOR LOCAL CONSIDERATION 7 – PRISON AND HOSPITAL

Are links in place with hospitals and prisons and do their responses maximise the chances of engaging a drinker in a process of change?

Background information on these paragraphs is in section 11 of the research document.

7.8 ENCOURAGE STAFF TRAINING IN RELEVANT APPROACHES WITH STREET DRINKERS / CHANGE RESISTANT DRINKERS

7.8.1 The research emphasised the importance of a consistent response across agencies. The actions taken by police officers will be different from those used by outreach workers. Nonetheless, the basic approach should be similar, for example, encouraging entry into services and highlighting harm reduction approaches. Training and professional development work will assist this.

7.8.2 Above all, staff need to be aware that positive intervention is possible with street drinkers and that dismissing them as simply a 'nuisance' will be counterproductive: missing an opportunity to address a range of problems.

7.8.3 Such consistency will require joint training in the local approach and its underpinning philosophy. Staff who encounter, or work with, street drinkers are likely to benefit from training which covers:

- ▶ the physical and mental health problems associated with alcohol;
- ▶ harm reduction approaches;
- ▶ engagement techniques;
- ▶ motivational approaches.

Background information on these paragraphs is in section 12 of the research document.

7.9 ENSURE PERFORMANCE INDICATORS ARE BUILT IN TO ANY RESPONSE

7.9.1 Initiatives targeting street drinkers will require a performance monitoring and evaluation framework. This should measure both:

- ▶ the impact of street drinking on the community;
- ▶ the impact of interventions on individual street drinkers.

It will also be important to learn lessons from any local serious incident reviews that relate to this group.

7.9.2 The impact of street drinking on the community: the simplest approach is to use the key measures in the original assessment of need:

- ▶ the number of identified street drinkers in an area - the repetition of street counts will provide an ongoing picture of the impact of interventions;
- ▶ the number of reports of anti-social behaviour or crime;
- ▶ the feedback and reporting from local residents.

- ▶ *Using their annual street count Brighton identified a 31% reduction between 2013 and 2015 in the number of street drinkers.*
- ▶ *In 3 years Portsmouth achieved a 50% reduction in reports of anti-social behaviour associated with street drinking.*
- ▶ *In Lambeth an annual residents' survey contains questions about community safety concerns and allows the identification of changes in the level of concern.*

7.9.3 The impact of interventions on individual street drinkers: if the area has either a multi-agency group focused on street drinking or an outreach team, the impact of interventions on each individual can be readily monitored. Each person will have been targeted because of the burden placed on the community and this can be quantified in terms of measures such as:

- ▶ arrests;
- ▶ reports of anti-social behaviour;
- ▶ A&E attendances and hospital admissions.

The level of offending or admissions can then be reviewed over time to quantify impact.

7.9.4 In addition, measures of improvement in individual well-being should be considered:

- ▶ level of alcohol consumption;
- ▶ number of individuals entering alcohol services or health care;
- ▶ change in accommodation status;
- ▶ length of engagement with services.

7.9.5 Learning lessons from serious incidents: serious incident reviews in substance misuse services are a means of learning lessons about this group of clients. Lessons may also be learned from other inquiry processes, e.g. serious incidents in mental health services, domestic violence homicide inquiries or safeguarding death reviews.

Background information on these paragraphs is in section 13 of the research document.

8. OTHER INTERVENTIONS

8.1 The nine actions explored above are not the only approaches to tackling street drinking. However, they are probably those which will have the most widespread use. Other possible approaches include:

- ▶ Environmental interventions - street drinking may be deterred by adapting the local environment to make it harder to drink in public, e.g. the removal of benches.
- ▶ Wet centres - staffed, non-residential premises where street drinkers can gather (indoors or outdoors) to drink but may also have access to care services such as food and health checks.
- ▶ Toleration zones - designated but unmonitored locations where street drinkers are allowed to gather away from the public gaze or from population centres.
- ▶ Access to wet houses - in some areas specific wet houses have been set up; in others, commissioners purchase a place from an existing wet house which serves a national catchment area. This approach is expensive, but perhaps necessary for a small group of drinkers with seriously impaired ability to manage their own lives. However, it will be too expensive an approach to be extended to more than a small group of street drinkers. Individual placements will probably be purchased using local authority funding via the Care Act.
- ▶ Specific medical services for street drinkers - some areas with significant street populations have established medical services targeting street communities e.g. the Bristol Wet Clinic or GP practices in inner city areas such as Liverpool which have a specialism in homeless populations.

BRISTOL WET CLINIC

A wet clinic was established at a wet centre in Bristol in 2008. This provided a health service for street drinkers run by a GP and nurse. The clinic reduced Emergency Department (ED) attendance in 28% of its patients and treated 25% of its patients for conditions that would have otherwise resulted in ED attendances.²⁹

8.2 With the exception of environmental approaches, these approaches will probably only be appropriate for areas with a very large population of street drinkers. They are described, and their effectiveness evaluated, in the research guide.

8.3 The approach in this guidance is that in most areas the starting point will be a combination of a multi-agency group, engagement focused alcohol services, assertive outreach and appropriate use of individual legal powers.

Background information on these paragraphs is in section 14 of the research document.

POINTS FOR LOCAL CONSIDERATION 9 – OTHER SPECIALIST ALCOHOL SERVICES

Does the area have sufficient street drinkers to justify investment in specialist services such as a medical service targeting street drinkers or access to a wet house?

POINTS FOR LOCAL CONSIDERATION 8 – OTHER APPROACHES

Does the area have sufficient street drinkers to justify investment in a wet day centre and are there other more flexible approaches such as assertive outreach which offer a preferable starting point?

9. MULTI-COMPONENT APPROACHES IN OPERATION

9.1 Below are two examples of areas that have used a multi-component approach. One is an inner city area with a significant problem, the other is a smaller, coastal town.

LAMBETH

The London Borough of Lambeth has had problems with street drinking for many years due to its central London location. They have developed a coordinated and multi-component approach which has helped reduce the level of street drinking.

A particular problem has been in Vauxhall which had a concentration of single homeless facilities. It became more evident that the public wanted something to be done through the advent of neighbourhood policing. The council also started a consultation process with 900 local families which identified significant concern about street drinking and begging.

Designated Public Place Orders were already in place: this was the first step. The borough then focused on challenging retail sales. With the exception of two off licences, all voluntarily signed up to not selling beers and ciders over 6%. Generally, this was greeted well and one store felt it had improved safety and staff wellbeing. They heralded it to other shops and explained how it had improved the situation. The main challenge is that neighbouring areas do not have the same controls. More recently they have focused on individual can sales and not having the key products within three metres of the front door.

Work was undertaken to disperse big groups in parks. This was seen to reduce the visual impact of groups of drinkers. They argued that: "Once you have formed the habit of dispersal the groups tend to go away." They have removed benches in parks or changed benches to single seats pointing in other directions.

The borough has a street outreach team run by a substance misuse charity who are trying to engage people into interventions. This is supported by coordinated work with the police who also go out and build links with the drinkers. A specialist alcohol worker works in local hostels with continuing drinkers.

The borough used ASBOs but directed at key individuals with specific conditions targeted at that individual e.g. not to be in possession of a can over 6% in public or not to be in possession of an open can in a public place.³⁰

LAMBETH

In Weymouth a small cohort of street drinkers were causing significant problems especially verbal abuse to tourists coming out of the station or on the beach and to people who had concessions to sell to tourists.

Public Space Protection Orders were used (but not on the beachfront because of public use). These had no effect on the drinkers who were still congregating and being moved on by the police. As a result, assertive outreach was used in combination with Criminal Behaviour Orders

The initiative was led by the community safety team. A street drinkers group meeting was set up involving:

- ▶ Police
- ▶ Safer Neighbourhood Team
- ▶ The local substance misuse service provider: EDP
- ▶ National rail
- ▶ Beach control;
- ▶ Anti-social behaviour tea

10. CONCLUSION

10.1 Street drinking is a significant and widespread problem which causes distress and nuisance to individuals, businesses and communities generally. Tackling it not only addresses these issues but also saves resources and is a gateway into tackling a range of other social problems associated with high-impact, change resistant drinkers, for example, frequent hospital admissions.

10.2 The response to street drinking begins at the strategic level. As a first step, PCCs can encourage agencies such as police, local authorities, businesses, alcohol services and health services to develop a joint approach.

10.3 PCCs should encourage a multi-component approach built around:

- ▶ the development of multi-agency groups focused on managing this client group;
- ▶ ensuring alcohol services address change resistant drinkers; and
- ▶ the use of individual-focused legal powers.

These will be supported by work with the retail sector to create an environment that reduces the likelihood of street drinking. An approach that mirrors the existing Community Alcohol Partnership structure (which targets underage drinking) but focused on street drinking could provide a framework for local joint working, and create links to the business and retail sector.

10.4 At the national level PCCs could press for five specific developments which will support the local work.

PCCs should press for the development of a national approach to identifying the numbers of street drinkers, with counts based on an agreed methodology.

PCCs should encourage the development of a model service specification for alcohol services which reach out to, engage and motivate high impact, change resistant drinkers such as street drinkers.

PCCs should encourage the development of guidance on how to write positive requirements for street drinkers or problem drinkers generally as part of civil injunctions.

PCCs should encourage a national, educational and supportive dialogue between those providing alcohol interventions and those selling alcohol. This could build an equivalent to the Community Alcohol Partnership model, which has targeted underage drinking, but focused on adult street drinking.

PCCs should lead a national debate on better access to mental health services for street drinkers and people with alcohol problems generally.

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