A review of the Lewisham drinking control zone and responses to related street population issues

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Background
Lewisham Council introduced a Drinking Control Zone (DCZ) for Lewisham and Catford town centres in August 2003, to tackle street drinking and associated antisocial behaviour. A further DCZ was implemented in the Upper Brockley area in December 2007. The Council commissioned Ranzetta Consulting to undertake an evaluation of the main Lewisham and Catford DCZ and related issues, which was undertaken during January and February 2009. This report sets out the methodology and findings of the work.

Methodology
A mixture of qualitative and quantitative approaches were used, as follows:

i. Analysis of available information provided by partners, including Community Safety Unit, Drug and Alcohol Team, police, wardens, outreach teams – as well as other relevant local sources of information

ii. A range of structured and semi-structured interviews, questionnaires and surveys with the partners and stakeholders listed in the specification, to obtain qualitative information and any further data

iii. Discussion with street drinkers

iv. Review of available best practice

Introduction
Dealing with street drinking problems is a historically challenging issue and although data is limited, indications from local authorities suggest that street drinking levels have risen significantly over recent decades¹. Along with the near doubling of overall UK alcohol consumption since the 1950s², in towns and cities the regular pub has been increasingly been replaced with trendy bars and late night establishments. As a result low-income drinkers have become no longer able to afford to drink in local pubs, and those with an alcohol (and/or drug) dependence have often been displaced onto the street. In response, a niche alcohol industry has responded with carefully targeted high strength, low cost drinks with cans readily available from as little as 59 pence.

Of course there are also pull factors to drinking in public places that also apply to young people, middle class picnickers and alcohol dependant street drinkers alike. The outside lure of a summer’s day and the desire to socialise apply to most societal groups, but for street drinkers there are a number of

¹ Since 2001/02 when the first data about ‘drunk or rowdy in a public place’ was collected, concern about this type of behaviour has increased from 22% to 26%
² Institute of Alcohol Studies, Analysis of UK trends 2005
added incentives to stay on the streets. Whilst street drinkers are largely housed, most have a history of homelessness and do not wish to jeopardise their tenancies by drinking indoors. Vulnerable street drinkers are frequently targeted by those who use other’s homes to meet their own interests, including dealing or drug and alcohol consumption. Street drinking groups or ‘schools’ also offer safety in numbers from both threats of outside groups and through offering degrees of ‘self-policing’ often protecting the more vulnerable. Group members also often loan drinks and help one another or make use of opportunities to pool resources.

Many habitual street drinking groups are also strongly influenced by a range of environmental factors. Easy access to off-licenses, prevalence of local services and convenient spots to sit and watch the world pass by can make areas highly amenable to street drinking. This in turn can increasingly establish areas as ‘hotspots’, as regular groups attract new, transient or infrequent members.

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

In Lewisham, a number of street drinking schools engender these powerful push and pull factors. Work to reduce the levels and negative impacts of street drinking groups will need to recognise the importance of further multi-agency working through sustainable, pragmatic and most likely innovative responses.

Understanding the Drinking Control Zone (DCZ)
The DCZ is the local term used to describe designated public areas where police have the power to confiscate alcohol or require a person to stop drinking. Failure to do so may result in arrest and/or a fine of up to £500. This power is given to local authorities under section 13 of the Police and Criminal Justice Act 2001 and the areas are officially referred to as Designated Public Places Orders (DPPOs). The main intention of the DCZ powers is to provide police with a tool to address alcohol related disorder in a quick and effective way. The powers should also act as a deterrent to further related disorder or anti-social behaviour (ASB).

However DCZs are not a ban on public alcohol consumption and do not make drinking in public an offence. The power is discretionary on the part of the officer. An officer does not have to witness alcohol-related ASB to use the powers, although in many areas this is the preferred approach. DCZs were
brought in to replace former drinking bye-laws that could ban the consumption of alcohol in public places. DCZ do not give police the power to move people on, only to confiscate alcohol or require a person to stop drinking. Other community enforcement agencies such as wardens can be authorised to enforce the DCZ, though use of the powers amongst wardens is rare and predominantly used by local police Safer Neighbourhood Teams (SNTs). In Lewisham wardens are not authorised at present.

Local authorities must undergo a number of legal requirements before designating DCZs including obtaining suitable evidence that alcohol-related disorder in the area is a problem. There is some scope for designating areas that are likely to be impacted by displacement from other designated areas. Along with being satisfied that alcohol related disorder is or will be a problem in an area proposed to be designated, the local authority must consult with a number of key statutory partners including the police, neighbouring authorities and businesses and residents on those localities. Following local council decision that the requirements have been met, adequate signage must be in place following public notice and a period of 28 days.

**Defining street drinking**

Although there is no universally agreed definition of street drinking, a number of common factors are largely accepted. Within this report, street drinkers are therefore understood as those who habitually drink in public places; are likely to have moderate to severe alcohol dependencies; and likely to have degrees of (or history of) serious physical or mental health problems. Most street drinkers are in fact in some form of housing, though often it is temporary accommodation and may be at risk, or they have had a history of homelessness.

In fact there is growing recognition that today’s street drinking groups are increasingly diverse in terms of ethnicity/nationality, age and behaviours. Of key importance is the fact that many more street drinkers are now also drug users and with often increasingly complex and chaotic lifestyles. Street drinking groups therefore no longer fit the old stereotype of older male; now younger, dependant drug users have integrated with these groups and increased the prevalence of poly-drug and alcohol use.

Significant new groups have also emerged, such as Eastern Europeans, many of whom came to find work or escape debt following the EU Accession states’ access to the UK labour market in June 2004. Addressing street drinking however is often better approached in the context of ‘street populations’, as individuals are increasingly transient and involved with rough sleeping, begging and street drinking groups alike.

**National framework**

In 2008 the new Public Service Agreement (PSA) 25 set out the government’s intentions to reduce the harm caused by drugs and alcohol. This includes work to reduce the harm from alcohol ‘to the community as a result of crime,
disorder and anti-social behaviour’. Since April 2008 local Crime and Disorder Reduction Partnerships have had a statutory duty\(^3\) to have an alcohol strategy in place to reduce alcohol-related crime and ASB, whilst the health harms of alcohol must be also be reflected within the local Joint Strategic Needs Assessment.

Local authorities are now monitored through the National Indicator (NI) set of 198 indicators. Three of these are directly related to alcohol including NI 39 - Alcohol-related hospital admission rates and in the context of alcohol-related crime and disorder, NI 41 – Perceptions of drunk and rowdy behaviour as a problem. However, as many of a third of the NIs can either directly or indirectly be linked to the impact of alcohol misuse. In addition to national drivers to reduce alcohol-related crime and disorder, a new policing framework will be introduced in 2009 following the publication of the Policing Reform Green Paper\(^4\). This will change the way police performance is measured through the introduction of a single top down public confidence target intended to reduce paperwork requirements and increase time spent policing local communities.

**Other DCZ evaluations**

Although there are now 687 DCZs in place across England and Wales, few comprehensive evaluations exist. There are no statutory requirements to monitor or evaluate the success of such orders, though guidance released in 2008 recommends local authorities monitor alcohol-related disorder before, during and after implementation. A survey to inform the report ‘What works best to tackle alcohol related disorder’\(^5\) found that “while 18 of the 19 [London] boroughs which had used Designated Public Places Orders felt they had been moderately or highly successful, there was significant variation in the methods used to evaluate ‘success’.” However, the following two examples are comprehensive studies into the impact of DCZ and street drinking issues.

**Southwark**

Southwark council introduced a near borough wide DCZ in 2006 and later commissioned an extensive report to evaluate its success. The findings included:

- An overall reduction of 27% was recorded in street drinking levels based on pre/post DPPO street drinking audits. However, there was significant variation between wards; some experienced significant reductions, some experienced increases and others little change

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3 under the Police and Justice Act 2006  
4 From the neighbourhood to the national: policing our communities together’ Home Secretary 2008  
• In most cases (76%) alcohol is confiscated by police SNTs when street drinking was witnessed, although in 21% of cases street drinkers are either warned or moved on.

• Police SNT teams held very positive views of the powers; 77% used the powers on at least a weekly basis, the majority of teams described the powers as ‘very useful’ and over two thirds of teams reported reductions in street drinking levels and ASB.

• Local authority stakeholders and businesses highlighted largely positive views especially in reductions of street drinking and ASB levels, and the success of multi agency working where applied.

• However stakeholders raised a number of concerns including:
  o levels of displacement;
  o complex issues facing street populations;
  o the need to continue to address problematic licensed premises;
  o varying levels of enforcement;

• Street drinkers who provided feedback were not generally hostile to the policy of the DPPO, although they felt the DPPO had limited impact on their drinking.

• Use of the DPPO powers has significant seasonal variation with increased use in summer months and two main wards (Camberwell and Brunswick Park) as key hotspot areas.

• The DPPO was not considered to have impacted on the Night Time Economy or alcohol-related disorder linked to pubs or bars.

• A residential survey with residents of Camberwell showed 19% fewer residents had witnessed any alcohol related disorder than they had prior to the DPPO. However the majority said they were not aware of the DPPO and 53% reported no change in alcohol related disorder.

Hammersmith and Fulham
Hammersmith and Fulham council evaluated their DCZ at 6 and 12 months, primarily through a number of pre and post DCZ street counts and surveys with stakeholders including police SNTs. At 12 months on, audits indicated that street drinking levels has reduced by 62% from the previous year\(^6\); complaints about street drinking had reduced dramatically; SNT teams viewed the powers either as ‘useful’ or ‘very useful’; and powers have also been used effectively for football and NTE-related disorder.

Other DCZs
As there is no statutory requirement to monitor the impact of DCZs, few reports are available which account for data before and after the implementation of DCZs. Most assessments of the impacts of DCZs are therefore made based on stakeholder’s views rather than street drinking audits or numbers of alcohol-related crime and disorder incidents. ‘What

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\(^6\) Though post-DCZ weather conditions were also though a contributory factor to reductions in street drinking
works best to tackle alcohol related disorder?’ examines a number of boroughs’ responses including DCZs and compares 5 boroughs’ approaches to using the powers in London. A list of all DCZ is also available on the Home Office Crime Reduction website which includes lead contacts.

The DCZ, local context and prevalent issues

Implementation of the DCZ

Lewisham council introduced a DCZ across Lewisham High Street and Catford town centre in 2003. The introduction of the DCZ followed ongoing issues with street drinking alcohol-related disorder in the area and Rushey Green was identified as “.. a historical drinking site” by an Equinox report in 1998. The document also contained findings of a survey that showed 70% of local retailers felt that street drinking was bad for their business as a result of intimidation and disturbances. The report concluded that “the impact of street drinking on Rushey Green is significant and detrimental to regeneration of the area.”

In early 2003 further surveys were conducted by Lewisham wardens and found that 96% of licenses within the proposed designated area supported the introduction of the DCZ. A street survey of 51 members of the local public found that 69% were aware of street drinkers in Rushey Green and many feared verbal abuse, intimidation and the risk of violence. A Cabinet report set out available evidence and considerations for implementing the DCZ. In concluding the report recommended that:

“A Drinking Control Zone is the most cost-effective method of dealing with nuisance, annoyance and disorder caused by the public consumption of alcohol. A zone will contribute to the regeneration of Rushey Green and Lewisham High Street helping to create a more welcoming environment and reducing the fear of crime. The ARP outreach worker will complement these measures and help to balance the competing needs of people with alcohol problems and the needs of residents, retailers, and visitors to the town centre.”

The implementation of the DCZ was therefore agreed at Full Council on 4th June 2003 with costs of £10,207 agreed. A further zone was extended into the Upper Brockley area in April 2008 following pressure from local councillors and residents to address incidences of anti-social behaviour in the locality.

Current profile of street drinking in Lewisham

As outlined above, street drinking groups are influenced by a range of complex factors and are in a constant state of change. None the less, hotspots can become entrenched and many street drinkers are unlikely to be able to or to seek to overcome severe alcohol or drug dependencies. The local authority and partners recognise responsibility to reduce the negative impacts on communities and individuals through addressing uncontrolled street drinking. A good understanding of the local context and individual
profiles is therefore necessary in order to respond with appropriately targeted enforcement and support responses.

Street drinking context
Street drinking groups in Lewisham appear to reflect a broader diversification in the profile of street populations in recent years. In many areas a high proportion of identified street drinkers in the borough have co-existing drug dependencies and complex needs including physical or mental health problems. Issues of A8 Eastern European street population groups have also been identified; this is a group that is harder to engage and support given their limited entitlement to treatment or support.

It is also clear that most street drinking groups are causing serious concerns to the community and that perceptions of alcohol-related ASB are high where most street drinking hotpots are reported. Most typically issues of noise disturbances, littering, urination and intimidation of passersby are prevalent. In certain areas, more extreme issues are being raised including drug dealing, discarded intravenous needles, fighting, aggressive begging and the threat of violence.

Lewisham, Catford and Central Clinic
The DCZ covers the geographical area from Lewisham to Catford with Rushey Green ward in the middle. As highlighted in 1998 Equinox report, the area has a historical link to street drinking and the use of a range of amenities, thoroughfares and areas continue a legacy of street drinking. The opening of Central Clinic in 2007 has centralised much of this activity to Rushey Green particularly along the London Squares spaces.

The London Squares were regenerated in 2001 as part of the Rushey Green renewal development and were given new pavings and benches whilst additional areas were built to replicate the squares along Lewisham High Street. However a number of the squares, particularly outside Central Clinic have since come to be used predominantly by street drinking groups, the majority of whom are receiving methadone prescriptions or accessing other services. Given the proximity of the London Squares to the main drug and alcohol service for the borough, the nearby location of the Job Centre Plus, the hospital and the area’s accessibility as a key through route, it is clear the area has a number of strong pull factors for street drinkers to use the area.

Upper Brockley
In November 2007 there was consultation on whether a DCZ should be implemented in the area centring on Upper Brockley Road - to respond to allegations of ASB, including incidences of alcohol-related disorder. The issues of alcohol related ASB in the Upper Brockley area were not perceived as being in common with traditional street drinking or street population groups found elsewhere in the borough. The group identified as causing problems was a social grouping of British-Caribbean males that regularly gathered in the same area.
In 2006 a police ‘Problem Solving Approach’ was applied to the area in response to a number of identified issues including numbers of people “…outside the two businesses (Supercuts and The Honey Pot) for most of the day and into the evening, creating noise, litter, and smoking and dealing in cannabis.” However, there are some other street drinking individuals known to use the area, including the Memorial Gardens, and are typically housed in the nearby Brakespears Road hostel. Following support from consultation with residents from the area, a DCZ was introduced in April 2008.

**Deptford and New Cross**

Deptford is not currently covered by a DCZ although has had a history of street drinking and associated problems. Wardens have estimated there are currently around 30 street drinkers in and around Deptford and New Cross, as many as reported in the Rushey Green area. Wardens identified the following locations known for street drinking in Deptford:

- Deptford High Street - by the anchor and outside both betting shops
- Grove Street - outside the shops next to 2000 Community Centre
- Fordham Park - more prevalent in the summer
- St. Paul’s Church - Diamond Way/Crossfield Street
- New Cross Road - outside the Post Office and pharmacy
- Princess Street - outside the betting shop
- St. Mungos Hostel - Pagnal Street/Exeter Way

Currently there are active community representatives working to address the issues associated with street drinking related ASB, including the local SNT team, the parish priest at St. Paul’s, and the town centre manager. The local MP is also active within the local ward panel, which has drawn attention to the option of a DCZ as a potential response for addressing concerns.

**Sydenham**

Reports indicate there are approximately 15 street drinkers using the area outside of the Post Office on Sydenham Road. Outreach services have identified them as a somewhat transient group having no permanent link to the borough. Some are reported to have come from the King’s Cross area and are not linked into any local services though claim to be street homeless. Approximately half are reported to be poly-drug and alcohol users.

**Services available to street drinkers**

The Rugby House ARP outreach worker is commissioned to ensure street drinkers are aware of services and assisted to access support as necessary. The outreach worker operates through the Rugby House ARP alcohol service in New Cross, which offers a range of structured programmes and access to detox and aftercare for primary alcohol problems.

Beyond this service, a range of other wider substance misuse agencies provide interventions and support services for street drinking groups, most of
which include referral pathways through the outreach worker or alcohol service. Services of particular relevance to street drinkers include the Bench rough sleeping outreach team and the Single Homeless Intervention Project to support clients experiencing housing problems. Clinical treatment services are largely accessed through Central Clinic, which includes the Lewisham Community Drug and Alcohol Services (LCDAS), the Lewisham Substance Misuse Care Management Service, and Drug Interventions Programme (DIP) team.

Stakeholder responses
We asked a range of stakeholders for their views on the impact of the DCZ and of street drinking in general.

Councillors and community group responses
Rushey Green
Rushey Green ward councillors expressed serious concerns relating to the ongoing issues of street drinking and related ASB centring around Central Clinic, Albacore Crescent and Blagdon Road. They expressed frustration on behalf of the ward and its residents that the negative impacts of street drinking had been ongoing for many years. The impact of alcohol misuse was not only evident on the streets but several residents in the area also suffered as a result of ASB from locally housed street drinkers or heavy drinkers. However, they expressed confidence that Central Clinic agencies were committed to addressing the problems associated with their clients but needed more support in doing so.

Concern was expressed that although the Rushey Green SNT ward priorities include street drinking-related ASB, it was not the top priority. Ward representatives reported a long history of meetings and activity attempting to resolve the issues, which included the use of the bus stop by street drinkers to shelter from rain, and the amenability of benches and access to London Squares.

Particular concern was also raised about local off-licenses who are reportedly frequently selling to street drinkers who are clearly intoxicated, and also selling to minors. Frustration at the apparent lack of punitive action against off-licenses was raised despite eyewitness statements and ongoing reports of such sales. The defence of intimidation from street drinkers was not considered particularly plausible based on local reports.

A number of recommendations were made by Rushey Green representatives including:
- Provision of a designated police SNT officer for Rushey Green street drinking issues
- Provision of wet centre
- Provision of alternative space if suitable area can be identified
- Suitable housing provision for severely dependent drinkers
CCTV and enforcement measures outside Central Clinic
Further support for Central Clinic to address street drinking issues
Further attention to address illegal off-license sales

Deptford
Serious concerns were also raised by Deptford community members, who reported a feeling within the community that long-standing street drinking problems have long been overlooked in the area. The local community was now operating through the SNT ward panel to discuss and coordinate responses to the ongoing street drinking problems. Members of the public reported that street drinking areas exist across Deptford and New Cross, including a number of public spaces and housing estates. Issues relating to drug misuse by street drinkers were also highlighted and the public were supportive of any measures to ‘ban’ street drinkers or ‘protect’ the wider community.

The parish priest at St Paul’s had also been actively involved in street population work and gained a detailed understanding of the issues related to street drinkers. This learning has been influenced by taking a softer and supportive approach whereby no real gains were made. However, through taking a firmer line including the banning of alcohol within the church grounds, positive outcomes had been easier to achieve including 16 rough sleepers being found some form of accommodation over the years.

Ladywell
A local councillor from the Ladywell ward expressed concerns about the environmental impact of street drinking. It was reported that although the street drinking groups using Ladywell Park were generally unproblematic, the resultant litter was both anti-social and in some cases a risk to the local habitat and wildlife.

Central Clinic
Central Clinic compromises the Drug Interventions Programme (DIP) team, Lewisham Community Drug and Alcohol Services and the Lewisham Substance Misuse Care Management Service. Central Clinic staff were keen to manage issues of alcohol-related ASB and acknowledged their role in trying to reduce problems in the area. However team members showed low levels of confidence in relation to the DCZ, due to a perceived lack of strategic or consistent approach by enforcement agencies and lack of signage.

Staff drew attention to the fact that clients collecting methadone prescriptions must be tested alcohol-free before receiving their prescription. Clients that are alcohol dependant are therefore likely to drink as soon as possible afterwards, so would be likely to drink outside the Clinic. Although some measures had been taken to incentives or address problematic clients through restricting the availability of free bus tickets, options to tackle this issue appear limited.
Strategic council leads: DAST and Community Safety
The DAST commissioned this report in recognition of the need for further action to address both alcohol-related ASB and better responses for particular drinking groups. However, particular concerns were raised over the limited levels of enforcement and impact of the DCZ. A clear line on how the DCZ should be approached in the future is needed.

Substance Misuse Commissioning Team
The commissioning team raised a number of treatment issues in relation to services and support for street drinkers. Concerns consistent with outreach teams also highlighted the potential for inappropriate use of detoxification as either respite or a response to push factors (for instance street drinkers undergoing treatment as an alternative to prosecution). This was considered costly as treatment was mainly effective only where there was sufficient self-motivation. This also impacted negatively on other treatment users through increased waiting times or more limited treatment options.

To develop effective commissioning it is important to know more about street drinking groups and their use of treatment services. Information should be sought on how many street drinkers are or have been engaged in treatment, and reasons for dropping out. This would help with more effective treatment planning and care. Clarification of treatment care pathways is important to ensuring positive outcomes and preventing drop-out. Protocols were also discussed as an option for ensuring appropriate use of detoxification and appropriate follow on treatment.

Outreach and support workers
Outreach services in the borough demonstrated a detailed understanding of the profile and context of street drinking in the borough but highlighted the over-riding issue of ‘treatment resistance’ amongst core street drinking groups. Street drinkers are typically well aware of the services that are available and the option of detox is often viewed as a ‘respite period’ rather than the starting point for reducing or significantly cutting their alcohol consumption.

None the less issues relating to the availability of appropriate alcohol treatment were reported. Particular gaps were identified in terms of aftercare to provide support for those aiming to maintain abstinence or controlled drinking. In response, Rugby House ARP deliver additional groups over and above what is funded to help try and meet these needs. However, around 90% of the entrenched street drinking population in Rushey Green were reported as dependant drug users and the Central Clinic hotspot was largely generated by clients using the service.

Police strategic and operational leads
SNT Chief Inspector
The Chief Inspector for SNTs was not in favour of the use of DCZ powers - mainly due to concerns relating to the capacity of SNTs to resource them,
particularly where public expectations are likely to be raised. If the further use of DCZs is implemented, SNTs could be subject to criticism where street drinking still existed due to false public expectations that DCZs are a ‘panacea’ to such problems. This is because the public often incorrectly regard street drinking in itself as an offence and therefore expect it to be banished. Also, there are limitations in using Fixed Penalty Notices\(^7\) (FPNs) when someone was intoxicated, and therefore arrest is often be the only (though often unproductive) option.

Alternatively, a number of other options for responding to issues of alcohol-related ASB were put forward, including use of existing powers of arrest for specific ASB offences. Additional specific alcohol-related powers are also available such as directions to leave under section 27 of the Violent Crime Act, whereby individuals can be banned from an identified area for up to 48 hours.

**Police Borough Intelligence Unit (BIU)**

The BIU demonstrated insight and understanding of the issues surrounding the DCZ and made a number of suggestions as to how the police and other partners should respond to ongoing challenges. It was identified that the use of the existing Lewisham and Catford DCZ currently lacked consistency and ownership and needed to formally be incorporated into local strategic police frameworks to receive significant attention. Currently there is a need for a strategic approach towards the DCZ which requires clarity and coherence, not only in enforcement but also in terms of improving information, knowledge and perceptions of the powers.

Based on the experiences of other boroughs, it was expressed that the DCZ could be used more effectively by police and strategic partners. A number of recommendations/considerations were proposed:

- Police Problem Solving Process (PSP) used for DCZ enforcement. The PSP allows a proactive tasking based approach to local issues and encompasses the SARA approach of ‘Scanning, Analysis, Response and Assessment.’ The PSP is typically a 3 to 12 month tasking process which encourages efficient assessment and responses to localised problems.

- Identify further resources to target hotspot areas and DCZ enforcement as necessary. Options include the Special Constabulary who have been used effectively in other problem areas, assigning wardens, Community Safety Accreditation giving DCZ enforcement powers and consideration of assigned police officers or wardens for key areas. Additionally non-SNT officers could be briefed to use DCZ powers when passing alcohol-related ASB or street drinking groups.

- Improving understanding, knowledge and communication of DCZ and surrounding issues to agencies and the general public. This was

\(^7\) FPNs can be issued for failing to comply with an officers request to surrender alcohol or cease drinking in a public place within a DCZ
necessary to ensure further and more effective utilisation of the powers by police, whilst increasing the scope of multi-agency approaches and ensuring a better management of expectations.

**Police SNTs**

**Rushey Green**

The Rushey Green SNT expressed that the DCZ had not helped the situation in the ward for a range of complex issues. These reflected a number of key views:

- The DCZ had raised local expectations in relation to reducing street drinking that could not realistically be met
- The DCZ reflected a view that street drinking was solely an enforcement issue. This view was not supported as this does not recognise their complex support needs
- It is better to have this group in a public space where the behaviour can be controlled and the risks to individuals are less
- The geographical set-up of the area was particularly amenable to street drinkers needs

A number of other issues were raised, particularly relating to the limitations of enforcement powers for street drinkers with complex needs. For example whilst Anti-Social Behaviour Orders (ASBOs) had been given for a number of key individuals, most had been breached and were not necessarily suitable for clients with chronic dependencies, mental health problems and other issues.

**SNT recommendations:**

- If possible, a suitable alternative space should be identified
- ASBOs should not be used as an enforcement measure
- Alcohol Treatment Requirements (ATRs) to be used where possible
- Improved alcohol treatment access and support options

**Upper Brockley**

The Upper Brockley SNT expressed that the recently implemented DCZ had been useful in reducing alcohol related disorder, although it had only been introduced relatively recently. Therefore it was regarded that the real test would be in the summer when alcohol-related ASB problems were likely to increase. Additionally the scope of the problem was different in that there were only a few regular ‘traditional street drinkers’ as the DCZ had been mainly brought in to address instances of alcohol-related disorder by the regular social group of males by the Honey Pot and Supercuts. The DCZ had been useful however in addressing instances of ASB from both groups and there had been a reduction in the frequency of traditional street drinkers using the Memorial Gardens. However occasional instances of street drinkers stepping outside the zone had been identified, although this was not considered a significant problem as they did not regularly gather in these areas.
Wardens
The wardens provide a community safety patrolling presence across six key areas of the borough, with an additional mobile bike unit. Wardens also provide a key social inclusion remit through helping vulnerable members of the community as well as supporting high-visibility crime and disorder prevention and responses. The wardens are therefore well versed on the local street populations, responding to both alcohol-related ASB and supporting vulnerable individuals.

An interview was conducted with the wardens team leaders where a constructive discussion considered the main issues and potential responses to the current problems relating to street populations. Key points included:

General points
- Street drinkers are ‘treatment resistant’ and not interested in engaging with services unless they can feign interest to help them avoid Criminal Justice proceedings against them
- Street drinkers are no longer just alcohol users, most are now poly-drug users
- Over the last year street drinkers have become more aggressive, more are crack users and there are less women (at least 90% males now)
- The DCZ has not changed behaviour of the remaining hardcore groups who do not care about the threat of enforcement or action
- Most are aware of the law and that they are unlikely to be given an on the spot Penalty Notice for Disorder (PND) because they cannot be issued to someone who is intoxicated
- The DCZ signs were perceived to be too small
- The supply of alcohol was excessive in the area

Rushey Green
- Prior to the DCZ, the Rushey Green area was used by up to 100 street drinkers
- Shortly after the introduction of the DCZ there was some sustained enforcement from police which displaced approximately 40 non-entrenched street drinkers from the area
- However enforcement did not impact on the entrenched street drinkers, and there remains about 30 from the original crowd
- The DCZ does have some prohibitive impact on peripheral street drinking groups
- Occasional police enforcement weeks have had short term impacts
- Displacement has taken place into Lewisham Park, Ladywell Fields and the Malling, Bredgar and Kemsley tower blocks
- Parts of Albacore Crescent have become a street drinking hotspots

Other areas
- The perception of a street drinking group in Brockley is not accurate. Although some street drinking takes place, the group would be better
described as a cultural group who use the area to socialise

- Deptford has around 30 street drinkers known to the area
- New Cross Gate has around 8 regular street drinkers
- Rushey Green has around 30 entrenched street drinkers left and a further 10 are known around Lewisham

Warden’s recommendations

- An alternative space is supported as the best option. Street drinkers largely want to be left alone.
- A DCZ should be borough wide as this would allow a more consistent message and approach
- Public expectations need to be managed through public education of street drinking issues
- A Joint Working Group should meet to address a number of issues including:
  - Lack of clear communication. A regular JWG could ensure that agencies are sharing the correct information with other partners including forthcoming plans or recent actions. Joint briefing were suggested
  - Lack of consistent information. A shared database of key names and clients was proposed as being useful to form the basis of a working plan for a JWG
  - Inter-agency relations. Concern was raised over hierarchal issues whereby agencies did not acknowledge others or show interest in joint working
  - Irregular meetings. A six weekly JWG could ensure that all issues were reviewed and discussed regularly whilst case managing key individuals

Public and local business responses

Surveys were carried out in Deptford and Rushey Green to get an indication of local public perceptions and comments regarding street drinking. 50 consultation letters were also distributed to houses in and around Rushey Green with a freepost envelope, but no responses were received.

Rushey Green

Local businesses and members of the public, mostly local employees, were interviewed in the Rushey Green area. The following findings were reported:

- 9/11 were aware of the DCZ
- 5 reported no change in street drinking levels over the last six months.
  - 1 reported a reduction and 2 people reported an increase
- In the last 6 months:
  - 11/11 saw street drinking
  - 8/11 witnessed noise nuisance
  - 8/11 saw intimidation by street drinkers
  - 6/11 saw people urinating in the street
  - 5/11 saw vandalism
4/11 saw people fighting
4/11 saw people vomiting in the street
Other reports included finding needles, seeing alcohol being decanted and people falling over

- 6/11 said they saw alcohol-related ASB on a daily basis, the remaining 4 people saw it on a weekly basis
- 7/11 had witnessed the confiscation of alcohol
- Only 2 people reported reductions in street drinking or improvements in behaviour

A number of comments were also made during the interviews including:

“More needs to be done. As a woman it is intimidating, it is for older people too. There’s a lot of dogs off their leads too [from street drinkers]”

“[Street drinking] ruins our businesses image. There used to be a guy who worked at the clinic would come out and move them on, they listened to him. An alternative space would be useful, but there needs to be a more permanent enforcement presence.”

“It can be intimidating, especially when it’s on public transport and you can’t walk away. It happens during the day too!”

Deptford

Awaiting further consultation feedback

Street drinkers and service users survey

A total 15 street drinkers and Central Clinic service users were interviewed for their views on the DCZ and it’s impact on street drinking and related activity. All but two indicated involvement in street drinking activities to some extent.

The following summarises the key findings of the interviews:

- 75% (10/15) were aware or partially aware of the DCZ in Lewisham and Catford
- Only 4 reported having alcohol confiscated. 10 said they had not had alcohol taken from them
- 7 disagreed with the powers and 5 agreed, but 2 stated they partially agreed with the powers, indicating a fairly even split on street drinker’s views of the powers
- 6 indicated that they did not street drink regularly and the powers had not effected this. 4 disclosed weekly street drinking and 1 monthly, a further 2 individuals did not wish to comment
- 5 gave details of where they drank in public and 3 of this group said the DCZ had definitely caused displacement. 2 said there had been no displacement but most did not comment
- 8 recognised the direct impact of street drinking in ASB terms and gave
details of nuisance behaviour they were aware of including intimidation and general noise and littering disturbances. 2 suggested the DCZ reduced ASB but 3 felt it had not

The survey group also provided a range of comments which give a good insight into the perception of the DCZ and street drinking issues in and around Lewisham. Key comments are included below.

“Yes [I agree with the DCZ powers] if you are causing trouble. Some people can’t handle their drink. A few people spoil it for everyone else.”

“If we’re not doing any harm, [enforcement agencies] shouldn’t do anything. People drink outside pubs – what’s the difference?”

“Its politics – [the DCZ] should be enforced.”

“…there’s drinking outside so that [street drinkers] can get passers by [e.g. money or alcohol]”

 “[The DCZ] should be all over. It moves on the problem.”

“There should be more information and a better understanding [alcoholism is] an illness.”

“I don’t agree with the powers. I did a hard days work, bought a bottle of Jack Daniels, took a swig in the shop and then had the whole bottle confiscated of me.”

“There’s no signs”

“it shouldn’t be too bad having a beer in the park, but we’re getting moved on.”

“There should be more bins”

“I’m more careful now unless I’m pissed, then I don’t care”

“Why can’t we all be left alone unless we’re doing something wrong?”

“All street drinking should be banned, including outside pubs, its not just street drinkers.”

Findings and conclusions
Summary of stakeholders responses
Stakeholders largely agreed on the key issues in relation to street drinking in the borough although there was no single answer as to how these should best be addressed. There was wide recognition of the unacceptable impact of alcohol-related ASB from certain street drinking groups, but most partners also recognised the complexity of the issues facing street drinkers who in many cases were also dependant drug users. As a result, it was largely agreed that a range of approaches to street drinking was needed, with no ‘one size fits all’ solution.
There was however limited perception of the Lewisham and Catford DCZ as a useful tool in addressing these concerns, and a general recognition that in its current form it was not implemented or used in an effective or consistent manner. A number of stakeholders believed it should either be used properly as a measure or not at all. Some even suggested that in its current form it was more problematic than helpful due to longer-term unmet expectations of improvements in the areas covered by the zones. The Brockley DCZ is clearly less of an issue for the borough due to the different nature and comparatively limited extent of the street drinking that exists at present. The local SNT expressed positive early experiences of the zone but were aware of challenges in warmer weather to come.

Most stakeholders suggested opportunities for further partnership working as an important way forward in addressing current issues, including the improvement of coordinated and consistent enforcement and improved support options. Regular local working groups were put forward by a number of partners in order to share information, discuss, coordinate and monitor future actions. Provision of alternative places for street drinkers and improvements in treatment access and support options were also areas of agreement.

Whilst it was understood that many street drinkers were either aware of treatment or currently engaged in services they wished to access, many were not motivated to seek treatment or change lifestyle behaviours. Therefore the commissioning or development of further treatment options should focus on ensuring the appropriate use of existing services, improving harm reduction and therapeutic or support options. In line with other street user surveys, street drinkers themselves were not overwhelmingly opposed to the use of enforcement measures such as the DCZ - as often such measures can benefit wider groups. Street drinkers made no clear suggestions for treatment or support options, but did say that enforcement should be applied fairly and only in response to ASB.

**Impact of the DCZ**

The most significant indicators of the impact of DCZs are mainly audits of levels of street drinking and reports of alcohol-related ASB, either recorded through police data or identified through Ambulance call-outs. Environmental monitoring can also provide useful indications of street population impacts. However, the recording or monitoring of these potential data sets are not statutorily required from any of the agencies and are often only available where they have been specifically requested or planned. Street drinking audits are therefore not available for Lewisham, although there are various data that may help describe the impact of the DCZs.

**London Ambulance Service call-outs**

Analysis of London Ambulance Service (LAS)\(^8\) call outs was carried out over

\(^8\) Source: London Analysts Support site https://lass.london.gov.uk/lass/
the period of 2002-2008 with attention to calls that had been linked to ‘drunken behaviour’ and violence. The following data was collated.

Figure 1: LAS Drunken Behaviour ASB subset all wards

<table>
<thead>
<tr>
<th>Ward Name</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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<td>1343</td>
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</table>

Figure 2: LAS Drunken Behaviour ASB subset, Key wards and trends
Based on this data, we can see that the borough total for alcohol-related call outs linked to ASB increased against the 2002 baseline in all years except for 2003 when the DCZ was introduced. This indicates that the reported higher levels of enforcement the year the DCZ was likely to have contributed to reduced alcohol-related ASB for the borough.

However it should be noted that there are significant limitations to this data, which are influenced by a range of other contextual factors. Studying individual wards from the year 2002-03 also highlights limitations to assumptions about the impact of the DCZ. For instance in 2003 alcohol-related ASB was also reduced in wards not covered by the DCZ, particularly Bellingham. This could indicate that other contextual factors (e.g. weather, targeted outreach, new off-licenses) were also influencing alcohol related ASB, or that the DCZ was positively impacting on neighbouring wards. However this would not account for recognised impacts such as displacement, which could account for the increase in the Crofton Park ward, which contains the Honour Oak Park area.

**Alcohol-Related Anti-Social Behaviour Orders (ASBOs)**

A 2007 review of 13 current and spent alcohol-related ASBOs in the borough indicated that significant work had been done to address the offending behaviour of persistent street drinkers. Whilst this data does not offer any real indication as to the impact of the DCZ on street drinking related ASB, it does reflect reports that DCZs are less likely to have a significant impact on more severely chaotic and persistent street drinkers.

The outcomes of the of these ASBOs were also mixed however and a number of identified breaches reflects concerns that ASBOs are often not suitable for such chaotic clients. None the less one individual was reported as having engaged in treatment with a successful outcome, with indications of other positive involvement in treatment services in other cases. The findings appear to reflect a general view that ASBOs targeting chaotic alcohol related behaviour do not have a high success rate, although in some carefully considered cases, planned and achievable ASBOs conditions can be successful as a later stage enforcement option. The report suitably recommends

**Options for responding to the DCZ**

A full list of potential options for responding to street population issues relating to the DCZ can be found listed within the DCZ action planning table (see separate document). Below some of the key options are considered in further detail.

**Strategic street drinking objective**

Currently the DCZ is not significantly recognised as a strategic priority for
Reducing ASB. This reflects the limited approach to the use of the powers and limited perception of the DCZ as a useful tool. The DCZ has not been included in the Safer Lewisham Strategy Action Plan to reduce ASB despite the powers being intended to assist authorities achieving some of the key identified actions within the plan.

The reasons for the DCZ’s relatively low utilisation are likely to reflect a number of local and national issues. To some degree a lack of a strategic approach in Lewisham may be partly due to the limitations of the geographical coverage and the prevalence of street drinking issues in other non-DCZ hotspots. However, there are also common factors with other DCZ findings that show that a lack of post-implementation attention can allow DCZs to be used decreasingly over time. Indeed, the Southwark’s DCZ evaluation recommended further development of strategic approach to continue to ensure the use of the powers. A number of issues may exemplify why DCZs are susceptible to decreasing use over time:

- No requirements are made on local authorities or the police to disseminate or promote knowledge of the DCZ amongst partners. Therefore learning of the DCZ is primarily through ‘word of mouth’ unless consistent information is disseminated.
- Enforcement agencies may become dissatisfied enforcing DCZ powers if improvements do not become apparent or a wider multi-agency approach is not adopted.
- The absence of a strategic position on the application of the powers can lead to perceptions of inconsistent, inappropriate, excessive or under-use of the powers. For example, reports of a lack of clarity over whether officers are expected to use the powers only in cases where there is evidence of related ASB or whether powers should be used whenever possible.

A strategic approach to respond to such issues could therefore incentivise further and more effective use of the DCZ powers. Enforcement officers would be likely to benefit from the availability of regular and clear information on the powers, particularly for new SNT police staff. Basic training can be provided on issues such as alcohol awareness to identify the risk and vulnerabilities associated with street drinking, and to identify and refer to available treatment and support services. A number of boroughs have also developed ‘street population strategies’ to clarify the over-arching approach to all street population issues and to ensure the delivery of short and longer term responses.

Partnership responses & approaches to enforcement
Multi-agency working groups
All reviewed guidance and evaluations relating to street drinking responses and the use of DCZs referred to the role of partnership responses as

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9 Street drinking options for Lewisham are intended to be included within the DCZ action planning table.
important in responding to street population issues. In fact many reports showed such approaches as imperative to ensuring successful outcomes or even the single most important factor in responding to alcohol-related ASB. The Joseph Rowntree report ‘The impact of enforcement on street users’ identified:

“While it is impossible to predict with certainty what the outcomes of enforcement will be for a given individual or group, it is clear that the impact depends to a significant degree on the manner in which enforcement is implemented, especially whether there is appropriate inter-agency working and support integrated with enforcement interventions.”

A number of ‘best practice’ examples highlight this and the report ‘What works to tackle alcohol related disorder?’ includes as key recommendation the use of ‘Multi-agency case working and problem solving groups to consider enforcement options and consequences for individuals’. It highlighted that approaches ‘…which formally agree a protocol of intervention were popular and appeared to be the most successful…’ whereas ‘using tools and powers in isolation appeared to be the least successful strategy.’

The 2008 evaluation of Southwark’s DCZ also highlighted the importance of partnership working and the development of the police SNT team as a key reason for success where DCZs had impacted positively.

“SNTs have been able work in close partnership with agencies who are working at local level with issues relating to alcohol-related crime and disorder such as street population outreach teams, community wardens, environment services, parks wardens, businesses and local community and residents’ groups…In simple terms this may include joint patrols with police and outreach services or sharing information with statutory bodies such as local authority licensing departments.”

Most local authorities operate ASB related working groups largely in relation to wider ASB issues often relating to including youths, housing estates or community cohesion. However specific working groups to address street population issues including street drinking are less common, except in boroughs with strategic ’street population’ coordinators. A number of ‘best practice’ partnership working groups have been specifically identified including:

1. Brighton: ‘highly targeted enforcement’ approach

A dedicated street enforcement police team worked with partners through regular ASB case working forums to discuss nominated key individuals. Street populations audits were conducted on a monthly basis focusing on begging and street users to obtain details and information about related activity including ASB.

During patrols key individuals were targeted, particularly street drinking school ‘ringleaders’ and aggressive beggars. DCZ powers were then
used to ‘de-can’ identified individuals (rather than the whole group), whilst vulnerable clients in need of support were engaged by outreach workers assisting the patrols.

2. Hammersmith and Fulham: ‘Multi-agency working group’

The street population coordinator leads a ‘case-conferencing’ meeting where agencies can nominate and request action or help for particularly identified individuals. The group has representation from police SNTs, outreach teams, mental health services, Drug Intervention Programme and day service and hostel managers. The sharing of information is also a key function of the group. The meeting is based on the successful approach of Domestic Violence case-groups known as Multi-Agency Risk Assessment Conference (MARACs).

3. Islington: ‘Five step’ model

Islington council adopted a number of Multi-Agency Geographical Panels (MAGPIs) to address concerns relating to street drinking and ASB. The panels encouraged community ‘buy in’ through consultation and focused on capacity building work within services. Joint working between outreach, DAAT and SNTs was delivered through regular tasking and action planning meetings for key individuals. Five step process was applied through the working groups whereby enforcement was increasingly applied if engagement was not successful:

1. Identification of key individuals and issues
2. Outreach including harm minimisation, advice, guidance & referrals
3. Advice and negotiation by Police safer neighbourhood team
4. Arrests and ABCs
5. ASBOs and other enforcement.

In Lewisham many elements of these approaches are already taking place, but there is no formalised mechanism or working group to structure and discuss partnership responses. Setting up localised Multi-Agency Working groups would be likely to significantly improve the responses and opportunities to gather and share important information.

**Problem Solving Process (PSP)**

The police Problem Solving Process (PSP) allows a proactive tasking based approach to local issues and encompasses the SARA approach of ‘Scanning, Analysis, Response and Assessment.’ The PSP could be requested to look at street drinking related issues in certain areas and would attempt to address problems through a continuing assessment and review of progress and further options. The PSP is typically a 3 to 12 month tasking process which encourages efficient assessment and responses to localised problems.
Adopting a PSP approach to street population issues in localities such as Rushey Green would not only ensure a police responsibility to reducing alcohol-related disorder, but provide an opportunity to support a multi-agency partnership response. The PSP also includes the requirement for ongoing evaluation of the responses, improving the opportunity to record and review alcohol-related data and impacts.

**A borough-wide or widely extended DCZ**

DCZs first began to be implemented in November 2001 and since then a regular and slightly increasing number of DPPOs have been introduced across the country each year. The Southwark DCZ evaluation identified a number of factors considered responsible for the ongoing popularity of the powers including:

- Increasing awareness of DPPOs as a tool to address a range of alcohol related crime and disorder issues
- Responses to displacement from smaller DPPOs
- Increased availability of local police resources (through SNTs)
- In some cases, increased numbers of street drinking communities such as Eastern European A8 Accession Migrants

By 2006, the approach to deciding the size of areas to be designated had changed considerably and in London a ‘borough-wide’ approach was being increasingly applied. In 2006 Hammersmith and Fulham applied a DCZ to the whole borough, whilst all of Southwark except the Dulwich area was designated and Camden was also covered. Brent, Haringey and Westminster also have borough or near-borough wide zones. Enfield had become an anomaly having already accumulated 9 different smaller zones by 2006.

This change in approach can be significantly attributable to findings that smaller zones invariably create displacement, but equally important is the apparent shift in the perception of the legal position on designating areas in view of potential displacement. This is mainly attributable to the somewhat ambiguous wording of the CJPA 2001, but in 2008 Home Office guidance clarified that it may be appropriate “… to designate a public area beyond that which is experiencing the immediate problems caused by anti-social drinking if the evidence suggests that the existing problem is likely to be displaced once the DPPO is in place.” However the guidance also advised caution and the necessity to ensure evidence of sufficient alcohol-related ASB to ensure proportionate zones be designated.

In the case of Lewisham, based on the geographical spread of currently identified hotspots and the application of existing borough wide zones, it is considered that there would be sufficient evidence to designate at least two-thirds of the borough under one zone. In looking at the map in Appendix 1, the

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10 Numbers are approximate but range from 66-79 DPPOs per year. See Home Office Crime Reduction website for further details
11 For example the London Borough of Hammersmith and Fulham noted a significant increase in A8 street drinkers following May 2004, particularly around the Ravenscourt Park area.
spread of identified street drinking or alcohol-related ASB hotspots indicates that a common sense argument could be made to designate a considerably larger zone. In fact an argument could be made that the whole central and west two-thirds of the borough could be designated in view of likely displacement should each area individually be designated. This case would also be strengthened by the displacement indicated from Southwark’s DCZ, which runs along the majority of the borough boundaries.

Given the feedback obtained from community members in areas such as Deptford and the public support for the 2008 Brockley DCZ, it would be expected that a significant majority of the public would support DCZs in these areas. It may be unlikely that the east part of Lewisham would be able to be designated a DCZ, unless sufficient evidence of alcohol-related disorder or likely displacement could be proven for each of the areas.

It is therefore likely (subject to the assessment of the council and the advice of it’s legal team) that a significantly larger DCZ could be implemented to cover the majority of the borough. This would allow a more consistent and strategic approach to responding to alcohol-related crime and disorder across the borough, but would also require significant attention to a number of issues that have been highlighted in the assessment of Lewisham’s current DCZs and those applied across other localities. Key considerations would therefore need to include:

- That suitable resources be made available to enforcing an extended DCZ in a proportionate but consistent way a necessary
- That a strategic approach to responding to street drinking and alcohol-related ASB be agreed that included the use of DCZs across a larger area
- That sufficient attention be given to a range of enforcement and support focused interventions to ensure an extended DCZ is recognised as a tool rather than solution to street drinking issues
- That this work be facilitated through a number of area based multi-agency working groups whose work and information is strategically coordinated

**Use of alternative enforcement powers**

Other enforcement powers are available to tackle alcohol-related crime and disorder or wider ASB issues. The use of Dispersal Zones\(^{12}\) or direction to leave powers\(^{13}\) (also known as Section 27) can be used as effective short term responses to areas where groups or individuals are causing or likely to cause ASB. Dispersal Zones have been effectively used predominantly where groups have repeatedly congregated resulting in ASB\(^{14}\) or the threat of ASB. Dispersal Zones have been used successfully to address areas where groups of youths congregate, or in a well known case study in Hammersmith and

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\(^{12}\) Under section 30 of the Anti-Social Behaviour act 2003
\(^{13}\) Under section 27 of the Violent Crime Reduction act 2006
\(^{14}\) defined as ‘harassment, alarm or distress’
Fulham where a corner in Ravenscourt Park become widely known as an area for A8 nationals to look for work and street drink. The implementations of Dispersal Zones however requires a statutory process whereby an area becomes designated for a 3 or 6 month period which can be renewed as viewed necessary. Direction to leave powers can be issued in any public space by an authorised officer.

The use of such powers could therefore be applied to a number of street drinking hotspots or individuals in the borough to help disperse those perpetrating ASB and reduce street drinking groups. An obvious impact of this is the resulting displacement, which may be less extensive with DCZs as they do not require a person to move on. Dispersal Zones however also have similar resourcing issues as DCZs and will also need to consider the management of local expectations. Directions to leave do not present such issues, though do require a form to be filled out and the individual to be capable of understanding the order (which may not apply if someone is deemed significantly intoxicated).

**Alternative provision and spaces**

**Wet centre provision**

Wet centres are controlled indoor spaces provided for street drinkers to consume alcohol within. They have been largely funded by local authorities wishing to reduce street drinking and delivered through voluntary sector agencies with the skills to provide the appropriate management and support services.

However wet centre provision across England has been particularly limited in comparison to the number of areas that experience street drinking related problems. Whilst there have been 687 DCZs implemented since 2001, a King’s Fund review identified only 8 significantly established centres that have ran since 1978. Many of these operated for limited periods of time and nearly all identified vulnerable funding positions. Indeed the cost-prohibitive element of wet provision is largely accountable for their scarcity, but a range of other substantial challenges present against both the notion and management of sheltered wet provision.

Key wet centre challenges:

1. **Cost implications:**
   Few accurate figures are available for cost of providing wet centres, partly because of the nature whereby they are often funded through existing services and as part of broader voluntary sector projects with multiple funding streams.

   A proposal to fund a wet session in an existing day centre in Hammersmith and Fulham was submitted in 2005 for £176,000 per year. This was based on a staffing team of 5 providing the service for 17.5 hours per week.
The Bedford proposal estimated annual running costs of £325,00 for a purpose built centre with a capital start up cost of £1.5 million

2. Resourcing and staffing implications:
The logistics of finding a suitable location for such provision present the obvious difficulties of identifying suitable buildings, addressing community objections and access and capacity issues.

The King’s fund review also highlighted extensive challenges to staffing and management of wet centres, particularly finding and keeping staff paid comparatively low salaries and capable of working with a challenging and complex client group. Such roles were not only low paid in respect of the work, but low levels of job satisfaction and career progression opportunities were also identified. High staffing levels were also identified as a requirement.

3. Limitations to client benefits:
Reviews of wet centres are inconclusive with regards to the actual outcomes for clients. The King’s fund review recognised a significant variation in the impacts of the centres it reviewed, but there were no clear over-arching positive outcomes. The strongest benefit can be largely viewed as the opportunity for other services and interventions to be provided such as meals, medical and healthcare services, advocacy and social assistance. Whilst the opportunity for harm reduction work was also apparent, such as diversionary or controlled drinking programmes, the report highlighted “Those seeking to abstain or reduce their drinking are more likely to succeed if they break way from the street drinking culture and from their peers at wet centres.”

Key wet centre gains

1. Significant reductions in street populations
Wet centres have undoubtedly helped reduce levels of street drinking and the consequential impact on local communities. Camberwell wet centre reported up to a 90% reduction in the local vicinity during opening hours, though the majority of clients still continued to drink on the streets on other occasions.

2. Positive outcomes for street drinkers
Undoubtedly wet centres offer a ‘captive audience’ for workers wishing to engage street drinkers and for linking in support services. Wet centres often focus on the positive outcomes that can be achieved by working with their clients, though usually these are not focused on alcohol reduction. The Booth Centre is Manchester recorded significant support outcomes for clients in relation to accommodation, GP referrals and registrations, linking into other health and care services, support obtaining documentation, referral to Education, Training and Employment (ETE) and
3. Possible savings in alcohol-related harm
Some estimations have been made on the potential savings of investing in wet centre provision, such as through reduction in alcohol related arrests, failed tenancies, alcohol-related illnesses and street impacts. Whilst these are valid assertions, producing accurate cost-saving estimations is extremely difficult.

The success of wet centres should be considered primarily in the context of commissioner’s objectives. In terms of reducing street drinking levels they are clearly effective, and in terms of supporting street drinkers’ needs they can provide a valuable mechanism to do so as well as a protective and controlled environment. However often street drinkers are not motivated to enter treatment and are largely aware of available services so are intent on maintaining current drinking lifestyles. Lewisham’s street populations also indicate high levels of transience and drug use, both factors that would be likely to limit the attraction of a wet centre in the borough.

A comprehensive report assessing the potential need for a wet centre in Bedford showed a number of parallels with the situation in Lewisham and the Rushey Green area. Whilst a DCZ had been brought in and not resolved street drinking concerns, the final verdict on providing a wet centre in Bedford was that “…the degree of the problem is not great enough to justify the costs of a wet centre, nor is there a large gap in the type of services to help those with alcohol misuse problems.” With only several wet centres currently in operation, the prevailing views indicate that the highly cost intensive nature is unlikely to warrant the unclear gains that can be made in terms of cost savings and outcomes for street drinkers themselves.

However the price disaffected communities pay for street drinking-related ASB needs to be judged on its own merit. Around Central Clinic it is evident that these impacts are significantly affecting local businesses, residents and the wider community. The Bedford wet centre review made a number of recommendations to be adopted instead of wet centre provision, the key themes of which are covered in the further considerations outlined.

**Alternative spaces**
Alternative spaces are outside areas which are identified as an unofficially designated area for street drinkers to use. Alternative spaces are used to draw street drinking from areas where there is excessive concern regarding ASB and to provide alternative areas where negative impacts are more manageable. The extent of alternative spaces in largely undeterminable as there is no official process or statutory recognition of such spaces. There are however some recognised alternative spaces such as Lambeth’s Brockwell
A number of partners mentioned the possibility of alternative spaces, largely as an idea that was considered to be worth exploring further as there was no general consensus on proposed suitable areas. Ladywell fields was mentioned as one possibility, the area near the athletics track suggested as having potential. Lewisham Park, although close by was not considered suitable as an existing park widely used by the community. The identification and creation of suitable alternative spaces in the borough would be likely to require substantial planning and environmental design in order to create suitable and manageable space.

**Environmental design**

Environmental design options need to be considered where possible to minimise the impact of street drinking-related ASB, particularly where strong geographical pull factors are making street drinking particularly amenable. Reviewing the provision and use of the benches and gates in the London Squares could be important levers in contributing to the reduction of street drinking related ASB. The provision of CCTV in key hotspot areas would also be beneficial in identifying and responding to perpetrators of persistent ASB or more serious incidents.

**Improving treatment and services**

Improving the level of alcohol treatment services is included within the Lewisham’s Local Alcohol strategy although a number of key issues are identified in relation to street drinkers. Concerns have been raised locally and nationally regarding the appropriate provision and use of alcohol treatment services by street drinking groups. Of particular concern is the common use of detoxifications as a form of ‘respite’ rather than a starting point to further treatment to reduce drug or alcohol consumption amongst street population groups.

The provision of more therapeutic and psychosocial based interventions may therefore be more appropriate in supporting heavily dependant alcohol misusers with complex needs. These services should be made available across the borough in order to meet the needs of street drinkers who present may have infrequent opportunistic moments of motivation to reduce their alcohol consumption or access support. These opportunities are not largely accommodated by structured closed-access services that require appointments and regular attendance.

The use of Alcohol Treatment Requirements (ATRs) may be a suitable option for some severely dependant street drinkers persistently involved with the Criminal Justice System. The application of such orders needs to be carefully

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15 The Brockwell Park initiative ran from 2005 until late 2008 when environmental regeneration of the area has temporarily overtaken the area with building works. Discussion is currently being held over the reconfiguration of the space.
considered as to whether they are suitable and achievable as often misunderstanding or excessive expectations between agencies can contribute to the inappropriate or counter-productive application of ATRs

Responding to A8 Eastern European communities
Since May 2004 over 960,000 nationals from A8 and A2 Eastern European countries have registered to work in the UK. The vast majority of these economic migrants have successfully found work and accommodation and many have since returned to their home country. However a small minority have ended up on the streets having failed to find work, often street drinking, rough sleeping or begging. With no recourse to public funds, these groups are not able to access hostels or accommodation support or enter treatment programmes. Some of these individuals have transplanted their housing or alcohol problems from their home country.

In Lewisham, A8 street drinkers are increasingly using a number of locations across the borough and there is growing pressure to respond to these groups. Westminster has offered coach tickets for individuals to return home and voluntary sector organisations have provided a range of palliative services to support local A8 street populations. An increasing number of London boroughs have been commissioning a specialist organisation to provide outreach service and ‘reconnect’ individuals into treatment, housing, employment, family or social re-integration programmes within their home countries. Over 200 individuals have been reconnected from London boroughs since Barka UK began working in Hammersmith and Fulham in 2006. Thames Reach are beginning a pilot to offer support to A8 nationals as part of the London Street Rescue programme.

Summary
Lewisham council implemented the Lewisham and Catford DCZ in 2003 soon after the powers became available to local authorities. Since then a number of legal amendments, guidance documents and evaluations have advanced the knowledge of how DCZs can be used as an effective tool to address alcohol-related disorder.

Indeed local authorities that have implemented DCZs over recent years have benefited from the experiences of early implementing boroughs and their learning suggests that DCZs can be a useful tool to address alcohol related disorder, but:

- A consistent and appropriate commitment to enforcement of powers must be available where necessary
- Management of expectations, particularly the public’s, is crucial in preventing the expectation of unrealistic outcomes (e.g the DCZ is not a ban and will not end street drinking)
- Full understanding of the powers and their application is imperative both within services and enforcement agencies and the broader community, including the public and the media
- A strategic ownership and multi-agency approach to street population
issues is required so that DCZs can be used as a tool to support other work and interventions to reduce street drinking and related ASB
- Smaller zones can cause problems of displacement and challenges to achieving a consistent strategic approach to street drinking issues

In Lewisham, a range of factors have increased the challenges the local authority and partners have faced in ensuring many of these issues can be addressed. In particular, the changing profile and increasing complexity of street drinking groups and strong environmental pull factors have in some areas re-enforced street drinking groups. However whilst other authorities may have made gains using DCZs to reduce street drinking and related ASB, these have not been achieved without considerable resources and ongoing attention from a range of partners and agencies. Many of these authorities also benefit from larger outreach resources, day centres and strategic ‘street population’ coordinator roles to identify and facilitate appropriate responses.

This report has found that the main DCZ itself has therefore had a comparatively limited impact in reducing street drinking-related concerns on a medium to long-term basis. However there is a strong understanding and motivation within agencies to address concerns relating to both crime and disorder and treatment and support needs of street drinkers. Through the co-ordinated application of a number of strategic and localised actions, significant improvements can be made across the borough.

**Recommendations**

The recommendations below are made on the basis of feedback from partners and stakeholders, local findings and the learning and best practice from other local authorities and guidance. The recommendations are linked to the DCZ action-planning table, which considers a range of available options. In respect of the use of DCZ itself, this report recommends that DCZ powers are continued to be used as a tool to address alcohol-related disorder in the borough providing they are supported by a range of over-arching and supporting actions. A key objective to addressing identified problems outlined in the report is therefore proposed:

*To increase the coordinated use of DCZ powers and responses to alcohol related issues, including treatment and support, through multi-agency working groups and a clearly identified strategic framework.*

**Strategic recommendations:**

**S1: Determining a strategic approach agreed by the SLP partnership**
A shared strategic approach should identify agreed approaches to responding to street population issues such as the application of a ‘5 step’ model. These should be determined following the agreement of actions outlined in the supporting planning table and discussed by key partners with responsibility to

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16 See page 17 for details of a the ‘5 step’ approach to street drinking
ensure the delivery of actions within their organisation. A strategic lead within the local authority with sufficient capacity to coordinate and deliver the street population agenda should also be identified, ideally through the provision of a ‘street population coordinator’ role.

**S2: Regular multi-agency working groups**
Evaluations and guidance on street drinking approaches consistently highlight the importance of multi-agency partnerships in delivering effective responses to street population issues. Due to the complexity of problems and complex push and pull factors that influence street drinker’s activity, it is essential that joint working groups between strategic leads, enforcement and supporting agencies are delivered to respond to different localised areas.

**S4, 5, 6: Improved collection, monitoring and dissemination of alcohol related data**
To facilitate the effective delivery of multi-agency working groups, information relating to the current activity and situations of street drinking individuals will be necessary to reduce ASB whilst meeting the treatment and support needs of clients. Wider data on the impacts of local interventions and actions, such as the levels of street drinking and related ASB will also be necessary to assess the impacts of certain interventions on an ongoing basis.

**Enforcement recommendations**

**E1, 2, 4: Increased commitment to enforcing the DCZ powers**
Across England and Wales DCZ powers have been used effectively to reduce levels of street drinking and related ASB in areas where they have been used consistently. Longer-term impacts have been evident where there have been commitments to enforce DCZ powers with partners agencies and supporting initiatives. Opportunities such as the adoption of the police PSP in local areas could ensure that an ongoing commitment is made to address immediate issues as well as providing built-in review and evaluation processes. Further options include the encouragement of non-SNT police teams to enforce DCZ powers when not on response calls but passing street drinking groups.

**E3: Increased designation of DCZ areas**
Should commitment be made to adopt the aforementioned strategic and enforcement actions, an improved application of the DCZ powers would be expected to reduce levels of street drinking and alcohol-related disorder. In this case, other areas that were experiencing similar street drinking impacts should also be designated DCZs to help address those problems, prevent displacement and facilitate a further strategic and consistent approach.

However in the case of further designation of DCZ areas, it should be first considered whether issues should be first be addressed within existing areas (through the identified supporting actions), or whether these should be incorporated simultaneously with the introduction of a wider DCZ. The latter option could potentially prove more effective if sufficient planning and
resources were made available.

**E 5,6,7: Tactical location of enforcement agency staff**

Current limitations on DCZ enforcement include the base location of key resources such as local SNT teams. The Rushey Green SNT are currently based within Catford police station, outside of the Rushey Green ward. Locating one or more SNT or wardens team members within Central Clinic would significantly increase police presence and therefore capacity to address crime and ASB issues that are prevalent in the vicinity.

**E 9,10,11: Use of alternative enforcement powers**

Other enforcement powers should be used where DCZs powers are not available or appropriate. The use of Dispersal Zones or direction to leave powers can be used as effective short term responses to areas where groups or individuals are causing or likely to cause ASB.

**Alternative drinking space recommendations**

**A1, 2,3: Provision of alternative drinking spaces**

Although only small numbers exist, wet centres and alternative drinking spaces have been successful in significantly reducing street drinking in problematic areas. Due to the highly cost-prohibitive nature of wet-centres, the identification and environmental development of carefully planned alternative spaces for street drinkers in Rushey Green and Deptford areas should be pursued. Such provision would act to balance the enforcement ‘push’ factor approaches through a pragmatic ‘pull’ factor approach to reducing problem areas.

**Environmental design and improvement recommendations**

**R1: Improved and further DCZ signage**

Serious concerns over the absence of adequate DCZ signage were raised by a number of partners. Resources should be identified to significantly increase the visibility and number of signs in the Lewisham/Catford DCZ. Improving signage will increase the level of compliance with statutory requirements\(^{17}\) and empower enforcement agencies to further use the powers. Actions to improve or increase signage in the borough should be done with particular consideration of any agreement to progress action E3 (increased the designated DCZ area).

**R2: CCTV outside Central Clinic**

Targeting CCTV in key street drinking hotspots would assist multi-agency working groups and enforcement objectives including the targeting of perpetrators of persistent ASB or serious crimes whilst acting as a deterrent.

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\(^{17}\) The CJPA requires ‘adequate’ signage is in place. Though this is subject to the discretion of the local authority, there could be potential legal implications if someone were to challenge this.
R3, 4: Relocation of seating and locking London Squares gates
Benches in London Squares are a significant pull factor to street drinking in the Rushey Green area. Environment have identified that some seating could be removed without disrupting the landscape or overall provision, which could limit pull factors for larger groups to gather. The locking of key London Squares, particularly outside Central Clinic has previously deterred street drinking to some extent and should be used to support wider measures.

Treatment and support options

T1: Identification and control of appropriate alcohol treatment pathways
A protocol should be sought to ensure that alcohol detoxifications are not used for this purpose by ensuring that there are clear expectations and care pathways agreed before being accessed.

T2: Development of Alcohol Treatment Requirement (ATR) responses
Actions such as targeted training between the Crown Prosecution Service (CPS), Probation and alcohol services can offer opportunities to develop effective ATRs for offending street drinkers.

T3: Developing open access(tier 2)/therapeutic alcohol service provision
The ongoing delivery of the Lewisham Alcohol Strategy should be fully supported so that a range of appropriate alcohol services and interventions are available to street drinking groups. The provision of services that facilitate harm reduction and therapeutic based interventions should be sought in response to severely dependant alcohol users who are not suitable or motivated to enter clinical or abstinence based services. The provision of satellite services or drop in clinics are likely to be most appropriate, especially in the south of the borough where there is more limited service access.

T4: Development of reconnections programme for A8/A2 street populations
Due to restrictions on access to public funds for A8 (and A2) nationals, significant street population groups from these European countries cannot be linked into housing or treatment services. As a result, options to work with agencies providing ‘reconnection’ services should be developed in order to protect vulnerable individuals and reduce street population groups that technically do not have the right to remain in the UK18 if they are not likely to find work.

18 A condition of Accession to England from other EU10 countries is that nationals will find secure work within a short timeframe.
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‘DCZ consultation report’, Sgt Tony Unthank, 2003


Alcohol Concern Fact sheet 19: Street Drinking

Rushey Green annual Review 2001; Lewisham Council


Consideration for extending the Drinking Control Zone (DCZ) to borough-wide’ Maureen Paris & Hannah Lindsell, Lewisham Council
Appendix 1: Identified street drinking/alcohol related ASB hotpots in Lewisham
Appendix 2: Key recommendations from ‘What works’ to tackle alcohol-related disorder?’ GOL 2008

Managing disorder caused by street drinkers

1. Identification of key issues through use of data, intelligence and consultation
2. Wider use of outreach to analyse needs, communicate key issues, support street drinkers into treatment services and facilitate police work
3. Community capacity building identify key issues and to open dialogue
4. Development and communication of a partnership protocol
5. Possible use of DPPO dependent on local analysis of needs and user consultation
6. Widespread consultation to track benefits and identify problems of DPPO.
7. Public education and publicity campaigns to set guidelines, promote appropriate behaviour, promote DPPO and reassure the community.
8. Multi-agency case working and problem solving groups to consider enforcement options and consequences for individuals
Appendix 3: Lewisham and Catford DCZ
## Appendix 4: Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ASB</td>
<td>Anti, Social Behaviour</td>
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<tr>
<td>ASBAT</td>
<td>Anti-Social Behaviour Action Team</td>
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<td>APACS</td>
<td>Assessments of Policing and Community Safety</td>
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<td>ATR</td>
<td>Alcohol Treatment Requirement</td>
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<td>AUDIT</td>
<td>Alcohol Use Disorder Test</td>
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<td>BAC</td>
<td>Blood Alcohol Concentration</td>
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<td>BME</td>
<td>Black and Minority Ethnic</td>
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<td>CDA</td>
<td>Controlled Drinking Area (same power as a DCZ/DPPO)</td>
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<tr>
<td>CDEP</td>
<td>Community Drug Education Project</td>
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<tr>
<td>CJS</td>
<td>Criminal Justice System</td>
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<tr>
<td>CJPA</td>
<td>Criminal Justice and Police Act 2001 (The use of DCZs/DPPOs)</td>
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<tr>
<td>DAST</td>
<td>Drug and Alcohol Services Team</td>
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<td>DIP</td>
<td>Drug Intervention Programme</td>
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<tr>
<td>DPPO</td>
<td>Designated Public Places Order (alcohol/drinking control zone)</td>
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<td>DV</td>
<td>Domestic Violence</td>
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<td>LCDAS</td>
<td>Lewisham Community Drug Service</td>
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<td>LBS</td>
<td>London Borough of Southwark</td>
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<td>MARAC</td>
<td>Multi, Agency Risk Assessment Group</td>
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<td>MOCAM</td>
<td>Models of Care for Alcohol Misuse</td>
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<td>NI</td>
<td>National Indicator</td>
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<td>NWPHO</td>
<td>North West Public Health Observatory</td>
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<td>ONS</td>
<td>Office of National Statistics</td>
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<td>PCT</td>
<td>Primary Care Trust</td>
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<td>PTB</td>
<td>Pooled Treatment Budget</td>
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<td>PSA</td>
<td>Public Service Agreement</td>
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<td>PSP</td>
<td>Problem Solving Process</td>
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<td>RSL</td>
<td>Registered Social Landlord</td>
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<td>RHARP</td>
<td>Rugby House ARP</td>
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<tr>
<td>SBI</td>
<td>Screening and Brief Interventions</td>
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<tr>
<td>SLP</td>
<td>Safer Lewisham Partnership</td>
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<tr>
<td>SLAM</td>
<td>South London and Maudsley (NHS hospital trust)</td>
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<tr>
<td>SNT</td>
<td>Safer Neighbourhood Team</td>
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<tr>
<td>SP</td>
<td>Supporting People</td>
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