‘What works’ to tackle alcohol-related disorder?: An examination of the use of ASB tools and powers in London

A practitioner guide prepared for Government Office for London by London South Bank University

March 2008

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Summary

Background

There has been growing attention to how best to minimise the harms associated with alcohol consumption. The Government have recently updated their harm reduction strategy and created a new series of national indicators around alcohol. The responsibility for delivery of the strategic response to alcohol-related disorder rests with local community safety and ASB teams. ASB has also been receiving increasing attention through its association with people's wider perceptions of crime and their feelings about their quality of life. In London in 2006 36% of people considered *People being drunk or rowdy in public places* a very/fairly big problem in their area which was high compared to other parts of England and Wales. Less than a fifth of all cases of alcohol-related disorder are ever reported.

A range of tools and powers are available for the management of alcohol-related ASB including: individually focussed tools such as ASBOs, injunctions, Fixed Penalty Notices and parenting-orders; powers focussed on geographic locations such as Designated Public Places Orders (often known as alcohol-free zones); and tools such as closure notices which are focussed on licensed premises. While the use of these powers has been growing the frequency and ways in which they have been used varies across London. A realist approach has been taken which has involved a close examination of the range of mechanisms and contexts in which the tools and powers have been employed (Pawson and Tilley, 1997).

Aims

This guide aims to provide guidance about 'What works?' for borough Community Safety Partnerships, the London ASB Joint Action Group and the London Community Safety Partnership. It outlines the nature and extent of alcohol-related ASB, the tools and powers being used to tackle these issues and the effectiveness of such interventions.

Methods

Three key research activities were undertaken: a review of key literature, a scoping survey involving 23 London boroughs and in-depth case studies of five London boroughs. Follow up telephone interviews were used to develop key areas of the findings.

Findings

- London boroughs currently face a wide variety of alcohol-related disorder, with the most prevalent type of disorder being connected to street drinking.
- The nature, location and impacts of street drinking varied significantly across the boroughs.
- Boroughs reported significant differences between public perceptions and the actuality of alcohol-related ASB.
- Alcohol-related disorder often crossed over with other issues such as substance misuse, social inclusion and mental health issues and violent crime.
- Problems were highlighted with the quality of data and funding for 'alcohol-related issues.
- DPPOs were the most commonly used of the tools but had been implemented to manage a range of alcohol-related disorder contexts including street drinkers in a park in Islington, street drinkers moving across the borough of Brent and public disorder and street drinking associated with the night time in Havering.
- The range of tools and powers available is not currently being fully utilised and knowledge about key ASB tools and powers is not shared across key service areas.
- For example, local ASB teams were often not clear on how FPNs and PNDs were being used to manage alcohol-related disorder, who was receiving them, for what behaviours and what the outcomes of the notices were.
- Approaches to alcohol-related disorder which formally agree a protocol of intervention were popular and appeared to be the most successful.
- Using tools and powers in isolation appeared to be the least successful strategy.

Good Practice

Using tools and powers in combination and with support, education, consultation, communication, partnership working and enforcement generally achieved the best outcomes. A targeted problem solving approach which responds to local needs and issues rather than a blanket application of single tools and powers is necessary. Three good practice case studies are included in the guide:

- Managing disorder related to street-drinking in Islington
- Managing alcohol-related disorder in the night-time economy in Havering
- Overcoming barriers to progress in Brent

Key Recommendations

The report makes recommendations across four main themes. The key recommendations are included under each heading below.

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
9. Ongoing monitoring and evaluation.

Disorder in the night time economy

1. Map the night time economy to establish capacity, patterns of use, flashpoints, key disorder types etc
2. Develop relationships between licensees and partnership teams with the aim of creating responsible drinking cultures.
3. Use FPNs and PNDs to manage disorderly individuals and share data for monitoring and evaluation and to track people who are repeat offenders.
4. Refer repeat offenders for casework, brief interventions or more serious sanctions. Work with off-licenses to provide information and support around drinkers in the NTE.
5. Target licensing operations at premises connected with highest levels of disorder.
6. Consultation with affected groups to establish key concerns and open dialogue.
7. Consider a DPPO to manage particularly problematic locations
8. Widespread consultation to track benefits and identify problems of DPPO.
9. Ongoing monitoring and evaluation.

10. Public education and publicity campaigns to set guidelines, promote appropriate behaviour, advertise DPPO and reassure the community.
11. Internal training, education and communication about alcohol-related disorder, data collection, treatment services etc.
12. Ongoing monitoring and evaluation.

Disorder related to licensed premises / off-licenses and outdoor drinking

1. Map the night time economy to establish capacity, patterns of use, flashpoints, key disorder types etc
2. Develop relationships between licensees and partnership teams with the aim of developing responsible drinking cultures.
3. Consider closure notices on premises where noise nuisance and alcohol-related disorder persist.
4. Target licensing operations at disorderly premises
5. Use FPNs and PNDs to manage disorderly individuals and share data for monitoring and evaluation and to track people who are repeat offenders.
6. Refer repeat offenders for casework, brief interventions or more serious sanctions.
7. Work with affected groups through consultation to establish key concerns and open dialogue.
8. Public education and publicity campaigns to set guidelines, promote appropriate behaviour and reassure the community.
9. Internal training, education and communication about alcohol-related disorder, data collection, treatment services etc.
10. Ongoing monitoring and evaluation.
11. For alcohol-related youth disorder undertake consultation, youth outreach, education and communication, diversion and alternatives before using individually focussed powers. Consider wider use of parenting-focussed tools and powers.

Dealing with disorder connected to contained events eg. football and festivals

1. Map potential disorder hotspots through partnership working
2. Work in partnership with organisers and promoters of events to share information, data and plan a pro-active community safety response.
3. Consider time-limited DPPOs to preventing drinking in and around locations particularly affected by this type of alcohol-related disorder.

4. Work with off-licenses in the area to provide information and support, particularly to those off-licenses who either experience or contribute to disorder. Consider alcohol tracking and other targeted operations to monitor behaviour of off-licenses.
5. Public education and publicity campaigns to set guidelines, promote appropriate behaviour and reassure the community.
6. Work with affected groups through consultation to establish key concerns and open dialogues.
7. Use FPNs and PNDs to manage disorderly individuals and share data for monitoring and evaluation and to track people who are repeat offenders.
8. Refer repeat offenders for casework, brief interventions or more serious sanctions.
9. Work in partnership with transport providers to deal with disorder associated with the movement of large groups.

Acknowledgements

Firstly we would like to thank members of the community safety and ASB teams in the London Boroughs of Brent, Enfield, Havering, Islington and Southwark for their co-operation and valuable contributions to this guide. We are also grateful to the remaining 20 boroughs who contributed in some way to the findings within this report either through completion of an electronic survey or through providing an outline of their use of ASB tools and powers via e-mail. Finally we would like to acknowledge the support and guidance offered by Nick Bagshaw of Government Office for London throughout the duration of this project.

Glossary

ABA	Acceptable behaviour agreement
ABC	Acceptable behaviour contract
ASB	Anti-social behaviour
ASBO	Anti-social behaviour order
ALMO	Arms length management organisation
BVPI	Best value performance indicators
CDRP	Crime and disorder reduction partnership
CDZ	Controlled drinking zone
CSP	Community safety partnership
DPPO	Designated Public Places Order
DO	Dispersal order
DZ	Dispersal zone
NTE	Night-time economy
PSA	Public service agreement
RSL	Registered social landlord
SNT	Safer neighbourhood team

Introduction

Recently, there has been an increasing focus on managing alcohol-related harms including ASB. There has also been a proliferation of tools and powers available for the management of ASB. There have been few evaluations of the effectiveness of these provisions in dealing with particular types of ASB or of which tools and powers work best under which circumstances. Few focus closely on how the new tools and powers have been used to tackle alcohol-related disorder.

With increasing pressure on local authorities to reduce alcohol-related disorder it is important that practitioners are provided with clear guidance about the best strategies to deal with particular types of disorder and the possible considerations or pitfalls which they may encounter in using a particular approach. In response to these issues Government Office for London commissioned London South Bank University to examine the use of the tools and powers available to tackle alcohol-related ASB across London and to share the findings of this research in this 'What works?' guide.

Structure of this guide

The first section of this guide provides background and context to the research and provides a review of the current literature related to the use of the available tools and powers to tackle alcohol-related disorder. The second section describes the aims of the research and how it has been undertaken and the third provides detailed findings from the research. The final section makes a conclusion about the findings and makes recommendations for partnerships involved in managing alcohol-related disorder.

Background

Alcohol strategies and targets

Recently there has been an increasing focus on the harms associated with alcohol consumption. In 2004 the Government published the *Alcohol Harm Reduction Strategy for England.* Its key strategic aims were to provide better education and communication, improve health and treatment services, combat alcohol-related crime and disorder and to work with the alcohol industry. The key focus on combating alcohol-related crime and disorder has been supported through the introduction of provisions under new legislation such as the Licensing Act 2003, the ASB Act 2003 and the Violent Crime Reduction Act 2006.

In 2007/08 the government has continued its focus on reducing alcohol-related harm through a number of avenues. In June 2007 it published an update of the 2004 harm reduction strategy titled '*Safe. Sensible. Social. The Next Steps in the National Alcohol Strategy'*. The key steps outlined in this strategy include: sharpened criminal justice for criminal behaviour; a review of NHS alcohol spending; more help for people who want to drink less; toughened enforcement of underage sales; trusted guidance for parents and young people; public information campaigns to promote a new sensible drinking culture; public consultation on alcohol pricing and promotion; and the development of local alcohol strategies.

In order to aid delivery of the alcohol strategy in October 2007 the Government announced a new national indicator set for local authorities and partnerships. The key alcohol-related indicators are:

- NI 20 Assault with injury crime rate (PSA 25)
- NI 39 Alcohol-harm-related hospital admissions (PSA 25)
- NI 41 Perceptions of drunk or rowdy behaviour as a problem (PSA 25)
- NI 115 Substance misuse by young people (PSA 14).

PSA 25 is a new Public Service Agreement which aims to reduce the harm caused by alcohol (and drugs) to communities as a result of crime disorder and ASB associated with alcohol; to the health and well being of those who drink (or use drugs) harmfully; and to the development and well-being of young people and families. The actions required to meet the PSA target are:

- the wide and effective use of legislation and licensing powers;
- targeting prevention, information, support (and the criminal justice system where appropriate) at the minority causing the most harm (18-24 year old binge drinkers, people under 18 who drink alcohol, and harmful drinkers);
- creating an environment which promotes sensible drinking through collaborative work across agencies and by drawing on the skills, knowledge and commitment of other local stakeholders.

The responsibility for much of the delivery of the new strategic approach rests locally with the new national indicators used as the foundation for the setting of Local Area Agreements (LAA) which from 2008 will become the sole mechanism by which central government agrees local government targets. Furthermore, the new 'Strategic Assessment' process (introduced in the Police and Justice Act 2006) makes local partnerships responsible for assessing local priorities and creating a strategy for dealing with alcohol-related harm as part of its crime, disorder and substance misuse strategy by April 2008.

In March 2008 the Department for Culture, Media and Sport published an *Evaluation of the Impact of the Licensing Act 2003.* The key findings of this review were that overall crime and the levels of alcohol consumption are down but there has been some displacement of alcohol-related violence into the early hours of the morning and some communities have experienced a rise in disorder. The overall conclusion has been that the powers available in the Act were not being used sufficiently to manage 'irresponsible behaviour'.

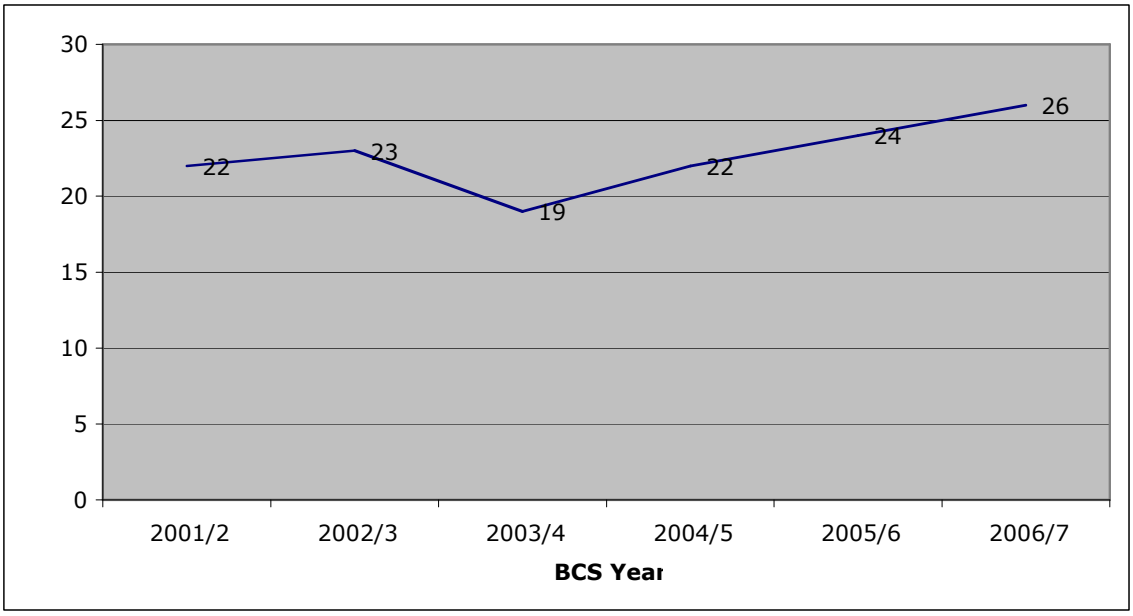
Nature and extent of alcohol-related disorder in England and Wales

There is some evidence which suggests that there is an association between ASB and wider perceptions of crime, feelings of safety and quality of life. Research conducted by the Home Office shows that ASB specifically affects particular groups of people with those aged 16-24, those living in urban areas, and those in social housing more likely to perceive high levels of ASB (Allen, 2006). Furthermore, those living in areas with high physical disorder or who perceive high levels of ASB are considerably more likely to rate both crime in general and fear of crime as having a high or moderate impact on their quality of life. Those who perceive high levels of ASB and a rising crime rate also report

increased levels of worry about burglary, car crime and violent crime (Allen, 2006).

According to the latest figures from the British Crime Survey there has been no significant increase in the proportion of people perceiving high levels of ASB in their area between the 2005/06 and 2006/07 surveys (Nicholas et al, 2007). However, one of the seven key PSA indicators[1] of ASB is the percentage of people considering *People being drunk or rowdy in public places* a very /fairly big problem in their area. Since 2001/02 when the first data about this type of behaviour was collected, concern about this type of behaviour has increased from 22% to 26% after a low of 19% in 2003/04[2].

Figure 1: Trends in concern about people being drunk or rowdy in public □ places (BCS 2006/07)



A study conducted by the Home Office which examined data from the 2004/05 British Crime Survey concluded that in most cases people's perceptions of ASB were based on their personal experiences. According to this data, 85% of people who perceived problems with drunk and rowdy behaviour had experienced such behaviour in their area in the last year (Upson, 2006). Two thirds of those who saw or heard drunk or rowdy behaviour and who considered this a problem in their area said the main problems were

[1] For more information see Upson (2006).

[2] Another connected indicator is *People being noisy after visiting pubs or clubs,* however there has been no significant increase in the percentage of people saying that this is a very / fairly big problem in their area (Nicholas et al, 2007).

the noise made in the streets by people who had been drinking as well as problems of littering and environmental damage. Over half (51%) reported fast food waste as a problem for example. As could be expected, drunk and rowdy behaviour was particularly a problem at weekends, in the evening and at night. Nearly half (48%) of those who reported experiencing drunk and rowdy behaviour had experienced it less than once a month, 17% once a month, 21% once a week and 15% every day.

Few people who experienced drunk and rowdy behaviour in the last year had reported their experiences - only 18% had reported it at all and only 8% to the police. This was mainly as people felt the matter to be trivial or a waste of time. Of those who did report to the police only 26% felt satisfied with the response.

Nearly a quarter (23%) of those who had experienced drunk or rowdy behaviour reported serious emotional reactions such as shock, fear, stress, depression, anxiety, panic attacks and crying. This figure was lower than for crimes such as violence (54% angry and 12% depressed). People more commonly felt annoyed by this behaviour with 55% of people reporting this response (compared, for example, to 73% for noisy neighbours). Over half who had experienced this behaviour reported making some changes to their own behaviour as a result with 21% reporting that they avoided going out after dark.

Young people aged 16-24 were more likely to have experienced this type of ASB with 64% of this group[3] reporting having experienced this type of behaviour (ibid), however, this may be partly explained as a function of their increased exposure to environments where this type of behaviour may occur.

Another widely cited measure of perceptions of ASB are the Best Value Performance Indicators (BVPIs) used as a measure of the performance of local government. In a recent examination of the 2006/07 BVPI General User Survey, IPSOS MORI found an ongoing reduction in perceptions of drunk and rowdy behaviour as a fairly / big problem from 48% in 2003 to 31% in 2006 (IPSOS MORI, 2007). Findings such as these contrast with the overall findings in the British Crime Survey and suggest that the accurate measurement of perceptions of alcohol-related disorder may prove difficult. As Upson

[3] There was no gender difference in this data.

(2006) suggests, it may be the influence of other factors which shape public perceptions of ASB. Recent changes to licensing legislation, central government attention to the National Alcohol Harm Reduction Strategy, and associated media coverage of such issues may increase people's awareness of alcohol-related behaviour and thus make them more likely to consider them a problem.

Nature and extent of alcohol-related disorder in London

The 2006/07 BVPI General User Survey showed that on average 36% of Londoners felt that *'people being rowdy or drunk in public places'* was a problem in their area. This compares to 31% across England and Wales. This figure ranged from 22% of residents in Wandsworth to 53% of residents in Newham. Other boroughs with above average scores included: Bromley (37%), Kingston Upon Thames (38%), Lambeth (38%), Sutton (39%), Camden (40%), Hackney and Tower Hamlets (41%), Havering and Islington (43%), Bexley (44%), Ealing (46%), and Hammersmith and Fulham (47%).

Aims and methods

The aim of this research has been to develop a 'What works?' guide for borough Community Safety Partnerships, the London ASB Joint Action Group and the London Community Safety Partnership which outlines the nature and extent of alcohol-related ASB, the tools and powers being used to tackle these issues and the effectiveness of such interventions. In order to do this three key research activities were undertaken: a review of key literature, a scoping survey of each London borough and in-depth case studies of five London boroughs. Details of the methods employed at each stage are outlined below.

Literature Review

A comprehensive review of the UK literature about interventions designed to manage alcohol-related ASB was undertaken to identify those interventions which have been successfully employed elsewhere. The review aimed to provide key information for practitioners about when and how various interventions have been employed and with what level of success.

Quantitative survey

In order to gain an understanding of the spread of tools and powers being used across London and the frequency with which they had been used, each of the boroughs was invited to complete a survey. The survey included a combination of quantitative and qualitative questions. In the first instance, the survey was sent electronically to key community safety, ASB and DAAT contacts. The most appropriate person to complete the survey was identified locally and the surveys were completed and returned for analysis. In some cases, additional information was obtained with brief follow-up telephone interviews or e-mails. Overall, 23of 33 boroughs responded to the survey, with a further two providing some detail by e-mail. Response quality and timeliness varied which was due partly as a result of the timing of the research with many boroughs being busy preparing their Strategic Assessments and working towards other end of financial year deadlines.

Case studies of five London boroughs

From the 25 boroughs involved, five were selected for a more in-depth, case study analysis. The boroughs were selected on the basis of their location, the key alcohol-

related disorder issues they faced and the types of interventions they had been known to be using to manage alcohol-related disorder. The five boroughs were selected to include a range of issues and practices and included:

- Brent
- Enfield
- Havering
- Islington
- Southwark.

Each of the boroughs was initially contacted by e-mail to assess whether they were in a position to be involved in the research. Appointments were then made to interview key stakeholders[4] and gather further documents and data as evidence of their implementation of the key tools and powers. The key data, documents and interviews were then analysed to form the basis of the case studies included in the findings below.

Research Questions

Using the methods above, the following questions were explored in detail:

- Which London boroughs are particularly affected by alcohol-related ASB?
- What initiatives are used within London to tackle these alcohol-related ASB issues?
- How are these initiatives intended to deliver their aims and objectives?
- How effective are the initiatives in dealing with the ASB issue identified?
- How is data used to inform local strategies aimed at reducing alcohol-related ASB and to monitor and evaluate initiatives?
- What methods and mechanisms are used to gather the views and commitment of local communities?
- What work has been undertaken to evaluate and review local alcohol-related ASB interventions?
- What targets have been set locally around alcohol-related ASB?
- To what degree are partnerships working in a joined up way to tackle these issues?
- What examples of good practice exist?
- What gaps exist and how could these be remedied?

[4] In Islington seven key stakeholders and in Havering and Brent three key stakeholders were involved in a focus group discussion.

Findings

Nature and extent of alcohol-related ASB in London

The nature and extent of alcohol-related ASB varied considerably across boroughs according to key demographic, social and geographic elements. While there was variation in the way alcohol-related ASB presented, generally three key contexts were identified: the night time economy and binge drinking; street drinkers; and under age drinking. According to the 23 boroughs returning surveys street drinking was the alcohol-related disorder which was most of a problem (61% rated it as a medium or high problem). This was followed by disorder related to the night-time economy (57% and then disorder connected to underage drinking (30%).

Table 1: Number of boroughs reporting each type of alcohol-related disorder as a problem (n=23)

	Low	Med	High	Total
NTE	10	10	3	23
Street Drinking	9	12	2	23
<18s	16	3	4	23

It was most common for boroughs to report alcohol-related ASB as a low or medium level problem with several suggesting that overall alcohol-related disorder problems affected relatively few people but often to a significant extent. It was also noted that what may be a significant problem to residents in terms of perceptions was often not a significant issue in terms of recorded crime or other ASB data. It was also identified that often the numbers of people causing alcohol-related disorder were low which made the issue difficult to prioritise in comparison to other crime and disorder concerns.

Night time economy / binge drinking

It is well known that the night-time economy and binge drinking have been increasing across the country and legislation (for example the ASB Act 2003 and Licensing Act 2003) has been introduced to manage some of the effects of late night drinking including littering, noise nuisance, public urination, fighting and criminal damage. Alcohol-related disorder and violence is particularly common in and around public transport links and at flashpoints where people leave pubs and move on to clubs in the early hours of the morning. Across London, the nature of the night-time economy varies as do the approaches required to manage disorder under these often specific conditions.

In Havering, for instance the main alcohol-related disorder issue occurs in the night time economy in Romford Town Centre, particularly within the ring road around the railway station and the main cluster of licensed premises in South Street. Romford is the largest town centre in East London and is frequently used by large numbers of young people from across London, Essex and East Anglia with an estimated 11,000 - 15,000 visiting 15 licensed premises (all within 100m of one another) on a Friday and Saturday night. In Havering, the local population are significantly older than other areas in London (22.8% aged 60+ compared to the London average of 16.3%) and it is reported that this group avoid using the town centre due to their perceptions of alcohol-related disorder. In contrast, despite having over 900 premises selling alcohol, Brent has no particular town centre area and therefore problems connected to the night-time economy are relatively low and are not concentrated in one area[5].

In addition to the wide range of disorder connected to the night-time economy, some boroughs such as Lambeth, Southwark and Brent identified the overlap of alcohol and drug-related disorder. In Southwark, it was felt that some of the disorder connected to the night-time economy was stimulated or even worsened by the use of powdered cocaine in the clubs and bars in the North of the borough. In Brent, Islington and Lambeth however, the connection between drugs and alcohol-related disorder was more likely to be seen as problematic among communities of street drinkers who were either using both drugs or alcohol or who were drinking in public places which were also known drug and sex markets.

Street drinking

Generally, street drinking was reported to occur in particular locations well known to both residents and agencies. However, it was also considered to be mobile, responding to varying degrees to changes in the weather, enforcement activity and levels of support available. Across the 23 boroughs surveyed, disorder related to street drinking was the most significant issue with 14 out of 23 reporting this as a medium or high level problem.

[5] Perhaps with the exception of Kilburn which is on the borough boundary with Camden and tends to have more of a problem with street drinking than disorder connected to the night-time economy. There has also been some recent growth and change in the population demographics and number of licensed premises in Willesden and Neasden as new Eastern European communities form and consolidate in these areas.

Street drinking across London varied by borough and the drinkers themselves presented a range of issues and needs. In some cases, drinking on the street represented a form of socialising among particular ethnic groups, for others drinking was related to problems with housing, mental health issues, as part of a pattern of poly-drug use or a combination of these factors. In Brent for example, there is evidence that street drinking communities are ethnically based with groups of Irish, Tamil and Polish drinkers displaying specific patterns of drinking and ASB as well as particular geographic and physical drinking locations.

In Havering and Haringey, the term street drinking is also taken to mean people using alcohol in the street connected to the night-time economy[6] or among those under 18 and therefore strategies which targeted all forms of drinking in the street have been used. In both Havering and Haringey such diverse street drinking has been managed through the use of Designated Public Places Orders in specific geographic areas. In boroughs such as Camden and Brent borough-wide Designated Public Places Orders have been used to tackle a range of street drinking behaviour and to avoid displacement.

Under age drinking

Disorder connected to under age drinking was the least frequently reported alcohol-related disorder issue with less than a third (30%) of the 23 boroughs who participated reporting it as a medium or high level problem. Four boroughs reported alcohol-related youth disorder as a significant problem: Haringey, Ealing, Hounslow and Hillingdon, but youth disorder was most often described as being related to but not always caused by alcohol, with groups of young people often gathering together without drinking. An emerging issue however, seems to be young people's use of free travel to visit off-licenses known to sell alcohol to those underage and then returning to their local area to consume it. While this was reported anecdotally by several boroughs involved in the research, an initiative in Havering which marked alcohol containers and actually tracked off-licence sales confirmed this occurrence within the borough.

[6] For example, carrying bottles or glasses out of licensed premises or purchasing drinks at off-licenses for consumption prior to entry to a club.

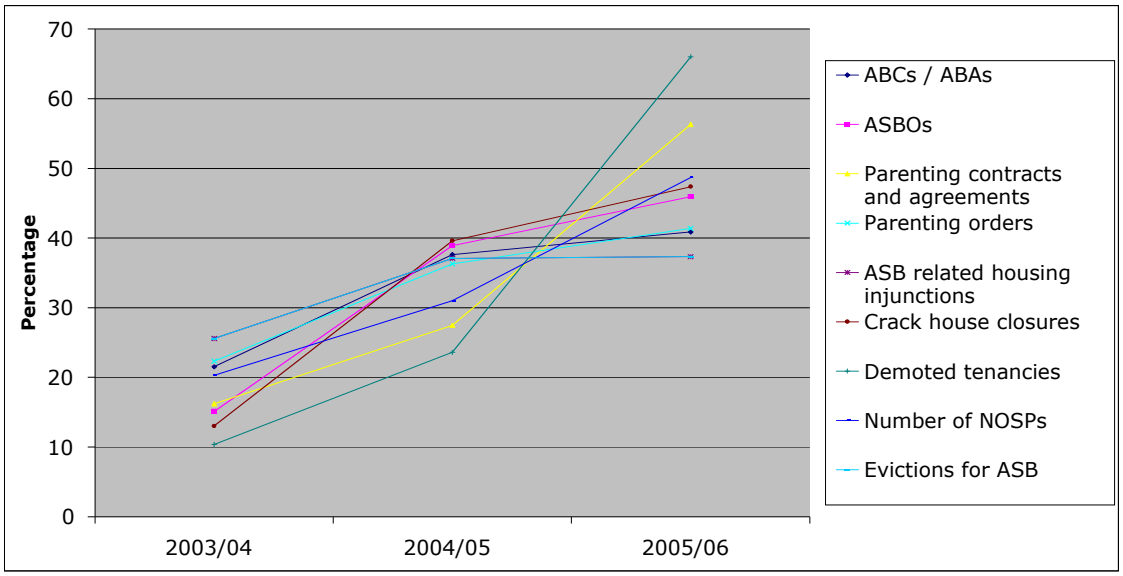
Other types of alcohol-related disorder

Further types of alcohol-related disorder were identified through the case studies and surveys, particularly disorder connected to football and large scale events such as festivals and carnivals, and other public events. For some boroughs alcohol-related violence, particularly domestic violence, was included as the type of alcohol-related ASB which was most prevalent. Several boroughs[7], reported significant issues with alcohol-related crime and disorder and had included alcohol as a key priority in their most recent crime and disorder strategies.

Using tools and powers to manage alcohol-related ASB in London

New legislation has created a wide range of tools and powers intended to be used to manage ASB and overall the use of both court-related powers and voluntary agreements provided for in this legislation is increasing (Respect, 2007). Table 1 highlights the changes over three years between 2003/4 and 2005/06.

Table 1: Growth in the use of ASB tools and powers between 2003/04 and 2005/06[8]



The key powers and tools can be roughly broken down into those focussed on individuals, geographic areas or on licensed premises.

[7] Merton, Ealing, Enfield for example.
[8] Adapted from Respect (2007) *Tools and powers to tackle ASB* at www.respect.gov.uk

Individually focussed tools and powers

Acceptable Behaviour Contracts (ABCs) or Acceptable Behaviour Agreements (ABAs)

ABCs are non-statutory, voluntary arrangements which have emerged as a way of tackling ASB at an early stage. They are a written contract between an individual and key agencies and set out the behaviour expected by the individual and the consequences of further ASB. ABCs have the advantage of being flexible and inexpensive and act as a warning to the individual prior to any formal action being initiated. Some boroughs, Islington for example, have adopted an ABC plus approach which includes a commitment by local service providers to provide supportive interventions. The use of ABCs increased by 90% between 2003/4 and 2005/6 and by January 2007 over 18,000 contracts had been written (Respect, 2007). ABCs have been used to manage a range of alcohol-related disorder, most notably, street and underage drinking.

Research published by the Home Office in 2004 examined the use of ABCs in the London Borough of Islington and found that 38% of young people issued with ABCs had been drinking alcohol in public before the contract commenced. While this research did not report specifically about how successful ABCs were in tackling alcohol-related ASB there were 19% fewer incidents of ASB and 60% fewer criminal offences committed by the young people issued ABCs than in the prior six months (Bullock and Jones, 2004).

Fourteen of the 23 boroughs surveyed reported that they had used ABCs to deal with alcohol-related disorder and some boroughs have issued them in significant number. Wandsworth for example, have 124 active ABCs, Barking & Dagenham have initiated 35 ABCs in the last 12 months and Kingston has created 14 ABCs where the individual is required to desist from drinking in public or purchasing alcohol as they are under age. In Croydon, ABCs are used with underage drinkers to explore the consequences and risks of their continued behaviour and to allow the young person and family to access support. Many boroughs use ABCs in similar ways to gather support, set boundaries and explore consequences with the offender. Some also use evidence of breaches of ABCs in support of full ASBO applications. ABCs were generally reported to have a medium or high level of success in tackling alcohol-related disorder, however, a closer examination of cases would be required to establish the factors associated with success.

Anti-social behaviour orders (ASBOs)

ASBOs are a civil order issued by magistrates courts in response to behaviour which is '*likely to cause harassment, alarm or distress to one or more persons not of the same household as him or herself and where an ASBO is seen as necessary to protect relevant persons from further anti-social acts by the defendant*.' ASBOs were introduced in the Crime and Disorder Act 1998 and developed further in the Police Reform Act 2002 and the ASB Act 2003. While receiving an ASBO is not a criminal offence and the offender does not receive a criminal record, a breach of ASBO is recorded as a criminal offence. Young people aged between 10 and 17 years old who receive a standalone ASBO may also be subject to an Individual Support Order (ISO). The ISO is a civil order lasting up to six months which is intended to impose positive conditions to deal with the underlying causes of a young person's ASB and allowing support to be tailored to the individual's needs.

The initial uptake of the use of ASBOs was slow however over the last few years the number of ASBOs issued has grown from 1,336 in 2003/04 to 9,853 in January 2007[9]. This growth in the use of ASBOs has been largely attributed to the creation of CRASBOs or ASB Orders on Conviction and interim ASBOS both of which were introduced under the Police Reform Act 2002 and dramatically reduced the time taken to apply for an order (Matthews et al, 2007).

In their assessment of the use and impact of ASBOs Matthews et al (2007) highlighted some of the issues associated with using ASBOs to manage street drinking. The study found that the use of ASBOs had a range of impacts and while the local community had benefited through dispersal of street drinking, practitioners felt that ASBOs were not appropriate for use with vulnerable groups of people, preferring the use of a street drinking ban. The threat of an ASBO or the issuing of an ABC seemed to deter some from continuing to drink in the same area. As one woman with a history of homelessness, street drinking and violence responded when questioned about whether she had breached any of the conditions of her ASBO:

[9] Issued by all courts in England and Wales (Respect, 2007).

'No, I have behaved meslf. In fact, in another eight months time if I keep me nose clean, not get arrested, not go to jail, then I can appeal against the five years (period of her ASBO)… '

She went on to explain that despite thinking the ASBO unfair, being the subject of increased surveillance from the police and spending time in prison on remand[10] she had still reduced the amount she was drinking and had changed her violent behaviour. This was not always the case however as two of the four given ASBOs for street drinking breached their order and were given short prison sentences. The appropriateness of using ASBOs on street drinkers was somewhat contested with enforcement-focussed services supporting their use and client-focussed services arguing that ASBOs often led to the displacement and further social exclusion of those to whom they were issued meaning that many were left unable to access the support services which arguably increase the order's effectiveness (Campbell, 2002).

In their research examining ASBOs Matthews et al (2007) interviewed a young man who was registered as an alcoholic at 17 years old as a result of a spate of violent and intimidating behaviour, motor vehicle crime and criminal damage connected to his drinking. He was given an ASBO and a variety of other criminal justice sanctions. He reported that the ASBO had resulted in increased victimisation since it was publicised locally and that he had in fact increased his alcohol consumption to combat stress. His mother reported that the ASBO had prevented him accessing community facilities such as his local dentist and had in fact made him angrier. He had mixed feelings about the impact of the ASBO and explained:

'It don't help no one the ASBO. It makes you more criminal but on the other hand it makes you wary of what you do, so it does in a way. You think people are watching you, you think you are safe, you get suspicious if someone calls… They make it serious but it ain't serious to me. It does make me think because it carries a prison sentence of 5 years but when they lock someone up for the first time for 5 years, that's when people will get a shock...Really, it hasn't stopped me doing anything…Mate, I've grown out of it. I am mature, I don't need to go over there so it is not a problem... My drinking is the problem… When I drink, I am violent, when I don't I am a nice person – you know what I'm saying?… I think about everything seriously anyway because I am growing up and I know it is not a life to live so it is not about the ASBO. The ASBO don't mean nothing to me

[10] For an alleged breach which the courts did not uphold.

anymore because I have already grown out of it. I am doing my own thing and I have grown out of it. Do you know what I am saying?'

Seventeen of the 23 boroughs reported using ASBOs to deal specifically with alcohol-related disorder. ASBOs were mainly chosen as a means of *'protecting the community* [including victims and witnesses] *from individuals who have acted in a manner which has caused harassment, alarm and distress'* (Barking & Dagenham) and *'to prevent escalation or further ASB'* (Westminster). Many boroughs (Islington, Brent, and Camden for example) report that ASBOs are used 'as a last resort' following attempts at providing support services or alternative interventions, however it appears that the nature and extent of these attempts varies across boroughs and in individual cases. In Camden, records are kept of those dispersed under dispersal orders as evidence for ASBOs. Westminster, Barking & Dagenham, Lambeth, Newham and Croydon report that ASBOs have been very successful in dealing with alcohol-related ASB. In contrast, Kensington & Chelsea indicate that an ASBOs used with a prolific street drinker / shoplifter had low levels of success[11]. Information was not collected about the use of individual support orders in connection to ASBOs as part of this research.

Parenting-related tools and powers

Parenting contracts and agreements are non-statutory tools which provide an opportunity to help parents deal with the problem behaviour of their children, for example, when they are truanting from school or if they have or it is felt they are likely to engage in criminal or ASB. They were put on a statutory footing in the ASB Act 2003.

Parenting Orders were created under Section 8 of the Crime and Disorder Act 1998 and amended in the ASB Act 2003 and are most often used when a parent is unwilling or unable to co-operate with a voluntary parenting contract. A Parenting Order is an order made against the parent(s) of a child which has been given an ASBO, has been convicted of an offence, or the parent has been convicted of failing to see their children attend school properly. Its intention is that the parent must follow its requirements in order to prevent similar behaviour in their child as that which lead to the conviction / order being made against them. The order has two elements: an order which can last for up to 12 months and requires the parent to control the child's behaviour and a

[11] A further examination of the outcomes and impacts of ASBOs has recently been undertaken which highlight some of these issues (Matthews et al, 2007).

counseling / guidance element which can last up to three months. The order itself does not result in a criminal record but if it is breached the parent(s) could be liable to a fine. There has been little research examining the use of such parenting-related tools and powers in connection with alcohol–related disorder.

Across London parenting-related tools and powers were some of least used with only five of the 23 boroughs reporting having used these to tackle alcohol-related disorder in the last 12 months[12]. In several boroughs these tools and powers were considered to be the responsibility of the Youth Offending Team and little was mentioned about their use to tackle alcohol-related disorder committed by young people, perhaps as this was not commonly identified as a local priority. Croydon however, mentioned that there has been some success in offering voluntary parenting support to parents of underage drinkers. Further research on the use of tools and powers connected to parenting may be useful.

ASB injunctions (ASBIs) and local government injunctions

Provisions under the Housing Act 1986 amended by the ASB Act 2003 provide social landlords with ASB injunctions which are a quick, flexible and straightforward way to tackle nuisance and disorder among residents, visitors and others. Local authorities may also use injunctions available under the Local Government Act 1972 in order to stop behaviour which is a public nuisance, for example, drug related disorder. While the use of injunctions of this type increased by over 60% between 2003/04 and 2005/06 there is no data which examines their use in response to alcohol-related disorder only. Similarly, survey respondents infrequently reported their use.

Housing-related tools and powers

Provision within the ASB Act 2003 allows social landlords to apply to the court to demote or reduce the security and rights of a tenant who is acting in an anti-social manner to conditions similar to those on an introductory tenancy. This makes it much easier to evict a tenant who continues to act anti-socially and is intended to act as a serious warning to the tenant that they must improve their behaviour. Since October 2003 there have been 212 demotion orders issued to anti-social tenants (Respect, 2007). A notice seeking possession for ASB (NOSP) is the first stage in taking back possession of a property

[12] Hillingdon, Lambeth, Southwark, Westminster and Kingston.

from a tenant who has been causing ASB or nuisance. As a last resort, social landlords can evict tenants when they have been involved in persistent ASB which has had a detrimental impact on other residents. There has been no specific analysis of the use of housing-related tools and powers for specific cases of alcohol-related disorder.

Among the survey respondents, the use of housing-related tools and powers was considered in the main to be the responsibility of local authority housing teams, ALMOs and RSLs. Few of the surveys included details of cases where housing-related actions had been specifically taken in relation to alcohol-related disorder. It was also reported that data on the use of housing-related tools and powers employed to deal with alcohol issues was difficult as it was often not known that alcohol was involved until later in the process. Generally, boroughs reported that: they preferred not to use these types of tools, opting instead for the use of supportive interventions; that such interventions were usually handled within housing and that access to information on these cases was unusual unless wider partnership working was necessary; or that the borough had not undertaken any alcohol-specific use of these tools. The scope of this research did not allow for a full investigation of the use of these measures and further research may be useful in examining opportunities to further join together working on these issues.

Fixed Penalty Notices / Penalty Notices for Disorder

Fixed Penalty Notices and Penalty Notices for Disorder were introduced under the Criminal Justice and Police Act 2001 and are one-off 'on the spot' penalties issued to perpetrators of acts of ASB such as dropping litter, being drunk and disorderly or throwing fireworks. While there are slight differences between the two types of notices both are issued by police, local authority officers or Police Community Support Officers. PNDs were introduced in order to provide a 'quick and effective tool' for dealing with minor disorder associated with the night time economy which would reduce the workload of both the police and courts (Home Office, 2005). PNDs were extended in late 2004 to cover underage drinking and littering and in April 2005 to cover the purchase of alcohol by under 18s and selling alcohol to a drunken person.

In 2004 63,639 PNDs were issued by police in England and Wales including 28,790 for 'causing harassment, alarm and distress' and 26,609 for 'drunk and disorderly' together accounting for 87% of all PNDs issued. Most were issued to adults (94%) and males

(85%). The results of a one year pilot of 'on the spot' penalties for disorder found that in the 12 months between August 2002 and July 2003, two fifths (42%) of penalty notices were issued for disorderly behaviour whilst drunk. The main benefit of 'on the spot' penalties was a reduction in the time taken to process each offence of between 1.5 and 2.5 hours. Around 70% of all notices were paid but only around half were paid within the statutory 21 days. Only 8% of the penalty notices issued were issued to repeat offenders. There is no specific data within the study about how effective penalty notices are in dealing with alcohol-related disorder (Halligan-Davis and Spicer, 2004.)

More recent data from the Ministry of Justice (2007) indicates that in 2005 a total of 146,481 PNDs were issued in England and Wales[13]. In 2006 this had risen 37% to 201,197. The proportion of PNDs issued for alcohol-related disorder (drunk and disorderly, drunk in a highway, consumption of alcohol in a public place) was higher on average in England and Wales than in London where PNDs for general disorder (causing harassment, alarm and distress) were issued more frequently (On average 23% compared to 10%)[14].

While Home Office data suggests that FPNs and PNDs are widely used in relation to alcohol-related disorder, survey respondents from ASB and Community Safety Teams rarely knew how many had been issued, in relation to what type of behaviour and to whom, or what the outcome of the notices had been, mainly because of the quality of data recorded. In Enfield FPNs have been used to assist in the enforcement of Designated Public Places Orders and PNDs have been used to respond to ASB outside licensed premises. As with housing-related interventions above, this research has not been able to conduct a detailed investigation of the use of FPNs and PNDs and further investigation of this method of dealing with alcohol-related ASB may also be useful.

Geographically focussed tools and powers

Dispersal Orders / Dispersal Zones

Part 4 of the ASB Act (2003) gave powers to designate areas where groups of two or more people gather and where their presence or behaviour has resulted, or is likely to

[13] See Appendix 1for a breakdown of PND data provided by the Ministry of Justice.

[14] In these analyses the figures for 2005 and 2006 have been combined and averages over the two years have been taken.

result in a member of the public being harassed, intimidated, alarmed or distressed. Under an order the police can also remove to home anyone under 16 years who is in the zone between 9pm and 6am. The legislation allows an area to be designated for up to 6 months.

According to Crawford and Lister (2007) 61 dispersal notices were authorised in London in 2004 in all but six boroughs and nearly two thirds of these (39) were designated to manage youth disorder. According to analysis conducted by the police:

- 60% of those dispersed were aged under 18 years;
- 85% were male;
- there was an over-representation of black people dispersed (20% compared to an average of 11% according to Census data);
- of the 116 arrests made half had 'refused to leave' and the other half had 'returned' to the dispersal zone.

More recent data cited by the same authors suggests that 85 London dispersal orders ended in 2006/07 with an average length of 22 weeks. Nearly two thirds (62%) of these orders were for the maximum duration permitted and most were located in town centre or shopping districts (51%). A third (36%) were in areas previously designated dispersal zones with one area being designated a total of seven occasions. In 73% of cases the reason given for obtaining an order was 'general ASB caused by groups' or 'general non-specific ASB' a further 15% were for 'drug or substance misuse' or 'street drinking'.

Crawford and Lister suggest that dispersal orders can be used to provide short-term relief from ASB and to stimulate local partnership activity as well as creating opportunities for longer-term, and holistic responses to underlying problems. However, they also highlighted that without taking a problem solving approach and relying on enforcement alone, dispersal orders were merely a 'sticking plaster' over the wider causes of ASB being particularly prone to displacement[15].

Seventeen out of 23 boroughs surveyed had used a dispersal order in the last 12 months. The main behaviours targeted included: dispersal of large groups congregating

[15] Full findings: www.jrf.org.uk/knowledge/findings/housing/2135.asp

and causing alarm and fear, and in dealing with neighbourhood based alcohol-related disorder. As reported by Crawford and Lister (2007) many appeared to have a youth focus but they were also used as a mechanism to: engage those involved in alcohol-related disorder into support services; to allow communities a period of respite; and for their deterrent effects.

In Southwark dispersal zones were called Good Behaviour Zones as the key issue they were intended to deal with was youth disorder that was not specifically alcohol-related. In Havering, dispersal orders were to be used to target alcohol-related disorder committed mainly by young people congregating in and around off-licenses, however, the issue was resolved through partnership working with youth services, a programme of early intervention using a 'yellow and red card' system and training for safer neighbourhood teams. In Newham a dispersal order was used to manage street drinking in Forest Gate however some of the street drinking displaced into Stratford where street drinking was also occurring. Other boroughs[16] reported moderate to high success when using these powers, however, the way in which a dispersal order was measured as a 'success' were not clear. In Southwark, dispersal orders were seen as a 'quick fix' with diversion and outreach for young people being considered a better option.

Wandsworth reported that their use of a dispersal order to manage congregating groups of youths on its Shaftsbury Estate was unsuccessful for three key reasons: 1) ongoing resources were not available for enforcement and signage; 2) groups of young people were displaced into neighbouring areas; and 3) youth provision was limited and young people did not feel able to visit other areas due to local tensions and territorialities. In addition to this, neighbouring borough Richmond was the subject of an objection to their dispersal order on the basis of a breach of human rights[17]. These factors in combination meant that in future Wandsworth would use other measures rather than dispersal orders.

Designated public places orders (DPPOs) or Controlled Drinking Zones

Designated Public Places Orders or Controlled Drinking Zones were introduced under Section 13 of the Criminal Justice and Police Act 2001 and replaced drinking byelaws. A

[16] Such as Barking & Dagenham, Lambeth, Merton, Hillingdon, Hounslow, Tower Hamlets, Westminster and Camden.

[17] http://news.bbc.co.uk/1/hi/uk/4583685.stm Accessed 25/03/08.

DPPO can be created in a public place where nuisance or annoyance to members of the public or a section of the public or disorder has been associated with the consumption of alcohol in that area. In order to do this however, there is no need to conduct a formal assessment of need but rather, local authorities need to satisfy themselves that such powers are not being used disproportionately. In order to make a designation order Local Authorities are required to consult with the police (Regulation 3(1) (a)). There is also a responsibility to consult with neighbouring local authorities where a DPPO covers an area on its border in order to consider how the DPPO may result in displacement, licensees in the area and any owner or occupiers of land within a DPPO.

The Government's Crime Reduction website provides examples of good practice around the use of DPPOs to tackle ASB and violence connected to the NTE in Brighton and Hove, Manchester and Newquay. While DPPOs have not been formally evaluated, anecdotal evidence suggests that central to the effectiveness of DPPOs are the presence of highly visible police and PCSOs to enforce the order and where appropriate to confiscate alcohol. The key messages from each of these good practice areas suggest that appropriately resourcing the enforcement of DPPOs is the key to their success and that it is also necessary to inform the public of the operation of the order through a public information scheme and signage[18].

Of the 23 boroughs surveyed 19 had used a Designated Public Places Order within the last 12 months making this the most widely used power. Three boroughs reported having borough-wide Designated Public Places Orders – Camden, Brent and Hillingdon[19]. In the remaining 16 cases Designated Public Places Orders were created to manage specific ASB issues in particular locations with some boroughs designating multiple zones and others individual town centre areas. Of the 16 boroughs that did not have borough-wide orders two reported they were considering extending the zone across the borough. The research highlights that Designated Public Places Orders have been used in London for a wide range of reasons:

- To manage anti-social street drinking and connected behaviours;
- To manage disorder related to the night-time economy and social drinking;
- To manage disorder connected to underage drinking;

[18] www.crimereduction.homeoffice.gov.uk/alcoholorders/alcoholorders01/htm accessed 12/01/08.
[19] Hammersmith & Fulham also implemented a borough-wide DPPO in November 2006 but did not return a survey.

- To act as a disincentive to act anti-socially;
- To set and reinforce guidelines about the appropriateness of public drinking;
- To address targets connected to public perceptions of alcohol-related ASB;
- To provide respite to areas particularly affected by alcohol-related disorder; and
- Different combinations of all of these reasons.

While eighteen of the nineteen 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'. An examination of the use of Designated Public Places Orders across the five case study boroughs highlights the ways in which they have been used, the ways in which they have been evaluated, the types of success achieved, key elements of good practice and some of the barriers experienced during implementation.

Table 3: A comparison of DPPOs across five boroughs

Borough	Description of DPPO	Good practice	Success?	Evaluation methods	Barriers
Brent	Initially piloted in Kilburn and then extended borough-wide. Focus on street drinking which moves across various locations across the borough in three key ethnic groups – Irish, Tamil and Polish.	Partnership working between outreach teams (CRI) and safer neighbourhood teams in key hotspots. Cross borough commitment in Kilburn: 7 day a week safer neighbourhood team, joint data analysis and attendance at case working groups (with Camden). 'Social care' approach.	Difficult to enforce across a large borough. Street drinking groups have reduced in size but the issue hasn't necessarily ceased. Concern that this may reduce the impact of the DPPO and therefore have a detrimental effect on public perceptions of effectiveness. Some displacement from highly visible location to less visible eg. behind shops.	Brent is developing its evaluation methods. Mainly anecdotal evidence from outreach and safer neighbourhood team and findings from pilot of DPPO in Kilburn.	Funding to support enforcement, outreach, consultation and signage. Good quality data to monitor effectiveness. A whole borough approach to crime and disorder reduction is needed. Reluctance among some agencies to share personal data on individuals involved in street drinking.
Enfield	A group of DPPOs mainly around town centres, parks and railway stations to manage disorder connected to the NTE and litter related to drinking in public but not necessarily by street drinkers (eg. cans left on streets by people moving through the borough)	Proactive approach to alcohol strategy and data management which has supported work on alcohol-related disorder. Problem oriented partnership group tasked to improve alcohol-related data. Developing 'alcohol' flag for local authority and ASB data Joint tasking process linking enforcement and prevention.	Improvements in public perceptions data	Anecdotal evidence confirmed through more recent data analysis which has emerged from a partnership data improvement project.	Poorly recorded data about alcohol-related incidents in and around public transport Difficulties in establishing criminal damage cases connected to alcohol. Well joined up approach to alcohol has made evaluation or individual tools and powers difficult.
Havering	Romford Town Centre within ring road to manage disorder related to town centre drinking – mainly connected to the night time economy but some street drinking also.	Partnership working with licensed premises to improve service standards Community consultation and engagement including through the Best Bar None Awards. Work to develop the reputation of Romford Town Centre. Working with individuals who consistently breach DPPO to offer support and following consistent lack of engagement use enforcement.	Decrease in recorded violent assaults Reported decrease in fear of crime and increase in public perceptions of the area Funding attracted from new partners.	Analysis of recorded crime, agency and other CCTV data Fear of crime surveys Public perception surveys Consultation results Additional funding attracted and widespread interest eg. from the Public Carriage Office in relation to the taxi marshall scheme.	Some displacement to areas outside ring road but this has been managed through the use of enforcement and individually focussed orders Approach manageable within the area of Romford town centre but perhaps not if taken across the borough.

Borough	Description of DPPO	Good practice	Success?	Evaluation methods	Barriers
Islington	Small area in Kinlock Park. Focussed on a group of around 30 street drinkers who drink in the borough's green spaces.	'Five step' model Community 'buy in', consultation and capacity building work. Effective joint working between outreach, DAAT, and safer neighbourhood teams. Regular tasking and action planning meetings for key individuals Five stage process resorting to enforcement as a final option.	Increased engagement and partnership working between outreach / support services and safer neighbourhood team Public use of Kinlock Park has increased Reported behaviour of drinkers has improved and there has been an increased uptake of services. Increased community satisfaction and involvement.	Analysis of recorded crime and other agency data including at an individual level using outreach and intelligence reports Local safer neighbourhood team consultation surveys Public consultation forums	Initial response of street drinkers. Lack of funding for predominantly alcohol-related issues
Southwark	Across most of the borough mainly to manage street drinkers	Ongoing work with off-licenses supplying discounted alcohol to street drinkers Very wide initial consultation	Some displacement of street drinking into Lambeth in Camberwell. Cross borough working required to resolve this. Reduction in the number of visible street drinkers in Southwark, however, there is concern that this may be due to vastly different weather in 2006 and 2007.	Southwark commissioned an external evaluation. The key methods used were: • Initial consultation with partners • Mapping and analysis of 'alcohol' flagged crime data and ambulance calls • Ward based alcohol confiscation data • Ward based stakeholder interviews (safer neighbourhood teams, Community Safety, Licensing, Outreach, Voluntary Sector, Community Wardens, Street Pastors, Housing Associations, Pub watch) • Public perception survey	While significant reductions in recorded crime were reported, public perceptions were not significantly impacted as street drinkers in Camberwell had moved into Lambeth.

Determining the best approach to a Designated Public Places Order is not without problems. For example, at the time of the survey Newham had an ongoing issue with street drinking in Stratford and Forest Gate and had not yet used a Designated Public Places Order. Newham's initial experiences of using dispersal orders to deal with street drinking were positive, however, displacement was experienced as street drinkers continued to drink in public places outside the dedicated zone. This seems to have stimulated interest in a borough-wide Designated Public Places Order particularly among the police.

On further examination Newham has not previously involved outreach services in dealing with street drinkers and has only recently tendered for this service which may decrease the need for a borough-wide zone. Conversely, a potential increase in the numbers of workers coming to Newham in preparation for the Olympics may also have an impact. Many boroughs reported experiencing some pressure to implement a borough-wide Designated Public Places Order but that most did not feel it necessary as the problems they experienced were sufficiently localised and the resources required to enforce the zone would be too great. Alternatively having several, smaller, Designated Public Places Orders may also prove difficult as the area included may not be easily identifiable either to offenders or agents of enforcement.

It was also noted that some boroughs reported concern about the process of cross-borough consultation prior to the implementation of a Designated Public Places Order. While there is a requirement in the legislation for boroughs considering a Designated Public Places Order to consult with their neighbours (where a border is shared and displacement may result), there were several instances where this did not occur. Both Islington and Brent for example reported that despite well functioning cross-borough partnership initiatives with Camden, neither Community Safety Team had been informed of their intention to implement a borough-wide Designated Public Places Order.

It is also interesting to note that there has been some debate about the use of discretion in enforcing Designated Public Places Orders. As one borough put it:

> *'We did not target those people who are innocently and without offence to others enjoying a drink in a public place.'*

The same borough also acknowledged that some of the street drinking population felt this was a discriminatory practice and there have also been reports about tensions between outreach and enforcement agencies similar to those encountered with the use of ASBOs (Matthews et al, 2007).

Most boroughs are now identifying that a 'joined-up' approach works best when using Designated Public Places Orders to manage alcohol-related disorder and are coming to similar conclusions to Crawford and Lister (2007), that through the reliance on enforcement alone without the use of a problem solving approach, dispersal orders and Designated Public Places Orders can become a mere 'sticking plaster' over the wider causes of ASB. Several boroughs have demonstrated the benefits of taking a problem solving approach and others earlier along in the process appear to be considering the stronger use of outreach and support services for those who persistently commit alcohol-related ASB. An evaluation of Hammersmith and Fulham's Controlled Drinking Area (CDA) illustrates this:

> *'[The] CDA was not expected to eradicate street drinking, but should support broader street population strategy objectives to reduce overall street population activity including begging and rough sleeping.'*

In a similar way to dispersal orders, Designated Public Places Orders have also been used to provide short-term relief from ASB and to stimulate local partnership activity as well as creating opportunities for longer-term, and holistic responses to underlying problems. Several boroughs reported that beginning to consider a Designated Public Places Order has driven more joined up working around alcohol-related disorder.

While the Government's Crime Reduction website suggests three elements central to the effectiveness of Designated Public Places Orders: 1) presence of highly visible police and PCSOs to enforce the order and if necessary confiscate alcohol; 2) a good public information scheme to inform the public of the order; and 3) clear signage[20]; the findings of this research suggest that the best results are often achieved with good partnership initiatives such as the provision of good quality outreach and alcohol

[20] http://www.crimereduction.homeoffice.gov.uk/alcoholorders/alcoholorders01.htm Accessed 12/01/08.

services; community consultation, engagement and capacity building; individual case working; and effective monitoring and evaluation leading to communication of positive results.

Case Study: Managing disorder connected to the night-time economy without a Designated Public Places Orders or Dispersal Orders

Islington has a number of crime and disorder hotspots connected to the night time economy but have not opted to use DPPOs or Dispersal Zones in these areas. Instead, for example in Farringdon, the ASB team have developed good joint working with key licensees in who regularly clean up urine and litter around their premises, have created a strong anti-drugs culture and security policy and have developed an effective taxi rank system to move people out of the area. The ASB team have also conducted Environmental and Visual Audits (EVAs) in the area in order to undertake problem-solving activities and are currently investigating the provision of portable pissoirs to reduce local problems with urination. Being creative they are currently working with trading standards to investigate locating one facility on the site used by an illegal hotdog seller!

Alcohol Disorder Zones

Alcohol Disorder Zones were introduced as part of the Violent Crime Reduction Act 2006 which gives police and communities increased power to tackle violent crimes particularly those involving knives and imitation guns. This legislation allows local authorities to charge those selling alcohol for the costs of fighting alcohol-related crime in areas with serious problems. It also created 'drinking banning orders' to impose restrictions on those who commit offences while drunk and can ban them from visiting licensed premises. People with a history of alcohol-related violence can also be banned from visiting pubs and clubs in particular areas. As these powers have been recently introduced little is know about their success in dealing with alcohol-related disorder, however some commentators feel the powers to be a potentially retrograde step which may damage a the reputation of an area and have serious consequences for businesses.

Powers focussed on licensed premises

Closure Notices

Part 8 of the Licensing Act 2003 gave the police powers to close licensed premises for disorder or noise nuisance. Where premises are associated with nuisance and disorder or are in breach of licensing conditions there are now strengthened powers to review, restrict or revoke licenses. Part 6 Section 40 of the ASB Act 2003 gives the power to local authorities and authorised Environmental Health Officers the power to close noisy premises for a period of 24 hours. Section 161-170 of the Licensing Act 2003 (which replaces Sections 179 a-k of the Licensing Act 1964) allows the police to close licensed premises associated with disorder or causing noise nuisance or to apply to the magistrates courts to close all licensed premises in a particular area in anticipation of disorder.

Perhaps most well known of the closure notices is Part 1 section 2 of the ASB Act 2003 which allows the police and magistrates court to close premises for up to three months when Class A drugs are being used or dealt and serious nuisance and disorder are occurring.

The findings of the survey and case studies indicated that closure notices hadn't been frequently used to manage alcohol-related disorder. More common was the use of the provision under the ASB Act 2003 to close premises where Class A drugs are used and dealt. This finding perhaps parallels the recent review of the Licensing Act 2003 which suggested that the powers in the Act were not being best used to manage 'irresponsible behaviour'. However, while boroughs were not using this provision, other strategies were being undertaken to manage alcohol-related disorder connected to licensed premises, for example, operations involving police and licensing teams targeting underage sales and sales to intoxicated people and in Havering, an alcohol marking system to monitor underage sales from off-licenses. Southwark have also undertaken significant work focussing on the way in which alcohol is sold in off-licenses in and around Camberwell where there has been a significant street drinking problem.

So "what works"?

There has been limited formal evaluation of the success of these measures in tackling alcohol-related ASB. There are key limitations to evaluating "what works", not least the

conceptually difficult definition and measurement of ASB. For example, as Nicholas et al (2007) argue, ASB data, like any other crime data, should be used with care as it can be influenced by the enforcement approach taken - a proactive approach for example may result in increased reporting rather than a real increase in incidents.

Perhaps more importantly, alcohol-related disorder varies across contexts. The type and location of the behaviour, the types and numbers of people committing it, the impacts it has on communities and the public's perceptions about the nature of the problem will all have an influence on the types of strategies and mechanisms which should be used to manage it. As Pawson and Tilley (1997) argue, what works to produce an effect in one circumstance will not produce it in another. To develop good policy and interventions that work it is necessary to examine 'What works and for whom in what circumstances?'. This requires a close examination of the specific contexts in which an intervention has been used and the key mechanisms through which it may operate by disaggregating the notion of alcohol-related ASB and looking at its component parts. This research thus endeavours to examine the operation of tools and powers used to tackle alcohol-related ASB in a range of London boroughs and draw conclusions which can be used as good practice.

Barriers experienced in using tools and powers

The key barriers highlighted in relation to developing responses to alcohol-related disorder and in employing the available tools and powers to tackle the problem were:

- Budgets, funding and resources;
- Alcohol treatment and support issues;
- Lack of good quality data and analysis;
- Inter-relationship with other issues;
- Difficulty obtaining evidence and witness commitment;
- Gaps in partnership working.

Almost all of the boroughs identified the lack of a dedicated budget for alcohol-related initiatives as their biggest barrier. Several boroughs highlighted that their work in relation to alcohol (as a whole) was currently being implemented through drugs and crime budgets but that this was not a sustainable strategy nor one that would be available in other boroughs where there was less cross over between alcohol and drugs issues.

Other boroughs reported that they were currently relying on the initiatives of individuals and without this much of their work related to alcohol would suffer.

The extent of the shortfall was calculated by Southwark who estimated the following budget was required to effectively deliver the boroughs work related to alcohol.

- Alcohol outreach £250,000
- Communications including advertising, consultation, signage for Designated Public Places Order etc £100,000[21]
- Treatment £1,000,000[22]
- Criminal Justice focussed interventions £50,000
- Older people / young people alcohol workers £45,000 each.

The lack of budgets and resources meant it was difficult for some boroughs to target and prioritize actions related to alcohol; to effectively fund pilots and evaluation activities and enforce the measures implemented; to gather good quality data and conduct robust analysis to identify key issues, test anecdotal evidence, or develop baselines; or to provide good services or treatment such as wet centres or hostels, brief interventions or education campaigns. The Community Safety Team in Brent highlighted that the costs associated with the implementation of their borough-wide Designated Public Places Order had not been included in the year's budget and were therefore divided between the police (who paid for enforcement), the community safety team (who paid for advertising and signposting the Designated Public Places Order) and the DAAT (who paid for outreach) all of which took some time to negotiate and set up prior to the implementation of the Designated Public Places Order[23].

As discussed earlier, access to and quality of data has proven a major barrier to the identification of alcohol-related crime and disorder issues; to obtaining funding and resources with which to design appropriate strategies; and to monitoring success.

[21] As a guide, Westminster paid £25K for signage in one DPPO alone.
[22] Which could be a redirection of 10% of the current drugs budget.
[23] Their estimate of the costs of implementation of the pilot DPPO in South Kilburn was £88,000.

Finally, one of the key barriers encountered was that alcohol was a socially sanctioned, legal drug, which had not been the focus of government policy, and until very recently there had been very little policy or practice around dealing with alcohol-related harms. It was also noted that alcohol was often connected with other issues such as substance misuse, mental health problems and social exclusion and it was therefore difficult to deal with alcohol in isolation from these concerns. This overlap was often reflected in the ways in which partnerships had designed tools, targets and strategies to deal with presenting behaviours rather than the underlying issues.

Emerging issue: Alcohol-related disorder among new communities

Boroughs such as Newham, Brent, Ealing, Hammersmith & Fulham and Lambeth have identified a disproportionate amount of alcohol-related violence and disorder is being committed by members of the A8 Accession countries. Ealing, who are a pilot site for the new alcohol arrest referral and conditional cautions, report that nearly a third of all referrals are Polish (the next largest group are White British representing 25% of referrals). In an audit of street drinkers conducted in Hammersmith & Fulham in 2007, half of the forty street drinkers were Eastern European. While Brent had not conducted a full analysis, an established group of around 10 homeless Polish drinkers had been observed sharing a large squat in Wembley with a similar sized group of Tamil drinkers. These boroughs reported that drinkers from new communities had significant problems with worklessness and homelessness and were difficult to support due to problems in accessing funding and services due to their status.

Reasons for not employing the range of tools and powers

When asked why particular tools and powers were not used there was a range of responses with several boroughs reporting that they began to tackle ASB using the lower level interventions first, offering prevention and support packages where possible prior to undertaking enforcement action. Models with similar principals were being implemented across London. For example, in Southwark this approach is known as an 'enforcement offer' with five key stages – education, advice, warning, support and finally, enforcement – which is very similar to Islington's 'five step process'. In Barnet it is called a 'social care model' and while less structured, the approach taken is the same. Whilst the models varied in how far they had been implemented and in the extent to which

support and diversion from enforcement were used in practice, it was common for most boroughs to identify the value of support for people who were particularly unlikely or unable to respond to formal enforcement.

This was not however considered a panacea as the problems of engaging people in treatment and support services were also identified. Representatives of some boroughs argued that only with coercion similar to that used with Class A drug users, would attempts at treatment and support for those with lower level alcohol issues or perpetrators of ASB be successful. The wider use of conditional cautioning or Drug Rehabilitation Requirements was considered important in encouraging these groups to engage with brief interventions and other support services but it was also noted that alcohol treatment is significantly more limited and variable than treatment for drug use.

Data management, monitoring and evaluation, and target setting

In the boroughs researched, the recent strategic assessment process has provided most of the evidence about alcohol-related disorder, however, the quality of available data and the analysis undertaken varied considerably. Some of the boroughs involved in the research highlighted this as a major barrier to their being able to clearly identify alcohol-related crime and disorder issues and to therefore obtain funding and resources with which to design appropriate strategies to tackle it and to monitor change. Poor quality data may also lead to faulty assumptions and tautological policy making[24] as the depth of analysis required to make good policy is not possible.

Access

Several key issues regarding access to data were highlighted:

- Lack of information sharing protocols and processes;
- Lack of commitment to data provision from contracted agencies;
- Problems sharing personal level data outside case working forums;
- Barriers sharing information across boroughs where a hotspot is shared.

[24] For example, that a DPPO undertaken in the summer of 2007 has significantly impacted local street drinking problems compared to those experienced in 2006. As Pawson and Tilley (1997) would suggest, the different contexts (a dry hot summer compared to a damp cool summer) may be the driver to change rather than the use of the DPPO.

It was uncommon for boroughs to share information about people committing ASB in the night time economy who may not be residents of a particular borough or who may commit similar types of ASB in a variety of locations. This suggests this may be resource intensive and therefore a low priority. In some cases boroughs were monitoring individuals dispersed or breaching ABCs butthis did not appear to be general practice.

Definitions and data quality

Central to the problem of good data collection and analysis is the issue of definition. Both the terms 'alcohol-related' and 'ASB' can be contested which makes good data collection difficult. To highlight this an example may be useful. Police recorded crime data uses a 'flag' to note if an incident is alcohol-related but may also use a 'free text' field. Both these methods are usually underused and often regarded as an unreliable as for several reasons:

- Completing the alcohol 'flag' is not mandatory.
- Involvement of alcohol may not be obvious[25].
- Lack of an objective measure of whether an offender has consumed alcohol, nor of the effects of alcohol on the offence if it had been consumed.

Several boroughs reported problems with the quality of police recording of alcohol-related offences. Some had identified this issue and taken measures to improve how police data is recorded. Other commonly used data sets face similar issues, for example, it is widely known the 'flag' in A&E data is also underused.

It was also recognised that identifying cases where disorder may be alcohol-related is difficult. This may be because alcohol is not often noted as a reason for behaviour on reports and other documentation as it was not noted as an issue during the initial stages of the application or its role as causing a particular behaviour can not be evidenced at that time. As such, injunctions, orders, contracts, notices, agreements and other documents may not reflect the involvement of alcohol and may therefore not be used for overall data analysis, monitoring or evaluation purposes. It was uncommon, for example,

[25] Alcohol-related incidents can include incidents where the victim, offender or both has been drinking; where an incident took place in or around licensed premises; or even incidents where the participants smelt of alcohol.

for FPNs to be identified as 'alcohol-related' and for this information to then be collated and shared.

A problem that particularly affects ASB data is under-reporting. The British Crime Survey indicating that only 18% of people report incidents of drunk and rowdy behaviour (Upson, 2005) and findings from this research confirm this. As a respondent from Kensington & Chelsea reports: *'members of the public tend not to report incidents of street drinking unless they feel threatened, for example, if they encounter an individual behaving in an aggressive manner in a public location'.*

Improving data quality in Islington and Enfield

In Islington and Enfield partnership data management processes have significantly improved through the creation of a multi-agency information-sharing network. In both boroughs, those responsible for data analysis have begun to provide guidance to partners about the way in which they collect data and how to improve its quality. This has had immediate benefits for both with data analysts obtaining better quality data and with key partners receiving cleansed and analysed data and reports from other partners. Data management and analysis in these boroughs routinely drew together the following types of data:

- Recorded crime data
- Police calls data
- Intelligence from safer neighbourhood teams / enforcement teams
- Data on police operations
- Calls to local authority hotlines
- Councillor enquiries
- Complaints and calls to borough ASB line
- Data on alcohol confiscation or dispersals in DPPO / DO areas
- Key partner performance and monitoring data – such as ParkGuard data collected by teams working in Islington's green spaces, clean up data reporting location and amounts of drug and alcohol paraphernalia, licensing data, CCTV data.
- Purpose designed surveys - such as the safer neighbourhood team DPPO consultation surveys conducted at six monthly intervals in Hammersmith & Fulham which showed increased compliance over time and a decrease in aggression, but also a decrease in perceived impact of the DPPO possibly as street drinkers in the borough accepted the change.
- Street counts and audits
- Environmental and Visual Audits (EVAs)
- Data from outreach teams
- Health data such as numbers accessing and retained in treatment
- Large regional data sets such as A&E, hospital admissions, London Ambulance Service, British Transport Police, Transport for London, London Fire Brigade.

Consultation and community engagement

The survey asked each borough if they had undertaken public consultation specifically about alcohol-related disorder. Of the 23 boroughs that responded, 15 reported that they had undertaken consultation with an alcohol-related disorder focus, however, the nature and purpose of this consultation varied. In most boroughs some consultation had been undertaken either through questions included in BVPI surveys (such as Ealing Council's Temperature Check Survey 2007), as part of a public consultation about a proposed Designated Public Places Order, or in connection to the development of alcohol strategies or strategic assessment.

Two key approaches to consultation were apparent: formal, broad, quantitative data collection used for monitoring and performance management purposes, and deeper, less formal, more targeted consultation with groups most affected by particular issues or proposed changes. In most cases boroughs used a combination of methods but the approaches taken were dependent upon the issues and communities that were present.

There was evidence that work was being undertaken with 'hard to reach' groups particularly those most affected by alcohol-related disorder or those who would be most affected by particular policy decisions. In Hounslow, Islington, Kensington & Chelsea, and Lambeth for example, specific consultation has been undertaken with street drinkers by local outreach teams. In Southwark, an annual street drinkers audit has been undertaken to gauge the numbers and needs of those in the borough. In Lewisham, in addition to consultation with street drinkers, the council has now employed a service-user co-ordinator and developed a service-user's council which is used to gather the views of 'hard to reach' groups.

In Islington, there was an ongoing informal consultation process with outreach workers and safer neighbourhood team police involved in a dialogue with street drinkers affected by the borough's Designated Public Places Order. This consultation also involved continuous direct negotiation with communities affected by street drinking to improve their capacity to be involved in finding solutions to local issues. Connected to this has been an increase in the community's satisfaction with police and the local authority teams responsible for dealing with these issues as problems have been successfully managed and relationships fostered.

Kensington & Chelsea undertook specific focussed research of a particular street drinking community to *'identify the demographics and needs of the target cohort, the needs they have in the community and their environment.'* This research involved questionnaires with local residents and businesses and direct outreach contact with individual members of this community. According to a member of the community safety team this work had positive impacts on all three groups. Kensington & Chelsea also use a quarterly needs assessment questionnaire to gather feedback from communities about drug and alcohol issues and to identify any unmet needs or gaps in provision with particular input from their Black and Minority Ethnic Drug and Alcohol Forum.

In Camden regular 'StreetSafe' audits are undertaken which involve 65 'auditors' who feed back on levels of street activity in their community. These audits will allow the development of a robust monitoring and evaluation framework through the collection of comparable data.

Good Practice Case Study: Managing disorder related to street-drinking in Islington

Nature and extent of alcohol-related disorder

Islington is a diverse inner London borough and the range of alcohol-related disorder experienced reflects this diversity. In the North of the borough there is an established community of older, mainly male street drinkers which has been known to grow to about 30 individuals during summer. At times there have also reports of drug dealing and violence both perpetrated by and against the street drinkers in these areas. The South of the borough (particularly Farringdon and Upper Street) has a vibrant night-time economy which attracts people from both within and outside London to its bars, restaurants and clubs. There are also areas in the borough which experience youth disorder that is sometimes connected to alcohol but not necessarily caused by it. Interviews with key stakeholders also identified alcohol-related disorder connected to football and other specific large events held in the Emirates Stadium.

Using ASB tools and powers: DPPOs, DOs and street drinking

Of particular interest is the borough's ongoing work to manage street drinking in its green spaces - particularly the walled Peace Garden in Elthorne Park, Kinlock Park, the traffic island at Archway tube and in the gardens of Mary Magdalene church. Public perceptions of the problems associated with street drinking in these areas was high and were being highlighted and addressed within the boroughs Multi-Agency Geographical Panels (MAGPIs) and safer neighbourhood teams.

To manage the issue of street drinkers in Elthorne Park two dispersal orders have been used – one in 2004 and one more recently in May 2007 for three months. While initial evaluations were extensive and involved a range of data they were inconclusive about the effects of the dispersal orders[26] as while some data suggested an ongoing problem, measures of public perceptions of the area had improved.

The borough's first Designated Public Places Order was implemented in Kinlock Park in early 2008. To examine the nature and extent of the issues, the partnership's senior

[26] They did however stimulate improved data collection and analysis which has been used to assess the impact of the borough's DPPO and draw attention to the victimisation of street drinkers by drug dealers using the area.

analysts produced a crime pattern analysis using recorded crime data, CAD data, data from the electronic outreach system and reports from visits by Islington's Parkguards[27].

The street drinkers targeted by the order were initially outraged at the notion and a sustained programme of outreach and consultation with this group followed. The ward safer neighbourhood team negotiated with the street drinkers, residents and the local wet centre about the best strategy to reduce the nuisance and violence in the park. This process highlighted some important issues such as the health impacts of alcohol confiscation on dependent drinkers (possible hallucinations, disorientation and convulsions for example) and reinforced the importance of accompanying enforcement with harm minimisation, outreach and treatment services. The police now operate a warning system where drinkers are offered a short period of time to leave the area without having alcohol confiscated.

A wide range of data and anecdotal sources were used to evaluate the effectiveness of the Designated Public Places Order and found that following the partnership interventions and Designated Public Places Order in Kinlock Park ASB reduced by 65% and violence significantly decreased when compared to the same period the previous year (July to September). Families with children were reported to have returned to the open space and were seen sharing the park with smaller groups of drinkers who were now receiving appropriate support. Overall, there has been a dispersal of large groups of drinkers. The local safer neighbourhood teams also formed a significant relationship with the wet centre and outreach teams and frequently visit out of uniform to continue working in partnership. Case conferences and action plans have been created for the core group of chaotic drinkers.

An ongoing programme of publicity of the positive outcomes in Kinloch Park is planned in order to support improvements in the perceptions of ASB which is a key strategic target (NI 17) for the borough.

[27] The Community Safety Partnership Unit has worked to establish a dedicated team of analysts and researchers. This team now has capacity to work with key partners to improve the quality and frequency of data collection and to co-ordinate the sharing of information for such purposes. The use of ParkGuard data, outreach team data and other performance management data in problem solving community safety issues is a recent and positive development.

Good practice lessons

Five stage intervention model

Islington work in close partnership to manage individuals participating in ASB such as street drinking. They use a five stage model of intervention with enforcement as the final rather than primary option. Discussions are also held in regular thematic multi-agency meetings where individual case management is undertaken by the Community Development Manager, safer neighbourhood team police, outreach teams and service providers.

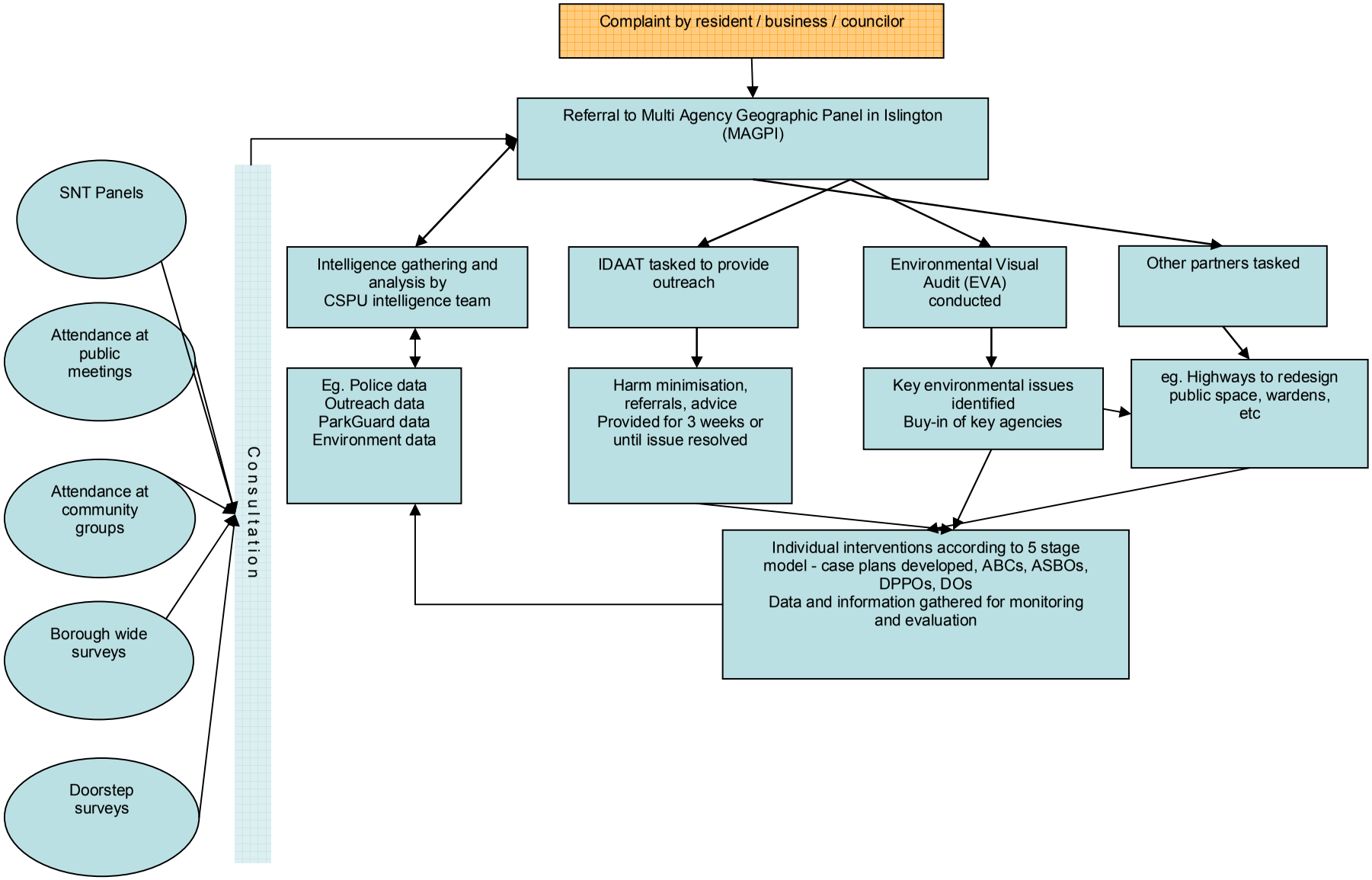
'Five-stage model' of individual intervention:

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

Partnership problem-solving process

Issues involving multiple individuals are problem-solved using the stages shown in the flow chart in Figure 2.

Figure 2: Islington - ASB Problem Solving Process



Good Practice Case Study: Managing alcohol-related disorder in the night-time economy in Havering

Nature and extent of alcohol-related disorder

Romford Town Centre is the largest Town Centre in East London attracting visitors from across London, Essex and East Anglia. On a Friday and Saturday night numbers visiting Romford for its night time entertainment range from between 11,000 to 15,000 (one venue in the town centre alone caters for 2,500 people). There are 15 licensed premises in the town centre, all located very close together. The majority of visitors to the night time economy in Romford are under 21. Romford Town Centre has had a reputation for alcohol-related violence and disorder and local perceptions of the problem were high, particularly among older people. Key issues were fighting, urination and litter, drinking in the street prior to entering premises, crowding and disorder around public transport hubs and taxi ranks. Analysis conducted by Havering suggests that there is a gap between feeling safe and the chance of victimisation and also between the reality and perceptions of ASB in the town centre.

Using ASB tools and powers

Havering council have implemented a Restricted Alcohol Zone (RAZ / DPPO) in Romford Town Centre which operates within the natural boundary of the ring road. This RAZ takes in the station and the main cluster of licensed premises in South Street. There has been some discussion of extending the zone as it has been regarded as highly successful, with data on violent assaults such as glassings showing a significant decline. It is likely that the comprehensive parallel programme of partnership initiatives has contributed significantly to the Designated Public Places Orders success. Some of the key element of this approach have been: a focus on reducing violent crime across the borough; close working with licensed premises to improve standards of operation; a shift in licensing approach; better management of taxis; increased partnership around public transport; and a social marketing campaign promoting positive messages and successes.

Good practice lessons

Raising the standards of the night-time economy

Havering have taken a co-ordinated strategic approach to the reduction of violent crime and disorder in Romford town centre effectively using partnership working to tackle the range of issues experienced. Firstly, they have committed to a violent crime stretch target and have developed protocols and multi-agency problem solving groups to deal with problem individuals and specific issues. Secondly, they have joined up data and information sharing which assists with problem solving, case working and outcome analysis. Thirdly, they have initiated a range of successful interventions aimed at targeting particular disorder issues.

Central to the approach has been their creation of the *Havering Nightlife Awards*[28] which have proven popular and successful, attracting new partners, funding and sponsorship to the borough's community safety efforts. This has involved a structured multi-agency inspection of each venue, a public vote, regular articles and publicity in the local press, work with the local college to design publicity material and a black-tie awards ceremony. The overall aim of this has been to establish local commitment to improving Romford's image and to create a sense of competition among premises which focuses on safety, quality and corporate responsibility rather than discounted drinking.

In combination with this a taxi marshall scheme has been introduced which has improved the flow of taxi queues, increased informal guardianship, prevented violent incidents and created a positive atmosphere which has meant that the project has attracted taxi drivers and been recognised by the Public Carriage Office. The marshall scheme has involved the location of a 'marshall', co-ordination with the town centre CCTV team and radio links. In addition, the local safer neighbourhood team have been working in 'micro-beats' to both enforce the RAZ and to promote other local strategies and interventions such as the taxi marshall system.

The borough has also taken a more 'family friendly' licensing approach with one of the key aims to reduce 'vertical drinking'. The redevelopment of *The Brewery* (one of the large leisure complexes in the town centre) will support this with plans for cinemas, a bowling alley and restaurants to attract a wider age group. A police officer has also been

[28] Initially held in Romford only in 2007.

seconded into the Local Authority to support planning decisions in relation to the night time economy.

Good Practice Case Study: Overcoming barriers to progress in Brent

Nature and extent of alcohol-related disorder

Brent is a large borough with no particular town centres apart from South Kilburn which is shared with Camden. As a result of the geography and demographics of the borough there are few areas where disorder connected to the night time economy is a focussed problem. In the South Kilburn area there have been significant problems with ASB related to both drugs and alcohol and recent outreach work has uncovered that a proportion of the street drinking population in the area are also involved in sex work. Elsewhere in the borough there are significant and often mobile street drinking groups which have been identified as mainly belonging to three ethnic groups: Tamils, Poles and Irish. These three groups each with a different history and pattern of behaviour. The Polish are a relatively young new community who are facing issues with worklessness and homelessness; the Tamils have been drinking behind shops in Wembley where they have been spitting, urinating and engaging in significant violence and intimidation; and the Irish are a more established and older population. Apart from having a significant impact on local residents and businesses through ASB and violence Brent have also recognised the vulnerability of street drinkers identifying the chaotic lifestyles, violence and health issues which they often experience. The borough has also faced a particular issue with one individual who has been committing alcohol-related arson offences.

Using ASB tools and powers

Brent introduced a Designated Public Places Order in South Kilburn in July 2006 which has recently been extended to the entire borough in order to manage the mobility of street drinkers and prevent issues with enforcement over complex boundaries. Prior to its implementation the borough commissioned *CRI* to provide outreach services to evaluate and meet the needs of the street drinking population, a service which had not existed prior to the proposed Designated Public Places Order. Taking the Designated Public Places Order borough-wide has meant an increasing need for outreach and enforcement and partnership working between the two. This approach has been

successful in Kilburn, with the police grateful they can do 'police rather than social work' and outreach teams feeling less vulnerable through joint operations. This is now being developed with varying degrees of success in other wards. Funding for outreach has been negotiated by the community safety team and is now provided by the PCT through the DAAT who previously focussed on Class A drugs and getting people into treatment. With hard evidence of the cross over between drugs, alcohol and prostitution some funding has been redirected to create a 'social care' approach to managing disorder across substance misuse issues.

Good practice lessons

Brent have developed close working arrangements with neighbouring borough Camden in order to deal effectively with a shared crime hotspot in Kilburn. This has involved a joint commitment to have a seven day a week policing presence, joint data analysis, and Brent's participation on Camden's case working and tracking group for the area. While the borough have received no significant funding to deliver alcohol based outreach or to implement a Designated Public Places Order they have developed local good practice through persistence and commitment to their 'social care approach'. Their approach has also involved significant community consultation and reports suggest that confidence in policing and community involvement has increased. A key aspect of the approach in Kilburn was to conduct a police briefing in public outside the bookies which was located in the centre of the crime and disorder hotspot. This approach started key dialogues with the community and has increased relationships between the police, drug and alcohol users and other parts of the community. As a result of this approach, the borough reports it has only used one post-conviction ASBO on a woman who consistently didn't engage with offers of support.

Brent report that the proposal for a Designated Public Places Order and the ensuing consultation and research has been a powerful tool in pulling partnerships together and strengthening relationships. Across the borough there has been a significant reduction in the size of drinking groups and anecdotal evidence suggests in ASB connected to alcohol, however, further analysis will be undertaken after summer 2008.

Emerging Issue: Managing alcohol-related disorder connected to large events in Brent

Brent is home to Wembley Stadium which hosts large sporting and music events such as the FA Cup semi-finals or concerts by international artists. Events on this scale attract up to 90,000 people and due to the size of these events policing is co-ordinated through Scotland Yard and is often undertaken by police from other areas rather than the local police teams.

Visitors to the borough for such events often come by public transport using the tube, overland trains and buses. Many have consumed alcohol prior to coming to the borough, or drink socially in bars or pubs prior to events. In order to manage alcohol-related disorder a ban has been put on alcohol sales by off-licenses around the stadium for an hour before each event. This strategy has resulted in some complaints from retailers who report a reduction in takings. It is also prohibited for visitors to take alcohol into the stadium.

Brent has recently introduced a borough-wide designated public places order. As this controlled drinking zone was intended to manage street drinking rather than public disorder and the borough have taken a strategic approach to encourage visitors to enjoy coming to the stadium, the controlled drinking zone is not frequently used to manage drinking in public connected to the stadium unless it is particularly problematic.

Some of the issues faced by Brent in 'bedding in' an approach to the alcohol-related disorder connected to Wembley stadium have been:

- Lack of control over policing of events, despite links between the local police and Scotland Yard, which means local strategic approach to the CDZ can be lost
- Difficulties balancing enforcement activity to tackle the street drinking of two different groups, for example, encouraging visitors to be able to enjoy themselves without undermining work to manage persistent street drinking.
- Lack of resources to effectively communicate the presence of a borough-wide controlled drinking zone to those arriving intoxicated from other areas
- Regeneration of areas surrounding the stadium leading to displacement of some activities into areas such as Wembley High Road and Wembley Central Station which have not yet been updated.
- Concerns from local businesses who feel disproportionately impacted by community safety initiatives to reduce alcohol-related disorder.

Conclusions

Measuring 'success'

As many participants in this study indicated, measuring the success of an individual tool or power used to tackle alcohol-related ASB is difficult. There are a number of reasons for this: 1) the definitions of alcohol-related and ASB are fluid and contested; 2) local strategies work to achieve overall aims and hence the intended outcomes for interventions are often multiple and overlapping and form part of an overall strategy; 3) alcohol use is closely connected to a range of other issues such as drug use, mental health conditions and social exclusion; and 4) across London the contexts in which they are implemented and the mechanisms through which they work are diverse (Pawson and Tilley, 1997). Alone each tool or power would be difficult to evaluate, however, combined as they are, and implemented in a variety of locations and for a variety of purposes, it is unlikely that one element can be isolated and assessed. Even if this were possible, as Pawson and Tilley argue, it may not be possible to translate any positive effects in one borough or city to other locations.

A further important consideration are the unintended consequences of any action taken to deal with alcohol-related disorder (Pawson and Tilley, 1997). In the case of street drinkers for example, a well enforced Designated Public Places Order may displace street drinkers indoors, and consequently reduce their visibility and increase their social exclusion. Through increasing the amount of time spent indoors it is possible that tenancy issues may emerge as drinkers invite others into their housing or fail to control access which may result in nuisance and potential housing-related actions against them. These possibilities highlight the need for solid individual case working and tracking.

While such factors make evaluation difficult, this does not mean that examining the work undertaken in 23 out of 33 boroughs will not provide any benefits to practitioners and policy makers. This findings of this research have shown that while the tools and powers can be implemented in vastly different ways in response to different local needs, there are a range of good practices which can support improved outcomes across boroughs. Similarly some important gaps have been identified.

Key gaps

The findings of this research tend to support those of the Licensing Act review, that perhaps best use is not being made of all the available provisions. Particularly, as this research has identified: parenting-related tools, closure powers and possibly a joined up use of housing-related interventions and FPNs / PNDs. Part of the reason for this may be a consistent under funding of alcohol-related work during a period of prioritisation of the Class A drugs agenda. Key weaknesses with data and analysis may also mean that the problem of alcohol-related crime and disorder is significantly underestimated and therefore not sufficiently prioritised or funded. Such weaknesses may also help to account for some of the difference between formal, recorded data and less formal, anecdotal evidence or data on public perceptions.

Using good practice to respond to alcohol-related disorder in London

What has become very clear through this examination of 'What works?' is that a targeted, problem solving approach is required. A good assessment of the local issues and context helps to identify the best mechanisms through which to focus work to reduce alcohol-related disorder and influence public perceptions (Pawson and Tilley, 1997). Furthermore, strong partnership working is required for effective delivery and to ensure the success of any strategy designed to reduce disorder related to alcohol.

This research has highlighted that alcohol-related ASB can take a number of forms and that no one approach will be effective in each situation or location. In London alcohol-related disorder can be broken down into four key types:

- Disorder caused by established groups of street drinkers who are predominantly older, males and who tend to move between well known locations;
- Disorder in the night time economy;
- Disorder connected to outdoor drinking and licensed premises;
- Disorder connected to other public events such as football, street carnivals and festivals which are temporally and geographically specific.

Good Practice Recommendations

The following section highlights good practice recommendations for each of the four key alcohol-related disorder issues faced across London. In most cases, these recommendations are drawn from examples of good practice in London boroughs but it is also recognised that not all these services, strategies or programmes are developed in each borough. As such these recommendations represent possible areas to be established and developed over time through the use of locally targeted Action Plans and SMART objectives.

Managing disorder caused by street drinkers

1. Identification of key issues through use of data, intelligence and consultation
2. Outreach - commissioning and deployment of outreach to further analyse needs, communicate key issues, support street drinkers into treatment services and facilitate police work
3. Work with affected communities - community capacity building to assist with identification of key issues and to open a process of communication and negotiation; facilitation of public forums; consultation events.
4. Protocol – well communicated partnership protocol on how such issues will be managed
5. DPPO - possible use of DPPO following wide consultation including with those using the space – localised DPPO if problem focuses on a particular location, wider if drinkers are a mobile group, however problems of enforcement may be a concern.
6. Conduct widespread consultation pre, during and post implementation in order to track benefits, identify problems.
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
9. Ongoing monitoring and evaluation using multi-agency data and intelligence.

Disorder in the night time economy

1. Map the night time economy to establish capacity, patterns of use, flashpoints, key disorder types etc. Is the NTE focussed, dispersed or crossing a borough boundary? What key transport routes operate in the area?
2. Develop relationships between licensees and partnership teams eg. safer neighbourhood teams and licensing with the aim of developing relationships and responsible drinking cultures.
3. Use FPNs and PNDs to manage disorderly individuals – ensure data is shared with town centre teams, licensing etc for monitoring and evaluation purposes and tracking of persistent offenders
4. Refer persistent offenders for casework or brief interventions if necessary.
5. Work with off-licenses to provide support, education and training around drinkers in the NTE.
6. Target licensing operations at premises connected with highest levels of disorder.
7. Work with affected groups through consultation to establish key concerns, open a process of communication.
8. Consider a DPPO to manage particularly problematic locations
9. Conduct widespread consultation pre, during and post implementation in order to track benefits, identify problems.
10. Ongoing monitoring and evaluation using multi-agency data and intelligence
11. Public education and publicity campaigns to set guidelines, promote appropriate behaviour, advertise DPPO and reassure the community.
12. Internal training, education and communication about alcohol-related disorder, data collection, treatment services etc.
13. Ongoing monitoring and evaluation using multi-agency data and intelligence

Disorder related to licensed premises / off-licenses and outdoor drinking

1. Map the night time economy to establish capacity, patterns of use, flashpoints, key disorder types etc. Is the night time economy focussed, dispersed or crossing a borough boundary? What key transport routes operate in the area? Which premises are in or border residential areas?
2. Develop relationships between licensees and partnership teams eg. safer neighbourhood teams, wardens, licensing with the aim of developing relationships and responsible drinking cultures.
3. Gather evidence and consider closure notices on premises where noise nuisance and alcohol-related disorder persist.
4. Target licensing operations at disorderly premises
5. Use FPNs and PNDs to manage disorderly (adult) individuals – ensure data is shared with town centre teams, licensing etc for monitoring and evaluation purposes and tracking of persistent offenders
6. Refer persistent offenders for casework or brief interventions if necessary.
7. Work with affected groups through consultation to establish key concerns, open a process of communication.
8. Public education and publicity campaigns to set guidelines, promote appropriate behaviour and reassure the community.
9. Internal training, education and communication about alcohol-related disorder, data collection, treatment services etc.
10. Ongoing monitoring and evaluation using multi-agency data and intelligence.
11. For youth disorder with an alcohol element undertake consultation, youth outreach, education and communication, provision of diversionary activities and alternatives such as red / yellow card scheme before using ABCs, dispersal orders and ASBOs. Consider wider use of parenting-focussed tools and powers.

Dealing with disorder connected to contained events eg. football and festivals

1. Map potential disorder hotspots through partnership working
2. Work in partnership with organisers and promoters of events to share information, data and plan a pro-active community safety response.
3. Consider time-limited DPPOs to preventing drinking in and around locations particularly affected by this type of alcohol-related disorder.
4. Work with off-licenses in the area to provide information and support, particularly to those off-licenses who either experience or contribute to disorder. Consider alcohol tracking and other targeted operations to monitor behaviour of off-licenses.
5. Public education and publicity campaigns to set guidelines, promote appropriate behaviour and reassure the community.
6. Work with affected groups through consultation to establish key concerns, open a process of communication, for example, residents associations, business forums etc.
7. Use FPNs and PNDs to manage disorderly individuals – ensure data is shared with agencies working in areas with alcohol-related disorder for monitoring and evaluation purposes and potentially to track individuals who are frequently involved in alcohol-related ASB.
8. Refer those who are repeat offenders for casework, brief interventions or more serious sanctions such as banning orders.
9. Work in partnership with transport providers to deal with disorder associated with the movement of large groups.

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Appendix 1: Home Office PND data

Table A1.1 England and Wales

	16 – 17 year		18 years and over	
Type of Disorder	**2005**	**2006**	**2005**	**2006**
General disorder				
Causing harassment, alarm or distress	5,846 (47%)	8,122 (41%)	58,161 (43%)	74,113 (41%)
Alcohol related disorder				
Drunk and Disorderly	2,354	3,009	34,684	40,547
Drunk in a highway	103	149	3,035	2,563
Consumption of alcohol in a public place	56	136	656	925
Total	2,513 (20%)	3,294 (17%)	38,375 (29%)	44,035 (24%)
Other alcohol related PNDs				
Consumption of alcohol by under 18 on licensed premises	74	67	10	8
Allowing consumption of alcohol for under 18	2	0	25	14
Sale of alcohol to under 18	79	91	1,979	3,104
Purchasing alcohol for under 18	20	45	150	362
Purchasing alcohol for under 18 for consumption on premises	21	17	62	43
Buying alcohol by under 18	17	62	4	11
Delivery of alcohol to under 18	20	24	189	273
Sale of alcohol to drunk person	2	1	30	46
Supply of alcohol to a person under 18	0	5	3	55
Total	235 (2%)	312 (2%)	2,452 (2%)	3,916 (2%)
Other	3,860	7,870	35,084	59,535
TOTAL	**12,454**	**19,598**	**134,027**	**181,599**

Source: Ministry of Justice (2007)

Table A1.2 Metropolitan Police

	16 – 17 years		18 years and over	
Type of Disorder	**2005**	**2006**	**2005**	**2006**
General disorder				
Causing harassment, alarm or distress	544 (62%)	667 (56%)	8,710 (51%)	9,333 (47%)
Alcohol related disorder				
Drunk and Disorderly	81	77	2,977	3,118
Drunk in a highway	12	10	918	599
Consumption of alcohol in a public place	4	8	323	389
Total	97 (11%)	95 (8%)	4,218 (25%)	4,106 (21%)
Other alcohol-related PNDs				
Consumption of alcohol by under 18 on licensed premises	0	0	3	1
Allowing consumption of alcohol for under 18	0	0	1	1
Sale of alcohol to under 18	0	3	161	249
Purchasing alcohol for under 18	1	1	6	11
Purchasing alcohol for under 18 for consumption on premises	0	0	7	0
Buying alcohol by under 18	0	0	0	0
Delivery of alcohol to under 18	1	0	15	28
Sale of alcohol to drunk person	0	0	3	7
Supply of alcohol to a person under 18	0	1	0	3
Total	2 (0.2%)	4 (0.3%)	196 (1%)	300 (2%)
Other	240	424	4,040	5,927
TOTAL	**883**	**1,190**	**17,164**	**19,666**

Source: Ministry of Justice (2007)

Appendix 2: ASB tools and powers available to tackle alcohol-related disorder

Tool/power	Legislation	Description
Individually focused		
ASBO	Crime and Disorder Act 1998, furthered in Police Reform Act 2003 and ASB Act 2003	Civil order issued by magistrates courts. Three types standalone, post-conviction and interim. Include conditions aimed at targeting specific behaviours in specific locations. Breach of ASBO considered a criminal offence and may result in up to five years imprisonment.
ABC	Non-statutory	Voluntary agreement between an individual and key agencies which sets out levels of acceptable behaviour. Often used as a warning or precursor to an ASBO.
Individual Support Order	Criminal Justice Act 2003	Civil order which can be connected to ASBO for 10-17 year olds. 6 months duration. Aimed at imposing positive conditions to prevent future ASB, for example, drug treatment or counselling.
Parenting contracts and agreements	ASB Act 2003	Initially non-statutory tools which were put on a statutory footing in the ASB Act 2003. Aim to assist parents to deal with problem behaviour of children eg. truanting or at risk of ASB or crime.
Parenting orders	Crime and Disorder Act 1998 and amended in ASB Act 2003	Used when a parent is unwilling or unable to engage in a voluntary agreement. Given to parents of children who have an ASBO, have been convicted of an offence or who are truanting. Two key elements: order which lasts up to 12 months and counselling / guidance for up to 3 months.
ASB injunctions	Housing Act 1986 amended by ASB Act 2003	Rapidly obtained orders made at the civil courts which aim to protect witnesses and people who are being harassed and often have a power of arrest attached. Used by social landlords for ASB which causes nuisance or annoyance to any person and which directly affects housing management functions of a landlord. Breach considered a 'contempt of court' and is potentially punishable by imprisonment. Often more easily obtained than ASBOs.
Local Government injunctions	Local Government Act 1972	As above but used by Local Authorities to combat ASB that causes a public nuisance eg. kerb-crawling or drug dealing. May include prohibitions which aim to limit the type of behaviour which has led to the order or which prevent individuals from entering particular areas.
Demoted tenancies	ASB Act 2003	Reduces the security and rights of a tenant who has behaved anti-socially to conditions similar to those on an introductory tenancy making eviction easier.

Notice Seeking Possession	ASB Act 2003	First stage of action towards taking back the possession of a property from an anti-social tenant. The last resort may be to evict a tenant who fails to improve their behaviour.
Fixed Penalty Notices and Penalty Notices for Disorder	Criminal Justice and Police Act 2001	One off 'on the spot' penalty for acts such as dropping litter, being drunk and disorderly or throwing fireworks. PNDs were extended to tackle underage drinking. May be issued by police, local authority officers or PCSOs.
Geographically focussed		
Dispersal Orders / Zones	ASB Act 2003	Areas where groups of two or more people gather and cause or is likely to cause harassment, alarm or distress. Allows dispersal or such groups, return home by the police of anyone under 16 between 9pm and 6am. An area can be designated for up to 6 months.
Designated Public Places Order / Controlled Drinking Zones	Criminal Justice and Police Act 2001	Replaces drinking bylaws. DPPO can be created in a public place where nuisance or annoyance to the public has been associated with the consumption of alcohol in that area. Police and PCSOs can use discretion and confiscate alcohol if appropriate.
Alcohol Disorder Zones	Violent Crime Reduction Act 2006	Increases penalties of alcohol related violent crime eg. violence involving knives or imitation guns. Will create 'drinking banning orders', which impose restrictions on those who commit offences while drunk, and can ban them from frequenting businesses that sell alcohol. Allows police to ban people with previous records of alcohol-related offences from visiting pubs and bars in a certain area. Also allows alcohol vendors to be charged for the costs of dealing with serious alcohol-related violence.
Focussed on licensed premises		
Closure Orders	Licensing Act 2003	Police can close licensed premises for disorder or noise nuisance connected to alcohol.