voices of experience
How people who drink on the streets can make positive changes in their lives

By Juliette Hough and Becky Rice
Voices of experience: how people who drink on the streets can make positive changes in their lives

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The research was conducted by Juliette Hough and Becky Rice in Broadway’s specialist research team, with support and advice from Maureen Crane at King’s College London. It was overseen by a steering group including two former street drinkers and representatives from the Department of Health, Alcohol Concern, Homeless Link, Equinox (Brighton), Brighton and Hove City Council, Framework (Nottingham), Fun in Recovery Management (London) and Broadway (London).

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Special thanks to Paul Wilson, Mark Almond, Andy L, John, Peter and friends.

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About Broadway

Broadway is a London-based homelessness charity. Our vision is that every person finds and keeps a home. Each year we support, challenge and inspire over 4,000 people on their journey from street to home. We provide a full range of services to help people access accommodation, improve their physical and mental health, find training and employment, and live successful, independent lives.

About Broadway’s research team

Broadway’s Research and Information team specialises in producing research and statistics about rough sleeping and conducting in-depth research with vulnerable adults. The team has a reputation for producing high-quality homelessness research, winning the 2011 Charities Evaluation Service prize for Learning and Innovation and the 2008 British Educational Research Association award for Research into Practice. The team works with academic partners who ensure the quality and independence of the research, and takes an inclusive approach to research, involving and giving voice to participants.

Research reports

For a summary report and a report aimed at people who drink on the streets, visit www.broadwaylondon.org/ResearchInformation.html

Broadway Homelessness and Support is a registered charity number 274403.
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I used to sleep rough and drink four bottles of brandy a day on the Strand in London. Now I am on the Board of Trustees for Broadway.

I know from experience that it is possible to make the changes you want to make in your life, but I also know how hard it can be. I was delighted to sit on the steering group for this important research project.

If you drink on the streets, I hope you will read this report and feel inspired by the stories in it.

If you support people who drink on the streets, commission services for them, or develop policies that impact on them, I hope you too will feel inspired to carry on the good work you are doing now, and to make it even better. Everyone should have the chance of a life where they can be safe and healthy and fulfil their potential.

Paul Wilson Broadway Trustee

Persistent street drinking is a dangerous and often self-destructive lifestyle, and the needs of people who drink on the streets often go unmet by our social support structures.

Street drinkers experience multiple social exclusion: homelessness, physical and mental health problems, and drug problems are common among them. As this research shows, dealing with trauma and loss, self-harm, and the risk of violence is part of the everyday life of many street drinkers. Service providers can struggle to know how best to support street drinkers, and many street drinkers die before they can make positive changes in their lives.

The research focuses not just on the problems and barriers to change faced by street drinkers, but on the achievements of individuals and their own accounts of how these were attained. It enables us to learn from the voices of experience of people who have already succeeded in moving away from street drinking and changing their lives for the better, as well as those who are struggling to do so.

For me, the most important message from this research is that change is possible, even for those whom society has written off. This is a group of people whose needs are not being met. It is in all of our interests to do something about that.

At a time when funding for services working with homeless and vulnerable people is being reduced, street drinkers are more at risk than ever of falling through the gaps between services.

This report offers ideas about how things could be improved, drawn from the people we interviewed. We have left space on the back cover for you to add your own thoughts and ideas. I urge you to do so out of respect for the people whose incredible achievements are described in this report, and for those who have yet to make the same journey.

Howard Sinclair Broadway Chief Executive
Executive summary

Findings

Background

• People who drink on the streets are deeply socially excluded and often have multiple unmet needs. Street drinking is damaging to both individuals and communities.

• This research shares the ‘voices of experience’ of 61 people who drink on the streets or who used to. It explores the changes that street drinkers want to make in their lives, how far change is possible, and how people can be supported to make positive changes.

The possibility of change

• The key finding of the research is that most street drinkers want to change and that change, although hard, is possible, even for people who have become entrenched in a street drinking lifestyle. However, a lack of belief in the possibility of change (among individuals, peers, and also sometimes among support workers) can form a barrier to change.

• Positive change means different things to different people. It can mean abstinence or controlled drinking. It also means dealing with physical and mental health problems and drug issues, building confidence and self-esteem, and finding a sense of meaning and purpose in life.

Making changes

• The process of making positive changes involves dealing with mental health and emotions; finding a suitable place to live; and creating a meaningful life.

• Many people who drink on the streets have a history of abuse, trauma or loss, and many report that they drink to self-medicate for mental health and emotional issues. Drinking can also be a form of self-harm. Street drinkers’ mental health needs can go unmet by generic mental health services, and appropriate mental health support can be essential to making and maintaining change.

• Homelessness accommodation such as hostels can be safe places for people to receive support and make change. However, living with other drinkers can be a barrier to change and repeated evictions can lead to disengagement with services. Specialist alcohol support and abstinence accommodation can help people to make changes. It can be difficult for street drinkers who live in their own homes to access services. They require outreach services with a remit for street drinkers to identify them, and access to floating support.

• In order to maintain change and avoid relapse, people need something meaningful to occupy their time, friendships and support networks, and access to support, including floating support.
How to help people who drink on the streets achieve positive changes

1. **Believe in people, challenge people and focus on change.** Many former street drinkers interviewed for this research had been inspired to change their lives by an outreach worker or support worker who had ‘given them a bit of a push’. Effective support or outreach work involves believing in people, caring about them, and encouraging them to change. People who work in services, commission services and develop policies should remember that street drinkers can achieve change. This should be the goal of policies and practice.

2. **Ensure people can access the services they need.** People who drink on the streets are not always able to access the services they need in order to make changes in their lives. People need information and choice. They need fast access to detoxification and rehabilitation programmes, appropriate accommodation, floating support, a planned exit from prison, and services that will support them to build on positive changes, even after a lapse or relapse.

3. **Stop people falling through the gaps between services.** Too many people who drink on the streets go unnoticed by services. This particularly affects people who live in their own tenancies (they need daytime outreach services and floating support); people who are repeatedly evicted from hostels; and people who do not engage with services. Services working with street drinkers should develop a joint strategy for supporting them to make positive changes. This includes services dealing with alcohol and drug use; mental health; homelessness and housing support; criminal justice (police, courts, prison, and probation); and Trading Standards.

4. **End stigma and exclusion from mental health services.** Street drinkers often drink to self-medicate for mental health issues or to ‘forget’ experiences of trauma and abuse. Several people talked about suicide and self-harm. Generic mental health services can exclude and stigmatise street drinkers and fail to meet their specific needs, and this can prevent change.

5. **Help people create meaningful lives after change.** People who drink on the streets need the opportunity to find their own sources of meaning in life. They need to be supported to explore what they want to do with their lives; find activities to occupy their time, such as courses, work, volunteering and other activities; and make new friends. Former street drinkers may need ongoing professional support (such as floating support) for several years after change to avoid relapse.
1. Introduction

1.1 Research aims

This research focused on ‘persistent street drinkers’ – people who drink very heavily in public places ‘for many hours on many days’ and are poorly motivated to stop drinking.1

The research aimed to identify:

• What changes (if any) street drinkers want to make in their lives
• What obstacles are preventing them from making these changes
• Factors that have enabled former street drinkers to make positive change in their lives and how these could help current street drinkers make changes.

When seeking to understand the ways in which street drinkers make changes, the research took into account two existing models of change for people with substance misuse problems. Prochaska and DiClemente’s (1986) Cycle of Change, which underpins much substance misuse treatment, is explored further in Chapter 11. Månsson and Hedlin’s (1998) model for exit from sex work, which proposes that a ‘critical incident’ is necessary for change, is referred to in Chapter 4.

It is hoped that the research will inform both practice and policy, and that the stories it recounts will inspire people who drink on the streets to make positive changes in their lives.

1.2 Methodology

Broadway’s specialist research team conducted in-depth interviews with 61 current and former street drinkers in Nottingham, Brighton, and the borough of Hammersmith and Fulham in London. Interviews were conducted with 21 current people in Nottingham, 20 in Brighton and 20 in London. We also interviewed professionals working with street drinkers, and commissioners of services.

The three research areas were selected for their diversity in terms of geography, issues faced related to street drinking, types of service provision, and approach to addressing street drinking. All had relatively high numbers of street drinkers whom they were seeking to support. Innovative practice could be found in each of the three areas. Most notably, Nottingham had (at the time of the research) a wet day centre and a clear service pathway, and Brighton had a strong enforcement approach working alongside alternative approaches.

We selected our sample carefully to ensure that the findings would be reliable, valid, and representative of the wider population of street drinkers.2 Expert advice was provided by Maureen Crane, a leading homelessness researcher at King’s College London. The research was qualitative: this methodology provided an insight into the complex factors that influence people’s lives, and enabled the identification of key moments of change and common themes and patterns.

The sample fell into five broad groups defined by the positive changes they had attained relating to their drinking (see Figure A). Positive change was defined as, firstly, a reduction in drinking (or abstinence) and, secondly, a move from drinking from on the streets to drinking inside.

Figure A: Drinking characteristics of sample

<table>
<thead>
<tr>
<th>Sample classification</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Abstinent more than six months</td>
<td>14</td>
</tr>
<tr>
<td>B: Abstinent six months or less</td>
<td>15</td>
</tr>
<tr>
<td>C: Drink under 51 units a week, not on the street</td>
<td>10</td>
</tr>
<tr>
<td>D: Drink under 51 units a week, sometimes on the street3</td>
<td>3</td>
</tr>
<tr>
<td>E: Current street drinkers – drinking heavily</td>
<td>19</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>61</strong></td>
</tr>
</tbody>
</table>

The interviews took place in hostels, day centres, a prison, rehabilitation centres, and on street outreach shifts. We also talked to people who use floating support services, as well as those who no longer use support services.

All the names have been changed in the case studies and quotations, and some details have been altered to protect anonymity.

It should be noted that the research did not include people from Central and Eastern European (A10) countries, who face very different issues and require a different policy.

2. See the appendix for a breakdown of the characteristics of the sample.
3. We class this group in any figures presented in this report as ‘former street drinkers’ because of the substantial reduction in their drinking and the positive changes they were in the process of making.
and practice response. The research did note, however, that practitioners and commissioners are struggling to support this group, and guidance is needed in this area.

1.3 Structure of the report

This report aims to present the views and experiences of people who drink on the streets. With this in mind, it is largely written in their language and structured in a way that reflects their experiences, rather than in terms of existing service pathways. The report explores:

- **Street life** – what everyday life is like on the streets
- **The possibility of change** – how far change is possible, and changes that people want to make, and changes that people have made
- **The decision to change** – what motivates people to change, and how far change can be encouraged by others
- **Making changes** – experiences of making changes in five areas: accessing help; making changes around drinking; dealing with mental health and emotions; finding a suitable place to live; and developing a meaningful life off the streets
- **Supporting change** – how service providers and commissioners can support change.

The report concludes with ideas of actions for people who are concerned about street drinking.

1.4 Policy and practice context

**Policy context**

Little national policy refers explicitly to street drinking. However, as a group with multiple, diverse needs, street drinkers are affected by a range of national policies.

The 2010 drug strategy *Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life* highlights the importance of ensuring appropriate housing and support for those with drug or alcohol dependencies to prevent the negative impact of street drinking and other street activity. Its focus on abstinence as a goal is of interest, given the finding of this research that many street drinkers choose controlled drinking rather than abstinence as a goal.

The 2010 public health strategy *Healthy lives, healthy people* gives local authorities increased responsibility for alcohol services. Public Health Directors will be moving from the National Health Service to local authorities and their remit should include responsibility for meeting the needs of street drinkers. The impact of this move will have on NHS and mainstream physical and mental health provision for people with alcohol dependencies and street drinkers remains to be seen. The creation of the new integrated public health service Public Health England may also impact on alcohol treatment.

Changes in commissioning for alcohol services will give local areas a greater role in setting priorities and delivering alcohol services. Commissioning for alcohol services will be informed by Joint Strategic Needs Assessments and the resulting Joint Health and Wellbeing Strategies. These will be co-ordinated by Health and Wellbeing Boards.

The Ministerial Working Group on Homelessness published its Vision to end rough sleeping: no second night out nationwide in July 2011. Most importantly for street drinkers, this plan commits to help people off the streets, help people access healthcare and help people into work. In particular, it commits to support Health and Wellbeing Boards to ensure that the needs of vulnerable groups are better reflected in Joint Strategic Needs Assessments, and to ‘highlight the role of specialist services in treating homeless people, including those with a dual diagnosis of co-existing mental health and drug and alcohol problems’.

The mental health strategy *No health without mental health*, published in February 2011, also highlights dual diagnosis as an area which needs greater focus, highlighting the need for appropriate services and committing to ‘actively promote and support improvements in commissioning and service provision for this group, their families and carers’. It specifically states the need for mental health services accessible to and appropriate for homeless people, including outreach services:

“[It is] essential that we improve access to and take-up of mental health services among homeless people, and ensure that such services are designed with the particular needs of these groups in mind and that such services take account of the very diverse range of mental health needs and dual diagnosis, and include an outreach element.”

A new cross-departmental national alcohol strategy is due to be published in 2011. In the coalition Government’s Programme for Government, alcohol policy focuses primarily on issues of licensing. The proposed overhaul of the Licensing Act to give police and local authorities the power to remove licenses from premises that are causing trouble, and the introduction of legislation against selling alcohol below cost price, may both have a positive impact on street drinkers.
In 2011, Alcohol Concern published a paper written by Tony Goodall *White cider and street drinkers: recommendations to reduce harm*, exploring the impact of white cider on street drinkers, and making policy recommendations. The research had the involvement of several homelessness charities, including Thames Reach, who have campaigned for several years about super strength drinks, arguing that: ‘the affordability and availability of super strength drinks causes devastation among marginalised and homeless people’.

2011 saw many services working with people who drink on the streets experiencing cuts in their funding. In early 2011, Homeless Link surveyed homelessness services and local authorities across England to build a comprehensive picture of likely funding cuts from April 2011. Their findings, published in *Counting the cost of cuts* in February 2011, showed the impact these cuts were expected to have. These included:

- On average, services expected their total funding for 2011/12 to be reduced by 25%
- Across all homelessness services, the number of available beds is expected to reduce by 16%
- 25% of services expect to have to reduce the number of clients they can support.

Based on the sample (which represented 30% of all homelessness services), the impacts on services would include closures, reduced services and reduced staffing. If these impacts are repeated with all services:

- 22% of accommodation services would close
- 46% of all floating support services would reduce frontline staff
- 36% of projects would reduce their support services.

### Practice context

Local areas adopt a range of approaches to support street drinkers and reduce the problems associated with street drinking. Services and approaches to working with street drinkers can include:

- Street services such as outreach teams (which may have a remit for rough sleepers, alcohol users, or the street population in general) and day centres (including wet day centres).
- Enforcement measures, including Controlled Drinking Zones, Anti-Social Behavioural Orders (ASBOs), Drug Rehabilitation Requirements, and prison.
- Alcohol and drug services, including treatment services, inpatient or community detoxification programmes, and rehabilitation centres.
- Supported accommodation services (including specialist abstinence or alcohol support accommodation) such as hostels, supported housing and private rented sector access schemes.
- Physical and mental healthcare services (including both generic and specialist services for street drinkers, homeless people and people with a dual diagnosis).
- Floating support for both current and former street drinkers living in their own tenancies.
- Training and employment schemes and services.

### 1.5 Overview of existing research

Little research has been conducted that explores the needs, everyday lives, past experiences or aspirations of street drinkers. There is a small body of research about street drinking commissioned by service providers or local authorities.4 These studies often employ survey methodology (some taking the form of local needs assessments) and provide information about street drinkers (for example, where people who drink on the streets live, how often they drink on the streets and how they earn money), their use of local services, their impact on their communities, and capture some of their views.

There is a second body of research about street drinking conducted by academics, which explores and evaluates particular interventions. This includes Crane and Warnes’ study of wet day centres, Johnsen and Fitzpatrick’s study of the impact of enforcement measures, and Duffy et al’s evaluation of a non-medical residential alcohol detoxification programme.5

The research presented in this report aims to fill a gap in the existing research. It does so firstly through its focus on change, exploring the experiences of former street drinkers who have made positive changes as well as on the aspirations of current street drinkers; and secondly through a methodology of loosely structured in-depth interviews, which gave the participants the space to take some control over the direction of conversation and to raise and explore issues that were of importance to them.

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2. Street life

To understand how people who drink on the streets can make positive changes in their lives, it is important to gain an insight into everyday life as a street drinker, including people’s motivations for drinking and the barriers to change that they are facing. This chapter explores life on the streets.

Key findings

- Street drinkers consume, on average, between 45 and 70 units of alcohol a day (most commonly in the form of strong lager, white cider, or spirits). This means they are drinking in a day two or three times the recommended weekly maximum number of units for men.

- People usually drink as much as they can afford (although some supplement their incomes through begging and crime). Their consumption is facilitated by the easy availability of cheap alcohol such as white cider, and by the willingness of licensees to give them credit until they receive their benefit payments.

- People generally drink on the streets for social reasons or because they have nowhere else to drink. Most people drink to forget disturbing emotions, thoughts and memories, including childhood trauma and abuse.

- Half of the current street drinkers interviewed said that they had a drug problem. Many experienced poor physical and mental health. Street drinkers live in various types of accommodation, including sleeping rough on the streets, homelessness accommodation, and their own tenancies.

- Street life is characterised by violence and vulnerability, boredom and loneliness. Many street drinkers do not have close relationships with their families and, although most drink in a group, they usually do not have close, trusting friendships with people within the group.

- Many people referred to a sense of the pointlessness or lack of meaning in life as a street drinker, and experienced everyday life as a repeated ‘groundhog day’ which cannot be escaped. They described the erosion of their sense of identity, self-esteem and self-efficacy during their time on the streets.

2.1 Drinking and drug use

Drinking

Most of the street drinkers interviewed for this research drank huge amounts of alcohol every day, usually in parks, on street corners, or (in Brighton) on the beach. People were asked how much they drank (or had drunk in the past) when drinking most heavily. 48 participants provided this information.6

Beer: 32 participants drank beer, 19 of whom drank only beer. Quantities ranged from two to 24 strong cans a day, and averaged 10 cans (45 units) a day. Most commonly this was at nine per cent alcohol by volume.

Cider: 12 people drank cider, six of whom drank only cider. Most common was white cider, with quantities ranging from three to nine litres a day, and averaging 6.5 litres (52 units) a day.

Spirits: 16 people drank spirits, eight of whom drank only spirits. Vodka was the most common, with amounts ranging from one to four litres a day, and averaging 1.75 litres (70 units) a day.

Mixed: 14 people drank a mix of different types of drinks, most commonly spirits and beer. Five people drank sherry or wine.

Many people described drinking as much as possible: ‘as much as I could drink probably’, ‘as much as I could, ’till I was paralytic’, ‘until I passed out’, ‘until I was blotto [...] whatever I could get’. For some, the amount they consumed was limited by how much money they had:

“If I can only afford four [cans of lager] then four will have to do, but if I can afford 24... do you get what I mean? That’s how it works out. What you can afford.”

However, others were not limited by money:

“I drink that much anyway even if I didn’t have money. Because I’d get it from somewhere.”

Generally, people who had incomes other than or in addition to their benefits (usually from begging, selling The Big Issue, or crime) said that their consumption of alcohol increased.
in line with their income. It was also common for people to binge drink on the day they received their benefit payments:

“I think my problem was that I was begging everyday, quite frequently [...] Begging was a bad influence on me because every time I was begging I was drinking.”

“Well, I’m limited by money, so I have a binge drink on a Tuesday when I get my money [...] On average, I must be drinking about 12 cans on a Tuesday and three cans a day [on other days]."

Many people commented on the ease of access to and affordability of alcohol. Many people received credit (‘ticks’) from local shops. Some identified this as unhelpful when they were trying to reduce their drinking:

“I’ve reduced to normal strength cider most of the time. Not all the time ’cause sometimes I’ve not got money and need to get a tick [credit] and I can only get the White Ace [...] So that doesn’t help me.”

Support workers interviewed said that some shops would withhold people’s benefit books in exchange for credit. Nottingham City Council has started working with licensees and Trading Standards to employ bottle-marking and mystery-shopping schemes in order to deal with these issues.

Interviewees made various comments about white cider, which was a popular choice of drink because of its cheapness and potency. Most said that there should be more information about its ingredients and many had experienced destructive health effects after drinking it:

“If I’d have known then what sulphides were, I wouldn’t have got into them in the first place. I used to be quite happy with [normal strength] cider [...] Then all the strong white stuff came out and it was half the price, double the strength! [...] I just drink away the money that’s available.”

Many people thought the price of white cider should be raised or that it should be banned altogether, although some said that increasing alcohol prices could potentially lead to an increase in crime to generate income for alcohol.

Research done for Alcohol Concern explores the issue of white cider in relation to street drinking in more detail.7 The research makes a number of recommendations, including a minimum unit price, a ban on containers larger than one litre, and an amendment to the Licensing Act 2003 to include an objective to protect public health, ‘which would allow local authorities to take the level of alcohol-related health harm into consideration when making licensing decisions, with an option to ban the sale of super-strength drinks across their locality’.8

The consequences of drinking

Only one person interviewed said that drinking had never caused any problems for him. People described a range of negative impacts that drinking had on their lives. These included health problems, damaged relationships, involvement in crime (in particular fighting and stealing), losing accommodation, losing work, and often a sense of regret about a perceived lack of achievement in life:

“You’re never happy with your life. You wouldn’t wish it on anybody else. You don’t like yourself [...] The dangers you put yourself through as well, you go places you shouldn’t be going, you pick fights with people you shouldn’t.”

“I’m single. I don’t have a job. I have cut myself off from all my friends. I’m living in a hostel.”

Motivations for drinking

Many people drank on the streets because they enjoyed it, at least initially:

“It was a fantastic time [the period I was working as a sex worker], the fact that I was earning and getting as many drugs as I needed. That was the bottom line at the time. In the moment, that’s how I felt.”

“I was quite happy in [the park] – get up in the morning and go down to this local day centre, get showered and clean clothes and everything. So yes, I was quite happy.”

“The happy effect: you get addicted to the happiness of taking drugs and drink... I drank because I liked it.”

However, once they had stopped enjoying the street drinking lifestyle, many people were unable to leave it:

“I don’t like street drinking myself. I hate it... It’s embarrassing, isn’t it? [...] You lose self-respect, everything.”

“I drank from morning ‘till night, every single day. It was making me ill; I was in the hospital twice. And just the depression of it all... I couldn’t lie to myself anymore. It was shit and I hated every minute of it.”

Some people drank out of boredom or habit or for social reasons, and rough sleepers often drank to keep warm and get some sleep. However, overwhelmingly, the motivation for drinking was to deal with emotional and mental health issues. Drinking blocked out painful thoughts and feelings, including childhood trauma.

People drank on the streets (rather than indoors) for two main reasons: firstly, rough sleepers had nowhere else to drink and, secondly, for the social element.

Common motivations for drinking on the streets were:

<table>
<thead>
<tr>
<th>Environmental</th>
<th>Social</th>
<th>Psychological</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Rough sleeping</td>
<td>• Company</td>
<td>• To forget/cope with distressing feelings, thoughts or memories (including trauma and abuse)</td>
<td>• Habit/need/addiction</td>
</tr>
<tr>
<td>(to keep warm)</td>
<td>• Fun</td>
<td>• To avoid boredom and loneliness</td>
<td></td>
</tr>
<tr>
<td>• Nowhere else to drink</td>
<td>• Support</td>
<td>• To cope with pressures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Encouragement by peers</td>
<td>• To feel happy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Normalisation among peers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These motivations will be explored in more detail below and throughout this report.

Starting drinking

The majority of people interviewed (31 out of 55, or 56 per cent) had developed a problem with drinking as children or young people (aged 21 or under). 12 of the 55 people who responded to the question (one-fifth) said that their drinking became a problem aged 16 or under. The youngest (self-reported) ages that drinking had become a problem for people were seven and nine years. Many people had been drinking problematically for all of their adult lives.

<table>
<thead>
<tr>
<th>Table 1: Age at which drinking became a problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current street drinkers</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>16 or under</td>
</tr>
<tr>
<td>17-21</td>
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<tr>
<td>22-30</td>
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<tr>
<td>31-40</td>
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More than two-thirds (68 per cent) of the current street drinkers interviewed had started drinking aged 21 or under, compared with 44 per cent of people who had exited the street drinking lifestyle. It may be that people who develop alcohol problems as children or young adults find it harder to exit the street drinking lifestyle. This could be partly because of a possible relationship between drinking at a young age and an unhappy childhood, including trauma, abuse, or parents who misused alcohol. It may also be that those who began drinking at a young age ‘don’t know anything else’. However, it is notable that six people who began drinking problematically aged 16 or under had made positive changes: one had cut down his drinking significantly, and five had attained abstinence for periods from four weeks to two years.

Drug use

Many of the current and former street drinkers participating in this research had used or were still using drugs as well as alcohol. Most saw their drug use as problematic. Half of the current street drinkers (nine out of 19), and 15 of the total of 61 people interviewed, reported having a current problem with drugs. The drugs used included cannabis, heroin, cocaine, crack, amphetamines, and prescribed pills. People had different patterns of drug and alcohol use: for some alcohol was always their primary addiction; for others, their primary addiction changed between alcohol and drugs. Some used either one or the other at a single time, whereas others used both at the same time. Many people had begun drinking at a young age and developed drug issues later in life; others had developed an alcohol problem after they stopped using drugs:

“The drugs were various, but the drink was constant [...] Ten and 12 cans a day, maybe a bottle of vodka to start off with. Ketamine all the time, heroin as a parachute, pills as and when they came [...] Valium, temazepam, anything really, the usual suspects.”
“I was just swapping one for the other [alcohol and amphetamines, depending on availability] all the time, but all the way through the drinking was increasing all the time.”

“[I’ve] always used something, from a very young age […] I’ve always had a problem with substances: I use any substance to change my state of mind.”

Section 7.1 (on page 40) looks in more detail at the issue of people ‘swapping substances’ between alcohol and drugs.

2.2 Street life: the practical experience

Accommodation
Most street drinkers reported leading transient lives in terms of their accommodation. Many people had moved between different forms of accommodation including, for example, their own tenancies, hostels, rough sleeping, squatting, sofa surfing (often staying with other drinkers), staying with family, and prison.

Many street drinkers sleep rough, and almost all of our interviewees had experience of rough sleeping. For many current or former street drinkers, starting to sleep rough was a turning point at which their drinking worsened. Drinking keeps people warm, helps them to sleep, and helps them cope with the worries and fears associated with sleeping rough. Sleeping rough also brought a close proximity to other members of the street population and people frequently began to drink for social reasons:

“[Drinking] is a cover. It’s a comfort; it’s my pillow; it’s my lover; it looks after me. It makes me comfortable, keeps me warm.”

Several people said that they had begun to sleep rough after being turned away from a local authority housing office and failing to access accommodation. This initial experience of being rejected by a service can initiate a feeling of mistrust towards the ‘system’, which can lead to long-term disengagement. Some people reported being unable to access services because they did not have a ‘local connection’9, an issue which some outreach workers could find frustrating because it meant that they could not offer people support. Some street drinkers interviewed said that prolonged periods of rough could sleeping cause people to become more deeply entrenched in the lifestyle and give up hope of achieving change.

Many street drinkers live in their own tenancies and drink on the streets because of boredom or loneliness. This group of street drinkers have specific needs that are often unmet. The accommodation issues faced by street drinkers are explored in more detail in chapter 9 on page 46.

Money: begging, sex work, dealing and stealing
Some people reported surviving financially on benefits and said that the amount they drank depended on this source of income. Other people begged or engaged in crime to supplement their benefit payments, or as a sole source of income for those not receiving benefits. They reported selling the Big Issue, begging, shoplifting (alcohol or other items to sell), dealing drugs, or working as sex workers. Some people would buy cheap alcohol that had been shoplifted. Drug users were more likely to commit crime to fund their substance use than those who only used alcohol.

As discussed in section 2.1 (on page 10), it is common for people to be given credit at local shops in the days approaching their benefit payment day.

The need for money to buy alcohol could make people vulnerable to exploitation (for example financially or sexually; see ‘Violence and vulnerability’ on page 15).

The drinking group
The social element plays an important part in the street drinking lifestyle. The majority of current and former street drinkers interviewed for this research reported that they usually drank within a group. The group provided company as well as a sense of community, and people to talk to and ‘have a laugh’ with. It provided safety and could also be a source of support when people had problems.

Several interviewees referred to begging partners, drinking partners or ‘buddies’ who ‘look out for you’. Many people described the people they drank with on the streets as ‘associates’ or ‘acquaintances’ rather than friends. Even the minority who said that they did have close friends on the streets usually said that they could not trust them: ‘If I could see him I could trust him, any further than that, no.’ The company and the support provided by the drinking group was generally superficial and friendships could not be relied upon:

9. In the absence of established family or work connections to an area, a person is usually considered by a council to have a ‘local connection’ to an area only after having lived (or slept rough) there for six months. People without a local connection are not eligible to access services such as hostels.
“Drinking in that group felt good. It was just a good group, even though people fought and argued and knocked each other out occasionally. You all drank together if you know what I mean? And we all seem to have got on. [But] they would’ve stole my last bottle.”

The group was also, crucially, a source of alcohol and drugs. If someone needed a drink, the group would provide it:

“If you go up there now there’ll be some people drinking on that park, it’s like a little base for them. So even if you know you’ve got no drink or no money, go up there and somebody will have a bottle of cider, somebody will give you a can or something, if it’s [benefits] payday next week, or they’ll share a bottle. So you’re always guaranteed a drink if you’ve got no money.”

However, the practice of pooling money can tie an individual to the group financially, making it more difficult for them to cut down their drinking or contemplate leaving the lifestyle:

“It’s easy [to get money for a can], I know a lot of people. I borrow money [until] when I get paid and then it’s a vicious circle isn’t it?”

Different groups or ‘drinking schools’ often existed, and people often identified with one of these groups. Many people described a difference between the more heavy drinkers who often drank white cider, and among whom arguments and fights were more common, and spirit drinkers or less heavy beer drinkers who described themselves as more ‘social’ drinkers and who said they did not argue or fight. They were often keen to disassociate themselves from the former group. However, several people who had previously drunk in one of the latter groups said that the idea that they had less of a problem with alcohol than the former group had been a form of denial.

The group also provided a sense of normalisation of the street drinking lifestyle, which could form a barrier to change:

“All of us being together and when it was all having a laugh and having a joke and it felt like that sort of camaraderie thing... we were all in it together.”

“They [fellow hostel residents] did things which I said I would never do: ‘I’m not going to go round picking up cigarette butts, I’m not going to go round and do this or that! I was in a flat two weeks earlier, what do you think I am?’ Twelve months later I was with them. I was saying, ‘Come on boys, let’s go!’”

A small number of people reported drinking alone. These were usually people who slept rough, sometimes in remote places. A number of them chose to drink alone because they had been vulnerable to exploitation in groups in the past.

**Relationships with family and friends**

A number of people talked about friendships they had outside their drinking group, with people who were not part of the street community. Many said that they had lost these old friendships; others retained the friendships, but often could only visit their friends when they had not been drinking.

Family relationships were very important to most people consulted for this research. Some had maintained contact with their families, but many people had no contact with their family. Many having damaged relationships with their family because of their drinking and many people expressed guilt and regret around this. Several people said that their drinking had been exacerbated by a relationship break up that had been caused by their drinking. Others had ceased contact with their families because they were ashamed of being on the streets. Other people had not been close to their families or had experienced abuse or neglect by them.

Many of the people interviewed had children, and most of them had little or no contact with their children while they were on the streets, which usually caused them much distress:

“Cost me a lovely wife, cost me my kids. All down to alcohol. You lose a lot of good friends through alcohol.”

“[My son would say] ‘fuck off you pisshead' and I’d say, ‘Don’t speak to me like that!’ and he’d say, ‘That’s what you are!' I said, ‘I’m off drink,’ so he said, ‘How long will that last?’ To gain the trust of that child, like things were, that’s going to be a hell of a lot of work.”

A number of people reported having romantic relationships with other people who drank on the
The public
On the whole, street drinkers we spoke to reported a benign relationship with the public, although some had been victims of harassment, assault or theft by members of the public.

People reported that members of the public would stop to chat with them and described good relationships with park wardens and local shopkeepers. Many people expressed an awareness that a group of street drinkers could sometimes be intimidating to the public. There was a sense of stigma and shame at being seen as a street drinker, especially when drinking in areas where they had grown up and being seen by people they had used to know.

Physical health
Many interviewees described being in poor health. This was sometimes due to their drinking, sometimes due to drug use, and sometimes due to other aspects of street life, such as assaults or accidents. Several people had liver problems, epilepsy and stomach ulcers caused or exacerbated by their drinking, and several had Hepatitis C and leg problems associated with injecting drugs. One person had contracted HIV through sharing needles, one person had cerebellar ataxia (a progressive disorder of the nervous system) caused by his drinking, and one person had lost both a leg and an eye through assaults.

The everyday physical health consequences of street drinking included the danger of fitting; severe sickness and shakes in the mornings; stomach pains; and a very poor diet and weight loss.

“I was crippled in the morning, sick as a dog [...] I was really sweaty and shaking and I could hardly speak, and I’d dry heave and the whole nine yards and I just got sick of being sick. I was like this every single day [...] You just feel totally wrecked.”

“I have had physical seizures as well, collapsed on the floor and not been able to move. I had a phone next to me and not being able to reach the phone or the front door.”

“I’ve been violently ill. I mean I’m well underweight now and I don’t eat properly. I live mainly on liquid food, which is alcohol unfortunately. I may eat a pot noodle if I’m lucky but then I’ll bring it back up.”

Violence and vulnerability
Violence was part of street life for many street drinkers interviewed for this research. People described being both victims and perpetrators of violence. As victims, a number of people had been stabbed, punched and attacked with bottles. Arguments and fights within groups of street drinkers were common (though not universal – a number of people said that they drank within good natured groups that did not fight). Some people had experienced serious injuries leading to hospitalisation and a number of interviewees described having associates who had been killed. People expressed fear about their own safety:

“[Park drinking] was dog eat dog, that was frightening, I didn’t like that, it was dangerous.”

“I just thought if I don’t die through drinking that I’d end up getting murdered [...] He literally smashed me over the head with a claw hammer, then he stabbed me twice and then beat me with a baseball bat. And I thought I was going to die then in hospital. There’s been about five people out there [rough sleepers] that have been murdered in [area].”

“I was very frightened [sleeping rough] and I used to be frightened to go to sleep and things like that, you know? It was very scary lying on the streets. You don’t know who’s going to come around you.”

As well as violence, people were at risk of theft of drinks, mobile phones and money, as well as other forms of exploitation and harassment, including financial exploitation (ie being bullied for money):

“[The worst thing was] people asking me for money: ‘Have you got a pound?’ If somebody was abusive to somebody else who you thought didn’t deserve it, it was really uncomfortable.”

“If you’re very vulnerable... you get bullied and you get your money taken off you or your drink taken off you, older drinkers especially.”
“They weren’t real friends. They were only there because I get paid every week on the sick you see, because I’m alcohol dependent, where they were only once a fortnight. [...] And it got so bad where I had actually put myself in hospital a few times [for attempted] suicide.”

Although few people talked directly about this, it is likely that they were also vulnerable to sexual exploitation. Two of the eight women interviewed talked explicitly about working in sex work to fund their alcohol and drug use; none of the men did. Given street drinkers’ vulnerability and need for money for alcohol and often drugs, it may be that sex work and sexual exploitation is more widespread, but that people chose not to discuss it in interviews.

Among those who were living in their own tenancies, several had experienced ‘cuckooing’ (other people moving into your flat and using it for drinking and often drug dealing).

“I did get my own council place. But all the people that had helped me out when I was homeless, I started inviting them round to my place. I had this fight and I ended up getting smacked in the face and I was in hospital for about five weeks. There were people going round my flat and abusing it, and the council came up to me while I was in the hospital and they said, ‘We’re going to take the flat off you.’”

As perpetrators, many people were open about their own violence, which they said was related to their drinking:

“I’d drank three bottles of vodka and assaulted a resident and then a manager for good measure as well when the police were dragging me out [...] I don’t do those sort of behaviours anymore.”

“If I whacked someone for some reason, I would justify it. But it was always the drink behind it [...] I wouldn’t have done half the things I done if I hadn’t have been drinking.”

2.3 Street life: the psychological experience

Some of the current and former street drinkers interviewed perceived aspects of the lifestyle as enjoyable, at least initially. However, for many, the everyday experience of street drinking was experienced as boring and lonely, a numbing repetition that prevented a sense of progress in life and undermined self-esteem. Life on the streets was often related to mental health problems and experiences of trauma and abuse.

Mental health

Drinking as self-medication

Most street drinkers drink as a means of coping with emotional or mental health issues. Almost two-thirds (62 per cent) of the people we interviewed said that they had a current mental health problem. This rose to 80 per cent among current street drinkers in two of the three areas. The most commonly reported mental health issues were depression, anxiety, and hearing voices. Some people had other diagnoses including schizophrenia, personality disorders and bipolar disorder.

Many people clearly identified their drinking as a form of self-medication:

“The voices I’m getting are: ‘We’re coming to get you, we’re going to kill you.’ It’s hard, but the drink was the answer for me, it just blanks them all out.”

“That’s why you carried on drinking, is to kill the depression.”

“When I drink, I’m alright; I don’t think about nothing. When I’m straight, all the feelings come back and I can’t handle it. I drink so I forget [my abusive childhood].”

A number of people did not describe a particular diagnosis, but expressed a feeling that they were not ‘normal’ or ‘right in the head’:

“I wasn’t right in the head anyway. A few things wrong with me, a few wires crossed with what’s happened and that. I still got a problem with it, problems with my past.”
“I’m a person that’s never been comfortable in his own head... my whole life I’ve always had issues of one kind or another. Mental health problems.”

Although people drank to block out feelings and thoughts, several people said that drinking in fact made their mental health or emotional issues worse. Several said that, although they ‘drank to forget’, they were never really able to forget what they wanted to:

“There’s an awful lot in my mind that I’d like to forget, but it never goes out of my mind.”

Suicide and self-harm
Around one-fifth of people interviewed talked explicitly about suicidal feelings or suicide attempts. (It is likely that more people had experienced these but did not wish to talk about them.) A number of people also described self-harming by cutting themselves. Many of these people said that drinking was both a form of self-harm and a way of forgetting traumatic memories. For a large number of people, drinking was related to experiences of abuse as children:

“I self-harm with my drinking, I want to die every time I drink.”

“I’d been sexually abused, lost my parents [...] At that point I didn’t [care] whether I lived or whether I died... And the more I drank, it numbed everything, everything went away.”

During their time on the streets, many people experienced more trauma and loss, and consequently drank more to block this out.

Childhood trauma and abuse
Experiences of childhood trauma and abuse, including sexual and physical abuse and neglect, were relatively common among the people interviewed. Most said that this was related to their drinking. Several people had not disclosed these experiences for many years and had never spoken to mental health professionals about them. Some had not told their current key workers or support workers.

“My mum was an alcoholic. Our Dad beat us up. He was an alcoholic and a druggie. Our mum kept running away. I ran away many times [...] I became pregnant at 16.”

“I was in children’s homes for 15 years so I ran away [...] Abuse and all that. [...] It’s all too much when you’re a child you know, so yeah, that’s one of the reasons why I drink, to try and knock some of it out of my head sometimes.”

“My mum was an alcoholic, she was mentally ill. There was loads of neglect and all sorts of trauma and there was some other stuff as well. I was in and out of care a couple of times... it was all very chaotic and very crazy and the easiest thing for me to do was not be at home. The first time I got really drunk I was only 10 and a half. But after that I thought, ‘Yeah, this is great, I don’t need to think about trouble.’”

Although not referring to abuse, many other people described troubled childhoods. This could include a troubled family background, parents who were heavy drinkers, spending time in care, being excluded or truanting from school, ‘getting into trouble’ with the police, and drinking from a young age.

Just under one-quarter (23 per cent) of the participants had spent time in care as a child. One-third of the current street drinkers had spent time in care (six out of 18, or 32 per cent), compared with only one-fifth of former street drinkers (eight out of 42, or 19 per cent). This suggests that people who spent time in care as children may find it harder to leave the street drinking lifestyle.

See chapter 8 (on page 43) for a detailed discussion of mental health issues.

Groundhog day
People described a numbing repetition in their lives on the streets; one person said that a day on the streets was like ‘groundhog day’, an endless repetition of the same routine. Daily life for most people started with waking and immediately seeking a drink to prevent sickness. The whole day would be spent obtaining alcohol and drinking, mostly in a park or on the street. Some people (particularly drug users) would spend time seeking money, for example by shoplifting, begging or sex work. People would sometimes go to hostels or day centres for food, usually returning to the streets afterwards to drink. People who lived in their own tenancies would go home in the afternoon or evening, but others would stay drinking well into the night. Rough sleepers would try to find somewhere safe to sleep:
“Get up, have a drink, go off licence, drink. Off licence, drink; off licence, drink; off licence, drink.”

“Get up five o’clock in the morning, and I’d always have a drink either at the side of me or in the fridge. Drink, get up, another drink, watch a bit of telly, still drinking. And then walk down to the local areas where I used to hang out, sit there drinking and drinking and drinking, and then keep on drinking all day long [for] about nine years.”

Many people had been living this lifestyle for 10 or 20 years, or even longer in some cases.

The circular routine of life on the streets is one of several circles in which people felt themselves to be trapped. (Other circles explored throughout this report are the cycle of eviction from hostels; going in and out of prison; and the cycle of treatment and relapse.) A ‘groundhog day’ lived over and over deprives people of sense or purpose, and no sense of progress. In this ‘groundhog day’ existence, change can seem impossible.

No past – no future
A lifestyle that consists of the repetition of a single day can serve a useful purpose for people who are ‘drinking to forget’. People described a focus on the present, which meant that they did not have to think about either a past that may be traumatic, or a future that they might be afraid they could cope with. Street life is a day-to-day existence:

“I was drinking so much that basically I was surviving minute to minute [...] I was emotionally and mentally dead to the world [...] I was just on survival instinct... I wasn’t really thinking about anything else except where I could get my next drink from... and where I could get my head down, where I could get something to eat and the real basics of life and that was it.”

Interviewer: “If you think about the future and picture your life in a couple of years’ time, what would you like to be doing then? How would you like things to go?”

Interviewee: “Not applicable [...] That means I don’t know what I’m doing Saturday, so don’t ask me what I’m going to do in a couple of years!”

Interviewer: “Do you think you should think about [the future] more?”

Interviewee: “Yeah, but I don’t like to.”

Drinking to forget the past can stop you moving forward to a future you have chosen, and can trap you in a present you do not enjoy. Several people described the street drinking life as ‘no life’; in other words, it can feel like a life without purpose or progress:

“That’s not life, it isn’t even a bloody existence, is it? It’s a miserable day-to-day existence.”

People suggested that heavy drinking began to undermine their sense of identity and control over their own life, ‘consuming’ them, so that drinking became their life and almost became them:

“I was just so consumed in my drink that I just didn’t have a life. And that’s just the way it kept going and kept going.”

Being ‘consumed’ by drink means that there is no space to do or think of anything else except where the next drink is coming from; certainly not to think about making changes. This was one of the important functions of alcohol in people’s lives: stopping feelings and thoughts, numbing emotional pain, and narrowing life down to the present so that neither the future nor the past need to be contemplated. It also demonstrates the lack of control that people felt over themselves and their lives; whether they wanted to or not, people had to drink. A lack of control over your life is likely to undermine self-worth and the feeling that you can change.

Boredom and loneliness
For street drinkers, there was often nowhere to go and nothing to do. Many people described the numbing boredom and sense of purposelessness of life on the streets, and several said that they drank because they were bored. People often expressed a desire to do something meaningful, but were prevented from acting on this desire by not knowing what to do, a lack of motivation, and low self-esteem:

“I think it was boredom more than anything that made me drink. Boredom was a big part of my drinking.”

“I’m a drinker, I’m on the streets, that’s my life, I’ve nothing better to do. It’s more boredom than anything else I suppose sometimes.”

Previous research has suggested that boredom among homeless people is often a reflection of a sense of purposelessness or a lack of meaning in life rather than a
straightforward lack of ‘things to do’.10 When people who drink on the streets describe the centrality of ‘boredom’ in their lives, they may be describing more existential feelings about a lack of a sense of meaning in their own lives, as suggested by people’s more explicit comments about ‘pointlessness’, and the street drinking lifestyle being ‘no life’.

As discussed above, many people do not have close relationships with family or friends. Many described feeling lonely or having a lack of close relationships:

“I live on the streets, I’m an alcoholic... I’ve got no one.”

Self-esteem and self-confidence
People said that their self-confidence and self-esteem deteriorated while they were on the streets. Several people described themselves in harsh terms, grounded in both the stigma of being a ‘street drinker’ and a sense of failure:

“I’m a fucking dirty, alcoholic junky and I won’t have him [my son] brought up round it.”

“You’re burying self-hate.”

“Just to be here, just to accept that you’re 44 years old, living in a night shelter on the streets, you know, that’s quite a tough pill to swallow. It is. My life’s fucked up and pushing on 50. My kids are in another part of the country, you know, it’s not a lot you can be proud of really, is it?”

“I haven’t even got any hobbies. [...] I just feel like I’m an empty dustbin really [...] At the moment I don’t feel up to doing anything, even though I know I’ve got to do something. I’m lacking the... haven’t got no get up and go, no motivation. And I’ve got no confidence, my confidence is shattered.”

This self-image as an empty dustbin suggests an absence of any kind of sense of identity, and a complete lack of self-worth. Such low self-esteem undermines a person’s motivation and makes them feel unable to ‘do anything’.

Several people explicitly identified low self-esteem as an issue for them, and were aware that it could be a cause as well as a consequence of their drinking, forming a barrier to change:

“When you’ve got somebody with low self-esteem, which I get, talking about myself when I was out there, you’re drinking as much to hide from things like anger and depression and worthlessness and low self esteem, and it adds to that low self esteem.”

An easy life
However, despite the fundamental unhappiness that many people experienced on the streets, several people described the street drinking lifestyle as an ‘easy life’. There were several elements to this: an apparent lack of responsibilities (such as bills to pay), easy availability of alcohol, and free food. More than this, the lifestyle could be enjoyable, particularly when people first entered it:

“It was fun for while it lasted [...] It’s like you kind of do what everyone else kind of does. You’re like a teenager and just follow the crowd. And just not bothering to do anything or what you’re meant to do. I wasn’t interested in changing: ‘Why do I have to change? It’s easier living like this.’ No responsibilities. Don’t have to pay your rent and water, anything like that. I was living off what people were giving me from begging.”

It was seen to be easy to stay in the lifestyle, and very hard to leave it:

“I did reach rock bottom and once you’re down there, it’s hard to get out. It’s easy... dead easy to stay there. It’s hard to get back out of it. It’s hard to climb. Every day’s a hard day.”

3. The possibility of change

This chapter explores what changes street drinkers would like to make in their lives, and how far these changes are possible. It also explores the extent to which people who drink on the streets (and those who support them) believe change to be possible for them. It describes the achievements of former street drinkers who have made positive changes.

**Key findings**

- Most people who drink on the streets want to make changes in their lives. They want a home, a job, a family or friendships, and financial security – a ‘normal life’. Some want to be abstinent and some want to reduce their drinking.
- At the same time, however, most do not believe that change is possible, do not know how to change, or do not believe that life after change will be better. Some people are told by both peers and support workers that they will never change. Not believing that change is possible can be a significant barrier to change.
- Change is often hard, but it is possible even for people who have become deeply entrenched in a street drinking lifestyle. Many people interviewed for the research had achieved or were working towards achieving: their own homes, work and meaningful activity, relationships with family and friends, increased confidence and self-esteem, better health and a safer life. They were managing alcohol problems and any drug problems.

**3.1 Wanting to change: aspirations**

Most current street drinkers interviewed for this research were not happy with the way they were currently living, and said that they wanted to change:

“I don’t want to be drinking. I don’t want to be a street drinker. I don’t want to be a bum. I want to get somewhere to live and I want to see my kids all the time.”

“Personally I don’t like where I’m at. I don’t want to be on the street drinking. I’d like to be working but I’ve got bad legs so I’m on the sick.”

The people we spoke to reported that people who drink on the streets have the same dreams and hopes as anyone else. Most wanted a home, a job, a family or friendships, and financial security – a ‘normal life’:

“I’d like to have a family, have a job, settle down, do normal things.”

“I want to get myself together and move on really. Just have a drink at weekends or one day in the week. A little studio flat of my own, do some voluntary work.”

“My own accommodation, hopefully working […] I like manual work, so probably working on a site or on the roads or anything like that. I like to know I’ve done a day’s work.”

Interviewees wanted either to resume work of which they had experience (including warehouse work, cleaning, building, painting and decorating, care work, and medicine) or learn new trades and skills (including counselling, occupational therapy, and cooking).

People’s aspirations related to drinking varied. Some of the current street drinkers interviewed had started to address their drinking by cutting down. Some aspired to controlled drinking; others wished to be abstinent. People also wished to address their drug use and improve their physical and mental health.

**Not wanting to change**

A small number of people said that they did not want to change. Many of the current street drinkers interviewed expressed conflicting views about change (as shown in Joe’s story), saying both that they wanted to change and that they did not want to change.

One reason for not wanting to change was their enjoyment of the lifestyle. Drinking on the streets could be fun and
sociable, particularly in contrast with the difficult pasts that many people had had. Many people who were no longer drinking on the streets said that there had been periods of time when they were enjoying the lifestyle and did not want to change. However, looking back, several people said that this was not the best thing for them:

“I just didn’t think about it. I was quite happy, I was living in this B&B, I’ve got a roof over my head, food, I’ve got drink, and my son used to bring my daughters down to see me, and I was quite happy. But looking back now, it’s not the lifestyle that I really wanted to live.”

A second reason for not wanting to change was fear that life away from street drinking would not be better, often because people feared that they would not be able to cope without alcohol:

“I’m so used to [the street drinking lifestyle]. I’m scared of being normal, I’m worried about how it’s going to be. I don’t know what normal is.”

“You reach a point where it’s like: what are you going to do? Are you just going to carry on being miserable and pissed off or are you going to... and it’s really because you think [if you change] you won’t be happy.”

As the case study, Joe’s story, shows, people who said that they did not want to change were often expressing complex feelings, related not to the desire to continue living as they were, but to a lack of belief in the possibility of change, a lack of belief that changing will lead to a better life, and a low sense of self-worth.

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Joe’s story
Not wanting to change

Joe is in his 20s and is about to go to detox.

**Interviewer:** “Do you want to stop drinking?”

**Joe:** “Not really.”

**Interviewer:** “Are you happy drinking how much you drink?”

**Joe:** “No... but... no, but... a lot of stuff, right, you’ve had a really, really hard life, yeah, and then a lot of stuff [abuse] happened to me when I was younger, and I drink to numb the thoughts and the memories and that. [...]”

“I’m not going to stop drinking, ever. Too far gone. It’s not ever going to happen. Even the staff at the detox, they know that I’m going there with the intention to stop drinking these [super strength lager], because these are killing me, but [with the intention of] coming out and drinking Carlsberg Export, normal strength, not the supers. And they all know that that’s what’s going to happen, my tolerance will start getting too high and then it’ll start getting too expensive so I’ll be back on them again, back to square one. It’s a joke. [...]”

“My head’s a wreck. There’s nothing that anybody can do for me. My head’s a wreck and my head will always be a wreck [...] Honestly, [I would like] to be dead.”

3.2 Belief in the possibility of change

Not believing you can change

Many interviewees described a lack of belief that it would be possible for them to change their life, as in Joe’s story above. Many street drinkers never see their peers making changes; instead, more commonly, they see their peers dying:

“I said to one [friend], ‘Look, come on mate, you need to get off the drink, you’ve lost a leg because of the drink,’ and he’s like, ‘Yes, I will, I will, I will.’ I said, ‘Come on mate, you’ve got a place of your own and all that lot.’ He said, ‘Yes, I will, I’ll sort myself out,’ and he ended up dying, and he was the same age as me.”
“Unfortunately a lot of people either end up with jail sentences or just die. It’s sad, but that’s the way it is. You can’t make anybody [change]."

The psychological experience of life as a street drinker involves endless circular repetition and the sense of living in a constant ‘now’ with no past and no future (see section 2.3). People commonly used the metaphors of ‘going round in circles’ and ‘going back to square one’ (see chapter 11) to describe their lives on the streets: both describe lives without a sense of progress, and with little sense of personal control. Within these constraints, change, for many, can seem impossible:

“It’s easy to think about [change], but when you’re in that position it doesn’t half seem uphill. In fact it’s not even uphill, it’s a brick wall, literally just a concrete wall. It’s the same if you were trying to look into the future. It’s a waste of time, because you might as well go off in fantasy in your head. Right, I’m going to break this wall, I’m going to give up everything and I’m going to be straight. Fat chance of that! Right, next fantasy.”

“[On] the street... you put yourself into a situation that you just feel impossible to scramble out of, because it’s routine, because it’s habit... It’s so hard to get someone from where I was to even where I am now. It’s like a 10 per cent chance and unfortunately people don’t believe it themselves really, until it happens to you.”

Previous relapses can also undermine people’s belief in the possibility of change (see chapter 11 for a more in depth discussion of this).

‘Writing people off’

There was a tendency among many street drinkers and (more subtly) among some service providers to classify people into two groups: those who can be helped and those who cannot:

“There are some people you just can’t help.”

“Most people who can be helped are in [accommodation]"

Outreach worker

It is important to acknowledge that many people who drink on the streets do not (within current support pathways) make positive changes. Both streets drinkers and the staff who support them see many people refuse to engage, relapse or die on the streets. However, this research shows that it is difficult to predict accurately who will make changes and who will not. Several former street drinkers interviewed described being told by peers or even staff that they thought they would never change:

“‘She ain’t ever gonna get off’ – I know a few workers that have said that about me and they still say it now [after two years’ abstinence], ‘She won't keep that kid, she won't stay clean.’ [Instead of that, a good support worker should] just think, ‘She is doing well,’ and give that support.”

“You never know with people, because I was a write-off and they told me that to my face, ‘cause no one had any faith. But from my perspective, if I can do it anyone can do it.”

Many support workers also said that, in their experience, change was possible for anyone. The specialist support worker quoted below says that the possibility of change is influenced more by a person’s environment than by their individual qualities:

“We’re constantly surprised by people. People always impress you in many, many ways. They come in and if they were rough sleeping first and have been behaving chaotically, it’s all environmental isn’t it? I mean you see [another hostel’s over 50] beds, people running around, they’re not beginning to address the alcohol there, it’s chaos. As soon as they come here, they have their own rooms, their own en-suite, there’s only [small number of] people, they’ve got more time for the staff, very quickly you see people relax and just get on with it.”

Worker at specialist accommodation service

Even people who had been deeply entrenched in a street drinking lifestyle for many years had made positive changes. One man interviewed was 69 years old, had drunk on and off the streets for 50 years, and had been abstinent at the time of the interview for a year. Many others had drunk on the streets for many years, often all of their adult lives:
“I’m 46 years old, I’ve been clean two years, I’ve spent nearly 30 years in active drug addiction, this includes alcohol. From the age of 14 or 15, I mean it’s basically ruled my life.”

“I haven’t had a drink in two and half weeks [...] I was here [in alcohol support accommodation] for about a year and then I started addressing my drinking. And that’s the first time since I was 13, and I’m 51 now. I’ve spent longer sober in the past 14 months than I have in 38 years.”

The research suggests that some groups of people may find it harder to make changes given the support currently available. These include people who began drinking problematically at a younger age and people who spent time in care as children. However, these factors by no means prevented change, and many of the people who had experienced them had still made and maintained positive changes.

Chapter 6 explores the reasons why some people do not engage with support services in more detail.

Not believing in ‘the system’
For several people, a lack of belief in the possibility of change was related to a lack of belief in ‘the system’ to support them. These people had often had experiences of poor support in the past, for example the people experiencing the cycle of repeated evictions from hostels (see chapter 9).

This lack of belief in the support available was shared by some staff members, for example some outreach workers who were frustrated at the lack of things to offer people without a local connection, waiting lists for rehabilitation centres, or lack of appropriate accommodation. The importance of a service pathway that is based on a belief in the possibility of change is explored in chapter 12. A service pathway that is not can undermine the belief in change of both the staff working within it, and its potential clients, and therefore can prevent change from happening.

Believing you can change
People who had succeeded in making changes said that you need to believe in (or at least hope for) the possibility of change in order to change. They tended to believe that anyone could change:

“Take a look in the mirror and think properly what you’re doing, is this what you want in life? Because you can do it, but you need the determination and the confidence, and you’ve got to get it into your head that it is possible. It is hard. But you definitely 100 per cent can do it. Anybody can do it if they want.”

People in the process of making changes often expressed a sense of hope, even if this was accompanied by caution about their futures:

“I know I’ve got it in me to do it.”

“I feel different, they tell me I’m different.”

“I feel upbeat. Yeah, I’m just looking forward to getting back to work and doing normal everyday things really than the way I was.”

“I feel optimistic about [the future]. Yeah. I sort of know I’m going to be alright.”

Gaining belief in the possibility of change
There were several ways in which people gained belief in the possibility of change. These included having other people who believed in them, seeing other people who had made changes, and by successfully making small changes (which built self-confidence and made larger changes seem more attainable).

Contact with former street drinkers who have succeeded in leaving the lifestyle can be inspirational for people. This can include witnessing acquaintances make positive changes; contact with support workers who are known to have had experience of an alcohol problem or of street drinking themselves; or having acquaintances who have already made changes, for example members of peer support groups such as Alcoholics Anonymous (AA):

“I bumped into my friend who used to be a bad heroin addict, drink addict. He’s in rehab at the moment, [has been there for] eight months. He was like, ‘You ain’t got much longer boy … get that can in the bin! You’re coming in!’ I can’t wait [to go to rehab].”
voices of experience  
how people who drink on the streets can make positive changes in their lives

“It still socialise with a couple of friends that I used to drink with on the streets. As a fact, one of them’s just gone to [European city] and got a job [there]. It’s unbelievable, isn’t it? [...] So it was like, yeah, that’s pretty good. So it’s nice to have those kind of friends, so it is possible.”

“It is [inspiring] because lots of people here [peer support group] have been clean for years. One person here that is a manager, he came in here an ex-crack addict and now he’s running the place. He’s five years clean [...] He’s come a long way, you know?”

A number of people said that once one person from their drinking group had gone into accommodation or treatment, several others had followed:

“I went into the hostel, and three of that group [that I drank with] followed me. They went: ’Well, if he’s going in a hostel, I’m going in a hostel.’”

When someone leaves the street drinking lifestyle, the normalisation discussed in section 2.2 is broken.

3.3 Experiences of change

Life after change
People described achieving a range of changes, including a better, happier life after street drinking. Many had achieved, or were working towards achieving, the aspects of life that the current street drinkers had identified as important: their own homes, work and meaningful activity, relationships with family and friends, increased confidence and self-esteem, better health, and a safer life. They were either abstinent or managing their drinking:

“It’s an eye opener, because I was scared of facing up to life, and actually, life’s a lot easier. It’s a damn sight easier than waking up on the street six o’clock in the morning shivering wet in a sleeping bag in a doorway and the rain driving down, and you’ve no money, no gear, nothing. Now I get up early in the morning, jump out of bed, coffee, a couple of fags. I’ve not got to worry about going out to make a tenner or make a couple of quid for a bottle of cider. I feel wow, it’s nice getting up in the morning and not being ill.”

“I’ve got great neighbours, nice quiet area and I’m very, very happy. I can’t believe I used to sit in parks with bottles of cider, drinking in parks. I suppose I did. I know I did. I’ve come a long, long way. I definitely don’t want to go back.”

Several people said that they felt like a different person after change, and expressed great pride in what they had achieved. Recognition of positive change by other people was also very important:

“I am doing brilliant at it. My mates and everyone don’t know me!”

“I know other people see that I’ve done so much, and I feel so happy sometimes that it almost feels that it’s untrue, that I’m living someone else’s life kind of thing...”

However, many people stressed that change could be hard:

“I’ve turned right around! I can’t believe how well I’ve done it myself. I’m very proud of myself to be honest. But it’s not an easy thing to do. I would never try and tell anyone it’s easy. It’s certainly not.”

A small number of former street drinkers interviewed for this research were now working:

“I’ve been working in [job] for two years now, so yeah, that’s going great. I’ve just moved into my own property, that’s rented, with my girlfriend. [Life’s] brilliant! <Laughs> It’s never been better, it just keeps getting better and better.”

Some were volunteering or doing courses; others had career plans and were applying for jobs or courses. However, some were struggling to find work (these challenges are explored further in chapter 10):

“I definitely need some extra help to be more employable but I find it difficult. I’ve been in touch with [employment service] but I’ve kind of got nowhere with it [...] ‘Cause obviously I fucked up at school [...] You come to the CV and it’s like well what am I supposed to put? [...] Confidence is low from it all [...] I ain’t got the experience, I’ve got no qualifications and an employer ain’t going to talk to you.”
Other activities that former street drinkers described enjoying included going to the gym, computer courses, meditation, decorating, going to church, gardening, cooking, watching TV, doing crosswords, keeping the flat clean and tidy, shopping, spending time with family and friends, spending time on the computer, going to the library, going for walks, volunteering (including mentoring, befriending and client involvement work), and studying.

Several people talked about rebuilding relationships with family or creating new friendships and relationships:

“[I] feel like a different person. I’m more alert, more clear headed. Just feel really good in myself, eating the right things instead of just drinking 24/7 [...] It was quite a long old road, but there’s light at the end of the tunnel now. You do get your ups and downs, but it’s only for the better really. I’m getting my family back, good friendships now, and getting to see my girl [daughter] again, hopefully. So really for me, getting off the drink and drugs, all it’s bringing is happiness.”

However, for other people, this aspect of change had been more difficult. In some cases family and children had not wanted to resume contact, which could be deeply disappointing and could sometimes revive feelings of guilt and failure (see chapter 11):

“I don’t talk to [my family] any more. Because they’ve had enough.”

Robert’s story
Getting your own place

Robert, who is in his late 40s, slept rough for years. He has cut down gradually from more than 10 litres of white cider to about eight cans of weak lager a day. Some days he doesn't drink at all.

“I started drinking to try and forget, but you don’t forget. It’s still there next morning. It does not go away.

“I tried to stop on my own on a few occasions and I couldn’t do it. That’s when I realised I needed help to do it. Admitting the problem is the hard bit, but it’s got to be done if you want to get anywhere. So I asked for the help to do it, which I got greatly from [homelessness service].

“My advice would be personally, stick at it. I found it very, very difficult but if you do manage to stick at it, you start to see the benefits.

“Since I’ve started controlling my drink, I’m putting on weight, because all of a sudden my appetite’s back. I am enjoying my food, I eat well.

“Life’s totally different. I don’t fall behind with any of my bills. I know what day of the week it is; I know what’s what; I know what I need to do. Little things that I couldn’t do in the past I’m finding that I can do now. I love crosswords, and all of a sudden my brain’s working well enough to do them. I’m clear headed and I’m thinking and I’m more alert.

“My bungalow’s spotless. I clean it every single day. I keep on top of everything. I keep it the way I want it to be. I got a budgeting loan when I moved to the bungalow. Before, I would have spent that on drink. But I didn’t, I spent every penny of it on my home. I bought a brand new bed, new bedding, new carpets throughout. I’ve done the whole lot, everything painted, decorated, the lot.

“I’m happy when I walk into my home now. I walk in and I can look around and I think, ‘This is my home, I’ve worked hard for this.’ And it’s a great feeling. I actually look forward to going home. I can walk round and put the heating on, sit down comfortable and warm, put the kettle on. It’s great!”
Difficulties after change

People also reported difficulties after change. These included a lack of support, isolation, difficulties finding work, and difficulties finding suitable independent or move-on accommodation; these are explored in more detail in chapter 11. Several people experienced stress, anxiety and depression after change. Physical and mental health problems, and a lack of confidence, could form obstacles to achieving some of the changes people wanted (in particular, doing new things, meeting new people and finding work):

“Now it’s kind of like picking up the pieces from... from what I’ve left behind. It’s quite difficult [...] You’re sitting there and you’re thinking, if I’d have done this at school and gone to college and got myself a trade... if I was successful in doing that then I would have had my own house now, driving a car, going on holiday once a year, whatever, do you know what I mean? Instead of being on the dole, twiddling your thumbs.”
This chapter explores people’s motivations to change and how these are translated into decisions to realise change. It explores how far change can be encouraged by other people (such as support workers) and by ‘assertive’ approaches such as enforcement. It also discusses the common concepts of ‘readiness’ and ‘rock bottom’ and considers the part these have to play in the decision to change.

### Key findings

- People are often motivated to change by the development of a serious health issue, other moments of crisis (such as the death of a loved one), or other changes (such as moving into accommodation). Often people cannot pinpoint specific motivators to change, but just decide they have ‘had enough’.

- The concepts of needing to ‘be ready’, to ‘hit rock bottom’ or to ‘really want to change’ before changes can be made are common among street drinkers and those who work with them. However, these concepts can be unhelpful and disempowering; they can delay change and suggest that it is sometimes not possible. People do not need to hit rock bottom or attain ‘readiness’ before they change.

- Support staff can encourage people to change by challenging them or ‘giving them a push’. However, this ‘push’ must come from a support worker who is seen to care for and respect the individual. People can become more confident and motivated to attempt to make bigger changes following success in making small ones.

- Enforcement can successfully encourage people to change when it is accompanied by support and focused on the needs of the individual. However, it can also put vulnerable people at risk of becoming displaced and hidden from services. Drug Rehabilitation Requirements can successfully motivate lasting change.

### 4.1 Motivators to change

#### Health problems and other critical incidents

The most common motivator for people to change was the onset of a serious health problem. Many people said that they were faced with the stark choice between stopping drinking or dying:

“I was quite happy going off begging, stealing, getting me gear every day, but my health deteriorated, I nearly lost a leg and then I got a pulmonary embolism in my lung, I was given six months to live and I thought, ‘Time to do something.’ [...] It was just like I was either going to die doing this or I had to stop, it was simple as that.”

“[The eye doctor] said, ‘Listen, you’re making yourself blind. What’s happening is your little veins in your eyes are starting to decay because of the alcohol.’ [...] So I just thought, ‘OK, now I need to stop.’ [...] Then I realised maybe my back’s not just back pain and maybe I’m just killing myself with the drink.”

Health problems can be seen as a form of ‘critical incident’, a concept identified in research about women exiting sex work (Månsson and Hedlin, 1998). Another common form of critical incident was the death of associates or loved ones:

“My girlfriend died, which just devastated me, and I thought, ‘If I don’t change, I’m going to go the same way.’"

“Quite a few of them [my associates] have died now, through alcohol [...] It does open your eyes a bit, you know, when it’s people that you associated with. And I used to think to myself, ‘Well I don’t want this happening to me.’ So, yeah, I decided I wanted to do something about it.”

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11. Månsson and Hedlin propose that, in order to exit prostitution (which is almost always related to substance misuse), a woman needs to experience both a traumatic event or ‘critical incident’, and the restructuring of everyday life.
Incentives and requirements to change
People described certain incentives to change, such as the desire to secure or keep accommodation, or the desire to stay out of prison (which is discussed further in section 9.4):

“I’d gone a bit mad and they took me to court for repossession [...] I just stayed off the drink because I wanted to keep my flat. I didn’t want to lose it really.”

“You can’t be in [my accommodation] drunk [...] I did make a conscious decision when I came in here to cut down.”

“You know you can just walk out the door and go and get drunk, but they’ve got a warning system in here so you’re kicked out here after four warnings [...] But I don’t want to be kicked out of here.”

‘Having enough’
Interviewees often reported that they had simply ‘had enough’ of the street drinking lifestyle. Several people could not identify any particular incident that had led to the decision to change, but described having ‘woken up one morning’ and decided to stop drinking. Many of them had stopped drinking immediately, without a detoxification:

“I just said, ‘I don’t want to drink any more,” and that’s it [...] I was just sitting and thought, “What’s the point of drinking,’ [...] so I just gave it up myself [without a detox].”

Many people had gradually ‘stopped enjoying’ the lifestyle or become ‘sick of it’:

“I was sleeping rough, going doing drugs, drinking, begging even. And there were so many times I’d over-drink. I’d wake up next morning, I was covered all in urine and [had been] living that life for so long. And I was just sick of it.”

Reflection, regrets and contemplating the future
As discussed in section 2.3, everyday life on the streets leaves little space for people to stop and reflect on their lives or their futures. Critical incidents such as health problems or the deaths of loved ones often triggered reflection, as did other incidents such as birthdays, comments by other people, or interactions with criminal justice. People described becoming more concerned about the consequences of their drinking:

“[My violence when I was drunk] started to scare me. I was thinking, ‘I wouldn’t do that.’ And the drink was just playing the main role in all of it. And I was thinking, ‘I need to stop drinking before I end up either hurting somebody or somebody ends up hurting me.’”

“I didn’t used to like waking up and not knowing what I’d done or waking up at the police station, or just doing silly things really and not knowing about it.”

People often cited ‘getting older’ as a reason for making change, although this was given as a reason by people with ages ranging from their 20s to their 60s. This was often accompanied by reflection about how people would like their future to be, and how they thought it would be if they continued drinking:

“It got to the stage where I was 44 years old, I had 30 years of total chaos and I’ve done my time on the street. Living on the street’s a young man’s game, I enjoyed living on the street. But I mean you got to the stage, you get into your 40s, I don’t even want it, why can’t I go home now to my nice warm flat.”

Reflection on life was often sparked off by things other people said, often friends and concerned peers:

“People were saying to me, ‘You’re in a right state. You need to sort it out.’ Other people were concerned. That’s when I knew how bad I was [...] Even street drinking pals and even dealers and that were saying that you need to sort it out. As well as family.”

People’s broken relationships with their children and families were, for many, a deep source of regret. Many expressed the desire to build a better relationship with their children through changing. However, this desire alone was rarely to lead to change in itself (perhaps because it was complicated by the guilt and shame people often expressed around their parenting, or by the disappointments of children not wishing to build closer relationships):
“I want to change. I want a better life for myself, for me and for my son.”

“I stopped drinking. Not so much for [my son] but for me so that I could talk to him and understand what they [my children] were saying. I stopped drinking to be a reasonable parent. After not living with me for two or three years, they wanted to come and live with me. I had to pull my act together.”

Translating motivation into change

It is notable that many current street drinkers described similar motivators: they often had health problems, wished to be closer to their families, and did not enjoy the way they were living. All of these motivators to change appear to involve people having the opportunity to reflect on their lives and their futures. However, people needed more than, for example, a physical health problem to change: they needed belief that change would be possible (as discussed in chapter 3), and that it would lead to a better life.

Believing in a better life

Change can be cumulative. Sometimes the experience of change led to a firmer commitment to change, as people began to succeed in making changes and realised that change could lead to a better life:

“[I started cutting down] when I got my place, my flat [...] Just actually being off the streets gets you motivated to do something more [...] [Before I moved into my flat, cutting down] never even entered my mind.”

“I didn’t want to be out on the street, putting my life on the line everyday [...] When I moved into [hostel] I wasn’t on the script and I was told that in order for me to stay here I had to be linking in [with treatment...] So I had to go to [detoxification unit] to detox off the drink. I was off for a month and that was my first taste of [it]: ‘You know what, it’s pretty good actually, feeling like this, away from it.’”

4.2 ‘Rock bottom’, ‘readiness’ and ‘wanting to change’

Being ready, hitting rock bottom and wanting to change were all often seen, by both street drinkers and support workers, as pre-requisites for change.

However, this research suggests that these can be unhelpful concepts, which can disempower individuals and those supporting them, and delay change. It is notable, for example, that many people who drink on the streets die before they reach rock bottom, attain readiness, or ‘want’ to change.

Rock bottom

The concept of hitting ‘rock bottom’ is a common one:

“It’s true what they say, you really have gotta hit rock bottom before you decide to go up.”

However, ‘rock bottom’ is impossible to define, and many people appeared not to hit ‘rock bottom’ despite deeply distressing experiences. People continued to drink on the streets after experiences such as being the victim of serious violent assaults, experiencing the violent or drug or alcohol-related deaths of loved ones, losing access to children, developing severe disabilities and life-threatening health problems, and attempting suicide. Many street drinkers die before they ‘hit rock bottom’.

The idea that people need to hit rock bottom before they can change is deeply disempowering. It evokes an image of someone falling towards further crisis and destruction and being out of control of their own life’s trajectory. In reality, people did not need to hit rock bottom before they made positive changes:

“I didn’t hit rock bottom... I never ended up in a gutter with people urinating on me. I never ended up selling my body to get money. I didn’t end up in prison. I hear a lot of people who’ve shared their experiences with me, that’s where they ended up. And I didn’t go to those places, but I know, I hear it time and again, I know that those places are out there waiting for me [if I start drinking again].”
Readiness
The concept of ‘readiness’ was equally common:

“You have to be ready. And if you’re not ready you will not come off. No chance.”

However, ‘not being ready’ could be used as a reason to delay change:

“I’ve got to sort this drinking out. I’m going to do it, obviously, when I’m ready.”

The concept of ‘readiness’, like that of ‘hitting rock bottom’, is flawed. It suggests a clarity of will that few people experience – many people who have made positive changes were not sure whether they were ready, were scared, found changing very hard, and experienced lapses and relapses.

One woman discussed the concept of readiness in more detail:

“A lot of [my friends] have been in and out of treatment loads of times and are still not ready... It amazes me what it takes sometimes. People lose legs, people end up on life support and then come out and do it again. That baffles... well, it doesn’t baffle me, I get it. I think the more you do it, the less you think you’re able of changing, you’re capable of changing... So in comes the self-pity: ‘I can’t do this, I can’t change, this is my life. I’m just gonna do what I’ve always done.’"

This woman ultimately identifies, not ‘readiness’, but a lack of self-belief as the crucial barrier to change. She is describing relapse and the way in which, if it is interpreted as a sign that you are not ‘ready’, it can undermine self-belief and motivation. This view of relapse is discussed further in chapter 11.

Wanting to change
Chapter 3 explored how far people want to change, and concluded that most people do want to change. However, the idea of whether, and how much, people want to change was commonly discussed by interviewees. There was a general feeling among many street drinkers and also some support workers that you can only change if you really want it. The natural corollary of this is that, if you relapse, it is because you did not ‘want’ it enough:

“I didn’t want the change I don’t think.”

“Anybody can do it if they want.”

The concept of ‘wanting to change’ has similar implications to those of ‘readiness’ and ‘rock bottom’. Support workers, and the individual themselves, can do very little about their lack of ‘wanting’. This model suggests that, rather than environmental factors or inadequate support forming barriers to change, something in the individual is lacking. Again, this is unhelpful; this research suggests that most people contemplating change have a range of reasons why they both ‘want to’ and ‘do not want to’ change, and even those who are initially unsure about their decision to change can achieve change given the right conditions and support.

The myth of binaries
Each of these concepts is grounded in a binary view of change: you are ready or not ready; you have hit rock bottom or you have not; you really want to change or you do not; and you succeed in treatment, or you have failed. It leaves no space for people to be unsure but try anyway, for small steps forwards and small steps backwards, or for lapses to be something you can learn from and build on.

One interviewee talked about this binary way of looking at things:

“Addicts tend to find themselves thinking: ‘should be like this...’ Black, white... This is good, this is bad... And there’s all that middle ground that gets missed.”

Importantly, many people said that they had made changes in their lives without reaching ‘rock bottom’ and without necessarily feeling sure they were ‘ready’ or ‘wanted’ to. In reality, there is no state or stage that is reached which guarantees the decision to change or success in making changes. Instead, people often feel uncertain about the changes they are making, change is difficult, and people need to work hard to maintain the changes they have made:

“I don’t know if I’ll drink on the park or the street again, I don’t know. I don’t think so.”

This research suggests that the concepts of ‘readiness’, ‘rock bottom’ and ‘wanting to change’ are myths that can trap people in a street drinking lifestyle. They can help individuals to avoid a change that they may desire but fear, and can provide support workers with a reason for not working with people with whom it is difficult to engage. They can be disempowering concepts both for individuals living self-destructive, harmful lives, and for those wishing to support them.
Graham’s experience (below) highlights the risks of support workers accepting the ‘readiness’ model of change. An outreach team that waits for people to come to them and say they are ready, and does not give them information about treatment until they are, risks delaying or even potentially preventing change.

It is essential that such challenges come from a support worker who the individual in question felt genuinely cares about them, usually someone with whom they have built up a relationship over time. Challenges from a less welcome source were seen as ‘being forced’ and could lead to disengagement:

“It got to the stage where they were just pushing me too much, and I was just like, ‘You know what, sod you lot, you’re doing my head in [...]’ So that pressure and that stress and all that lot that, so I started drinking again.”

An effective approach ensures that the individual, rather than the support worker, has choice and control over their own decisions.

Brian’s story shows how several factors can influence a person to make changes in their life.

4.3 ‘Being given a push’

Several people who had made changes talked about the benefits of being given ‘a push’ by a support worker. This was often seen as an expression of care and respect:

“Basically I needed to hear from people, ‘You need a good kick up the backside, and you need to sort your life out, it’s a mess.’ [...] A lot of what has helped me, has been my mental health support worker, he has pushed me a hell of a lot.”

“[My support worker has] got a lot of love, but she was firm and that’s what I still think I needed, was some firmness. It’s just the thing of people, not moaning and groaning at you all the time, but just saying: ‘Listen, [name], this is not the right way of doing this, this is...’ Just like guidance in a way, but not letting you get away with murder. It’s saying look, I’m not letting you get away with this.”

Graham’s story
Waiting for people to be ‘ready’

Graham, who is in his 40s, drank on the streets for many years. He has been in rehab for one month. When he was on the streets, he did not know about the different treatment options available, or that rehabs existed:

“There must be a reason [why the outreach team never told me about treatment options]. I think maybe in their heads it’s where you’re at. If you have no intention of giving up, what’s the use in telling you about it? Because a lot of people just want a break away from it, they don’t want to long term give up.

“It was only when I brought it up that [the outreach workers] said, “Oh, are you ready now?” I said, “Well, I’ll give it a go.” And they goes, “Well, there’s a place in [local area].” “Where?” “So many yards down the road.”

“I suppose that if I’d known about it, then I probably would’ve been here [in rehab] sooner, for sure.”

Brian’s story
Deciding to change

Brian, who is in his 30s, had been drinking and using drugs on the streets since he was a teenager. At the time of the interview he had been abstinent for about one year and was living in his own tenancy.

“I thought [I might change], but I wasn’t really exercising it. It was kind of just a thought process at that point. Then I had a key worker, and, boy, did she go on! [...] So, obviously, we were both getting a bit tired of this now, and then in the end it took for me to get a notice to quit [...] Because I’d already experienced it [eviction] at [another hostel], I thought, “Right I’m not making the same mistake here. I’m not gonna get thrown out.” And I had a month to change my life around and I done it.

“Then because I was sort of changing the staff [attitudes] towards me, it spurred me on a little, because they was seeing there was a change. I was getting the praises; people were talking about me in good ways rather than the normal bad. And it sets you thinking: “Now what if I do really do it?”’
4.4 Enforcement

Enforcement, targeted at an individual and accompanied by support tailored to that individual, can be effective. Drug Rehabilitation Requirements (DRRs)\(^{12}\) have been particularly effective in Brighton, where the police work in close partnership with the outreach team.

However, when not accompanied by effective support, enforcement can risk both displacing the problem (through street drinkers moving to other areas, often further away from support services) and rendering vulnerable people invisible to services.\(^{13}\)

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**Phil’s story**

**Enforcement**

Phil, who is in his 40s, has been abstinent for two years. It was an enforcement approach that motivated Phil to contemplate change and start treatment.

“He [police sergeant] kept nicking me. He said, “Phil, if you don’t stop doing this, I keep telling you, I’m going to target you,” and he did. He hounded me every time he was on shift. He nicked me eight times, then he put an ASBO on me [for] begging.

“But, after that, it wasn’t just like, that’s it, done his job. He said, “Anytime you like, ring me up.” And there were times over the years I’ve rang him up, “I need to see you about something,” and within a couple of days he’d come out. He’ll bend over backwards and do anything for you, and he actually cares, which is good. He’s helped a lot of people.

“I was given six months to live and I thought [that it was] time to do something. And then I was faced with this lengthy jail term and [the police sergeant] said, “Don’t send him to jail, get him to try this DRR.” [He wasn’t] forcing me into it, I suppose he must have seen something in me... Basically, he supported me. So it was like, I’ll blag my way around this... But then, when I got about half way through the DRR, I thought, “...This is alright, I’m doing really well at it. I’d completely just battered myself for 28 years, and just couldn’t go on anymore, and I kept getting nicked... I was either going to die doing this or I had to stop – it was as simple as that. As soon as I came out of [treatment], a friend came along to an NA [Narcotics Anonymous] meeting with me. [People] looked clean and healthy. I thought, “Wow, yes, I’m clean!”

"I would be intimidated if I walked past a group of 20 or 30 people all drinking and you didn’t know them [...] So I can understand that [why you’re not allowed to drink on the street]. I wouldn’t want it outside my house, put it that way.”

Many street drinkers perceived enforcement as unfair where they were not causing anti-social behaviour:

“If you was falling about drunk all over the place, causing arguments, nick ‘em! But if you’re not doing any harm, what’s wrong with it?"

Some interviewees reported being on good terms with the police, describing them as friendly and polite. However, many people felt victimised by enforcement approaches and felt that the police could discriminate against street drinkers compared with other social drinkers (such as picnickers in the park). Some said that enforcement measures could be applied in a heavy-handed way and that the police did not understand alcohol dependence:

“They [some police] see you as a waste of space: ‘Well why don’t you get a job instead of wasting our time...’ and all this, ‘We got better things...’ I’ve had it a couple of times where they really have hurt me with the cuffs and throwing me in this van and I mean throwing me in. And abuse me and all we want to do is just sit there minding our own business.”

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12. A DRR is a community order to provide treatment and support for people who have committed high levels of crime to support their drug use. See page 33.

“I’ve seen a street drinker on one side [of the road] ambling down with a can of Special Brew in his hands. On the opposite side of the road you’ve got half a dozen guys in red wigs and skirts with a case of Special Brew, drinking away, and two police community officers walking down the road. Who do they go to? You’ve got people that are feeling angry about themselves, about the situation they’re in, about society in general and then they find themselves picked on by the police and it makes it worse. Society doesn’t want street drinkers because they’re unsightly. It’s a reminder of what shouldn’t be happening within society, so they want to hide it and brush it under the carpet.”

Most people felt that enforcement did not help the individual drinker. The general consensus among interviewees was that controlled drinking zones merely displaced street drinkers to another outside area and that they did not reduce the amount people were drinking. Street drinkers who were homeless, for example, said they had nowhere else to drink but the streets.

“We just moved to different spots. It didn’t really change. If you’re drinking and you’ve got an alcohol problem, the police taking your beer off you is not going to stop you drinking. You’re just going to find different places to drink.”

Several people highlighted that enforcement could lead to an increase in crime:

“The thing is, if [the police] take the [cans] off of [someone] then they’re going to be thinking, ‘Well, I’ve got to go out and make a raise [make some money] now.’ So that’s basically pushing them into committing a crime to go and get the next drink.”

Some people said that being repeatedly asked to pour away their drinks and move on had resulted in them stopping drinking on the streets, although they did not say that this had decreased the amount they drank:

“It got to a stage with me where I had to stop drinking on the streets, ‘cause no matter where I was in the town, the police just [came]... It’s camera-ed up all over [city]. They watch the cameras and if you start drinking for 10 minutes the police will come straight away to move us on [...] I just ended up going to [my girlfriend’s] flat.”

Outreach workers expressed a concern that enforcement, by moving some people’s drinking inside or to less central and visible street drinking locations, could lead to vulnerable people becoming hidden from support services.

A number of people interviewed for this research said that they had had Anti-Social Behaviour Orders (ASBOs, an order that restricts behaviour such as drinking in certain areas). Several of these reported that this had made little difference to their behaviour and that they had repeatedly breached the order. However, as part of the targeted enforcement approach in Brighton (see case study on page 34), ASBOs do appear to have contributed to successful change for several people.

Several people in Brighton said that a Drug Rehabilitation Requirement (DRR) had motivated them to make changes. Some said that they had already been contemplating change, but others (such as Phil, see his story on page 32) said that they were inspired to commit to change because of their experience of treatment through a DRR:

“I made the decision I wanted to change [through a DRR], basically because I didn’t want to be in jail for three years, let’s be honest about it!”

“I was in court for a charge and it was drink related and when I was in court they give me this order to do, like obviously to help me, so I was really glad for them to actually give me this order [DRR] to sort myself out.”

14. A Drug Rehabilitation Requirement (DRR) is a community order to provide treatment and support for people who have committed high levels of crime to support their drug use. It is a voluntary option.
GOOD PRACTICE

Enforcement in Brighton

The Street Community Neighbourhood Policing Team and the Rough Sleepers Street Services and Relocation Team (RSSSRT, who provide outreach services to rough sleepers) in Brighton work closely to address street drinking.

Sussex Police’s Operation Dodger won the Tilly Award for good practice in tackling crime and anti-social behaviour in 2005. Among other things, this involved the establishment of a regular multi-agency Street Community Anti-Social Behaviour Case Conference. To facilitate joint working, joint sessions were also held with police and service providers, which aimed to increase understanding of the needs of street drinkers and identify common values and aims. The teams said that these sessions challenged both potential stigmatisation of street drinkers among police, and potential collusion with street drinkers by agencies. Within the first eight months of the project, the number of street drinkers reduced from 158 to 70.

The police and RSSSRT carry out joint patrols, and when arrests are made the RSSSRT is informed so that they can provide support to the individual. The police stress the importance of adapting their approach to meet an individual’s needs and circumstances. Their focus is to support people into treatment. ‘Ringleaders’ or those identified as particularly vulnerable are targeted and ASBOs have been used as a tool for this. Brighton is a city-wide controlled drinking zone.

Operation Street (which started in 2008) aims to reduce the violent crime experienced by members of the street population, by tackling a culture in which such crime is rarely reported. Police ask individuals about visible injuries, encourage them to report crime and encourage third-person reporting by support workers. Agencies hold complex case meetings for perpetrators. In the second year of the project, there was a 49 per cent increase in the number of reports of violent crime by members of the street population, to 168 reports.

Drug use is common among street drinkers in Brighton and Drug Rehabilitation Requirements have been used as a successful tool to encourage people to enter treatment and make positive changes in their lives.

For more information on how this service is delivered in partnership please contact:
Sarah Mitchell, Brighton & Hove Cluster Manager, CRI (Sarah.mitchell@cri.org.uk) or Sergeant Richard Siggs, Street Community Neighbourhood Policing Team, Sussex Police (Richard.Siggs@sussex.pnn.police.uk)
5. Making change

This figure presents the stages through which street drinkers commonly move as they make changes. Chapters 6-10 explore people’s experiences of making changes in five critical areas: accessing help; making changes around their drinking; dealing with mental health and emotions; finding a suitable place to live; and developing a meaningful life off the streets.

Figure B: A route to positive change for people who drink on the streets
6. Accessing help

Accessing help is often the first step on street drinkers’ journeys of change. This chapter explores street drinkers’ reasons for not engaging with services, and explores how far they have information about and access to services. It considers the roles that outreach teams and wet day centres can play in providing support to people who drink on the streets.

Key findings

- Street drinkers are often mistrustful of offers of support from services. This mistrust is often rooted in previous experiences of services which have failed to meet their needs, excluded them, and left them feeling stigmatised.
- Asking for or accepting help is a crucial starting point in most people’s journeys towards change. People can be encouraged to engage with services through the provision of flexible services which view them as individuals, give them choice and control, and meet their individual needs.
- People who drink on the streets do not always have information about the services available to them (some, for example, do not know about detoxes and rehabs). Some experience exclusion from support services because of their drinking and its consequences.
- People’s journeys away from street drinking often begin with an interaction with an outreach worker. Outreach workers can inspire and support people to make changes.
- Wet day centres can both minimise harm and encourage and support people to make changes. The risks attached to wet day centres include anti-social behaviour and violence among clients and the facilitation of increased drinking.

6.1 Engaging and not engaging with services

Many of the street drinkers we interviewed seemed reluctant to engage with services. There were complex reasons for this. Many people expressed a sense of pride and self-sufficiency, and several said that they had made changes without any support from others:

“What I’ve done, I’ve done it off my own back, without any help from anyone else.”

“Life itself was getting on top of me. Nowhere to live, I refused to ask for help. Refused, I would not go and ask for help, I wouldn’t let anyone know my predicament. I put myself in this situation, time to get myself out.”

Several people said that they did not want to be told what to do, and some expressed anger at authority figures and described behaving self-destructively when told what to do:

“I didn’t listen to people. Nobody could tell me what to do, nobody. If somebody told me what to do I’d do the opposite. When I used to see my key worker, he says, ‘I want to see you at 10.’ I said, ‘Yes, right.’ You can guarantee at five to 10 I’d be walking out that door deliberately and I’d come back drunk.”

For many people, this lack of engagement was related to a lack of trust in services or those in authority, often because of feeling that they had been let down by such services in the past. People sometimes felt that they were being judged or could not be understood by support workers without their own experience of an alcohol problem. People who were very vulnerable emotionally were often protecting themselves against being judged or let down further:

“I didn’t want anyone to get involved. I was offered a counsellor, but I thought it wouldn’t help. I can’t trust people. I always thought I was set up to fail [because of childhood experiences with social services].”

Differentiation between workers who ‘genuinely care’ and those who are ‘doing it for money’ was very common, and the idea that people need support workers who care runs throughout this research:
“I just didn’t want to be part of them [outreach] to be honest in the beginning. They only want me because I’m money. Because people get paid for working with me. A lot of the time you couldn’t tell whether they’re saying [something] because that’s what you want to hear or whether they’re doing it to help you.”

People expressed a reluctance to engage at all stages of the service pathway. Rough sleepers often did not want to go into hostels, and the cycle of eviction from hostels described in section 9.2 could further exacerbate people’s sense that services would not support them. Several people described a lack of faith in ‘the system’, which develops when people’s requests for support are not fulfilled. They said that this accounted (in part) for a refusal to engage with offers of help:

“So many times someone has told you something and nothing has come of it, that you can’t tell good advice from bad. You stop being interested in help. It’s a failing in the system.”

A significant number of people had stopped drinking without a medical detoxification or any support, after just deciding to stop. They said that detoxification units did not suit them and some described a sense of being stigmatised by them:

“The detox was rubbish [...] You were treated like a number, it was like being in prison, it was like being in a police cell [...] I was treated more like, ‘Oh God, he’s got a problem!’ [...] They [the staff] just assumed the worst in everyone [...] You’re only there for three weeks, get them in, shut them up, get them out. That was pretty depersonalised to be honest. And so it was a huge relief when I got to the rehab where they actually treated you with sympathy and respect and treated you like a person rather than a number and so that made me really want to work hard.”

Many interviewees said that they had been ‘in denial’ that they had an alcohol problem. A very small number had succeeded in making changes without help, but accepting help had been a crucial starting point for most in their journey towards change. Seeking help is significant because it signifies control over and commitment to their decision to change:

“Now I want to get it sorted out and I’m taking the help, I’m approaching them for the help rather than them approaching me.”
6.2 Information and access to services

People felt that they had not had the information about, or access to, services that they needed. For example, several had not seen outreach workers, and a number of others reported being unaware that detoxification units or rehabilitation centres existed. Several described needing to ask for support (see also section 4.2 on the concept of ‘readiness’):

“They [hostel] didn’t actually offer me CBT [Cognitive Behavioural Therapy], I asked them was there a CBT one.”

“[At the day centre,] you’ve got to ask for things [like support finding accommodation] first, and I didn’t think to ask [so I carried on sleeping rough].”

Many interviewees felt that they had been excluded from services. This was usually because their drinking made engagement with services through conventional means impossible.

“I did try [to move off the streets into accommodation] but it was my own fault because I was too much on drugs and drink and I wasn’t in proper places where I should be and that [...] Sometimes the outreach team could find me but more times they couldn’t and if they needed me to have an interview I missed it.”

In some cases exclusion manifested itself as stigmatisation of people who drink on the streets, for example by mental health services (see chapter 8) or the police (see section 4.4). Such experiences could make people mistrustful of offers of support, and reluctant to access services when they were offered them.

6.3 Street-based services: outreach and day centres

Outreach services

For many former street drinkers, their journey away from street drinking began with an interaction with an outreach team. For rough sleepers in particular, the support of the outreach team can disrupt the ‘groundhog day’ cycle in which many people feel they are trapped, by showing that a significant life change (moving into accommodation) is possible. A good outreach worker can help instil belief in the possibility of change, can increase confidence and self-worth, and can show that someone cares – all of which are important facilitators of change. They can also provide practical help, for example with finding accommodation, moving off the streets and getting in touch with substance misuse services.

However, mistrust of outreach workers is common among many street drinkers, for the reasons outlined in section 6.1. Many people had known outreach workers for years and yet remained on the streets. When people described their interactions with outreach workers, there was sometimes a sense that the same conversation had been repeated many times over many years, and that both the individual and the outreach worker were just playing their parts. Such interactions – repeated offers by the outreach worker and refusals by the individual – could become just another repetition in people’s ‘groundhog day’ existence on the streets:

“Outreach are alright, he gets on with [worker], has known him for years. [Worker] is ‘always telling him’ to look at his drinking, but [worker] ‘knows it won’t make a difference’.”

Researcher notes from informal conversation with current street drinker

This repetition is likely to undermine both the individual’s, and the outreach worker’s, belief in the possibility of change. It is notable that the phrase reported above ‘at some stage’ suggests that there is no need to consider imminent change and the phrase ‘you have to’ removes choice and control from the individual.

Some people said that they had not had any interaction with outreach workers while they were drinking on the streets. There was a particular risk of outreach services missing street drinkers who lived in their own tenancies. This is considered further in section 9.6.

Wet day centres

Of the three areas in which the research was conducted, only Nottingham had a wet day centre (but this closed during the research period following loss of funding).

People’s opinions about the wet day centre were divided. Most people found it very helpful. The primary advantage it was perceived as offering was harm reduction: it was seen to be safer than the streets (despite some violence and disagreements among clients), warm and dry, away from police, and a nice venue to
socialise with friends and drink; it also provided food to people who said they would not otherwise eat:

“It’s harm minimisation. It’s definitely keeping people alive I think, because if people can’t look after themselves, so if they were on the streets, they’d be dead.”

A number of former street drinkers felt that the support they received at the wet centre had facilitated the positive changes they had made in their lives. It provided access to and familiarity with support services and staff, and the opportunity for staff to talk to people and build relationships over long periods:

“It took them a while to get through to me [about making changes] before I started to listen which I did, eventually. There’s people there who are trained and help out.”

“You could go in there, have a meal free, sit down, relax, meet quite an awful lot of people in the same position as you. But also there was a help situation there, so you could access all the correct bodies, mental health people, outreach people. They helped me an awful lot.”

However, a small number of people did not find the wet day centre helpful, suggesting that it perpetuated the street drinking lifestyle:

“[The wet day centre] was a disaster in my case. They’re saying, ‘Alright you can come in.’ Sit down, watch telly, just drink all day long. I couldn’t believe it! I thought, ‘No, no, no!’”

“I don’t think you should have wet centres. It encourages people to drink, it does. They know where they can keep warm for four, five hours, they know where they can have a shower.”

Some of the staff and street drinkers interviewed spoke about their experiences of day centres in other areas. Their comments highlighted some of the risks of wet day centres, which included increases in anti-social behaviour in the vicinity and violent behaviour among clients, and the risk of facilitating increased drinking among day centre users.

Staff highlighted that the wet day centre was also a positive service for people from Central and Eastern European countries, who were not entitled to many other forms of support.

In addition to its primary function of harm reduction, the wet day centre also provided access to services for people who might not otherwise engage with support services, and could encourage people to make positive changes. Other research provides a more detailed exploration of the role of wet day centres.16

Non-wet day centres
Street drinkers frequently use day centres at which drinking is not permitted, and these fulfil many of the same roles as the wet day centre. They can minimise harm and can help people to access other support services and move off the streets.

A place to go in the daytime and evening was one of the most common suggestions made for service improvement by people who were trying to manage their drinking. Most people wanted this to be dry:

“I would [like] somewhere to go, like a dry place, not where [you] can drink obviously because that would just be moving one problem to another, but some service where [you] could just pop in and have a chat or tell [people your] problems.”

“A lot of it [what helps] is having somewhere to go. It needs to be a controlled environment. [...] Somewhere that isn’t a place to drink. There are enough places to drink. [Day centre] is really good, because you go in and play games or you can chat, there’s food. But if there’s somewhere in the evening... that was a bit more homely, a bit more relaxed, a bit comfy, there’s cups of tea available.”

“Basically because you’ve got somewhere to go [drop-in centre], it’s keeping you off the streets and off the drink.”

7. Changes around drinking

This chapter outlines people's experiences of making changes around their drinking, including cutting down, controlling their drinking and attaining abstinence. It explores people's experiences of using treatment services including rehabilitation centres.

Key findings

- Both abstinence and controlled drinking off the streets are valid means of attaining a stable, happier life – different ways work for different people.
- Some street drinkers ‘swap substances’ between alcohol and drugs. People who appear to be making positive changes with their drinking sometimes develop problems with other substances.
- Rehabilitation centres (rehabs) are crucial to many street drinkers who make lasting changes. They support people to deal with emotional issues; provide a dry place for people to live; provide a structured way for people to spend their time; and provide access to support from both professionals and peers. However, many people experience difficulties accessing rehabs and long waits.

7.1 Making changes around drinking

Positive change around drinking means different things to different people. Some street drinkers participating in this research had stopped drinking completely and were abstinent. Other people still drank alcohol, but in much smaller quantities than previously, and not on the streets. Both of these groups reported living happier and more fulfilling lives. There is no one fixed way to achieve changes: different approaches work for different people.

Cutting down

Current street drinkers often aspired to cut down their drinking rather than to stop completely. Cutting down was seen as a more realistic and achievable goal, whereas complete abstinence initially could be seen as unattainable or even undesirable. When making this initial change, people often continued to drink on the streets, although none of the interviewees had been able to practice controlled drinking on the streets over the longer term. There were several ways by which people had cut down their drinking, for example by drinking smaller quantities, drinking lower-strength alcohol, or diluting alcoholic drinks with soft drinks. In some cases people had gone on to become abstinent after cutting down:

“At the time I didn’t want to stop, I just wanted help to cut down my drinking.”

Abstinence

For some street drinkers, abstinence was the only way in which they could control their drinking and they had determined that they would not drink again:

“It’s always just that one that sends you back down the path.”

“This place [rehab] is total abstinence and that’s what works for me. It’s the only thing that’s worked for me [...] As soon as I start, I don’t know when I’m going to stop and I keep going until I’m in the gutter [...] So for me it’s total abstinence, that’s it.”

Controlled drinking

For people who chose controlled drinking, abstinence was often seen to bear the risk that one lapse could lead to a resumption of old drinking levels. This group enjoyed drinking and did not want to stop, but would drink sometimes occasionally or sometimes daily, but at greatly reduced levels (from a few cans of beer a month, up to around eight cans a day). Some people in this group continued to drink socially but had stopped drinking alone:

“The beer I’m OK with, I’m OK now. When I moved in [to hostel] I said to them, ‘Look I don’t want to be abstinent, but I want to be able to walk into an [off licence], grab a beer and just have a beer and not have four, six, ten.' I’ve been coping really well with that.”

Drinking inside

For some people, drinking inside rather than outside was a positive change, primarily because it was safer and involved less interaction with the police. However,
drinking similar quantities inside was not seen to be a positive change, because it retained the damaging consequences of high levels of alcohol consumption.

**Continuing to drink on the streets**
A small number of people interviewed for the research continued to drink heavily on the streets, but had made other positive changes in their lives. Residents at the Old Theatre hostel in London, for example (see section 9.2), were managing to maintain accommodation after having experienced multiple evictions from other hostels. They were safer, they were receiving better healthcare, and they were receiving support in other areas of their lives.

**Drugs**
This research suggests that people’s drinking should be considered in relation to their drug use. Addressing problematic drug use was seen as an essential component to achieving positive change. Some of the people who believed that controlled drinking was possible for them were those who saw drugs as their primary addiction. They believed their problematic drinking was related to their drug use and felt that if they could stop using drugs then an occasional drink would not be a problem:

“The drinking doesn’t bother me... It’s not a problem, it used to be a problem, but it’s not a problem at all now. I don’t care whether I’ve had a drink or not... If I just get rid of this heroin... I’ll be alright, I know I will. I won’t fall back into drinking.”

There is a danger that people who use drugs alongside their drinking do not recognise the potential or actual problematic nature of their alcohol use.

**Swapping substances**
Several of those who appeared to have made positive changes in relation to their drinking, by cutting down or stopping, had in fact developed another substance problem instead. This issue highlights the importance of viewing people’s substance use holistically.

Several people began using drugs as a way of attempting to reduce their alcohol use, or after having cut down or stopped drinking. Several people also ‘swapped’ substances in the other direction, from drugs to alcohol. Other reasons for starting to use new substances included boredom or the encouragement of peers or fellow hostel residents. People often said that they did not think that their use of the new substance would become problematic until it was too late. The outcome could be a new addiction, or a dual addiction:

“[Alcohol] was my primary thing. But I replaced it [alcohol] with heroin. And the last couple of years, it was a sort of a juggling act... I’d use heroin for ages, get on the script and just drink constantly while I was on the script to try and not use the heroin and then get so sick of the behaviour that came under drinking, the violence, the madness out there on the street, that I’d think, ‘OK, I’m better off using heroin ‘cause it’s calmer...’ I would just try and juggle the insanity but in the end it just ended up with a heroin habit, a methadone script and an alcohol addiction.”

“The drinking doesn’t bother me... It’s not a problem, it used to be a problem, but it’s not a problem at all now. I don’t care whether I’ve had a drink or not... If I just get rid of this heroin... I’ll be alright, I know I will. I won’t fall back into drinking.”

There is a danger that people who use drugs alongside their drinking do not recognise the potential or actual problematic nature of their alcohol use.

A related issue, raised by some support workers participating in the research, is the danger of prescribing methadone to people who are known to be drinkers. Methadone and alcohol are a dangerous combination. They said that there should be harm minimisation advice and procedures around dispensing methadone to people who drink.

**7.2 Treatment services**

**Alcohol and drugs services**
Many people described receiving helpful support from alcohol and drugs services, which provided them with encouragement and support to make changes.

**Detoxification**
Some people did not want to go to a detoxification unit, and reduced or stopped their drinking without a detoxification (see section 6.1). However, for many a detoxification was important. People used both community and inpatient detoxification services depending on individual preference.

Michael Varnam House in Nottingham (see case study box in section 9.2) is alcohol support accommodation with its own detoxification bed, which worked very effectively with people.
Recent research conducted by Paul Duffy et al at Liverpool John Moores University explores another innovative model of providing detoxification through a residential alcohol detoxification programme.17

People said that having somewhere appropriate to live after detoxification was essential; for most, it was not possible to do a detoxification unit and then return to a hostel. Several people talked about the difficulty of finding a rehabilitation centre to go into after detoxification.

Rehabilitation centres
Several people stopped drinking or managed their drinking without going to a rehabilitation centre. However, rehabilitation centres were crucial to many people. They provided all of the key facilitators for change outlined in the following sections of this chapter: they supported people to deal with the emotional issues which were related to their drinking; provided a dry place for people to live whilst they addressed their drinking; provided a structured way for people to spend their time; and provided access to support from both professionals and peers. Most people’s accounts of their time spent in rehabilitation centres were very positive.

“It’s like a safe house here [in rehab], see? Like if you get cravings or you feel like a drink you can just come back here and everyone’s in the same position as you. You can speak to them if you’re feeling low and [if you want a drink] they’ll say to you, ‘No, don’t do it.’ And spell out the reasons.”

“In rehab] you can look back at all the shit that’s gone on in your life and it helps you look back and work it out really.”

Some people expressed difficulty with 12-step rehabilitation programmes; for them, access to other forms of rehabilitation programmes (such as Cognitive Behavioural Therapy (CBT))18 was important.

People said that it was important that the length of stay in a rehabilitation centre was right. Too short a stay could prevent them from exploring their drinking behaviours and reasons for drinking as fully as necessary, but too long a stay could lead to a sense of frustration once someone felt ready to move on. For most people, a stay of between six months and one year was about right.

People were vulnerable to relapse after leaving their rehabilitation centre, when they lost the daily structure and support it provided. Ongoing support after leaving their rehabilitation centre was important for most people.

Many people talked about the difficulty of accessing rehabilitation centres, including the problem of long waiting lists. Chapter 11 explores how this can increase a sense of pressure on people to succeed in what may be seen as their ‘one chance’ at treatment, and can make the consequences of relapse more serious.

Anna’s story
Doing rehab
Anna is in her 40s and has been in rehab for four months.

“My mum was an alcoholic; she was mentally ill. There was loads of neglect and all sorts of trauma. I was in and out of care a couple of times. I’ve been drinking since I was 14. My life was just fucked. I lost everything.

“My head was telling me: ‘You can’t get recovery. You’ve tried a million times. It’s never going to work for you.’ Suicide was the only option. But, luckily, there was a little bit left in me that just said: ‘You know what? You can at least try again and you need to give it everything this time.’

“The nature of treatment is uncomfortable stuff and when it gets uncomfortable, my mind tells me it’s easier to go back out and use, which is bullshit.

“The biggest part of what happens in [rehab] is that self-worth stuff. For me, my self-worth is on the floor. It’s about getting some acceptance around the unresolved stuff from the past. Being able to stick with that pain. Actually valuing myself enough to just say, ‘Do you know what? I want this, for me.’

“It’s been a difficult process for me. I wish it had been easier. I do know people that come in [to rehab] and get it first time, but I know a lot of people that have had to try and try again. I’m just glad that I had it in the back of my head to come back – to keep coming back, until it sticks.

“It’s like I’m starting my life over. It is exciting. It’s scary some days, but most of the time it’s pretty exciting, because there’s no reason why I can’t do it.”

18. The 12-step approach is the approach to recovery from addiction developed by Alcoholics Anonymous. Cognitive behavioural therapy (CBT) is a psychotherapeutic approach which aims to change patterns of thinking and behaviour.
8. Mental health and emotional issues

Mental health and emotional issues are one of the primary reasons why people drink on the streets. People are unlikely to make changes to their drinking habits without support to address these issues. This chapter explores the mental health and emotional issues related to change, and people’s experiences of receiving support with these issues.

Key findings

• Many street drinkers drink because of traumatic events in their past, and need support with mental health issues. This can be crucial to making and maintaining change.
• A high proportion of people interviewed had experienced suicidal thoughts. For many people, drinking on the streets can be a form of self-harm.
• The needs of street drinkers are often unmet by generic mental health services. Street drinkers experience barriers to accessing mental health services and can feel stigmatised by some mental health professionals.
• Rehabilitation centres and other specialist services play an important role in supporting people to deal with the emotional issues that arise when they stop drinking.
• Developing confidence and self-esteem can be crucial to being able to change. These can be nurtured by involvement in activities, the experience of successfully making changes or achieving goals (however small), and encouragement and praise from support workers and peers.

8.1 Mental health, emotions and change

Several former street drinkers said that their mental health had deteriorated when they stopped drinking. For some, it was the first time in their adult life when they were not under the influence of alcohol or drugs. People’s anxiety often increased, some people experienced alcohol-induced psychosis, and for many the feelings and thoughts that had been numbed through alcohol now came to the fore:

“I’m suffering with anxiety now. Bad. That’s through the drink and drugs where my brain ain’t used to not having nothing [no substances] whatsoever. [...] It’s probably one of the worst things I’ve had to overcome, anxiety. For some reason I didn’t think about it [before I stopped], but obviously there’s going to be some sort of disturbance in there isn’t there? It’s like all the wires have been pulled out and put back together.”

The emergence of disturbing feelings could often be a cause of relapse:

“The first step [to change] is to go to rehab. I do know what it is. But it’s hard to do. The feelings and the guilt. I can’t cope with it. I decide to run, it’s all I know.”

Many people said that time spent in their rehabilitation centre had been very challenging emotionally, but had also been an essential part of the process to help them deal with these feelings. A number of interviewees highlighted the importance of opening up and talking to people about their emotions as a step towards successful change. Several people who had experienced abuse, for example, said that they had not told anyone about it for many years:

“I look forward to talking to the mental health support worker, and I speak to the [hostel] manager on a one-to-one basis like for an hour, talking about my past and that [...] I’ve never really spoken to anyone about my past. I’ve always kept it in and locked it in, and with [support worker], she knows me inside out and so I find it easier to talk to her.”

8.2 Support around mental health issues

Several people we spoke to had tried to make changes without adequate support for their mental health, and this had resulted in relapse. Support for mental health and emotional issues is essential for positive change:
“I see a mental health support worker every week, and that helped [...] He says, ‘Well, you’ve got to talk about it, as much as it upsets you, but then we know how we can handle it...’"

“If I don’t open up to people, or if I don’t talk about my problems, I’ll just go mad. My mental health will get worse, and then I’ll start like deteriorating, going into myself, not talking to anyone, and then I could just go back on the drink, and I don’t want to do that.”

Many people reported that their mental health needs were not being met and that this formed a serious barrier to change. Some people avoided mental health services after bad experiences with them in the past (often many years ago). Several people had been unable to access mental health services at all or had been excluded from them because of their drinking:

“I’ve seen the psychiatrist but she told me to go to AA.”

“I keep asking [for counselling] because I’ve never had it and now I’m just in [alcohol service]. [Alcohol] counselling’s not what I want [...] It’s different counselling... I want and I still can’t get that, they say no, I’m not entitled to it.”

“They were trying to organise [counselling for] months, and nothing got done [...] I just got more and more depressed and I ended up barricading myself in my room and got arrested.”

It appears to be more common for people to be prescribed medication than to receive talking therapies (although some people said that they did not always take their medication because of side effects):

“No [I’m not receiving any support with my mental health issues], my key worker tried. I have just recently been to see a psychiatrist. I’m receiving medication now for a few things, which I wasn’t doing for the last 15 years.”

Generally, this research has found that specialist mental health services (for example, for homeless people) were meeting people’s needs far better than generic mental health services, in particular where they provided consistent, ongoing support for people from the streets that continued when they moved in to accommodation. Several interviewees who did receive support from generic mental health services said that they felt unable to disclose personal issues to the professionals working with them, and felt judged and mistrusted:

“They discharged me [from psychiatric hospital] because I was drinking [...] It was like, ‘Ah there’s nothing really going on, you really are well and there’s nothing really wrong with you.’ And he said to me, ‘Oh, your mum’s dead – get over it, people die every day.’ [...] Ever since then I felt like I was wasting people’s time and I felt like a fake.”

Support workers interviewed for the research reiterated this finding. They said that generic mental health services did not always provide the necessary support to their clients and that mental health professionals sometimes expressed a sense of stigma or judgement about street drinkers. They also talked about the difficulty of getting mental health assessments for their clients while they were drinking.

8.3 Confidence and self-esteem

People’s confidence and self-esteem often deteriorated during their time on the streets, and this could form a barrier to change. A number of people said that developing self-esteem, or recognising their own self-worth, was crucial to being able to change:

“[I relapsed because] there was no self-worth [...] I learnt the importance of actually valuing myself enough to just say, ‘Do you know what? I want this, for me.’ [...] It’s taken so many years of trying, to get to this point of where I actually know that, regardless, my life’s valuable.”

Interviewees said that self-esteem could be nurtured by involvement in activities, the experience of successfully making changes or achieving goals (however small), and encouragement and praise from support workers. It could be increased by a service ethos that gave people choice and control over their own lives and the support they received. People said that, as they made positive changes, their confidence and self-esteem grew:
“You need to occupy your time. Even if people are drinking, but [also] doing some sort of course, hopefully the sensible things will take over. But what I found is I always needed constant encouragement because my self-esteem was [ruined]. I felt so [bad] about myself that I’d need constant [support]: ‘No, you’re doing well, try this, do this.’ Just suggestions, you know?”

“Sometimes I do put myself down because of what I have been... [But] people don’t see me like that any more. [My support worker] praises me every week.”

People’s self-esteem was closely related to their sense of identity, and grew after they had created new identities for themselves (see also chapter 10 on creating a meaningful life off the streets). One participant in the research, talking about creative writing, described the positive impact of self-expression and recognition by others on someone who has a narrow or negative sense of identity:

“Painting, photography, poetry – anything that allows you to sit down and express your feelings can only be good [...] Seeing your name in print, it’s an ego boost, every time. It’s the recognition. Especially when you spend 70 per cent of your time sitting in the doorway, swigging Special Brew or cider. You spend a large proportion of your day being looked down on by society and then suddenly you find that you can express yourself and not only can you express yourself and get it down, you’re getting the recognition for it.”

The impact of praise on self-esteem was discussed earlier in the report in section 4.3 (‘Being given a push’):

“I was getting the praises, people were talking about me in good ways rather than the normal bad. And it sets you thinking: ‘Now what if I do really do it?’”

Encouragement and praise from support workers were instrumental for many people in overcoming low self-esteem and making changes.

Once they had made changes, people described a new sense of self-esteem, reflected in a positive view of a meaningful future for themselves:

“I feel very different. I feel confident and life isn’t bugging me like it used to. I don’t mind taking responsibility any more [...] If I want to get a decent job, get [a] flat and have a decent life, well I need to be quite sensible. [I’ve had] enough of being pissed off with myself and being hard on myself. I don’t want to feel like topping myself or drinking myself to death. It’s like, I don’t want to feel sad any more, I’m becoming quite happy.”

Many of the former street drinkers who had made positive changes in their lives expressed great pride in what they had achieved, the role they played, and the value in the way in which they now spent their time. Several people interviewed for this research worked or volunteered in the drugs and alcohol sector. Through doing so, they had found a way of turning a distressing and destructive experience into a positive experience; they had reshaped their identities. Almost everyone interviewed expressed a pride in their achievement of positive change.
Street drinking is often caused or exacerbated by inappropriate accommodation. Moving into appropriate accommodation can encourage people to make significant positive changes in their lives. This chapter explores the different issues related to sleeping rough, living in hostels, and living in one's own tenancy. It also considers people's experiences of prison, a place where the majority of street drinkers spend varying amounts of time.

### Key findings

#### Rough sleepers
- Many people who drink on the streets sleep rough and they require support to move into accommodation. A quick response is essential as people's drinking may increase during their first nights on the streets.
- Inadequate advice and information at local authority housing offices can lead to rough sleeping and street drinking.
- Moving from the streets directly into a tenancy, although not appropriate for everyone, can be a suitable option for people who do not wish to move into a hostel. A move off the streets can inspire people to address their drinking. Such a move must be accompanied by support.

#### Hostels
- Hostels can provide safe places in which people can access support and make positive changes in their lives.
- However, some aspects of hostel living can form barriers to change, in particular the close association with other people who use alcohol. Several people said that they began to drink more while living in hostels, and several had developed a drug problem for the first time during their stay in a hostel.
- Abstinence or alcohol-support accommodation is usually more appropriate for people wishing to make changes to their drinking.

#### Prison
- Many street drinkers spend time in prison, often on frequent short sentences. Many people stop drinking in prison and some make the decision to make changes in their lives. However, most people do not have a planned exit from prison and will resume street drinking as soon as they leave.

#### Street drinkers living in their own tenancies
- Many people who drink on the streets live in their own tenancies, which can mean they fall through the gaps between services.
- This group often drink on the streets only in the daytime. Their needs may therefore not be met by outreach services which do not have daytime shifts (such as rough sleepers outreach teams).
- This group often drink through loneliness and boredom. They need access to floating support and support to find meaningful activity and develop social networks to help them move away from street drinking.

#### Moving on
- People living in supported accommodation need appropriate lower-support or independent accommodation to move on to when they are ready, in order to maintain changes.
9.1 Sleeping rough

Many street drinkers sleep rough. Moving off the streets into accommodation had helped a number of people address their drinking. Moving into accommodation removes the immediate pressures of living on the street, the regular contact with the drinking group and the need to drink to stay warm. It can provide people with a place inside to drink and closer links to support, and the change in circumstance can motivate people to make changes with their drinking:

“A good friend of mine took me in. It was like a relief. You’ve got somewhere to go back every night. I think a lot of the trouble, my drinking, was where I didn’t know where I was going to be staying one night to the next [...] But when he offered me his place, it was like, I thought, ‘Hang on a minute, what am I doing?’ When I moved in there I slowly decreased the drink.”

“I’m drinking] very little, nothing like I was. I’ve just cut down and being in the [accommodation] has helped a lot because you’ve got somewhere to be and you’re not always outside.”

A number of people had moved into a flat while still street drinking and had subsequently cut down their drinking and stopped drinking on the streets. This can be an appropriate route into accommodation for people who do not want to move into hostels. Fred’s story exemplifies this.

Fred’s story

Moving from the streets into your own home

Fred, who is in his 50s, moved directly from the streets into his own private rented tenancy. This is the first time he has ever had his own home.

“Since I’ve had the flat, I’ve taken into consideration that these people [who supported me to get my flat] have gone out of their way to help me and the least I can do is meet them half way [by cutting down my drinking].

“I was drinking anything from 15 cans of Stella a day, a two and a half litre bottle of white cider, and if I was lucky a bottle of cream sherry. Now I’m drinking about six cans a day.

“There’s lovely carpets, it’s decorated, it’s all brand new. So do I want to be living in a doorway inside a wheelie bin or do I want [to live] my life [in] surroundings which I’ve worked for? I’m adding to it every week. I’ve got food in my freezer, which I never, ever had before. I’ve got electric, I’ve got my gas, I’ve got my water and it’s all paid for. It’s mine. [...] If I lose this, I’d never get housed again.

“I can ring [tenancy support service] five days a week if I need it. I’ve even joined the church, which I find very nice. It’s somewhere to go on a Sunday, meet some nice people, have a coffee.

“I’m not saying I will never stop drinking, but I’d like to become what they call a moderation drinker. Somebody who would go out say on a Friday night, have a meal, glass of wine and that would be it.”

9.2 Hostels

Many street drinkers live in homelessness hostels: these are often places in which people can make positive changes. Hostels can provide a safe place away from the streets, and access to support. Some people interviewed for this research reported that they drank less when they were in hostels than when they were sleeping rough, either because they had less money because they were paying a service charge, or because staff would look after their money to help them avoid binge drinking on the day they received their benefits. Among other things, hostels could link people in with physical and mental healthcare services, help people access meaningful activity, and support people to work towards independent living. Support in hostels could also motivate people to cut down their drinking and
enter treatment. Samuel’s story is one example of how support from a hostel can help someone who drinks on the streets.

A number of people described hostels as depressing or sometimes frightening environments, which led them to drink more:

“That’s what it does for you, when you’re in a homeless place [hostel], you think, ‘Well I’ve got nothing around me, just block it out and drink.’”

“[The hostel] was rough and you start drinking more heavier [...] Because I didn’t want to be there because it wasn’t nice [...] I just looked back over the years at my whole life and I wondered how have I ended up in a place like this?”

Several current street drinkers felt very strongly that they did not wish to move into a hostel, often because of bad previous experiences of hostels.

People reported that it was very difficult to maintain abstinence on returning to a generic hostel after detoxification. However, a lack of available places in rehabilitation centres meant that this was not unusual:

“[After detox] I was in the [hostel]. Everyone in there was drinking. Everyone I knew was drinking or taking drugs [...] I never stood a chance [of staying abstinent] going back there.”

For some street drinkers, hostels also facilitated their drinking by providing food and shelter, leaving them free to spend their money and time drinking. Some people also said that drinking in their hostel was implicitly tolerated by hostel staff, even where it was not allowed, and that this made it more difficult for them to address their drinking.

The cycle of eviction

Many of the people interviewed had been evicted repeatedly from hostels over many years. This can lead to disengagement and a lack of faith in support services:

“Every time you’re kicked out you build animosity. So many times someone has told you something and nothing has come of it that you can’t tell good advice from bad. You stop being interested in help. It’s a failing in the system.”

The entrapping circular routine of life as a street drinker (described in chapter 2), which people can feel unable to escape, is reflected again in the cycle of evictions from hostels. People are unable to progress, but repeatedly
return to where they were, living on the streets. The Old Theatre (see case study) is an example of an accommodation project which attempts to break this cycle by offering an alternative approach to evictions.

**GOOD PRACTICE**

The Old Theatre

The Old Theatre is a project run by Broadway in London, which supports homeless people with complex needs (including street drinkers), and who have previously been excluded from other services, to maintain a tenancy.

It offers a personalised approach to working with people who have been denied access to other accommodation because of their complex support needs and past behaviour. As the Old Theatre has no blanket exclusions and works to support clients, while attempting to minimise any associated risks, it creates a safe environment for clients in which to begin to tackle these issues.

The Old Theatre aims to break the cycle of repeated tenancy failures, which can make many street drinkers disengage with services. The support of the Old Theatre means that people who would otherwise be sleeping rough have a safe place to live, are in better health, and have a safe and stable environment in which to consider making changes in their lives.

For more information, contact: theoldtheatre@broadwaylondon.org

9.3 Specialist accommodation

Alcohol support accommodation, abstinence projects and phased accommodation are all useful for people trying to control their drinking or maintain abstinence. Abstinence projects provide a dry environment which can help people to manage their drinking. The rules and testing they provide can also motivate people to stay abstinent:

“If you can’t control, yourself, the alcohol, you do need a bit of strictness around you. You’re not allowed it and that’s it.”

“Every time you go out and come back in, they breathalyse you, which is very good [...] I’m totally off it [abstinent] now.”

“It’s alright here. It’s safe. I’m not surrounded by people who’s going to be influencing me to drink or take drugs.”

Specialist alcohol support projects that were not dry could also be helpful for people. Stanley Road is a five-bed low-support house for male drinkers with a history of rough sleeping in Brighton, whose residents are assisted to manage or reduce their drinking through involvement in treatment services and increased day structure. The project had helped a number of people to make positive changes.

Michael Varnam House (see case study box) is an example of specialist accommodation for homeless people with an alcohol problem.

**GOOD PRACTICE**

Michael Varnam House

Michael Varnam House (run by Framework in Nottingham) provides supported accommodation for single homeless people with a primary alcohol problem. Detoxification is available on the premises, as are abstinence and controlled drinking programmes. It also supports people with associated drug misuse issues and offers a community detoxification service. It consists of both a hostel and satellite houses.

Residents of Michael Varnam House said that they had been helped by quick and easy access to the project; the opportunity to return multiple times if they had relapsed; being regularly breathalysed and drug tested; and the project’s emphasis on providing meaningful alternative activities.

The project focuses on supporting people to achieve change and exit a street drinking lifestyle, and creates multiple pathways for moving on, including to rehabilitation centres and to people’s own tenancies. Residents have access to meaningful occupation, such as an allotment project, music and sports groups and gyms. Staff emphasise that this is an important aspect of helping people reduce street drinking, remain stable, move on, maintain tenancies and build new, positive social networks.

“This place has really helped me. Because I used to shut everyone out, I wouldn’t speak to anyone [and] I used to drink all the time. But this time I’ve stayed and I’ve started opening up to the staff.”

For more information, contact: michaelvarnamhouse@frameworkha.org
9.4 Prison

Prison has been included in this chapter as it is where many street drinkers spend a significant amount of time.

Life in prison

Two-thirds (67%) of the people interviewed for the research had spent time in prison, usually for crimes related to alcohol or drugs such as shoplifting, robbery and assault. Not everyone stopped drinking when they were in prison, but many people did. A significant number of people continued to drink hooch.

Many people described being ‘in and out’ of prison repeatedly on short sentences. Some had been in this cycle since they had been teenagers. One person described himself as ‘institutionalised’:

“There's loads of us in [prison] that's in the same boat as me, institutionalised at a very young age. I grew up in care, I was in care up from the age of three till 18. I was institutionalised even as a child really, getting kicked out of school ‘cause I wasn't behaving, then it were borstal, then it were young offenders, then the adult prison [...] You get used to everything being done for you, because you've never any time on [your] own. Ever since I was 15 I probably spent about four years out in 15 years. I mean it’s crazy.”

Several interviewees who had been in prison recently reported that they had not seen a CARAT worker and had received no support for their alcohol problems, or any other problems, while in prison (apart from, usually, receiving a medical detoxification):

Interviewer: When you were in prison did you get support for your drinking and support for your mental health?

Interviewee: No, not at all, no. Oh no, yeah, I was being prescribed Prozac while I was in prison. I can’t remember what Prozac’s for. I think it was just anti-depressant. I don’t think I told them about me hearing voices and all that. I don’t think they knew about that or my drinking problem. It was probably too worried to tell them because I was in prison. It was scary for me.

Leaving prison

Despite many people stopping drinking alcohol in prison, the first thing that almost everyone reported doing when leaving prison was having a drink:

“I normally go out [of prison], go to the nearest off licence, and just drink.”

Although some people reported having received support around both their drinking and their accommodation before leaving prison, several interviewees had had nowhere to live and no ongoing support around their drinking on leaving prison:

“And then on the big morning of the release, £47, out you go! And back to square one again.”

“[Support workers put] my name down with a night shelter and when I went there on the night, the day I got out, I’d been unsuccessful, so I was left to go back on to the street straight from prison.”

“When I got out of prison they put me in for 10 days in a B&B and then I was on the streets for about 10 days.”

Others often returned to hostels where other residents were drinking and using drugs.

Prison as a facilitator of change

Prison can provide the opportunity to reflect on life, which can be an important motivator to change. For many it is also a period of abstinence. Several people who had received support in prison said that they had made the decision to change their lives while in prison:

“When I was in prison I got time to think about it and think, ‘Well, I don’t want to be here and it’s only drinking that’s done it; and my family’s always wanted us to get help on the drink.’ [When I came out], I think I just thought to myself, ‘Well, I’ve gone six weeks without a drink...’ Gradually I just... the longer I stayed away from it the easier it got.”

“Everything was timed right for me, so I thought right, I'm off the beer, come out of prison and that [...] They offered me a bed [in alcohol support accommodation]. So it was like, out of jail, detox done, plus these [support workers] help[ed] me get back on the council [housing list] and all that, get your life back on track. So it was like now or never sorting it.”

19. A CARAT (Counseling, Assessment, Referral, Advice and Throughcare) worker is a specialist substance misuse worker in prisons.
However, others who had decided to change had not been able to translate this into action:

“Of course [when you’re in prison] you have plans, yeah, and ‘Now I can stop’, but when you just come out of prison, you have a few quid and it’s straight up to the off licence and that’s the way it works. Back to reality, back to where I am. My life is drink, my life deals with drink. I’m a drinker, I’m on the streets, I’ve nothing better to do.”

Decisions to change made in prison can usually only be translated into change with active encouragement and support within prison (for example from specialist services). This can help people believe in the possibility of change and plan for a life without drinking outside prison. The provision of appropriate accommodation and support outside prison is essential to maintaining change. One person described prison as a missed opportunity for positive interventions:

“Maybe [there should be support] to help people [leaving prison] not get back on the road to heavy drinking. It’s about support I think. It’s about putting ideas into people’s heads about doing something constructive when they leave jail. Because lots of time I’ve got out of jail and gone into a hostel and to be honest, you don’t stand much of a chance.”

9.5 Moving on

Being able to move on from supported accommodation into more independent accommodation was important for many and could help people build on the changes they had made. Not having appropriate accommodation available when people were ready to move on was a barrier to change.

Several former street drinkers interviewed were living in their own tenancies, and their homes could be sources of great pride and motivators to manage their drinking. However, they could sometimes face difficulties, for example with housing problems and benefits, and such stresses could act as triggers to relapse. It was important that people had tenancy support when they needed it after moving on.

Alan’s story

Ready to move on

Alan, who is in his 50s, has been cutting down his drinking over the last year. He has spent over two years (the maximum expected duration of stay) in his supported housing project, but has been unable to find a private rented flat that will accept someone on housing benefit.

“I’m finding it a struggle [because] when I’ve finished anything I need to do, I then have to sit in my room and listen to other people getting pissed. The last three or four times I’ve gone back to drink has been a direct result of “Oh if you can’t beat them, you might as well join them!”

“I know [if I stay in this accommodation] the time’s going to come when I’m just going to start drinking again and I’m not going to stop. I’ve spent x amount of time trying to get out of this place, doing everything that I can and it’s got me nowhere. [If I move to a flat] then I can take the time and the space [to work on my recovery].”

9.6 Street drinkers who live in their own homes

Many street drinkers live in their own tenancies. In one of the research areas, 21 per cent of the alcohol outreach team’s street drinking clients lived in their own tenancies. In other research, this percentage was higher at 47 per cent and 52 per cent20. However, street drinking is an issue that is often confused with rough sleeping. For example, a stakeholder interviewed for this research spoke about rough sleeping targets when asked about the area’s aims in working with street drinkers.

There is a risk that street drinkers living in their own tenancies are invisible to support services. Effective outreach services are required to identify this group, and floating support services to support them with their alcohol use, as well as issues related to it, such as managing their tenancies, dealing with mental health issues, and coping with boredom and isolation. Support is also important to help people living in their own tenancies to avoid ‘cuckooing’ (other people moving into the tenancy) and returns to homelessness.

Effective floating support for people in tenancies can also prevent people from beginning to drink on the streets. Several of the people we interviewed had abandoned their own tenancies because they felt unable to cope, and subsequently began to drink on the streets when they were sleeping rough.

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Frank’s story
Living in your own tenancy and falling through the gaps

Frank, who is in his 50s, lost his support worker when the support that came with his housing was decommissioned. The day centre he used to visit now only works with homeless people. He drinks six cans of strong cider a day.

“I used to have a worker come round and make sure I was all right. Now I’m left on my own. [My flat’s] very small and so you tend to go out and mix on the street because it’s a bit depressing really. There’s a lot of loneliness when you get older. [I need] anything to occupy my time.

“I used to volunteer [at the day centre]. We used to come in and have a chat if there were any problems, just to meet a couple of friends, have a cup of tea, and that used to break down the day. I find I drink a lot more now I can’t come [to the day centre]. I’ve only been drinking about a year on the street. [I drink] out of boredom. You go outside and you meet people and you end up standing there all day and having a drink, you drink and drink and then it’s a snowball effect.

“No [outreach workers have ever spoken to me], no one, I’ve not known any. We’re only here until about 4 o’clock and then everybody goes.

“I suppose there is [services I could go to for support], but I don’t know of them. I think there should be something there because even if someone has been placed into a flat it doesn’t mean that their problems are solved.

“Personally I don’t like where I’m at. I don’t want to be on the street drinking. I’d like to be working. […] I think I just need that shove in the right direction.”
Life on the streets is characterised, for many, by boredom, loneliness and a sense of meaninglessness. This chapter explores the importance of developing a meaningful life and new social networks off the streets in order to make and maintain changes, and how these things can be developed. It also considers the importance of receiving continued support.

Key findings

- ‘Doing things’ which people enjoy whilst still drinking on the streets can increase motivation and self-esteem and help encourage change.
- Boredom is one of the most difficult challenges faced after stopping street drinking, and can lead to relapse. Doing ‘positive things’ or ‘replacing the habit’ – finding alternative sources of meaning and enjoyment – is crucial in order to maintain change.
- Many street drinkers would like to work in the future, but may lack basic skills, experience or confidence, and need support to develop these.
- Isolation can lead to relapse, and people need support to develop social networks after making change.
- People may need access to professional support for several years after change.

10.1 Boredom and meaningful activity

Boredom and a sense of purposelessness were significant issues for people on the streets. Many people contemplating change wanted to ‘do things’ but were prevented by a lack of motivation and self-confidence. People said that ‘doing things’ could help initiate change:

“[Having something to do] changes you a little bit, your perception. Instead of sitting there quite numb...”

Many street drinkers interviewed referred to boredom as one of the most difficult challenges they faced after stopping street drinking. Several said that boredom could trigger relapse:

“A lot of it’s just filling your time wisely. But if you’re not then you get bored... Reality is boring. I might as well have a drink or get some drugs.”

“Some days I don’t mind, I can sit down and read, or clean up. But, some days, it’s five o’clock and I’ve had a whole day of it, I’m just bored. Like, God, I gotta do something! There’s only one thing negative [about this hostel] – activities, there ain’t none.”

Despite the many problems associated with drinking for most people interviewed, drinking was also often enjoyable, and it served a purpose. People said that ‘replacing the habit’, or ‘putting positive things into my life’ – finding alternative sources of meaning and enjoyment, and ways to fill time – were crucial after leaving the street drinking lifestyle:

“I need to start putting positive things into my life. I think [when I relapsed] before I’d just got to a stalemate. Weren’t moving forward, nothing was happening, I was just getting depressed and it just dragged me back without me realising.”

“I kept myself busy, and that’s another thing you’ve got to do if you come off anything. You’ve got to put things in. You’re taking something out of your life. You’re taking scoring, mixing with the people who you’re scoring, actually doing the drug or the alcohol. You’ve got to put something else in.”

Over the longer term, the people who had successfully maintained changes in their lives were those who had found meaningful ways to fill their time. These activities varied greatly: for example, work, courses, volunteering, community activities such as allotment or litter picking schemes, involvement in peer support groups (including AA and NA), gardening, looking after your home, going to the gym and other sports or exercise, and cooking. Several of the people who had stopped drinking described voraciously trying new things, in order to discover what they wanted to do. These things gave people a sense of satisfaction, purpose and (often) status. They enabled people to take on responsibilities and increased people’s confidence and self-esteem as they achieved successes. Many people expressed great pride in the things they did, as well as in the progress they had made.
Finding suitable activities was not just about filling time. People expressed concerns about their identity and how they fitted into the world:

“It’s difficult [after you stop drinking]. A lot of it I think is loneliness; trying to find your place. When you’ve come off the drink or drugs or whatever, trying to find where you fit in, all this is really difficult.”

“I knew I needed counselling to find out who I was, ’cause I didn’t know who I was.”

Finding meaningful activities can help people re-establish a sense of identity, purpose, and place in the world.

Street drinking is a lifestyle that involves no sense of progress (a ‘groundhog day’, see section 2.3) and people can feel trapped in the circular existence it offers. To create a more meaningful life after change, interviewees reported needing a sense of progress towards a meaningful goal:

“I think you’ve got to keep on moving forward, ’cause if you’re not moving forward then you’re not... there’s only so much you can learn and then you’re going to hit a brick wall [...] I kind of don’t want to be stuck in a recovery bubble, got to break out of it sometime.”

Dave’s story (see case study box below) shows the danger of someone moving on without a meaningful way of spending their time, or a social support network.

Support services can play an important role in supporting people to explore sources of meaning and purpose. A worker for one specialist accommodation provider, for example, explains the types of meaningful occupation they provide access to:

“Meaningful occupation has seen a rise in people being stable, holding onto tenancies, building important, new, positive social networks, reducing street drinking and moving on [...] It can be a range of things. There’s plenty of allotment work that goes on; there’s different groups for music classes and different sports, gyms and things like this, so there’s a range of different things. It’s just hooking people in, isn’t it?”

Support worker

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**Dave’s story**

**Losing meaning, purpose and friendships**

Dave, who is in his 50s, was abstinent for two years when he lived in a hostel, but relapsed after he moved into supported housing.

“When I was living in [the hostel], the [other residents] were all drinking and I didn’t touch it. I haven’t a clue [how I did it], but I did. I done the gardening, I was really the governor of it there when it come to the garden. I done all the cooking in there, cooked for everyone and I got on great with [staff]. But I moved on [to supported housing].

“I relapsed because] I was just that bored [...] Street drinking, it’s just company isn’t it, rather than sitting indoors on your own. It’s just that boredom.

"I'd love for them to say: “Get back in [to the hostel], and do a bit of gardening and do a bit of painting.” I'd like to just go back into there.”

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**Work**

Many people expressed a desire to work:

“I’m a completely different person [when I’m working]. I function like I feel I should [...] It is a good feeling, the same thing that most people get from doing a job that they enjoy. It’s a bit of self-respect, self-worth and actually feeling good physically, you know? [...] I don’t know what that is but I would prescribe it. I would prescribe it to addicts and people coming off booze: go through a stage of hard work. Not just digging holes in the ground because that’s mind numbingly boring, but something that people could enjoy.”

However, many people lacked basic skills, experience, or confidence. People need support to find employment:

“[I need] anything to occupy my time, anything like that, whatever it may be, I can’t put my finger on it directly but anything. I always had something to do rather than nothing to do and nowhere to go and that’s what it is now [...] I just look at it as it’s a bit late in life, who’s going to employ a 48 year old man now that’s not got an impressive CV. They want young, fresh blood don’t they; they don’t want someone that’s got a half shelf life.”
10.2 Friendships and support networks

Most street drinkers drink in groups, enjoying the company and community this offers. Association with such a group can form one of the most significant barriers to change and leaving the group is essential to maintaining change:

“I don’t want to be sitting around with people that are using drugs or drinking, because I might get an idea that I can have a drink.”

However, leaving behind old friends can be difficult:

“They [support workers] say to you, ‘Try and keep away from them [drinking friends],’ but the only friends I’ve got are drinkers. My former friends are drinkers, and I can’t say to one of the boys, ‘I can’t talk to you if you drink.’”

Leaving the drinking group can lead to loneliness and isolation, which is why establishing new friendships and support networks after change is important. A failure to establish new friendships can lead to relapse; people were particularly vulnerable to this when moving on from hostels to supported housing, or when moving into their own tenancies:

“I had a bad [drinking] session on Friday night when I really did get a bit wild […] I was on my own, and I think that, though it’s sad to say, originally it was company doing it to me, but now in some respects, it’s loneliness. I’ve got nothing. Well, I have got something, I’ve got a flat. But I’m now on my own.”

“[When we moved on, the] link between us all [fellow residents and me] was broken which was our support network. So we all got isolated […] My world was getting smaller and smaller and not having a proper life and when you want to ease the pain of loneliness the drink is the quick fix.”

People who described social isolation or a lack of meaning and purpose after making changes often described their lives in the terms used by many to describe life as a street drinker: having ‘nothing’ and ‘not having a proper life’. Although outwardly their lives had changed for the better, inwardly there was something missing, and this made them vulnerable to relapse.
Many of the former street drinkers interviewed for this research found it helpful to have friendships with other former drinkers, who could provide mutual support, although some chose to move away from these groups of people over time. People who had maintained good relationships with, or were able to re-establish contact with, their families, often appeared to find it easier to maintain change. People described several ways of making new friends, for example through social groups and drop-ins, peer support groups, AA meetings, renewing contact with family and old friends, staying in touch with peers from their rehabilitation centre, and doing courses, activities and volunteering:

“Well, you meet other people [at peer support group], you socialise, because a lot of people like us live on our own in flats.”

“I'm friends with] one person from the rehab, another person I just sort of met through going to a couple of NA meetings, an ex-girlfriend I got back in touch with [...] You've got to put yourself out there and if people see you’re doing well then, more often than not, some people will become your friends. I do voluntary work in a shop, I've made a right good friend in there, we have a right laugh.”

Several people suggested that befriending would be helpful to them.

**10.3 Ongoing professional support**

People need ongoing professional support after making changes in their lives. Former drinkers could be at risk of relapse for many years after making changes, and access to support (for example around tenancy sustainment, substance misuse, and mental health) is essential.

However, this type of support is currently at risk of losing funding. Home Straight (Framework and the Alcohol Problems Advisory Service's specialist floating support service in Nottingham) is one example of a service working effectively with street drinkers that was decommissioned during the research period.
11. Lapse or relapse

Many people interviewed had experience of lapsing or relapsing. This chapter explores common reasons for relapse. It also looks at common attitudes towards relapse among street drinkers and professionals, and considers ways in which these can form a barrier to change. It considers how existing service pathways can make it difficult for people who lapse or relapse to remain engaged in a journey towards change.

Key findings

- Relapse is a common stage on people’s journeys to change. It is usually triggered by moments of crisis or pressure; the emergence of emotional or mental health issues; association with old friends or partners who drink; boredom and a sense of a lack of meaningful progress in life; or the termination of support.
- The risk of relapse remains for many years after successful change. People need access to ongoing support in order to avoid relapse.
- Street drinkers commonly perceive relapse as going ‘back to square one’. However, contrary to this view, many interviewees reported that they had learnt from and built on previous experiences of treatment and relapse, and succeeded in making sustained positive changes. Relapse can be more helpfully viewed as another stage on the Cycle of Change.
- Existing service pathways risk reflecting the concept of relapse as going ‘back to square one’, with relapse commonly leading to exclusion or disengagement from services. Waiting lists for rehabilitation can mean that people feel that they have lost their ‘only chance’ if they relapse.

11.1 ‘Back to square one’

‘Back to square one’ was a phrase commonly used by people interviewed for this research. It represented one of the greatest fears that people held: the fear that they would lose all the progress they had made and return to the streets if they relapsed while trying to make changes in their lives. It is grounded, perhaps, in the common perception that it is almost impossible to escape street life, as well as in people’s experiences of the sudden, devastating consequences of resuming drinking:

“I’ve gone to the street, brought myself back from the street, got jobs, a nice flat, built everything up, and then ‘whoom! bang!’ lost everything. I’ve spent the last 30 years doing that.”

“I do go [to] rock bottom every time I relapse. I will go from one extreme [to another] within a week. [...] It’s blowing all your money on drink, not paying your bills, get into trouble, end up in jail, lose my flat, and real rock bottom would be when I got back out [of jail], I know I couldn’t survive on the streets at my age now.”

The metaphor of ‘back to square one’ represents sudden, total loss: it is like sliding down a snake on a Snakes and Ladders board.

Relapse plays a crucial role within the Cycle of Change, the standard model of change used in relation to substance misuse (see Figure C). The Cycle of Change makes it clear that relapse is just one stage in an ongoing, circular process of change. There are no snakes to slide down.

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21. In this report, the term ‘lapse’ refers to a return to drinking for one short period, and the term ‘relapse’ refers to a return to the street drinking lifestyle.
In fact, many former street drinkers who had maintained change over a long period had experiences of relapse:

“I think [relapse] is part of recovery, it’s like a revolving door, ain’t it? It’s part of the learning curve, you have a relapse, you learn from it, you move on from it.”

“I’ve done a lot of work on myself [in treatment] and... I used to think, ‘Oh, that’s all wiped out then’ [when I relapsed]. It’s not, because... the message was getting in.”

It is clear that going ‘back to square one’ is not just an individual’s interpretation of their circumstances; it is, in fact, reflected in the pathway of services available to them. People described relapse leading to exclusion from, or disengagement from, services. At moments of relapse, or other crucial moments of change, people often find themselves sent ‘back to square one’ in terms of the support available to them:

“I’m a bit worried at the moment about the rehab after detox, just in case I fail and then become homeless. I think that’s the biggest thing that people do worry about, about this going into a rehab. It’s a dry house, you’re not allowed to drink and you get tested and you’re set up to fail basically. The people who are doing the detox are saying, ‘We know you’re going to slip up, basically, at some point and have a drink, and when you’re in rehab and you do do that, you’re thrown out straight away, so you’re set up for a fall really.’ So that being the case, I don’t want to put myself at risk [by going to rehab], because I shall find myself drinking heavily if I’m on the street, and maybe doing silly things and getting too drunk and back to square one.”

This was the case not just when people relapsed, but at other crucial moments of change, such as when people left prison or when they were evicted from hostels for violent behaviour (for example):
“You kick back out, swear, violence, I had a fight with somebody, they kicked me out [of the hostel] and that was it, so you’re back to square one.”

“It’s like going to prison and everything, that’s how you got to live. Like, they’re letting me out and having nowhere to live and just back to square one and always in that same circle all the time.”

As discussed in chapter 4, the desire to avoid eviction or exclusion could often be an important motivator to change. However, there is an inconsistency between a model of change that sees relapse as almost inevitable and a service pathway that responds to relapse by exclusion, which can seriously set back people’s attempts to change.

Staff at one specialist service that worked very successfully to help people address their drinking described how they took a different view of relapse:

“People don’t have to get funding, they don’t have to be dry to come in, they don’t have to have persuaded you that this is their one amazing go that they’re going to do it this time. [...] We understand that people will slip and people will drink and it’s not an automatic ‘you’ve got to leave’. We will work with them. [...] And if people do work through the warnings, and they have to leave, then the door’s never closed. They can come and reapply again and again. [...] The second time they’ll be more aware of the process and they’ll do better.”

11.2 Attitudes to relapse

Interviewees stressed the importance of not seeing lapse or relapse as failure and many talked about their own experiences of relapse. Relapse can undermine the belief in the possibility of change. Many people highlighted the importance of having multiple opportunities after relapse:

“The [treatment] programme allows you to go out and come back, go out and come back, go out and come back, and I certainly did that.”

Peer support groups like AA and NA were seen to be particularly useful during periods of relapse because they remained open to people during these periods:

“People come through the doors, and they hang around a bit, and they relapse, and they go away, and nobody gets looked down on. They just say, ‘Keep coming back, keep coming back, we don’t shoot our wounded.’ You have got serial relapses coming, they order them to keep coming back. One day something will click and they’ll get it.”

The attitudes of support workers to relapse also have an impact on individuals’ success in achieving change:

“He said, ‘I didn’t realise you had so many problems. Now looking back at it and speaking to you further, I think we need to involve the mental health team, maybe we should look at [hostel] for you,’ maybe [moving into supported housing] was all a bit too much. So he was really good, he was very understanding and accepting and trying to solve the problem all at the same ... it wasn’t like, ‘What are you doing here?’. He was like, ‘oh, OK, I understand yeah, perhaps we should look at a different way’.”

This quote also highlights the importance of flexible services that are able to adapt the approach to meet individuals’ needs.

11.3 Experiences of relapse

Many of the street drinkers who were interviewed for this research had experience of relapse. Their experiences, such as that of the man quoted below who has been abstinent for over two years, make it clear that relapse is not a barrier to lasting change:

“I’d been in services for quite a while, tried numerous detoxes... tried all sorts and just kept relapsing basically. Every time it got worse and worse.”

Some lapses lasted for only a day or a few days; others could last for years. Similarly, periods of abstinence before a lapse could be only a few weeks or, in some cases, many years.

Periods of abstinence followed by periods of drinking, or reduced levels of drinking interspersed with binges (often around the day on which benefits were paid), can be part of the process of cutting down. For some people, early relapses
taught them that they could not control their drinking and must aim for abstinence rather than controlled drinking. However, people who were able to achieve controlled drinking said that being able to control their drinking made a complete relapse less likely. Different things work for different people.

Most people we spoke to related that they did not enjoy their periods of relapse and several said that they regretted them immediately. Some people had been able to stop their drinking, but others found themselves drinking regularly again:

‘You just find yourself depressed every single day, doing stupid things, putting your freedom at risk, everything else, your health, it’s just bollocks.’

Several people described walking out of detoxification units or rehabilitation centres. Several also described ‘sneaking in drink’, which was sometimes encouraged by peers. Many people said that treatment was hard, particularly because it brought up the emotional issues that they had drunk to block out, and several people found the group work in rehabilitation centres hard. This could lead to people leaving treatment.

**11.4 Common causes of relapse**

**Crisis and pressures**
Relapses were often triggered by moments of crisis or pressures; this could include deaths of loved ones, family problems (such as lack of contact with children or relationship breakdowns), problems with money, benefits and paying bills, or evictions:

“When things start getting on top of me then I start thinking, and if I can’t get any leeway, there’s only one way I know how to get that and that’s to revert back to my old ways.”

**Mental health and emotions**
Crises often triggered emotional issues, and people said that emotions and mental health were common reasons for relapse:

“It was 26 months and two days [abstinence] and the third day I had two cans... just to take the anxiety away.”

“I’ve been drinking twice [since I became abstinent], it’s just me having a bad day with my head.”

“Depression or pressure from the social about my bills and things like that [usually trigger my relapses].”

**Family, friends and relationships**
Only two of the people interviewed had stopped drinking while remaining friends with drinking companions. Most people found this impossible and old friendships were a common trigger of relapse:

“[After detox] I didn’t drink for about three days, I think it was the fourth day I started drinking again. Sitting around the same places, hanging about with the same people... I just drifted back into it slowly but surely.”

As explored in section 9.2, this is one reason why returning to a hostel after detoxification can be very difficult for people.

Disappointments around failing to re-establish contact with family could also lead to relapse. Several people described attempts to rebuild relationships with their children, and said that failure to do so had contributed to relapse.

**Boredom and lack of progress**
People’s experiences of boredom and purposelessness both before and after making changes are explored more in chapters 2 and 10. They were common causes of relapse, and finding meaning, purpose, and ways of ‘replacing the habit’ are crucial to maintaining change:

Why did I start [drinking again]? <Pause>
Seemed right, people were doing it. Filling in time outside the house and... ‘cause I’ve never really had proper jobs and that... filling in time innit? [...] If I wasn’t drinking, I had to replace it with something and I didn’t. [...] I was going to start going to the gym... I was going to start going to [AA] meetings, but it just didn’t happen you know.”

“I don’t know, I was just bored with... just thought I weren’t moving forward. I fell out with my girlfriend, my dog [died] and I just thought oh fuck it.”

**Support ending**
Several participants said that they had relapsed because services had been withdrawn or support workers had moved on:
“I was seeing [floating support worker] once a week. He was taking me out. We were just talking. They had me do something with the flat... He was trying to get me to go to the gym and do some swimming and try and get me organised. He was good, I liked him. He was a nice guy. But then his time was up, sort of thing. He had to pass on. And then Christmas was coming up and I started drinking again.”

Learning from experiences of relapse
Michelle’s story illustrates some of the common causes of relapse: she found it hard to deal with the emotions that treatment released; she tried to move on to independent living before she was ready; and she had to deal with disappointments related to her family not wishing to be in contact with her. She highlights the importance of developing self-esteem and having support after rehabilitation.

Michelle’s story
Relapse
Michelle, who is in her 40s, has been in rehab for several months.

“I’ve been in and out of treatment for the last six years. I consistently wanted to stop, I just haven’t been willing to do everything that’s required. [The first time] I left [rehab], I walked out to use. At that moment in time, it felt easier to go and use than to sit with how I felt in here. There’s a lot of history in my life, a lot of shit from the past, that I’ve used on since I was [a teenager], didn’t want to deal with, wasn’t gonna face up to, created loads and loads more shit through the years of doing what I’ve been doing. Never wanted to face up to any of it, so just use more, drink more. And then you come into the treatment centre and you’re asked to face up to that stuff.

“I did a year [in rehab], came out, got my own place and within six weeks was using again, heroin, crack, drinking. They offered me [supported] move-on [accommodation] and I said no. I thought I was ready to [live independently]. There’s a lot of things, pride, just wanting to do it right, thinking that I’d done enough treatment. I thought, “Surely by now I’m able to live independently, on my own” and quite rapidly it became apparent that I wasn’t.

“I didn’t feel comfortable in my own place, I was scared all the time, couldn’t deal with the way I felt, made some really bad decisions around contacting members of my family that I really shouldn’t have done. I wasn’t dealing with how I felt. Eventually, it seems easier to go back and use and as soon as I’d done it, I regretted it but then it kicked in again.

“I know this time there’s no way I’ll leave here and try and be on my own somewhere straightaway. I need that element... and thank god, from here, you can have move on [accommodation] for up to 18 months. It’s taken so many years of trying to get to this point of where I actually know that, regardless, my life’s valuable.”
12. Supporting change

This chapter brings together themes which have emerged throughout this report about how a service ethos and a service pathway can support people who drink on the streets to make positive changes.

Key findings

- Support services can support street drinkers to make positive changes by: ensuring that street drinkers who have made positive changes are visible within services (as either staff, volunteers or visitors); providing clients with choice and control over the services they receive; treating people as individuals and with care and respect; and believing in and actively encouraging change.

- An effective service pathway should be formalised in a joint local strategy with responsibilities across services and departments and should focus on exit from street drinking. It should consider how people can be supported at particular points where within current pathways their drinking or other circumstances are vulnerable to deterioration (for example when first starting to sleep rough, when leaving prison, and after relapse).

- A successful service pathway includes the provision of assertive services, outreach services, substance misuse services (including access to rehabs), specialist (abstinence or alcohol support) accommodation, floating support to current and former street drinkers living in their own tenancies, and access to mental health services.

12.1 A service ethos

Many street drinkers have been let down, hurt or abused by people they have been close to or who have held positions of power in their lives. They may have low self-esteem and a fragile sense of identity, and may be mistrustful of other people. The way support workers and other staff treat their clients can have a huge impact on people’s self-esteem and the likelihood of their achieving successful changes. Interviewees had been inspired and supported to make and maintain changes by staff in a wide range of roles, including outreach workers; support workers in rehabilitation centres, hostels and supported housing; substance misuse and mental health workers; probation and police officers.

Support staff can help build self-esteem, self-confidence, and a belief in the possibility and value of change. They can help people progress from contemplating change to taking practical steps towards achieving it. They can support people to work out how they would like their future to look, and put things in place to achieve this, including practical steps such as finding activities and new social and support networks.

Key elements of a service ethos that provides effective support to street drinkers in achieving positive change are:

- An assertive approach that both challenges and supports people
- A personal approach founded on care and respect for the individual
- The provision of choice and control.

Employing people with experience of alcohol problems

Several people we spoke to said that having a support worker or mentor who has had personal experience of drinking problematically could be encouraging:

“If you know that the person you’re talking to has some understanding of what you’ve been through then you’re able to open up more... You know the person you’re talking to knows when you say, ‘I needed a drink,’ that you needed, physically needed, mentally, emotionally needed a drink just so that you could feel normal. There’s no way you can read about that or be told about that and actually understand that feeling.”

One former street drinker who was now working within a support service talked about how the ethos within his service had changed since he started working there. He appears to have introduced a focus on exit and a belief in the possibility of change to the service:
“When I started [working at project] there was no talk of rehabilitation. [Since I started] we’ve brought that in and people are going on detoxes now [...] People do realise that they are addicted to substances and they want to get off it and stop it. So now we’ve got workers here who can recognise that and work towards it and talk about it more.

Encouraging change

Many people said that they wanted to be challenged and encouraged to make changes by staff who cared about them (as discussed in section 4.3). People described how support workers who believed in them could inspire their own belief in the possibility of change:

“[Support worker and service helped me]. They saw something in me. They didn’t want to believe what they were absolutely reading on paper [about me...]. But, no, they saw in me. And it was nice. [...] It was these people that actually said, ‘Let’s give him a chance!’”

“You need workers around you, you need people who are genuinely interested in finding you some work, finding courses you can go on [...] Some people [street drinkers] you [support workers] can just spark a little something in them maybe. Give them a bit of encouragement: you can change, it doesn’t always have to be like this.”

People were very sensitive to the difference between support workers who ‘genuinely cared’ and those who were doing a ‘tick box’ exercise or doing the job ‘by the book’ or ‘for the money’. The latter increased people’s mistrust and could lead to disengagement, whilst the former could inspire and support change:

“When you talk to people that are just there, just doing the job, that will not step outside the boundaries of what they are supposed to: ‘Oh I can’t do that, it’s not in my brief’, it feels like: ‘Why am I talking to you!’ So you shut down.”

Sid’s story (see case study box) illustrates how support workers can motivate change through a combination of care, respect and challenge. This approach has given him the motivation and self-belief to resume treatment.

Sid’s story
Care and respect

Sid, who is in his 60s, is about to go back into a detox programme following a relapse.

“[Support workers] do a great job. They still respect you, even though you’ve let yourself down [relapsed]. [One lady] says, “Oh Sid! What you doing with yourself?” Really telling me off, and that’s respect. Gives you a bit of power. “You’re such a nice guy” – that gives you a kick, you think: ‘I’m going to do this!’

“Without them I’d be dead. They kept me going when I was giving up. When I was in detox they come up and see me three or four times a week.”

Choice and control

Different people had different aspirations around their drinking and other aspects of their lives; and different services worked for different people. Several people talked about the importance of a service ethos which gave them choice and control:

“[Support worker said to me] ‘You take control.’ And that is the best thing that you can do for anybody. You give them the chance to take control within their own powers, with the abilities they see themselves to have. You give them the chance to take on responsibility [...] And then you start building up self-esteem. The more self-esteem the stronger that person gets, the better able they are to make choices and the more willing they are to make choices.”

“I would advise others] just try and find as many options [as you can], try and find your option to get out of this.”

Services which were flexible in response to people’s needs were an important aspect of this. Chapter 6 discusses the way in which services which are not flexible to individuals’ needs can exclude those individuals from support. People who drink on the streets often mistrust services, have been let down by them and feel that they do not meet their needs:
“I want to talk to someone now. NOW. My head is going fucking crackers, right? I want to talk now. [The hostel key worker says:] ‘Well come back in ten minutes,’ or ‘Come back in half an hour.’ There’s no way I’m going to fucking talk to you, not in ten minutes, ‘now, I want to talk, please’.”

“I went [to the day programme but] that didn’t quite work, that all went wrong. One morning, they said, ‘how are you?’ I said, ‘well, I’m really hungover actually’ [...] At lunchtime they breathalysed me and said, ‘can you please leave?’ So I came back really ticked off, I was like you’re having a laugh! You’ve spent all morning telling me I haven’t got much of a support network, then you’re asking me to leave.”

People also benefited from services which were easy to access, responded quickly to their needs, and which gave them multiple opportunities to engage (for example, after relapse):

“I just knocked on the [specialist alcohol support hostel] door and said I wanted to speak to [support worker]... By the time I got back to [my hostel] from here, I’d been given an appointment. Then I came [for my appointment] and they said you can move in on Tuesday!”

“[If] it don’t work for you the first time, you can always come back and try and try again, they never shut the door on you, the door’s always open for you to come back [...] They should have more places like this [alcohol support accommodation] for people.”

Being seen as a person
Several people described having a support worker who really cared about them, who played a crucial role in encouraging them and supporting them to change. For people with low self-esteem and low self-worth, being treated with care and respect can help them change the way they see themselves. This relationship was seen to be meaningful and genuine and was often described with much fondness. For people who have lost much of their identity since becoming ‘street drinkers,’ being seen and responded to ‘as a person’ was essential:

“You’re just like cattle in the system and that system is just not good. It really ain’t. It’s just about numbers and you know, unless you find out who the person really is and help deal with their issues, they will not change.”

“[A good worker is] just being, I don’t know, just getting to know that person and recognising that these are the faults. It’s like me, I’m very, I can be very, very aggressive and not meaning to be. I’m intimidating and I can be stand-offish and I can be stubborn and I don’t like change, but still the workers look past it and they just go, ‘Look, it’s [name]’.”

“It was a huge relief when I got to the rehab where they actually treated you with sympathy and respect and treated you like a person rather than a number, and so that made me really want to work hard.”

12.2 The service pathway

A strategy focused on exit
The most successful support work was happening in places where there was a strategy for working with street drinkers, supported by a strategic group that met regularly and brought together stakeholders from different services, such as substance misuse, housing and homelessness, mental health and criminal justice. The strategy allocated responsibilities among the stakeholders for meeting different aspects of street drinkers’ needs. It outlined a pathway for street drinkers from the street to post-settlement, with a focus on exit from street drinking.

Many people interviewed were clear that the focus of support provision should be on positive change and exit from the street drinking lifestyle:

“Places like this [hostel] is about moving, changing. And getting a life that you once had before.”

Information and access to services
Lack of awareness of the services available for street drinkers is another barrier to change. Several people interviewed said that they did not know which services they were entitled to:
“[I’d] still never heard about this place [a rehabilitation centre]... I suppose that if I’d known about it then I probably would’ve been here sooner, for sure.”

As discussed previously, street drinkers who live in their own tenancies risk going unnoticed by services. They need access to tenancy support, as well as support to deal with the boredom and isolation which may lead them to drink on the streets.

The current and former street drinkers interviewed said that a service pathway should provide multiple opportunities for people to engage with services, for example so that they are not excluded after relapse. Several people said that a quick service response was a crucial facilitator of change.

**Choice**

Different services work for different people. Several people stressed the importance of having a choice of services. People benefit from a personalised service in response to their needs.

Some people chose abstinence as a goal, others controlled drinking. Some found 12-step rehabilitation programmes effective; others found that CBT (cognitive behavioural therapy) programmes worked; others had stopped drinking with support from other services. Some people preferred a home detoxification, others a residential detoxification.

**Potential points of intervention**

There were several points where things had got worse for people, or where people had made positive changes but these had been lost. These included:

- **Starting to sleep rough:** Several interviewees had approached the housing office for accommodation but had been turned away. Many people’s drinking had deteriorated at the point at which they had begun to sleep rough, developed social groups of fellow drinkers, and became more entrenched in the lifestyle.
- **Leaving prison:** Not everyone had stopped drinking when in prison, but many people had. However, the first thing that people reported doing on leaving prison was having a drink. People often returned to hostels where other residents were drinking and using drugs.
- **Post-detoxification, post-rehabilitation and moving on:** Many people said that moving to inappropriate accommodation after detoxification or rehabilitation could lead to relapse. This could include moving to a hostel where other residents drank. Several people reported being ready to move into their own accommodation from rehabilitation or support accommodation, but being unable to find a suitable place to live.

- **Lapse/relapse:** A lapse while in a rehabilitation or abstinence project often leads to eviction, disengagement, and a sense of going ‘back to square one’. This does not reflect the understanding of lapse or relapse in the Cycle of Change (see chapter 11) in which it is seen as a point on the cycle rather than a return to the beginning. Previous experiences in treatment had been helpful for many former street drinkers and had contributed to their ultimate success in maintaining change.
- **Struggling in own tenancy:** Several people reported relapsing because of a lack of support when they had moved into their own tenancies and had found it difficult to cope.

There were also other times when people were more open to change. These included:

- **Moving into accommodation:** Moving into a tenancy, or any kind of accommodation, from the streets relieved problems of survival and increased people’s self-worth. Maintaining the tenancy could act as a motivation to maintain changes.
- **Moments of crisis, change and reflection:** This could be the diagnosis or development of a health problem, a birthday, or the death of a peer, family member or loved one.

**A successful pathway**

A pathway for people who drink on the streets should replicate the successes and explore the opportunities highlighted above. Other key elements of a successful service pathway include:

- Innovative, assertive services that provide support to even the most disengaged people
- **Accommodation and support:**
  - phased or diverse accommodation provision (including alcohol support or abstinence)
  - supported post-detoxification accommodation
  - supported or independent move-on accommodation suitable for people’s needs
- The provision of support to street drinkers living in their own tenancies (through outreach and floating support services)
- The provision of tenancy support following resettlement
- Specialist alcohol and drugs support
- Specialist mental health support
- Access to physical healthcare services.
13. Conclusions and recommendations

13.1 Conclusions

• Most street drinkers are not happy with their current lifestyle and want to make positive changes in their lives. People's aspirations include a home, a job, a family or friendships, and financial security – a 'normal life'.

• Change is possible, even for people who have become deeply entrenched in a street drinking lifestyle. However, a lack of belief in the possibility of change (among individuals, peers, and also sometimes among support workers) can form a barrier to change.

• Positive change means different things to different people. Both controlled drinking off the streets and abstinence are viable means of achieving happier, more stable lives. Positive change also means dealing with physical and mental health problems and drug issues, building confidence and self-esteem, and finding a sense of meaning and purpose for their future life.

• People who drink on the streets can be encouraged to make positive changes by effective support workers who treat them as individuals, respect and care about them, offer them choice and control, and challenge them. An enforcement approach (when accompanied by effective support) and Drug Rehabilitation Requirements can also motivate people to change.

• Street drinkers often drink as much as they can afford, and are often facilitated to drink by the accessibility of cheap high-strength alcohol, and the provision of credit at local shops.

• Many street drinkers have a history of abuse, trauma or loss, and drink to self-medicate for mental health and emotional issues. Drinking can also be a form of self-harm. Street drinkers' mental health needs can go unmet by generic mental health services, creating a barrier to change.

• Homelessness accommodation such as hostels can be safe places for people to receive support and achieve positive changes. However, living with other drinkers can be a barrier to change, and repeated evictions can lead to disengagement with services. Specialist alcohol support and abstinence accommodation can help people make successful changes.
## 13.2 Recommendations

**For people who drink on the streets**

- Have belief that you can make the changes you want to – most people who have stopped drinking on the streets said that they never thought it would be possible.
- Open up and talk to people – either a support worker, a friend or someone from a support group like AA.
- Keep busy – do things, join classes, do voluntary work. Try different things - you will find out what you are interested in and good at, and you will meet new people who don’t drink.
- Have realistic expectations – changing will probably be hard. Take it slowly, and celebrate even changes which seem small.
- Lapse or relapse is not failure and does not have to be ‘back to square one’. Lots of people relapse – it is part of the process of changing. Learn from it and carry on moving forwards.

**For services**

- Believe in people, focus on change, and challenge people – a lot of people said that they were inspired to change by an outreach worker or support worker who ‘gave them a bit of a push’, really believed in them, cared about them, and encouraged them to change.
- Talk to people about change especially when big events happen, like the death of a peer or family member, a health scare or a birthday – this is when people are more open to change.
- Help people get support with mental health issues – many people drink because of traumatic events in their past. Explore whether ways of working with people who self-harm or are suicidal are appropriate methods for dealing with some members of this group – a relatively large proportion of participants described suicidal thoughts or described drinking as a form of self-harm.
- Help people find meaningful activity and new friends – these things help people build confidence, self-esteem, support networks and a new life, and are essential for most people to change. This is also important for people already in their own tenancies.
- Remember that lapse or relapse is not failure – it is part of the cycle of change. If you work a lot with current street drinkers, try to have some contact with people who have made changes, to keep up your motivation – visit other projects or invite people to your project.
- Make sure that people who drink on the streets have access to information about your services, and about other services they could use – some people interviewed said that they did not know that rehabilitation centres existed or what their options were.
For commissioners

- Ensure there is a clear, coherent pathway from the street with a focus on change and exit as attainable goal (whether abstinence or controlled drinking).

- Develop a joint strategy for supporting street drinkers, with engagement from those with responsibility for alcohol and drugs, mental health, homelessness and housing support, and criminal justice (police, courts, prison, and probation). At the moment, too many people fall through the gaps in between services.

- Allocate a clear responsibility for meeting the needs of this group whether they are homeless or housed. In areas of high need, there should be outreach teams with a remit for street drinkers (not just rough sleepers), and a shift pattern which reflects this (including daytime shifts). In areas of lower need, there should be an allocation of responsibility to ensure this need is met.

- Provide access to different types of services for different people. For example, people should have access to both abstinence and alcohol support accommodation, and to rehabilitation centres with different approaches (such as 12 step and CBT). Consider whether street drinkers who sleep rough could be supported to move from the streets into their own tenancies as well as into more traditional accommodation routes such as hostels. People change in different ways.

- Mental health commissioners should work in partnership with others to determine how the mental health needs of street drinkers can be met. They should ensure that any possible lack of understanding or stigma among mental health practitioners is addressed, so that practitioners are aware of the issues facing street drinkers, understand individuals’ needs for mental health support, and are able to meet them. This includes access to talking therapies to address issues such as childhood trauma and abuse, as well as medication.

- Develop a service pathway which reflects the understanding of lapse / relapse as part of the Cycle of Change, rather than going ‘back to square one’. Explore how services and the service pathway can support people who have lapsed or relapsed to view this as a learning experience and continue towards change.

- Provide a planned exit from prison for street drinkers who have become abstinent, so that they do not relapse. Explore how support services can seize the opportunity in prison to motivate and inspire people by helping them consider and plan for a meaningful alternative life.

- Ensure that local authority housing offices provide support and information to people facing homelessness so that they do not need to sleep rough – this is a transition which often leads to increased street drinking.

- Provide information about and access to floating support for (i) formerly homeless street drinkers who have moved into their own tenancies; this support may be required for several years to increase people’s chances of maintaining change and avoiding relapse; and (ii) current street drinkers who live in their own tenancies, to help them avoid homelessness, worsening health, and increased drinking.

- Consider using enforcement techniques where these are accompanied by the provision of comprehensive support, but ensure that police are trained to understand the needs of street drinkers, and monitor the effects to ensure that enforcement does not lead to displacement of the most vulnerable people. Drug Rehabilitation Requirements can be an effective means of providing access to support through the criminal justice system.

- Involve Trading Standards in strategic planning for work with street drinkers, and consider trialling schemes such as bottle marking and mystery shopping. Street drinkers often drink until they run out of money, and people reported that shops often gave them credit until their benefits were paid.
For policymakers

- Provide a national response to street drinking, including support and assistance to help both individuals and the communities affected by street drinking. A street drinking lifestyle is harmful to individuals, and visible street drinking and associated anti-social behaviour can be harmful to local communities.

- Ensure that national policy recognises street drinkers (both housed and homeless) to be a distinct group with unique needs, and that it allocates responsibility to reflect this. The multiple needs of street drinkers mean that they can fall through the gaps between services. Street drinkers living in their own tenancies are particularly vulnerable to this because they do not receive the support available to homeless street drinkers.

- Ensure that national mental health policy addresses the mental health needs of street drinkers. Many street drinkers have experienced trauma and abuse and drink to self-medicate for mental health problems. Many people reported barriers to access to mental health support on both a structural level (such as barriers to assessment) and an individual level (such as perceived stigma).

- Engage Trading Standards nationally to ensure that shops do not sell alcohol to people who are intoxicated and do not offer credit to known street drinkers. Consider policy options for regulating high strength alcohol such as white cider, such as a minimum unit price or changes in taxation policy. 23

- Develop guidance for practitioners and commissioners on how to work with people from A10 countries who have limited recourse to public funds. This group formed a large proportion of street drinkers, and agencies struggled to support them.

- Protect funding for both generic housing support and alcohol and drugs services, and for specialist services working with street drinkers.
14. References and bibliography


Communities and Local Government (2008) Rough sleeping 10 years on: From the streets to independent living and opportunity – Discussion paper.


Appendix: The characteristics of the sample

Interviews were conducted with 61 current and former street drinkers in Nottingham, Brighton and London. All of the information presented in these tables is self-reported. Because of the relatively small sample size, these figures cannot be taken as representative of the wider population of street drinkers; however, they give some indication of the prevalence of certain issues among this group. The sample was selected as far as possible to be representative of the known population of street drinkers in each of the three areas in terms of gender and ethnicity.

Gender
We interviewed 53 men (87 per cent) and eight women (13 per cent). The sample slightly under-represented women (the proportion of women street drinkers in the three areas ranged from 12 to 23 per cent).

The views of the female participants have been presented throughout this report. However, the breadth of the study and its aims meant that it was not possible to explore in detail gender differences in the experiences of street drinking and making positive changes.

Nationality and ethnicity
The sample were predominantly White British or White Irish, with a small number from other ethnic groups. This reflected the nationality and ethnicity of street drinkers in the three participating areas. (It should be noted that this excludes street drinkers from Central and Eastern European countries without recourse to public funds, who represented a substantial and growing proportion of their street drinking population in the areas under research).

Figure D: Nationality

<table>
<thead>
<tr>
<th></th>
<th>Current street drinkers</th>
<th>Former street drinkers</th>
<th>Whole sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>13</td>
<td>31</td>
<td>44</td>
</tr>
<tr>
<td>Irish</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Scottish</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>42</td>
<td>61</td>
</tr>
</tbody>
</table>

Figure E: Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Current street drinkers</th>
<th>Former street drinkers</th>
<th>Whole sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>12</td>
<td>32</td>
<td>44</td>
</tr>
<tr>
<td>White Irish</td>
<td>5</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Other white</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Black / Black British Caribbean</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Black / Black British African</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mixed white and Black Caribbean</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Mixed white and Black African</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>42</td>
<td>61</td>
</tr>
</tbody>
</table>

Age
The youngest person interviewed was 21 and the oldest was 69.

Figure F: Age of participants

<table>
<thead>
<tr>
<th></th>
<th>Current street drinkers</th>
<th>Former street drinkers</th>
<th>Whole sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-29</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>30-39</td>
<td>5</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>40-49</td>
<td>6</td>
<td>17</td>
<td>23</td>
</tr>
<tr>
<td>50-59</td>
<td>3</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>60-69</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>42</td>
<td>61</td>
</tr>
</tbody>
</table>

Current support needs and institutional history
Around two-thirds of the sample said they had current mental health issues, and two-thirds said they had current physical health issues. Half of current street drinkers had a drug problem. One-quarter of people had spent time in care as a child, two-thirds had spent time in prison, and 10 per cent had served in the armed forces.
Voices of experience: how people who drink on the streets can make positive changes in their lives

Figure G: Self-reported current support needs of participants

<table>
<thead>
<tr>
<th></th>
<th>Current street drinkers</th>
<th>Former street drinkers</th>
<th>Whole sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health problem</td>
<td>11 (58%)</td>
<td>26 (63%)</td>
<td>37 (62%)</td>
</tr>
<tr>
<td>Physical health problem</td>
<td>9 (47%)</td>
<td>30 (73%)</td>
<td>39 (65%)</td>
</tr>
<tr>
<td>Drug problem</td>
<td>9 (47%)</td>
<td>6 (15%)</td>
<td>15 (25%)</td>
</tr>
</tbody>
</table>

Base: current street drinkers 19; former street drinkers 41; total 60.

The current street drinkers interviewed reported lower levels of mental and physical health problems than the former street drinkers. It may be that current street drinkers are less likely to engage with healthcare services and therefore to have had health problems identified. The development of a health issue can motivate people to change their lifestyle, and this may also in part account for the much lower level of physical health issues reported by current street drinkers.

Figure H: Institutional history of participants

<table>
<thead>
<tr>
<th></th>
<th>Current street drinkers</th>
<th>Former street drinkers</th>
<th>Whole sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spent time in prison</td>
<td>13* (68%)</td>
<td>27§ (66%)</td>
<td>40** (67%)</td>
</tr>
<tr>
<td>Spent time in care as a child</td>
<td>6* (32%)</td>
<td>8+ (19%)</td>
<td>14** (23%)</td>
</tr>
<tr>
<td>Served in the armed forces</td>
<td>1* (5%)</td>
<td>5+ (12%)</td>
<td>6## (10%)</td>
</tr>
</tbody>
</table>

* Base 19; § Base 41; + Base 42; ** Base 60; ##Base 61

There are three main points to note from these figures:

- Current street drinkers were less likely to have physical health problems than those who had made changes. Physical health issues often motivate people to make changes.
- A smaller proportion of those who had made changes had spent time in care as a child, suggesting that those who had spent time in care (several of whom described difficult or traumatic childhoods) may find it harder to make changes.
- Of those who had made positive changes, six people still had drug issues; this is mostly accounted for by the swapping of substances from alcohol to drugs, as described in section 7.1 (an area in which our criteria of judging ‘positive change’ in terms of alcohol use alone is clearly misleading).

Accommodation

Interviews were conducted with people living in a wide range of accommodation:

Figure I: Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Current street drinkers</th>
<th>Former street drinkers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rough sleeping</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Staying with friend / family</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hostel</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>Supported housing</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Sheltered housing</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Rehabilitation centre</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Prison</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Council / housing association tenancy</td>
<td>2</td>
<td>11</td>
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<tr>
<td>Private rented accommodation</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>42</td>
</tr>
</tbody>
</table>
Voices of experience
How people who drink on the streets can make positive changes in their lives

This research focuses on persistent street drinkers – people who drink very heavily in public places ‘for many hours on many days’ and are poorly motivated to stop drinking.

Street drinkers are deeply socially excluded and may experience physical and mental health problems, use illegal drugs, be at risk of arrest and be at risk of assault. There is innovative practice around working with this group, from specialist hostels to enforcement measures. However, little research has been conducted into the experiences or needs of street drinkers. This research project focuses on street drinkers who have made positive changes in their lives, and aims to help practitioners, commissioners and policymakers hear and learn from the ‘voices of experience’ of current and former street drinkers.

This report is based on in-depth interviews with 61 current and former street drinkers. It asks:

• Is change possible for people who drink on the streets?
• What changes would people who drink on the streets like to make?
• How can services providers, commissioners and policymakers support street drinkers to make those changes?