



10 December 2003

Ms Jan Burnswoods MLC
Chair, Standing Committee on Social Issues
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Ms Burnswoods

Review of the Inebriates Act 1912

I write to provide input into this review, and recommend changes to improve the help provided to chronic drinkers, and to prevent conflict with residents in densely populated inner city areas.

Inner city homelessness and chronic drinking

The Bligh electorate is home to a large proportion of people in Sydney who sleep rough or stay temporarily in Intoxicated Persons Units, hostels, boarding houses and other insecure accommodation. Woolloomooloo and Surry Hills remain the "hot spots" where larger numbers of street drinkers congregate, and both residents and service providers identify the area between Shannon Reserve (Crown Street), Frogs Hollow (Albion Street) and Taylor Square as having the highest number of street drinkers.

Census data shows about 200 homeless people in Bligh, and studies suggest that nearly 50% have alcohol/drug problems. The majority also have a mental illness, or have experienced other concerns such as gambling addiction, family crisis, or physical/sexual abuse.

Chronic street drinkers who are homeless are extremely vulnerable and excluded from the benefits of our community.

I am concerned that the current legislative framework and service system does not provide help to get chronic drinkers off the street, where they are at risk of accident and violence.

Homelessness services, boarding houses and other community facilities do not allow people to drink alcohol, and Alcohol Free Zones have been designated in many public areas. Chronic drinkers drink in streets and parks where urban consolidation policies have brought increasing numbers of people to share the same limited open space.

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In Kings Cross, Woolloomooloo and Redfern, many street drinkers are from Indigenous backgrounds, with cultural patterns where they socialise outside.

Street drinkers constitute a highly visible proportion of people who congregate in public areas across the inner city, including: Taylor Square, Foley Street and Palmer Street Darlinghurst; Tom Uren Square, Walla Mulla Park, Bourke Street Park and Sydney Place, Woolloomooloo; Fitzroy Gardens, Kings Cross; Rushcutters Bay Park; Shannon Reserve, and Frogs Hollow, Surry Hills.

Numerous pocket parks such as those adjacent to Surry Hills Neighbourhood Centre/Library and around Redfern/Surry Hills Shopping Village are also regularly used by groups of street drinkers.

The Department of Housing's Homelessness Action Team Support and Outreach Service (HATSOS) is an innovative response to the needs of rough sleepers, and I commend this response to the problems of inner city homelessness. HATSOS is well placed to help chronic drinkers who live and/or socialise on the street.

I recommend that the HATSOS service be maintained and expanded to help homeless people get back on their feet.

Open space conflicts

Many inner city residents contact me with concerns about safety, public health and amenity where street drinkers use small local parks in densely populated inner city areas, and there is increasing conflict between street drinkers and other users over limited open space.

I have worked with a number of homelessness service providers to improve service delivery to marginalised groups while protecting the safety and amenity of other residents. My leaflet "*What works: when there is conflict between homelessness services providers and residents*" offers practical strategies to prevent this conflict, and I enclose a copy.

Increasingly homelessness service providers are moving to a model where they provide more than just a bed for the night, and actively help homeless people move into better accommodation and get their lives back together.

I recommend that the Government support and resource homelessness service providers to continue reforming services to focus on long term improvements as well as providing for immediate crisis accommodation needs.

Wet Centres

At the Alcohol Summit, I spoke about the success of Wet Centres in the UK as a solution to the conflict between chronic street drinkers and other residents.

I enclose a copy of my speech, and the background paper I prepared based on experience of Wet Centres in the UK, where Wet Centres are now operating in many major cities.

The UK Government's Rough Sleepers Unit recommended "Wet Activity Centres" where chronic drinkers can go to safely drink, socialise, get help with accommodation, health/welfare, and to stop drinking. Drinking is allowed on the premises, but the centres encourage alternative lifestyles to alcoholism and build up a support network to dissipate alienation and bolster clients' self esteem.

Wet Centres provide a place where street drinkers and vulnerable people can go to feel safe without fear of reprisal from police or the public, and progress to get help – begin the process of addressing alcoholism which can lead to detoxification and re-integration into society. The Cities of Islington and Camden research found that most street drinkers welcomed a Wet Centre rather than drinking on the street.

Wet Centres reach people who do not use other services, and relieve the boredom for those who have little hope. Wet Centres target homeless or itinerant people who drink to intoxication in public, often in groups, and are "embedded" in this lifestyle.

I recommend that the Intoxicated Persons Act 1979 provide for Wet Activity Centres for chronic street drinkers.

I recommend that the Government establish Wet Centres in densely populated inner city areas where there are large numbers of chronic street drinkers.

Failed legislation

The Inebriates Act 1912 and the Intoxicated Persons Act 1979 both legislate for the control and care of people affected by alcohol and other drugs. The Inebriates Act 1912 explicitly refers to a person who "habitually uses intoxicating liquor or narcotic drugs to excess". The Act has not been substantially amended since 1929, and its lack of use and inappropriateness was highlighted at the Alcohol Summit.

Increasingly public drunkenness is being recognised as a public health matter, rather than a public nuisance or moral concern. I support this approach, which focuses on responding to the alcohol addiction and its treatment.

The Inebriates Act makes excessive drinking illegal and responds with enforcement and punishment rather than providing help. There is a high level of community support for legal and physical constraints to be used only where people pose a direct threat to themselves or to others, particularly where there are alternative treatments available.

Legal response and resources should focus on treatment and rehabilitation.

The Inebriates Act was recommended for repeal many times – in 1983, 1989, 1991 and 1997; and I understand that this occurred because the Inebriates Act intends that chronic drinkers and "inebriates" be treated in the mental health system. There appears to be consistent support for separate treatment of these two concerns.

The Alcohol Summit identified that the Inebriates Act is inflexible, inappropriate and ineffective, and is rarely used.

The Inebriates Act 1912 does not reflect a public health perspective and I recommend that it be repealed, and replaced with the Intoxicated Persons Act 1979.

Intoxicated Persons Act 1979 amendments

The Alcohol Summit identified reforms of the Intoxicated Persons Act 1979, including a more precise definition of intoxication so that people with a mental illness are not confused with others who have a disability, brain injury, or other medical conditions such as asthma or diabetes. The more precise definition should be non-discriminatory.

I recommend that the Intoxicated Persons Act 1979 be updated and strengthened to provide the legislative basis to provide help to chronic drinkers and others who are intoxicated or suffer from alcohol abuse.

I recommend that these changes include specialist Intoxicated Persons Services and improved assessment, based on procedures used in mental health.

Intoxicated Persons' Services

Changes to the Intoxicated Persons Act in 2001 resulted in services that were previously called Proclaimed Places, moving under the administration of the Supported Accommodation Assistance Program (SAAP) as Intoxicated Persons Units (IPUs), recognising that intoxicated people need more than just sobering up. These changes also formalised the lack of power of IPUs to detain clients.

IPUs are reforming services to provide activity programs and act as a gateway to other services and supports. While I support this approach, SAAP services may not have the capacity, skills and facilities to respond adequately, and they should not be expected to provide alcohol/drug treatment.

Without access to crucial services, marginalised people get stuck on a roundabout where they are simply moved around instead being given the help they need. The Alcohol Summit identified the need to rapidly expand Intoxicated Persons' Services, and direct intoxicated people away from the criminal justice system.

The Government should fast-track expansion and development of Intoxicated Persons' Services.

The Government should provide adequate resources to Intoxicated Persons' Units (Proclaimed Places) to enable them to provide case management, activity programs and follow up required to help chronic drinkers improve their lives.

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This change to IPUs has also resulted in police having to hold intoxicated people in cells and allocate scarce policing resources to observing them. The Intoxicated Persons Act 1979 allows police to detain a person in a cell where "it is necessary to do so" or where "it is impracticable to detain the person elsewhere" (Section 5 Part 6 {d}). This is both inappropriate for people who suffer addiction, and particularly for Indigenous people.

I am concerned that current legislation may enforce exclusion and punitive measures, resulting in displacement and inefficient use of police resources. Service providers inform me that the current legislation isolates people who need help and worsens their situation.

I recommend that the Government provide a workable alternative to police cells where Intoxicated Persons Services are unable to help an intoxicated person.

Detention of intoxicated people may be required as a last resort only, and the Government must develop clear guidelines and protections against abuse where all other choices have been tried.

I recommend that the Government amend the Intoxicated Persons Act 1979 to specify:

- ***Conditions and limits where detention is justified, as a last resort;***
- ***Provisions that recognise the special needs of Indigenous people;***
- ***Provision for Official Visitors and independent review.***

Intoxicated Person's Units, Wet Centres and homelessness services have an important role to play for people with chronic alcohol addiction; however they provide only a gateway into treatment.

There must be a clear pathway for people to get access to detoxification services, treatment and rehabilitation. As identified at the Alcohol Summit, this requires an expansion of detoxification, treatment and rehabilitation services.

I recommend that the Government expand alcohol/drug detoxification, treatment and rehabilitation services so that people can get help when they need it.

Dual Diagnosis

I have previously requested a specialist service to provide for the complex needs of people who have a mental illness and alcohol/drug abuse and where their needs are not met by either mainstream alcohol/drug or mental health services.

I raised concerns about the need for particular support for people with co-morbidity at the Alcohol Summit, and the Summit recommended a specialist Dual Diagnosis Service and expanded support in mainstream mental health and alcohol/drug services.

A specialist Dual Diagnosis service could provide advice and support to mental health and alcohol/drug services as well as provide expert help to people with significant co-morbidity. People with co-morbidity are failed by the current system.

I recommend that the Government urgently establish a Specialist Dual Diagnosis (Co-Morbidity) Service.

I recommend that the Government expand capacity in mental health and alcohol/drug services to respond to the complex needs of people with co-morbid conditions.

Improved Alcohol controls

I support a comprehensive, health-based approach to drug use, in conjunction with strong law enforcement targeting suppliers who act outside the law, including mandatory, enforceable Alcohol Accords which include all liquor outlets.

The current system allows some liquor outlets to irresponsibly sell alcohol to intoxicated people, and the Alcohol Summit recognised that the small number of "rogue" operators should be brought under control. This is especially significant in densely populated inner city areas where there are regular large-scale major events selling alcohol and concentrations of 24 hour trading liquor licenses.

I recommend that the Government fast-track implementation of mandatory, enforceable Liquor Accords that involve all liquor outlets.

Summary

Chronic drinkers are particularly vulnerable and marginalised, and a civil society would ensure that there is a legislative framework and service system which focuses on helping them get their lives back together.

Recommendations

I recommend that:

- 1. The HATSOS service be maintained and expanded to help homeless people get back on their feet.***
- 2. The Government support and resource homelessness service providers to continue reforming services to focus on long term improvements as well as providing for immediate crisis accommodation needs.***
- 3. The Inebriates Act 1912 be repealed and replaced with the Intoxicated Persons Act 1979 as it does not reflect a public health perspective.***
- 4. The Intoxicated Persons Act 1979 provide for Wet Activity Centres for chronic street drinkers.***
- 5. The Intoxicated Persons Act 1979 be updated and strengthened to provide the legislative basis to provide help to chronic drinkers and others who are intoxicated or suffer from alcohol abuse. These changes to include specialist Intoxicated Persons Services and improved assessment, based on procedures used in mental health.***
- 6. The Government amend the Intoxicated Persons Act 1979 to specify:***
 - Conditions and limits where detention is justified, as a last resort;***
 - Provisions that recognise the special needs of Indigenous people;***

- **Provision for Official Visitors and independent review.**
- 7. The Government establish Wet Centres in densely populated inner city areas where there are large numbers of chronic street drinkers.**
- 8. The Government fast-track expansion and development of Intoxicated Persons' Services.**
- 9. The Government provide adequate resources to Intoxicated Persons' Units (Proclaimed Places) to enable them to provide case management, activity programs and follow up required to help chronic drinkers improve their lives.**
- 10. The Government expand alcohol/drug detoxification, treatment and rehabilitation services so that people can get help when they need it.**
- 11. The Government provide a workable alternative to police cells where Intoxicated Persons Services are unable to help an intoxicated person.**
- 12. The Government urgently establish a Specialist Dual Diagnosis (Co-Morbidity) Service.**
- 13. The Government expand capacity in mental health and alcohol/drug services to respond to the complex needs of people with co-morbid conditions.**
- 14. The Government fast-track implementation of mandatory, enforceable Liquor Accords that involve all liquor outlets.**

Yours sincerely



Clover Moore
Member for Bligh



What works:

when there's conflict between residents & homelessness services

I have worked for a number of years to improve relationships between homeless service providers and their neighbours. Everyone deserves to be safe, to have a clean environment; no one should suffer abuse, violence or threats because of where they live.

Working together, we have made excellent progress in addressing problems, reducing negative impacts and providing better outcomes for homeless people. This summary captures some of the key lessons I have learned about how to improve the situation.

Service providers:

- Meet with residents – hear their stories and understand any frustration or anger so you act from an informed place
- Distribute a flyer about your services
- Give local people after hours complaints contact numbers
- Invite residents in for a tour, and to meet your staff and clients
- Survey residents about problems – how extensive, the underlying issues
- Regularly patrol around your premises and deal with issues immediately
- Send the right people to meet residents – with authority to act and good communication skills
- Record complaints and monitor patterns of problems – make systemic changes
- Provide space inside or off the street for day activities (or link clients into other day activity services)
- Make sure your cleaners clean outside, hosing areas if necessary
- Clean up food scraps, vomit, urine and faeces straight away
- Do not allow people to sleep in nearby lanes or doorways – find a better place
- Ask people loitering on the street to 'move on', especially groups
- Repair broken windows, doors etc as soon as possible
- Release clients in small groups or singly rather than large groups
- Make sure clients cannot throw material into the street or onto neighbours
- Employ specialist staff if your client group has particular needs eg. alcohol, drugs, mental health, intellectual disability
- Meet regularly with clients and reinforce the need to be good neighbours

- Blend in with the street - keep a clean and presentable street frontage that clients will respect and neighbours don't notice
- Visit nearby businesses and or key residents to build good relationships
- Target problematic clients with intensive case management or support.

Residents and businesses:

- Treat homeless people with respect – as you would want to be treated yourself
- Record complaints and problems so you can give specific details
- Find out who to talk to at your local service for complaints or problems
- Call Missionbeat if there are people living on the street or drunk, ☎ 9319 6211
- Call the Needle Clean Up Hotline if there are syringes ☎ 1800 633 353
- Think about being a volunteer or financial supporter so you can make a difference
- Don't be too quick to judge – it may not be clients of the homeless service who are causing the problems.

Everyone:

- Call police for abusive/aggressive people and criminal activity 8356 0099
- Ask Council to improve street lighting, especially where people hide, have sex, sleep or inject – Glen Hogan 9288 5436
- Ask Council to improve street cleansing if needed – Steve Wachter 9288 5465
- Report graffiti in public places to Council as soon as it appears – Hotline 9288 5400
- Get help for homeless people from the Homelessness Action Team Support and Outreach Service, ☎ 1800 505 501.

This is what I have learned about what works. I would be glad to hear of other ideas and your suggestions, and will add to this list as we all learn more

Clover Moore MP, Member for Bligh.

Background to “Wet Centre” Proposal – Clover Moore MP

Introduction

Alcohol abuse is a common theme amongst homeless people, with 49% of homeless men and 15% of homeless women in Sydney estimated to have an alcohol use disorder. (Drabsch 2003:22) Vulnerable people are at high risk of contracting health problems induced by chronic drinking, which can include mental health issues such as, depression, schizophrenia, feelings of alienation and low self-esteem.

Whilst Intoxicated Persons Unit facilities under the Intoxicated Persons Amendment Bill 2000 no longer have to accept all intoxicated people, there are no specific facilities where intoxicated people can go and drink, leaving police with the responsibility for managing public drinking.

Chronic street drinkers have nowhere else to go – homeless services do not allow drinking onsite, and this is a common policy in hostels, boarding houses and other low cost accommodation, alienating a large portion of vulnerable people who consistently use alcohol.

“Wet Centres” can include street drinkers and vulnerable persons into a system where they can feel safe and can progress to seeking help. Wet centres have the capability to boost the self-esteem of clients, and begin the process of addressing alcoholism, which can lead to detoxification and eventual reintegration into society.

Wet Centres

Wet centres or wet day centres are places where vulnerable people are allowed to drink safely, without fear of reprisal from the police or the public. They are places to go and socialise with other chronic drinkers as well as getting help from welfare and health staff. It is a safe place off the streets where clients can consume alcohol whilst they seek advice and support.
(<http://www.crash.org.uk/projects/project.1ml?p=bcg>)

Street drinkers can find the social contact they need without being required to abstain from alcohol. They can get access to other services and be referred on to other organisations to gain proper housing and get help for their alcohol dependency, physical or mental health problems. Wet centres are not a place to go and drink for fun – they are a resource for chronic drinkers who have nowhere else to go.

Wet centres have the ability to bring together multiple stakeholders and organisations to fully assist vulnerable people and provide support by addressing health, housing and social problems by facilitating information between clients and agencies. They can address co-morbidity issues such as alcoholism and mental health.

Wet centres provide a place so street drinkers are no longer cut off from society by their habits, and provide crisis intervention as well as ongoing support.
(<http://www.foundationspa.freeserve.co.uk/articles/drink.html>)

The UK Government's Rough Sleepers Unit recommended the establishment of wet centres to aid those who misuse alcohol, and a number of centres in different cities have been established. (Acquire Alcohol Concern's Quarterly Information and Research Bulletin summer 2000 pg. IV no.26) A national evaluation has been commissioned and is due to report in October 2003.

Aim of Wet Centres

Harm Minimisation

Wet centres are part of a harm minimisation strategy by recognising the addictive nature of alcohol and providing a starting point to help chronic drinkers. They serve a client group which does not use other services and do not engage with mainstream programs for homeless people or those with alcohol abuse.

Drinking is allowed on the premises, but the centres encourage alternative lifestyles to alcoholism and build up a support network to dissipate alienation and bolster clients' self esteem. Wet centres help those who are often unreachable due to their alcohol misuse.

Safety

Wet Centres aim to get people of the streets, allowing people a safe place to go, where they will not be told to 'move on' from alcohol free zones or public areas, and where they will not alienate the rest of the community. Wet centres provide a safe place to drink where homeless or vulnerable persons will not have to be concerned about physical safety or fear arrest or harassment.

Self-Esteem

Wet centres can create companionship and help build positive relationships, without detracting from the freedom and companionship of the street. This has been recognised in the NSW reform of homelessness services, based on the recognition that homelessness is about social exclusion as well as having nowhere to live. The programs provided at Charles O'Neill House in Surry Hills recognise this fundamental human need, and wet centres operate with a similar philosophy.

Street drinkers must be involved in the planning and the design of wet centre facilities so there is a strong sense of ownership. This would give street drinkers the freedom they desire as well as providing a workable alternative to drinking on the street.

(www.camden.gov.uk/living/pdf/Time_for_change.pdf.)

Positive Outcomes

The Booth Centre's 'Wet Garden'

The effectiveness of wet centres in increasing self-esteem and integrating clients back into society is evident with the Booth Centre "wet garden" in Manchester. The Booth Centre is a drop-in educational facility for homeless people, which established a wet garden in 2001, combining resources from the construction industry, the Booth Centre and its homeless clientele to create a place where street drinkers could drink in a safe and peaceful environment.

An evaluation of the centre found that clients started drinking later in the day or refrained from drinking the night before to attend educational or vocational classes.

According to Amanda Croome (Centre Coordinator), *"Over thirty people a week are using the garden ... it is a peaceful place, a real oasis in the centre of Manchester, we have found that people start to feel better about themselves if they are in peaceful surroundings rather than sitting on the pavement, and are more likely to ask for help. It created a sense of ownership and many street drinkers have found it very rewarding so that they are now working as conservation volunteers transforming a local woodland"*. (<http://www.crash.org.uk/projects/project.1ml?p=bcg>)

Wet Day Centre, Leicester

The Wet Day Centre in Leicester, established in 2000, is led by Leicester City Council Housing Department and involves a range of organisations.

The aims of the centre include:

- Increasing the life expectancy and health of clients;
- Reducing alcohol related harm;
- Providing safe alternatives to drinking on the streets without the concerns of arrest;
- Achieving significant savings in public expenditure;
- Improve attractiveness of city centre;
- Increase social inclusion and the re-establishment of social networks.

The project was identified as successful with the activities providing alternative options to drinking. The high use of the centre led to recognition that there would have been more arrests and more homeless people without the centre. There was also a cost saving in the delivery of services through fewer arrests, reduced hospital treatment, and lower security costs. (Evaluation Report of Invest to Save Budget Case Study Report Project 2/75: Leicester Wet Day Centre)

Public Amenity

Drunkenness on the streets is a major concern for the public in many inner city areas, leading to intolerance and resentment. Residents are confronted with oral abuse and anti-social behaviour that can be aggravated by alcohol. Wet centres take drunkenness off the streets, and contain its impact within selected sites to encourage positive behaviour and sociability. It means that the community is not subject to abrasive and abusive behaviour.

In the Bligh electorate, residents have raised these concerns about street drinking in Redfern, Surry Hills, Darlinghurst, Kings Cross and Woolloomooloo, where urban consolidation has resulted in large numbers of people sharing very limited open space. The alienation of small pocket parks and community open space is a serious concern for many inner city residents who have limited open space and often no private open space as more people are living in apartment buildings.

Impact On Police Services

The possible impact of wet centres on police has been positive, with police attending fewer public drunkenness and anti-social behaviour complaints. If there are fewer people drinking on the streets, fewer will be contravening Alcohol Free Zone restrictions, taking pressure off police resources.

Police have a place to refer people who want to drink on the street, offering a choice other than simply moving people on without a place to go or detaining them in police cells.

Integrated Responses

Wet centres can establish an environment where clients can be helped with overlapping problems, such as alcohol abuse and mental illness. Clients can gain access to support networks and be informed of available help. Wet centres provide a contact point for people who are very hard to reach, and often alienated from other services.

Wet centres can provide information and links to accommodation, medical, social and legal advice promoting self worth and providing resources necessary to change lifestyles. They can also promote vocational and educational facilities that could encourage people to realise their capabilities and alleviate the boredom that is usually quashed by alcohol.

(www.camden.gov.uk/living/pdf/Time_for_change.pdf.)

The progress of alcohol abusers can also be monitored and wet centres could be the first step for chronic drinkers to decide to undertake detoxification process, a transition point from being 'wet' to 'drying out'.

Concerns

Liability issues could be a concern for wet centres: who is liable for accidents, injuries or deaths that may occur, and how do you ensure a safe environment for clients, staff and visitors?

Eligibility can be a concern surrounding wet centres. Who can gain access to them and what criteria should be met to use them?

Operating hours must respond to the target group, with daytime operation most useful for older Anglo-Saxon males or Indigenous people. The operating hours of a centre must also consider the location and any cultural influences must be incorporated into policy and administration.

Potential public safety, harassment and 'not in my backyard' views could concern some people. There could be fears of centres acting as a magnet drawing alcohol abusers into one suburb or particular place. Experience in the UK has identified strategies to deal with these concerns.

Residents of Greenside in the UK had these concerns when the Riverpoint project was first established, offering temporary accommodation to homeless alcoholics. Residents were subjected to verbal abuse and harassment. Losses in business/trade around area were also observed, as more people congregated in front of business districts discouraging consumers.

Poor management and lack of policies were identified as the cause, and these were addressed – see below for the solutions identified. Although this project was not a wet centre, its experience provides a model for this type of service.

(http://www.greenside.org.uk/news/01/07_July/16_7_01_wet.html).

Violent behaviour could cause concern to residents who see fighting, excessive noise, and uncontrollability of intoxicated persons on the street, and these are concerns also need to be addressed.

Wet centres could be seen as contributing to alcohol abuse instead of trying to encourage detoxification – the idea that alcoholics should be abstinent. This is a concern about the treatment of alcohol misuse, not specifically about wet centres, and current best practice is to offer a range of different services and approaches to meet different needs. UK wet centres acted as an entry point into other services.

Wet centres could be seen as causing a greater concentration of criminal activity in nearby areas, with complaints and extra resources being used to respond. There is also the possibility for an increase in calls to mediate public disturbances between those in need and those who are not due to being in close proximity to each other. This is also the current situation in those areas where chronic drinkers congregate.

It is necessary to have good programs to market wet centres to chronic drinkers, with those who would benefit most being the hardest to reach.

Effective Solutions

UK experience has provided solutions to these potential concerns.

Public Safety

To alleviate concerns about safety and possible harassment, more than one wet centre is needed, to provide for different communities and areas. This discourages large congregations of clients, which might lead to violent behaviour, or intimidation of members of the public. This would also curb the potential for conflict between different groups of the street drinking population.

(www.camden.gov.uk/living/pdf/Time_for_change.pdf)

The early problems of the Greenside centre were alleviated by controlling clients numbers. The Riverpoint project operated in a high-density area that faced a new influx of alcoholic homeless people converging on one precinct, upsetting residents and business owners. **By controlling numbers and improving management, these grievances were rectified and impact significantly reduced.**

Wet centres aim to provide a safe haven for people who drink and not keep them on the streets where it can be unsafe and demoralising. The service provider needs to act as a "good neighbour" (as do all other services). This has been a focus on my work in Bligh, with densely populated precincts also the places where homeless people congregate and services are located.

In response to similar concerns, I have produced a leaflet called "*What works: when there is conflict between residents and homelessness service providers*", available from my website at www.clovermoore.com/issues/services/housing/homelessness/what_works.htm

Violent Behaviour

Well-managed wet centres provide agreed **rules for clients** and ensure that there are activities to engage and occupy clients. UK Centres have developed **codes of conduct** including input from street drinkers, centre workers and the public. There can often be an informal code of conduct amongst street drinkers and this could be reformulated into a wet centre 'code of conduct'.

Alcohol Abuse

Concerns regarding the aggravation of alcohol abuse that wet centres may cause can be minimised through education. Clients have the opportunities to seek medical and supportive advice on how to **overcome addiction**. Participants can also be referred onto **educational activities** that can create a sense of purpose encouraging abstinence from alcohol, as they no longer need to depend on it as a boredom alleviator.

Counselling services or case workers should be available to those who want to talk, giving patrons the opportunities to socialise with sober people. This allows them to form positive relationships, which can lead to seeking help for alcohol addiction. Having somewhere to socialise and communicate can also lead to a higher self-esteem because patrons do not have to deal with being shunted on the streets by the majority of the population.

Access

Access should be dealt with on a case-to-case basis, but wet centres are generally restricted to those who misuse alcohol frequently, and have no other place to drink.

The Shoreline Projects in Cardiff and Swansea identified their **target group**, "[t]hose qualifying have led an unsettled life, with long periods of homelessness, have had brushes with the law, slept rough regularly, use hostels and or day centres, and drink to intoxication in public, often in gangs. They are 18+, suffer high levels of destitution, are embedded in the above lifestyle and have alcohol misuse as their major intoxicant". (<http://www.wallichclifford.f9.co.uk/>)

This does not have to mean everyone who uses the centre must drink copious amounts, and most centres recognise the need for people to socialise with other people who are not drinking, or to just consume small amounts of alcohol. Wet centres can include an area to drink in and separate space to participate in activities with other people.

Some groups such as **Indigenous people** have a long tradition of socialising outdoors, and those who drink also seek to drink outside. Wet centres should also provide **outdoor space**, and the success of the Booth Centre garden demonstrates the value of providing this space.

Networking

To inform clients of the creation of wet centres and their purpose, non-government agencies and the police force should be aware of this service and refer potential clients. In the UK, police carry pocket cards directing street drinkers to the wet centre, or take them there directly so people know where they are.

Redirecting drinkers from Alcohol Free Zones would be an effective strategy to reduce impacts and improve amenity in sensitive public areas such as pocket parks, while improving use of wet centres.

Police training has proven effective in Manchester, with all officers trained to deal with street drinking and good referral by police who no longer just constantly move them on or detain them.

Liability

Concerns about liability have to be considered before establishing any wet centres. The Manchester Booth Centre has public liability insurance that covers both the day centre and the wet garden and UK wet centres report low levels of violence and no concerns about liability (Amanda Croome, centre Coordinator).

Conclusion

The UK experience provides a successful model that can be implemented in NSW, based on this experience and adapted to suit local needs.

Wet centres are a relatively new idea in Australia, with the promise to improve public amenity in inner city areas by removing street drinking from public places, and to help some of the most vulnerable people, filling service gaps by providing care and resources to those with a serious alcohol addiction, and who are not reached by other services.

The concerns that could arise from wet centres can be minimised, based on UK experience, so that impacts are minimal and controlled, and certainly less than the current social, health and safety impacts of not providing this help.

As the United Kingdom examples have shown, wet centres provide much-needed resources to chronic street drinkers who have nowhere else to go and who get no help with their alcoholism.