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The aim of this Report is to state clearly the nature of the problems faced by the homeless alcoholic, to set out the main recommendations made in the 1971 Habitual Drunken Offender Report for the provision of alternatives to imprisonment for the habitual drunkard, and to examine the reasons for the Government's failure to make provision along the lines of those recommendations.

INTRODUCTION

Public drunkenness is an offence under Section 12 of the Licensing Act 1872. It is punishable with up to a month's imprisonment for non-payment of fine. Drunk and disorderly, an offence under the same section of the Act, is punishable with an immediate month's imprisonment. In 1972 over 90,000 arrests of drunkenness offenders were made, and some 3000 imprisonments resulted, invariably for non-payment of fine. At a time when the Home Office is anxious to keep people out of prison and the police are grossly overworked and undermanned, the preoccupation with such petty offences as the drunks is clearly a grossly inappropriate use of resources. Yet as far back as 1905 a National Congress on Prison Management was told that 'no prison system yet devised has effected any improvement in the drunkard committed for the usual seven days or fourteen days imprisonment.' Little enough progress seems to have been made since then. Indeed, on May 21st 1974, Mr Jenkins, the Home Secretary, said in an address that a prison sentence was most unsuitable for the habitual drunkard, and admitted that far too many alcoholics were being imprisoned for want of alternatives.

The nineteenth century showed its concern with the problems of the person who was habitually drunk in public by setting up two government enquiries in 1832 and 1879. Legislation in the form of the Habitual Drunkards Act 1879 and Inebriates Act 1898 was also tried. In essence these provided for compulsory commitment of habitual drunkards by the courts to inebriate homes. Lack of funds, divided responsibility — between local and central government — and lack of belief in compulsion meant that they were largely ineffective.

Little more was heard about this problem until the 1960's when a dramatic increase in arrests for public drunkenness, coupled with over-crowded prisons, gave rise to renewed official concern in the Home Office. In 1950 there were 42,642 drunkenness convictions and in 1960 63,861. By 1963 this had risen to 78,228.

1. THE HABITUAL DRUNKEN OFFENDER REPORT

In 1967 the Home Secretary set up a Working Party to consider the treatment of habitual drunken offenders and to assess the extent and nature of the need for such treatment, including the use and provision of hostels. The Working Party's focus was in essence to recommend suitable alternatives to prison for habitual drunken offenders, as in Section 91 of the 1967 Criminal Justice Act habitual drunken offenders were no longer to be sent to prison once the Home Secretary was satisfied that suitable alternatives did in fact exist.

The Report of the Working Party was finally published in 1971 although it had been in the hands of the relevant Ministries a year before that. A review of the Report's recommendations show clearly that:

- a. Most habitual drunken offenders are in fact alcoholics and social casualties, from a poor socio-economic background — few work skills. They are a feature of inner-city areas and are frequently homeless. For the wider community they represent a social nuisance.
- b. To assist these men and women, a national minimum of provision is required to care for at least 2000 men and 200 women. The bulk of this provision should be in a planned development of therapeutic hostels. Certain experimental units should also be established such as a bail hostel. The health service would need to provide support for the hostels.
- c. Shop fronts — or walk-in advice and referral centres, information centres, volunteers, clubs and other non-residential contact services are vital as ways of contacting and supporting the homeless alcoholic.
- d. Prisons should increase their awareness of the alcoholism problem and as a matter of urgency a model treatment unit should be set up for medium and long-term prisoners with alcoholic problems. The Probation and After-Care Service should involve itself more with the problem and develop specialist skills in this area.
- e. In all treatment services more co-operation and co-ordination is required so that a planned and integrated service of help would emerge, rather than sporadic and isolated endeavours.
- f. A major new form of provision, the establishment of pilot detoxification centres, would enable public drunks to be dealt with without recourse to the courts. Treatment and health services would replace punitive provision. In Inner-London alone, there would need to cater for between 125—450 persons a night.
- g. Compulsion should not be used before many more treatment methods have been tried.
- h. Research is required to assess the size and nature of the problem and, vitality, to assess the efficiency of any new measures that are tried.

The final words of the Report are ironic in view of what has since occurred. It urges action: 'we believe there is a duty to act constructively and to act now.'

2. GOVERNMENT RESPONSE SINCE 1971

Since 1971 there have been two new developments. In the 1972 Criminal Justice Act Section 34 provided for the setting up of medical treatment centres, as designated by the Secretary of State for Health and Social Services, to which the police could take direct drunken offenders whom they otherwise would have taken to court. In 1973 the DHSS issued a circular, 'Community Services for Alcoholics' (21/73) which sought to encourage the development of facilities for all alcoholics. It included reference to shop fronts, hostels and detoxification centres as ways of assisting the homeless alcoholic. Financial help was available to voluntary bodies to buy and run hostels, provided the local authority in whose area the hostel was situated took over financial responsibility in five years time.

At present, special provision for the homeless alcoholic consists of one shop front, hostel places totalling just over 300, and no detoxification centres. Several voluntary agencies working with single homeless people provide contact or residential services frequently used by homeless alcoholics. Yet the age-old provision of lodging-house, prison, reception centres and park bench continues. As the amount of cheap accommodation to single homeless people is declining with acceleration (between 1965 and 1972, 6000 cheap beds were lost in lodging houses and hostels nationally), so the homeless alcoholic is thrown on to shelter provision on the streets, and his problems exacerbated. Despite reports, legislation, circulars and good intentions, on almost all sides, the homeless alcoholic is still in a situation where neither his homelessness nor his alcoholism is ever satisfactorily tackled, never mind both problems together.

There is clearly a gap of despairing size yawning between the intent of provision and the reality. On February 22nd 1972 Sir Keith Joseph, the then Secretary of State for Social Services, said that he was 'in close touch' with the then Home Secretary 'about meeting the needs of drunken offenders' with a comprehensive alcoholism service. On February 23rd, 1973 Sir Keith felt able to say that he was 'satisfied' with the planned development of community alcoholism services which would help among others homeless alcoholics. But all that Sir Keith was able to refer to in the way of services were the hospital alcoholics units providing 369 beds in 17 units with plans for a further 104 beds in 6 units. However such units are of extremely limited value to homeless alcoholics and without follow-up hostels almost no value at all. With regard to the as yet non-existent detoxification centres. Sir Keith told the AGM of the Magistrates Association in October 1973 that he hoped that detoxification centres would be established in four areas before long, and meanwhile they were providing for hostels nearby. Government optimism which bore no relation

to the reality!

Some of the reasons for the distance between the intent and reality seem clear and others are complex — hard to tease out of bureaucratic circumlocution. It is however, important to state them, in order to make our recommendations to ensure future action.

3. THE FAILURE OF THE GOVERNMENT'S PRESENT STRATEGY

The absence of any new major provision in the field since the Working Party Report (March 1971) and the DHSS circular 21/73 (May 1973) is mainly due to the undecided issue of who should take responsibility for making the provision required. This has to be coupled with the fact that the 1971 Working Party Report itself was very weak on the practicalities of implementation as a leader in the British Medical Journal pointed out at the time. Hortatory comment has too often, if not always, been substituted for effective planning. This is especially damaging when the subject matter — the homeless alcoholic — is politically a light weight and certainly no vote catcher.

The 1971 Report itself illustrated the dilemma of how to establish who was to be responsible for setting up appropriate facilities. It was a Home Office Report, yet after its publication it became clear that the DHSS was willing to undertake the development of services for the homeless alcoholic. This was remarkable in that during the life of the Working Party the DHSS representatives had stated that the alcoholic habitual drunken offender should be dealt with 'within the penal system' as the terms of reference for the Working Party indicated. The debate after publication between the two Government Departments as to who could be responsible meant further delay — of at least 12 months — before any chance of action was likely.

But the problems of implementation were in fact only just beginning. Although the DHSS accepted in 1972 the major role in developing services it in turn was dependent on hospitals, local authorities — voluntary bodies to actually develop services on the ground. With the 21/73 circular, the DHSS sought to assist both local authorities and voluntary bodies in such developments. At the end of the day, however, the powers of the DHSS over others are permissive not mandatory, enabling not compelling. This is a serious weakness, particularly at a time when the Government had ordered local authorities to make reductions in their social services budgets. They are therefore doubly unlikely to make appropriate provision, when they have no duty to do so.

Detoxification Centres

As far as detoxification centres are concerned this has meant that hospitals have been too easily able to resist any commitment to involvement with the alcoholic problem. This has meant long delays in planning so that the first detoxification centre may well not start before 1975, and one other is hopeful

about a start in the summer of 1976. Objections of one hospital have been described as 'One of the main stumbling blocks to pressing ahead with discussions at a higher level'. Whilst detoxification centres do not have to be in hospitals, they need to be close to them to ensure adequate medical supervision, as well as ease of access in emergencies. Some hospital resistance has been due to ignorance ('Are there many vagrant alcoholics in the area?') some due to dislike of alcoholics, and some due to a long-standing war of attrition with the DHSS itself. Whatever the reasons, the upshot is that it will be five years at least since the Habitual Drunken Offender Report was first submitted to the Ministers, that the first detoxification centre is opened. Even that will only be one of four pilot experiments. By the time they are evaluated after three to five years we shall be into the nineteen eighties before a nationwide scheme of detoxification is even being considered.

Hostels

With regard to hostels being set up by voluntary bodies, grant-aided initially by the DHSS at £300 per bed per year, the problem is equally difficult. The 21/73 circular accepts that voluntary bodies have experience in this field and are in a better position than local authority social services on their own, to experiment to find out possible answers. Local authorities are advised to work with local and national voluntary bodies to develop the necessary services: a 'partnership' is needed. Ultimately however, local authorities will have to take on the responsibility for the hostel which already has caused one local authority to jib at the possibility of having an alcoholic hostel in the area. Fortunately not all local authorities are like that though few have seized the initiative and actually sought to enlist a voluntary body to set up an alcoholic hostel in their area.

It must be faced that it is hardly surprising that particular local authorities do not welcome hostels for homeless alcoholics in their area. Eight police areas in the country have a rate of over 2000 arrests for drunkenness each year, a reflection of the uneven distribution of homeless alcoholics in the country. Within inner-city areas, especially in London, certain local authorities have a particularly high ratio of homeless alcoholics. Some of these authorities are also hard-pressed by other demands on their resources and are relatively poor boroughs. Homeless alcoholics in their area will probably not have originated there, though they may have adopted the area for years. The authorities, for all these reasons, argue that they cannot accept responsibility for provision. The strategy underlying circular 21/73 assumes that each hard-pressed inner-city authority will do so.

The circular and the 1971 Report both rely far too heavily on the small hard-pressed voluntary organisation taking the initiative — pushing open the doors of both central and local government. The realities since even the

circular was issued show this is too big a task to undertake. Despite apparently valuable financial assistance to buy and convert houses — up to £2,500 per place from the DHSS — only two new alcoholic hostels have been opened since the circular. At least two others have been assisted in major ways to prevent their closure. Evidence suggests that maybe two to three more may open within the next 12 months. When it is remembered that few hostels cater for more than 10–15 and that the 1971 Report recommended places for 2000 we have still failed to find a way to really bite into the problem. Where one new hostel has opened in Leeds extremely lengthy and wearing negotiations were necessary mainly because the house was actually acquired before the circular. Such wearing negotiations are an extraordinary burden on voluntary bodies and their staff who can spend far too much time raising money rather than assisting the alcoholics which is basically what they are being paid to do. There are clearly detailed difficulties in implementing the circular. These are set out in the Appendix.

We are convinced that the time has now come for the DHSS to create a more forceful means of achieving the implementation of services for the homeless alcoholic than the good intentions of the circular. Proposals to this end are set out in our Recommendations.

Response of local authorities

In order to see how far local authorities were seeking to make use of the circular CHAR wrote to the eight local authorities with the highest rates of drunkenness convictions in England and Wales. Four of these have so far failed to reply. The other replies showed how clearly they were relying on voluntary bodies — how very little stimulus was coming from the local social and medical services. No shop fronts were being established as recommended in the circular. Only Manchester has set up a local authority hostel. Birmingham social services stated that no discussions had been held with them concerning the planned detoxification centre. Again the impression even in areas with a problem of habitual drunken offenders was of sustaining what was already going, but little sign of élan as a result of the famous circular.

4. CONCLUSION

As far back as 1967 the Ministry of Health said that they had to regard the problem of the public drunk 'nationally and see if we can find a proper formula'. We still await the formula. The hope was that the 1971 Report would do it. But as the British Medical Journal wrote at the time: 'the Report is in fact weak when it comes to the practicalities of action, and seems rather piously to hope that vastly complex organisational problems need to be matched by no very special or imaginative efforts . . . "co-ordination" must become more than a hopeful slogan'. So far this prognosis has proved alarmingly correct.

In the 1971 Report it is significant that the Committee members most directly involved with the homeless alcoholic all felt dissatisfied with the vagueness of intent with regard to the Report's implementation. It was urged in a separate appendix that a Commission should be established which would then mean that the 'responsibility for co-ordinating action is concentrated in a singly body'. The Commission was to have a three year life (it could now just be completing its task!) and its job was to be not further debate but the actual solution of a social problem which had been discussed too long. A spearhead group was needed to force through a real programme of action. Government Departments then, as now, felt this kind of group was not needed. The onus of proof is surely now on the Government to demonstrate that programme of action has surely been implemented. We await to hear of it.

Whatever the Government seeks to set up in this field the power structure is such that it has to resort to hopeful slogans, as in its 1973 circular. Here the DHSS can only state that there should be a 'partnership between local authority and voluntary effort', to develop the much needed services. Again the hope is expressed that some kind of co-ordination will deliver the goods. But every co-ordination strategy has a long history of the failure of the strategy to meet expectations.

5. RECOMMENDATIONS FOR ACTION NOW

1. The Government has committed itself to find a way of dealing constructively with the vagrant alcoholic. Normal methods have not even begun to produce action. CHAR therefore wishes to put one clear proposal to the Secretary of State for Social Services:

That she establish forthwith a three-man team, charged with the sole full-time objective of implementing the major recommendations of the 1971 Habitual Drunken Offender Report. The team would be housed and funded by the DHSS, with its own secretariat, and would act as an agent for the Government.

This proposal has the advantage of requiring, at this stage, no new legislation, new powers or the creation of a new development. The team would be less constrained and more flexible than normal government departments, but must be guaranteed the full backing of the DHSS and Home Office.

2. The task of the team would be to familiarise itself with the 8 police areas in the country which each have over 2000 arrests for drunkenness each year, including London. These areas account for virtually two-thirds of the annual total of drunkenness arrests.

In each area the team would seek to establish a minimum complex of facilities for the homeless alcoholic: hostels, shop fronts or day centres, detoxification facilities, a club and information point. Account would need to be taken of the particular needs of each different locality.

Funding for such basic complexes of facilities is already available from the DHSS under circular 21/73 as well as from urban aid grants, research bodies and trusts.

3. To equip this expansion of services with trained staff, the team would also be responsible for involving voluntary and statutory bodies who provide existing ranges of facilities in for example South East London, Leeds and Manchester, in developing training programmes.

4. The skills of the team would need to cover familiarity with the field of alcoholism, social work, knowledge of local and central government, fund raising and administration.

The experience and skills of the team would, we believe, gain it acceptance in most areas, especially if its role was seen as enabling and facilitating rather than imposing solutions. Government backing would give it authority, while its autonomous nature would probably serve to reduce some of the more severe antagonism between local and central government.

5. The team would be appointed for a three-year period only, with a remit to report their progress to the Secretary of State each year. On the basis of their reports, the Secretary of State would be able to consider the need for further powers or legislation.
6. The cost for the three-year period for the team and its secretariat would amount to approximately £60,000.

APPENDIX: PRACTICAL PROBLEMS IN IMPLEMENTING DHSS CIRCULAR 21/73

(1) Planning approval

This is not specifically mentioned in the DHSS circular and may be regarded as of no concern to the DHSS. It is however, implicit in every project which makes use of a domestic dwelling that the planning position must be carefully considered.

Gone are the days when one could cheerfully press ahead with a scheme by buying a house, installing the residents and then ignore or fail to recognise the consequences. Today, due to the acute housing conditions obtaining in most larger towns or cities and because new housing programmes are lagging behind the demand for new homes, the authorities scrutinise very carefully all but the most straightforward of house utilisation proposals. At the same time local housing and planning authorities are insisting upon adequate standards being maintained in any proposals to modify the use of domestic dwellings. Basically, organisations tend to be affected by the need for planning approval on three counts:

- a. Usually it is normal private family dwelling houses which are being considered for purchase.
- b. As such, it may be subject to planning consent because of change of use.
- c. The question of multiple occupancy arises.

Change of use

If proposed residents are recovered alcoholics it is assumed that they are discharged from hospital, are not disabled or receiving treatment. On the face of it one may conclude that to accept such referrals does no more than equate to the position of the private householder who decided to take in paying guests, and that the house is still a private dwelling and hence is outside the scope of the Town and Country Planning Order of 1963, as no change of use is involved. In this way, the house could be classed as a group home as is done by the National Association for Mental Health under their scheme which has progressed so well during the past twenty years.

Multiple occupancy

Unfortunately this is not so. It may be perfectly true that there is no change of use but the important reservation held by the planning authority concerns the question of degree of 'intensification'. Whereas a private dwelling provides accommodation for a normal family of some 4 to 6 persons, but for economic and therapeutic reasons proposals for new facilities wish to cater for more residents than this. The all important factor of intensification (multiple occupancy) is therefore introduced and hence must be the object of a

planning application. The present day reaction of most planning committees, upon advice from their officials, is to refuse such applications. Structural alterations to create separate flatlets for a three-quarter-way-house would certainly require full planning consent with the prior production of plans and specifications.

(2) Bridging finance

At first sight the provisions of the DHSS circular are attractively adequate and capable of meeting all financial needs in the rehabilitation field. Alas not so in practice.

Grant aid for capital funding for the purchase of property may only be achieved after all the risk elements have been undertaken e.g. gaining the support of a local authority and achieving planning consent where this is necessary, which amounts to about 90% of cases.

Thus if a highly desirable house is found it may be advantageous to conclude a deal via the vendor or his estate agent well before a local authority has produced its decision either for support in principle or for planning approval. Meantime the vendor is anxious to make his sale, a situation which produces a most difficult set of circumstances.

Even if adequate financial backing was readily available all is not clear. In any hypothetical case one might go ahead and purchase, only to find that one or other of the consents is not forthcoming, resulting in a house which cannot be used and may not be able to be resold except at a loss.

The only safe way is to ensure that full consents are obtained *prior* to application to DHSS (this presupposes that the Department has already indicated that the particular project is agreed in principle) invariably this protracted procedure results in the loss of the property for one reason or another.

The immediate solution of short-term bridging finance is not ideal, unless a charity is prepared to enter the property market.

A further delay which frequently leads to the losses of a property which an organisation is trying to purchase occurs during valuation procedure. The local authority, which will in the end have to meet the cost of the project has to ask its valuers to put a price on the house. Invariably this will fall below the market price and the valuation procedure often delays matters by weeks, in one case by two months. On the open market any possible house would be lost through this kind of delay.

(3) Fire regulations

In order to qualify for maintenance grants from the local authority a prerequisite is the issue of a fire certificate stating that the premises satisfy the current regulations. The cost of this work must be taken into consideration when assessing the projects budget. There is no reason to suppose that it would not be covered by the 21/73 Grant Scheme, but it does erode the capital funding available for the scheme as a whole.

(4) Revenue grants

Under the terms of the circular a revenue grant of up to £300 per annum may be paid towards a hotels revenue deficit for each place available for alcoholics. This deficit will be calculated by subtracting receipts from residents or any other statutory source, from the total of the running costs.

Throughout the circular and application forms, reference is made to the £275 figure as a 'revenue grant'. This is highly misleading both to the applicant and the local authorities, though it is referred to as a discretionary 'revenue deficit' (circular annex A pg 11 par 4).

END