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**EXPLORING THE
EXPERIENCES AND NEEDS OF
PEOPLE WHO DRINK IN
PUBLIC PLACES IN THE CITY
OF YARRA**

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Executive summary

Introduction

Yarra Council updated its regulation of public drinking by adopting the Consumption of Liquor in Public Places Local Law 2019 in October 2019. The new local law will operate for up to two years, rather than the standard 10 years. During the two-year period, Yarra Council will consult with people who drink in public to explore opportunities for health-based response(s) to public drinking. Yarra Council has commissioned researchers from Monash University (in partnership with Turning Point and the Centre for Alcohol Policy Research at La Trobe University) to undertake additional research as part of this consultation.

Aim

This project aimed to explore the experiences and needs of people who drink in public spaces in the City of Yarra (henceforth referred to as 'Yarra') in order to inform council responses to public drinking in Yarra. In particular, the project sought to foreground the voices of Aboriginal and Torres Strait Islander people and other marginalised street drinkers who congregate in hot spots in Yarra (Smith St, Atherton Gardens and North Richmond housing estate). This project addressed the following research questions:

1. What are participants' experiences of public drinking?
2. How have participants been impacted by the public drinking law?
3. What do participants think are appropriate ways of responding to public drinking?

Methods

Overseen by a steering committee, this project utilised a qualitative approach to address the research questions and develop insights. This involved recruiting 40 participants to participate in interviews or focus groups, which lasted approximately 40 minutes. To be eligible to participate in the study, participants needed to be aged 18 years or over and have consumed alcohol at identified 'hot spots'. Most participants were Aboriginal and Torres Strait Islander (65%) and about a third were women. Half had not finished year 12, most were unemployed (90%) and at least 50% mentioned experiencing homelessness currently or in the past. Participants had been public drinking in Yarra for about 8 years on average and almost 70% were daily (or near daily) drinkers. Interview and focus group transcripts were analysed using thematic analysis, in which common themes, as well as sub-themes were identified.

Findings

Three interconnected areas were explored: 1) Experiences of public drinking, 2) Views and impacts of the public drinking law, 3) Suggestions and desires for appropriate ways of responding to public drinking. Several sub-themes were identified in relation to each of these main areas (see Table 1).

Table 1: Overview of themes

1. Experiences of public drinking	2. Views and impacts of the public drinking law	3. Suggestions for appropriate ways of responding
1.1 Context of public drinking	2.1 Awareness of the public drinking law	3.1 Health-based response as the preferred approach
1.2 Positive aspects of public drinking a) Pleasure and social connection	2.2 Experiences of the public drinking law	3.2 Preferred responders a) Outreach and community workers b) Paramedics c) Police d) Aboriginal and Torres Strait Islander legal aid workers
1.3 Negative aspects of public drinking a) Health harms b) Exposure to violence c) Experiences of stigma	2.3 The law unfairly targets marginalised groups	3.3 Preferred services and responses a) Wet houses b) Sobering up services c) Public space design d) Outreach services
	2.4 The law is ineffective	3.4 Preferred broader responses to public drinking a) Access to health and social services b) Emergency services and outreach worker training c) Alcohol sales d) Equity for all
	2.5 Repealing the law	

1. Experiences of public drinking

The contexts and reasons people consumed alcohol in public were diverse, but often included not feeling comfortable or being able to afford to drink in licensed venues. Public drinking was experienced as a valued practice that enhanced social connection. It also provided pleasure and temporary reprieve from a range of challenging psychosocial issues and life circumstances related to marginalisation, including housing, employment, social isolation, and mental health issues. Aboriginal and Torres Strait Islander participants also reported challenges associated with past and present experiences of discrimination and racism. While drinking was constructed as a valued practice, participants also recalled a range of negative experiences related to public drinking including health harms, exposure to violence, and stigma.

2. Views about the public drinking law

With a few exceptions, there was limited awareness and understanding of the public drinking law, with some participants unaware it existed at all. Almost all participants (90%) had experienced contact with law enforcement officers for public drinking. While some interactions with police were positive, generally interactions with police were characterised as negative experiences that had a range of undesirable legal, social, cultural, and wellbeing impacts. Although participants may have been reflecting on experiences that occurred at different points in time and things might have

improved recently, Aboriginal and Torres Strait Islander (as well as homeless) participants generally felt unfairly targeted by the public drinking law. Not only did most participants think the law was undesirable, they also thought it had little to no deterrent impact on their public drinking practices. Given this, most participants were supportive of repealing the law.

3. Suggestions for appropriate ways of responding

Participants communicated several desires and suggestions for appropriate ways of responding to public drinking and related needs. Irrespective of whether participants supported the law, the majority believed that public drinking is not a criminal-justice issue and instead, that a health-based approach was preferable to a punitive approach. Central to this was the idea that people who drink in public should be treated with dignity and respect.

Many participants felt that outreach workers, in particular outreach workers who are Aboriginal and Torres Strait Islander, and/or who have lived experience of public drinking, are the ideal people to respond to issues that arise from public drinking. Given this, participants suggested that outreach services should be scaled up to support them with various related psychosocial needs. Food vans or barbeques were also considered important to connect people to services.

Paramedics were viewed as best to respond to acute medical events. Where there was risk, for example, of violence, to people who drink in public or first responders, police were thought to be a useful part of a health-based approach, especially in terms of transportation to a safe space (and as long as they treat people respectfully). However, some participants thought that if Aboriginal and Torres Strait Islander people were subjected to police or justice responses, it was vital that oversights existed, including access to Aboriginal and Torres Strait Islander legal aid support. There was a view that local relationships with police and community needed to be improved.

When discussing services to respond to public drinking, the idea of wet spaces – places where people could drink safely – was a divisive issue. Some participants believed they would be effective and comparable to the medically supervised injecting room. However, others thought they were stigmatising and risky, especially when bringing potentially intoxicated people together in a small space. Many people liked to be drinking outside, so there was a preference for any wet space to be outside rather than being in an indoor space. Sobering up services, where care/support could be provided, were considered superior to punitive responses in cases of public drunkenness.

Finally, addressing broader social determinants of health, and tackling stigma and racism, were viewed as important. As part of these broader efforts, people also suggested that designing inclusive, comfortable, and welcoming public spaces for marginalised community members would be useful.

Conclusions and suggestions

Given typically negative experiences of the public drinking law (and its enforcement), the findings of this project indicate that marginalised people who drink in public in Yarra are supportive of repealing the law in favour of a health-based approach. Based on participants' ideas for appropriate ways of responding to public drinking and related issues, specific suggestion for consideration include:

Overall

1. Repeal the public drinking law to prevent potentially adverse social, cultural, legal and wellbeing impacts on marginalised community members. If the law remains in place, safeguards (e.g., sensitive and non-punitive enforcement approaches) would need to be bolstered so that marginalised community members are not unfairly targeted or impacted.
2. Similar to the Victorian Government, adopt a health-based approach to public drinking that is underpinned by values, such as care, compassion, respect, and cultural appropriateness.
3. Involve Aboriginal and Torres Strait Islander community members, as well as people who drink in public (and other stakeholders), as key partners in the design and implementation of the health-based approach.
4. Given limited awareness of the current public drinking law, clearly communicating any changes to the law or approach to public drinking will be important.

Responders

5. A variety of responders could usefully participate in a health-based approach, but community and outreach workers are particularly important, especially Aboriginal and Torres Strait Islander outreach and legal workers and those with a lived experience of public drinking.
6. If the police play a role in a health-based response the following would be useful to ensure care, compassion, respect, and cultural appropriateness:
 - a. Continue to strengthen relationships between the Aboriginal and Torres Strait Islander community and the police in Yarra. This could be done through revitalising established mechanisms and fora for open communication, such as the Smith Street Working Group.
 - b. Given the importance of local contextual factors, sensitivities, and issues, provide cultural awareness training to police that is Yarra specific.
 - c. Provide community members access to Aboriginal and Torres Strait Islander legal aid workers to ensure rights are upheld.
7. Ideally all potential responders (e.g., outreach and community workers, paramedics, police) be offered training in responding to public drinking in a compassionate, respectful, and culturally appropriate way.

Responses

8. Consider establishing wet spaces (e.g., wet houses/zones) where people can engage in public drinking in a safe and supportive way. There may be a preference for outdoor wet spaces but further consultation on the specific design and configuration of spaces is needed.
9. Potentially as part of the state government's health-based approach to public drunkenness, consider implementing a sobering-up service for people who are intoxicated in Yarra.
10. Design inclusive, comfortable, and welcoming public spaces for and with marginalised community members.
11. Scale up investment and implementation of outreach and community workers to implement a health-based response, to engage with marginalised community members, and to facilitate access to health and social services and address needs.
 - a. Aboriginal and Torres Strait Islander outreach workers and outreach workers with lived experience of public drinking are likely to be particularly important, although it is imperative that the wellbeing of outreach workers is supported.
 - b. Food vans and BBQs are also likely to be an important way of engaging marginalised community members.

12. Engage in community-wide anti-racism and stigma efforts in the general community and in responder groups to minimise the potential for stigmatising and judgemental encounters.
13. Address social determinants of health through housing, employment, welfare, health, and social policies. Addressing social determinants of health is likely to be important for marginalised people who engage in public drinking.

1. Introduction

Yarra Council updated its regulation of public drinking by adopting the Consumption of Liquor in Public Places Local Law 2019 in October 2019. The new local law will operate for up to two years, rather than the standard 10 years. During the two-year period, Council will be working to address issues raised by local Aboriginal and Torres Strait Islander communities, and explore opportunities for health-based response(s) to public drinking.

The new local law replaces the local law on consumption of liquor in public places – ‘Local Law 8’ – which has operated for the past 10 years. Similar to the previous law, the new local law prohibits the drinking of alcohol (and the carrying of alcohol in open containers) in public places within Yarra. Some public places, known as ‘prescribed areas’ are excluded from these rules. Drinking and carrying alcohol in open containers is allowed in these areas between 9.00am and 9.00pm. The Local Law also empowers Yarra Council to vary these rules at certain times and places to facilitate festivals and events.

There have been three past independent evaluations of Local Law 8 in Yarra between 2010 and 2014. These have involved a range of methods including observations, interviews, surveys, and focus groups with people who drink in public and other key stakeholders (e.g., residents, traders, police, service providers), and analysis of existing data on crime and alcohol-related incidents/ harms. As Table 2 illustrates, the findings from these evaluations have been mixed. However, there have been some relatively consistent findings (e.g., in at least two of the three past evaluations), including that: 1) residents tend to support the law; 2) awareness and understanding of the law in the community is poor; 3) the law is inconsistently enforced by police; 4) there is no evidence that the law reduced alcohol-related crime or harm; and 5) marginalised groups, such as Aboriginal and Torres Strait Islander drinkers, potentially experience adverse social, cultural, legal, economic, and health impacts as a result of the law.

Table 2: Summary of past evaluation findings

Findings	Pennay & Berends (2010)	Capire Consulting Group (2011)	Pennay et al. (2014)
Improved perceptions of safety among residents	Mixed	Limited	Yes
Improved perceptions of amenity	Mixed	Limited	Yes
Reduced visibility of street drinking	Yes	No	Mixed
Resident support	Yes	n/a	Yes
High awareness and understanding of the law	No	No	No
Inconsistent enforcement	Yes	Yes	Yes
Potentially negative impacts to marginalised groups (e.g., displacement, fines, decreased service access)	Yes	Limited	Yes
Reductions in alcohol-related crime or harm	n/a	No	No

The first community consultation since the three independent evaluations was led by Yarra Council in June and July 2019, garnering responses from more than 250 community members. Opinions on the Local Law were divergent: 30% were highly supportive, 37% were moderately supportive and 33% were not supportive. Notably, dissatisfaction was expressed from residents on both sides, with some calling for stronger/broader application of the local law, and others believing public drinking should not be an offence at all.

Following a redrafting of the proposed local law, formal submissions were invited from the community in August and September 2019. During this period more than 30 submissions were received with key issues raised on:

- The unfair impact on Aboriginal and Torres Strait Islander people and people facing disadvantage
- A misplaced focus on the consumption of alcohol instead of anti-social behaviour
- The need to exercise alternatives to law enforcement and address alcohol-related harms through community education and health promotion
- A conviction that a council should not be allowed to prohibit public drinking through local laws
- A belief that public drinking should be entirely prohibited and that permitting alcohol use in parks makes these less welcoming places
- A desire to restrict public drinking to only licensed venues and events
- A concern for the welfare of young children exposed to public drinking

To address these issues, Yarra Council has commissioned researchers from Monash University (in partnership with Turning Point and the Centre for Alcohol Policy Research at La Trobe University) to

undertake additional research to understand the views of, and impact on, ‘marginalised drinkers’, especially from the Aboriginal and Torres Strait Islander community.

2. Aims

This project aimed to explore the experiences and needs of people who drink in public spaces Yarra in order to inform Yarra council responses to public drinking. In particular, the project sought to foreground the voices of Aboriginal and Torres Strait Islander people and other marginalised street drinkers that congregate in hot spots in Yarra (Smith St, Atherton Gardens and North Richmond housing estate). Specifically, this project addressed the following research questions:

1. What are participants’ experiences of public drinking?
2. How have participants been impacted by public drinking laws?
3. What do participants think are appropriate ways of responding to public drinking?

The project also invited suggestions for ways to meet the health and welfare needs of people who drink in public.

3. Methods

In order to address these questions, a qualitative approach involving interviews and focus groups was taken. Approval to undertake the evaluation was obtained from the Monash University Human Research and Ethics Committee (project ID: 229560). This project was guided by a steering committee containing local health and welfare service providers, Yarra City Council officers and Aboriginal Partnerships Officer, and representatives from Aboriginal and Torres Strait Islander services and organisations. The steering committee ensured that the project was carried out in a culturally appropriate manner in which Aboriginal and Torres Strait Islander people were active partners in the project.

3.1 Recruitment and sampling

We recruited 40 people to participate in the project who were aged 18 years or over and reported consuming alcohol at identified ‘hot spots’. These included the activity centre of Collingwood (bounded by Gertrude and Johnston Streets) and shared open spaces within the footprint of the Office of Housing Estates of Fitzroy (Atherton Gardens) and North Richmond. Given the focus on exploring the experiences of ‘marginalised’ groups, other groups of people who may also engage in public drinking in other areas of Yarra were excluded. These include ‘backpackers’, tourists, people who attend venues in night-time entertainment precincts, people who attend sport or other events, and people who congregate in Edinburgh gardens and other parks in Yarra.

Consistent with established qualitative research practice, we attempted to recruit participants of different ages, genders, sexualities, cultural backgrounds, and individuals who have had different experiences (as per the above) in order to capture a wide range of people’s perspectives.

People were invited to participate in the project using several established methods, including:

1. *Steering committee members*
The researchers were assisted in developing contacts with drinkers through steering committee members. Steering committee members communicated information about the

project and established processes within the organisations and networks to invite interested individuals to contact researchers.

2. *The Australian Participating Service Users (APSU) email list*

We distributed an invitation to participate in the project through the APSU email list. APSU members are people who use, or have utilised, alcohol and other drug treatment services.

3. *Social media and our own networks*

We advertised the study through our organisational Twitter and Facebook channels and posted flyers at Turning Point services and networks, as well as legal services and other alcohol and other drug services.

Once participants contacted us, they were screened for eligibility and provided with more information about the study. Participants were also provided with the option to either participate in a focus group or an interview. In order to maximise recruitment and as a token of our appreciation, participants were reimbursed with a \$50-100 supermarket voucher for taking part in the project.

3.2 Participants

As illustrated in Table 2, the average age was 42 years (range 22 to 68 years). One third (35%) of the sample were female, 63% were male, and one participant did not identify with binary gender categories. Consistent with the project's specific focus, 63% of the sample were Aboriginal and Torres Strait Islander. A total of 5% of participants identified as lesbian gay bisexual trans intersex or queer (LGBTIQ).

Half of the sample had not completed year 12, most (90%) were unemployed and at least half had experiences of past or current homelessness, which potentially indicates a level of marginalisation. Participants had been public drinking in Yarra for about 8 years on average and almost 70% were daily (or near daily) drinkers. Similarly, over half (54%) of participants reported accessing a service to get help for alcohol concerns. Almost all (91%) participants had contact with the police or law enforcement for public drinking, including having been fined (50%) or placed into custody for public drinking (50%). It was not clear, however, whether the latter related to public drinking or public drunkenness. Similar proportions of participants had reported having experienced contact with paramedics (45%) and being transported home (45%) because of public drinking.

Table 3: Participant characteristics (n=40)

Characteristic	Statistic
Sex: Female	35%
Average age	42 years (range 22 to 68 years)
LGBTIQ	5%
Born in Australia	95%
Aboriginal and/or Torres Strait Islander	63%
Highest level of education	
Grad certificate/Diploma/Bachelor degree	32%
Year 12	18%
Year 11 or below	50%
Employed	10%
Past or present experiences of homelessness	50% ⁺
Average length of time public drinking in Yarra	8 years
Public drinking in Yarra daily/most-days	68%
Accessed a service to get help for alcohol concerns	54%
Experiences of responses to public drinking*	
Had contact with police/justice system for public drinking	91%
Placed in custody due to public drinking [^]	50%
Fined for public drinking	50%
Contact with paramedics as a result of public drinking	45%
Transported home	45%

⁺ Figure is likely to be an underestimate, as the data captured only includes people who explicitly mentioned experiences of homelessness during interviews. Others may have experienced homelessness but did not (wish to) disclose this.

* Participants were able to report multiple experiences.

[^] Unclear whether participants responses relate to public drunkenness rather than public drinking.

3.3 Data collection

Due to restrictions related to the global novel coronavirus (COVID-19), interviews (n=20) were mainly conducted by research team members over the phone, with a few conducted in person. One focus group was conducted over the phone and the other was conducted in Richmond. These lasted approximately 40 minutes and included open-ended, semi-structured questions, developed and agreed on by the team and steering committee. The topics explored were: views and experiences of public drinking and public drinking laws (research questions 1-2), and suggestions for responses to public drinking (research question 3). Questions were predominantly about experiences prior to COVID-19. Prior to the commencement of the interviews and focus groups, researchers provided written and verbal information about the project, answered any questions that participants had, and obtained informed consent.

3.4 Data analysis

In order to ensure the quality of the data, the interviews and focus groups were audio-recorded and transcribed. The transcripts were imported into the NVivo qualitative data management software program and were analysed using thematic analysis. Common themes were identified and relationships and divergent experiences within and between themes were explored. Pseudonyms are

used when referring to participants. Ages are presented within an age range in order to further de-identify participants.

4. Findings

Three interconnected areas were explored: 1) Experiences of public drunkenness, 2) Views and impacts of the public drinking law, and 3) Suggestions and desires for appropriate ways of responding to public drinking. Several sub-themes were identified in relation to each of these main areas (see Table 4).

Table 4: Overview of themes

1. Experiences of public drinking	2. Views and impacts of the public drinking law	3. Suggestions for appropriate ways of responding
1.1 Context of public drinking	2.1 Awareness of the public drinking law	3.1 Health-based response as the preferred approach
1.2 Positive aspects of public drinking a) Pleasure and social connection	2.2 Experiences of the public drinking law	3.2 Preferred responders a) Outreach and community workers b) Paramedics c) Police d) Aboriginal and Torres Strait Islander legal aid workers
1.3 Negative aspects of public drinking a) Health harms b) Exposure to violence c) Experiences of stigma	2.3 The law unfairly targets marginalised groups	3.3 Preferred services and responses a) Wet houses b) Sobering up services c) Public space design d) Outreach services
	2.4 The law is ineffective	3.4 Preferred broader responses to public drinking a) Access to health and social services b) Emergency services and outreach worker training c) Alcohol sales d) Equity for all
	2.5 Repealing the law	

4.1 Experiences of public drinking

Participants discussed diverse experiences related to public drinking. We discuss three common sub-themes related to this, including: 1) context of public drinking, 2) positive aspects of public drinking, and 3) negative aspects of public drinking.

4.1.1 Context of public drinking

A range of contextual factors and psychosocial circumstances shaped why, how, and where participants engaged in public drinking. These included a complex interplay of financial,

geographical, social, and cultural factors. For example, at the time of the interview, Jody (30 to 39 years old, Female) was unemployed and lived in public housing in Yarra. She described how she mainly consumed alcohol with friends at parks and on a main street in Yarra, and rarely drank in licensed venues for financial reasons:

So, usually, say, me and friends will just sit like sometimes at a park or just on the street, just down [main street name removed], sitting on the corner there [shop name removed]... and we'll just sit there and have a tin together. So yeah, just stuff like that. [...] Sometimes there's a little bar [suburb name in Yarra removed], that I'll sit at, with a girlfriend.

Some participants, whilst not living in Yarra, regularly transited through Yarra for different practical reasons and would consume alcohol whilst there. These examples provided insights into how the consumption of alcohol within a daily drinking session may extend beyond the bounds of a local government area. For example, Ronnie (40 to 49 years old, did not identify with a gender) discussed how they had a complex set of medical concerns and how they would transit into Yarra to visit a medical practitioner, whilst also drinking alcohol in local parks:

[...] my GP's in [suburb name in Yarra removed], I'll go to see him, so often. [...] I'd already have had two or three drinks on the tram from [suburb name outside Yarra removed] and would often then sit in one of the parks on the way from the tram to my doctor's [in Yarra] and sit in one of the parks and have another couple of drinks, pretty much until it was time for the doctors. [...] I would generally walk around the streets of [suburb name in Yarra removed], in this situation, or go to - yeah, maybe if I don't have alcohol, go to the bottle shop and get alcohol [...] Sometimes it does affect me and I get drunk and then, yes, that's different, but generally, I'm not drunk. [...] I have a number of mental conditions, - and I talk to myself, for example. I've got Asperger's and high anxiety and depression, so the drinking doesn't really help any of those at all.

Whilst some people openly drank alcohol in public places in Yarra, others took steps to conceal their alcohol consumption when drinking in public. Bill (40 to 49 years old, Male), who was homeless at the time of interview, spoke about how he would spend each day walking through different parts of Yarra, and conceal his alcohol consumption when in places visible to the general public. When in parks (e.g., near public housing flats), Bill would often drink with different groups including groups of Aboriginal and Torres Strait Islander and other cultural groups, however, that group activity had been made more difficult with COVID-19 restrictions:

I generally have to hide it. So, I have a, I've got an army-issued, you know one of these canteens? With a screw-top lid and I, yeah, transfer the alcohol into that, so as to hide it, so people can't see or know what I'm drinking. Because otherwise I feel that I'll get arrested if I'm drinking wine from a bottle or something like that. [...] As long as I hide it, I seem to be okay. [...] Just mostly white wine, like sav-blanc. Yeah, that's all that I drink. [...] I try to avoid the Police seeing it or smelling it on me and stuff like that. I don't attract attention to myself. But yeah, so a typical day would just be drinking in the morning, afternoon then evening, and by the evening I've probably left the Yarra area just to go sleep in the suburbs.

The context and experiences of drinking in public for Aboriginal and Torres Strait Islander participants varied. For a few participants, the practice of public drinking was only occasional, such as having a drink whilst catching up with friends and family (as we elaborate on in the next section).

Bronwyn (50 to 59 years old, Female, Aboriginal and Torres Strait Islander) elaborated on how she would interact with Aboriginal and Torres Strait Islander friends and family on a main street in Yarra:

Just wanted to catch up with everybody and find out what they've been up to and see what the goss is, and get all the goss and stuff and have a 'charge' with them and then get on my own way and do my own thing.

In another account, John (30 to 39 years old, Male, Aboriginal and Torres Strait Islander), described how he drank in bars, or in public on the ways to bars in Yarra. He spoke about how being Aboriginal and Torres Strait Islander meant that he would have to be strategic about drinking, and being able to get home quickly, in the wider context of a fear of police treatment:

Mainly the experiences with public drinking is when I was growing up [...] I was lucky to be told at a young age to be aware of where you are and where you drink. So, when I did drink, when I was younger, I did it in a safe place. Because I was always kind of a bit scared of the police. So, when it came to actually drinking in public, I kind of was very careful with it. I'd only drink in public if - it'd have to be close to somewhere that I knew that I could just go straight home or get in a cab or something like that, because, yeah - especially in Victoria...it can be a bit daunting at times. [...] So, I saw a lot of people get arrested, so I was - personally, I was pretty good at staying away from the police, but - yeah.

For other Aboriginal and Torres Strait Islander participants, many of whom were experiencing psychosocial concerns (including other drug use, mental health concerns, and homelessness), drinking in public places in Yarra was a necessity and the only available setting to consume alcohol. For instance, many participants were in contact with outreach services and mentioned being homeless or sleeping rough, previous and ongoing criminal justice issues, post-traumatic issues flowing from institutionalised discrimination (e.g., the stolen generation), and reported an absence of a phone, access to food, and place to stay. Some participants alluded to polysubstance use, and mentioned having been to the medically supervised injecting room, while others reported or were observed to have injecting paraphernalia, along with different types of alcohol, in their possession. Other participants indicated that they had previously been in treatment for alcohol and/or other drug issues.

4.1.2 Positive aspects of public drinking

Amidst the often-challenging life circumstances and contexts described above, public drinking was a valued practice that afforded various opportunities. Indeed, participants reported several positive aspects of public drinking, especially in relation to pleasure and social connection.

Pleasure and social connection

Some participants discussed how it was pleasurable to drink in open spaces in public and to connect with friends and family and the environment. For example, for Jody (30 to 39 years old, Female), consuming alcohol in public spaces involved “getting a bit of sun and being with mates.” In another account, John (30 to 39 years old, Male, Aboriginal and Torres Strait Islander) reflected on how the Parkies mob had:

Figured where it was safe for them to drink - was the park – [...] they could do it out in public; and it was fairly nice out in the breeze.

In a focus group, an Aboriginal and Torres Strait Islander female participant described public drinking as: “It’s a meeting place [...] it’s like a family [...] we feel free!”

In the context of not feeling comfortable to drink in other venues or being constrained by life circumstances, socio-historical factors and marginalisation, the ability to temporarily escape such constraints and “feel free” through public drinking was considered important. Similarly, many participants discussed how drinking in public places in Yarra was a valued social practice. Drinking in public places was a way to socialise and also for some to reduce a sense of loneliness. For example, as Kon (30 to 39 years old, Male) stated:

I was relatively isolated due to my drinking and just being out in public meeting new people and, yeah – talking rubbish most of the time but it was, yeah, nice to just be around people, I guess.

Jody (30 to 39 years old, Female) expressed the view that she often felt less judged by people she drank in public with, compared with other community members, and they formed an important part of her social group:

They're not snobby people. They're just - I don't know, they're just carefree and they're just nice people to be around sometimes.

As Kon and Jody's accounts illustrate, public drinking affords valued opportunities for non-judgemental social interaction and connection that was not always available in their lives and encounters in the broader community.

While not integral to community connection, some participants viewed public drinking places as playing a role sometimes. As Kate (40 to 49 years old, Female) explained, public places where people could drink afforded a “community spirit type of thing”. Further, Kate described how public drinking sites allowed her to find people that she was concerned about, in order to offer them support and/or care, or to check in about their welfare. When Kate wanted to find friends including members of the Aboriginal and Torres Strait Islander community, she would walk around drinking hotspot areas as:

No one's heard from 'blah blah' for a while, I'm going to go, and hunt them out. So, we're going to walk around those areas where that person could possibly be, or maybe find someone that knows them. Just checking on people's welfare.

Similarly, and especially for Aboriginal and Torres Strait Islander participants, drinking in public places played a role as a way to reaffirm social ties. For example, for Ken (60 to 69 years old, Male, Aboriginal and Torres Strait Islander), public drinking was a friendship affirming practice, and allowed familial exchange and communication to take place:

People [*drink in public*] because of friendship, socialising, or catching up with family. [...] I'd always go to the park where people were drinking, if I wanted to find somebody, one of my relatives or something. Yeah, it was just a practice, safety in numbers sort of thing.

Furthermore, participants reported that the maintenance and availability of public places to drink was important to facilitate valued social interactions. Bronwyn (50 to 59 years old, Female, Aboriginal and Torres Strait Islander) reflected on a time decades ago when Aboriginal and Torres Strait Islander people and other people who lived in the local public housing flats were able to socialise in licensed venues, such as the Builders Arms. However, with the gentrification of the local area, the cost of drinking in licensed venues was now prohibitive for many. For Bronwyn, this was frustrating as she wondered whether the general public “think that people in the 20 story flats don't want to socialise, drink with friends, do things that people consider to be normal, if you're poor?” In view of licensed

venues being out of reach of many, for Bronwyn, it was vital to maintain public drinking areas in order that practices of social exchange could continue. As she stated:

You're part of each other's circle so you want to talk to each other about who is doing what, how everybody is, is so-and-so okay? I heard so-and-so got in a bit of trouble, just all that sort of stuff.

In sum, a range of positive aspects related to public drinking were articulated, especially in relation to pleasure and social connection. However, as discussed below, participants also recalled a range of negative aspects related to public drinking.

4.1.3 Negative aspects of public drinking

Many participants identified negative aspects related to public drinking, including health harms, exposure to violence, and experiences of stigma.

Health harms

Participants identified a range of health harms related to their alcohol use, and drinking in public specifically. Some participants discussed these health harms in the context of being a self-described “alcoholic” (e.g., Bill, 42 years old, Male). However, whether it was useful to view alcohol consumption through the medical lens of ‘alcoholism’, was questioned by some participants. For example, John (30 to 39 years old, Male, Aboriginal and Torres Strait Islander) discussed his relationship with the Parkies mob. On the one hand, there was a level of ‘alcoholism’ within the group, on the other, drinking was “the way that [*Parkies*] did things. I never saw any trouble with them, to be honest.”

A common health harm reported due to excessive drinking was hospitalisation after becoming intoxicated, passing out, or blacking out. Michaela (40 to 49 years old, Female, Aboriginal and Torres Strait Islander) spoke about her experience of being hospitalised after drinking in public in Yarra:

Basically, what would happen is that I'd starting drinking, and then I'd end up [in hospital] and I'd run away, and I'd keep drinking, and then I don't know what happened after that. [...] because I can't stop when I pick up. So, that's why I go to [*Alcoholics Anonymous*], [...] well, to be honest with you I'm pretty sure 99.9 per cent of people drinking in public places are actually born with the disease of alcoholism, and that's why they're doing it. They're not doing it to break the law, they're just doing it because they can't stop drinking.

Michaela not only detailed her current attempts at abstinence from alcohol through Alcoholics Anonymous, but also suggested that most public drinkers have a lack of volition when it comes to stopping drinking.

In contrast, other Aboriginal and Torres Strait Islander participants stated that many of their friends and family were experienced in self-regulating drinking. For example, as Ken (60 to 69 years old, Male, Aboriginal and Torres Strait Islander) stated, there are: “some people out in a group that might play up but they also can self-control, there's self-regulation there.” In a focus group exchange, a number of participants also discussed how they could control their drinking:

Male 1: We don't get...drunk and lose control.

Male 2: You can tell we've all had a bit to drink, but we are not violent, we are not brain dead! Maybe brain damaged, but not... brain dead!

The social nature of a public drinking space, and the ways in which different individuals helped one another and interacted with each other, had the potential to foster support and self-regulation to reduce health harms from alcohol.

Exposure to violence

Another negative aspect of public drinking was exposure to, witnessing, or personal experience of violent behaviour. For example, Jody (30 to 39 years old, Female) recalled how there was the potential for sexualised violence in the form of men taking advantage of women affected by alcohol. She stated:

Yeah, because of the predators. There are a lot of them. Yeah, they just need to be protected [...] There's a lot of men. They just go out looking for girls that are intoxicated and they just completely take advantage of them. [...] I've seen it, I've lived it. So, I know first-hand.

Many participants spoke about how there was a risk of violence or fighting during a heavy drinking session in public, which could occur between any individuals or groups that consumed alcohol in public places. For example, Bill (40 to 49 years old, Male) spoke of his experience of threats of violence while drinking in public. Referencing the potential for the intersection of violence and cultural conflict between marginalised groups, Bill discussed a recent interaction with a group of people from a different cultural background:

But yeah, they'll [different group] either steal [alcohol] from you or they'll shout you it, it depends on the day and the mood. Yeah. [...] on a good day they'll often just shout me. But on the worst day, they threatened to beat up a friend of mine that was with me, who was drinking with me, because he was drinking my alcohol. I don't know, they just didn't like him, so they threatened to beat him up and he couldn't handle it and he walked off and I followed him. But on the same interaction, they were offering to shout me alcohol because I got along with them.

During the focus group with mostly Aboriginal and Torres Strait Islander participants, it was reported that Smith Street, Collingwood, and surrounding parks had previously provided a safe place to consume alcohol. However, with recent conflict with other cultural groups, Smith Street had felt less safe, and many of the focus group participants reported having moved away from that area due to threats of violence. Interactions between different cultural groups had recently emerged as a safety issue, and one that many focus group participants felt the local police had little control over. The following focus group interaction involving Aboriginal and Torres Strait Islander participants captured this intercultural conflict:

Male 1: We used to drink [...]

Female 1: On Smith St [...] in the park in North Fitzroy [...] [*overspeaking*]

Male 1: We got pushed down by police, and then, and then these [*young predominantly male group from another cultural background*]... that were sitting over there drinking [*referring to Smith St*], they never got moved on, cos the coppers were too scared of them! [...] know what I mean!

Male 3: [The other cultural group] wanted to kill us!

Male 1: They made us move.

In this exchange, we observe that the threat of violence based on intercultural conflict, along with a perceived inability of police to manage the threat, had led to some Aboriginal and Torres Strait Islander people being displaced to another area within Yarra.

Experiences of stigma

Finally, many participants reported that a negative aspect of public drinking was feelings of being judged or discriminated against by some members of the public in Yarra, as well as by some police. Although it was generally not clear exactly when experiences of stigma occurred, or whether police practices/attitudes had changed over time, these experiences were reported to occur amidst personal histories of discrimination and racism for Aboriginal and Torres Strait Islander participants. Such experiences existed along a spectrum and some participants mentioned police encounters that did not feel stigmatising or unpleasant. Similarly, Kon (30 to 39 years old, Male) thought interactions with the general public were not particularly negative: “I recall probably getting a few looks but nothing more than that.”

However, for many Aboriginal and Torres Strait Islander participants and homeless participants in particular, the feelings of being different and experiencing stigma were more acute. For example, Jody (30 to 39 years old, Female) spoke about how it was not uncommon to experience judgment from other members of the public within Yarra. Jody described an interaction where a person who engaged in public drinking asked a member of the general public for small change, which was met with judgment and discrimination:

[...] they've asked someone for spare change, and somebody standing around just said “fuck off” or something like that, “get a job you fucking worthless drunk!” and all of that. People talk like that...

Feelings of being constantly judged could also lead to negative emotions and stress. For example, Jason (30 to 39 years old, Male, Aboriginal and Torres Strait Islander) discussed how when he would wake up in public with a drink beside him, and plan his day, he found that:

People who just stare at you and I don't know, yeah, all that kinda, you know, what do you call it um, what's that word I'm looking for [...] Paranoia, yeah, that kicks in a bit [...] yeah just people staring at you, judgmental people pretty much [...] All the time, yeah, all the time.

Jason's account exemplifies how experiences of stigma can lead to distress, in his situation, paranoia. Given he was often sleeping rough, it was difficult to escape the gaze and judgment of the general public, especially when drinking in public places in Yarra.

4.2 Views and impacts of the public drinking law

Participants discussed a range of views and impacts of public drinking laws. We discuss five common sub-themes related to this, including: 1) awareness of the public drinking law, 2) experiences of the public drinking law, 3) the law unfairly targeting marginalised groups, 4) the laws being ineffective, and 5) repealing the law.

4.2.1 Awareness of the public drinking law

Participants varied in their awareness and level of understanding of the public drinking law in Yarra. A few participants had a particularly high level of knowledge regarding the public drinking law and specifically referenced how “Local Law 8” would often “create a lot of anxiety” (Ken, 60-69 years old, Aboriginal and Torres Strait Islander) in the community with regards to police treatment.

However, most participants had limited understanding of the public drinking law, with a few unaware that it existed. For example, as Bronwyn (50 to 59 years old, Female, Aboriginal and Torres Strait Islander) stated:

My understanding of the laws was that we weren't allowed to drink in public. Or strongly discouraged [...] I've got no real understanding of the way the law works.

Similarly, other participants were uncertain about how the public drinking law is enforced, as James' (50 to 59 years old, Male) account illustrates:

I don't know whether they're enforceable or not by law, mostly likely they are, if the council's approved them.

A common concern raised about the public drinking law, was its complexity, especially in the context of other laws. For example, a number of participants discussed how they might drink in a licensed venue, then buy takeaway alcohol and drink it on public transport, before going to a park in Yarra to continue drinking. They described how it was challenging to understand when, where, and at what time, they were legally able to drink in public, or when they may be in breach of, the public drinking law. There was also clearly some confusion and conflation between public drinking and public drunkenness laws, with participants reporting spending time in custody for public drinking (for which the maximum penalty is an infringement notice).

4.2.2 Experiences of the public drinking law

Participants reported a range of different public drinking experiences with regards to police. As stated earlier, most participants had experienced contact with law enforcement officers for public drinking. However, a few participants described how police would pay little attention to their drinking, and they would have little contact with police. For example, James (50 to 59 years old, Male), who reflected on a number of decades of rough sleeping and public drinking both in Yarra and other areas in Melbourne, stated: "usually, [*police*] just drive on past [...] for the best part, [...] they just didn't pay any notice [...] if you were playing up, they'd probably write you up."

Other participants reported different police experiences which resulted in a range of outcomes. Some participants had received tip out requests from police after being found in possession of an open drink. This was often experienced as an annoyance, as it could be difficult to purchase more alcohol given participants' financial situation. Others had been given 'move on' orders. Many participants had been given fines for breaching the public drinking law, whilst others had been arrested for the related issue of public drunkenness and taken to a watch house to sober up.

Some participants described how they had either observed, or experienced themselves, what they perceived as an overly aggressive police response in regards to breaching the public drinking law. This was especially the case for Aboriginal and Torres Strait Islander participants. For example, Ken (60-69 years old, male, Aboriginal and Torres Strait Islander) recalled a previous arrest by police after being talked to about public drinking, which escalated into an arrest for another offence:

[*I was*] chucked in the back of the divvy van and then they'd give you a rough arrive and you'd get thrown around the back, split your webbing, or something trying to hold on inside. All badly bruised by the time you got to the cop shop.

As we discuss in the next section, many participants viewed that the decision about whether to enforce public drinking laws, was often perceived to be arbitrary, and unfair for marginalised groups, including Aboriginal and Torres Strait Islander people.

4.2.3 The law unfairly targets marginalised groups

Many participants expressed the view that they felt public drinking laws were not always enforced equitably by police. Although many Aboriginal and Torres Strait Islander participants were sympathetic and understanding of the importance of police duties, there was a common view that Aboriginal and Torres Strait Islander people were at times racially targeted under the public drinking law. It was not always clear whether participants were referring to current or past experiences (or experiences exclusively in Yarra) and whether the situation had changed over time. John (30 to 39 years old, Male, Aboriginal and Torres Strait Islander) explained:

I know that there's a lot of nice police out there [...] but I've had some bad experiences where they're - they see us [Aboriginal and Torres Strait Islander people drinking in public], and it's kind of like we're the nail that's kind of ... gets hammered [...] other people are throwing up on the middle of the street and mucking around, yelling and stuff, but you see a group of people that have a dark complexion and [*the police*] seem to get distracted [...] I think there was racial profiling going on, with probably the Indigenous mob, maybe the [cultural group name removed].

Similarly, Riley (30 to 39 years old, Male, Aboriginal and Torres Strait Islander) spoke about experiences where he felt Aboriginal and Torres Strait Islander people were unfairly targeted under public drinking laws compared with other groups:

I mean, you see a bunch of white blokes and bunch of [cultural group name removed] drinking, you know, you don't see the cops going up to them, harassing them, or asking for their name or anything like that, they come straight to us, cause in their eyes, we're nothing but violent when we're drunk.

Bronwyn (50 to 59 years old, Female, Aboriginal and Torres Strait Islander) also felt that public drinking laws are not implemented fairly. She stated that Aboriginal and Torres Strait Islander people are potentially targeted by police under the public drinking law using an “arbitrary” enforcement style that gave police “too much freedom to exercise the law in terms of how they feel, not as in terms of how the law was written.”

There was also a perception that the public drinking law could be drawn upon by other law enforcement personnel to target Aboriginal and Torres Strait Islander people. For example, during a focus group, a male participant described how he had recently walked towards a train station in Yarra. The participant described how he was carrying a can of soft drink. He was approached by two protective service officers who asked “what’s in the can?” The participant responded “can’t you fucken read?” and the event led to a criminal matter (*details redacted for privacy*), which the participant thought had come to that point of escalation due to his Aboriginality and the exercising of public drinking laws. Thus, whilst other members of the public freely walked through the station, for this participant, the public drinking law was used in a way that made him feel harassed and unfairly targeted.

In addition to unfairly targeting Aboriginal and Torres Strait Islander people, other participants felt that the enforcement of the public drinking law tended to be unequitable for people experiencing homelessness. Kate (40 to 49 years old, Female) recalled how in her experience, when people

experiencing homelessness were drinking in the same area as other people, homeless people were often singled out by police when enforcing the public drinking laws:

It's a way of targeting particularly vulnerable people. Particularly people who are homeless. I mean, for god's sake. I just think it's a highly punitive way of dealing with human beings.

In addition to feeling that the public drinking law is unfair for marginalised groups, many participants considered the public drinking law to be ineffective in reducing public drinking and the harms associated with it.

4.2.4 The law is ineffective

Many participants thought that for people who consumed alcohol in public places and were experiencing complex psychosocial concerns (e.g., homelessness), being asked to tip out alcohol, or being issued a fine, would not be effective in changing drinking behaviours. As James (50 to 59 years old, Male) stated about fines for breaching local drinking laws:

I just wouldn't pay it. I just wouldn't pay it, say, what are you going to do, lock me up? Yeah, I wouldn't pay it. It wouldn't really matter to me, to be honest.

Ken (60 to 69 years old, Male, Aboriginal and Torres Strait Islander) discussed how for people experiencing complex drinking concerns, being issued fines under a punitive response failed to address the underlying causes of public drinking practices: “they just kept going on the merry-go-round [...] because they can't pay the fines and they're not going to pay them.”

Ken's use of the “merry-go-round” metaphor highlights how a punitive approach (such as issuing fines) was considered to be a revolving platform where drinking and related concerns were not addressed. Rather than an approach that was perceived to be unfair, ineffective, and punitive, Ken and other participants advocated for a wider health-based response to public drinking (which we address in sub-section 4.3.1).

4.2.5 Repealing the law

Whilst not all, most participants felt that the public drinking law was potentially harmful and unnecessary and that it should be repealed. For example, as Jason (30 to 39 years old, Male, Aboriginal and Torres Strait Islander) stated: “Well, yeah I reckon [the law should be got rid of], if we don't start trouble, which we don't, yeah I reckon it would be a good idea.”

Also advocating for the repeal of the law, Ronnie (40 to 49 years old, did not identify with a gender) discussed how there were other legal instruments police could invoke to deal with any anti-social behaviour related to public drinking generally:

If you've had too much to drink, and you're walking down the street abusing people, you'll get picked up, rightfully [...] picked up because of that. Disorderly conduct, under a health order or something, so yeah, [...] I think it's the way I think about it [...] you'd want to remove the law that said it was illegal to drink in public.

Although most participants viewed public drinking laws as unnecessary and/or potentially harmful, a few held ambivalent views about the utility of public drinking laws. These participants tended to support public drinking bans, as they viewed other people's public drinking as potentially affecting civic life. However, they acknowledged that for themselves, public drinking bans had little effect on their own drinking behaviour. This was typified in Kon's (30 to 39 years old, Male) account:

Yeah, personally, I'm supportive of drinking bans in public. Yeah, I think it's – gives off a bad impression when people are getting drunk in public [...] [*however, for me*] personally, I was an alcoholic and nothing ever got in the way of me having a drink really.

Furthermore, some participants were not particularly concerned about whether public drinking laws are repealed. Rather, these participants were more interested in an equitable, fair, and just approach to addressing public drinking, and treatment by the state. In the words of a male Aboriginal and Torres Strait Islander focus group participant: "It's one law for all! [...] Respect and courtesy goes a long way."

4.3 Suggestions for appropriate ways of responding

As well as being supportive of repealing the law, participants communicated several desires and suggestions in relation to appropriate ways of responding to public drinking and related needs. In this section, we present participants' views about their preferred approach and responses to public drinking, preferred responders and services, and views about addressing wider social determinants of health.

4.3.1 Health-based response as the preferred approach

Most participants preferred a health-based approach to responding to public drinking, and to address drinking-related concerns. This stemmed from the widely held belief that public drinking is not a moral or criminal justice issue, but rather, a health and social issue, especially when harms to self or others emerge from drinking. For example, describing how a health-based approach is more favourable than a punitive response to public drinking, Ken (60 to 69 years old, Male, Aboriginal and Torres Strait Islander) stated:

I think when people become alcoholics that they shouldn't be punished. I think they should be somehow engaged, because then it becomes that health problem, and if they are in a better place it's not going to be so problematic, you know?

In another account, John (30 to 39 years old, Male, Aboriginal and Torres Strait Islander) explained how investing in a health-based approach to public drinking is more desirable than investing in policing:

I'm more a fan of putting money [...] in the hands of people that are health workers and that are social workers, instead of putting the money into police hands, so they have to work extra to go out and get people for crimes that I don't think are really that important.

Some participants raised the idea that a health-based response should aim to target those who need or want help, rather than all people who might drink in public places. There was a sense that if people choose to drink in public, and are not harming other people, they should be free to drink in public. For instance, Jody (30 to 39 years old, Female) explained:

I guess the people that need help, offer help, and if there are people that don't need help, and don't want help, and they're not hurting anyone, just who gives a shit? [...] Just leave them be. They're not hurting anyone. Bugger off, do you know what I mean?

As illustrated in participants' accounts, respecting people and their desires/needs and treating people with dignity, care, and compassion were considered important elements of a health-based, or any other approach, to public drinking. Although many participants favoured a health-based approach to

public drinking, there were differing views on how a health-based response in Yarra might be designed and implemented, which we discuss in the following sections.

4.3.2 Preferred responders

Participants proposed a range of preferred responders who they thought could be useful in a health-based response to public drinking. Rather than one type of responder being able to respond to any and every situation, participants drew attention to the useful role that various responders (and teams of responders) could play in different situations. They also indicated that irrespective of the type of responder, qualities like empathy, care, respect, and lived experience were important.

Outreach and community workers

Outreach workers were identified as playing an important role in responding to the concerns of people who consumed alcohol in public places in Yarra. For example, Ken (60 to 69 years old, Male, Aboriginal and Torres Strait Islander) stated “I hope they start having a functioning outreach worker again in the inner city anyway, an Indigenous one anyway at least.” Consistent with Ken’s account, whilst many participants identified that outreach teams should consist of people from different backgrounds, it was a common view that an outreach team would be of particular benefit to drinkers if they included workers who were Aboriginal and Torres Strait Islander.

Jason (30 to 39 years old, Male, Aboriginal and Torres Strait Islander) stated that outreach workers would provide him with “someone to talk to about my problems, you know” in a non-judgmental way. Participants also thought that outreach workers with a lived experience of public drinking would be an asset and enable better engagement with people who drank in public places. For example, Kate (40 to 49 years old, Female) explained:

What I'm thinking about is that lived experience model of doing things. Maybe you can have [*workers*] who want to go out and use their experience, strength and hope, to go and have a chat to someone who's in a bad headspace out in public, having a drink or something. You have someone who's got a lived experience, who's had some formal training, and they get a call out, and say, “look, you know, someone needs some help. Someone needs to have a yarn with someone.”

Other participants added that outreach workers could help connect or refer them with services (e.g., alcohol and other drug treatment services). To enable this, participants felt that outreach workers would benefit by having alcohol and other drug training or education.

Paramedics

Where there was an accident or medical emergency, some participants discussed the role of paramedics in responding to public drinking. For example, when asked about who he thought would be effective first responders, Bill (40 to 49 years old, Male) stated:

Probably the ambulance. They're good, because they're not aggressive. The police in the city, in the Yarra region can be very aggressive and brutal, which I've experienced – not every one of them but some of them. I would imagine the ambulance, they're more caring, they're concerned about your health and your wellbeing. A social worker or an ambulance seems like the best first responder.

Bill’s account referenced his past dealings with some police officers which included overly aggressive responses, and how, in contrast, paramedics could potentially provide support and care for people with drinking concerns.

Police

Importantly, although most participants rejected a law and order response to public drinking, the role that police might play in different circumstances was identified as a potentially important part of a health-based response. In managing incidents or call outs, where there was a risk of violence or physical harm, police were viewed as important to help protect the safety of public drinkers, community members, health workers, outreach workers, and/or paramedic responders. Discussing the role of inter-service responses, Terry (50 to 59 years old, Female, Aboriginal and Torres Strait Islander) stated it was important “both, you know, I’d say have both, health worker and the um police [to work together].”

Furthermore, as part of a health-based response, Michaela (40 to 49 years old, Female, Aboriginal and Torres Strait Islander) thought that police might be important in assisting in the identification and management of family violence that may (or may not) be linked to public drinking. She discussed how in a past family violence related matter, a female police officer had made enquiries as to her wellbeing and physical safety based on the officer’s observations. The officer’s intervention was appreciated by Michaela and she viewed police as important in preventing future family violence.

In order to promote an effective police response and better relationships between police and the Aboriginal and Torres Strait Islander community in Yarra, one participant cited the importance of strengthening local partnerships, underpinned by open communication. Ken (60 to 69 years old, Male, Aboriginal and Torres Strait Islander) stated how he felt that in the past, there had been stronger working relationships between police and community, in comparison to the present. Aboriginal and Torres Strait Islander community leaders could go down to the station at “any time and talk to [the officer], when [the officer] was available”, however, that may have deteriorated as Ken had been “hearing not good stories” about current police/community relations.

Aboriginal and Torres Strait Islander legal aid workers

Although the role of police was viewed as necessary in certain instances, many participants felt that there should be oversight of police conduct generally. In particular, when police were involved with Aboriginal and Torres Strait Islander people (e.g., after making an arrest), a number of participants communicated that it was important that a legal aid worker attended to advise on, and protect, Aboriginal and Torres Strait Islander people’s rights. For example, Riley (30 to 39 years old, Male, Aboriginal and Torres Strait Islander) stated, that in the event he was arrested, it was important that an Aboriginal legal aid worker was present to monitor and/or review police conduct:

I would prefer an Aboriginal legal worker, legal aid worker yeah, to come and see me, talk to me, pick me up or whatever, whilst, well, whilst the police are there.

Thus, whilst outreach and community workers were viewed as important responders, participants also highlighted the role of paramedics, police, and Aboriginal and Torres Strait Islander legal aid workers when responding to public drinking. We now consider participants’ views about how services might be designed to respond to public drinking.

4.3.3 Preferred services and responses

Participants identified a range of preferred services and responses, including wet houses, sobering up services, outreach services, food vans or barbeques, and public space design.

Wet houses

Wet houses are facilities which are designed to accommodate and support people who wish to drink alcohol in a safe space, but who may not feel comfortable, nor have the financial means, to drink in

venues or other places. Particularly relevant for people experiencing homelessness, wet houses allow people to drink and stay in a place where they are not required to stop drinking, whilst having different supports available if they desire them (e.g., food, shelter, linkage to services). Typically based on a harm-reduction philosophy, wet houses are gaining increasing prominence in North America but have rarely been implemented in Australia.

The concept of wet houses amongst participants was divisive: some supported the idea, whilst others were highly against the idea. Some participants thought that wet houses would be an effective option to support people who drink heavily/regularly and/or who have drinking concerns in Yarra. For example, Bill (40 to 49 years old, Male) drew an analogy between wet houses for people with alcohol concerns, and the medically supervised injecting room in North Richmond for people who inject drugs. He stated:

When it comes to heroin, I use the safe injecting rooms, which have saved my life, they've brought me back to life there before, and if I did that in an alleyway or in a public toilet, I would have died. So maybe these wet spaces could be the answer. Where they can go drink, they're not going to get arrested, and they can also access services from the same site. So, they have a safe spot to drink, there's people that could possibly help them reduce or quit at the same time in the same spot. So, I reckon maybe that is the answer.

Another male Aboriginal and Torres Strait Islander participant who was part of the focus group agreed: "I mean they have the [*needle and syringe programme and other harm reduction services for drugs*]; us alcoholics need something too!"

Some participants had ideas about where wet houses could be built. Craig's (40 to 49 years old, Male) preferred site for a wet house was on Lennox Street, Richmond, behind the factories as he explained that he and his friends who drank were all there anyway, often daily.

However, other participants were strongly opposed to the idea of wet houses being implemented in Yarra. Ronnie (40 to 49 years old, did not identify with a gender) thought that wet houses would be patronising and stigmatising when someone entered a house designed for alcoholics, stating that they might elicit feelings of: "I'm scum. All those people are scum!" In other examples, James (50 to 59 years old, Male) and others viewed wet houses as dangerous, as they brought intoxicated people together in the same space: "You're looking for trouble if you're putting all these people in the same house together, you know what I mean? They're all half-cut drinking!" Phil (40 to 49 years old, Male) stated that he would not use a wet house, as drinking in public for him was a solitary activity, where he wanted to be on his own.

Sobering up services

Sobering up services aim to provide a safe, supportive environment where people can sober up from alcohol and other drug intoxication. Broadly speaking, for participants in this study, sobering up services were viewed as a better option for housing intoxicated individuals in comparison to the use of jail cells, which are sometimes used in cases of public drunkenness. For example, Kate (40 to 49 years old, Female) stated:

I think [*a sobering up service would be*] great. I hadn't even thought about the possibility of something like that existing. So yeah, somewhere you could go and sober up in a safe environment. Safe from harm of yourself or another person. Yeah, so being taken somewhere safe, and perhaps then being given some further welfare, could be looked into, or assistance, or whatever. I think that's a great thing.

Jason (30 to 39 years old, Male, Aboriginal and Torres Strait Islander) agreed and stated regarding sobering up services: “Yeah, yeah that sounds alright, yeah that sounds good, we’re you’re not locked up in a cell yeah, I’d rather that.”

The main concern that a few participants raised about sobering up services, were that they were good in theory, however difficult to implement, especially with regards to managing intoxicated people. As Bronwyn (50 to 59 years old, Female, Aboriginal and Torres Strait Islander) stated:

So, sobering up services sound really good but it's the sobering up process that's messy and how does one person sit there and control, say, look, you've got three drunks in for the night? They're not automatically just going to go to bed, behave themselves.

Bronwyn’s concerns are like those made by some participants in relation to wet houses. While wet houses (as well as sobering up centres) are typically thought of as providing safe indoor spaces, many participants engaged in public drinking partially because they enjoyed being outdoors. Given this, they felt that providing outdoor wet spaces and improved public space design would be useful.

Public space design

There were a range of views raised about the importance of investing in the design of public spaces. A few participants discussed how well-designed public spaces could afford safer places in which to consume alcohol, where people who consumed alcohol could also access supports. Parks were identified as potentially offering safer drinking places, and some participants gave specific recommendations about how parks might be designed. In Bronwyn’s (50 to 59 years old, Female, Aboriginal and Torres Strait Islander) account, she discussed how signage and outdoor amenities (e.g., an outdoor barbeque) could offer a safe place to drink and one that was welcoming for marginalised people:

I think if you made it attractive for people to want to congregate at a certain spot and put up signage, “This is a drinking zone.” Make it known so that people understand that this is a space that is allowable for public drinking. So if you don't want your kids to see it, don't bring them [...] Put nice seats, put some covering, [...] just make it attractive and make the signage so that people - instead of the big, “No, you cannot do this”, say “Yes, this is a public space for drinking.” [...] Even have an outdoor barbeque or something so people feel like they're not just homeless or penniless or they're not part of the society, that they're valued [...] Make it welcoming.

Similarly, as a male Aboriginal and Torres Strait Islander focus group participant stated: “just give us a place to drink, and there will be no problem!”

Outreach services

As previously discussed, many participants thought that outreach and community workers played an important role in responding to people who consumed alcohol in public. A few participants also mentioned considerations that may inform the design of outreach services. In addition to outreach workers walking through and meeting people in public, Phil (40 to 49 years old, Male) suggested that it may be helpful if community members were able to call a mobile outreach response team, which could then provide support to people who consume alcohol in public.

Furthermore, John (30 to 39 years old, Male, Aboriginal and Torres Strait Islander) expressed the view that there may be a place for mobile health (‘mHealth’) technology in connecting outreach workers with community, especially for younger community members.

The technology's gotten better, so there needs to be better ways at being able to get in contact with community [...] Maybe there's a different job title where it's social media outreach worker, where they go and - they're able to contact people through social medias or they're - or people that are more tech savvy [...] But if you want to get a bigger net of people, I think you need to - we need to come up with more diverse jobs around mobile outreach to be able to outreach to people.

Another way participants thought outreach services could effectively engage community members was through food. Some participants discussed their preference for food/soup vans, and/or barbeques being available for people who consume alcohol in public places, who may be experiencing complex psychosocial concerns (e.g., financial disadvantage, homelessness). For example, James (50 to 59 years old, Male) reflected on his previous experience of these types of services in Yarra:

They have a barbecue on Fridays down there, or they used to. I don't know if they do that anymore, and stuff like that for the people [*who drink*] on the street down there and that [...] they had the soup vans and stuff like that, that was all good.

The main concern some participants raised was that in designing outreach services, the safety of outreach and community workers was paramount. For example, Michaela (40 to 49 years old, Female, Aboriginal and Torres Strait Islander) discussed how outreach and community workers needed to be protected from potential violence:

So, I think that yes, it's great to use the outreach people, but I think you do have to have an understanding that if you are in a blackout, there could be violence. These people have to be protected from it.

4.3.4 Preferred broader responses to public drinking

Finally, participants raised a range of broader responses that may address public drinking in Yarra, and beyond. These included: access to health and social services, education about alcohol harms, police training, reducing alcohol sales, and equity for all.

Access to health and social services

The ability to access health and social services for alcohol and other drugs and mental health more broadly was considered important to address the needs of people who consume alcohol in public places. For example, James (50 to 59 years old, Male) reflected on how a historical closure of services had meant some of the people he knew with mental health needs could not access appropriate care:

I don't know what you can do for [*people who drink in public places*], other than - they closed all the hospitals. What are you going to do? I don't know. They closed all the hospitals, though, the government. I had friends with fucking bad mental health problems.

Enhancing access to health and social services was thus considered important to ensure the potential mental health and wellbeing needs of people who drink in public are met. As discussed earlier, participants thought outreach workers and services could play an important role in facilitating access to services and addressing needs.

Emergency services and outreach worker training

Some participants thought that more broadly, service personnel responding to people who drink in public places would benefit from training in alcohol and other drugs. Through receiving specialised alcohol and other drug training, emergency services, including police and ambulance personnel, and

outreach workers, would be better equipped to respond to the needs of people with drinking concerns. As Michaela (40 to 49 years old, Female, Aboriginal and Torres Strait Islander) explained:

Well, I suppose the police and the ambulance need more education. I think your idea of having outreach people there is a really good idea, but they should be trained in the AOD [alcohol and other drug] sector.

Alcohol sales

During the interviews, some participants expressed frustration that people who consumed alcohol were individually punished, when alcohol was a wider issue in society. Moreover, the introduction of alcohol, and harms associated with drinking alcohol, were viewed by some as an enduring consequence of colonisation. For example, Terry (50 to 59 years old, Female, Aboriginal and Torres Strait Islander) discussed:

Because white man made the fucken grog, yeah, you know, that's why, that's why we [*have drinking concerns*], us black fellas.

Similarly, a male Aboriginal and Torres Strait Islander focus group participant stated: "If it wasn't for these fellas bringing the grog in the first place, we wouldn't be like this."

The view was raised, in particular by a number of Aboriginal and Torres Strait Islander participants, that reducing the availability of alcohol across society may assist in reducing harms associated with drinking. However, Ken (60 to 69 years old, Male, Aboriginal and Torres Strait Islander) warned against an over-simplistic view equating to "stop selling alcohol and that solves their [*referring to people with drinking concerns*] problem." Rather, Ken viewed that a reduction in alcohol sales across society would not only benefit people with drinking concerns, but more importantly have an effect at a societal level, especially given people with drinking concerns did not account for "the majority of assaults" or other harms across wider society.

Equity for all

Finally, some participants discussed that it was vital that social and legal policy, including public drinking reform, was equitable and inclusive for Aboriginal and Torres Strait Islander people. Highly critical of the way Aboriginal and Torres Strait Islander people experienced disproportionate harms from laws in Australia (including public drinking laws), Bronwyn (50 to 59 years old, Female, Aboriginal and Torres Strait Islander) drew attention to how via "every government since invasion, we've been penalised!" Some participants spoke about how future legal remedies for public drinking needed to be fair and just. More specifically, Bronwyn explained:

I'm all about one law, one law for everybody [...] One law! That's what we say in our culture, one law, one law for everybody.

In this way, Bronwyn's account foregrounded how regardless of an individual's cultural, economic, or social standing in society, a 'one law for all' approach could assist in protecting the rights of marginalised groups. Historically, drinking laws, and their enforcement, had disproportionately, negatively impacted marginalised groups.

5. Conclusion

Given typically negative experiences of the public drinking law (and its enforcement), the findings of this project indicate that marginalised people who drink in public in Yarra are supportive of repealing

the law in favour of a health-based approach. Based on participants' accounts and ideas for appropriate ways of responding to public drinking and related issues, specific suggestions for consideration include:

Overall

1. Repeal the public drinking law to prevent potentially adverse social, cultural, legal and wellbeing impacts on marginalised community members. If the law remains in place, safeguards (e.g., sensitive and non-punitive enforcement approaches) would need to be bolstered so that marginalised community members are not unfairly targeted or impacted.
2. Similar to the Victorian Government, adopt a health-based approach to public drinking that is underpinned by values, such as care, compassion, respect, and cultural appropriateness.
3. Involve Aboriginal and Torres Strait Islander community members, as well as people who drink in public (and other stakeholders), as key partners in the design and implementation of the health-based approach.
4. Given limited awareness of the current public drinking law, clearly communicating any changes to the law or approach to public drinking will be important.

Responders

5. A variety of responders could usefully participate in a health-based approach, but community and outreach workers are particularly important, especially Aboriginal and Torres Strait Islander outreach and legal workers and those with a lived experience of public drinking.
6. If the police play a role in a health-based response the following would be useful to ensure care, compassion, respect, and cultural appropriateness:
 - a. Continue to strengthen relationships between the Aboriginal and Torres Strait Islander community and the police in Yarra. This could be done through revitalising established mechanisms and fora for open communication, such as the Smith Street Working Group.
 - b. Given the importance of local contextual factors, sensitivities, and issues, provide cultural awareness training to police that is Yarra specific.
 - c. Provide community members access to Aboriginal and Torres Strait Islander legal aid workers to ensure rights are upheld.
7. Ideally all potential responders (e.g., outreach and community workers, paramedics, police) be offered training in responding to public drinking in a compassionate, respectful, and culturally appropriate way.

Responses

8. Consider establishing wet spaces (e.g., wet houses/zones) where people can engage in public drinking in a safe and supportive way. There may be a preference for outdoor wet spaces but further consultation on the specific design and configuration of spaces is needed.
9. Potentially as part of the state government's health-based approach to public drunkenness, consider implementing a sobering-up service for people who are intoxicated in Yarra.
10. Design inclusive, comfortable, and welcoming public spaces for and with marginalised community members.
11. Scale up investment and implementation of outreach and community workers to implement a health-based response, to engage with marginalised community members, and to facilitate access to health and social services and address needs.

- a. Aboriginal and Torres Strait Islander outreach workers and outreach workers with lived experience of public drinking are likely to be particularly important, although it is imperative that the wellbeing of outreach workers is supported.
 - b. Food vans and BBQs are also likely to be an important way of engaging marginalised community members.
12. Engage in community-wide anti-racism and stigma efforts in the general community and in responder groups to minimise the potential for stigmatising and judgemental encounters.
 13. Address social determinants of health through housing, employment, welfare, health, and social policies. Addressing social determinants of health is likely to be important for marginalised people who engage in public drinking.

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7. References

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