

Optics and Illusions of Street Drinking in East London: A thematic analysis



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Introduction

There is a lack of qualitative research on street drinking in the United Kingdom. Drinking alcohol in outdoor public places (e.g. streets and parks) and outside of formally organised events can be associated with reports of antisocial behaviour and/or indicate chronic alcohol consumption and other problematic behaviours (Manton, Pennay, & Savic, 2014). Our research helps develop a richer understanding of the lived-experience of people engaging in street drinking, explores their accounts of what motivates and escalates the behaviour, and compares factors of risk and resilience from participants' life stories, focusing on residents and contexts of one East London borough.

Method

Data

We collected and triangulated ethnographic data from semi-structured interviews and field observations from April to August 2018 alongside local outreach workers as part of a mixed methods study. Interview participants (N=18) were people in recovery from alcohol misuse, local key workers, and local residents affected by street drinking. Using a reflexive, social constructionist approach, we analysed data using an inductive thematic analysis (Braun & Clarke, 2006).

Participants

Pseudonym	Time since last drink	Gender	Age	Ethnicity	Accommodation	History with other substances
Jack	<1 day	Male	62	White British	rough sleeper	yes
Bubbles	<7 days	Male	45	White British	stable accom	no
John	>12 months	Male	52	White British	stable accom	no
Dave	>12 months	Male	18	White British	rough sleeping	yes
MrFabulous	>12 months	Male	38	White British	stable accom	yes
Sarah	>12 months	Female	20	White British	rough sleeping	yes
Beth	<3 months	Female	48	Black British	stable accom	yes
Jim	<1 month	Male	57	White British	stable accom	no
Mum	>12 months	Female	50s	White British	stable accom	no
Britney	<3 months	Female	58	Black British	stable accom	yes
Jane		Female	50s	White British	stable accom	no
Annie	not asked	Female	40s	White British	Key Worker	n/a
Flower	not asked	Female	50s	White British	Resident	no
JoeBlogs	not asked	Male	50s	Black British	Key Worker	n/a
MrBush		Male	40s	White British	Key Worker	yes
Marija	never	Female	30	White Other	Resident	no
Sylvija	not asked	Female	29	White Other	Resident	no
Bongo	>3 months	Male	36	Mixed British	stable accom	yes
Heat	<1 day	Male	37	Mixed British	rough sleeping	yes

Results

We saw three themes in the interview and field observation data:

- 1. Disrupting Assumptions about Drug and Alcohol Hierarchies,**
- 2. Exercising Agency through Self-Medication,**
- 3. Constellations of Safety and Hazards in Public and Private**

The now? The now is being homeless and being scared. Ya. And also, I was a user. I was drinking for a little while. Then I stopped and I started to use drugs. And opiates. Now I've got off them, but we still dabble.
(Sarah, 20)

I'm walking around then I'm always doing that looking over your shoulder to see who's around me. If I'm walking around I'm constantly planning. Where I can be attacked from and how to get away from it. But with a drink inside me I don't care because it takes the scaredness away. I've got to stop drinking full stop. I'm constantly planning, thinking of ... I walk around a bit tensed up ready for a fight. Right. And I don't trust anyone. Well, I trust people in here but I don't trust people who are coming towards me. It's getting a bit better because the beating was in [anonymized].
(Bubbles, 45)

You know. And erm, they take you back to their house with a offer of drink, you're gonna go, if you're an addict. I was a full-blown addict, so I don't care if you're a stranger, I'm going back to your house to have a drink. And erm. That's what I used to do. And erm (.). I think there's a whole manner of risks as a, a, as a female drinker.
(Beth, 48)

1. Disrupting Assumptions about Drug and Alcohol Hierarchies:

Participants described narratives of harmful alcohol use and/or recovery which disrupt expectations of hierarchies of harm and harm-minimisation. Examples include maintaining long-term abstinence from alcohol whilst using heroin and using heroin to reduce alcohol consumption.

2. Exercising Agency through Self-Medication:

Participants explained and illustrated self-awareness of how their own use of alcohol had detrimental effects on their physical and social health, whilst signposting physical and affective states that would be difficult for them to manage alone without alcohol, e.g. withdrawal; distress from surviving abuse or attacks.

3. Constellations of Safety and Hazards in Public/Private:

Interview data and field observations provided salient illustrations of ways people navigate intersecting patterns of danger and safety from expected and unexpected sources, e.g. drinking on street benches to avoid violence from family members at home as well as strangers in secluded spaces

Conclusion

In-depth accounts of individuals' lived experiences give voice to how people in early recovery from alcohol misuse construct and prioritise agency, safety, and hazards in the context of street drinking. Personal, social, and structural asymmetries shape and disturb expected, normative coping strategies. Our research highlights how complex, multi-factored contexts can be disruptive of assumptions about 'street drinking', alcohol misuse, and recovery, and thus may be informative for social policy, funding strategies, and improved, evidence-based treatment.

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References

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