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Prevention Interventions in Recreational Settings

**Amador Calafat
and
Members of the Pompidou Group Prevention Platform**

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POMPIDOU GROUP

The Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (the Pompidou Group) is an inter-governmental body formed in 1971. Since 1980 it has carried out its activities within the framework of the Council of Europe, and 35 countries are now members of this European forum, which allows policy makers, professionals and experts to exchange information and ideas on a whole range of drug misuse and trafficking problems. Its mission is to contribute to the development of multidisciplinary, innovative, effective and evidence-based drug policies in its member states. It seeks to link policy, practice and science.

By setting up its group of experts in epidemiology of drug problems in 1982, the Pompidou Group was a precursor of the development of drug research and monitoring of drug problems in Europe. The multi-city study, which aimed to assess, interpret and compare drug use trends in Europe, is one of its major achievements. Other significant contributions include the piloting of a range of indicators (Treatment demand indicator) and methodological approaches, such as a methodology for school surveys which gave rise to the ESPAD (European School Survey Project on Alcohol and other Drugs).¹

¹. See the list of Pompidou Group documents and publications at the end of this publication.

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BACKGROUND

This publication is a result of the Pompidou Group Prevention Platform work in 2007-2010. Its aim is to assist local authorities across Europe in addressing the problems related to misuse of drugs in holiday resorts, tourist towns and other recreational settings. The publication defines “drug misuse” broadly, to include alcohol misuse. The policies and interventions related to tobacco are also considered in this publication. The special focus of the publication is on a recreational nightlife context within which drug misuse and related problems mostly arise.

The Pompidou Group Prevention Platform developed the framework for the publication. In 2009 the Secretariat of the Pompidou Group collected results of its questionnaire on prevention projects in recreational settings from its Member States which provided some practical illustration of possibilities for responses available at different localities. The publication also draws on work done in Europe (both within the European Union and beyond its borders) by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the European Institute of Studies on Prevention (IREFREA) and other networks and organisations. There are references made to experience in other parts of the world, notably in the North America. Therefore, we do hope that this publication will be useful not only in economically advanced parts of the world or where recreational economy is well established already. We also hope authorities, experts and industry representatives in emerging touristic destinations and in recreational facilities of less economically developed countries (within Europe and beyond) could learn from these experiences and deal with issues in a proactive way before they grow into bigger problems.

The publication seeks to explore a range of possible drug misuse prevention activities that could be delivered to young people and families during their holidays as well as in the recreational settings, and provide examples of innovative drug misuse prevention activities in holiday and leisure time settings.

There are many economic, social and cultural advantages of national and international tourism and the problems addressed in this publication are far outweighed by the benefits. Nevertheless, there is a need to pool together successful experience from different localities in order to tackle problems related to misuse of drugs during holidays and in leisure settings. Certainly, big differences exist in the possibilities for responses available to different localities and settings – depending on resources available, extent of control (for example, licensing of premises for serving alcohol), local laws and traditions (e.g. laws and customs relating to cannabis possession and consumption) and the national contexts. The present publication will attempt to provide the readers with detailed examples of practice to illustrate the general principles which could be applied in most settings including:

- understanding the issue through research, data collection and analysis,
- involving the local community in developing solutions,
- intelligent policing,
- creating safer environments through planning and design,
- working with local businesses to discuss issues and find solutions,
- transport development,
- providing alternatives to substance misuse,
- working with and by the country of tourists' origin.

I would like to take this opportunity to thank all the contributors from the Member States, Doctor Amador Calafat and the members of the Pompidou Group Prevention Platform: Raphael Bayer (Austria), Richard Ives (United Kingdom), Aljona Kurbatova (Estonia), Christoph Lagemann (Austria), Fernando Mendes (Portugal), Christiane Morel-Barnichon (France), Eva Tomkova (Slovak Republic) for the work they have put into this publication.

The main target audience for this publication is local authorities in tourism-orientated municipalities, tourism and recreational settings managers as well as professionals/practitioners and researchers in drug prevention. It is our hope that the publication will be disseminated and used widely.

Sergei Bazarya
Administrative Officer
Pompidou Group Secretariat

1. INTRODUCTION

1.1 Why this publication?

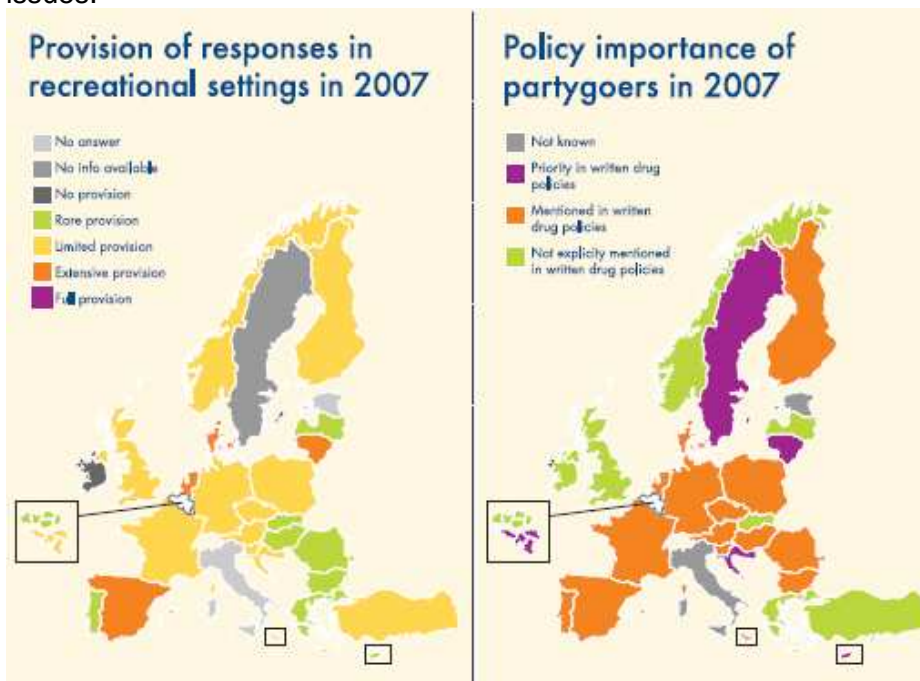
The participation in nightlife and in recreational activities has increased among young people around Europe during the last decades. This increase has been in general terms quite spread all around, but certain localities or regions hold a bigger concentration of such activities, where people from other areas or even from abroad, come for entertainment.

Traditional Mediterranean touristic resorts have played an important role in the initiation and the dynamics of this expansion. The concentration of large number of young people being on holidays, the initiatives of a powerful local leisure industry and other technological and cultural ingredients fostered this phenomenon. Now we are confronted with a global issue, affecting many countries. Councils welcome a 'flourishing late-night entertainment industry' (Greater London Authority, 2002). The expansion of the night-time economy in Manchester city centre has created an estimated 12,000 jobs for bar, waiting, catering and security staff. In addition to bringing benefits to the local community, it can also have a positive influence on the individual, bringing additional choices for places to relax and socialise.

Nightlife takes place in different specific places such as bars, pubs, clubs, beach parties, music arenas as well as streets, squares, parking areas, etc. The premises can receive different denominations from country to country and can have different features. Nightlife scenarios are defined by an active leisure industry that adapts very quickly to the customer needs and tend to increase the young people participation.

There is a trend in our society that promotes this specific sort of entertainment, closely aligned to that of consumerism trends in general and supported by a powerful leisure industry, local councils and wide economic interest. The dominance of consumption, the 'show' and entertainment invade and shape daily life, values, morals and cities.

This publication will not cover all problems but it will attempt to provide a good number of typical examples of drugs-related issues as well as practical and feasible interventions to tackle those issues.



The rated availability of responses in recreational settings does not appear to match the importance that national policymakers give to reducing use and harm of alcohol and illicit drugs in these settings. Therefore, policymakers — in collaboration with health and social actors, local authorities and relevant actors from the nightlife industry — should promote the implementation of comprehensive evidence-based alcohol and drug interventions. These interventions should not just focus on risk reduction but should also attempt to change users' attitudes towards alcohol and drug taking by regulating the availability and accessibility of alcohol and addressing the social norms and beliefs associated with party lifestyles and substance consumption.

Trends and availability of responses to drug use in recreational settings in Europe

Alessandro Pirona, Gregor Burkhart

Weekend nights are becoming important socialization contexts in which young people acquire social capital. In this context they meet their friends, they dance, they meet possible sexual partners, they drink, etc.

Recreational tourism. Traditionally people have attended pubs and discos around their locality. But with the advent of low cost travel companies, tour operator holiday packages to attend international touristic resorts have added a new dimension to the recreational nightlife, with new club health and safety implications. Every year a vast number of young people seek holiday resorts abroad under the appeal of nightlife. But this is also true in every country or region. Some areas or towns in many parts of Europe specialize in recreational nightlife activities and young people from other parts of the country like to visit these national resorts from time to time.

It's important to acknowledge a great number of advantages of tourism, both national and international. But we need also to address the public health problems in order to get a quality standard for all these recreational offers in Europe. There are problems related to the flourishing of this industry and to the people involved in such recreational contexts. This handbook is not against nightlife and all its socializing benefits, but wants to underscore the benefits of a safe and healthy nightlife and the conditions needed to ensure this target

"Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love" (The Ottawa Charter,1986). In our case, our duty will be to create healthy and safe nightlife environments: a 'healthy settings approach'.

1.2 Who will benefit from this publication?

This handbook will concentrate on nightlife recreational use of tobacco, alcohol and drugs, with special attention to the towns and resorts that became a special destination for recreational activities and receive young people, including international tourists. This publication attempts to assist local authorities to address the problems by using experience and good practices from different localities. In 2002 the European Council and the representatives of the Member States give clear advice on the political priority of this topic, even if it does not create any obligations on national authorities in terms of competence (Draft resolution of the Council and of the representatives of the Member States on the prevention of the recreational use of drugs. Cordroge 2 Rev 3, 15.4.2002)

This publication aims, on one hand, to provide the necessary information to identify and locate the subject and the problems it causes. On the other hand, it is an attempt to advance possible solutions through practical suggestions and examples of more or less successful interventions. Even knowing that there are few interventions which were formally evaluated, this manual does not give up, however, the idea that only evidence-based practices should be implemented. Therefore, we will try to move forward with this guidance, without claiming, however, that we should wait for all actions to be tested and evaluated.

There are already several initiatives, some of them with EU funding, which have very useful practical guidelines for addressing the issues related to nightlife. This manual will use this information, but will go a step further. It will provide a general overview of the situation, making a critical connection between interventions and research.

The purpose is to give the minimum essential information. For this reason the style will be basically succinct, and with case studies, and contact details for readers to follow up examples that are especially relevant to them.

1.3 Definitions.

For the purpose of this publication we will use the following definitions of terms.

Recreational nightlife

Depending on the city, an important percentage of young Europeans go out to participate in nightlife three or four weekends a month, many of them go out two nights every weekend and they devote an average of six hours every night that they go out. The participation in this activity has an effect on the networking and the social life of the young people. Especially it affects the interrelationship among different generations, because people tend to select people participating in the same sort of recreational life. Weekend nights are becoming important socialisation contexts in which young people acquire social capital. As a consequence many clubbers tend to lose interest in other forms of entertainment or use of free time at weekends.

Weekend nights are the most popular moment to go out for entertainment, but some people go out also during the week. Of course during holidays partying can be an everyday activity.

Recreational setting

Dance music settings across Europe are increasingly heterogeneous and rapidly changing. In some cities many of the very large dance venues popular in the 1990s and early 2000s have now closed down, while, during the same period, many new smaller clubs have opened. But in places like the big clubs in Ibiza (thousands of patrons can visit just one club in one night) are still fashionable. The recreational settings are not only clubs, but also bars, pubs, festivals, concerts, rave parties, youth holiday communities, etc.

Recreational context is either the physical environment where people go for amusement, dancing, etc (bar, disco, etc.), but also what makes the difference is the music style, customers characteristics, DJ's, decoration, prices, location, accessibility...

Hegemonic model of entertainment (HRNM)

The characteristics of nightlife in many places have acquired the characteristics of a hegemonic model of entertainment. That is why we can refer to a Hegemonic Recreational Nightlife Model (HRNM) with the following principal characteristics:

- It spreads very quickly.
- Its presence makes the existence of other models of entertainment difficult.
- A lot of different interest facilitates its existence, extension and consolidation.
- The use alcohol and other illegal drugs is a must, because the expectancies, the intensity and the extension of a going out session.
- There are risks, even though they are not well known and accepted by the people.
- The context (physical and cultural) becomes extremely important.

Clubbers, party goers, clubbing

Clubbing or going out at the weekend nights is a very popular activity especially among young people. It receives specific names in every country like in Spain: *salir de marcha*, in Germany: *Ausgehen, Party machen*, in France: *sortir en boite, faire la teuf*, in the Netherlands: *uitgaan, stappen*; in Greece: *pao gia clubbing, pao barocharka*; in Italy: *andare in disco, andare in baracca*, ... People go out normally with their friends with the idea to meet other people, to have fun, to listen to the music, etc. and very often to drink alcohol.

Nightlife economy

During the last decades nightlife has been a significant contributor to a city's economy and culture. It gives enjoyment to people and brings increased activity to cities, districts, and whole regions. For local authorities it has been a good opportunity to promote a wide range of uses throughout the evening, arguing that people tended to avoid town centres at night.

But problems can arise derived from nightlife. Some of these problems are noise, littering, violence, drug misuse, older people being deterred from using town centres at night, etc. That is why it is necessary for good planning and collaboration between all agencies and people involved

Recreational Drugs

Drugs are understood in this manual broadly, to include all psychoactive substances, including illegal drugs, alcohol, tobacco and legal drugs which are used for non-medical purposes that people tend to use in recreational settings. They are used for different purposes like stimulation, friendship, disinhibition, listening to the music, etc. Some information on the effects of these substances is offered in this manual.

The use and abuse of alcohol, tobacco and illegal drugs are frequent in the recreational contexts. As a consequence many young people feel that their use is not very dangerous.

Risk behaviours related to nightlife

Drunkenness and use of illegal drugs is what we tend to think as risk behaviours in relation to the nightlife. Of course these are real problems, but the relation of these consumptions with typical nightlife activities gives the clue of other risk behaviours. Questions like drinking and driving, having risky sex, violence, etc., are also risk behaviours that should be tackled. More information is provided below.

We should take also into consideration the legal status of drugs in every country. This implies different risks according to the country.

Harm minimisation or reduction approaches

'Harm reduction' is a pragmatic approach in health promotion, that encompasses interventions, programmes and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies. Harm reduction is a 'combination intervention', made up of a package of interventions tailored to local settings and needs that give primary emphasis to reducing the harms of drug use (Rhodes and Hedrich, 2010).

Harm minimisation or reduction approaches/policies came to prominence after the emergence of HIV. In 1984 drug user organisations in the Netherlands started to distribute sterile injecting equipment to their peers to counter hepatitis B transmission. In a progressive way this becomes a widely accepted policy in Europe. Europe is very supportive of harm reduction policy and practice,

(Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence, COM 2003/488/EC).

Typical harm minimisation strategies in the nightlife context include going into chill out areas, trying to be hydrated, avoiding mixing substances, not driving when drunk, using condoms, etc. But not all the harm minimisation oriented interventions have demonstrated efficacy.

Prevention

Prevention can have a broad sense, as activities directed at preventing the production and trade in illegal substances, legal substances can also be the target of primary prevention by having regulations imposed on their consumption and by taking steps to reduce sales and consumption and/or regulate it in the desired direction or directed mainly at influencing the 'demand', that is influencing people's need for psycho-active substances. Ideally speaking, all these activities which fall within the framework of a broadly interpreted definition of primary prevention and they are linked up to one another (Pompidou Group & Jellinek Consultancy, 1998).

The association and, even more, the adoption of harm minimisation objectives give to prevention strength, strategy and credibility. Education and interventions aimed at abstinence and harm reduction can co-exist. A strategy only based on harm reduction, specially when the target is wide populations, can be even counter preventive. As a matter of fact the past experiences have shown us that different approaches have been adopted without reservations at the beginning, but later they have been unable to demonstrate their efficacy.

Healthy settings

Settings for health is a concept introduced by the World Health Organisation (WHO) whereby the conditions of people environments are recognised as being just as, if not more, important than the provision of health care services, and that a population's health can be improved through improving these conditions

In addition to the general problems of substance misuse in general, there are specific issues faced by young people participating in recreational nightlife.

Community based projects

Community programmes are a combined set of activities organised in a specific district, town or region, where different groups (adolescents, parents, neighbours, leisure industry professionals, media, etc. and institutions (council, health and social care institutions, etc.) are involved and participate actively with the aim of preventing issues like alcohol and drug abuse, violence, traffic accidents, etc.

Most of these problems cannot be tackled efficiently for just one specific group like prevention professionals, police, family, etc. in an isolated way. Only active collaboration between these groups and the use of the adequate and evidence-based programmes will ensure the success of the projects.

Evidence-based interventions

It happens frequently that we don't know if a preventive intervention is effective. This can be true also with many treatment interventions in medicine. That is why it's important to apply only the

best available evidence gained from the scientific method. That is what we call 'Evidence-based interventions'. The main point is to apply evidence from research in the implementation of specific interventions. When we use all the evidence we have in an intervention, we can normally say that we have a 'best practice'. There is, however, no practice that is best for everyone or in every situation, and no best practice remains best for very long as people keep on finding better ways of doing things.

It is not always easy to find adequate evidence-based interventions in prevention. The best evidence comes from evaluating the interventions using a representative sample, pre/post design and a control group. But this is not always an easy task. Consequently we have different types of evidence according to the strength of the evaluation.

2. WHAT ARE THE ISSUES AND THE PROBLEMS?

2.1 Principal areas in which problems arise

Health problems

Several health problems are related to recreational activities like involuntary injuries, hearing damage, mental disorders, heat stroke, drunkenness, drug use, etc.

Noise levels in nightclubs and at concerts can be as high as 110 dB(A). Research launched by RNID in 2003 showed that of the 66% of 18-30 year olds who regularly go to clubs and gigs, 73% have experienced ringing in their ears or dullness of hearing, warning signs of hearing damage. The majority of the same group did not know that hearing damage is irreparable or how to look after their hearing (www.rnid.org.uk).

A study conducted in England shows that 6.9% of all patient attendances to the emergency department are directly or indirectly related, to illegal drug use. Hospital admission is required for nearly half of these patients. The majority of drug related problems are acute injuries (often assault), overdose, and the medical complications of drug use. Only 36.2% of patients are lifetime drug users suggesting that recent or current drug use creates an increased demand for emergency care.

Involved in the 'holiday spirit' and with the help of alcohol and drugs young people on holiday perform unusual behaviours like 'balcony jumps' from their hotel room to their neighbour's room or to the swimming pool. 30 cases have been attended in Emergency departments during the first 8 months of 2010 in the Balearic Islands performed by British tourists. Some of these young people died.

Alcohol and illegal drug use

"Research studies targeted at young people in the EU who attend dance music events consistently report much higher prevalence of drug use than that found in surveys of the general population. This appears to be the case in all of the countries where such surveys have been conducted" (Annual report 2006, EMCDDA).

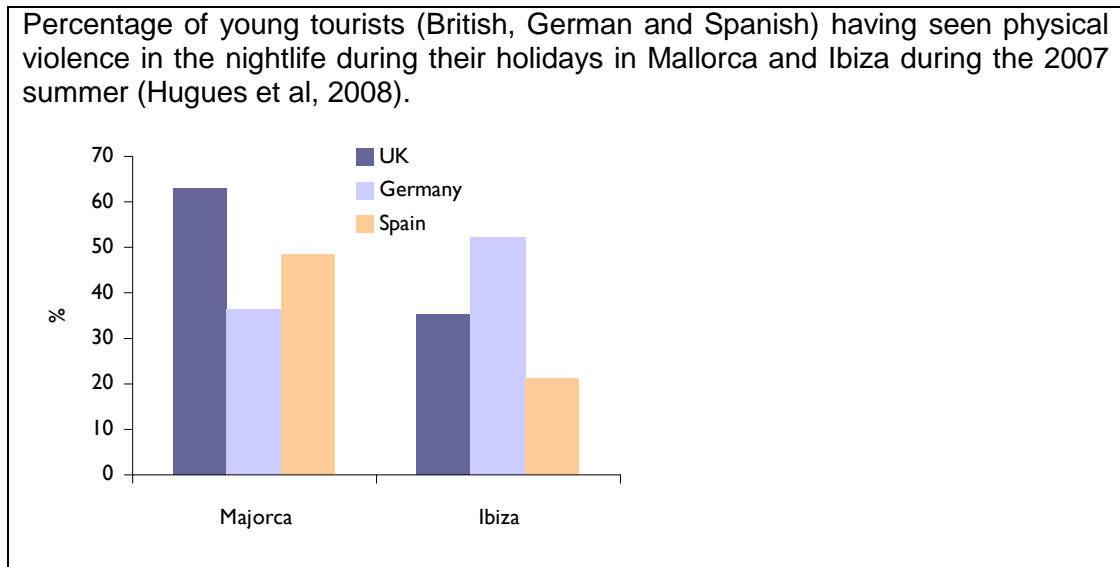
There is a well-documented relationship between specific nightlife recreational environments and synthetic substance use, as well as evidence of a high prevalence of recreational substance use (Bellis et al, 2000; Calafat et al., 1999; Forsyth et al, 1997; Tossmann et al, 1999).

Nightlife violence

Violence is a topic of increasing concern. Not exceptionally some believe that drinking alcohol and fighting are an essential part of a good night out for many (young adult) males. But in recent times there has been a reported rise in the number of female drinkers participating in the night-time economy.

Research consistently shows the peak time for violent offence is weekend nights and the peak location is in and around pubs and clubs (Allen et al, 2003). In the United Kingdom one fifth of all violent assaults take place in or around a pub or club, and almost half of all incidents of violence and disorder occur on weekend nights (Maguire and Nettleton, 2003). A small number of licensed

premises account for most disorder and assault (Briscoe and Donnelly, 2001; Graham and Wells, 2001, Jochelson, 1997), but it is true that those involved in violence tend to select the venues they attend (Hughes et al, 2008).



Several studies have identified as violence risk factors “being in a group of young people”, and “being male”. (Krug et al, 2002; Yonas et al, 2005).

Unsafe and involuntary sex

For many clubbers substance use has become an integral part of their strategic approach to sex. They even have a certain idea of how each drug functions within sexuality. Alcohol and drugs are sometimes intentionally used to facilitate making contact and/or to enjoy sex longer and more intensively. Recreational drug use and binge drinking alter their sexual decisions and increase their risks of unsafe and regretted sex (Bellis et al, 2008; Calafat, Juan, Becoña, and Mantecón, 2008).

It happens that people who regret their sexual escapade claim sometimes that there was something ‘put in their drink’. Some studies suggest that this is an exaggerated presumption, meanwhile other claims that this is underreported.

The most comprehensive United Kingdom study to be carried out to date reported that only 21 (2 %) of 1014 cases of alleged drug-facilitated sexual assault were attributed to involuntary drug ingestion (Scott-Ham and Burton, 2005). This figure included three cases in which the drug was ecstasy, which may have been given to reduce inhibition rather than to induce sedation. No samples tested positive for flunitrazepam (Rohypnol), a drug often thought to be associated with such incidents, nor is there much forensic evidence of GHB being used for this purpose.

Transport to and from recreational areas

Transport is related to substantial problems, mainly because the most frequent (37.5%) form of transport used when going out are private cars, according to the results from a sample of 1363 regular nightlife users from nine European cities in 2006. During the last month, the 18% of the sample had driven while drunk, 13% had driven under the influence of drugs, and 37% had taken

a lift from someone drunk or under the influence of drugs (Calafat , Blay, Juan, Adrover, Bellis, Hughes et al, 2009).

We are all aware through the media of this problem with young people having a crash when attending recreational settings. Many of these young drivers are under the effect of alcohol or/and drugs. At any blood alcohol concentration drivers 16-20 years old are three times more likely to crash than drivers older than 30 years. Irrespective of age, risks increase exponentially relatively to non alcohol when the blood alcohol concentration exceeds 0,04 g/dl (Peden et al, 2004). The risk of crashing almost doubles if people mix alcohol and other drugs. Road traffic injuries are the leading cause of death among adolescents and young adults, affecting more men than women. That's why the European parliament and the World Health Organisation (WHO) recommend a zero alcohol limit for drivers under the age of 21.

Underage drinking

The sale of drink to those legally under-age is a relatively common phenomenon. Very frequently also they are allowed to unlawfully get into recreational premises which is against the law.

In spite of this prohibition in the European School Survey Project on Alcohol and Other Drugs (ESPAD), a survey collecting data on substance use among 15–16 year-old students in 35 European countries, found that, on average, half of the students have been intoxicated, at least once during their lifetime, to the point of staggering when walking, having slurred speech or throwing up. Thirty-nine percent reported intoxication in the last 12 months and 18% in the past 30 days. On the island of Ibiza, 80% of 17-year-old students have been to a disco, even though this is against the law (Villar, 2008).

Mental disorders

Many mental problems arise from the use and abuse of alcohol and other drugs at short and long term. At short term we can think in drunkenness, anxiety and panic attacks, some psychotic breakdown, etc. that can require emergency assistance. The use of these substances can lead to addiction and many other mental problems like depression, paranoid syndromes, etc. People who have some vulnerability or predisposition can more easily breakdown when using alcohol and other drugs.

Gender approach

Current trends indicate that the gender gap in substance use continues to shrink among adolescents. This has become by itself an important issue to be addressed. The ESPAD studies show that on average there is no gender difference as far as recent intoxication is concerned. But in some countries (the Faroe Islands, Finland, Ireland, the Isle of Man, Norway, Sweden and the United Kingdom) girls are on average roughly 5 percentage points above boys as regards last 30 days intoxication. In addition, some research suggests that females are at greater risk for addiction once drug use begins and that their transition period from initiation to problem use is shorter (Ridenour et al, 2006).

The recreational context in which the young population moves has a key role in the socialisation process (friendship, social capital, access to resources ...) as well as in the use and abuse of alcohol and drugs. Nightlife is a well defined context where drug use, sex and socialisation coincide (Hughes, Bellis, Whelan, Calafat, Juan and Blay, 2009; Vidal-Infer et al, 2009). IREFREA research (Calafat et al, 2010) shows that males in recreational nightlife networks have more friends abusing alcohol and other drugs or with antisocial behaviour, but at the same time male's use patterns appear to be less affected by the characteristics of their networks. On the contrary

females are very affected by the composition of their networks. Also, when females have a sexual relationship with a member of their network there are more possibilities of using alcohol and drugs. This issue is also found in other research (Kirke 2004; Wang et al, 1997).

Social nuisance (noise, street drinking, vandalism, etc.)

Neighbourhoods are strongly affected both positively and negatively by the presence of recreational venues. Some people have the feeling that cities are being hijacked or colonised by the young, and refer to the 'so-called lager lout phenomenon' (Worpole, 1992). The problems do not relate only to crime and public disorder, but also to damage to the location –both tangible and intangible – e.g. litter and debris (cost to clear up); discouraging other tourists/visitors to an area (perhaps a loss of a more valuable income stream)

Noise is sometimes a big issue for residents. They can be disturbed by late night entertainment-related noise in three main ways:

- Transmission through the structure from attached premises;
- Break-out of airborne noise from the premises; and
- Noise of people in the street, especially when leaving the premises.

Crime

Different sort of crimes are related to nightlife. Most of them are related to violence and use of alcohol and other drugs. Drug dealing and acquisitive crime to fund a drug habit (theft, burglary, etc.) is relatively frequent even between non deviant young people. Crime has a higher probability of occurring in areas with a high density of bars and discos. Sometimes we find that a small number of premises with quite predictable characteristics usually concentrate most of the problems.

Many problems affecting the law have to do with serving alcohol to intoxicated people or minors. Many times there is a lack of enforcement in this sort of measure because of policy makers' preference to 'real crimes'. Other problems related to breaking the law are people stealing or raping the intoxicated.

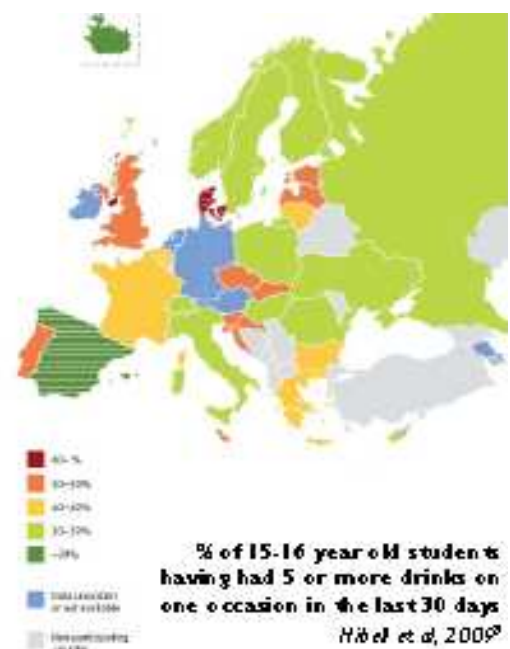
2.2. Specific problems related to the effects of different drugs

Effects and problems vary for different drugs. The most used drugs in recreational settings are alcohol and tobacco. Among the illegal drugs we should consider as the most used cannabis and stimulants like ecstasy, cocaine, etc. Their legal status is an important issue in terms of prevention, because the possibilities of intervention are different.

Drug prevalence levels reported from surveys conducted in a dance music setting inevitably vary according to the type of setting, the type of music played, the target group and also the year in which the survey was conducted (EMCDDA, 2006). But something is clear, people attending nightlife contexts always use more drugs and alcohol.

Alcohol

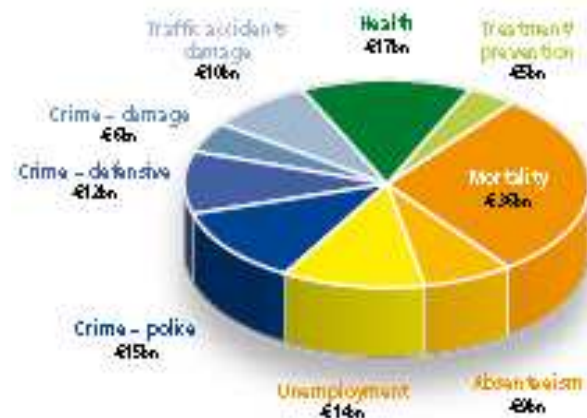
Alcohol is by far the most used recreational drug alone or in combination of other drugs. It is also used very



much outside nightlife, during meals, at home, etc. But being so widespread does not imply that it is completely safe and healthy. In fact alcohol is one of the most important health determinants in Europe, resulting in numerous health and social consequences. Europe is the place of the world with the highest rate of alcohol consumption (Anderson and Baumberg, 2006).

In small amounts alcohol normally makes people more sociable. But increased amounts affect the mood, the skills, the performance, etc., and problems can arise even before being drunk. Typical alcohol-related problems are violence, risky sexual behaviour, drinking and driving, ... We do not mention the long term effects of alcohol (alcoholism, cirrhosis, etc.), because they are not related to the recreational context. Sometimes people can have a coma if they drink too much.

The tangible cost of alcohol by component, 2003



Source: Report on Alcohol in Europe (Anderson and Baumberg, June 2006)

The problem is that many young people in recreational activities tend to get intentionally drunk. It's so frequent that they tend to think that drunkenness is normal behaviour and do not bother about alcohol related problems. In a study by IREFREA in nine European countries among nightlife users seven in ten had been drunk at least once during the last month. Hangovers at this age are easier to overcome, or they can consider that hangover is a fair price for a fantastic night (Calafat et al, 1999).

The other important problem is that an important percentage tends to combine alcohol and other drugs. Mixing makes the effects more unpredictable. A frequent mixture is a stimulant (like cocaine, ecstasy, amphetamines, etc.) with alcohol. In these cases the effect of each

separate drug tend to hide the undesirable effects of the other (for example the alcohol tend to calm the excess of anxiety produced by the cocaine) and, the result, is that people tend to use more.

The control of alcohol use by minors, to prevent people from drinking and driving, not to serve alcohol to intoxicated people are the goals of different prevention interventions.

Tobacco

Tobacco is also a legal drug, very frequently consumed in recreational settings. It is a very addictive drug due to the nicotine being the most active component. The use of tobacco is not related directly to disturbing behaviours in recreational nightlife, even that it has been the cause of fires in recreational premises. More than 4 million people die every year because of smoking.

But we should consider two more questions in relation to smoking in the recreational life: the influence of the smoke on the passive smokers (specially the staff) and some very infrequent fires originated in clubs by some cigarette, with tragic consequences. The health effects of high levels of exposure to second-hand smoke may be close to those of active smoking, including an increased risk of lung cancer, diabetes, cardiovascular disease, hypertension, stroke, etc. It is calculated that in England there are around 1.000 deaths related to passive smoking. To ban smoking inside premises is a very crucial health prevention initiative, existing already in some countries. But this measure sometimes does not affect the discos or the measure is not reinforced enough.

People in the public health sector are very concerned about tobacco as one of the most important health risks and by far the most easily eradicable. According to a The Lancet (2003) editorial "If tobacco were an illegal substance, possession of cigarettes would become a crime, and the number of smokers would drastically fall. Cigarette smoking is a dangerous addiction. We should be doing a great deal more to prevent this disease and to help its victims. We call [...] government to ban tobacco."

Cannabis

It's the most popular and used illegal drug among young people (and older people as well). It's a drug used in very different settings and for different purposes (to relax, to stay with friends, to go to sleep, etc.). For that reason it's not a typical recreational nightlife drug. Even some people do not like the relaxing effects of cannabis for recreational activities, where people are expected to be active and participative. Another question explaining why it is not more used inside premises is that its use is very easily detected by security staff. Nevertheless, it is still used very much, normally mixed with alcohol and other drugs.

Short term effects besides are a subjective change in perception and, most notably, mood. Other common short-term physical effects include increased heart rate, lowered blood pressure, impairment of short-term episodic memory, working memory, psychomotor coordination, and concentration. As a consequence of these effects, driving and other activities are impaired.

The regular and early use of cannabis is associated with an increase in the risk of later developing psychotic illnesses including schizophrenia. The availability of stronger forms of cannabis can lead to an increase of cannabis-related problems. Addiction is also a real problem with cannabis.

A lot of misunderstandings are related to cannabis. Some people think that cannabis is not only harmless, but even beneficial. Pro-cannabis groups have been fighting for their legalisation. The lack of research on cannabis effects was used by this people to defend their position. But this 'idyllic' vision is changing rapidly because there is a lot of recent research that underscores the problems related to cannabis use. Another factor to be taken into account is the increasing prohibitions that affect tobacco. Why should cannabis be legalised, when a legal drug like tobacco is strongly prosecuted? Of course, the recreational use of cannabis has nothing to do with the therapeutic use of cannabinoids.

Ecstasy

Ecstasy is an amphetamine and, as such, has stimulant effects. But at the same time also has an effect on perception and consumers feel the music and the colours in a more intense way. Some users also say that they feel more connected with people around.

It became very popular at the end of the 80's and during the 90's and is still popular in nightlife. It has been like the symbol of a whole culture (rave, dance, techno cultures) and for that reason in some countries they speak of the ecstasy generation. It is the paradigm of recreational drugs and normally is not used outside this context.

Lifetime prevalence levels of ecstasy use of over 50 % have been reported in targeted surveys from the Czech Republic, France, Hungary, the Netherlands and the United Kingdom, compared with prevalence levels of 11 % or below reported in Greece and Latvia (EMCDDA; 2006)

In the past young people thought that this drug was not dangerous. But now we know that ecstasy can be addictive and that it can produce anxiety, panic attacks, confused episodes and paranoid or psychotic states. There are also possibilities that it can cause damage to the brain. Its

consumption is related to depression, personality change and memory loss even after ceasing its use.

Ecstasy affects the control of the body's temperature and can produce a heat stroke. As a consequence, a certain number of deaths are related to ecstasy consumption.

Many leaflets have been distributed among ecstasy consumers explaining how to minimise risks. Some campaigns have addressed the question of the adulteration of the pills.

Amphetamines

Amphetamines have not been so popular in Europe until now (with the exception of ecstasy, that is also an amphetamine), as they are in countries like Australia, New Zealand, China or the USA. In Europe, the most affected countries are Czech Republic, Slovakia, Sweden, as well as other Eastern European or Baltic countries. But these drugs can spread very quickly because they are easily and cheaply made.

There is a range of amphetamines such as amphetamine sulphate, dexedrine, methamphetamine and dexamphetamine. One of the most popular names for amphetamines is 'speed'. Like cocaine, amphetamines are stimulants that people take to keep them awake and alert. That's why people doing recreational activities like it, but people have used these substances for other purposes like working or during the wars. The effect of amphetamine kicks in within half an hour after oral consumption. If you inject it you'll experience the effects quicker and these effects can last for up to six hours.

Amphetamines are quite addictive. Quickly they generate tolerance (it's necessary to take more to get the same effect). Normally there are presented as pills, but you can find them in the form of a powder or small crystals. Normally they are swallowed, but they can be injected and when presented as crystals ('ice', 'crystal meth') they can be also smoked. When smoked they are much more addictive and dangerous, but this form of use is not very frequent in Europe.

Amphetamines can be used to treat narcolepsy or Attention Deficit Hyperactivity Disorder (ADHD). Out of this medical use, amphetamines are illegal drugs.

'Speed' can lead to anxiety, depression, irritability and aggression as well as mental illness such as psychosis and paranoid feelings

Cocaine

Cocaine has become very popular among clubbers during the last decade. Cocaine is a very short-acting stimulant. This can lead to using cocaine in high doses and/or frequently. This is precisely one important reason to explain why cocaine is so addictive. People taking it feel wide-awake and very confident, but when used regularly they often develop serious problems with anxiety and paranoia. It's a known cause of panic attacks. Cocaine has caused seizures, strokes or heart attacks in some people. People under cocaine tend to take unnecessary risks more often (for example, in recreational situation, it can be driving a car under influence, having sex without taking precautions, etc.). Cocaine is also well related to the simultaneous use and abuse of other drugs. It's frequently mixed with alcohol (and sometimes with heroin). This combination 'helps' the consumer to use much more alcohol, because the negative effects of this substance are not perceived so clearly. The final result of combining both drugs is that the consumer takes more of both drugs. The use of cocaine is related directly or indirectly (accidents, suicides, homicides, etc.) to a higher mortality.

The cocaine is often presented in the form of powder, that is normally snorted, or in the form of small lumps or rocks (which makes a cracking noise when burnt). This last form is called 'crack' and it is smoked. 'Crack' is highly addictive. Both powder and crack forms of cocaine can be prepared to make a solution for injecting.

Gamma-Hydroxybutyric acid (GHB)/Gamma Butyrolactone (GBL) and Ketamine

These substances have depressants and sedative effects. They are dangerous especially if they are mixed with alcohol or other drugs. Much less used than ecstasy, GHB and ketamine are nevertheless substances whose use has increased during the last years to the extent that estimates of their prevalence levels are significant in the dance music scene in some Member States. Dance music surveys in five countries have reported prevalence estimates for ever in lifetime use of GHB, ranging from 5.6 % in the United Kingdom to 17.4 % in the Netherlands. Seven countries provided data for lifetime ketamine use, ranging from 6.7 % in the Czech Republic to 20.9 % in Hungary (EMCDDA, 2006). It's also related to gay scenes and sexual practices.

GHB stimulates muscle growth, increases confidence, causes a loss of inhibition and is also an aphrodisiac. It has been considered as a date rape drug. Using GHB or GBL can cause unconsciousness, coma and death. Even experienced users are at risk of death by intoxication because the dose used for recreational purposes is quite close to the toxic one.

Ketamine users may be physically incapable of moving while under the influence. Users report feeling floaty and slightly outside their body. Numbness in the extremities is also common. At higher doses it depresses consciousness and breathing and is highly addictive.

Poppers

'Popper' is the slang term for amyl nitrite. It has been part of the club culture from the 1970s. They dilate the blood vessels and allow more blood to get to the heart. This rush lasts a couple of minutes, producing warm sensations and dizziness. They're usually sniffed straight from the bottle. Poppers are often sold in sex shops, clubs and gay bars. Male homosexuals often use poppers as a sexual enhancer.

Poppers have a lower risk of harm than other recreational drugs, but taking poppers is a dangerous idea for anyone with chest or heart problems, anaemia or glaucoma. Sometimes poppers can be quite dangerous when mixed with medications, specially Viagra, as it can cause your blood pressure to drop to a dangerous level. Serious adverse effects can also occur following heavy long-term use because there is a potential for neurological damage. Swallowing or aspirating the liquid rather than inhaling the vapours is particularly dangerous and can prove fatal.

For a long time there were not legal restrictions to sell them. Even now their situation is not very clear in many countries and they are still relatively easily obtained, even through the internet.

2.3 Specific problems of nightlife contexts

Nightlife has spread around Europe during the last decades. This expansion is facilitated because many interests coincide (the leisure industry, the youth, the councils themselves, etc.). Although we can find bars, discos in many parts of the cities and their suburbs, some districts, towns, regions have a bigger concentration of such activity. There are even specific nightlife touristic resorts where young people from abroad travel to participate in the nightlife. Internet makes it easier for young people to have almost instantaneous information on the characteristics of each site (prices, type of music played, opening hours, etc.). Internet enables them to make their

choices according to their wishes. Different places offer different attractions and they are very responsive to the needs and wants of young people. Therefore the variety of such places is increasing. They include:

- City destinations
- Beach holiday destinations
- Specific destinations such as gambling resorts and localities
- Festivals
- Music and 'clubbing'-focused locations
- etc.

There are also different types of tourism such as:

- Stag parties and other groups of young men
- Hen parties and other groups of young women
- Cheap alcohol seekers
- 'Clubbers'
- Festival-goers, etc.

People travelling to nightlife touristic resorts behave normally in a very peculiar way. The 'holiday spirit' means that people are ready to have a lot of fun during these holidays 'at any price'. The need of 'successful' holidays makes people forget to take usual precautions that govern their lives. They drink more, they are ready for new experiences, to meet new people, etc. This special mood and attitude interacts with the local conditions. We should consider that:

- unfamiliarity with local strong drinks can lead to over-consumption
- relative cheapness of alcohol can lead to over-consumption
- local availability of illicit drugs can lead to over-consumption
- demand for illicit drugs from tourists can increase the size of the local drug market with 'spill-over' use in the local community
- demand for illicit drugs increases local criminality and attracts criminals from elsewhere
- a general increase in criminal and semi-criminal activity in response to demand from tourists, such as sexual services, which may be drug-linked (for example, people-trafficking)
- inexperience of some local businesses and agencies in dealing with foreigners
- communication problems with non-local language speakers
- lack of respect by tourists for local traditions and customs
- the seasonal nature of tourism means fluctuations in levels of problems – making consistent responses more difficult
- crowding out of local people (e.g. some streets become impassable)
- pressure from local citizens for action – perhaps countered by pressure from local business people profiting from the tourists who may resist controls and limits
- changes in the character of historic town centres (e.g. loss of non-tourist-related businesses which are crowded out by more profitable tourist-related ones)

Some specific problems quite frequently identified in recreational settings at local level or abroad and that are related to problems such as violence, excessive drinking and other risk behaviours are overcrowding and bumping (Macintyre and Homel, 1997),

Young people going abroad for holidays into Mediterranean resorts.

6.000 young British and German tourists were surveyed in the airports during the summer 2009 when leaving from Algarve (Portugal), Crete, Cyprus, Mallorca island and Venice area. Some interesting data related to nightlife:

- Nightlife is an important (56%) reason for choosing a holiday destination. In some cases the percentage is even higher: Crete (87%) and Majorca (80%).
- 95% have been drinking alcohol during their holidays and 35% have been drunk at least half of the days.
- 9.5% used cannabis, 3.5% ecstasy (11% in the case of British in Cyprus) and 2% cocaine (6% British in Mallorca).
- 3.8% have been involved in a physical fight and 15,5% in an argument
- 8.6% has been sexually harassed. In the case of the British 22% suffered sexual harassment in Majorca and 20% in Crete.
- the majority of British and German holidaymakers to Mallorca reported visiting bars or nightclubs on five or more nights per week during their holiday.

This is a Daphne (European Commission) funded research. For more information see www.irefreea.org

smokiness (Homel and Clark, 1994), bad and loud music (Forsyth, 2009; Guéguen et al, 2008; Home and Clark, 1994), activities such as dancing or pool (Graham et al,1980; Quigley et al, 2003), overt sexual activity or a permissive atmosphere.

3. HOW CAN THE PROBLEMS BE ADDRESSED?

This section will give guidance on how these issues can be addressed in different contexts. It will describe various characteristics of different settings as well as providing assessment of various measures and resources available. It will provide examples of how problems can be solved by referring to experience and success of different interventions. It also acknowledges the big differences in the capacity for response available to different localities – depending on resources available, extent of control (for example, licensing of premises for serving alcohol), local laws and traditions (e.g. laws and customs relating to cannabis possession and consumption) as well as the national contexts.

A big issue is that most of the interventions are not evaluated or based on empirical bases. We will identify different approaches and we will compare the advantages and disadvantages of each one. We will try to connect the evaluated experiences with the real conditions where nightlife and prevention take place.

Reasons for not using evidence-based programmes are multiple:

- when a programme is already being implemented, responsible people tend to avoid evaluation because they tend to think subjectively that the programme is effective or they are afraid to discover that the programme that they are implementing is not useful at all.
- many times effective programmes are more difficult and expensive to implement
- the effectiveness of a programme is often linked to a proactive community involvement
- there is a lack of evaluated programmes
- some stakeholders might be not interested in using effective programmes because it can affect their economical income or their application can be unpopular

3.1 General principles

There are general principles that apply to most settings, such as:

- having good information about the nightlife offer, the existing problems, the level of organisation, the clubbers and managers expectations, the regulations, etc.
- involving the local community in developing solutions.
- intelligent policing, for example:
 - increased police presence at times (late at night) and in locations where problems are anticipated
 - intelligence-led policing activity (a management strategy used to determine priorities and police activity)
 - police auxiliary support
- working with local businesses, for example:
 - o creating business forums (or working through existing chambers of commerce, etc) to discuss issues and find solutions
 - o training involved professionals
 - o creating collaboration mechanisms between leisure industry, police, first aid services, etc.

3.2 Intervention possibilities

There are numerous types of intervention that have been implemented; however, assessment of their outcomes is less common. The classification shown below is a possible one among others,

and there is some degree of overlap among different types of intervention. Community interventions can be related to venues, emergency rooms, cultural approaches, and so on. Programmes can also sometimes be multi-component, and in such cases it may be useful to review what we know about the effectiveness of each component, even that very possibly combining different approaches can increase the overall efficacy.

Interventions which target venues

Bar staff and management training programmes. House policies

Several issues related to bar staff have been identified, including:

- low staff/patron ratio (Homel and Clarck, 1994; Graham et al, 2005),
- staff serving to intoxicated people (Homel and Clark, 1994)
- hostile and aggressive staff (Homel, Tomsen and Thommeny, 1992; Wells, Graham, West, 1998), staff who are poorly trained and poorly coordinated (Homel et al, 1992)
- a high proportion of male staff, and the presence of 'bouncers' (Homel and Clark, 1994; Quigley, Leonard, Collins, 2003).

Over one third of violent incidents inside licensed premises involve door staff, often as alleged perpetrators (Maguire and Nettleton, 2003).

Table: Characteristics of bars favoured by Young people who have and have not been involved in a fight during their holidays abroad*. (Hugues et al, 2008)

Percentage (%) that like to visit bars that:	Involved in a fight		p
	No	Yes	
Have a friendly atmosphere	81,1	39,8	<0,001
Are easy to get home from	43,9	32,3	<0,05
Sell cheap drinks	60.1	78,0	<0,001
Have opportunities for sex	33,9	63,0	<0.001
People get drunk at	19.1	55.1	<0,001
Have loud music	42.2	62,2	<0,001
Have bar games (e.g. pool)	9.9	19,7	<0,001
Have clean wahsrooms	29.4	20,6	<0,05
Have lot of seats	23.4	21,3	0,576

* Sample of 3.000 young British, German or Spanish tourists surveyed at the airport when leaving Majorca or Ibiza

Training servers and sellers is very popular and widely implemented types of intervention to decrease alcohol and drugs related problems. Server training is part of *Responsible Beverage Service* (RBS). The RBS is more effective when adapted to each community and type of venue or event. At the same time is more effective when connected to house policies. The state of Oregon introduced training for all alcohol servers (and for one year for all owners/managers) in December 1986.

Minimum requirements for Responsible Beverage Service (RBS) would be, according to Mosher (2002):

- cover all basic information with servers
- use behavioural change/communication techniques (by simply providing information the chances of promoting behaviour change or increasing skills is limited). Specific skills (refusing alcohol to an intoxicated patron) should be taught. Active techniques (e.g., role playing) should be used,
- focus on both managers and servers. Managers should be targeted because they are responsible for supervising the servers, so that they should be familiarised with the techniques.

- include policy development for managers. Managers should develop written house policies. This increases the chances of implementing RBS at the establishment.
- the minimum length for RBS is four hours (even that in our opinion this duration is too short)

It must also be taken into account that cooperation from venue managers is often difficult to obtain, unless the scheme is mandatory or there is a strong social pressure.

The 'Best Bar None' award scheme is a Home Office backed UK wide scheme that was piloted in Manchester in 2003 and is now in operation in over 80 locations across the UK. The scheme aims to reduce alcohol-related crime and irresponsible drinking through promoting responsible management and operation of licensed premises. Best Bar None schemes provide an incentive for the operators of licensed premises to improve their standards of operation to the level of a commonly agreed national benchmark. Best Bar None provides a much needed opportunity for licensees to demonstrate to official agencies just how well they manage their own businesses.

The 'Best Bar None' scheme rewards licensees who provide good management, a safe and enjoyable environment for customers, discourage binge drinking and take measures to prevent alcohol-related crime. Following the application process all premises are then visited by accredited assessors who undertake a more in-depth assessment of the premises. There are minimum standards that need to be reached to gain approval (door policy, crime prevention strategy, emergency procedures and alcohol and drugs policies).

The rewards for licensees include, the prestige of being part of the awards scheme, increased business within the area and lower insurance, premiums resulting from the fact that they are running safer establishments. Premises gaining the award display a plaque outside to show the public that they have reached the standards and care about social responsibility, and their customers' welfare.

For more information visit: <http://www.bbnuuk.com>

Code of practice and other agreements

The bar associations of different countries (Australia, UK, Sweden and some other countries) have adopted codes of practices, normally on a voluntary basis. This may be an important first step, implying that the industry accepts it has a role and a responsibility in the prevention of harm. Some experiences in Australia or Sweden in collaboration with the industry, and where the code of practice is mandatory, are promising (Lang and Rumbold, 1997; Wallin, 2005). An interesting document for consultation, produced by the British Home Office and the KPMG (2008), is the review of the 'Social Responsibility Standards for the Production and Sale of Alcoholic Drinks', launched in 2005. The five principles of good regulation would be: proportionality, accountability, consistency, transparency and targeting.

Host Responsibility

Host responsibility programmes are a good way to reduce the harms associated with the abuse of alcohol. The five current accepted strategies of the New Zealand host responsibility programme provide a sensible starting point.

The five strategies of host responsibility are:

- provision and promotion of substantial food
- provision and promotion of non-alcoholic and low alcohol beverages
- serving of alcohol with care and responsibility
- identification of, and responsible approaches to dealing with, intoxicated and underage people
- arrangement of safe transport options.

For more information see

Guidelines for safe dance parties (1999). Ministry of Health. Wellington. New Zealand.
<http://www.moh.govt.nz/moh.nsf/0/77e8b252dfab984b4c25683f001425b9?OpenDocument>

The Norwegian Responsible Host scheme has profited from the experience of similar schemes in countries like New Zealand, US, Canada and Sweden, where industry and government have worked side by side to design and implement measures to reduce the incidence of violent behaviour at or in the vicinity of licensed premises.

Several components of the scheme achieved their objectives, according to the evaluation of the Bergen scheme conducted by SIRUS: businesses joined in and actively shaped the scheme; staff and managers learned about alcohol laws and bylaws; and the principles of responsible Host are largely adhered to. However, there was less success in efforts to reduce alcohol sales to inebriated or underage customers, and with respect of the main objective, i.e., to reduce the incidence of violent and other offensive behaviour on or near licensed premises.

For more information see:

http://www.emcdda.europa.eu/html.cfm/index52035EN.html?project_id=5996&tab=overview.

Opening hours. Venues density

Restricting opening hours has been a traditional form of regulation in some countries, such as the UK. At peak times for alcohol-related offences, late trading is associated with higher blood alcohol levels among those drinkers most at risk of alcohol-related harm (Chikritzhs and Stockwell, 2007). A recent review (Stockwell and Chikritzhs, 2009) of 49 studies (14 included baseline and control measures) related to Australia, New Zealand, North America and UK suggests that extended late-night trading hours lead to increased consumption and related harms. We should consider also that high densities of alcohol outlets could have a relationship to more alcohol related problems (Livingston et al, 2007).

Physical and contextual

Premises should be designed in order to minimise the risk of disorder, health and crime. Many issues can be addressed like:

- room temperature and ventilation, to prevent smoky atmospheres and overheating. Availability of chill out areas with free or affordable water, with calm music. Sometimes they provide harm reduction information on the use of drugs, counselling and crisis intervention. They can provide also water, condoms, ear plugs, etc.
- glassware policy (clearing away empty glasses and bottles; Cleaning of spills, broken glasses and other hazards).
- music volume
- avoidance of obstacles that restrict and/or disturb people's flowing between seating areas
- avoidance of queuing in bar areas
- good ratio staff/patrons to avoid competition for service
- random checks of toilets
- identification of intoxicated patrons
- presence of pool tables
- avoidance of dark areas inside premises and improvements in street lighting

Glasgow Nightclub Glass Ban.

On 2 February 2006, a Glasgow City Council bye-law was introduced banning glassware from all venues holding an Entertainment Licence within the city centre. In practice, this meant the policy only affected any city centre premises serving alcohol after midnight (i.e. nightclubs). The aim of this measure is to reduce the severity of alcohol-related violence in the night-time economy.

More information in
<http://www.sllp.co.uk/Glasgow%20Glass%20Revised.pdf>

Neighbourhood Noise Policies and Practice for Local Authorities - a Management Guide.

The Noise Management Guide has been produced as a practical and accessible guide to assist decision-making on policy and practice across the range of local authority noise functions, covering neighbour noise (including street noise); commercial and industrial noise, including construction noise, public entertainment noise, and recreation and leisure noise. It includes examples of 'good practice' drawn from local authorities across the country. It encourages local authorities to review their services, including the allocation of resources.

More information in

http://www.cieh.org/library/Knowledge/Environmental_protection/Noise/NoiseManagementGuideSeptember2006.pdf

On-site drug checking

On-site drug checking has been in the past quite a popular but controversial measure. It was essentially based on the assumption that drug adulteration was the main problem for the users. The rationale for this practice probably derives from the problems arising from adulteration of injected heroin. But surely this situation is not easily transferable to the consequences of the recreational drugs adulterations. There are several reasons for that: different market, different adulterant substances, different users, different ways of using the drugs, etc. More of the times it is an inert substance, other times is a drug of similar effects and many times the real problem is the purity and high concentration of the 'real drug'. "Less adulteration than is anecdotally perceived by drug users and dealers actually takes place and stories of illicit drugs cut with household cleaning products, brick dust and ground glass are often inaccurate. However, adulterants are routinely found in illicit drugs. The evidence suggests that illicit drugs are more commonly adulterated with benign substances (such as sugars), substances that will enhance or mimic the effects of illicit drugs (such as quinine in heroin) or substances that will facilitate the administration of the illicit drug (such as caffeine in heroin and cocaine to facilitate smoking)" (Cole et al, 2010). If we consider party drugs the dangerous adulterations are still less frequent.

But the main arguments against on site pill-testing are the limited capacity of on-site tests to accurately detect harmful substances – they cannot detect the concentration, neither detect substances potentially dangerous, several molecules can produce the same colour reaction, etc-, the poor cost-benefit ratio, and the fact that allowing on-site pill-testing sends out contradictory messages about the risks related to both the use and possession of controlled substances (EMCDDA, 2006). The best argument in favour of this intervention is that it helps to get in contact with drug users, giving the chance to provide some harm reduction intervention, but this aspect has not been evaluated (Charlois, 2009). Possibly the problem remains, as Winstock (2001) points out, that no test guarantees individual reactions from drugs, and therefore these measures provide a false security. All this does not mean that there are not some potential dangers linked to adulteration that should be monitored. A warning system to identify adulterants and report adverse effects rapidly will be quite useful based on the common practices in most European countries to identify adulterants. This system is based on more sophisticated technology than that used in on site pill testing.

We could find in the past this sort of interventions in the Netherlands, Austria, Belgium, France, Spain, Czech Republic and others. But now, even in pioneering countries such as the Netherlands this type of on-site intervention is no longer used (Council of Europe's Pompidou Group, 2009). In France it has been banned in 2005, as in Germany. ChEckiT (www.CheckYourDrugs.at) is one of the more professionalised pill testing interventions, using more sophisticated chemical analysis techniques based on liquid chromatography (HPLC) and LC-MS; this system is able to give qualitative and quantitative information. The results of the analyses are also published on the Internet.

Community and multi-component interventions

Many stakeholders are involved in the regulation of nightlife, and co-operation among them appears to be essential. An integral or multicomponent prevention approach combines some or all of the following interventions:

- community awareness and community mobilisation (involvement of and cooperation with important stakeholders, such as municipal authorities, pubs and clubs, party organisers, health/addiction services, and police)
- training: RBS, violence prevention, bar staff (from doormen to managers) and other stakeholders
- house policies
- improving the health and safety levels of nightlife areas and venues (healthy settings).
- education for nightlife clients about reducing the risks of drug and alcohol use
- law enforcement

Compulsory partnership.

In England and Wales there is a statutory duty placed on local agencies to work in partnership to address crime and disorder, including alcohol related crime in drinking environments. These partnerships are known as Crime and Disorder Reduction Partnerships or Community Safety Partnerships. These coalitions include representatives from authorities, police, health services, probation services, drug and alcohol action teams, education services, local businesses and residents.

More information in <http://www.crimereduction.homeoffice.gov.uk/regions/regions00.htm>

There is a widespread consensus that interventions addressing alcohol-related harm should be community led and managed at a local level (Robinson et al. 1989). Scientific research indicates that a community approach will probably be more effective than the implementation of separate interventions (Holder et al, 2000; Wagenaar, Murray and Toomey, 2000). However, most of the times community based interventions are just individual components being delivered in isolation, with no evaluation or only evaluating the individual project rather than for the effectiveness of a whole programme approach. Another important problem with community projects is how to achieve their continuity after the initial phase. Leadership, community involvement or funding can be problems in the medium term.

To Empower the Community in response to Alcohol Threats (ECAT)

The ECAT project is a European Commission funded project implemented tested in eight pilot communities: Ostend in Belgium, Kranj in Slovenia, Enfield in the United Kingdom, Achern, Leimen and St.-Leon-Rot in Germany, Padova in Italy and Gmunden in Austria led by VAD from Belgium.

It's based on a combination of evidence-based interventions and an awareness-raising communication campaign on the alcohol theme within the community is necessary. It hasn't been evaluated.

More information in:

http://www.vad.be/media/47495/ecat_manual.pdf

Liverpool's CitySafe initiative (contributed 40% in crime reduction since 2005) is a formalised partnership that has representatives from relevant local agencies working together. It consists of a wide range of interventions to reduce alcohol-related crime and disorder in drinking environments:

- Targeted and high profile policing in nightlife environments to enforce alcohol legislation and deter crime;
- A Pub Watch scheme that provides a network for local licensees to work together and with police to share information, support responsible practice and ban persistent troublemakers from drinking establishments in the city;
- A training programme that provides conflict resolution skills to bar staff, and late night food establishments.
- A taxi-marshalling scheme that provides security at late night taxi ranks;
- Subsidies to help bar owners replace glassware with safer drinking vessels;
- A street drinking ban;
- Provision of head-mounted video cameras to door supervisors to deter crime and promote responsible practice;
- A closed circuit television (CCTV) network to detect and deter crimes, and help points enabling the public to contact CCTV operators and police.
- Safer drinking messages and safety campaigns targeted at nightlife users.

More information in:

http://www.liverpool.gov.uk/Policing_and_public_safety/Citysafe/citysafe_partnership/index.asp

While only a few such programmes have included rigorous evaluations with well defined outcomes, when evaluated these programmes have generally proven to be effective in reducing young persons' access to alcohol, problematic drinking patterns, unintentional vehicular and non-vehicular injuries, and assaultive violence (Treno et al, 2005). Some of the interventions evaluated are:

- Community Trials Project (Salinas, California).
- The Surfers Paradise Safety Action Project, in Queensland AUS's Gold Coast.
- STAD (Stockholm Prevents Alcohol and Drug Problems).
- Geelong Local Industry Accord in Australia (Lang and Rumbold, 1997).

STAD-project (Stockholm Prevents Alcohol and Drug Problems).

Starting in 1996 launched by the Stockholm municipality, a 10-year multicomponent programme based on community mobilization, training in responsible beverage service (RBS) for servers and stricter enforcement of existing alcohol laws has been conducted in Stockholm, Sweden. Evaluation: During the intervention period, violent crimes decreased significantly by 29% in the intervention area, controlled for the development in the control area. Also increased significantly the refusal rate of intoxicated patrons Conclusion: The intervention seems to have been successful in reducing violent crimes. This effect is most likely due to a combination of various policy changes initiated by the project. The findings support the notion that community action projects working on a local basis can be effective in decreasing alcohol-related problems at licensed premises.

More information in: <http://www.stad.org/default.aspx?id=4&epslanguage=EN>

Education (e.g. patron education, in-school education, peer education) and campaigns

Patron education (through pamphlets, peer-to-peer approach, etc.) has been a frequently-implemented form of harm-reduction intervention in recreational contexts. In many places it has been the most – and frequently the unique - implemented intervention strongly supported by municipalities. The delivery of information relies very often in trained peers. However, there has been little assessment of their effect on patron's intoxication or on harm reduction. Their effectiveness as an isolated measure will probably be greatly reduced or nonexistent unless combined with enforcement or other types of intervention (Graham, 2000).

Nevertheless, we should consider (Faggiano and Vigna-Taglianti, 2008) that mass media interventions (brief and recurrent messages to inform and motivate individuals to abstain or reduce substance use) are sometimes a very effective measure, especially when they are implemented together with community actions. This has been seen in the case of tobacco (raising awareness, improving attitudes, reducing prevalence, etc.), while in that of alcohol, drink-driving mass media campaigns have proven to reduce accidents by 10% (Tay, 2005). However, there are no assessments of campaigns against illegal drugs in recreational settings.

The use of peers in interventions in recreational settings has been quite popular, since it places the emphasis on the importance of the educator's age in establishing credibility with an audience. However, it should be borne in mind that programmes which encourage social contact clearly run some risk of increasing the exposure to negative social influences. Not only the leaders, but also the groups have the potential for reinforcing both positive and negative norms, so that such interventions must be implemented with great care (Philliber, 1999)

Peer or community-based projects across Europe include:

- Technoplus (Paris): <http://www.technoplus.org>
- Keep Smiling (Lyon): <http://www.keep-smiling.com>
- Le Tipi (Marseille): <http://www.letipi.org>
- Prev'En Teuf (Louvier, FR): <http://www.preventeuf.org>
- Spiritek (Lille): <http://spiritek.free.fr>
- Energy Control (Barcelona): <http://www.energycontrol.org>
- Modus Fiesta (Brussels): <http://www.modusvivendi-be.org/modusfiesta>
- Raid Blue (French-speaking Switzerland): <http://www.raidblue.ch>
- Crew 2000 (Edinburgh): <http://www.crew2000.co.uk>
- Drogart (Ljubljana): <http://www.drogart.org>
- Drug scouts (Leipzig): <http://www.drugscouts.de>
- Eve & Rave (Berlin, Zurich): <http://www.eve-rave.net>
- Eclipse (Berlin): <http://www.eclipse-online.de>
- Party project (Breme): <http://www.party-project.de>
- Unity (Amsterdam): <http://www.unitydrugs.nl>
- Blue Point (Hungary): <http://www.kekpont.hu>
- CheckIt! (Vienna): <http://w3.checkyourdrugs.net/checkyoursite/index.html>
- Check In (Oporto): <http://www.apdes.net/>

Peer Projects.

One of the first peer projects was launched in 1989 in Edinburgh (Crew 2000; www.crew2000.org.uk). In France peer projects from the rave party scene work in partnership with Médecins du Monde. In Germany, Spain, Portugal or Italy some groups include individuals from various fields such as social and medical workers as well as partygoers and drugs users. Some of these projects are independent and others are form part of larger organisations. It's useful to integrate peer projects in local licensing authorities.

Generally peer projects act only on site, but some of them like Crew 2000 in Edinburgh, Le Tipi in Marseille, Modus Fiesta in Brussels or Drogart in Ljubljana animate drop in centres targeting party goers and providing drug information, counselling, prevention materials, music workshops, etc.

http://www.coe.int/t/dg3/pompidou/Source/Activities/EXASS/guide_SaferNightLife_en.pdf

Internet interventions

Young people rely on internet for information (Peltoniemi 2005). Teens frequently use the Internet to access personal health-related content (Borzekowski and Rickert 2001). 42% of internet users in Europe look for health information and advice in internet (EIAA Mediascope Europe, 2008). But most of the information comes from not very reliable sources.

There are many initiatives at European level to correct this misinformation and most of the European countries do have an information website on drug issues. Complementary counselling services are offered by some of these websites via e-mail or telephone,

- www.Drogovaporadna.cz (Czech Republic) offers free, anonymous online counselling alongside information on several drugs. The site is designed for drug users as well as for their relatives, friends, teachers and professionals in the drug field. Users can post their request into a forum on the website and will usually receive an answer within 2–3 days.
- www.drugcom.de 2/3 of visitors were under 22 years old.
- 'Talk to Frank' website of the UK government's drug advice service. (<http://www.talktofrank.com>). In the six-month period from October 2005 to March 2006 the website has had more than 3.5 million visitors. In the same period, nearly 17 000 e-mails were received and FRANK accomplished approximately 9 900 calls from young people and more than 5 000 from parents.

Interventions website should go a step further than just giving information. Computer-based interventions are portable, cost effective, easy to use, and allow for interactivity. Internet-based interventions lend themselves to custom tailoring for population segments and are easily disseminated, minimizing variations in implementation, and have been found effective among youths for substance abuse prevention (Schinke and Schwinn, 2005; Schinke et al, 2004; Schwinn and Schinke, 2010).

In a recent EMCDDA publication (www.emcdda.europa.eu/html.cfm/index78701EN.html) by Peter Tossman 'Internet based treatment interventions' there is a reference to four European web sites, focused basically on cannabis:

- 'Quit the shit' is a programme developed by the Federal Centre for Health Education (BZgA) in Germany. It is free and anonymous. The main element is a personal diary where participants register everything related to their cannabis use for a 50-day period. Weekly written feedback is given by a personal counsellor. Complementary personal one-to-one chat sessions are conducted before and after the programme. Additionally, participants can use the daily public chat or e-mail to contact a counsellor. (<http://www.drugcom.de>)
- 'Know cannabis self help' it's developed by HIT (United Kingdom) and Jellinek Centrum (the Netherlands). It is based on data entered by the participants. The programme delivers a detailed presentation of consumption-related aspects in the participants' lives, combined with information material ('Fact sheets') including advice on how successfully to change or stop cannabis consumption. (<http://knowcannabis.org.uk/selfhelp.htm>)
- The 'Cannabis Onder Controle' Programme is developed by Brijder verslavingszorg (the Netherlands). It is a three-month training programme with the focus on increasing participants' capabilities to cope with craving, to eventually decrease or to stop the consumption of cannabis. Participants are guided by their counsellor through several treatment sessions, and use interactive tools which are communicated via a personal website. Contact with the counsellor is established approximately four times a week on a personal message board. The treatment concept and design of COC was adopted, and is used for Internet-based DTIs aiming both at alcohol and 'party drug' abuse. Participation in the programme is subject to a fee and is not offered anonymously (<http://www.cannabisondercontrole.nl>).

Emergency rooms, medical and first-aid services

Medical problems related to recreational activities do occur. During 'I love techno' (2001 edition) the incidence of medical problems was 66.5/10,000 attendees. The proportion of patients attending the Emergency Department (ED) in British hospitals as a result of alcohol intoxication was 4% in adults. The most common reason for ED attendance was accidents (34%), followed closely by assault (30%) (Benger and Carter, 2008).

A certain proportion of big clubs have 'club medic' rooms for managing these individuals, but there have been no evaluations of such interventions. Due to the lack of specific guidance on the training of staff working in these rooms, there have been instances where clubbers have been inappropriately managed within the club environment. One intervention has addressed this issue by developing a pilot set of guidelines and implementing appropriate training; after this, all the club medic staff were confident in their ability to assess unwell clubbers with recreational drug toxicity, to use the guidelines and to know when to call an ambulance (Wood et al, 2008).

Dance events must be covered by adequate numbers of trained, first aid personnel. Check with the Red Cross, St John's Ambulance or your local ambulance service for information about how many first aid staff will be needed.

- All first aid staff should have a current certificate, and be able to recognise and give initial treatment to people with drug-related medical problems. It is important not to assume that all first aid certificate holders are familiar with symptoms and problems associated with drug use.
- First aid staff and stations must be readily identifiable to staff and to patrons.
- Consider setting up a dedicated first aid station or stations. Mark it clearly.
- First aid staff should have communication systems which allow them to be in contact with door staff, security, management and emergency services, as well as with each other.
- A joint briefing of all staff involved in the event can go a long way to making sure that the event runs as smoothly as possible.

Context, environments, neighbourhood (transport, lighting, etc.)

Individuals do not become involved with problems solely on the basis of what they consume. Other issues related to the wide context where recreational activities take place can also have an influence, such as:

- queuing for taxis or buses can trigger arguments and fights (Allen and Goody, 2002),
- lack of availability of public transport (Homel et al, 2004; Marsh and Kibby, 1992),
- people hanging around outside the bar at closing time (Marsh and Kibby, 1992; Graham, Bernards. Osgood and Wells, 2006),
- outlet density (Homel et al, 1997; Zhu, Gorman and Horel, 2004),
- large numbers of intoxicated people congregating and competing for limited food and transport facilities (Marsh and Kibby, 1992).

Different actions can be effective to correct these environmental influences, such as

- routing late-night crowds away from residential areas
- street lighting to reduce dark corners for drug dealing
- to improve dispersal of venues
- to provide easy and free night transportation or extending the working hours of public transports
- Limiting recreational nightlife related businesses in particular localities or town areas.

Licensing, law enforcement and underage control

It should be mentioned that not all European countries have formal schemas for licensing alcohol sales. But the premises licensing is very useful to enforce standards. For example:

- controlling the density of licensed premises,
- staggering premises closing times to avoid large numbers on the streets at any one time,
- banning stand-up drinking venues which encourage fast drinking and 'pub-crawling' (parts of UK),
- limiting the issue of alcohol licensing,
- closing premises that, despite warnings, continue to serve drunk customers,
- controlling alcohol prices and alcohol promotions,
- controlling services to underage people.

Alcohol promotions prohibition

The promotion and advertising of alcoholic beverages is prohibited in licensed premises and other places where alcohol is supplied or consumed, done through promotional offers, awards, exchanges, lotteries, contest, promotional events or sales price, including the offers that are advertised with names like "open bar", "2 x 1", "3 x 1" or the like.

Law 18/2009, of the Catalonia Government

Fighting "El botellón".

In Spain there is a phenomenon called "el botellón" which consists of massive meetings of young people on the street at the weekend, with the objective to drink alcohol and have fun. As many youngsters practice binge drinking, there are high risk implications for their health, and also undesirable consequences, like noise and dirtiness on the streets. The neighbourhood of a Spanish location (Guadalcaín), achieved a 80% decrease of street drinking by a more strict law enforcement, together with more civil society observation and implication.

We have to distinguish between 'on licensed premises' (those who sell alcohol to be drunk on the premises) and 'off licensed premises' (those who sell alcohol, but cannot be drunk on the spot). The control on alcohol licensing should be comprehensive. If off-licensed premises offer alcohol too cheaply, or have a great accessibility, this can neutralize any measure addressed to the on-licensed premises. At European level there is a widespread support to forbid serving alcohol to people younger than 18 years (89% of citizens agreeing) and for banning alcohol advertising that targets young people (97% agreeing) according the Eurobarometer on alcohol (2010).

We have to take also into account the legislation regarding the organisation of an occasional festival, concert or rave party. France is the only EU Member State that has reported a strict legal framework for occasional recreational events.

Collaboration between police and recreational industry

- *The Liverpool Pub watch co-ordinator attends the City Centre management meetings and provides representation and collaboration between the recreational industry in the city and the local authorities, including police, in implementing safer nightlife interventions in the city.*
- *The Best Bar None award scheme is a co-ordinated effort involving pub and club managers, police and a wide range of other agencies to reward and promote good practice in the recreational industry in the city. The award scheme is sponsored by the alcohol industry.*

Official guidelines to organize events (more information in EMCDDA, 2006).

- In the Netherlands, policy is not confined to possible dangers of specific drug use. Municipal guidelines were developed, including rules, regulations, agreements and suggestions for the owners of establishments where parties are organized and proposing cooperation between stakeholders. It is interesting to note that, since September 2002, mayors have been legally permitted to allow preventive searching in situations that are considered to present a high risk to public safety, such as violence (weapons), but also drug-related nuisance and health risks.
- Some Member States have reported specific guidelines regarding the organization of such parties, even if they do not have legal provisions on this topic.

- Ireland and the United Kingdom have a legal framework providing training and support for nightclub staff to optimize ways of addressing drug problems.
- The Paris (France) council, in collaboration with «Fêtez Clairs», has established some regulations promoting the partnership and the self regulation of venues and party organisers. www.fetez-clairs.org

The Local Alcohol Policy project (PAKKA) in Finland was implemented from 2004 to 2007. The project aim was to develop a local co-operation model for the prevention of alcohol-related harms, with particular focus on regulating the availability of alcoholic beverages. The project included a number of engaged actors: authorities, restaurants, retailers, young people and their parents, representatives of the media, voluntary actors and, indirectly, all residents of the region. The key role of coordinators and the collaboration between researchers and developers were also noteworthy features. The results were verified by an assessment study.

According to a range of indicators, the availability of alcohol to minors decreased clearly in all regions. The decrease was achieved both in terms of the actual sale of alcohol and the unofficial (unlawful) supply of alcohol to minors by friends and family. The drop in availability also stemmed from residents' viewpoints and attitudes with regard to the acceptability of drinking among minors.

The research results of the project provide an excellent example of the effectiveness of a PAKKA-type work approach.

More information: Holmila et al (2007)

Drink-driving programmes

Driving while drunk or after using drugs is of widespread concern. The highest percentages of European citizens who consider zero BAC (Blood alcohol concentration) the safest option is in Poland (48%), Hungary (47%), Sweden (45%) and Slovakia (44%), but the media is only 15%. A cause of concern is that a roughly equivalent proportion, 14%, thinks that one could still drive after having more than two drinks during two hours. The highest percentages of respondents who seem to

BAC levels beyond which drink driving is punishable by law

		BAC Limit (g/l)			
	BE	0.5		CY	0.5
	BG	0.5		LV	0.5
	CZ	0		LT	0.4
	DK	0.5		LU	0.5
	DE	0.5		HU	0
	EE	0.2		MT	0.8
	IE	0.8		NL	0.5
	EL	0.5		AT	0.5
	ES	0.5		PL	0.2
	FR	0.5		PT	0.5
	IT	0.5		RO	0
				SI	0.5
				SK	0
				FI	0.5
				SE	0.2
				UK	0.8

play down the risk, are in Cyprus (38%), Luxembourg (37%) Belgium (36%) and France (32%) (Eurobarometer, 2010). The World Health Organization estimates that in European countries, alcohol is responsible for 45 percent of the burden of disability arising from motor vehicle accidents for men and for 18 percent of the burden for women (Lopez et al, 2006).

The fact is that clubbers use their private car quite often (37.5%) to get to recreational areas (Calafat et al, 2009). One of the most popular interventions is the 'designated driver'. This is a measure strongly supported by the recreational industry. Unfortunately there is little evidence to date that designated driver programmes lead to a reduction in drinking and driving (Aresi et al, 2009; Eurocare, 2003). It should also be taken into account that the unsafe actions of drunken





























passengers in the vehicle creates stress for the driver that can lead to high-risk driving situations and the disruption of safe driving (Rothe and Carroll, 2009).

More classical types of intervention, such as blood alcohol controls or increasing the minimum legal age for drinking, are highly important tools for controlling this problem. Mandatory alcohol testing programmes may have contributed to a significant reduction in alcohol involvement in fatal motor carrier crashes (Brady et al, 2009). It has been estimated that drivers with Blood Alcohol Concentration (BAC) greater than 1.0g/L were apprehended only once in 2000 trips by officers trained to detect the special impaired driving cues developed by the US National highway and Traffic Safety Administration (McKnight et al., 1997). Random breath testing has been found to be twice as effective as selective testing, when the police intervenes only when they have reasons to believe that the driver is under the alcohol effects(Henstridge et al, 1997). The problem is that the Random breath testing is not permitted in some countries in spite of a large majority (83%) of European citizens supporting a tougher policy and thinking that random police checks on EU roads would have the effect of cutting alcohol consumption before driving. A clear majority (73%) support lowered legally punishable blood alcohol levels in road traffic for young and inexperienced drivers across the EU (Eurobarometer on alcohol, 2010).

There are many initiatives that could have a deterrent effect on drinking and driving, specially for the hardcore group, such as:

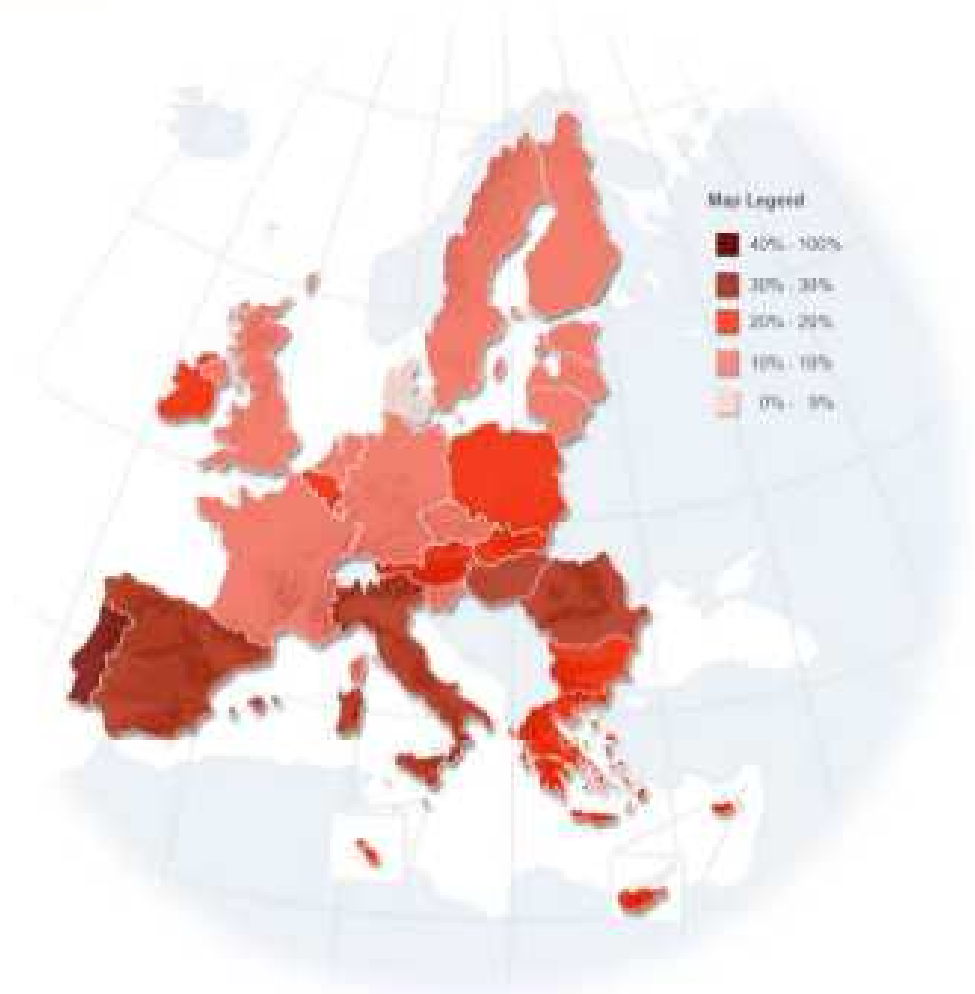
- specific courts
- home confinement/electronic monitoring
- vehicle seizure
- intensive supervision/probation
- specially marked license plates
- stiffer penalties for drivers with Blood Alcohol Concentration
- dedicated detention centres for drunk drivers
- vehicle impoundment
- suspending/revoking driver licenses
- placing interlocks in the ignition to prevent an impaired driver

Eight studies of interlock (mechanism that automatically prevents the car from launching under certain conditions) programmes conducted under the authority of a local court or a motor vehicle department has found them to be more effective than full licence suspension in preventing recidivism among alcohol impaired drivers (Voas et al., 1999), but once the interlock is removed, offenders have the same recidivism rate as suspended offenders. Sweden is undertaking a country wide trial of alcohol safety interlock devices backed with educational measures.

 IT	42%
 IE	38%
 HU	35%
 ES	32%
 CY	30%
 MT	28%
 BG	27%
 CZ	26%
 EU	26%
 RO	24%
 PL	24%
 SK	22%
 NL	20%
 AT	21%
 BE	21%
 DE	19%
 UK	18%
 FI	18%
 GR	18%
 SI	18%
 EE	18%
 FR	17%
 LV	17%
 LT	16%
 LU	16%
 NL	16%
 SE	10%
 DK	7%

Questions: Q21a. During the past 12 months, did you drink any alcoholic beverage (beer, wine, spirits, cider or other alcoholic beverages)?

Answers: No



Eurobarometer on alcohol (2010)

Policing; collaboration with the industry

Voluntary industry codes of practices are generally ineffective, even though they can be considered as a first step towards more effective commitment from the industry. Collaboration between the leisure industry and local authorities has been set up in various European countries, such as the UK, the Netherlands, Germany, Belgium, Sweden, the Czech Republic, Italy, Germany, France or Lithuania, sometimes based on the UK's 'safer dance' guidelines (EMCDDA, 2009). There are many possibilities for collaboration: staff training, cooperation with police or emergency departments, implementing designated driver campaigns, and so on. Possibly most of these measures will improve their efficacy if their implementation is compulsory.

Such collaboration is facilitated when it is mandatory or when there is strong public opinion demanding solutions as a consequence of some problems. In October 2006, the European Commission adopted a comprehensive strategy to support Member States in reducing alcohol-related harm in Europe. Five priority objectives in harmful drinking for which Community action could bring added value to national policies have been identified. These are:

- Protect young people, children and the unborn child.
- Reduce injuries and deaths from alcohol-related road accidents.
- Prevent alcohol-related harm among adults and reduce the negative impact on the work place.
- Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns.
- Develop and maintain a common evidence base at EU level.

Will industry be affected by adopting effective interventions?

- Reducing harm in drinking environments should create a range of benefits to industry. A night-time environment which is safe and secure is a place all ages can go out, while individuals working in drinking environments would themselves be protected from alcohol-related harms (Hughes, Jones and, Bellis, 2009).

- Turning soft drinks into hard cash. At over £2.3 billion¹, soft drinks are worth twice as much to the on trade as cider and are one of only two categories currently delivering cash growth. Here's why soft drinks are more important than ever: Women now consume 36% of all drinks served and choose more soft drinks than men, etc. (from a Best Bar None and Britvic campaign in the UK).

- Every edition of I Love Techno 80.000 cups of free water are distributed true 2 big free water stands. Although most party promoters believe this effects their income, this is approved not to be correct. The Year after the introduction of the free water distribution at I Love Techno the organization earned even more money selling drinks than the previous edition.(VAD – Belgium)

More information in: www.vad.be.

Alternative programmes

There are some reviews of alternative programme, but it should be borne in mind that most of these reviews do not actually refer to the prevention of alcohol- or drug-related problems in people attending nightlife venues. According to a review of programmes by Norman (1997), there is no evidence that organising artistic, sports or other types of alternative leisure activities will be, in itself, successful in reducing the use of drugs. In a review of 45 assessed programmes of different types (Hansen 1992), nearly all of them yielded positive results, with the exception of the programmes that provided alternative experiences (experiences incompatible with the use of substances).

Cultural approaches

Nightlife is at the confluence of many economic and cultural interests. The importance of tourism, clubs, nightlife etc.,- everybody looks at it as something essential to our way of life - in its current form is a relatively recent phenomenon. Nightlife culture has a strong influence on the way young people categorize pleasure, entertainment, social relations, alcohol and drug use, and so on. It is very difficult to think that people will use less alcohol and drugs if nightlife continues to occupy the central place in their lives. Obviously, traditional prevention programmes or policies are highly unlikely to influence this culture. Many clubbers will not understand the beneficial interventions which aim is to restrict the opening hours of venues or increase the alcohol price. Therefore, we think that prevention cannot fail to consider a paradigm shift in how people have fun. We should consider the cultural aspect as key if we want to be successful at mid term.

Many sociologist and thinkers (Bruckner, Marina, Lipovetsky, Rifkin, Sissa and others) have a common critical look at the consumerist function entertainment is acquiring. Entertainment is not a neutral sphere. We should consider the importance of industry in defining the ideals and the specific practices of what forms youth entertainment should take. We use the Hegemonic Recreational Nightlife Model (Calafat et al, 2004) to understand this cultural paradigm where young people that go clubbing tend to lose interest in other forms of entertainment or use of free time at weekends.

Cultural approaches are underdeveloped and need a systematisation. There is a need for well-directed research that describes and analyses cultural elements within their social reality in order to understand what sorts of intervention could be envisaged. A relevant question here is that ideology is of central significance. Interventions that will affect the recreational cultural background depend not only on the will or the skills of professionals, but possibly depend more on societal changes.

'Classical' prevention measures

The focus of the present review does not involve analysis of the effectiveness of classical measures, even though some reference has been made to them on analysing some group of interventions. Most of these "classical" interventions refer basically to enforcement measures or actions pretending to reduce the availability of alcohol or other drugs.

A short list of these interventions related to alcohol (Giesbrecht, 2008) would include:

- An increase in the real price of alcoholic beverages and a discontinuation of discount pricing and sale pricing.
- A ceiling and status quo on other types of availability – hours and days of sale, density of on-premise and off-premise outlets.
- A rejuvenation of the control function of liquor boards and commissions that would include a reduction in alcohol marketing and promotion.
- Provision of the resources required for effective implementation of these measures and for other effective interventions already in place.

In relation to tobacco several legislative bans have been implemented recently in Europe. Some legislation is more restrictive than others. In relation to the recreational context we must have a special concern with the people working in pubs, discos, etc, because they are more exposed to second-hand smoke or passive smoking. In a recent review of fifty studies on the effects of legislative bans there are fewer data measuring the effects on smoking prevalence and smoking behaviour with either no change or a downward trend reported. There is some evidence that the

health of those affected by the smoking ban improved as a result of its implementation, most impressively in relation to heart attacks in hospitals (Callinan et al, 2010).

Specific measures addressed to international nightlife resorts

Problems related to nightlife in touristic resorts are underreported because normally the tourist industry and local authorities are afraid of possible economical problems if the issue is aired in the media. As a consequence there is a lack of implementation of preventive measures. Meanwhile millions of young people now holiday in international destinations specifically chosen for their vibrant nightlife. Participation in nightlife is often a key holiday priority for young travellers and a major factor in their choice of destination.

It becomes important to set up international quality standards that would have to be offered by the local agencies and requested by the tour-operators. Such actions – creating and sharing international quality standards - would depend on the establishment of an in depth and long lasting network, at local, national and international levels, involving tourist providers as well as recipient countries. All stakeholders, including those working at local levels (e.g. club and bar owners and staff, police, local authorities, health services), consulates, travel organisations, young tourists themselves, and national and international organisations, should assume responsibilities and duties in implementing and maintaining safe nightlife environments in international resorts.

SPECIFIC RECOMMENDATIONS BASED ON QUALITATIVE INTERVIEWS OF KEY INFORMANTS OF INTERNATIONAL TOURISTIC RESORTS (www.irefrea.org).

Employers of recreational industry:

- Apply a standardized protocol for selecting the door staff (sorting out non-adequate profiles)
- Create a group in which door staff can meet regularly with a professional for preventing burn-out syndrome (debriefing techniques; frequent staff rotation and longer breaks of days off at the end of the season, etc.)
- Establish specific training for all the night venues staff, attending to their particular tasks and responsibilities: waitresses, door staff, dancers, DJs, etc.

Training for the door-staff:

- Minimum foreign language knowledge, as language misunderstandings are frequently the grounds for fights.
- Specific medical/ first aid training in case of overdose (heat stroke, heart attack, paranoid behaviour, etc.)
- Specific Information about the effects and dose-related effects of most frequently consumed drugs.
- Sobriety checkpoints for night venues staff
- If there are activities for youngsters, in which the minimum age for entrance is lower than 18, only non-alcoholic beverages must be on sale, and alcohol drinks must be out of sight of the teenagers.
- Create a common strategy for a price market plan related to beverages (to raise alcohol prices, and lower prices for non-alcoholic beverages, setting for example, a minimum and a maximum, and an average recommendation price list for all venues.

Doorstaff:

- Forbid entrance to persons who have been involved in any violent incident in that venue.
- Voluntarily undergoing sobriety check points
- Tour-operators:

- Avoid using sexual, and or violent contents, symbols relating to alcohol and drug consumption. Also special stress should be put on avoiding all subliminal and indirect messages that promote an image of the tourist resort seen as a “place to have fun through breaking rules”.
- Offer alternative activities, more cultural, open air activities and sports, etc

Local organizations in charge of regulating tourist offers:

- Create strategies for controlling systematically the contents of tourist publicity in the mass-media: TV, radio, internet, newspapers, travel agency pamphlets, airport and street hoardings, etc. in order to report publicly non- ethical advertisement and apply corresponding sanctions for it
 - For example: a web page summarizing all the allowable and unallowable ways of publicity
 - Creating a permanent commission of experts for detecting these kinds of irregularities.
- Promote an international tender to award, for example:
 - the best/ most healthy advertisement linked to tourist publicity.
 - the advertisement that promotes the best image of the destination.
 - the most innovative advertisement in promoting a good image of tourist destination.

In general:

- Design common strategies between disco owners, local authorities, police, tour operators, private security staff, etc., in order to maximize human and technical resources.
- Liaison with the country of origin. For example, working with local embassies and diplomatic missions to improve problems (e.g. development of protocols for repatriation of troublesome individuals; sharing criminal intelligence)
- distribution of information leaflets to departing tourists (Finland for visitors to Estonia; UK for all destinations)

3.3 How to plan an intervention?

General and introductory questions

We suggest the following set of principles which could guide interventions in recreational settings:

- interventions should be based primarily on a community or multi-component approach. The isolated actions have little effect. Community interventions promote synergies and facilitate possible policy changes to implement.. Policy making is mostly a process of incremental, small adjustments to existing policies. It is important to find the correct balance between formal regulation (laws, enforcement,..), informal regulation (mobilisation of civil society), and self-regulation (industry, patrons, etc.).
- community awareness and community mobilization (involvement and cooperation with important stakeholders like municipalities, pubs and clubs, party-organisers, health/addiction services, and police).
- all stakeholders have a Duty of Care towards people – specially adolescents and young people - attending recreational contexts.
- involving people who can make links with other relevant local initiatives
- evidence-based interventions should be implemented whenever possible, as well as the promotion of innovation.
- plan for mid-term or long-term time-span of interventions.
- effective community interventions are normally a combination of information, training, coordination and enforcement

- improving the safety and the health of the nightlife areas and venues (healthy settings)

Manuals on prevention implementation.
There are different manuals that can be consulted as a complement to the instructions given here. They are plenty of practical comments and ideas on how to implement community actions. Here are the references of these manuals.
Pompidou Group's Handbook Prevention: alcohol, drugs and tobacco. http://www.emcdda.europa.eu/attachements.cfm/att_21033_EN_Prevention%20Manual%20Pompidou%20Group.pdf
Research and Development Corporation RAND (2004). Getting To Outcomes™. Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation. http://www.rand.org/pubs/technical_reports/TR101/
RAND (2007). Preventing Underage Drinking. Using Getting To Outcomes with the SAMHSA Strategic Prevention Framework to Achieve Results. Pamela Imm, Matthew Chinman, Abraham Wandersman, David Rosenbloom, Sarah Guckenbug, Roberta Leis. http://www.rand.org/pubs/technical_reports/TR403/
Handbook Healthy Nightlife Toolbox (2010). http://www.hnt-info.eu/File/handbook.aspx
Substance Abuse and Mental Health Services Administration (SAMSHA) Strategic Prevention Framework. http://prevention.samhsa.gov/about/spf.aspx
Mayor of London (2007). Managing the night time economy. Best Practice Guidance http://legacy.london.gov.uk/mayor/strategies/sds/bpg-nighttime-economy.jsp
Society for Prevention Research. Community-monitoring system. www.preventionresearch.org
EMCDDA (2010). Prevention and Evaluation Resources Kit (PERK). A manual for prevention professionals (2010). http://www.emcdda.europa.eu/publications/perk

Steps of intervention

The steps to be taken into account are similar to those seen in other community interventions with different aims. Basically they include:

- gathering information and defining the problem.
- planning (aims, stakeholders, timing, ...)
- implementation (choosing interventions, etc.)
- evaluation
- dissemination and Sustainability



In the SAMSHA's Strategic Prevention model cultural competence and sustainability are placed in the middle (see Figure). This is because these two aspects of strategic planning are "central" to each step according to the model.

Cultural Competence is a commitment to respect the complexities of multiple cultures in communities. Acknowledging the cultural differences we are ensuring the acceptance and the impact. Sustainability will be to create the conditions addressed to "maintain", "support", or "endure" the project over time.

Gathering information and defining the problem

Looking for data on existing problems: It's important to identify, understand and deeply analyse the problem.

Collecting existing information is a very wide and complex issue (economy, culture, sociology, music, urbanism, transport, leisure industry, recreational policies, safety, emergency rooms, etc.). What is envisaged is a collection of already existing and specific data for the issue being studied. The information needed can be either qualitative or quantitative. The comparison with existing data or reports of other towns can be very useful in order to prepare the conclusions and recommendations. The following fields are generally of special interest (but in each case some particular field can be more relevant):

- Health (use and abuse of alcohol and drugs, emergency services attention, risky sexuality...)
- Safety (police reports, risk and violent behaviours, conflicts relating to the venues)
- Coexistence problems (neighbourhood disputes, noise, rubbish, destruction of public property)
- Transport (existence and use of the various kinds of transport, accidents, fines for driving under the influence of alcohol and drugs)
- Sociological data on the young and their lifestyles (finances, studies, employment history)
- Recreational culture (music styles, image of recreation in the press)
- Economy (growth of the recreation industry, types of venue, etc.)

There is a need for accurate and up-to-date data to help explain the problem. Assessment tools are essential in facilitating the systematic data collection, description, diagnosis and comparison of different night time recreational contexts. A specific tool designed for this purpose is the Kit for Assessment of Recreational Nightlife (KAReN).

The Kit for Assessment of Recreational Nightlife (KAReN) www.irefrea.org

◇ KAReN assist the different professionals (policymakers, those working in prevention, researchers...) in their approach to the various recreational contexts (an entire city as a whole or a district with recreational activity or even a single venue), when describing and evaluating the recreational activity, protection and risk factors, preventive necessities, etc. The Kit acts as a guide in acquiring the necessary information to reach a final result.

◇ As a result of administering these instruments, we can ascertain the quality of the entertainment in a specific context, the factors that influence it, the existing dangers, current preventive measures and those which should be put into operation.

KIT FOR ASSESSMENT OF RECREATIONAL NIGHTLIFE®

KAReN* Full Set

Ethnographic Questionnaire of a City Recreational Nightlife



◇The collection of information can be a more or less a lengthy process depending on the quality of the already existing information, the ease of access to the information, and the extent to which we wish to search. Different sources of information are necessary. Part of the information generally exists (epidemiological studies, policy reports, surveys...) and another part must be generated (obviously this will depend on the media and the time available). Logically, the quality of the analysis and the conclusions will be determined by the quality and quantity of the available information but this does not normally prevent the application of the KAREN. Administering the questionnaires also enables the existing information deficiencies to be seen (and for improvements to be proposed).

◇ There are three assessment instrument: one is to assess cities as a whole, the second is to assess specific districts or recreational areas and a third one is to assess the venues. Each one is complementing the others, and the combination of the full set gives a comprehensive view of the situation and of the needs in a specific town. But each assessment instrument can be used separately.

Setting up a plan

There should be a shared understanding of the problem and agreement on the aims and objectives of the response.

Prior to the intervention one has to know the problem that has to be solved. A good 'diagnosis' will be of crucial importance. In order to prevent drug use and its consequences in the recreational context, one must first assess what is happening in this context, how it happens, who are its players, what awareness of the problem exists in a city, what is being done at present to improve it, what should be done.

The first initiative can be undertaken by an specific organisation or institution or group of people, but is essential to identify stakeholders and to generate partnership, working across different disciplines in order to design a strategy and the adequate responses. These responses should be envisaged not as individual actions but as long term responses. Sustainability conditions is an essential point for the strategy.

Responses should be sustainable in the long term and not just displace the problem elsewhere. The night time recreational context is a plural social space and closely connected to the city as a whole. The implementation of preventive actions must be coordinated, must include the intervention of different local government departments and professionals. The night time leisure spaces are intimately linked to the economic policy of the city. Manipulating or altering liminal and deviant aspects of nightlife affects and depends on municipal government. It is for these reasons that serious planning must be made from an ecological and integral dimension that embraces the micro and the macro. High-quality planning can improve implementation.

Start up document

It is of great help to have a start up document. This document, that should be corrected and improved through the implementation of the project with new inputs, includes the 'diagnosis' of the situation, why it is important to start with the project, which are the objectives, who are the stakeholders, which the responsibility of each one, which resources (persons, institutions, budget, etc) pros and cons, priorities, steps, terms, internal and external support, how to choose an intervention, target groups, ...

Getting a balance

The success of the project will depend on getting a good balance between the different needs of the stakeholders, getting support for the project and having a good timing. Tackling the incidence of unwanted behaviours will take time. Try to be realistic, but also a little bit of utopia can be desirable.

For many municipalities and venue owners, nightlife is an important source of income. This explains why they are sometimes reluctant to implement preventative interventions. Nonetheless, in the long run, the best option is to safeguard the atmosphere and safety in nightlife settings. There is a project, financed by the European Commission, starting in 2009, with the following aims:

- to facilitate a more consistent implementation of strategies and laws in the field of youth risk behaviour;
- to increase sensitivity of media, advertising industry and politically relevant actors (e.g. policy and decision makers) on their responsibility for action.
- activities of the Club health project include:
 - implementation of strategies and legislation in selected countries
 - database of legislative and national policy responses
 - health and safety standards in nightlife
 - training of staff in nightlife premises
 - city criteria for healthy and safer nightlife
 - sensitization of professionals and politically relevant actors
 - sensitization of media regarding their responsibility for healthy lifestyle of youth

Club Health Project (<http://www.club-health.eu/>)

Club Health is an international network launched originally by the Centre of Public Health of the John Moores University of Liverpool in 1997. This network has been organising every two years a conference (Liverpool, Amsterdam, Rimini, Melbourne, Piran, Ibiza and Zurich) that attract a broad audience from fields as diverse as public health, local government, legislation and policing, the nightclub industry, academia, sexual health, substance use, transport and tourism, and environmental health.

Choosing interventions

Ideally only evidence-based interventions should be adopted and implemented. In practice most of the interventions implemented in recreational settings in Europe or elsewhere are not supported by research. We should go further than simply providing information or safer environmental conditions. There is increasing recognition that prevention strategies could aim to influence young people's approaches towards having 'fun' without using drugs (EMCDDA, 2006). An important step will be to allow only the implementation of evidence-based interventions. In the USA only school interventions that are evidence-based can be financed with federal funds. This does not mean that we should wait to plan and implement interventions until we have everything evaluated previously, but does mean that we should make an effort to choose the sort of interventions that are more supported by evidence and acquire a compromise to evaluate our interventions.

Selection of an intervention or a set of interventions is not an easy task because it depends on multiple factors:

- budget, political support, community awareness, industry collaboration, etc.
- having trained staff, community leaders interested, etc
- the importance and the extension of the problem; the analysis of the situation; the selected strategy
- the target group and the aims
- the existence of previous interventions and their outcomes
- the stakeholders that will be involved with the outline and the execution.
- etc.

The success of the interventions will depend of their efficacy, their adequacy to the project aims and to the existence of the necessary conditions to ensure the sustainability of the project (adequate partnership, social support, capacity building, etc.).

The selection of the interventions will be based also:

- in the critical review of interventions offered in this document (see 3.2. Intervention possibilities);
- in specialised web sites like Nightlife Tool Box (<http://www.hnt-info.eu>), EMCDDA (<http://www.emcdda.europa.eu/best-practice>), Club Health (www.club-health.eu), Irefrea (www.irefrea.org).
- in the EDDRA database (<http://www.emcdda.europa.eu/themes/best-practice/examples>) or other databases like NIDA (<http://www.drugabuse.gov/NIDAHome.html>), SAMSHA (<http://prevention.samhsa.gov/about/spf.aspx>)
- in national quality standards and guidelines in prevention (see <http://www.emcdda.europa.eu/themes/best-practice/standards/prevention>)
- in nightlife guidelines such as "Safer Nightlife in Europe" (www.exass.net), "Managing the night time economy" (<http://legacy.london.gov.uk/mayor/strategies/sds/bpg-nighttime-economy.jsp>)
- in scientific literature, etc
- in the definition of the problem (the application of instruments like the Kit for Assessment of the Recreational Nightlife (www.irefrea.org) serves also to know which interventions may be more necessary) and the planning
- in the experience and outcomes of other cities
- in all the feedback obtained through the implementation and evaluation process.

The selection process will lead us probably to a community or multi-component approach. As we have stated isolated interventions have little effect. Effective community interventions are normally a combination of information, training, coordination and enforcement. But we must be realistic and to go step by step in building up a comprehensive strategy and intervention.

Implementation

Implementation has to do with who should do what, when and in the best way. For effective implementation we should take into account some key questions:

- having a clear and realistic definition of the problem.
- having a good planning and a realistic overview of the resources and the support that the project has.
- the selection of effective and adequate interventions
- the existence of evaluation strategy of the project in order to provide feedback very useful to introduce amendments to the programme.

There are many day-to-day decisions and questions to be considered when implementing the programme such as familiarity with the target group, degree of experience of the core group in community tasks, political and media support, social alarm, industry collaboration, etc.

When we implement a community programme, that, as we know, is based on different components, we must pay attention not to deliver the intervention just as individual components being delivered in isolation, with no evaluation or only evaluating the individual project rather than for the effectiveness of a whole programme approach.

Effective coordination structures or processes must be established. There is a need to work across disciplines and in partnership in designing responses. No stakeholder has total

responsibility, nor the capacity to resolve the problems alone. It is important to establish partnership or coalitions.

Mobilizing communities and establishing partnership

Mobilizing communities, especially if we have adopted a community intervention approach, is obviously an essential tool for the success of the project. Communities can be mobilized through promoting partnership or building coalitions, defined as “inter-organizational, cooperative, and synergistic working alliances”.

The partnership or coalitions should involve all the relevant organisation, institutions or groups related to nightlife, but they can include also relevant or active individuals. In England and Wales the partnership is compulsory, but this is not the case for other countries, where even there is not a tradition to tackle these problems in such a way. Community coalitions should be effective in rising funds, increasing public participation, and changing public policy.

The relations among the members should be non hierarchical in order to facilitate the implication of all the stakeholders in the tasks. Pragmatism as well as confrontation avoidance are crucial. Objectives must be realistic and attainable.

Members can have different interests and visions of the problems and the priorities. This implies that especially at the beginning it is better to start with actions that are supported by all stakeholders. But sometimes it is not always possible that everybody agrees assuming the same goals and actions. This implies that it will be not possible to collaborate with some stakeholders or that they will collaborate in other alternative ways.

Building capacity of individual members or the whole partnership in order to achieve the goals is a central issue for effectiveness and sustainability. Training can be essential for individuals and institutions to understand in a realistic and pragmatic way the objectives of the project, to learn the best ways of cooperation among them, acquire the right skills to perform their tasks, etc. Capacities to be learned and strengthened are not only at the personal level, but also raising funds and fiscal capacities, technical capacities, cultural competency, dissemination skills, and structural capacities, such as collaboration and networking.

Characteristics of a Successful Coalition

- Has a written strategic plan with measurable objectives to reduce, prevent, and treat substance use.
- Disseminates a regular report detailing the community's strategy and the progress being made to reduce substance use.
- Generates funding from diverse sources to fund general coalition-building activities.
- Has a strong project director who employs a shared leadership style that fosters active involvement of others in leadership positions.
- Maintains stable participatory/governance bodies with representatives from a variety of community institutions to monitor and direct the coalition's activities.
- Collaborates with local government officials and policy makers.
- Makes efforts to change public policy that will reduce the harms from substance use

More information in:
(www.jointogether.org)

Evaluation and monitoring

The evaluation is a useful procedure that gets information throughout the implementation process that helps us to know how to improve the intervention and what must be corrected. That is very important, because we cannot wait until the end of the project to know if we are doing the interventions correctly. We want to be sure that the interventions are carried out as planned, reach the target group and are effective. Evaluation can also serve to determine if an intervention is successful in getting good outcomes. Evaluation systematically collects, analyses and interprets information on how the intervention operates and on what effects it might have. There are different

guidelines (see below) that provide detailed, step-by-step advice to programme-planners and evaluators on how to assess the different stages of drug-prevention interventions.

Evaluation can be a very complicated, costly and specialised process. There is an urgent need for having evaluated interventions in the recreational context or in other contexts in Europe. But not everybody has the expertise, the budget, the time and the conditions to do a full scientific evaluation capable to determine if the outcomes of an intervention makes a difference towards other interventions or no intervention at all. This very complex task should be reserved for projects with very professional teams and good resources. Evaluation must be considered during the planning and the implementation of the intervention. The minimum tasks to be envisaged will be what we call the 'process evaluation'.

'Process evaluation' is concerned with how the programme is delivered. It deals with things such as when the programme activities occur, where they occur, and who delivers them. Basically the question we want to answer: is the programme being delivered as intended? Through the evaluation process we will be able to know if the cost and other resources are used as planned, if we have contacted the target group, performed the planned activities, the implication of every partner, etc. This requires systematically collected data on the project itself: its results, acceptance among the target groups and consistency of implementation. The most important aspect of this step is that it will explain how your intervention produced its outcomes, or why it did not. Even an effective programme may not yield desired results if it is not delivered properly. We can ask for external help for the evaluation. In fact having an external evaluation is very helpful.

What is a COMMUNITY-MONITORING SYSTEM ?

According to the Society for Prevention Research (www.preventionresearch.org) monitoring the well-being of children and adolescents is a critical component of efforts to prevent psychological, behavioural, and health problems and of efforts to promote young people's successful development.

An Ideal Community-Monitoring System (CMS):

- Provides the community with accurate estimates of well-being for the entire population of children and adolescents
- Encourages widespread participation of community members in the design, maintenance, and use of the system
- Identifies and assesses key predictors of well-being that research shows are important. This includes measures of youth functioning and of the factors influencing development
- Uses all available data, including both survey-based and archival
- Generates information for decision-makers and community members that is easily understandable and readily usable to answer specific questions
- Provides timely data about trends in well-being and in risk and protective factors that predict youth outcomes
- Guides priority setting and decision-making regarding choice of programmes, policies, and practices to improve youth well-being

CMSs can guide communities to set appropriate priorities for themselves and to choose programmes and policies that are likely to have the greatest positive impact on young people. Another important issue to take into account is that the same young people tend to engage in multiple problems and to address the risk and protective factors of one specific health problem can be of help for any other problem.

Communities that engage in ongoing monitoring will tend to drop or alter practices that are not associated with desirable outcomes and to retain practices that are associated with good outcomes.

(More information in <http://www.preventionresearch.org/CMS.php>)

People that will like to implement evaluation in their preventive practices can get more information in:

- *Prevention and Evaluation Resources Kit (PERK)*. This manual compiles basic but evidence-based prevention principles, planning rules and evaluation tips. Additionally, it provides related documentation or references for download; it is hoped that this additional material will be particularly useful for readers who have difficulty accessing the scientific prevention literature. To illustrate the theoretical discussion, an intervention example, partly based on a real-life situation, gives a practical perspective.

Downloadable from <http://www.emcdda.europa.eu/publications/perk>

- *Guidelines for the evaluation of drug prevention: a manual for programme-planners and evaluators*. These guidelines give detailed, step-by-step advice to programme-planners and evaluators on how to assess the different stages of drug-prevention interventions.

Downloadable from <http://www.emcdda.europa.eu/publications/manuals/prevention>.

- *European Handbook on Prevention: Alcohol, Drugs and Tobacco, How to make the everyday life of a prevention worker easier?* from the Pompidou Group - Council of Europe & Jellinek Consultancy.

Downloadable from http://www.coe.int/t/dg3/pompidou/publications_EN.asp

Dissemination plan and sustainability

Sustainability means creation of the conditions to "maintain", "support", or "endure" the project over time. An important problem especially with community projects is how to achieve their continuity after the initial phase. Leadership, community involvement or funding can be problems in the medium term. All these issues should be addressed all along the process. We cannot wait until the last moment to see what can be done for the continuation of the project. On the other hand prevention programmes are long-term actions. Therefore, all the planning from the outset must take into account sustainability.

Sustainability is also related to the implementation of improvements and with strategies and activities that should not be sustained. It is important to have a strategy to get continuous support and funding. This is where dissemination strategies and actions become relevant. If the activities are not sufficiently known by the society or policy decision makers, we have more chances not to be funded or that our requests are not met.

Dissemination has to do with several important goals of every project:

- good internal and external communication is a basic tool for the success of any project.
- publicizing the results and other relevant information to the media and key individuals and institutions is important to get support for the project, influence policy, getting new members, etc.
- disseminate and share best practice.

Dissemination and communication should be considered a central task for the team. Time and experience will help to do this action in a more successful and practical way. The familiarity with the new internet informal networks (Facebook, etc.) and technologies can be very useful for very active, low cost, successful communication. We have to address questions like:

- What information will different people be interested in?
- Which written communication forms will you use?
- Which oral communication forms will you use?

Why Facebook for Nonprofits?

Facebook has emerged as a user-friendly site for nonprofits, largely because its “Pages” feature gives them a way to create a quick and cost-free presence on the Internet. A Page is similar to a profile, except that a Page represents an entity—a nonprofit, a local business, a brand or product, or a public figure—rather than an individual person. Facebook users can “become a fan” of a Page, thereby connecting themselves with that entity and showing public support for it. Pages are useful because they facilitate interaction between the larger entity and the public.

Nonprofits may find Facebook especially helpful in accomplishing the following activities:

Fundraising. Organizations can conduct fundraising through Facebook using a feature that allows them to receive monthly payments of funds donated by Facebook members. Facebook provides a virtual “scorecard” that allows the public to view fundraising progress, and individuals can post the causes they support on their personal profiles. The goal is to achieve a snowball promotion effect, fostering a virtual community of Facebook friends with similar interests that align with the missions of various nonprofits.

Information dissemination. Facebook Pages include functions that allow organizations to promote their work by posting mission statements, news, contact information, details on upcoming events, and other items related to their work. Quick and widespread dissemination of information to the Facebook community is useful when spreading the word about events and activities and for increasing attendance at conferences, workshops, and volunteer opportunities. In addition, Facebook’s visibility and global accessibility enables nonprofits to increase the number of downloads or purchases of a product or publication. Further, Facebook saves nonprofits money on postage and mailing expenditures by allowing them to conduct mass communication online.

Mobilizing key stakeholders and the public. Facebook can serve as a platform for rallying public support. Virtual mobilization can spur large numbers of people to write government officials, corporate representatives, or the media about the nonprofit’s cause. Facebook provides a virtual pathway for the public and key stakeholders to connect personally with nonprofits, creating a sense of openness and transparency. In addition, the social nature of Facebook allows nonprofits to interact with potential supporters relationally rather than pushing the fundraising agenda alone. For example, Facebook users can actively participate on a Page by posting messages and engaging in discussion boards. According to one nonprofit social media expert, Facebook’s fundraising feature “isn’t just about raising money, it’s also about raising friends and awareness, and in the long run, turning loose social ties into stronger ones for a cause may be more important than one-time donations of \$10 and \$20 right now.” Another nonprofit social media expert notes that the fundraising function on Facebook is “a friending tool, not a fundraising tool.”

Data collection. Facebook offers nonprofits both conventional and creative methods to collect data for internal tracking and accountability and to inform decision making. Ways in which Facebook can function as a tool for data collection include:

- Online surveys. Nonprofits can use Facebook to advertise, recruit for, and administer surveys online. This data collection method can be used to evaluate any number of topics: how people heard about the nonprofit, why repeat donors give, what changes occur in attitudes or awareness, and so on.
- Online tracking. Nonprofits can use Facebook to track financial donations, membership numbers (including the number of active members per week), demographics (e.g., gender and geographic location), and the types of interactions members have with the organization’s Facebook Page.⁵
- Social “listening.” Comments or questions are often posted on nonprofit-affiliated

Facebook spaces, such as message boards or blogs. By using Facebook to review conversational exchanges with the public, a nonprofit can keep an ear turned toward potential volunteers, donors, and clients and learn more about who they are and what their interests are.

Katie Chun of Harvard Family Research Project (<http://www.hfrp.org/evaluation/the-evaluation-exchange/issue-archive/current-issue-scaling-impact>)

4. CONCLUSIONS

Nightlife is an important context for socialisation of young people, but at the same time is a place with important economical interests and it is a context that interacts (for good and bad) with the neighbourhood. The night time economy can sometimes be the cause of a different sort of nuisance. In this handbook we are specially interested with their effects in public health.

Many interventions are being implemented to prevent the problems related to nightlife. But most of them, are at the best inefficient. This handbook tries to raise concern on this issue in a critical and constructive way, trying to orient the future through more evidence-based interventions. It is not going to be easy, but it will be worthwhile. Through tackling these problems we can learn to work together for a better society. Entertainment, pleasure, socialisation, business, neighbourhood, control, alcohol, drugs, health, etc., are all of them central issues to a modern society. Understanding how they interact and how they have to be managed is something that necessarily implies working together from different social instances. Achieving this task can have important benefits for society.

Other comments related to prevention in nightlife:

- It is possible to do prevention and be successful. But we need to make a big effort for having evidence-based prevention.
- Only working together at local, national or international levels we will be able to achieve good programmes, good evaluations and good implementations.
- Prevention efforts often concentrate on illegal drugs. However, most problems derive from the use of alcohol or the combination of alcohol with other drugs. Therefore, intervention should concentrate more on risky alcohol use.
- Cooperation is essential. However, local councils and police are often reluctant to go and carry out their duties. Council bureaucracy and conflicts of interests frequently lead to passivity in these institutions. There is a lack of cooperation from the nightlife industry, even if in some countries such collaboration is increasing. Professionals in the field of prevention and researchers should strive for innovative interventions and assessments that could be advantageous and practical for policy-makers.
- The most popular types of interventions in Europe and elsewhere have for many years involved providing information on harm reduction to young people attending nightlife venues. More recently, the most popular interventions have included responsible beverage services, training of door staff (a part of the RBS) and designated driver programmes, apart from the well-known information-based interventions recommending responsible drinking or explaining individual harm-reduction strategies. Such popular interventions, most of them backed by the industry, are not exactly the most effective, especially if they are not enforced. There should be, as in other sectors of prevention, a clear commitment to effective intervention. The highly frequent use of popular but ineffective interventions contributes more to the problem than to its solution, and only contributes to giving preventive efforts a bad reputation.
- Greater accountability for law enforcement. This is clearly one of the most efficient measures in itself (police simply visiting recreational venues or reinforcing an agreed set of measures and ensuring their implementation). But law enforcement needs political and social support.
- It is easiest to implement when there is local awareness of problems (vandalism, traffic accidents involving young people returning from nightlife venues, etc.).
- Interventions should attempt to cover extensive areas, with a view to avoiding a situation in which clients move from more strictly regulated areas to others without so many rules. It is important to draw up international quality standards, since many young people like to go to international nightlife resorts for holidays. The setting-up of international quality standards

would depend on the establishment of an in-depth and long-lasting network, at local, national and international levels, involving tourist providers as well as recipient countries.

- Most interventions tend to be multi-component. In the case of on-premises interventions it seems likely that the main effects will be achieved by combining bar staff training, education of patrons, development of lower-risk policies and enforcement of regulations aimed at decreasing risks related to drinking alcohol (Graham, 2000). From the present review, what emerges as the best strategy is the combination of training, cooperation and enforcement.
- Community approaches are typical multi-component interventions. They tend to produce the largest and most significant effects. However, there are some issues to take into account: they can be expensive, they need political and society support and in the medium term there are often problems with compliance and sustainability.
- 'Classical' measures – basically taxation, restriction of hours or days of sale, outlet density restrictions, sobriety checkpoints, reduced BAC limits, minimum legal purchasing age, administrative licence suspension and the like – are evidence-based and effective.
- Evaluation and monitoring is an urgent need. Human and economic resources are not limitless. The use of inefficient interventions or strategies is not only a waste of money, but can also have a perverse effect. The persons involved have the feeling that they are busy doing something, so that there is no need to look for alternatives. There are many reasons why ineffective programmes are still in use (self-perception that the programme is good because of an ideology, fear of discovering that what has been done is ineffective, and so on). Moreover, there are many economic interests in this recreational context, making assessment even more important. However, assessment needs investment and correct experimental strategies. Despite two decades of RBS training, for example, we still do not know the optimal content, format and length of training (Graham, 2000).
- New technologies open up many possibilities for interventions, such as video surveillance, 'pub watching', electronic age verification, or interlocks to prevent car driving by drunk drivers. But the Internet also offers possibilities for networking, information about risks, etc., that can be very useful for preventive interventions.
- Last but not least, it is important to focus particularly on cultural aspects. Drugs fulfil symbolic functions different from those of previous eras. They tend to facilitate more "living the moment", experiencing the present, immediacy, hedonism..., which are the dominant values of post-modern society. It may be that we need to explore in more depth the following three spheres: 1) the economic sphere—labour-market, socio-economic, and commercial trends, flows of symbols, commodities and consumers; 2) the constitutional sphere—the extent and distribution of powers and jurisdictions; and 3) the cultural sphere—'complex networks of communicative exchange' – including normative codes, traditions, family and gender relations and roles, and cultural divisions and cohesions (Hadfield, 2009).

References

Allen C. and Goody H (2002). *All day and all of the night: an LGA discussion paper*. London: LGA Publications, the Local Government Association.

Allen J, Nicholas S, Salisbury H and Wood M (2003). *Nature of burglary, vehicle and violent crime. In Crime in England and Wales 2001/2002: Supplementary Volume, Edition (Flood-Page C and Taylor, eds.). Home Office Statistical Bulletin 01/03*. London: Home Office.

Anderson P and Baumberg B (2006) *Alcohol in Europe: a public health perspective*. London: Institute of Alcohol Studies

Aresi G, Fornari L, Repetto C and Scolari M (2009). Evaluation of a designated driver intervention to prevent alcohol-related road accidents in the clubs of Milan, Italy. *Adicciones*, 21, 279-88.

Bellis M A, Hale G, Bennett A, Chaudry M and Kilfoyle M (2000). Ibiza uncovered: changes in substance use and sexual behaviour amongst young people visiting an international night-life resort. *International Journal on Drug Policy*, 11, 235–244.

Bellis M, Hughes K, Calafat A, Juan M, Ramon A, Rodriguez JA et al (2008). Sexual uses of alcohol and drugs and the associated health risks: a cross sectional study of young people in nine European cities. *BMC Public Health*, 8:155 doi:10.1186/1471-2458-8-155

Benger J. and Carter R (2008). Could inter-agency working reduce emergency department attendances due to alcohol consumption? *Emergency Medicine Journal*, 25, 331–334.

Brady JE, Baker SP, Dimaggio C, McCarthy ML, Rebok GW and Li G (2009). Effectiveness of mandatory alcohol testing programmes in reducing alcohol involvement in fatal motor carrier crashes. *American Journal of Epidemiology*, 170, 775-82

Briscoe S. and Donnelly N (2001). *Assaults on Licensed Premises in Inner-Urban Areas. Alcohol Studies Bulletin 2*. Perth: Curtin University of Technology Western Australia National Drug Research Institute.

British Home Office and the KPMG (2008). *Review of the Social Responsibility Standards for the Production and Sale of Alcoholic Drinks*.

Calafat A, Bohrn K, Juan M, Kokkevi A, Maalsté N, Mendes F et al (1999). *Night life in Europe and recreative drug use*. Palma de Mallorca: Irefrea. Downloadable from www.irefrea.org.

Calafat A, Blay N, Juan M, Adrover D, Bellis MA, Hughes K, Stocco P et al (2009). Traffic risk behaviours at nightlife: drinking, taking drugs, driving and use of public transport by young people. *Traffic injury prevention*, 10, 162-169.

Calafat C, Cajal B, Juan M, Mendes F, Kokkevi A, Blay N et al (2010). The influence of personal networks when participating in nightlife on the use and abuse of alcohol and drugs. *Adicciones*, 22, 147-154. Downloadable from www.adicciones.es.

Calafat A, Fernandez C, Juan M, Anttila A, Arias R, Bellis M A et al (2003). *Enjoying nightlife in Europe. The role of moderation*. Palma de Mallorca: Irefrea. Downloadable from www.irefrea.org.

Calafat A, Fernández C, Juan M, Anttila A., Bellis M, Bohrn K et al (2004). Cultural mediators in a hegemonic nightlife. Palma de Mallorca: Irefrea. Downloadable from www.irefrea.org.

Calafat A, Fernández C, Juan M and Becoña E (2008). Recreational nightlife: Risk and protective factors for drug misuse among young Europeans in recreational environments. *Drugs: education, prevention and policy*, 15, 189 - 200.

Calafat A, Juan M, Becoña E and Mantecón A (2008). Que drogas se prefieren para las relaciones sexuales en contextos recreativos. *Adicciones*, 20, 37-48. Downloadable from www.adicciones.es.

Callinan JE, Clarke A, Doherty K and Kelleher C (2010). Legislative smoking bans for reducing second-hand smoke exposure, smoking prevalence and tobacco consumption. Cochrane Database of Systematic Reviews, Issue 4. Art. No.: CD005992. DOI: 10.1002/14651858.CD005992.pub2

Charlois T (2009). Safer Nightlife in Europe. 5th Meeting EXASS Network. Council of Europe's Pompidou Group.
http://www.coe.int/t/dg3/pompidou/Source/Activities/EXASS/Guide_SaferNightLife_Print_en.pdf

Chikritzhs T and Stockwell T (2007). The impact of later trading hours for hotels (public houses) on breath alcohol levels of apprehended impaired drivers. *Addiction*, 102, 1609-17.

Cole C, Jones L, McVeigh J, Kicman A, Syed Q & Bellis MA (2010). A guide to adulterants, bulking agents and other contaminants found in illicit drugs. Centre for Public Health. Liverpool John Moores University. Accessible at <http://www.cph.org.uk/>.

Eurobarometer, (2010). EU citizens' attitudes towards alcohol. Directorate-General Health and Consumers. Downloadable from http://ec.europa.eu/health/eurobarometers/index_en.htm

EMCDDA (2006). *Annual report 2006*. Lisbon: EMCDDA. Downloadable from www.emcdda.europa.eu.

EMCDDA (2006). *Developments in drug use within recreational settings*. Lisbon: EMCDDA. . Downloadable from www.emcdda.europa.eu.

EMCDDA (2009). *Trends and availability of responses to drug use in recreational settings in Europe*. Poster downloadable in http://www.emcdda.europa.eu/attachements.cfm/att_78666_EN_RES%2020.pdf

Eurocare (2003). *Drinking and Driving in Europe: A Eurocare Report to the European Union*. Eurocare: Saint Ives, Cambridgeshire. Downloadable from www.eurocare.org.

Faggiano, F. and Vigna-Taglianti, F. (2008). Drugs, Illicit – Primary Prevention Strategies. In: Kris Heggenhougen and Stella Quah (editors). *International Encyclopaedia of Public Health, Vol 2*. San Diego: Academic Press.

Forsyth, A.J.M. (2009). Lager, lager shouting': The role of music and DJs in nightclub disorder control. *Adicciones*, 21, 327-345. Downloadable from www.adicciones.es.

Forsyth AJM, Barnard M and McKeganey NP (1997). Musical preference as an indicator of adolescent drug use. *Addiction*, 92, 1317-25.

Giesbrecht N (2008). Recent Developments in Overall Alcohol Consumption and High Risk Drinking: A Case for Effective Population Level Interventions in Canada. *Adicciones*, 20, 207-220. Downloadable from www.adicciones.es.

Graham K (2000). Preventive interventions for on-premise drinking: a promising but under researched area of prevention. *Contemporary drug problems*, 27, 593-668.

Graham K and Wells S (2001). Aggression among young adults in the social context of the bar. *Addiction Research*, 9, 193-219.

Graham K, Bernards S, Osgood D W, Homel R and Purcell J (2005). Guardians and handlers: the role of bar staff in preventing and managing aggression. *Addiction*, 100, 755–66.

Graham K, Bernards S, Osgood DW and Wells S (2006). Bad nights or bad bars? Multi-level analysis of environmental predictors of aggression in late-night large-capacity bars and clubs. *Addiction*, 101, 1569-1580

Graham K, LaRocque L, Yetman R, Ross J and Guistra E (1980). Aggression and bar-room environments. *J Stud Alcohol*. 41: 468–85.

Greater London Authority. (2002). *Late night London: planning and managing the late night economy*. London: Greater London Authority.

Hadfield P (2009). *Nightlife and Crime: Social Order and Governance in International Perspective*. Oxford: Oxford University Press.

Holder HD, Gruenewald PJ, Ponicki WR, Treno AJ, Grube J.B, Saltz RF et al (2000). Effect of community-based interventions on High Risk drinking and alcohol-related injuries. *JAMA* 284, 2341-47.

Homel R, Carvolth R, Hauritz M and McIlwain G (2004). Teague R. Making licensed venues safer for patrons: what environmental factors should be the focus of interventions? *Drug and Alcohol Review*, 23, 19–29.

Homel R and Clark J (1994). The prediction and prevention of violence in pubs and clubs. *Crime Prevention Studies*, 3, 1–46.

Homel R, Hauritz M, Wortly R, McIlwain G and Carvolth R (1997). Preventing alcohol-related crime through community action: the surfers paradise safety action project. In Homel R (Ed.) *Policing for prevention: reducing crime, public intoxication and injury*. Monsey, NY: Criminal Justice Press.

Homel R, Tomsen S and Thommeny J (1992). Public drinking and violence: not just an alcohol problem. *Journal of Drug Issues*, 22, 679–97.

Hugues K, Bellis M, Calafat, A, Juan M, Schnitzler S and Anderson Z (2008). Predictors of violence in young tourists: a comparative of British, German and Spanish holidaymakers. *European Journal of Public Health*, 18, 569-74.

Hughes K, Bellis MA, Whelan G, Calafat A, Juan M and Blay N (2009). Alcohol, drugs, sex and violence: health risks and consequences in young British holidaymakers to the Balearics. *Adicciones*, 21, 265-278. Downloadable from www.adicciones.es.

Jochelson R (1997). *Crime and Place: An analysis of assaults and robberies in inner Sydney*. Sydney: NSW Bureau of Crime Statistics and Research.

Lang E and Rumbold G (1997). The effectiveness of community based interventions to reduce violence in and around licensed premises: a comparison of three Australian models. *Contemporary drug problems*, 24, 805-826.

Livingston M, Chikritzhs T, and Room R (2007). Changing the density of alcohol outlets to reduce alcohol-related problems. *Drug and Alcohol Review*, 26, 557-566.

Lopez AD, Mathers MD, Ezzati M, Jamison DT and Murray C (2006). *Measuring the Global Burden of Disease and Risk Factors, 1990-2001: The Global Burden of Disease and Risk Factors*. New York: Oxford University Press.

Macintyre S and Homel R (1997), 'Danger on the dance floor: a study of interior design, crowding and aggression in nightclubs', in Homel R (ed.) *Policing for prevention: reducing crime, public intoxication and injury*, Criminal Justice Press, New York.

McKnight AJ, Marques PR, Langston E A and Tippetts AS (1997). Estimating blood alcohol level from observable signs. *Accident Analysis and Prevention*, 29(2), 247-255.

Maguire M and Nettleton H (2003). Reducing alcohol-related violence and disorder: an evaluation of the 'TASC' project. Home Office Research Study 265. London: Home Office.

Marsh P and Kibby K (1992). *Drinking and Public Disorder*. Oxford: Alden Press.),

Norman E, Turner S, Zunz S and Stillson K (1997). Prevention programmes reviewed: What works? In: E. Norman (Ed.), *Drug free youth: A compendium for prevention specialists*. New York: Garland.

Peden M, et al (2004) World report on road traffic injury prevention. Geneva: WHO. Accessible at http://www.who.int/informationSources/Publications/Catalogue/20041119_2).

Philliber S, Williams K, Herrling S and West E (2001), 'Preventing pregnancy and improving health care access among teenagers: an evaluation of the Children's Aid Society-Carrera Programme', *Perspectives on Sexual and Reproductive Health* 34, pp. 244–51.)

Pompidou Group & Jellinek Consultancy (1998). European Handbook on Prevention: Alcohol, Drugs and Tobacco, How to make the every day life of a prevention worker easier ? (Edited by van der Stel, J). Strasbourg: Pompidou Group - Council of Europe & Jellinek Consultancy. Downloadable from http://www.coe.int/t/dg3/pompidou/publications_EN.asp

Peltoniemi T (2005) Young People and New Technologies: Perspectives on Internet and Mobile Services in Drug and Alcohol Prevention. Council of Europe's Pompidou Group 3rd Meeting of Prevention Platform P-PG/Prev-PF (2005)

Quigley B M, Leonard K E and Collins RL (2003). Characteristics of violent bars and bar patrons. *Journal of Studies on Alcohol*, 64, 765–72.

Rhodes T and Hedrich Dagmar (2010). Harm reduction and the mainstream. In Harm reduction: evidence, impacts and challenges. EMCDDA monographs. Lisbon: EMCDDA.

Ridenour, T. A., Lanza, S. T., Donny, E. C., & Clark, D. B. (2006). Different lengths of times for progressions in adolescent substance involvement. *Addictive Behaviours*, 31, 962–983.

Robinson D, Tether P and Teller J (1989). *Local Action on Alcohol Problems*. London: Routledge.

Rothe PJ and Carroll LJ (2009) Hazards Faced by Young Designated Drivers: In-Car Risks of Driving Drunken Passengers. *Int. J. Environ. Res. Public Health*, 6, 1760-1777. doi:10.3390/ijerph6061760.

Scott-Ham M and Burton F (2005). 'Toxicological findings in cases of alleged drug-facilitated sexual assault in the United Kingdom over a three-year period'. *Journal of Clinical Forensic*

Medicine, 12, pp. 175–86

Schinke SP, Schwinn TM, Di Noia J and Cole KC (2004). Reducing the risks of alcohol use among urban youth: three-year effects of a computer-based intervention with and without parent involvement. *J Stud Alcohol*. Jul, 65, 443-9.

Schinke S. and Schwinn, T. (2005). Gender-specific computer-based intervention for preventing drug abuse among girls. *The American Journal of Drug and Alcohol Abuse* 31 :609-616.

Schwinn TM and Schinke SP (2010). Preventing alcohol use among late adolescent urban youth: 6-year results from a computer-based intervention. *J Stud Alcohol Drugs*. 71, 535-8.

Stockwell T and Chikritzhs, (2009). Do relaxed trading hours for bars and clubs mean more relaxed drinking ? A review of international research on the impacts of changes to permitted hours of drinking. *Crime Prevention and Community Safety* Vol. 11, 3, 153–170.

Tay R (2005). Mass media campaigns reduce the incidence of drinking and driving. *Evidence-based Healthcare Public Health*, 9, 26–29.

The Lancet (2003). How do you sleep at night, Mr Blair?. *The Lancet*, 362 (9399), 1865.

Tossmann P, Boldt S and Tensil M D (2001), 'The use of drugs within the techno party scene in European metropolitan cities', *European Addiction Research*, 7, 2–23.

Treno AJ, Lee JP, Freisthler B, Remer LG and Gruenewald PJ (2005). Application of evidence-based approaches to community interventions. In Stockwell T, Gruenewald PJ, Toumbourou JW, Loxley W (Eds), *Preventing Harmful Substance Use: the Evidence Base for Policy and Practice*. West Sussex: John Wiley & Sons

Vidal-Infer A, Tomás-Dols S, Aguilar-Moya R, Samper-Gras T, Zarza M and Aguilar-Serrano J (2009). Christmas work dinners. A pattern of recreational use of alcohol and other drugs? *Adicciones*, 21, 133-142.

Villar JA (2008). Ibiza: beauty of the day, queen of the night: the influence of clubbing on the Ibizan population. *Proceedings from Club Health Conference Ibiza*.

Voas, R.B., Marques, P.R., Tippetts, A.S. and Beirness, D.J. (1999). The Alberta Interlock Programme: the evaluation of a province-wide programme. *Addiction*, 94,1857-1867.

Wagenaar AC, Murray DM and Toomey TL (2000). Communities mobilizing for change on alcohol (CMCA): effects of a randomized trial on arrests and traffic crashes. *Addiction*, 95, 209-217.

Wallin E and Andréasson S (2005). Effects of a community action programme on problems related to alcohol consumption at licensed premises. In Stockwell T, Gruenewald PJ, Toumbourou JW, Loxley W (Eds), *Preventing Harmful Substance Use: the Evidence Base for Policy and Practice*. West Sussex: John Wiley & Sons.

Wang MQ, Fitzhugh EC, Turner L and Fu Q (1997). Social influence on southern adolescents' smoking transition: a retrospective study. *Southern Medicine Journal*, 90, 218–222.

Wells S, Graham K and West P (1998). 'The good, the bad and the ugly': responses by security staff to aggressive incidents in public drinking settings. *Journal of Drug Issues*, 28, 817–36.

Winstock AR, Wolff K, Ramsey J. (2001). Ecstasy pill testing: harm minimization gone too far? *Addiction*, 96, 1139-48.

Wood DW, Greene SL, Alldus G, Huggett D, Nicolaou M, Chapman K et al (2008). Improvement in the pre-hospital care of recreational drug users through the development of club specific ambulance referral guidelines. *Substance abuse treatment, prevention and policy*, 3:14. doi: 10.1186/1747-597X-3-14.

Worpole K (1992). *Towns For People: Transforming Urban Life* Buckingham: Open University Press.

Zhu L, Gorman DM, and Horel S (2004). Alcohol outlet density and violence: A geospatial analysis. *Alcohol and Alcoholism*, 39, 369–375.

Yonas M, O'Campo P, Burke J, Peak G and Gielen A (2005). Urban youth violence: do definitions and reasons for violence vary by gender? *Journal of Urban Health*, 82

Pompidou Group publications and documents

Publications

Treatment Systems Overview, by Richard MUSCAT and members of the Treatment Platform of the Pompidou Group, ISBN to be published in October 2010.

Towards an integrated policy on psychoactive substances: a theoretical and empirical analysis, by Richard MUSCAT, Dike Van de MHEEN and Cas BARENDREGT, ISBN to be published in October 2010.

Exass Network, 6th Meeting, 19-21 October 2009, Amsterdam, The Netherlands, report by Johnny CONNOLLY and the Pompidou Group, (EXASS Net: European network of partnerships between stakeholders at frontline level responding to drug problems providing experience and assistance for inter-sectoral co-operation), [P-PG/COOP(2010)3], May 2010, <http://www.exass.net>

MedNET High-level Conference, Proceedings, 1st December 2009, [P-PG/MedNET(2009)35], Strasbourg, March 2010

Signals from drug research, by Richard MUSCAT, Dirk J. KORF, Jorge NEGREIROS and Dominique VUILLAUME, [ISBN 978-92-871-6694-4], Strasbourg, December 2009

Exass Network, 5th Meeting, 4-6 may 2009, Budapest, Hungary, Report by Johnny CONNOLLY and the Pompidou Group, (EXASS Net: European network of partnerships between stakeholders at frontline level responding to drug problems providing experience and assistance for inter-sectoral co-operation), [P-PG/COOP(2009)9], October 2009, <http://www.exass.net>

Awareness and practices related to addictive substances among schoolchildren in Lebanon in 2008, MedSPAD Lebanon, Beirut, October 2009

The 2007 ESPAD Report, Substance Use Among Students in 35 European Countries, par Björn HIBELL, Ulf GUTTORMSSON, Salme AHLSTRÖM, Olga BALAKIREVA, Thoroddur BJARNASON, Anna KOKKEVI, Ludwig KRAUS, The Swedish Council for Information on Alcohol and other Drugs (CAN), The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group). [ISBN 978-91-7278-219-8] Février 2009. To order from: the Swedish Council for Information on Alcohol and other Drugs (CAN), +46 8 412 46 00 / fax: +46 8 10 46 41 / e-mail: can@can.se / www.can.se

From a policy on illegal drugs to a policy on psychoactive substances by Richard MUSCAT and members of the Pompidou Group Research Platform, [ISBN 978-92-871-6480-3], Strasbourg, January 2009

EXASS Network, 4th Meeting, 30-31 October 2008, Moscow, Russian Federation, Report by Johnny CONNOLLY and the Pompidou Group, (EXASS Net: European network of partnerships between stakeholders at frontline level responding to drug problems providing experience and assistance for inter-sectoral co-operation), [P-PG/COOP(2008)10], <http://www.exass.net>

« La prise en charge des toxicomanes », Séminaires de formation de médecins dans la cadre du projet MedNET en Algérie, 1er semestre 2008, Proceedings, by the Office National de Lutte Contre la Drogue et la Toxicomanie (Algérie), (only french / arabic), December 2008

EXASS Network, 3rd Meeting, 26-28 May 2008, Frankfurt/Main, Germany, Report, by Johnny CONNOLLY with the support of Jürgen WEIMER and the Pompidou Group, (EXASS Net: European network of partnerships between stakeholders at frontline level responding to drug problems providing experience and assistance for inter-sectoral co-operation), [P-PG/COOP(2008)7], October 2008, <http://www.exass.net>

Cannabis in Europe: Dynamics in Perception, Policy and Markets, - by Dirk KORF (Ed.) and the European Society for Social Drug Research (ESDD), [ISBN 978-3-89967-512-2] To order from : Pabst Science Publishers, <http://www.pabst.publishers.de>, 2008

EXASS Network, 2nd Meeting, 30-31 October 2007, Preston, United-Kingdom, Report, by Johnny CONNOLLY and the Pompidou Group, (EXASS Net: European network of partnerships between stakeholders at frontline level responding to drug problems providing experience and assistance for inter-sectoral co-operation), [P-PG/COOP(2008)5], April 2008, <http://www.exass.net>

EXASS Network, 1st Meeting, 26-27 April 2007, Helsinki, Finland, Report, by Johnny CONNOLLY and the Pompidou Group, (EXASS Net: European network of partnerships between stakeholders at frontline level responding to drug problems providing experience and assistance for inter-sectoral co-operation), [P-PG/COOP(2007)3], October 2007, <http://www.exass.net>

Risk factors in adolescent drug use: evidence from school surveys and application in policy, by Richard MUSCAT, Thóroddur BJARNASSON, François BECK and Patrick PERETTI-WATEL, [ISBN 978-92-871-6196-3], February 2007

Drug treatment demand data – Influence on policy and practice, by Hamish SINCLAIR [ISBN 10:92-871-6086-4/ISBN 13:978-92-871-6086-7], October 2006

Psychological drug research: current themes and future developments, by Jorge NEGREIROS [ISBN-10:92-871-6032-5/ISBN-13:978-6032-4], September 2006

Biomedical research in the drugs field, by Richard MUSCAT [ISBN-10 :92-871-6017-1/ISBN-13 :978-92-871-6017-1], July 2006

Research on drugs and drug policy from a European perspective - Selected readings from the 15th International Conference of the European Society for Social Drug research (ESDD), [ISBN 3-89967-270-4 5 (Europe) / ISBN 1-59326-078-4 (USA)], 2005 (to order from: Pabst Science Publishers, <http://www.pabst.publishers.de>)

« Drug addiction », Ethical Eye Series, Council of Europe Publishing, [ISBN 92-871-5639-5], July 2005 (to order from the Council of Europe Publishing: <http://book.coe.int>)

The ESPAD Report 2003: Alcohol and Other Drug Use Among Students in 35 European Countries, November 2004 – Joint publication Pompidou Group / CAN [ISBN 91-7278-103-3], to order from CAN - The Swedish Council for Information on Alcohol and other Drugs, fax : +46 8 10 46 41 or e-mail : barbro.andersson@can.se

Connecting research, policy and practice – Lessons learned, challenges ahead – Proceedings, Strategic conference, Strasbourg, 6 – 7 April 2004 [ISBN 92-871-5535-6]

Drugs and drug dependence: linking research, policy and practice – Lessons learned, challenges ahead – Background paper by Richard HARTNOLL, Strategic conference, Strasbourg, 6-7 April 2004 [ISBN 92-871-5490-2]

Road traffic and psychoactive substances – Proceedings, Seminar, Strasbourg, 18-20 June 2003 [ISBN 92-871-5503-8] July 2004

Risk reduction linked to substances other than by injection – Proceedings, Seminar, Strasbourg, February 2002 [ISBN 92-871-5329-9]

Prisons, Drugs and Society – Proceedings, Seminar, Bern (Switzerland), September 2001 [ISBN 92-871-5090-7]

Development and improvement of substitution programmes – Proceedings, Seminar, Strasbourg, October 2001 [ISBN 92-871-4807-4]

Calculating of the social cost of illicit drugs: Methods and tools for estimating the social cost of the use of psychotropic substances by Pierre KOPP [ISBN 92-871-4734-5] November 2001 (available in Russian, December 2003)

Contribution to the sensible use of benzodiazepines – Proceedings, Seminar, Strasbourg, January 2001 [ISBN 92-871- 4751-5]

3rd Multi-city study: drug use trends in European cities in the 1990s by Ruud BLESS, co-ordinator [ISBN 92-871-4459-1] December 2000

Drug use in prison - Project of the Group of experts in epidemiology of drug problems: final report by Richard MUSCAT, co-ordinator [ISBN 92-871-4521-0] December 2000

Development and testing of an exit from treatment form for clients in drug abuse treatment - Project of the Group of experts in epidemiology of drug problems: final report by Anna KOKKEVI, co-ordinator [ISBN 92-871- 4523-7] December 2000

Pregnancy and drug misuse: Up-date 2000 – Proceedings, Seminar, Strasbourg, May 2000 [ISBN 92-871-4503-2]

Vocational rehabilitation for drug users in Europe – Proceedings, Seminar, Bratislava, January 2000 [ISBN 92-871- 4406-0]

Attention deficit / hyperkinetic disorders: diagnosis and treatment with stimulants – Proceedings, Seminar, Strasbourg, December 1999 [ISBN 92-871-4240-8]

Drug-misusing offenders in prison and after release – Proceedings, Seminar, Strasbourg, October 1999 [ISBN 92-871- 4242-4]

Road traffic and drugs – Proceedings, Seminar, Strasbourg, April 1999 [ISBN 92-871-4145-2]

Treated drug users in 23 European cities - Data 1997 - Trends 1996-97 - Pompidou Group Project on Treatment Demand : Final report by Michael STAUFFACHER, co-ordinator [ISBN 92-871-4007-3] November 1999

Drug-misusing offenders and the criminal justice system: The period from the first contact with the police to and including sentencing – Proceedings, Seminar, Strasbourg, October 1998 [ISBN 91-871-3790-0]

Multi-city Network Eastern Europe - Joint Pompidou Group / UNDCP project: extension of the multi-city network to Central and Eastern Europe. First city reports from: Bratislava, Budapest, Gdansk, Ljubljana, Prague, Sofia, Szeged, Varna, Warsaw [ISBN 92-871-3509-6] 1997

Pregnancy and drug misuse – Proceedings, Symposium, Strasbourg, March 1997 [ISBN 92-871-3784-6]

Special needs of children of drug misusers - Consultant's final report by Beate LEOPOLD & Elfriede STEFFAN [ISBN 92-871-3489-8] 1997

Volatile substance abuse among young people in Poland - Consultant's final report by Richard IVES [ISBN 92-871-3184-8] 1996

Outreach work with drug users : principles et practice - Consultant's final report by Tim RHODES [ISBN 92-871-3110-4] 1996

Women and drugs / Focus on prevention – Proceedings, Symposium, Bonn, October 1995 [ISBN 92-871-3508-8]

Multi-city study : Drug misuse trends in thirteen European cities [ISBN 92-871-2392-6] 1994

Volatile substance abuse – Proceedings, Seminar, Bratislava, November 1993 [ISBN 92-871-2570-8]

Women and drugs – Proceedings, Symposium, Prague, November 1993 [ISBN 92-871-2838-3]

Outreach – Proceedings, Symposium, Bergen, February 1993 [ISBN 92-871-2601-1]

Documents

Drug testing at school and in the workplace, by the Experts committee on ethical issues and professional standards [P-PG/Ethics(2008)5] September 2008

« Le rôle de la recherche scientifique dans l'élaboration des politiques de drogue », Séminaire international en coopération avec l'Office National de Lutte contre la Drogue et la Toxicomanie d'Algérie, Alger 3-6 décembre 2006, Actes, mai 2008 (only french / arabic)

Enquêtes scolaires sur l'alcool, le tabac et les autres drogues dans la région méditerranée, L'enquête MedSPAD à Alger : de la conception aux résultats, Soumaya Mansouri-Zeghnoun, [P-PG/RES-Med (2007) 1], juin 2007 (french only)

Ministerial Conference "New signals for drug policies across Europe", Strasbourg, 27-28 November 2006 [P-PG/MinConf (2007)1], Proceedings, June 2007.

Final report – Drug prevention Support Network for Parents and Professionals with support of the Nordic Council of Ministers and the Swiss Government [P-PG/Prev-SN (2003) 8], Strasbourg, December 2006.

Young People and Drugs – Care and Treatment, by Janusz SIEROSLAWSKI et al. [P-PG/TT(2006)5], November 2006

"Why shouldn't we take drugs?" – 2nd European Forum on Drug Prevention, Proceedings, Vilnius, Lithuania, 18-19 May 2006 [P-PG/Prev-CF(2006)6], November 2006

Drugs and alcohol: violence and insecurity? Guide – Integrated project 2 – Responses to violence in everyday life in a democratic society, by Dirk J. KORF et al. [P-PG/CJ (2004)7] September 2005

Polydrug use: mixing different drugs – new trends in youth culture – 1st European Drug Prevention Forum, Proceedings, Ekaterinburg, Russian Federation, 6-7 October 2004 [P-PG/Prev-CF (2005)1]

Validity and reliability of school surveys based on the European ESPAD methodology in Algeria, Libya and Morocco (MedSPAD pilot School survey project), by Ruud BLESS and Richard MUSCAT, [P-PG/Res-Med(2004)2], 2004

Follow-up project on treatment demand: tracking long-term trends – Final Report by Michael STAUFFACHER et al. [P-PG/Epid (2003)37]

Ethics and drug use – Seminar on Ethics, professional standards and drug addiction, Strasbourg, 6-7 February 2003 [P-PG/Ethics (2003) 4] November 2003

International Drug court developments: models and effectiveness, by Prof. Paul MOYLE [P-PG/Drug Courts (2003) 3] September 2003

Outreach work with young people, young drug users and young people at risk – Emphasis on secondary prevention by Njål Petter SVENSSON [P-PG/Prev (2003) 6] September 2003

The general Potential of Police Prevention in the area of illicit drugs, by Prof. Dr. Lorenz BÖLLINGER [P-PG/Prev (2003) 2] September 2003

The Impact of the ESPAD Project – The opinion of ESPAD Researchers by Björn HIBELL and Barbro ANDERSSON [P-PG/Epid (2003)31]

Mediterranean Network: Mediterranean School Survey Project on Alcohol and other Drugs (MedSPAD) – Pilot Survey 1 – Morocco by Richard MUSCAT [P-PG/Med(2003)12]

Estimating the social cost of illicit drugs in Poland [P-PG/Cost (2003) 2]

Targeted Drug Prevention – How to reach young people in the community ? Report of the Conference in Helsinki, November 2002

Pompidou Group Multi-city study update report 1999-2000 by Ruud BLESS, coordinator, May 2002 [P-PG/Epid (2002)11]

Prisons, Drugs and Society: A Consensus Statement on Principles, Policies and Practices - Published by WHO (Regional Office for Europe) in partnership with the Pompidou Group, September 2002

Benzodiazepine Use: A report of a survey of benzodiazepine consumption in the member countries of the Pompidou Group by Gary STILLWELL and Jane FOUNTAIN [P-PG/Benzo (2002) 1] February 2002

Missing Pieces: Developing drug information systems in Central and Eastern Europe / Technical reports by Michael STAUFFACHER, co-ordinator (joint PG / UNDCP Project: extension of the Multi-city network to Central and Eastern European Europe) September 2001

Vocational rehabilitation of drug users and drug dependent persons (EUREHA Project) - Report on the state of the art and on the results of a survey in all member states of the Pompidou Group - by Ambros UCHTENHAGEN, Susanne SCHAAF & Christa BERGER (Addiction Research Institute at Zurich University) [P-PG/ Rehab (2000)1]

Joint Pompidou Group - EMCDDA Scientific Report 2000 - Treatment demand indicator : Standard protocol 2.0 and Technical annex - 2 parts available for download at : <http://www.emcdda.org>

Problem drug use by women – Focus on community-based interventions - by Dagmar HEDRICH [P-PG/Treatment (2000)3]

European Handbook on Prevention: Alcohol, Drugs and Tobacco (1998)

Working group on “Minorities and drug misuse” - Consultant’s final report by G.F.van de WIJNGAART and F. LEENDERS [P-PG/Minorities(98)1] 1998

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