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Short report

Health and safety problems in recreational nightlife in the Island of Mallorca

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Abstract

Objective: To examine data on public health problems in recreational life, particularly those associated with conditions of clubs and bars in Mallorca. The hypothesis is that context creates conditions that promote and/or prevent the problems that can arise with drug use. *Methods*: Data related to emergency healthcare provided during weekends were examined, complemented by qualitative research to evaluate the environmental conditions in the most popular clubs in Mallorca and to assess their possible relationship with public health problems. *Results*: A systematic epidemiological study of health and safety problems was difficult because of the lack of systematic information collected by health services about their intervention in emergency situations. However, direct observation in the clubs has highlighted a lack of public transport operating to recreational venues, overcrowding, broken glass on the floor, lack of first aid management, high price of drinking water, excessive heat, obstructed emergency exits, the general consumption of alcohol and other drugs and poor availability of contraceptives. The emergency health services reported attending to traffic accidents, drug overdose, aggressions, traumas and drunkenness. A preventive policy is urgently required to reduce the incidence of such problems.

Keywords: Clubs; Setting; Use of drugs; Mallorca island; Prevention; Harm reduction

Introduction

Many young people use drugs as part of their social life. The settings where drug use and entertainment take place is therefore key to health and safety. This paper is based on a study conducted in Mallorca in 1999. Its principal objective was to ascertain the most popular places (clubs and other settings), where young people go to enjoy themselves, in order to make an evaluation of these settings and their relationship to potential health problems.

The experience of partying and having fun in public places is closely related to Spanish culture and traditions (Caro Baroja, 1989; Pitt-Rivers, 1961). In the Mediterranean area, the summer is the favoured season for celebrating local fiestas and abandoning oneself to a lifestyle in which the night plays a leading role. It is probable that these cultural roots, together with other factors such as sun, low prices and beaches, have led to the promotion, during the last few decades, of a style of tourism that is closely linked to the Mediterranean and to 'nightlife'. Recent fashions in fun and entertainment for young people in Europe are possibly linked to their experience of the Mediterranean regions during summer holidays. Ibiza, Mallorca and the 'Balearic', in general was, for many years, a badge of identity for young people who spent their summer holidays in these islands. Collin (1997) gives a good account of initiation into the clubs in Ibiza at the end of the eighties. The English bestowed the name of "Balearic beat" on a style of entertainment based on techno music and mixing musical pieces in the clubs. This music, together with dancing and recreational drug use (alcohol, ecstasy, amphetamines, cocaine, ketamine, hallucinogens), formed part of the new fun culture, which spread rapidly throughout Europe (Elliott, Morrison, & Ditton, 1998).

Recreational life has great economic importance and is a key element of young peoples' lives, not only from the view of having fun but also their socialisation and the construction of their personality. While recreational activities can have many positive aspects, they can also cause conflict and problems. For example, conflicts—frequently discussed in the media—provoked by the use of drugs, violence, road accidents and neighbours disturbed by young people. From

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the harm reduction point of view, such problems do not depend exclusively on the quantity of alcohol and other drugs consumed, or precautions taken in respect of their use—such as mixing fewer drugs, not driving under the influence of drugs, resting frequently and drinking non-alcoholic drinks—but also from the dangers arising from the physical context where such activities take place. It is some years since Graham (1985) described the influence of the layout, design and organisation of bars on the drunkenness and violent behaviour of their patrons. Somewhat unusual aspects have also been studied, for example, how country music played at a slower tempo is linked to faster drinking (Bach & Schaefer, 1979) or how the touch of a waiter can encourage clients to drink more (Kaufman & Mahoney, 1999).

Research in European countries shows that clubs are becoming a focus for health research and have also been identified as places for health intervention (Kilfoyle & Bellis, 1998). The concept of "healthy settings", "healthy night clubs", "safer dance" or "club health" describes the development of health strategies in night time recreational settings. The research presented here examines factors that have an influence on health in night time recreational environments. These are: the type of problem that leads to health service demand, the conditions in the clubs, safety in clubs and recreational areas, the availability of trained personnel to attend to health problems and conditions of access to recreational areas.

The Island of Mallorca provides a special context for studying these questions because it is a place visited by young people from all over Europe and elsewhere. Mallorca, with a population in 2001 of 676,000 inhabitants (Ibiza, the other well-known tourist resort, has just 88,000), receives around 7 million tourists per year (Ibiza around 1.8 million) mainly during the summer months. A rough breakdown of their country of origin would be 35% Germans, 31% English, 13% Spanish and 3% French (in the case of Ibiza the percentage of English visitors is above 40%). This has led to the creation of an important night time recreational infrastructure that operates mostly in summer but also at the weekends and during the rest of the year. In Ibiza, recreational activity is mainly in summer as there is a smaller indigenous population.

Throughout the summer, pubs, clubs, bars, streets and beaches are overflowing with young people. Going out to have fun is an activity that is increasing among the local population. According to a survey (Laespada & Salazar, 2002) conducted in 1999 with a sample of 1000 young people in the Balearic Islands (801 were interviewed in Mallorca) 58% of those between 15 and 24 years went out every or almost every weekend, 80% returning home after two o'clock in the morning. Going to clubs is a leisure activity enjoyed habitually by 80% of the young in the survey and going to bars or cafes by 89%. Their lifetime substance use included alcohol (87%), tobacco (73%), cannabis (44%), cocaine (12%), ecstasy (9%), tranquillisers (7%), hallucinogens (4%) and amphetamines (6%). These figures were higher than the Spanish average for the same age group. By way of example, the lifetime prevalence of cannabis use in Spain is 33% and cocaine, 7%. School and household surveys (Observatorio Español sobre Drogas, 2000, 2002), which used a similar methodology found that the Balearic Islands was one of the Spanish regions where the young used more drugs, and were initiated into drug use at the youngest age. It is also one of the regions that levied higher penalties for using and possessing illegal drugs in public places (the use of illegal drugs in private is not penalised in Spain). Other data indicate the special situation of the Balearic Islands where, for example, there are double the number of abortions in comparison with the Spanish average (Ministerio de Sanidad y Consumo, 1999), and where the majority of young people use a car when they go out to have fun (Calafat et al., 1998, 2000). In short, Mallorcan youth take full advantage of the tourist industry. Doubtless, living in an environment where this industry is the principal economic activity may have an influence on the recreational habits of the indigenous population which, as we have seen, goes out on a regular basis to have fun and take drugs.

Methods

The study focuses on venues frequented mainly by young Mallorcans, and although there is an influx of tourists, particularly in summer, these were not designed exclusively for tourism. Research was carried out in five municipalities (Palma, Calvià, Manacor, Alcúdia and Sineu) which were characteristic of the recreational areas. The observational categories were established through a review of the literature (Bellis, Hale, Bennett, Chaudry, & Kilfoyle, 2000; Bellis & Stanistreet, 1997; Calafat, Fernández, Juan, & Bellis, 2001; Kilfoyle & Bellis, 1998; Shepherd et al., 1990; Stanistreet & Bellis, 1999) and information gained from visits to the venues during the preparatory phase of the study. The research was based on information extracted from reports of emergency medical assistance and the evaluation of recreational contexts through qualitative research methods.

Emergency health system

Five emergency services were consulted, two in hospitals and three in outpatient emergency centres, located in the areas where direct observation was carried out. The selection criteria for the emergency treatment sheets were: treatment given at the weekend between 22:00 and 09:00 h to people between 14 and 29 years of age. Episodes of illness with an evolution of one or more days, those relating to chronic illnesses and to gestating women were excluded. In view of the large number of cases, a random weekend was selected for each month. A total of 527 treatment sheets pertaining to the period between January and September 1999 (Table 1) were examined.

Table 1
Reasons for consulting emergency health services during the weekends

	Total (%)	Male (%)	Female (%)
Traffic accidents	20.5	23.9	15.5
Traumatism	17.4	17.2	17.8
Incisive wound	5.2	6.7	3.3
Aggression/fighting	9.6	13.4	4.2
Falls	3.5	2.5	5.2
Drunkenness	2.0	1.9	2.3
Overdose	0.1	0.2	
Attempted suicide	1.2	0.9	1.9
Anxiety	1.2	0.3	2.8
Vomiting	1.6	1.3	2.3
Contraceptives (search for)	5.7	–	14.0
Others	31.7	31.6	30.7
Total (n)	527	314	213

Source: Review made of a selection of admittance sheets of young people (14–29) to five emergency services in Mallorca at the weekend, between 22:00 and 09:00 h, between January and September 1999.

Another source of data was the Ambulance Service (UVI 061), which provided information on the number of health care treatments given to those between 14 and 29 years of age during the night of every weekend from January to August 1999. As the causes for treatment were classified, the total number of interventions in this period of time could be calculated. Gender of recipient did not appear in the data. From January to August 1999, the number of health care treatments given by the ambulance service, at night during weekends, totalled 183. The main difficulty in collecting information on health problems relating to night time recreational activities was that these departments did not collect data in a way that would permit any examination of a relationship between health problems and recreational life.

Direct observation

In the second phase, observation was carried out in recreational settings, both in the clubs and in the areas in which the clubs were located. Of the 23 clubs studied (10 discos and 13 bars) 7 were in the Palma Municipality (Paseo Marítimo, Lonja and Arenal), four in Alcúdia, five in Sineu, 3 in Calvià (Magaluf) and four in Manacor (Portocristo). Venues were visited on two occasions each—in summer and winter. The bars and clubs were selected on the basis of popularity (according to information obtained from interviews and other fieldwork studies). They were frequented mainly by young Mallorcans and open all year. The seven zones represented an important segment of the recreational supply of nightlife particularly for the indigenous population. Three zones were located in the capital and the others in various places along the coast, except for one that was located in the centre of the Island.

Information was accumulated through direct observation and interviews with participants (clients, waiters and doormen). Direct observation enabled information to be obtained on the physical conditions of venues, the behaviour and attitude of the people associated with health and safety and action taken in the event of fighting or aggression. Users of the venues were interviewed for their views on the conditions in the clubs. Each observer noted data on a sheet drawn up for each visit. Observation was made by two people. Fieldworkers were trained by the authors, after pilot observations had been carried out by one of the authors. The majority of information was collected with the cooperation of the personnel who worked in the clubs. The greatest difficulty lay in evaluating the use of illegal drugs. Cannabis is the substance used in the majority of cases and can be detected by smell, and the custom of sharing the joint makes it more visible. However, the use of other substances such as cocaine, LSD, amphetamines and ecstasy is more difficult to detect.

Results

Medical emergencies associated with recreational activity

The principal reason for consultation with the five emergency services arose from traffic accidents (20.5%), and trauma (17.4%), aggression (9.6%) and incisive wounds (5.2%). Fourteen percent of consultations made by women in the emergency centres were requests for postcoital contraception.

The data from the ambulance service (see Table 2) also highlighted the problems associated with recreational weekend activities and alcohol and illegal drug use. These included traffic accidents (33.3%), overdosing (8.7%), loss of consciousness (6.5%) and drunkenness (3.2%).

Direct observation of recreational setting

Table 3 shows items relating to setting, collated from direct observation. Data highlight deficiencies in the settings that have a direct bearing on health and safety. One crucial issue is the lack of public transport, buses in particular

Table 2
Interventions by the ambulance service during the weekend

Reason for intervention	Percent
Traffic accident	33.3
Overdose	8.7
Loss of consciousness	6.5
Convulsions	4.9
Aggression	3.2
Epileptic fits	3.2
Drunkenness	3.2
Poisoning	2.7
Precipitation	2.1
Being knocked down	1.6
Others	30.6
Total (n)	183

Source: Ambulance interventions by UVI061 Service during the nights of all weekends from January to August 1999 affecting the young population (14–29).

Table 3
Public health problems in 23 recreational settings

Evaluated items	Type of setting and number				Total
	Summertime		Wintertime		
	Clubs 10	Bars 13	Clubs 10	Bars 13	46/(%)
1. Public transport					
No bus	9	10	13	4	78
No taxis	2	3	2	2	19
2. No lighting in the area	1	1	0	7	19
3. No control of capacity	5	12	9	7	72
4. Overcrowding	9	8	6	–	50
5. Heated atmosphere	3	6	4	2	33
6. Use of the street for fresh air	10	8	–	–	39
7. No ventilation	4	6	4	2	35
8. No rest area	2	13	5	10	33
9. No drinking water in the cloakrooms	1	0	1	0	4
10. Accumulation of glasses	4	6	3	3	35
11. Glass on the floor	5	4	–	1	22
12. Stairs without handrails	3	3	3	2	24
13. No First Aid box	3	4	2	1	22
14. No First Aid[a]	8	13	9	7	80
15. Drunkenness and/or accident management					
Police	–	–	3	3	13
Ambulance	4	3	–	1	17
Security staff	3	–	4	–	15
16. Management of conflicts (aggressions, etc.)					
Police	1	–	4	3	17
Security staff	5	2	4	–	24
No policy	4	11	2	10	58
17. No contraceptives on sale	2	10	8	5	54
18. No indications on the prohibition of the illegal use of drugs	10	13	10	11	96
19. Visible illegal drug use	8	6	8	5	59
20. Alcohol drinking by the majority	10	13	14	7	100
21.Visible consumption of water and/or non-alcoholic drinks	–	–	–	–	0
22. Price of water under 1€ a glass	–	–	–	–	0
23. Emergency exit					
None	0	5	0	5	22
Difficult access	3	4	0	5	26
Not very visible	1	3	2	0	13
Not kept clear	2	2	0	1	11

[a] The club does not have a first aid kit or personnel with minimum training in the event of an emergency.

(in 78% of the clubs and bars) and, to a lesser extent, taxis (19%) operating to the recreational venues. This does not encourage young people to leave their vehicles at home. It is also notable that the clubs are in areas with little street lighting.

Control over venue capacity was relaxed and in 72% of the clubs there was no control at all. This resulted in overcrowding in half those venues. In one-third the atmosphere was very warm, although during the summer people used the street to get fresh air. In a similar proportion there was neither ventilation (35%) nor a rest area (33%) and in almost 40% of venues customers had to go into the street if they wanted to relax or get some fresh air.

Minor accidents, as a result of overcrowding, were quite common. Accidents also occurred because dancing was a principal activity in the venues. For this reason the regular collection of bottles and glasses is necessary. In 35% of venues there was an accumulation of bottles and glasses and, in 22%, there was glass on the floor. In addition railings were required for stairways in 24% of the venues.

Another issue was the ability of staff to deal with any health problem or health emergency that might occur. In 80% of the clubs there was no first aider and in 21% no first aid kit. The clubs' security services were responsible for dealing with health problems in 15% of venues. They reported that on other occasions they would send for an ambulance (17%) or call the police (13%). However, for the majority there was no protocol for health emergencies. When security problems occurred, 17% contacted the police, and for approximately one in four venues (24%), it was the club's security service that intervened. In the majority (58%) of clubs and bars there was no agreed strategy for such situations.

Making contraceptives available in the clubs is an important means of preventing sexually transmitted diseases and unwanted pregnancy, yet these were available in less than half the clubs and bars.

In Spain the law levies a fine on the use of illegal drugs in a public place. In addition a venue can be closed down if it is considered that insufficient measures have been taken to prevent illegal drugs from being consumed on the premises. In spite of this, the use of illegal drugs was observed in 59% of the clubs.

Information on drinking behaviour was obtained by an observer who noted the kinds of drinks clients were ordering from the bar. Ten orders were studied and the number that included alcoholic drinks was calculated. In all of the clubs the majority drink was alcohol. A key reason for this may have been the cost of bottled water which was almost the same price as a beer. In all clubs water was at least 1€, three times its cost in a supermarket. The availability of water at a reasonable price is necessary in clubs where the atmosphere is warm, the main activity is dancing and in which there are users of such drugs as ecstasy or amphetamines that can cause dehydration.

A serious problem, is the lack of emergency exits. This situation is less of a problem in bars as clientele is generally smaller and access to the street is normally easy.

Discussion

Recreational life is important to young people. In Mallorca the recreational arena is a tourist attraction and fundamental to the island economy. In addition to substance use (Calafat et al., 1998, 2000; Calafat, Sureda, & Palmer, 1997), there are other potential problems arising from the physical and organisational conditions of recreational space, which may be aggravated when they coincide with users of alcohol or other drugs. Evaluating these problems is not an easy task because there is no systematic collection of data by emergency centres that would enable a comprehensive assessment of any relationship to recreational activity.

These data were supplemented by direct observation of the clubs which provided information on environmental conditions. The physical and organisational deficiencies in the clubs and bars were of great concern and constituted serious potential risks (e.g. accidents, dealing with emergencies, heat stroke). The sample was not representative of all bars and clubs on the island thus any generalisation should be approached with caution. However, the sample comprised popular Mallorcan venues.

Improving conditions in recreational settings is of increasing importance within the European Union and in other areas Homel et al. (2001). There have been several documents and campaigns which have focused on improving safety in clubs. These have included *Dance till Dawn Safely* (London Drug Policy Forum, 1996), *Safer Dancing* (Newcombe, 1994), and *Safer Clubbing* (Release, 2002), *Crystal Clear*, initiated by Merseyside Police in 1997, conferences on"Clubhealth" in Amsterdam in 2000 and Rimini in 2002 and agreement from promoters in the recreational industry that safety will be a priority (Webster, Goodman, & Whalley, 2002).

Urgent action is necessary in all the areas explored in this research. In some cases these issues are regulated by laws and the authorities must ensure that safety legislation is complied with. But even more important is the need to ensure the cooperation of the promoters of recreational events in creating a safe environment. Furthermore, cooperation is required between the local authorities and the promoters on such aspects as the availability of public transport or street lighting close to the clubs. It is a big responsibility for all in achieving a healthier and safer recreational setting.

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