

Estándares europeos en salud y seguridad para los locales de ocio nocturno

Health and Safety European Standards for nightlife venues

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Resumen

Existe una preocupación creciente por comprender aquellas intervenciones que, cuando son aplicadas de forma efectiva, pueden conllevar la reducción de los daños asociados a los locales recreativos nocturnos. La gestión de los entornos donde se consume alcohol varía en toda Europa y nos enfrentamos a la necesidad de establecer normas comunes en todos los países. El objetivo de este trabajo es presentar la evidencia destacada por la literatura a una muestra diversa de representantes de la industria europea del ocio recreativo y a otros representantes clave (74 participantes de 14 países europeos), para conocer sus apreciaciones sobre el nivel de aplicación, aceptación, eficacia y regulación de un conjunto de estándares para su implementación en la vida recreativa nocturna en Europa. Los resultados revelan que la mayoría de los representantes de la industria muestran altos niveles de acuerdo con aquellas medidas preventivas destacadas como más importantes por la evidencia, incluyendo la gestión de los locales, el control de acceso de menores, la formación del personal y la colaboración con la policía. Sin embargo, los participantes expresaron dudas sobre una mayor regulación por temor a que significara más obstáculos tales como papeleo adicional y costes extra. De hecho, en países donde la economía nocturna no está muy desarrollada o está sufriendo el impacto de la crisis económica, encontramos que la industria recreativa no está dispuesta a adoptar medidas que temen puedan reducir sus ingresos; mientras que en los países donde estas prácticas están ampliamente implementadas, los representantes de la industria se muestran reacios a su regulación o a una aplicación más estricta de la ley, ya que requeriría de un mayor nivel de cumplimiento. Regular y exigir el estricto cumplimiento de los estándares destacados tanto por la literatura como por los representantes de la industria debe constituir una prioridad para garantizar la promoción de la salud y la seguridad en los locales de ocio nocturno.

Palabras clave: prevención, ocio nocturno, estándares, Europa, locales recreativos.

Abstract

There is growing concern to understand those interventions which when effectively implemented may bring reduction in the harms associated with recreational nightlife venues. Management of drinking environments vary across Europe and we are faced with the need to set standards across European countries. The aim of this study is to present evidence highlighted by literature to a diverse sample of European recreational industry representatives and other key stakeholders (74 participants in 14 European countries), to ascertain their judgements on level of implementation, acceptance, effectiveness and regulation to propose a set of standards be implemented in European recreational nightlife settings. Results revealed that most industry representatives display high rates of agreement with those preventive interventions deemed most important by evidence, including those concerning venue management, underage checkouts, staff training and collaboration with the police. However, participants expressed doubts on further regulation fearing it would mean further obstacles such as added paperwork and costs. Indeed, in countries where night-time economy is not well developed or is already suffering the impact of the economic crisis, we found that nightlife industry is not keen to adopt measures they may perceive to lower their incomes; while in countries where these practices are widely implemented, industry representatives were reluctant for these practices to be regulated or enforced since it would require a higher level of compliance. Regulating and enforcing the standards highlighted both by literature and industry representatives should be a priority to ensure promotion of health and safety in nightlife premises.

Key words: prevention, nightlife venues, standards, Europe.

It is well documented that a large amount of alcohol and illicit drug use among young people in Europe occurs whilst engaging in night-time recreational activities, such as visiting pubs, bars or nightclubs (Fountain, & Griffiths, 1997, Hughes et al., 2011). Research has suggested that young Europeans devote between three and seven hours on a single weekend night to leisure pursuits of this kind (Calafat et al., 1999; Hughes et al., 2011). While a thriving nightlife economy can have important benefits to local areas in terms of employment, regeneration, social wellbeing and tourism, a wide range of health and social problems are linked to recreational nightlife activities, including drunkenness, drug use, unintentional injuries, violence, risky sexual behaviour and driving under the influence of alcohol and illicit drugs (Wickham, 2012, Hughes et al., 2011).

In recent years, efforts have been made by researchers to understand those interventions, which when effectively implemented, may bring about a reduction in the harms associated with nightlife environments such as violence and driving under the influence. The literature generally concludes that these interventions show limited effectiveness, mostly due to implementation problems. Indeed, Ker & Chinnock (2008) carried out a Cochrane review of interventions designed to prevent injuries related to alcohol and drug use in recreational nightlife that revealed limited effectiveness of these interventions due to a lack of compliance on the implementation of such interventions, often associated with low wages, frequent staff changes, or workplace stress. Consequently, unless such interventions were mandatory, or incentives were given to increase compliance, their efficacy in reducing the negative health outcomes associated with nightlife recreational activities showed little effects (Ker, & Chinnock, 2008).

Calafat and Juan (2009) identified 11 different approaches to prevention in nightlife. Traditionally, the most prevalent intervention in Europe and elsewhere has been providing information on harm reduction to young people. However there has been little assessment on their effect on patrons' intoxication levels and their effectiveness in improving health and safety would be greatly reduced unless combined with other types of interventions (Graham, 2000). More recently, the most widely implemented interventions have included Responsible Beverage Service (RBS), training of door staff (a component of RBS) and designated driver programmes, in addition to the well known information-based interventions promoting responsible drinking or explaining individual harm reduction strategies. Additional important approaches include enforcement of regulation and community participation in prevention activities.

A systematic review identifying the environmental factors associated with alcohol use and related harm in drinking venues (Hughes et al., 2011) highlighted that the management of drinking establishments and the behaviours of the young people who use them vary widely across Europe. While international research shows that environmental factors can have an important influence on alcohol-related harm in drinking venues, there is currently a scarcity of knowledge on the relevance and impacts of such factors

in modern European settings. The authors commented that developing this knowledge will support the implementation of strategies to create drinking environments in Europe that are less conducive to risky drinking and alcohol-related harm. A further review examining the effectiveness of interventions aimed at the prevention of harmful drug and alcohol use in nightlife settings concluded that both server training interventions and policy interventions could have a beneficial effect on alcohol-use-related problems. In line with Calafat and Juan (2009), community interventions in which a combination of approaches, such as enforcement activities are implemented, were seen as facilitating preventative factors (Boiler et al., 2011). However, the authors do warn that some widely promoted preventive interventions, such as pill testing projects and educational activities by experienced peers, have not yet been adequately evaluated through experimental designs. Furthermore, Akbar et al. (2011) notes that whilst most studies focus on alcohol, very few focus on illicit drug use. Although recreational nightlife is clearly a hegemonic phenomenon, in accord with the aforementioned reviews, Akbar et al., (2011) draw attention to the lack of European studies in this field; 86% of the studies identified in this systematic review were interventions targeted at training service staff who may refuse to serve alcohol to intoxicated individuals, and a multi-component model was recurrent in the majority (58%) of initiatives. However, the authors concluded that the heterogeneity of the measures used to determine the effectiveness of implemented interventions makes comparisons between such strategies in order to determine best practices difficult.

The publication of numerous reviews into interventions designed to promote health and safety in nightlife settings over a short time frame indicates that this is a field attracting great attention across Europe. Although all of the above mentioned problems exist such as scarcity of evaluation on implemented interventions, data is becoming available and that will allow us to identify research needs and work towards the creation of European standards and guidelines for harm reduction in European nightlife venues. Indeed, the European Action Plan on Drugs 2009-2012, agreed by the EU member governments, stipulated that the European Commission should develop an EU consensus of minimum quality standards in reducing drug demand. This interest is also shared beyond Europe; 2011 saw the publication the Portfolio of Canadian Standards for Youth Substance Abuse Prevention, published by the Canadian Standards on Substance Abuse (CCSA) and the European Drug Prevention Quality Standards - A manual for prevention professionals (Brotherhood and Sumnall, 2011), published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Other international organisations such as the Inter-American Drug Abuse Control Commission (CICAD), the National Institute on Drug Abuse (NIDA) and the United Nations Office on Drugs and Crime (UNODC) have also published their guidelines on drug prevention and reducing drug demand.

With regard to promoting health and safety in recreational venues, we are faced with the need to set standards, best practices and guidelines to be implemented in Europe, based on the available evidence summarised above. The EMCDDA

(<http://www.emcdda.europa.eu/publications/glossary>) has defined quality standards as "generally accepted principles or sets of rules for the best/most appropriate way to implement an intervention". Frequently they refer to structural (formal) aspects of quality assurance, such as environment and staff composition. However they may also refer to process aspects, such as adequacy of content, process of the intervention or evaluation processes. Standards provide tools to professionals and policy makers for selecting the best practices. Guidelines are typically based upon systematic reviews of the literature. They often contain detailed step-by-step instructions (guideline recommendations) regarding the best option for a certain condition (e.g. how to respond to specific needs of the target population). The European Drug Prevention Quality Standards distinguish between 'guidelines' and 'quality standards' (Brotherhood, & Sumnall, 2011).

The aim of the present study is: i) to carry out an empirical study; and, ii) to propose a set of standards to be implemented in European recreational nightlife settings. Which will, according to the existing literature, reflect relevant and efficacious components of interventions. We will also add information on their level of implementation by the recreational industry in practice, their legal status, their acceptability by the industry itself, in addition to considering the cultural sensitivities of the European countries explored which may affect the implementation of such standards. Furthermore, we will investigate whether any geographical differences are present across Europe in the acceptability of, and opinions about, nightlife health and safety standards, enforcement of regulations, and the training given to nightlife staff.

Method

Scientific empirical evidence gathered from the literature review was examined and presented to a diverse sample of European recreational industry representatives in order to ascertain their judgements with respect to the effectiveness, utility, implementation and regulation of standards/ guidelines to promote health and safety in European nightlife settings. Evidence was also presented to other key stakeholders working in the field for comparison. Research was also designed to investigate potential cultural sensitivities surrounding personal privacy which may arise with certain activities, such as CCTV monitoring, random checks of toilets or drugs checkouts.

Participants

In each participant city¹, between five and ten key professionals working in the field were contacted via

1 Ljubljana (Slovenia), Liverpool, London and Huddersfield (UK), Palma (Spain), Coimbra and Lisbon (Portugal), Luxembourg (Luxembourg), Prague (Czech Republic), Timisoara (Romania), Vienna (Austria), Cork (Ireland), Milan and Belluno (Italy), Budapest and Nyiregyhaza (Hungary), Ghent (Belgium), Stockholm (Sweden) and Piraeus and Patras (Greece)

telephone or letter to explain the purpose of the study and invite them to participate. Representatives of recreational industry umbrella organizations were contacted to facilitate access to the industry representatives, mainly managers and/or owners of popular mainstream venues frequented by youngsters. The selection of cities and key informants in each city relied on the Club Health project teams in each participating country. All participant cities were selected because of their vibrant nightlife. Venues associated with a particular music scene, such as rap music, were avoided, as this may bias the results towards more conflictive contexts. Over 120 potential informants were contacted. A total of 89 questionnaires were collected; of those, 15 were not processed due to incompleteness and/or lack of consistency due to comprehension problems. Of the remaining 74 participants, 84% were industry representatives (representatives of umbrella organizations, club managers/owners, bar managers/owners, club/event promoters), and the remaining 16% were completed by the other key stakeholders including policy makers, police representatives and public health representatives (see Table 1).

Procedures / delivery

Whenever possible, representatives of the teams visited the key stakeholders to complete the questionnaire by interviewing the informant (to ensure comprehension of the items listed and increase the reliability on data collection). However, in some cases, due to the irregular working hours of industry representatives, questionnaires were self-completed. An interview protocol was prepared in advance to ensure all researchers could present the project to potential informants in a consistent manner and thus enable the attainment of standardized data. Guidance was given as to how to contact stakeholders in each location so that a diverse representation of the area could be achieved. Tools were translated as necessary to facilitate data collection.

Questionnaire

To prepare the assessment tool (the key stakeholders' questionnaire) an extensive literature review was undertaken (Calafat et al., 2009). This allowed the identification of strategies to promote health and safety in recreational settings and consequently the identification of the best (or promising) practices in this area. Before a final version of this assessment tool was produced, strategies were updated with data from a second literature review (Hughes et al., 2010). Using this information, a set of standards for health and safety in European recreational nightlife settings were prepared and organised into three major categories with a number of subgroups (to facilitate the assessment and monitoring of selected key components):

1. Venue conditions

1.1. Access and security admission policies

Table 1. Questionnaires collected and processed by country and key informants

Participants	Questionnaires		Industry representatives				Other key stakeholders				
	Country	Collected	Processed ^a	'Umbrella' organization	Club manager/owner	Bar manager/owner	Club / Event promoter	Policy maker	Police	Public Health	Other
United Kingdom	13	10	0	10	0	0	0	0	0	0	0
Luxemburg	5	5	1	4	0	0	0	0	0	0	0
Belgium	5	5	1	2	1	1	0	0	0	0	0
Spain	7	5	1	2	0	0	1	1	0	0	0
Slovenia	5	4	0	1	0	0	3	0	0	0	0
Romania	5	5	0	2	0	0	1	1	1	1	0
Italy	6	5	1	2	2	0	0	0	0	0	0
Hungary	10	10	1	4	0	3	0	0	0	0	2
Portugal	10	10	0	5	2	2	0	0	0	0	1
Greece	10	5	0	2	3	0	0	0	0	0	0
Sweden	1	1	0	0	0	0	0	0	0	1	0
Germany	0	0	0	0	0	0	0	0	0	0	0
Ireland	3	2	0	2	0	0	0	0	0	0	0
Austria	5	4	0	0	4	0	0	0	0	0	0
Czech Republic	4	3	0	0	3	0	0	0	0	0	0
Total	89	74	5	36	15	6	5	2	2	2	3

^a Processed questionnaires are those deemed by the author to be completed, with no comprehension problems encountered

- 1.2. Inside the venue: physical environments
- 1.3. Inside the venue: social environments
- 1.4. Dispersal policies

- 2. Staff and management implication
 - 2.1. Managerial approaches
 - 2.2. Serving staff
 - 2.3. Door and non-serving security staff
 - 2.4. Entertainment staff: DJs and speakers

- 3. Alcohol promotions and regulation of sale
 - 3.1. Pricing and availability
 - 3.2. Special promotions.

For each component of the assessment tool (questionnaire), participants were requested to: 1) inform if the component was operational (i.e. carried out in their premises, in the case of industry respondents or in the city in the case of other respondents); 2) inform if it was regulated by law; and, 3) if it was regulated by law, inform if it was being enforced and by whom. Also, for each of the standards listed above, the questionnaire/ assessment tool asked participants to rate: i) ease of implementation; ii) cost to implement and sustain; iii) self-perceived effectiveness; iv) self-perceived acceptability (i.e. is it sensitive to local cultural norms); and finally, v) to rank its importance as a

key element to the overall strategy (using a scale 1-5 from most important to least important).

Data analysis plan

The diversity of nightlife health and safety regulations and the number and range of agencies and/or authorities involved in regulation, implementation and enforcement varies greatly across Europe, and sometimes within different cities/regions of the same country, as do licensing requirements. Consequently, legislation and enforcement measures are hard to compare.

Respondents' familiarity with the subject and the terms used in the questionnaire, and each respondent's comprehension of the provisions each term includes, added some heterogeneity to the completion and analysis of the questionnaires. In some cases these difficulties were overcome post-interview using qualitative reports prepared by local researchers, that provided extra information on unclear strategies adopted. For instance, although items under the pricing and availability section were supposed to be assessed prevention wise, most industry representatives evaluated them as a marketing strategy.

Results

Key and recommended components of European health and safety standards for nightlife venues

An important outcome of this research has been the identification and selection of 'key and recommended

Table 2. Key components, recommended components and components that apply under special circumstances.

Key components*	Recommended components**	Under special circumstances***
1. Conditions of the venue		
1.1 Access and security admission		
Under age checkouts	CCTV monitoring	Weapon checkouts
Limits on patron numbers	Monitoring of people in lines (queuing)	Avoidance of special passes
Intoxication and drug checkouts	Monitoring of people gathering outside the venue	
Signs with policy statements	Entrance fee	
1.2 Inside the venue: physical environment		
Room temperature and ventilation	Glassware policy	
Cleaning of spills and other hazards	Availability of food and snacks	
Clearing away empty glasses and bottles	Free water available	
Layout and design		
Random check of toilets		
Music volume		
Availability of chill out and/or seating areas		
Avoidance of queuing in bars and toilets		
1.3 Inside the venue: social environment		
Identification of intoxicated patrons	Mix of patrons	Entertainment
Level of permissiveness	Music policy	
Codes of conduct		
1.4 Dispersal policy		
Exit control and transportation	Wind down period or « chill out hour »	
Relocating staff		
2. Staff and management factors		
2.1 Managerial approach		
Involvement of key stakeholders	Code of practice and other agreements	
Collaboration with police	House policies and management	
Patrons health-care		
RBS – Responsible beverage service		
2.2 Serving staff		
Server training		
2.3 Door staff and non-serving security staff		
Non-serving security staff training		
Tackling drug dealing		
2.4 Entertainment staff: DJs and speakers		
DJ and speaker training		
3. Alcohol promotions and regulation of sale		
3.1 Pricing and availability		
Pricing policy		
Availability		
3.2 Special promotions		
Avoidance of special promotion		

* Key components are those identified within the scientific literature and selected as key by industry representatives and other key stakeholders consulted.

** Recommended components are those having certain supporting evidence, and confirmed by practice, both by nightlife industry representatives and other key stakeholders.

*** Under special circumstances includes those components not signalled by evidence or practice (or with evidence showing contradictory findings) that may only apply to certain venues.

components' of health and safety standards for nightlife venues (Table 2). Key components are those identified within the scientific literature and selected as key by over 50% of the industry representatives and other key stakeholders consulted. Recommended components are those having positive supporting evidence, and confirmed by practice, both by nightlife industry representatives and other key stakeholders. A few components not signalled by evidence or practice (or with evidence showing contradictory findings) that may only apply to certain venues have been identified as 'under special circumstances'.

Participants' attitudes towards key and recommended components

The assessment tool revealed that most industry representatives are aware of those components identified with consistent evidence by the literature search undertaken, and appear to comply accordingly with legal requirements and procedures. However, participants expressed doubts about further regulation on elements which are not yet a requirement for licensing or are not being currently enforced, such as training of staff or customary underage checkouts. Industry representatives expressed their preference for health and safety 'guidance' rather than 'enforcement' with regard to venues: "We already have to follow a thousand regulations; we do not need any more enforcement. We comply with the guidelines because of insurance requirements, in case something would happen" (Club manager – Belgium). Furthermore, most participants who stated they complied with procedures, including RBS and health promotion activities, but do not wish them to be mandatory, also stated that they used compliance to these health and safety guidelines as a form of 'differentiation' to stand out from potential competitors: "Taking care of customers is key for a long term business relationship. If clients feel safe in the premises they feel you care about their comfort" (Club manager – Spain). In other words, compliance with regulations and procedures can occasionally have an added value, and is being used as a marketing strategy within nightlife venues.

The assessment tool revealed that most industry representatives feared further regulation would mean further obstacles in everyday management – adding paperwork and increasing running costs. However, a preference for national/city regulation by law, instead of just guidance, was detected in Eastern European countries. Over one third of the respondents commented that this may be due to the existence of important illegal or 'secretive' nightlife recreational offers: "Some people do not follow the business rules and become unfair competition to those who do" (Club manager – Hungary). In some cases, these operations are run from buildings which are not specially designed as nightlife recreational venues and as such do not comply with existing health and safety regulations.

Country/geographical differences

No major differences were found between countries in the assessment by the recreational industry representatives of the key components identified in the literature review.

Most countries are familiar with the key components and are aware of their effectiveness. Furthermore, many representatives from nightlife venues stated that they have adopted these key components. However, differences were found in the number of enforced legislative standards on the nightlife industry. The UK was clearly identified as the most regulated country and as such has enforced a number of legislative standards on the nightlife industry. Luxemburg respondents were solely identified as those ready to accept regulation by law of some procedures (RBS and staff training). In contrast, stakeholders from Hungary expressed that they would not be keen to accept new regulations because they believe they are expensive and ineffective. However, on the contrary, these stakeholders are highly critical of the proliferation of premises working without a license or the lack of security in certain venues. Disparities between countries were also found between the regulations of licensing hours. In Belgium, it was identified that opening/alcohol serving hours are not highly regulated. In Portugal, although licensing hours are regulated, they are not respected by a large majority (78%) of nightclubs and discos. In Greece, the recreational nightlife industry is minimally organized, with no federations or umbrella organizations representing it, and due to the economic crisis, industry representatives interviewed were not keen to adopt measures or regulations that, in their opinion, may potentially lower their incomes further. In Greece, since serving staff require no training or qualifications, they are mostly young students working part-time. Also, no formal training is required for security staff at nightlife recreational venues. Furthermore, although in Greece smoking is banned by law neither clients nor venues, who might be afraid of losing patrons, comply with this law.

Differences were however found across Europe in searching for drugs and/or weapons in nightlife recreational venues. In Belgium and Spain, security staff are not permitted to carry out strip searches for illicit drugs; instead they have to call the police. This limitation has not been mentioned in other countries. However, strip searches by the police are possible in Belgium and Spain under serious allegations. In Belgium, in addition to other countries consulted, including Portugal and the UK, some clubs have metal detectors/arches that are used on certain nights, but most informants view them as unnecessary.

In those countries where non-industry informants were consulted (see Table 1), about 40% of participants expressed doubts surrounding the enforcement of certain guidance/regulations, including random toilet checks and CCTV monitoring, due to concerns around the protection of privacy. Nevertheless industry representatives expressed no doubt about their effectiveness and acceptability among customers. Most industry representatives stated that having CCTV monitoring and controlling bathrooms, through the use of toilet attendants and cleaning staff, increases both perceived and actual security and safety in nightlife recreational venues.

Preventing underage drinking

Preventing underage access to alcohol is a core element of any policy (Hughes, Furness, Jones & Bellis, 2010). The legal drinking age varies around Europe and covers a wide

range of issues and behaviours. Minimum ages range from 16 (e.g. Austria, Belgium and Luxemburg) to 20 years of age (e.g. Norway, Finland and Iceland) and can vary depending on whether alcohol is being purchased or consumed, and the type of alcoholic drink. However, despite this regulation, the 2007 European School survey Project on Alcohol and Other Drugs (ESPAD) Report, which looked at substance use amongst students in 35 European countries, found that on average half of students aged 15 have been intoxicated at least once during their lifetime; 39% reported having been intoxicated during the last 12 months and 18% during the previous 30 days (Hibell et al., 2009).

Checks for proof of age identification should be carried out routinely to ensure that those under the minimum age stipulated by law are unable to purchase alcohol. The majority of industry representatives who participated in our study agree: about 81% rate underage checkouts as key to ensuring health and safety inside a venue and categorise it as a practice that is both 'easily implementable' and 'low cost'. Still, just 66% of all the industry representatives reported carrying out underage checks, and in most cases they are not done routinely, but at discretion of door staff. Across all countries studied, no established set of protocols for checking proof of identification were found. The most common excuse given by industry representatives for not checking routinely is 'lack of need' since they reported they were targeting an older clientele. However, this was often accompanied by the admittance that the age of a female is harder to identify without identification.

Enforcement of regulations

The diversity of recreational nightlife health and safety regulations, the number and range of agencies and/or authorities involved in developing or enforcing these regulations, and the licensing requirements for these venues varies greatly across Europe, and sometimes even within different cities/regions of the same country. In certain countries, such as in the UK, specific conditions can be imposed on individual premises on a case-by-case basis. In all countries explored, some legislation is governed nationally while other is regulated at regional and/or municipal level by licensing or local authorities. There are also additional laws, acts and regulations that are not specifically designed for improving nightlife standards, but may relate to the health and safety of staff and clients. This makes legislation and enforcement measures difficult to compare. Furthermore, difficulties arise with the familiarity of informants (industry and non-industry representatives) with the several issues explored (physical and social conditions of the venue, managerial approaches, staff training, etc.) in addition to the terms used in the questionnaire, and each informant's comprehension of the provisions each term includes, as in the case of an entrance fee (to avoid 'hopping' between venues especially before closing time) or avoidance of special passes (some studies show that patrons feeling unfairly treated may become less cooperative with staff). Such strategies were not assessed as a marketing strategy, but as a harm prevention strategy, and as such introduced

some difficulties when comparing geographical areas and/or industry representatives versus non-industry stakeholders. In some cases these difficulties were overcome post-interview using qualitative reports prepared by local researchers. Nevertheless, with a few exceptions that include those countries where recreational nightlife is more regulated, such as the UK, in most interventions assessed, enforcement of legal regulations was carried out by the manager or owner of the venue, and as such is under their discretion. Worryingly, this management commitment to enforcement of regulations was not evident within the data produced from this study.

Staff training

Door and security staff presence was selected as a key component to ensure health and safety in recreational nightlife venues by 83% of the industry respondents, and it is operational in 81.1% of all the cases. Having a set number of door and security staff is a legal requirement in most countries explored, with ratios and numbers generally depending on venues sizes. However, with the exception of the UK, where it is a criminal offence to take a job as a door supervisor without a Security Industry Authority (SIA) licence, no specific training is required for licensing in the other European countries assessed. In Belgium, if staff are licensed, their training includes first aid assistance. In Spain, training is required by law in certain regions (Balearic Islands, Catalonia and Madrid) but not nationwide, and since it is a new and as such under-developed regulation, no data on enforcement is currently available. Training for door supervisors has not been found as a requirement for licensing of nightlife recreational venues in any legislation or protocol in any other European countries explored.

Although club representatives in all countries participating affirm that well trained and experienced security staff will not allow 'drunken people' to enter their venues; there are not clear guidelines regarding the definition of an intoxicated person, which seems to indicate that denial of access is at the door staff's discretion.

Our findings indicate that training programmes for non-door/ security staff are common in European nightlife environments. Even though being mandatory only in Sweden, 31.8% of the European industry representatives reported that in-house training is enforced in their premises. Of the industry representatives sought, 82.1% reported that they deployed server training in their premises, although just 58.9% reported the training included RBS practices. An unwillingness to pay for RBS training was expressed by some industry representatives due to high staff turnover; while other state RBS is poorly effective in large venues where staff cannot control if the same person who purchased the drinks is the consumer. The fact that it was ranked low as a key component on the guidance for management and staff implication, coupled with the big discrepancies between industry representatives found in the appraisal of 'easiness of implementation', 'cost', and 'acceptability' of server training and RBS training indicates the presence of a number of divergent approaches to these trainings across Europe

Collaboration with other organisations /Working coalitions

In those cities in the UK where collaboration with the police is specified as part of a licensing scheme, 'implementation' of this working schemes has been rated difficult (60%) and 'acceptability' is low (70%), despite of the fact that 60% of the industry respondents rated it as a key element. On the contrary, in other countries explored, where there is little collaboration between nightlife industry and police, 'implementation' is rated difficult just by 31% of the industry respondents, while 'acceptability' is rated low by almost 34% of the industry representatives sought. Again, across studied countries, this collaboration with the police goes from clearly established protocols and procedures that venues have to fulfil to eventual calls to the police when problems arise. The same occurs with working coalitions that are rated as rather difficult to constitute, mainly on those countries where collaboration with other organizations is not common.

Regulation of alcohol: availability, pricing and special promotions

Amongst all participating countries, availability of alcohol only within licensed premises is regulated by law (with the exception of Greece and Belgium that enjoy free trading) and 57% of nightlife industry respondents declare that this is legally enforced (by the licensing authority and/or police). Around 59% rated the availability of alcohol as a sensitive item that has a direct effect on revenue, and the majority of the industry respondents are against further limitations.

Our results reveal that pricing is used by the recreational nightlife industry as a marketing strategy, not as a strategy to prevent harm and promote health and safety. Indeed, when asked if pricing should be regulated by law, 90% of respondents answered no and 69% stated pricing should be only in the form of 'guidance' for venues. Approximately 59% rated it as a sensitive component and, in terms of its prevention capacity, around 65% rated its effectiveness as medium-to-low. The same occurs with special pricing promotions on alcohol. Although our study was designed to evaluate the effectiveness, enforcement and acceptability of the component 'avoidance of special promotions', industry representatives defended the marketing of special promotions. 88% of industry respondents believed that special promotions should not be regulated by law and saw promotions as a necessary marketing strategy to contend in a very competitive market. Alcohol promotions are rated as easily implemented (55%) with low implementation and maintenance costs (only 22% rated them as a high cost) and high effectiveness in terms of sales (75%). In the UK, special promotions are not avoided but usually will comply with company directives (e.g The Portman Group's Code of Practice or the British Beer and Pub Association guides). British respondents commented that they follow company or alcohol-drinks industry recommendations but this advice is not commonly followed in any other country consulted.

Discussion

This is an innovative study that combines scientific findings with operational experience at a European level. In 14 participating European countries an assessment of standards to improve health and safety in nightlife venues was undertaken through the completion of a questionnaire by selected nightlife industry and non-industry stakeholders. We found that most recreational nightlife representatives are conscious of the main negative health outcomes associated with recreational nightlife venues highlighted by the literature, including drunkenness, drug use, unintentional injuries, violence, risky sexual behaviour and driving under the influence of alcohol and illicit drugs, and are prepared to work to prevent them. This showed no significant differences between participating countries. However only a few countries (Sweden, UK) are currently regulating most of the key components (table 2) highlighted in this study.

As Brotherhood and Sumnall (2011) indicate, quality standards provide a consistent framework for the delivery of prevention, but are not intended to specify what activities should be delivered. In our study, we have been able to check which of those practices signalled by scientific criteria as potentially effective in promoting health and safety are implemented in European nightlife premises, appraise which are considered more feasible and important to ensure health and safety, and assess cultural sensitivities on their acceptability across countries. The finding that there are no differences in the acceptability of the health and safety standards explored amongst industry stakeholders across Europe indicates that a common policy and common regulation for health and safety in nightlife is possible.

According to our findings, most industry representatives display high rates of compliance at an operational level to those preventive interventions deemed most important by evidence, including those concerning venue management, underage checkouts, staff training, and collaboration with police. However, most of these industry representatives express doubts about further regulation and fear this would increase associated paperwork and costs. Indeed, in countries where the night-time economy is not well developed or already suffering the impact of the economic crisis, such as Greece, we found the recreational nightlife industry is not keen to adopt measures that they may perceive to lower their incomes. Thus one may question how to guaranty consistency in the implementation and enforcement of interventions indicated through the standards suggested here, if their application is solely left to the judgment or discretion of the industry. The vast majority of industry respondents (over 80%), in all interventions explored, do not feel that more health and safety regulations, or increased enforcement of existing regulations are needed. This may be because the majority of industry participants manage well-kept popular mainstream recreational nightlife venues, (it is likely that those not complying with those endorsed by law or players in the 'underground scene' would refrain from participating); or participants feel they know 'what works' and are reluctant for these practices to be regulated or

enforced since it would require a higher level of compliance, increased effort, and the use of financial resources.

In either case, these findings can be interpreted to indicate that we face a mature recreational nightlife industry that, implicitly or explicitly, shows a reasonable agreement on what should be done in order to promote health and safety in nightlife venues, but a concurrent fear surrounding the regulation and enforcement of such procedures. Furthermore, some administrations/governments are not pro-active in developing and enforcing new regulations, in times of economic crisis where the recreational nightlife industry plays a key role in keeping city centres vibrant. This allows the recreational nightlife industry to enjoy a great level of freedom when deciding which procedure to implement and when.

Amongst the procedures that industry representatives indicated as most important were 'Cleaning spills and other hazards' (89%), 'Tackling drug dealing' (88%), 'Intoxication and drugs checkout' (86%), 'Server training' (84%), 'Underage checkouts' (81%) and 'Door staff training' (81%). However, further exploration revealed difficulties with the practical application of these identified components (table 2). With the exception of the first procedure (cleaning of spills and other hazards), implementation of the rest is seen as difficult by industry respondents. For example, in the case of 'intoxication and drug checkouts' and 'tackling drug dealing', although 68% and 71% respectively state that these procedures are implemented, just 18% and 16% respectively see them as easy to be implemented in practice. Thus we are presented with difficulties in ensuring such procedures are adequately implemented, requiring clear house rules and management protocols, elaborated in collaboration with the police, as well as trained door staff to overcome the technical difficulties of the implementation.

One component; underage checkouts, unanimously identified as key to ensure health and safety in nightlife venues, illustrates the problems arising with practical application of the guidelines. Although the legal age for alcohol purchase and consumption is regulated by law in all participating countries, underage checkouts are performed by only 66% of the industry representatives consulted, and not routinely, which indicates poor levels of compliance to this regulation. This is despite the high level of agreement on its importance (81%) and the knowledge of it being regulated by law (84%). Additional studies confirm this finding, although differences between countries are evident. A study of shop-floor compliance with age limits for alcohol purchase found that, in most cases, age was not asked and age identification was not required, although managers of those stores selling alcohol were aware of these regulations. This study related the low level of motivation for compliance with the fact that no negative consequences were connected to violation of the regulations. This exemplified how an intervention to prevent minors' access to alcohol might fail unless a valid and visible system of surveillance to increase the perceived risk of being caught and punished is established (Gosselt, van Hoof, & De Jong, 2012).

Experiences in regulated countries, such as the UK, where licensing is related to scheme requirements, show that to ensure a good implementation of procedures to promote health and safety, venues must provide evidence (i.e. records) of the trainings and implemented strategies to gain certification from the licensing authority. However, just half the industry participants indicated that RBS was being implemented in their venues, and in most cases it was either performed in-house by management with no record of training, with no endorsement by management, or not connected to house policies (written rules specifying acceptable and unacceptable behaviours for both staff and customers), which according to literature, produces little change or it is not sustained over time (Buka, & Birdthistle, 1999; Calafat et al., 2009; Ker, & Chinnock 2008).

In this study, we have identified 28 standards for health and safety in recreational nightlife venues indicated by literature that show a broad level of implementation across venues, according to the responses of the industry representatives from the 14 participating European countries (Table 2). This establishes a wide range of actions with important implications on health and safety for nightlife users, that should be considered with high priority at a European level. To miss this opportunity to embed practice into policy might be considered a grave irresponsibility with respect to the promotion of health and safety standards in nightlife.

Encouraging collaboration between stakeholders involved in nightlife management is key to guarantee success in the implementation, regulation, efficiency and acceptability of interventions. Indeed, implemented collaboration schemes between licensed traders and other key stakeholders at community level have been shown to be an effective method of reducing nuisance and crime and increasing business profitability and the overall attractiveness of the area (Wickham, 2012). High levels of collaboration are seen between the nightlife recreational industry and the police and other key stakeholders. However, differences in ease of implementation, cost, and difficulties foreseen in their constitution and maintenance, between cities where this collaboration is a licensing requirement and those where it is not, indicate that collaboration is limited unless it becomes a requisite.

While the recreational nightlife industry representatives who were interviewed as part of this study recognize the positive effects of several of the interventions listed in table 2, it is evident that they oppose regulation by law, even though compliance and enforcement would protect them against unfair competition from nightlife venues violating the regulations or operating without the legal permits. This is especially relevant in some Eastern European countries where club parties are often celebrated in semi-clandestine ways in venues not specifically designed or suitable as nightlife venues.

This study has several strengths, namely the inclusion and representation of 21 cities with a vibrant nightlife located in 14 European countries through consultation with both nightlife industry and non-industry stakeholders.

Also, although most of the procedures assessed are not required for obtaining an alcohol license or operating the business, respondents affirm they are implemented in the daily management of their premises to ensure health and safety. However, we also recognize the limitations present in this study; since participants' responses have not been contrasted with actual implementation of the said strategies in the premises and, due to the limited sample, the findings are not representative of the opinions of all stakeholders in each country explored, and thus the sample of individuals selected and participating in the study may bias the results obtained. Nevertheless, efforts were made to reduce this bias; a protocol for questionnaire application was produced to ensure consistency in delivery, and the intervention responses were ranked to ensure consistency in interpretation.

Regulating and enforcing the key European health and safety standards for nightlife venues highlighted both by literature and nightlife industry representatives according to our search should be a priority to ensure homogenisation in the promotion of health and safety in nightlife premises.

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Conflicts of interest

None.

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