

Handbook Healthy Nightlife Toolbox

How to create a healthy & safe nightlife



Colophon

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Contents

Contents

Foreword

1	Introduction	1
1.1	Aim of the Handbook and target audience	1
1.2	How to use the Handbook	2
1.3	Guiding principles of prevention in nightlife settings	2
2	Facts and figures for alcohol and drug use in nightlife settings	6
3	Alcohol and drug related problems in nightlife settings	9
4	Creating a Healthy and Safe Nightlife setting	14
4.1	Project plan	14
4.2	Problem analysis	15
4.3	Stakeholders involved	16
4.4	Aims & target groups	20
4.5	Choosing interventions	22
4.6	Implementation	23
4.7	Evaluation	26
4.8	Sustainability	27
5	Type of Interventions and effectivity	28
6	Literature Handbook	32
7	Annex overview	35
Annex I	Key roles and responsibilities stakeholders (2 examples)	36
Annex II	Guide for writing the project plan	37
Annex III	Evaluation indicators for prevention in recreational settings	39
Annex IV	Effects and risks of party drugs	42
Annex VI	Examples, tips etc. form different countries	44

Foreword

What works in creating healthy nightlife settings?

Alcohol and drug prevention in nightlife settings is a relatively new branch in the prevention field. Drug prevention was initiated following the rise of house culture when drugs began to be used on a greater scale in nightlife settings.

Although some scientific research has been conducted in this short timeframe, the evidence base for drug prevention remains relatively scarce. However, more research has been conducted for the prevention of excessive alcohol use.

An overview of evidence based interventions for alcohol and drug prevention in nightlife settings has only recently become available, with the introduction of The Healthy Nightlife Toolbox project.

Healthy Nightlife Toolbox (HNT)

This Handbook is part of the Healthy Nightlife Toolbox (HNT) project, financed by the European Union in the framework of the public health programme. The HNT is an international web-based project focusing on the reduction of harm from alcohol and drug use among young people in nightlife settings. It is designed to support local, regional and national policy-makers and prevention workers in the EU.

The project will help to identify and implement effective, evidence-based interventions.

The HNT website www.hnt-info.eu contains:

- Data base with reviewed literature
- Data base with expert contact details
- Data base with evidence-based interventions and policies
- This Handbook, containing a model of good practice for drugs and alcohol prevention in nightlife settings.

Several countries work together on the HNT: Iretria (Spain), John Moores University (UK), Trimbos Institute (Netherlands), SzMI (Hungary) and VAD (Belgium).

Handbook HNT

Working systematically in cooperation with relevant stakeholders is known to be effective in creating healthy nightlife settings. This Handbook contains guidelines, tips and advice to work in a systematic way on alcohol and drug prevention in nightlife settings. The Handbook is mainly an online tool. Updates will be made in the online version on a regular basis. For practical reasons we offer you a print version as well. It could differ slightly from the on line version and we cannot guarantee that all on line updates will be adapted in this print version.

For communication reasons, an HNT fact sheet is developed as well (downloadable from HNT website).

Communication style

The tone of voice in this Handbook is quite direct and concise. There are several reasons for this:

- The Handbook is written for a website; online communication has to meet specific demands like short sentences and paragraphs, frequent use of lists (enumeration), titles and headlines.
- The Handbook is meant to be a *practical tool* for prevention professionals working in nightlife settings.
- The Healthy Nightlife Toolbox contains several databases with relevant literature and theories on prevention in nightlife settings; therefore the theory in the Handbook can be limited.
- The author of the Handbook is from Northern Europe. Northern Europeans tend to a communication style that - in general - is more direct than Southern European styles. We hope these cultural differences will do no harm to the implementation of the Handbook or the tools for evidence based prevention.

1 Introduction

This chapter provides:

- **information on the purpose and working method of the Handbook;**
- **an overview of the guiding principles.**

1.1 Aim of the Handbook and target audience

An important question for professionals in the field of alcohol and drug prevention in nightlife settings is: what kind of interventions and measures are effective? The HNT Handbook assists in determining what interventions should be used and offers advice on how to execute them in an effective and efficient way.

This Handbook is written for local, regional and national policy-makers and prevention professionals in the EU, who work on prevention programs for healthy and safe nightlife.

The Handbook provides:

- background information on the use of alcohol and drugs nightlife settings and the main health and safety problems resulting from this;
- advice on an integral approach to tackling these problems, and practical tools to help do this;
- an overview of the different types of interventions that could be used, and information about their efficacy;
- links to the databases: literature; interventions and contact persons.

Focus of the HNT

- The HNT will be primarily focusing on *urban nightlife settings*, especially parties, discotheques, bars, clubbing areas, and to some extent preloading locations.
- *National policies on alcohol and drug prevention are not included.* Other EU-projects (for example Club Health) work on this subject. Websites that provide information on this issue will be referred to.
- When we talk about healthy nightlife, we refer to *both healthy and safe nightlife*. There are three reasons for this:
 - Alcohol and drug prevention not only influence the health of the user, but also his/her safety. The majority of aggressive incidents, for example, occur under influence of alcohol [1,2], whether or not in combination with other drugs. Thus, preventing harmful alcohol use will affect both health and safety.
 - In general, stakeholders are initially more motivated by safety because of the strong link with public order and/or economical interests.
 - Implementing measures or interventions concerning health promotion can have a positive or negative impact on (the perception of) safety and vice versa. Local stakeholders should consider both health and safety consequences of their decisions.

1.2 How to use the Handbook

The Handbook takes you step by step through the process of creating healthier and safer nightlife settings. The Handbook is a tool for prevention professionals to:

- keep the focus on the most effective, evidenced based method of working
- identify the most suitable intervention(s) for the problem(s) faced
- describe each step in a ready-to-use project plan.

Chapters 1, 2, 3 provide background information on alcohol and drug use in nightlife and the problems encountered.

Chapter 4 describes steps to develop a prevention strategy and select interventions.

Chapter 5 provides an overview of possible types of interventions and links to the databases of reviewed literature, evidence based interventions and contact persons on the HNT website.

Chapter 6 is a literature overview, used for the Handbook.

Chapter 7 contains several annexes with additional information

1.3 Guiding principles of prevention in nightlife settings

National alcohol and drug prevention policies are not the same for all EU countries, and concept frameworks also differ. Therefore the main assumptions of the Handbook are discussed below.

Fun and finance

Going out to nightlife settings is an important leisure activity for adolescents. Adolescence is an important developmental stage and adolescents are acquiring and practicing skills in the areas of friendship, love, sex, communication, and identity. Choices regarding drinking and drug use are often made in this period of their lives.

For many municipalities and venue owners, nightlife is an important source of income. These make two good reasons for authorities to safeguard atmosphere and safety in nightlife settings.

A great deal of alcohol and drug use is found in nightlife settings

A relatively large amount of all alcohol and drug use takes place in recreational settings (**Chapter 2 Facts and figures**). This is why nightlife is an important setting for prevention.

In nightlife settings alcohol and drugs are mainly used as a social lubricant, to intensify experiences and/or to be able to carry on for an extended amount of time.

Short term health and safety risks

Alcohol and drug use comes with acute health and safety risks and problems. Approaches that target these effects will be appealing for stakeholders and therefore have the biggest chance of succeeding. Short term effects include:

- acute health problems
- vandalism, violence, nuisance
- regretted/unwanted sexual behaviour
- drunk/drugdriving
- social and safety problems like drugdealing

The nature and magnitude of these problems justify alcohol and drug use prevention in nightlife settings. **Read more about health and safety problems in nightlife in Chapter 4.**

Long term effects

Alcohol and drug use can cause individual problems in the long term, including:

- health problems
- risk of addiction
- disturbance of social-emotional development

These are not the main focus of The Healthy Nightlife Toolbox. Nightlife is not the most appropriate setting for tackling these problems. Interventions targeting education in schools or parent support programs are more suitable. Some environmental strategies though, might have a positive impact on overall substance use, for example closing times policy.

Broad approach of reducing health and safety risks

To reduce risks from alcohol and drug use several strategies are available:

- tackling the supply (production and distribution)
- prevention targeting abstinence
- prevention targeting harm reduction

Harm reduction: a prevention strategy?

In some European countries harm reduction is not considered a drug prevention strategy. In these countries the word prevention strictly refers to activities that are targeting the abstinence of drug use. Please notice however that in this Handbook, 'prevention' refers to all activities preventing harm from drug use, both by abstinence- and harm reduction strategies.

The approach that aims to reduce supply is mainly outside the scope of this Handbook, except for the prevention of drug dealing and serving no more alcohol to intoxicated people. In nightlife settings where alcohol and drug use are present, the harm reduction approach is considered to be the most realistic and effective method in communication with people going out and taking alcohol and drugs [3]. The approach that encourages abstinence can be effective for a population that has not yet started using.

Harm reduction

'Harm reduction' is a pragmatic approach in health promotion. Harm reduction is defined as the reduction of hazards or damage caused by alcohol or drug use. Harm reduction strategies contain:

- education about using as safely as possible (it is recommended that 'don't use' is always mentioned as a safe use option)
- preventive measures in nightlife settings (these measures contribute to the health and safety of all clubbers, whether they use drugs and alcohol or not).

Education aimed at abstinence and harm reduction can co-exist: the use of psycho-active substances is discouraged with non-users ('the best use is no use at all'), while the user receives a realistic educational message based on harm reduction ('if you do not want to be at risk, then do not use. However, if you want to use anyway, then do it as safely as possible'). Preventive measures in the nightlife environment are profitable for all youngsters, whether they use alcohol and drugs or not.

Prevention and harm reduction

EMCDDA provides useful distinctions between types of prevention. It makes clear what types of prevention are suitable for nightlife settings, and how harm reduction strategies fit in to these.

- Universal prevention strategies address the entire population (local community, pupils, neighbourhood). The aim of universal prevention is to deter or to delay the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem.
- Selective prevention targets specific sub-populations (or settings) whose risk of alcohol and drug use are much higher than average. Nightlife visitors as a group are such a sub-population: in nightlife, more alcohol and drugs are used compared to the general population. Cultural norms and values in nightlife settings regarding alcohol and drug use are more liberal than in other settings.
- Indicated prevention identifies individuals with a high personal risk of developing substance abuse later in their life. The aim of indicated prevention efforts is to prevent the (fast) development of a dependence, to diminish the frequency and to prevent "dangerous" substance use (e.g. moderate instead of binge-drinking).

Harm reduction is a strategy that can be used within selective or indicated prevention. Prevention in nightlife settings is mainly selective prevention.

Drug, set and setting [4]

In prevention you can target your activities on:

- drugs: influencing alcohol and drugs' availability and quality;
- set: influencing the person using the substance;
- setting: influencing the environment of the person.

In nightlife settings, possibilities to target 'set' and 'drugs' are limited. Individuals can be influenced by information and education strategies. Availability of drugs can be intervened by for example tackling dealing, door policy. Pill testing services contribute to the quality of drugs taken. For influencing the availability of alcohol a set of policy measures is possible: minimum legal purchase age, government monopoly of retail sales, restrictions on hours or days of sale, outlet density restrictions, alcohol taxes, sobriety checkpoints, lowered BAC limits, administrative licence suspension, graduated licensing for novice drivers [37]. These measures though are outside the scope of this Handbook.

The best chance of making a difference lay in changing the environment into a healthy setting. Note that the policy measures named above, can be a part of it.

Healthy settings approach

Within the approach the HNT follows, much attention will be devoted to measures that aim to create healthy and safe nightlife environments: a 'healthy settings approach'. This approach will focus on matters like, for example:

- the venue: good ventilation, free water supply, house rules, training of bar staff, availability of education material for clubbers, cooperation with emergency services, alcohol policy, use of polycarbonated glass.
- the nightlife area: safe transport, good lighting, closing time policy, cameras, regulations, law enforcement.

Club Health Project

Complementary to Healthy Nightlife toolbox is the Club Health Project. This project 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

Integral approach

An important strategy of the HNT is the use of interventions within an integral approach. Scientific research [5] indicates that such an approach, which is based on the community approach, will probably be more effective than the implementation of separate interventions.

In an integral prevention approach of risky substance use attention is given to:

- Problem analysis
- Cooperation with important stakeholders like municipalities, pubs and clubs, party-organisers, health/addiction services, and police, creation of specific platform for managing all these initiatives
- A variety of prevention interventions
 - Creating safe nightlife areas, and venues (healthy settings): clear house rules, good door policy, good ventilation and chill-out rooms;
 - Rules and enforcement.
 - Training bar staff (from doormen to managers) and other stakeholders;
 - Education for nightlife visitors about decreasing the risks of drug and alcohol use.

Legal-illegal

Alcohol is a legal substance and drugs are illegal. However, in some countries, drug use is not punishable by law. Furthermore, in some countries, drug possession for individual use is not prosecuted. Because of the differences in the legal status of alcohol and drugs, the prevention approach varies in some aspects (e.g. drug dealing, enforcement). Creating healthy nightlife settings though is important in both alcohol and drug prevention.

The importance of evidence based prevention

Why it is important to work with evidence based interventions:

- Chances of effect are higher
- Using experiences of others enables efficient use of public money
- Avoiding possible counterproductivity
- Facilitating future research

2 Facts and figures for alcohol and drug use in nightlife settings

In this chapter you will find a selection of facts and figures to give an impression of what might be going on in nightlife. Note especially the first section about where to find relevant national and local data.

Relevance of facts and figures

Collecting facts and figures is relevant for at least two reasons:

- To motivate your financiers and stakeholders: it shows the relevance of alcohol and drug prevention in nightlife settings;
- It gives your activities a solid (scientific) basis.

Searching for local and national data

The figures in this chapter might not be directly relevant to your local project plan. However, they give an impression of European trends and an idea of the aspects you might have to consider. For your project plan you need to find local or at least national figures.

Where to find these:

- Local, regional or national research data. Check for instance if there are organizations or authorities who monitor drug use in general or specific populations. Maybe centres for addiction (prevention and treatment) present yearly figures about trends in club drugs use.
- Check the good to know database on the HNT web site
http://www.hnt-info.eu/File/good_to_know.aspx
- The EMCDDA publishes annual reports on drug use in Europe, with country overviews. Special attention is paid to drug use in recreational settings. Check
<http://www.emcdda.europa.eu/publications/annual-report/2009>
- 'Alcohol in Europe' provides (amongst many other alcohol related subjects) some statistics on alcohol consumption in different countries. Check
http://ec.europa.eu/health-eu/doc/alcoholineu_chap4_en.pdf.
- Epidemiological research.
- Registration of accidents and violence (police, hospitals, venues).

More drugs in the party scene

"Research studies targeted at young people in the EU who attend dance music events consistently report much higher prevalence of drug use than that is found in surveys of the general population. This appears to be the case in all of the countries where such surveys have been conducted" [6].

Party drugs are usually used to experience nightlife more intensely, to have more fun, and to be able to keep on partying. Therefore, substances that contribute to relaxation, spontaneity and energy are favourites. In the table in Annex IV you will find the major effects and risks of these party drugs.

Most popular party drugs

- Alcohol
- Cannabis
- Cocaine
- Ecstasy
- Amphetamine
- GHB

Prevalence

	Life time			Last year			Last month		
	15-64	15-34	15-24	15-64	15-34	15-24	15-64	15-34	15-24
Cannabis	21,8 %	31,2 %	30,7 %	6,8 %	13 %	16,7 %	3,8 %	7,3 %	9,1%
Cocaine	3,6 %	5,4 %	4,5 %	1,2 %	2,3 %	2,6 %	0,6 %	1 %	1,2 %
Ecstasy	2,8 %	5,6 %	2,5-8 %	0,8 %	1,8 %	0,5-14,6 %	0,3 %	0,4-7,7%	1,3-4,6 %
Amfetamines	3,3 %	5,1 %	--	0,6 %	1,3 %	--	--	--	--

Prevalence of drug use in the general population in Europe 15-64 years old (328 million people), 15-34 years old (134 million people) and 15-24 years old (64 million people). [7]

- Compared to the general population, drug use is more common in younger age groups. This is no surprise considering the fact that young people go out more often, and given the fact that drug use is higher among people who go out.
- The table lists the European average. However, differences between countries are huge. The range for ecstasy use in the last year (age group 15-34) for example, lies between 0,2% in Greece and 16,5 % in the UK. The european average is 5,6 %. For more information per country see [7].
- After cannabis, cocaine is the second most used illicit drug in Europe. However, use varies greatly between countries. In nightlife settings, sniffing cocaine is most common. Crack cocaine (boiled cocaine, smoked) is more of a street drug. However, a French study showed that in some more alternative dance subcultures 13% of the visitors had recently used crack cocaine. In common dance cultures 2% had used crack cocaine [7].
- After cocaine and cannabis, ecstasy and amphetamine are the most commonly used illicit drugs in nightlife settings.

Alcohol

- In almost every European country, young people start drinking at a young age. Nearly all 15-16 year old students (>90%) have drunk alcohol at some point in their lives. Over 13% of the 15-16 year olds have been drunk more than 20 times in their lives, and more than 1 in 6 (18%) have 'binged' (5+ drinks on a single occasion) three or more times in the last month [8]. By the time they are old enough to visit nightlife settings, they are used to drinking alcohol and getting drunk.
- In general, men are more likely than women to drink, and to drink more when they do.

Trends

Trends in the nightlife industry are changing fast. The popularity of venues, music styles, and dress codes shift all the time. The use of alcohol and drugs is also liable to changes. Some trends to consider:

- The increase of binge drinking;
- Gender differences between boys and girls in some aspects are reducing, which is bad news for the girls' health;
- The combined use of alcohol and drugs. When adolescents use drugs, they often use more than one substance at once (combi use).
- This is especially true for ecstasy users. Illegal drug use is often combined with alcohol use. [9,10,11]
- The relationship between alcohol and drug use (type of drugs, amount of drugs) and subcultures/music styles seems to be relevant.

- In general: the more 'hard style' the music, the more alcohol and drugs are involved. For example: visitors of techno- and hardhouse-parties use more drugs and drink more alcohol than other parties. Moreover, they use – compared to visitors of other types of dance raves - more amphetamines [12].
- In some countries and dance (sub) cultures the use of GHB, GBL, met-amphetamines, mCPP and ketamine attract attention [7,13].
- Results from early-warning systems in some countries suggest a change in the ecstasy market: half of the 'ecstasy' pills no longer contain MDMA or any of its analogues but mainly mCPP [13].

Looking for information on drugs and alcohol? Try these links

EMCDDA

The EMCDDA website provides objective and scientifically sound descriptions of drugs in the form of 'drug profiles'. The profiles cover eleven substances, including drugs that are popular in nightlife. The profiles are available in German, English and French.

They are presented in a standardised way: each profile briefly gives the chemistry, pharmacology, synthesis and precursors of each substance, as well as analysis, physical form (e.g. powder, tablet) and mode of use.

<http://www.emcdda.europa.eu/publications/drug-profiles?CFID=2201056&CFTOKEN=54b1798c7d6a8452-86408C6F-E44A-249B-955FDF3D3C5A28EB&jsessionid=3830446dc350c6042443483673603924692d>

Erowid

Erowid is a member-supported organisation providing access to reliable, non-judgmental information about psychoactive plants and chemicals and related issues. Erowid works with academic, medical, and experiential experts to develop and publish new resources, as well as to improve and increase access to already existing resources.

<http://www.erowid.org/psychoactives/psychoactives.shtml>

3 Alcohol and drug related problems in nightlife settings

Alcohol and/or drug use comes with risks and can cause problems. Not only does alcohol and drug use affect individual health, but there is an impact on the physical and social environment as well. Six problem areas are identified below [14]:

- Acute health problems
- Long term risks of party drugs (including addiction)
- Aggression and violence
- Unsafe and regretted sex
- Transport e.g. drink/drug driving
- Social damage

When creating a healthy and safe nightlife setting – whether at a venue or area level – it is sensible to distinguish problem areas in the problem analysis. This will make it easier to establish priorities and to formulate aims and target groups.

Acute health problems

Alcohol and drug use always comes with a certain risk, especially in the long term. However, in and around nightlife settings, professionals need to deal mainly with acute health problems, **such as:**

With alcohol

- Drunkenness
- Black-outs
- Alcohol poisoning
- Dehydration

With ecstasy

- Headaches
- Heart palpitations
- Unconsciousness
- Severe overheating
- Vomiting

With cocaine

- (Extreme) anxiety
- Heart problems
- Unconsciousness
- Mental disorders, paranoia

With GHB

- Depression of respiratory system
- Coma

[15,16]

Acute health problems at raves in the Netherlands

EducareGroningen performed research on first-aid post visitors on dance events between 1996 and 2005 [17].

There were 3,000,000 party goers in total, 0,8% of which (24.000) registered with a first aid post.

Furthermore, 8,000 people came to the first aid post for aspirin against a headache (self treatment). 38% (almost 9000 people) of these first aid post visitors had a drug related complaint. The following substances were involved:

- 21,8 % ecstasy
- 16,1 % alcohol
- 4,2 % amphetamine
- 3,0 % cannabis
- 2,6 % GHB (since 2002)
- 1,1 Cocaine

The figures below express the seriousness of the 38% drug related first aid visits:

- 0,1 % life threatening
- 1,9 % medical attention was necessary to prevent life threats or invalidity.
- 97,1 %: mild complaints

Between 1997 and 2002 a decrease in health problems was observed [18]. The decrease in acute health problems can probably be attributed to professionalization of party organizations, more responsible use of drugs (due to e.g. pill testing and receiving appropriate education), and deployment of specialized nurses at these events [18].

There are no comparable figures for incidents in regular bars and clubs in the Netherlands.

Long term risks of party drugs

Long term risks differ between substances. In **Annex IV** you will find short descriptions of long term effects of the most popular party drugs.

Examples of long term effects:

Alcohol use, and especially binge drinking, comes with risks. Young adolescents (under the age of 18) should not drink at all. They are still maturing; their brains and organs are more susceptible to the harmful influence of alcohol. Moreover, the chance of addiction increases as adolescents start drinking younger [19].

Ecstasy use can result in brain damage, which in turn results in disturbances in memory and mood. There are no standards for a safe ecstasy dosage. Moreover, it is established that over-crowding and heat (sometimes resulting in overheating) increase the risk of acute health problems and brain damage [20].

Under the influence of *alcohol and drugs* people ignore their bodies' signals. Therefore they stay, for example, too long in proximity of music that is too loud. Lengthy or frequent exposure to loud music leads to hearing damage in the long term.

Everything you need to know about alcohol and drugs

You can find extensive information on all aspects of alcohol and drugs in the substances database of the EMCDDA:

<http://www.emcdda.europa.eu/publications/drug-profiles?CFID=2201056&CFTOKEN=54b1798c7d6a8452-86408C6F-E44A-249B-955FDF3D3C5A28EB&jsessionid=3830446dc350c6042443483673603924692d>

Aggression and violence

Alcohol use is often involved in aggression and violence in nightlife settings. Alcohol has an inhibiting effect on social boundaries and self-control which can lead to aggression. [1,21]. Excessive alcohol use increases the chance of being a perpetrator as well as a victim of violence [22,23, 25]. Drug use alone however is almost never involved in aggressive behaviour [24]. Males, as opposed to females, are more often involved in aggression in nightlife settings. Aggression and violence occur more often outside the venue than inside. Many violent incidents occur after closing time [24].

Unsafe and regretted sex

Alcohol and drugs are sometimes intentionally used to facilitate making contact and/or to enjoy sex longer and more intensively [26].

However, there are also unwanted effects:

- People under the influence of alcohol and drugs often engage in unsafe sex. Ecstasy users for example, report more risky sexual behaviour than non users [27].
- People under the influence of alcohol and drugs ignore personal boundaries and engage in things they might regret later (unsafe sex, wrong choice of sex partner, undesirable behaviour).
- Sometimes substances are administered by others in order to take advantage of the person under the influence [source].
- Sometimes people who regret their sexual escapade claim wrongfully that there was something 'put in their drink'. This can be used to justify their behaviour or avoid being punished.

Transport e.g. drink/drug driving

Driving under the influence of alcohol is a major cause of traffic accidents. It affects not only the driver him- or herself, but also his or her passengers [28]. Alcohol and drug use (often cannabis) causes the highest accident risk [29,30]. Although young men between 18 and 24 comprise only 4% of the Dutch population, this group represents 23% of seriously injured or dead victims of alcohol traffic incidents [29]. The link between ecstasy and the impairment of driving skills appears to be strong as well [31].

Social damage

Party drug use can lead to various direct and indirect forms of *social damage*. For instance, *organized crime* in the production and transport of drugs, and small criminality in *drug dealing* and couriers.

Furthermore, substance use can have various other negative consequences for *adolescents themselves*, like absence through illness, decrease in school performance, and disturbed social and emotional development. One of the risks of ecstasy use is the development of depression. Depression and other mental disorders influence daily functioning, productivity at work and performance at school.

Alcohol and drug use makes adolescents overly confident and noisy. This causes *nuisance, vandalism and feelings of unsafety* for inhabitants of nightlife areas or for those living on routes to and from nightlife areas.

In Europe in 2003, the costs of social damage due to alcohol (absence from work, felonies and violations, health care and addiction care) were estimated to be €125 billion [8]. No European figures are available about drug related social costs [7].

Drinking on the street, pre-loading, illegal parties

The unofficial nightlife settings outside of commercial bars and pubs deserve special attention.

For example, in Spain, 'botellón' has to be dealt with: adolescents loading the trunk of their car with alcohol and meeting each other in groups on the streets. Because of the alcohol they cause a lot of nuisance and feelings of unsafety.

Another example is preloading. Because of high prices at clubs and bars and the late nightlife onset, adolescents start to preload: consuming as much alcohol as possible before the night starts. Not only do they drink more in one night [25], they are already intoxicated when the night is started. This leads in turn to more aggression and vandalism. Preloading usually takes place at home or in the street, but sometimes preloading occurs in sheds on private property. These are, in fact, unofficial club houses where groups of adolescents make their own rules.

Approaching these unofficial nightlife settings is not easy since professionals do not have easy access to these groups.

Tobacco

In nightlife settings there is often a lot of smoking, by staff as well as by bar visitors. Smoking (active and passive) causes substantial health damage. Although smoking falls outside the scope of this Handbook, a few issues are important to mention:

- In many countries a total or partial smoking ban (smoke free zones) has been introduced or will be introduced in nightlife settings. Keep this in mind when introducing alcohol and drug prevention since venue owners will already have a lot on their mind when/if this smoking ban is introduced.
- A (partial) smoking ban in nightlife settings has consequences for enforcement and possible impacts on atmosphere and safety, especially when bar visitors need to go outside the venue to smoke.
- Enforcement of a ban on smoking cannabis might become easier because of a smoking ban.
- Adolescents are sensitive to role models. In this way, bar staff have a role to play in influencing young visitors' behaviour. Even if there is no smoking ban, there is a point to asking bar staff not to smoke.
- Smoking on the dance floor or in crowded bars can cause damage or burns. It also poses an extra fire risk.
- Some interventions – like taking care of sufficient ventilation – will have a positive health impact on both (passive) smoking and drug use (reducing the risk of overheating).
- Passive smoking can impact on the health of bar staff. Therefore smoking prevention can also be part of health and safety policy at work.

Links for more information on tobacco and smoking prevention

- European Public Health Alliance (EPHA)
EPHA provides an overview of European smoking bans (not up to date for all countries e.g the Netherlands!)
<http://www.eph.org/a/1941>
- European Network on Young People and Tobacco (ENYPAT)
ENYPAT is a network for specialists working in the area of tobacco control among youth and it aims to prevent tobacco use by young people through European-wide collaboration, information exchange and programme building. It is co-funded by the Public Health Programme of the European Union. ENYPAT coordinates smoking prevention and cessation programmes concerning

young people.

http://www.ktl.fi/portal/english/research__people__programs/health_promotion_and_chronic_disease_prevention/projects/enypat/

- European Network for Smoking Prevention (ENSP)

ENSP's mission is to develop a strategy for co-ordinated action among organisations active in tobacco control in Europe by sharing information and experience and through co-ordinated activities and joint projects. ENSP aims to create greater coherence among smoking prevention activities and to promote comprehensive tobacco control policies at both national and European levels.

<http://www.ensp.org/links/?type=2>

4 Creating a Healthy and Safe Nightlife setting

This chapter is the most practical one. It helps you follow the process of creating healthy and safe nightlife settings. You may not be the one responsible for carrying out this process and creating the final result. In this case, you could use this section as a guide to contribute to the process.

4.1 Project plan

The development of a healthy nightlife setting consists of different stages. A project plan that describes these stages helps you to keep focus. A project plan is also useful to inform the parties involved.

The projectplan describes:

1. Title of the planned project
2. Main goals of the project
3. Problem analysis
 - Immediate cause for carrying out the project;
 - Problem analysis of the present situation; **§ 4.2**
 - As a result of your problem analysis: problems to be addressed;
4. Networking / stakeholders involved
 - Who will be involved with the outline and the execution; **§ 4.3**
5. Objectives; **§ 4.4**
6. Precedents: explain how your project relates to previous activities of your organization in nightlife settings
7. Target group; **§ 4.4**
8. Intervention
 - Choice of intervention; **§ 4.5**
 - Implementation: how to approach the implementation of your intervention?; **§ 4.6**
9. Schedules and deadlines
 - Go / no go decisions
10. Budget
11. Evaluation; **§ 4.7**
12. Sustainability. **§ 4.8**

Annex II provides you with a guide for writing your projectplan.

The next paragraphs take you in more detail into some of the suggested chapters.

Create internal support

If your organization is not yet involved in prevention in nightlife settings, it is important to create internal support for your ideas before you start writing a project plan. In order to do this, write a short start up memo to inform your supervisors and colleagues and to acquire commitment, time and money.

Content of the start up document:

- Reasons for carrying out the project (why do you want this on the agenda?)
- Importance of action (figures on alcohol/drug use in nightlife settings; specific problems you know of; signals from professionals)
- Analysis of the internal and external organization (what experts and networks could you call in)
- Chances and threats
- Short term plan of approach as a start for the project plan

4.2 Problem analysis

Immediate cause for carrying out prevention in (a) nightlife setting(s) can be varied:

- Research data – local or national **Chapter 2**
- Signals from the police
- Health or safety incidents
- Requests from stakeholders
- Items in the media
- Policy intentions from local authorities

Whatever the reasons, it is always important to subject the case to further analysis. Running a good analysis helps you

- to identify and focus on the exact problem;
- to choose suitable interventions;
- to involve all relevant stakeholders from scratch.

For problem analysis, an instrument like quick scan or Rapid Assessment and Response Methods would be very useful.

Instruments for problem analyses

Kit for Assessing Recreational Nightlife (KAReN)

At this point it might be interesting to have a look at the KAReN research tool that Irefrea developed. It is designed to enable policymakers and practitioners to identify nightlife risk factors and target interventions to create safer night time environments.

∞ www.clubhealth.org.uk/File/KAReN%20questionnaires%20full%20set.pdf

Rapid Assessment and Response Method (RAR)

RAR Methods is not a single instrument, but rather a set of different qualitative tools which are useful for prevention planning. It helps specifying problems, identifying possible solutions and gives guidance for making new policies. Examples are:

<http://www.emcdda.europa.eu/html.cfm/index6500EN.html>

http://www.who.int/hiv/pub/prev_care/tgrar/en/

Themes in problem analyses

Make sure in any case that the following questions are answered:

Nature of the problem

- What are the health or safety threats?
- Who suffers from it?
- When and where are the problems present (municipality, nightlife area, venue; weekends, holidays)?
- Are there substances involved, what substances and to what extent?
- Is it possible to tackle the problem by means of prevention?
- Are there any preventive measures taken already?

Magnitude

- On what scale do the problems occur?
- To what extent are the substances used?
- Are there figures available on this problem? Local, National? International? **Chapter 2 and 3**
- Is further research necessary?

What parties are involved and necessary for a preventive approach?

- Are they experiencing the same problems?
- What solutions do they see?
- What are they already doing in this area?
- Is there a basis for cooperation?
- Are there existing networks or local policy committees with tasks in this area for example local nightlife, local alcohol policy, youth policy?

Conclusions and suggestions

Discuss the problem analysis and the suggestions for prevention with the cooperation partner(s) you have in mind. This will contribute to their commitment for the chosen approach.

Tip • Level of problem analyses

This type of problem analysis is relevant for problems at a community level as well on the level of a specific venue.

4.3 Stakeholders involved

Stakeholders involved

Several parties are (or should be) involved in alcohol and drug prevention in nightlife settings, for example the local authorities, pub and club owners, clubbers, police, transport department, and prevention professionals. A healthy settings approach demands cooperation between these parties. This starts with creating commitment and gaining knowledge about the different tasks and interests of the parties.

Tip • Involve stakeholders in problem analyses

In the phase of problem analysis **§ 4.2** you can make a start by collecting information from different stakeholders and their interests. This can provide you with a solid basis for creating commitment. Explore what parties are involved with the problem and who can contribute to prevention. This exploration will give you an overview of what is already being done by the different stakeholders so you can link in with this.

Between EU member states there will be differences in the tasks and roles of the different parties. Check if the list below applies to your country and if there are any local parties of importance not listed. To assure coordination and commitment among stakeholders it is very useful to create a steering committee in which all of them are represented.

On execution level working groups or project teams consisting of representatives of relevant stakeholders can work out different project tasks.

Overview of stakeholders and their involvement in nightlife alcohol and drug prevention

Municipality - involved in:

- Project coordination
- Approaching cooperation partners
- Finance
- Creating commitment of and cooperation between the departments of public order and safety, public health and welfare; and the coordination of club and pub policy
- Facilitating prevention interventions in public places
- Making prevention part of the license policy

Tip • Big city, many departments

The larger the city, the more departments and people will be involved in prevention of risky alcohol and drug use. Make sure you know which people and departments are responsible. Also inquire if the departments are already engaged in activities in the area of safety and health in the nightlife setting.

- Alcohol policy
- Drug policy
- Clubs and pubs policy
- Safety policy
- Health
- Screening of the population
- Public order and safety
- Licenses
- Youth policy

Venue owners / Organizers of parties and events – involved in:

- Establishing and maintaining a healthy and safe nightlife environment. Responsible for safety in the venue
- Training and coaching bar staff
- Setting standards / role modelling
- First Aid
- Adequately reporting incidents to emergency services
- Collaborating on scientific research

Police / enforcers / licensing officers – involved in:

- Executing traffic surveillances
- Enforcing alcohol and drug legislation
- Dealing/drugs boxes
- Arranging additional surveillances
- Linking enforcement and prevention
- Making arrangements with participating bars and clubs about the course of action after reports
- Collaborating on scientific research on alcohol and drug prevention

Tip • Conflicting interests

All stakeholders will have their own interests, sometimes conflicting.

- It's good to name these differences but try to move on and focus on common interests: creating a good, healthy and safe nightlife environment.
- If possible, start to execute a low profile activity that is supported by all stakeholders. This gives you opportunity to show your credibility and qualities.
- Do not invest too much time and effort in unwilling stakeholders. That's very discouraging. Save your energy for venue owners and other stakeholders who are interested and cooperative. In time they will set the standard!

Prevention professionals health/addiction – involved in:

- Project coordination
- Advising in the area of public health and co-ordinating with other public health themes
- Advising on prevention interventions
- Advising the municipality/project team on alcohol and drug prevention possibilities
- Advising on awareness campaigns and communication strategies targetting clubbers, general public or parents
- Research
- Contacts with bar owners
- Contacts with professionals in the field of addiction treatment
- Executive activities

Representatives from the final target group – involved in:

- Advising on (use of) interventions
- Ambassadors role
- Setting an example/role modelling
- Collaborating on scientific research on alcohol and drug prevention

Professional interest groups or organisations in e.g. prevention, nightlife industry, police – involved in:

- Creating public support (lobby)
- Agenda setting
- Setting an example
- Delivering knowledge and input
- Financing
- Co-organising activities for colleagues (e.g. education)

Tip • Stakeholders and their tasks

In the UK, professional factsheets have been manufactured in which all (executive) tasks of all parties are described. Take a look to gain knowledge of the differences and similarities in respect to the stakeholders you are dealing with. **Annex I**

Cooperation structure

Make arrangements with all stakeholders involved, especially when you are going to create a project team, about:

- Coordination
- Task division/responsibilities

- Project organisation
- Go/no go decisions
- Planning
- Funding
- Communication
- Publicity/press
- Evaluation

Try to organize platforms between authorities, club owners, etc. (synergic strategies).

Difficulties foreseen

<i>Difficulties</i>	<i>Possible solutions</i>
Little involvement from the city council	<ul style="list-style-type: none"> ○ invite them to a night out in the city ○ start with a small qualitative research study ○ organise a meeting with members of the city council and invite stakeholders who can express the problems they encounter ○ start with small activities leading to quick successes
Negative attitude of police towards prevention activities	Take their sentiments seriously; find out where this attitude comes from. Maybe they come from bad experiences in the past? From lack of knowledge? Do they question effectivity? Try to make a new start with a problem they feel related to.
Venue owners who are not interested in healthy night life prevention projects nor in working together with local authorities	<p>Venue owners may have different reasons for not willing to cooperate:</p> <ul style="list-style-type: none"> ○ economical motives (afraid of selling less alcoholic consumptions); ○ being part of a criminal organization; ○ lack of trust in the loyalty of stakeholders involved in law enforcement; ○ not interested in 'time consuming' prevention programmes especially when they themselves are not experiencing any problems. <p>It is important to analyse these reasons and search for specific solutions. Keep the following in mind:</p> <ul style="list-style-type: none"> ○ Instead of starting with activities, invest in the phase of gaining stakeholder support. ○ Start working with the venue holders who are interested and enthusiastic; a positive boost may go out to their colleagues. ○ Start with small activities leading to quick successes. ○ Check possibilities of licensing conditions. ○ Make clear that prevention is about keeping out problems. ○ In some countries the business concept of

	<p>social responsibility is getting more popular; working on a healthy venue with customer care and good working conditions can be a part of it.</p> <ul style="list-style-type: none"> ○ Try no to focus on problems but on postive aspects: working on a healthy and safe nightlife is good public relations – even in the case of venue owners involved in illegal activities! ○ A healthy and safe nightlife is the future. It will only be a matter of time that working together will be mandatory.
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Do's and dont's in networking

- Being there is important! Make sure stakeholders know where to find you.
- Try to make visits to the venues on a regular basis, during daytime and nighttime.
- Keep in mind that probably there won't be a quick return on investment. In gaining stakeholders trust, investments go before profits.
- Keep your colleagues and manager posted.
- Invite your projectteam for a night out!
- Sometimes it is more effective to do bussiness with informal key figures.
- Try to invite representatives (venue owners, local authorities) of succesfull projects elsewhere. They make good ambassadors by explaining their commitment and present their results to their colleagues in your project!
- Think about your stakeholders not only in terms of formal leaders or representatives. Is't not always recommendable to spread the word on your project on a large scale. It even may be contraproductive. Handle publicity with care and only after consulting your projectpartners.
- Writing letters does not work for venue owners. Better results are expected from face to face contact.
- Professionals in nightlife settings are action oriented. They are not used to minutes, paperwork; they prefer an informal style of working. Keep that in mind but be sure not to leave the standards of your own profession.
- Venue owners have a lot on their mind. There are a lot of laws and regulations for them. Preventing harmful drugs- and alcohol use is just one of the many things they have to deal with.
- Appeal to venue owners and bar staff as role models and/or credible change agents
- Respect each others expertise; exchange knowledge!
- Try to look for chances and solutions, do not focus on problems.

4.4 Aims & target groups

The aim and target group(s) of your policy or project will be based upon the results of the problem analysis and the input of stakeholders.

General aims of (local) alcohol and drugs policy

- Prevent/reduce health and safety incidents as a result of alcohol or drug use

- Discourage alcohol use in nightlife settings by youngsters who are not allowed to buy alcohol by law.
- Prevent harmful alcohol use
- Prevent risky drug use
- Prevent disturbances in public order

On the basis of these general aims, more specific objectives can be formulated for the target group, which are preferably measurable and include a time schedule.

Tip • Smart targets

When formulating your targets, keep in mind how you are going to evaluate them § 4.7; this forces your targets to be SMART [32].

S - specific, significant, stretching

M - measurable, meaningful, motivational

A - agreed upon, attainable, achievable, acceptable, action-oriented

R - realistic, relevant, reasonable, rewarding, results-oriented

T - time-based, timely, tangible, trackable

Examples of target groups

- Nightlife visitors of municipality x
- Visitors under the age of 16 of venues in street y
- Visitors of venue z
- Venue owners and bar staff in municipality x who target adolescents between 16 and 25
- Adolescents who visit club z by scooter or car

Examples of aims

Client level

- An increase in awareness of the 'no alcohol under 16' standard
- A decrease in individuals that visit the first aid post at raves
- An increase in commitment to the 'no alcohol use under 16' standard
- More clubbers intent on adopting harm reduction strategies

Output level – venue level

- An increase in bar staff trained in alcohol and drug prevention strategies
- An increase in visits to the pill testing service
- An increase in visits to a website with prevention messages for pub and club-goers
- An increase in harm reduction messages for adolescents using ecstasy (like taking enough liquid, salt and rest)
- A decrease of 50% of incidents with GHB in beverages over one year.

Project structure and design level

- Developing a network for prevention
- Establishing commitment for a healthy and safe nightlife
- An increase in optimizing environmental factors in venues: presence of sufficient non-alcoholic drinks (water or sports drinks), chill out rooms, ventilation, prevention of crowding, temperature control, a ban on price actions on alcoholic beverages to discourage binge drinking, etc.

- An increase in (observance of) door policy and house rules inside the venue; for example, drinks can not be brought outside the venue

Project outcome level

- No alcohol use in public places
- A decrease in binge drinking and/or drunkenness
- A decrease in harmful alcohol use in venues/in the streets/at events
- Better observance and enforcement of the statutory age boundaries with regard to alcohol selling
- Better observance and enforcement of the prohibition of serving alcohol to intoxicated individuals
- A decrease of xx % in drink-driving
- A decrease of xx % in alcohol related nuisance
- A decrease of xx % in the number of alcohol related traffic accidents
- A decrease of xx % in unsafe sex under influence
- A decrease of xx % in violent incidents under influence
- A decrease of xx % in acute health problems as a result of substance use.
- A decrease of xx % in combi use or in taking a lot of ecstasy pills at once

4.5 Choosing interventions

For each aim you have to select the means of achieving it. Think about the integral approach of prevention (**§ 1.3**) and assess what you can do in the area of:

- Environment
- Policy and enforcement
- Training
- Education

See **Chapter 5** for types of interventions. Additionally, you can search the intervention database on www.hnt-info.eu for interventions you could use.

An example

○ Inducement	Complaints from staff about small fights and the potential for incidents in the venue. Owner contacts prevention professional for advice.
○ Problem analysis § 4.2	<ul style="list-style-type: none"> ○ Professional decides to come and observe a few nights in the venue with the bar owner. ○ Nuisance of mainly intoxicated 14-15 year olds whose older friends order their drinks. ○ Drugs do not seem to have any part in this.
○ On what aspects is improvement possible?	<ul style="list-style-type: none"> ○ door policy ○ skills for bar staff in refusing to serve alcohol ○ clear house rules
○ Stakeholders: who will be involved with the outline and the execution § 4.3	<ul style="list-style-type: none"> ○ owner ○ door staff ○ bar staff ○ police
○ Aims & Target groups § 4.4	Less nuisance of young partiers in the venue <ul style="list-style-type: none"> ○ no admittance under 16 ○ door staff know how to ask for ID

	<ul style="list-style-type: none"> ○ bar staff know how to refuse serving alcohol ○ visitors know the house rules ○ bar staff know to react quickly to aggressive incidents
<ul style="list-style-type: none"> ○ Choosing interventions § 4.5 	<p>Training</p> <ul style="list-style-type: none"> ○ Server training for bar staff <p>Environment/policy/Education</p> <ul style="list-style-type: none"> ○ Present house rules more clearly: no alcohol is served under 16 <p>Enforcement</p> <ul style="list-style-type: none"> ○ Consultation with the police: reacting quickly to reports of incidents

The HNT website provides a search engine (<http://www.hnt-info.eu/File/interventions.aspx>). It helps you to find the intervention that matches your problem analyses. Or it confronts you with the fact that no evidence based solution is available.

Adaptability

Adaptability of specific interventions or types of interventions significantly depends on laws, policies and the economical situation in your country as well as on the available resources. If there are no suitable interventions for your situation, aims or budget: you could make adaptations to existing interventions, seek for alternatives or develop your own interventions. In this last case, please fill in our short questionnaire (<http://www.hnt-info.eu/questionnaire/>) so we will be able to extend the database.

What if you want to use an intervention from the intervention database?

The descriptions of effective interventions in the database are short. If you want to use one or more of these interventions in your country, please contact the contact person provided for more information and materials.

However, remember, an intervention that was proven to be effective in another country is not directly applicable to your situation. Translation alone is not enough.

- Nothing is more transferable to another situation than a good theory; check the theoretical framework of the intervention and judge its applicability to your situation.
- Compare the starting situation of the original intervention with yours: what problem did they want to address?; what exactly was their target group?; what was their budget?; what stakeholders were involved and what was their contribution?; what success and fail factors were present?; and what was the political and cultural climate?.

Go/no go

Sometimes your budget, manpower or knowledge is insufficient to make existing interventions suitable for your situation, let alone to develop a new intervention. In this case you should consider putting the process on hold: at this moment it may not be feasible to fulfill this specific aim.

Naturally you have to discuss this with your client and cooperation partners. It is advisable to mark go and no-go decisions in your project plan and describe who will be involved in the decision making.

4.6 Implementation

In this phase you are going to execute your intervention (or policy or measure). Your implementation strategy depends on the chosen intervention(s). For example, providing education for clubbers demands other strategies and cooperation partners than the introduction of early closing times. Some interventions in the intervention database come with advice on implementation. However, it is always important to consider the points of interest below:

- Are you familiar with the target group? Is this a uniform group? What strategy will you use to influence them?
- What intermediates do you need? Is this a uniform group? What strategy will you use to influence them? Do you know them well enough (personally as well as the profession in general)?

Involving venue owners

If you want to organize a responsible beverage server training for bar staff, you will need permission from, and cooperation of, the venue owner. How are you going to achieve this? One or more of the actions listed below might help you:

- Involve them early in the process, preferably as early as the problem analysis and planning phase.
- Present your plans in a license holders meeting
- Focus on the profits for the participants
- Ask an enthusiastic bar owner from another region who already received the course to help with recruitment.
- Start with the bar owners who are willing to participate
- Ask a colleague who knows the bar owners personally to help with recruitment
- When the training course is part of an integral multi component strategy, perhaps the municipality is able to offer the course for free
- Ask the municipality to make the course mandatory
- Ask your organisation to pay for the first few courses, so you will be able to gain stories of success, to motivate others.

- What is the target groups' attitude towards your intervention? Do you have to take action to motivate them or are there any other parties that can take care of this for you?
- Is there a link with existing structures?
- What circumstances, people, developments can contribute to the success of your intervention implementation (promoting factors)?

Factors promoting success - for example:

- Consensus about goals, guidelines and means amongst stakeholders
- Involvement and positive attitude from the public, professionals (and their management), and authorities
- Limit the efforts of the target group, involve them and help them
- Start with enthusiastic people and gradually expand
- A variety of preventive interventions
- Links with other activities
- Using an intervention that solves a problem for the participants
- Using a mix of standardised and made-to-measure approaches

Factors that may hinder success - for example

- Internal problems (lack of staff, bad financial situation, no team spirit)

- Lack of visible effects/results
- Lack of new elements/activities
- Little commitment
- Poor communication with partners

- Is there sufficient budget and time?
- How do you monitor the process and how do you obtain reactions to the project?
- How do you communicate the results?
- What implementation approach can you develop/use?

Implementation Activities

- Introductory interviews
- Consultation/guidance/advisor/tailored advice
- Conference
- Website
- Training
- Presentations in conferences/symposia
- Information day/group sessions
- Handbook/brochure
- Workbook/scenario
- Newsletter/mailouts
- Follow up
- Feedback about the results
- Publications, media attention
- Structural imbedding in classes/protocols/standards/cooperation agreements
- Contracts between venues, police, municipality

What implementation activities you use, depends on the nature of the chosen intervention (e.g. is it about new procedures, new knowledge or public support), and your (immediate) target groups:

Tips for communication with clubbers

- Focus on short term health consequences.
- Use objective and neutral tone of voice.
- Show respect for nightlife scene.
- Don't use scare tactics.
- Communicate harm reduction messages with club drug users.
- Use peer pressure in a positive way: take care of your friends!
- Your message is specific so be selective in your communication tools. Analyse your targets' whereabouts, include popular websites they visit and online social networks. Communicate in venues and, for example in fashion shops, hairdressers, music stores and beauty parlours that are familiar with night life settings.
- Work together with the venue owner in your communication strategy.
- Try to use the communication tools venue owners use to communicate with their customers: party websites, flyers, vj's, displays.
- Be realistic in setting your goals. People go out to have fun not to be educated.

4.7 Evaluation

Why evaluate?

- to give account for the use of resources
- to be able to make adjustments
- to reveal success
- to check if strategies are effective or not
- to gain insight and transfer knowledge

Evaluation section in your projectplan

The more specific the targets of the project are stated, the easier they are to evaluate.

Include how you are going to evaluate the intervention in your project plan:

- If you are not familiar with evaluation research, ask for help at universities, local research groups, research departments of health organisations etc.
- Distinguish between process and effect evaluation.

Process evaluation

Process evaluation describes the projects implementation related to the projectplan, in terms of

- costs
- time investment
- performed activities
- contacting the designated targetgroup
- time scedule
- stakeholder involvement

The process evaluation helps

- to explain outcome data
- to discuss improvement of the intervention in the future

Effect evaluation

Effect evaluation describes the projects results related to the targets, in terms of the choosen indicators for

- the effects of the interventions
- unintended side-effects

- For every target, formulate indicators that can give insight into whether or not you achieved your aims. ***Annex III: Evaluation Indicators for Prevention in Recreational Settings***
- Consider if there are any ready-to-use data available that can answer your evaluation questions, for example police registrations, epidemiological data bases, internet, panel discussion.
- Consider, in the case of an effect evaluation, if you want to take a pre- and post measurement. Note that the pre-measurement should take place before any implementation or preparation has been carried out.
- Use again the instruments with which you collected your information and data in the phase of problem analyses! It gives you the opportunity to compare the situation 'before' and 'after' the intervention.
- Consider what evaluation/research instruments you could develop and what budget you need.
- Discuss the evaluation results with the stakeholders/your project team and discuss recommendations and implications for (the continuation of) your project/activity.
- Think about the pros and cons of publishing your project results.

Prevention and Evaluation Resources Kit (PERK)

The Prevention and Evaluation Resources Kit (PERK) compiles basic but evidence-based prevention principles, planning rules and evaluation tips.

<http://www.emcdda.europa.eu/themes/prevention/perk>

For evaluation you will find additional documentation and downloads.

See for example theory and evaluation designs:

<http://www.emcdda.europa.eu/html.cfm/index9756EN.html>

4.8 Sustainability

After collecting evaluation data, there are still further decisions to be made about your project:

- Do you have recommendations for improvement, follow up, continuity, embedding the results?
- Who will make the decisions that need to be made?
- Who is responsible for carrying out plans for improvement, follow up, continuity, embedding?
- How will you communicate your results (which part, in what way?) and to whom? (stakeholders, the press?)
- Who do you have to thank, and how?

5 Type of Interventions and effectivity

Training staff and professionals

Training programmes educate staff and professionals involved in nightlife (e.g. bar staff, door staff, venue managers, medical staff). They aim to increase knowledge about the problems associated with nightlife (e.g. harmful use of alcohol and drugs, violence and injuries), advise on strategies to reducing these kinds of problems, encourage responsible customer service, and develop skills to deal with problematic patrons. Training can cover issues such as: the effects of alcohol and drugs, links between alcohol and violence, alcohol legislation, service refusal skills, conflict management and drug issues.

Training bar staff and other professionals can be effective. Research in responsible beverage services highlight that some conditions have to be taken into account: [33]:

- Cover all basic information with servers
- Information transfer has to be combined with skills training and the use of active training techniques
- Address both managers (are responsible for supervising and facilitating) and servers (execution)
- Include policy development for managers in your program; the chance of implementing the new skills increases when it is written down in a plan.
- The minimum length for an effective training programme is four hours.
- Long term commitment of venue owners is not easy to obtain. Invest your time in motivation, continuity and policy change on the level of the venue.

Search for interventions in the HNT Intervention Database!

Good to know • Permissive bars

A permissive environment in a bar, including tolerance for rowdiness and swearing is one of the strongest predictors for aggression. Even stronger than alcohol intoxication. [44]

Pill-testing

Pill testing services are used by drug users to test whether harmful substances are present within the pills they intend to consume. These services cannot ensure that a pill is safe to consume. Pill testing services usually offer drug information and counselling to those individuals using the service.

Party drugs testing can have several functions:

- monitoring of the drug market;
- discover polluted pills which have been mixed with other harmful products and the possibility to launch warning campaigns;
- the possibility to educate at the time of informing the client about the test results.

Note: in some countries like Hungary party pill-testing is not possible by law.

The EMCDDA reports in 2006 some reasons why (on-site) pill testing is not recommendable:

- the limited capacity of on-site tests to accurately detect harmful substances,
- the poor cost benefit ratio
- 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

Search for interventions in the HNT Intervention Database!

Education for nightlife users

Education for nightlife users aims to increase knowledge about the risks associated with nightlife and guidance on how they can be avoided. Education can cover topics such as: the effects of drug and alcohol use, risks to health, drink driving, and strategies to reduce harms when out at night. Education can be provided in a range of formats and settings (e.g. mass media campaigns, peer-to-peer, distribution of leaflets within venues, prevention within schools). Some remarks about effectivity of educating nightlife patrons [33]:

- Availability of information on effects of taking drugs should be part of a healthy setting approach.
- Though giving information on harm reduction strategies is a popular strategy in drug prevention, little research in this field is produced to examine whether this strategy is effective in decreasing the harm for individual drug users.
- Mass media campaigns in tobacco and alcohol show some effect, especially when they are part of a multi component strategy. It is not known if this is the same for drug campaigns.
- Peer education is a strategy in which young people give information about drugs to members of their peer group (people with same age and similar life style). No research exists on effectiveness of peer education in nightlife settings. Peers in schools seem to be a little more effective than teachers. The strength of working with peers (credibility) can be a weakness when it enforces positive norms about using drugs.

Search for interventions in the HNT Intervention Database!

Good to know • Promoting water

In the Netherlands the campaign "Water Fok Die Kater" ("Water! Down with the hangover") is used to make adolescents aware of the effects of alcohol use and the preventive effect of drinking water. Two 'water girls' and one 'water boy' in eye-catching blue clothing hand out free water bottles on the dance floor [34].

Community/multi-component interventions

Multi-component interventions are co-ordinated measures that deliver a range of interventions through multi-agency partnerships. They can comprise some or all of the following [33]:

- Community mobilisation, including awareness campaigns and other activities to create support amongst stakeholders and the general public
- Training programmes on responsible beverages or violence prevention for bar staff and door security house policies
- Improvements to safety and health on the level of both nightlife areas and venues
- Education strategies for nightlife visitors.

Search for interventions in the HNT Intervention Database!

Law enforcement

Not many multi-component interventions have been evaluated. If they were, they appeared to be effective in decreasing [33]:

- availability of alcohol selling points
- problematic drinking
- street accidents
- violence

Research indicates that a multi component strategy seems to have more impact and effectivity than implementing a single intervention.

Be aware of the fact that leadership, continuity and funding are the more vulnerable aspects of multi-component strategies.

Search for interventions in the HNT Intervention Database!

Environmental measures

The nightlife environment (inside the venue as well as outside, in the entertainment district) can contribute to harmful effects of nightlife. For instance, factors such as overcrowded venues, lack of lighting and lack of public transport can contribute to problems such as higher levels of intoxication, violence and aggression, drink driving and injuries. By changing the environment, these interventions aim to create safer spaces and venues that are less conducive to nightlife problems.

Example • Relocate bus stops

In a big European city with a vivid nightlife area, every weekend a lot of aggression and street fights occurred, mainly after closing hours. Several strategies were adopted in trying to avoid this. The most effective measure however was the relocation of the bus stops and taxi ranks, away from the club entrances.

Examples of environmental measures are: redesigning the entertainment district (e.g. relocation of bus- and taxi stands); introduction of night buses; better lighting; activities to diminish noise pollution; use of safer drinking vessels; serving food within venues; clear house rules; and crowd management.

Good to know • Poly-carbonate

Providing drinks in glasses that are made from poly-carbonate helps prevent harm from broken glass; accidentally or intentionally (used as a weapon). [36]

Search for interventions in the HNT Intervention Database!

Medical and first aid services

This type of intervention places medical services within nightlife venues (e.g. in a specific medic room) and environments. These services assess any patrons that may be in need of help, provide care and advice for them and their friends, and if needed, contact emergency services.

Statistics are available on numbers of medical problems with dance parties or in nightlife areas, for instance the nature of visits to first aid [17] and hospitals.

Bigger clubs sometimes have their own first aid room. In general, no guidelines for the professionalism of first aid staff are available, nor are protocols for treatment.

An English pilot study showed that first aid staff had more confidence in their observation and treatment skills after training sessions in which protocols were implemented. They also felt more secure about when to call an ambulance. [33].

Search for interventions in the HNT Intervention Database!

Policing and enforcement

Policing and enforcement strategies are often used to address problems in nightlife such as underage drinking, violence within or outside of venues and drink driving. Strategies may include for instance, regular police visits to nightlife venues and outside areas, regular checks that venues are not serving

underage drinkers, and enforcing bans on street drinking.

A great deal of research is done on the effectivity of policing and enforcement.

Success is to be expected from regular visits from prevention teams or police officers to nightlife areas or venues and from the implementation of modern technologies such as digital warning systems and camera surveillance. Note that camera surveillance was effective when combined with prevention teams. Camera's alone diminished the rate of damage to objects more than the rate of interpersonal violence.

Factors that contribute to success are: leadership by police, political support for as well as activities focused on alcohol related harm-reduction, continuity, and on local focus [33].

Search for interventions in the HNT Intervention Database!

Legislative measures

Legislative measures to address harms in nightlife can include, for example, strengthening licensing regulations, restrictions on opening hours for venues, setting a legal age for buying alcohol, setting a legal limit for blood alcohol content (BAC) when driving.

Several – (but not all!) – research projects point out the positive effect on the restriction of opening hours on alcohol related injuries and incidents of violence.

In some European countries the legal age for buying alcohol is under 18 years. Especially in these countries policing and enforcement is important in reducing problems. [33]

Search for interventions in the HNT Intervention Database!

Drink driving interventions

A number of interventions have been aimed specifically at reducing levels of drink driving. These include for instance, setting legal maximum blood alcohol content (BAC) levels for drivers, increasing the minimum age for buying alcohol, designated driver schemes (one member of a group stays alcohol free and drives the others to and from nightlife venues).

Effective in diminishing drink and drug driving are:

- blood-alcohol controls (BAC)
- increasing minimum age for drinking alcohol
- placing interlocks on the ignition to prevent an alcohol-impaired driver from operating the car (effects disappear when the interlock is removed)

The few research studies conducted on designated driver campaigns show little impact on the level of drunk driving – no matter whether these campaigns come with additional free drinks or small presents. Besides, intoxicated passengers may distract the driver which of course has negative impact on road safety. [33]

Search for interventions in the HNT Intervention Database!

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7 Annex overview

Annex I	Key roles and responsibilities stakeholders (2 examples)
Annex II	Guide for writing the project plan
Annex III	Evaluation indicators
Annex IV	Effects and risks of party drugs
Annex V	Examples, tips etc. form different countries (to be used on HNT website)

Annex I Key roles and responsibilities stakeholders (2 examples)

Key activities of licensing officers in ensuring the welfare of drug using club goers include:

- Providing clear information on how to apply for licences under the provisions of the 2003 Licensing Act
- Advising venue owners on how to establish and maintain a safe environment
- Ensuring that sufficient medical staff are always present and are trained to a high standard
- Liaising with police licensing and other officers to ensure good communication about potentially dangerous venues
- Encouraging venues to develop a drug policy
- Monitoring the operation of pubs and clubs at times of peak occupancy
- Ensuring that door supervisors are licensed, wearing their identification at all times and are operating responsibly

Key activities of venue owners and managers in ensuring the welfare of drug using club goers include:

- Communicating all safety requirements clearly to promoters
- Developing a constructive working relationship with local licensing officers and police officers with licensing responsibilities
- Developing a venue drug policy in consultation with licensing and police officers
- Ensuring that all staff are aware of their responsibilities within the drug policy and that they receive training and support to discharge these fully
- Employing experienced and fully trained medical staff and providing adequate facilities for a treatment room
- Ensuring that all door supervisors hold SIA licences
- Providing free and easily accessible supplies of cold water and ensuring the provision of water is supervised to prevent the contamination of water by others
- Liaising with appropriate drug service personnel to provide training to staff, and information, advice and support to clubbers
- Considering inviting and supporting drug and sexual health outreach work, including integrating outreach workers into the staff team
- Sharing intelligence on drug use and drug dealing with police officers and other local venues
- Informing clubbers of their rights and responsibilities, and encouraging their feedback on safety issues
- Considering the provision of safe transport home
- Ensuring that all staff are aware of the law and the responsibilities of the pub or club to work within it

Tip

Read more about key activities of other stakeholders in Safer nightlife, p 70

http://www.cityoflondon.gov.uk/NR/rdonlyres/E4E0FE3A-9F8E-4182-AFBF-31C83E74C03A/0/SS_LDPF_safer_nightlife.pdf

1. Title of the planned project

2. Main goals of the project

In this part, you should summarize in a few sentences – maximum one paragraph – the main objectives of the project. This should include the main elements of the project regarding the geographical setting, the target population and the type of intervention in a few words.

3. Problem analysis

(1-3 pages) Describes why you started your orientation on the project in the first place. Describes the problem identified, but also mentions the method for the identification of the problem. How did you gain information on the situation? (What kinds of information sources were used? Whom did you ask? What kind of figures/data have you found?)

What were your conclusions based on these information? All the relevant and significant figures should be summarized here. Where have you found significant problems? What are those problems? The chapter should include the exact focus of the planned project out of the set of problems identified. The following two points are suggested:

- 3.1. Problem analysis of the present situation
- 3.2. Target areas based on the problem analysis

4. Networking / stakeholders involved

This chapter describes which professionals, what stakeholders might be needed for solving the target problems. This chapter also describes the process of searching for potential network partners and its results. Chapter analyses the human resources available with regards to the problems identified. Which necessary partners could you involve in your project? Whom could you not involve, though it was important? Etc. (1-3 pages)

5. Objectives

Short (maximum 2 paragraphs) chapter specifying and describing the objectives of the project in details in the light of problems identified and stakeholders involved.

6. Precedents

Does the planned project have any precedents? If yes, what are these? What activities had the organization done before that can be regarded as precedents of the recent objectives. How are they connected to the new efforts? Is the present project plan based on these precedents? How? Tip: you may choose to describe this in you problem analyses chapter (3).

7. Target group

This short chapter defines the target population of the project in one or two paragraphs.

8. Intervention

This chapter of 1-3 pages specifies the planned intervention in the light of problems identified, stakeholders involved, available financial resources and the objectives of the project. The chapter describes the plan, methods, steps and means of implementation of the project and also implies the reasoning for the selection of the given intervention (Why this intervention is selected? Why is this intervention the best choice?). The following two (sub)chapters are suggested, but of course more can be added.

- 8.1. Description of the selected intervention
- 8.2. Reasons for the selected intervention

9. Schedules and deadlines

The detailed schedule of the project. Description of the main steps of the project and their corresponding deadlines. Describing a one-year interval is suggested, but any other solution is possible.

10. Budget

Calculation of the needed financial sources and the review of their availability. Where is the financial supply coming from and with what possibility? So the chapter not only describes the costs but includes the analysis of the availability of financial supply as well.

11. Evaluation

What are the planned evaluation methods for the project? By what means will the implementation of the project be evaluated? Who will implement the evaluation of the project and from what sources?

12. Sustainability

The analysis of the sustainability of the project covers the question; what is the possibility that the project can be maintained on the long-term (for the needed interval). How are the financial supplies, the workforce and the co-operations assured for the given period? Is it likely that the project will be operating continuously after it had been launched or just the opposite; the exertion of the actually present resources will mean the end of the project?

Outcome and recommendations of an expert survey for the related meeting at the EMCDDA in September 2002.

Experts were: Belgium: Fabienne Hariga and Wolter Devriend; Denmark: Anne-Marie Sindballe and Hans Hendrik Philipsen; Germany: Peter Tossmann; Greece: Vicky Yotsidi; Spain: Amador Calafat and Sonia Moncada; Ireland: Martin Keane; Netherlands: André Gageldonk; Austria: Harald Kriener; Portugal: Jorge Negreiros and Joaquim Fonseca; Finland: Markku Soikkeli; Sweden: Ulla-Brit Hedenby; UK: Mark Bellis and Jim Sherval and Felicity Stephens; Norway: Odd Hordvinn; Slovenia: Matej Kosir.

The question was: "Which indicators to measure performance (~ process) and effects of party setting interventions would you propose (both feasible and useful): on project level or on regional (policy) level?"

Indicators at project level

1. Client level - Quantitative

- N° of visitors/clients approaching the project
- N° of talks per employee
- N° of persons contacted actively
- N° of street contacts
- N° of counselling contacts
- N° of referrals to other services
- N° of medical or first aid interventions (e.g. by medicine students)

2. Client level - Qualitative

- Congruence of postulated target group with actual visitors
- Satisfaction of users with the project activities
- Is the project regarded trustworthy by visitors?
- Have the leaflets been read?
- Has the message been acceptable to the target group?
- What sort of personal contact has been reached?
- Do visitors apprehend and use risk reduction/harm reduction information?
- Ethnographic research on the quality of the contacts established with clients in order to identify what would be the most appropriate and innovative ways to present health education messages.
- Effects on behaviour
- Future drug use intention
- Risk perception about drugs and the use of drugs
- Perception of the use of drugs among peers (normative influence)

3. Output level

- N° of events attended
- N° of condoms distributed
- N° of waters handed out
- N° of information material distributed
- N° of leaflets left on floor of venue at end of night

4. Project structure and design level

- Does project yield data on risky behavior and/or harmful substances?
- Does project use its credibility to convey information and warning messages via the internet or the media?

- To what extent does the project rely on the input from young clubbers/drug users themselves to design the intervention?
- To what extent is the project linking in with networks of clubbers to promote harm reduction message e.g. through Youth Radio
- If nightclub staff training is the aim of intervention: is the impact of this training assessed (before-after questionnaires)?
- Accredited training delivered
- To what extent is the project implementing basic harm reduction techniques such as 'cooling down room' 'free water/liquid', free contraception/advice/support?
- N° of air conditioners/m2 of space for visitor
- N° of free water facilities etc.
- N° of non-professional medical staff (medicine students) per visitor
- N° of professional medical staff per visitor etc.

5. Project outcome level

A.

- N° of police call outs from events attended
- N° of incidents of violence or criminal behaviour at events attended
- N° of club goers presenting at accident and emergency units after events attended

B. For pill testing

- N° of pills tested
- Membership in national & international monitoring and early warning systems
- Will visitor have his/her pills tested again?
- Will visitor tell other people about the project-activities?
- Does testing-result have influence on consumption-behavior (intention)
- Will visitor consume if substance is especially dangerous?

C. For Internet-activities

- N° of visitors;
- N° of E-mail-questions

D. Tools

- Patron questionnaires
- Comment boxes
- Monitoring of complaints to management
- Interviews with staff
- Monitoring of drug use (to ensure harm reduction information and initiatives are targeted correctly)
- Cross-sectional surveys and policy audits
- Questionnaires with target group

At regional or policy level

1. Coordination and Networking

- Is there a public drug policy involving the party setting?
- N° of consultative structures between authorities, nightlife professionals and other stakeholders
- Are there control mechanisms for licenses of restaurants?
- Is there a coordination forum between restaurants and authorities?
- Development and implementation of basic health guidelines and drug policy involving the party setting

2. Structures

- Financial resources allocated to the outreach work (usually from the governmental structures).

- To what extent are statutory bodies (e.g. health services) providing a service for drug users in clubs/raves?
- Equal distribution of services in different parts of the country?
- Are there local and regional differences in content and style?
- To what extent are outreach workers aware of safe dancing guidelines and current medical advice on harm reduction techniques around drugs/clubs/raves?
- Capacity to develop projects in coordination with other institutions or administrations
- Number of such projects
- Award schemes for clubs developing safety standards
- Is there a monitoring of the licensing authority of number and cause of club/bar related fatalities?
- Is there a monitoring of the licensing authority of temperature/noise etc. at specific times (e.g. early/peak/end of night)?

3. Regional Health data

- N° of reported first aid drug incidents (but probably not feasible to attribute to a specific project).
- N° of drug related problems, intoxications.
- N° of (drug-related or not) accidents related to clubbing (hospitals, police...)
- N° of deaths associated with recreational settings. Difficult to use because they are not many and can therefore fluctuate randomly over years.
- Drug use at regional level after, at least, one year of the implementation of the policy.
- N° of presentations at accident and emergency units by bar/club goers
- N° of police call outs
- "Mystery shopper" observation in clubs

4. Public opinion

- Uncovered myths on public and professional level (e.g. consumption motivation, consumption-patterns, ingredients of pills)
- Acceptance among the target group
- Public opinion and decision-makers, possible resistance among the latter.

Annex IV Effects and risks of party drugs

Substance	Effects	Risks
Alcohol	<ul style="list-style-type: none"> • Numbing and arousing • Affecting judgemental skills and reaction time • Affecting motor skills and speech 	<ul style="list-style-type: none"> • Damage to liver, brain, heart and stomach by excessive use • Alcohol poisoning, coma • Paranoia • Increased risk on aggression, unsafe sex and traffic accidents
Cannabis	<ul style="list-style-type: none"> • Relaxing • Enhancing feelings • Reducing ability to concentrate and react • Changing sensory perception • 'Laughing kick' 	<ul style="list-style-type: none"> • Fear and panic • Damage to respiratory organs, cancer (with smoking) • Causality between cannabis use and development of mental disorders like schizophrenia and depression. • Increased risk on traffic accidents
Ecstasy	<ul style="list-style-type: none"> • Arousing and consciousness changing • Enhancing feelings of intimacy to others • Numb feeling in the jaws • Dilating pupils 	<ul style="list-style-type: none"> • Overheating, dehydration • Palpitations • Brain damage • Memory damage • Fear and panic • Depression
Amphetamine	<ul style="list-style-type: none"> • Arousing • Increase in concentration • Repressing fatigue and hunger • Overestimation of oneself • flood of words • Dilating pupils 	<ul style="list-style-type: none"> • Restlessness • Exhaustion of the body, weight loss • Brain damage • Paranoias, psychosis • Addiction
Cocaine	<ul style="list-style-type: none"> • Stimulating • Restlessness /arousing • Flood of words • Dilated pupils • Repressing fatigue and hunger • Overestimation of oneself 	<ul style="list-style-type: none"> • Exhaustion of the body, weight loss • Fear, paranoia, delusions • Getting worked up, aggression • Pressure on heart and veins • Depression after quitting use
GHB	<ul style="list-style-type: none"> • Relaxing • Sexually stimulating 	<ul style="list-style-type: none"> • Laborious breathing, unconsciousness • Coma • Dosing is hard and often goes wrong • Unwanted sexual contact
Trip substances (LSD, mushrooms)	<ul style="list-style-type: none"> • Enhancing existing feelings • Visual hallucinations • Change in experience of time and space 	<ul style="list-style-type: none"> • Fear and panic • Confusion • Mental disorders with people who are sensitive to it
Tobacco	<ul style="list-style-type: none"> • Arousing 	<ul style="list-style-type: none"> • Coughing

	<ul style="list-style-type: none">• Relaxing• Fast heartbeat• Cold fingers and Toes	<ul style="list-style-type: none">• Bad condition• Cardiovascular diseases• Bronchitis• Cancer
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Annex VI Examples, tips etc. form different countries

Examples

Drinking in the streets

In Spain there exists a phenomenon called "el botellón" which consists on 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 neighborhood of a Spanish location, achieved a 80% decrease of street drinking by a more strict law enforcement, together with more civil society observation and implication.

(Newspaper new: "Los vecinos de Guadalacín aplauden la drástica reducción del botellón" published at Lavozdigital.es on the 19.11.09)

(Irefrea - Spain)

Taxi security

In Manchester, employing security staff at late night taxi ranks led to increased feelings of safety among taxi drivers and users and a 50% reduction in crime at these ranks compared to the previous year.

Wheater CP, Shaw EM, Haines BJ (2005). TaxiSafe scheme: evaluation of taxi wardens pilot scheme 2004-2005. Manchester: Manchester Metropolitan University.

(JMU – UK)

Fake glass

Use of high quality polycarbonate glasses in pubs and bars reduced glass breakages from an average of 17 per venue per week before the intervention to none during their use.

Anderson Z, Whelan G, Hughes K et al. Evaluation of the Lancashire polycarbonate glass pilot project. Centre for Public Health, Liverpool.

(JMU – UK)

Switch Room prevents overcrowding

Since I Love Techno, the biggest indoor dance festival in Europe, invented 'the Switch room' the problems with overcrowding disappeared. The 'switch room' is a big circle with curtains in the middle of the (huge) central hall. The most popular DJ-sets are broadcasted live on big screens in this circle. So people don't have push and pull anymore to enjoy their favorite DJ.

(VAD – Belgium)

Free Water

Every edition of I Love Techno 80.000 cups of free water are distributed true 2 big free water stands.

Although most party promotors 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)

First aid at raves

First aid stations are a must at big dance events: in general 1% of the people need first aid. 40% of these cases are related with alcohol or drugs. Alcohol causes more health problems than illegal drugs.

(VAD – Belgium)

Tips and advice

Target group

Determine always your target group after having delimited the problem you want to tackle, not the other way round. It can happen that after analyzing the people involved, you have more or new target groups you have to address.

(Irefrea)

Big samples

Always try to select a bigger sample (like double) of the sample size you foresee to reach, because you will always have to face with sample losing (people not willing to collaborate, no time, etc)

(Irefrea)

Customer care

Try to convince the owner of the venue/party that a safer and healthier nightlife reflects in less problems and a better customer care. People are enjoy the night out and come back another time.

(VAD – Belgium)

Learn from nightlife economy

The nightlife economy is a very commercial setting to work on prevention. Try to become win-win situations. Use their media to reach the target population.

(VAD – Belgium)

Do's and don'ts

Do – Think about finance, planning and evaluation

When designing the intervention, it becomes relevant to pay special attention to:

- Who will finance you the intervention, and for how long
- Designing an accurate plan including human and technical resources needed, and a month or weekly task schedule
- Try to think how you will evaluate your intervention. Which are the relevant indicators for you (f.e. only descriptive, or if you are going to measure behavioral impact) and which instruments are you going to use, and how many time/human resources you will need for that. Evaluation becomes often a secondary issue, because people do not consider the resources needed for it, and all the energy is addressed basically to the intervention, without thinking on the real results.

(Irefrea - Spain)

Do – Share, mould and sustain

Use multi-agency partnerships – sharing resources and intelligence, and working to the same agenda; Effective prevention takes time and must be moulded to fit local conditions; Prevention efforts need to be sustainable.

Graham K, Homel R. Raising the bar: preventing aggression in and around bars, pubs and clubs. Willan Publishing, Devon UK, 2008.

JMU - UK

Do - Spread the word via dance promoters

Use the credibility of big party organizations to communicate your prevention message to party people. Let the promotor communicate the message that you give to him and make link to your website.

(VAD –(Belgium)

Do - Learn from your target group

Adapt your prevention message towards the target group, let them cooperate in your campaigns.
(VAD – Belgium)

Don't – Popularity is not enough

1 Do not select your intervention on the basis of its popularity. Some campaigns or actions are better seen or validated by general population, but may be not efficient. One example, could be the “designated driver” campaigns, which have reached high popularity, but have not demonstrate unequivocal effectiveness (P. Anderson, Reducing Drinking and Driving in Europe, German Center for Addiction Issues DHS, 2008)
(Irefrea - Spain)

Don't -

Increase the discrepancy between alcohol prices at on-licenses and off-licenses by too great a margin. If alcohol prices in bars and pubs are too high it will encourage people to drink more at home where prices are cheaper.
(JMU –UK)

Don't – Focus on alcohol

Don't focus too much on alcohol prevention at the venue. Selling alcohol is one the biggest incomes for the owner. Harm reduction messages work better than: don't drink - in this case.
(VAD - Belgium)

Did you know

Drink and drugs tourism

In the Balearic Islands, a survey conducted in Summer 2007 among tourists showed that the most popular reason for visiting both Islands was nightlife; that In both Mallorca and Ibiza, tourists drink and consume or abuse illegal drugs more often than at home (some youngsters have even used drugs for the first time while on vacation) and that 4.4% reported having been involved in a fight during their holidays (6.2% in Mallorca and 2.8% in Ibiza).
(Results from the project Assessing and Preventing Violence in National and International Recreational Settings for Young People co-financed by the Daphne Programme, EU Commission)
(Irefrea - Spain)

Public and Pub security

In Liverpool, on a typical Friday and Saturday night, the city is patrolled by only around 80 police officers compared with 1,500 door staff.
Bellis MA and Hughes K. Nightlife in Liverpool, Tackling substance use in a flourishing nighttime economy. Nordic Studies on Alcohol and Drugs, 2005. 22:135-138.
(JMU – UK)

Pre loading

Almost half of the Belgian (Flemisch) clubbers drank alcohol before they arrive in a nightlife venue Van Havere, T. (2007). Partywise. quantitative and qualitative research on trends in drug use in the Flemisch nightlife.
(VAD – Belgium)

Cocaine rising

That the use of cocaine is rising in most countries in Europe. In the Belgian (Flemisch) nightlife cocaine is almost as popular than XTC. Van Havere, T. (2007). Partywise. quantitative and qualitative research on trends in drug use in the Flemisch nightlife.

(VAD – Belgium)

Alcohol all time high

Alcohol is the most popular party drug. In Belgium (Flanders) 9/10 revellers drink alcohol at least ones a year and 64% drinks weekly. Van Havere, T. (2007). Partywise. quantitative and qualitative research on trends in drug use in the Flemisch nightlife.

(VAD – Belgium)

Combining alcohol and drugs

In the Belgian (Flemisch) nightlife 3 out of 4 drug users combine drugs with alcohol. 1/2 combines different illegal drugs at the same moment. Van Havere, T. (2007). Partywise. quantitative and qualitative research on trends in drug use in the Flemisch nightlife.

(VAD – Belgium)

Dance, mainstream and drugs

The use of illegal drugs is higher in the dance scene than in mainstream events. In hard dance scenes and goa events it's even higher than general dance events. Van Havere, T. (2007). Partywise. quantitative and qualitative research on trends in drug use in the Flemisch nightlife.

(VAD – Belgium)

Quotes

Preloading is a real problem: Every edition of I Love Techno some party people don't reach the doors of the festival! They are evacuated in the train station or at the parking place, completely drunk.

(Head of First aid – I Love Techno)

(VAD – Belgium)