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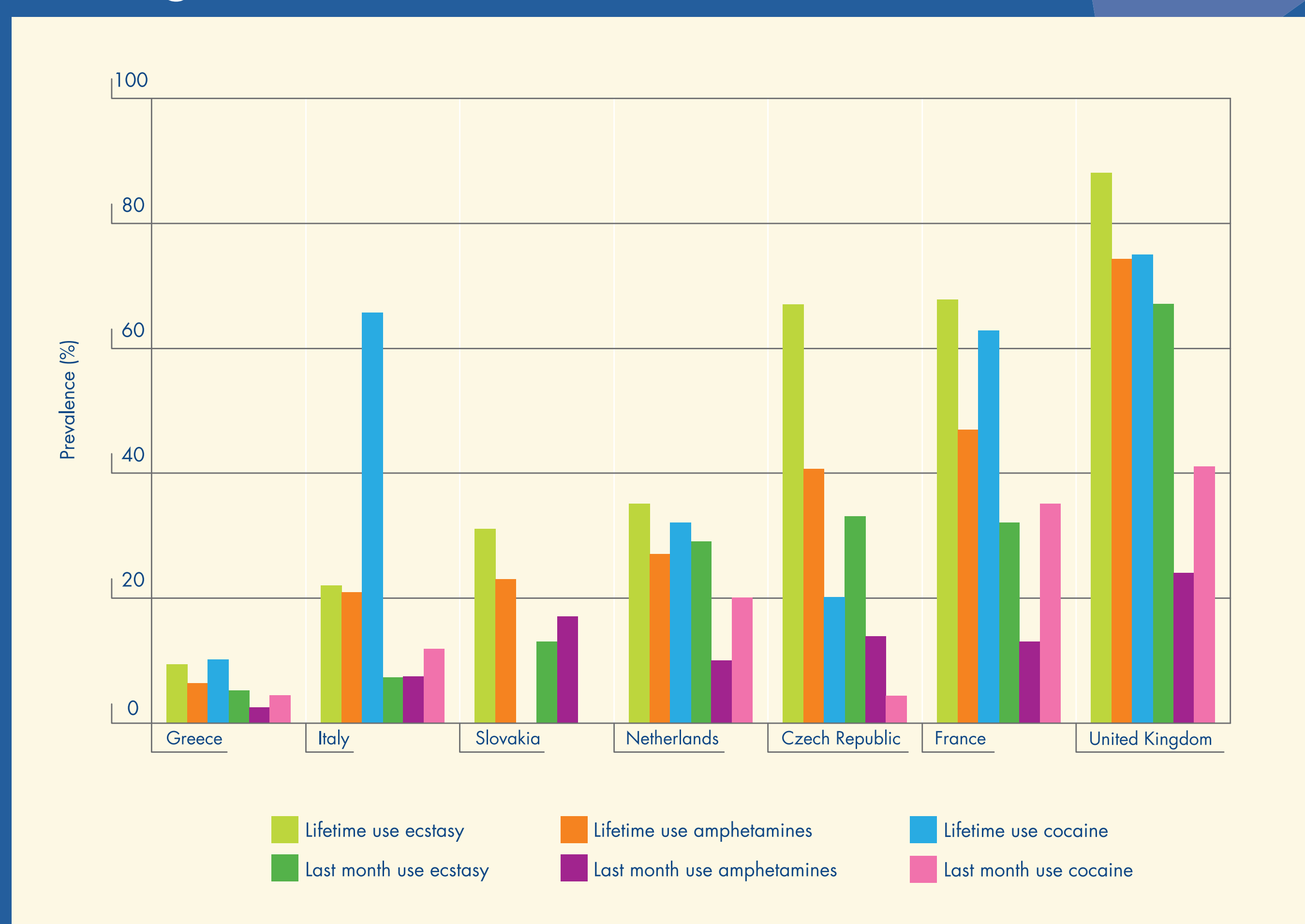
Trends and availability of responses to drug use in recreational settings in Europe

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Background

In response to the use of illicit drugs in European nightlife settings, most Member States have implemented programmes to reduce the use and health risks of club drugs — albeit to different degrees. Data collected by the EMCDDA on the nature and availability of these responses in Europe as well as their shortcomings are presented here.

Prevalence of drug use in European nightlife settings (dance clubs)



Nature of responses in recreational settings

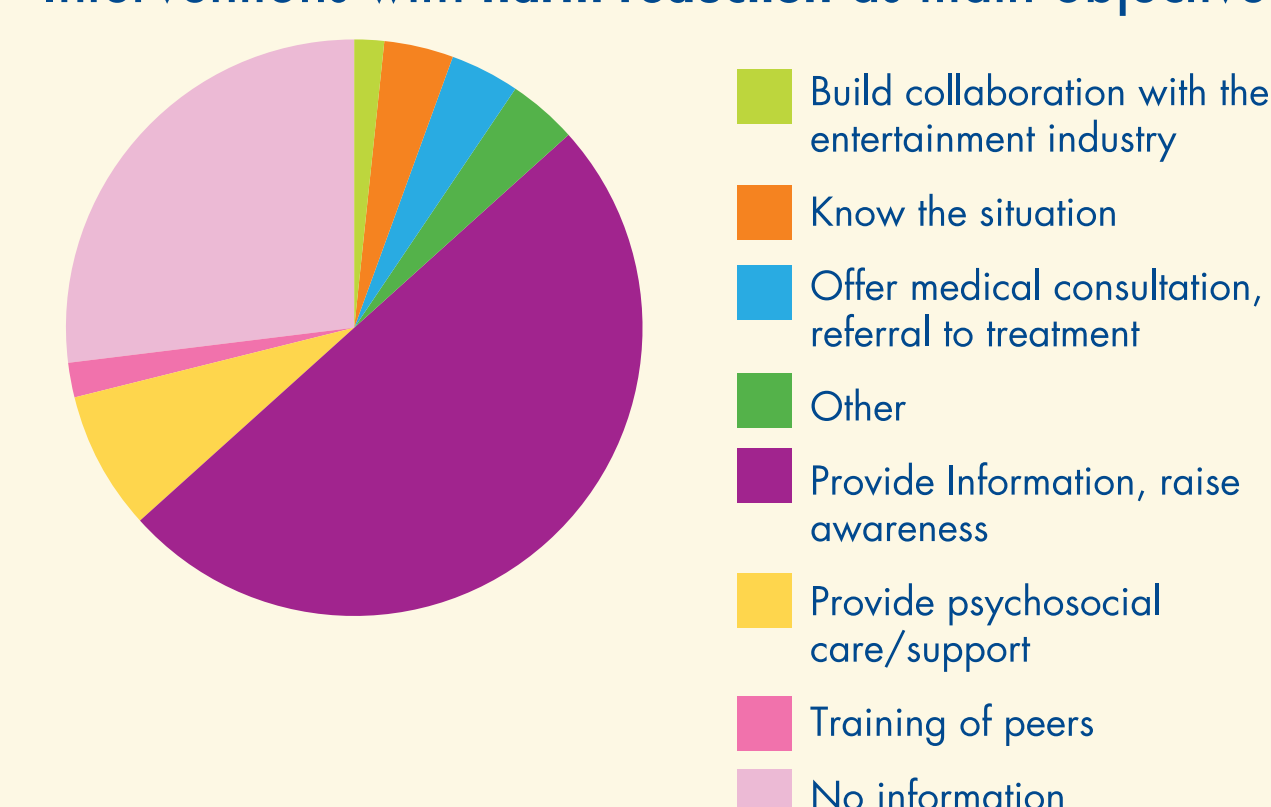
In 2003, an EMCDDA survey on selective responses in party settings showed that from 78 projects reported by 14 EU Member States and Switzerland:

- 52 projects reported risk minimisation as their first general objective.
- 26 projects reported prevention and reduction of the use of drugs as their first general objective.

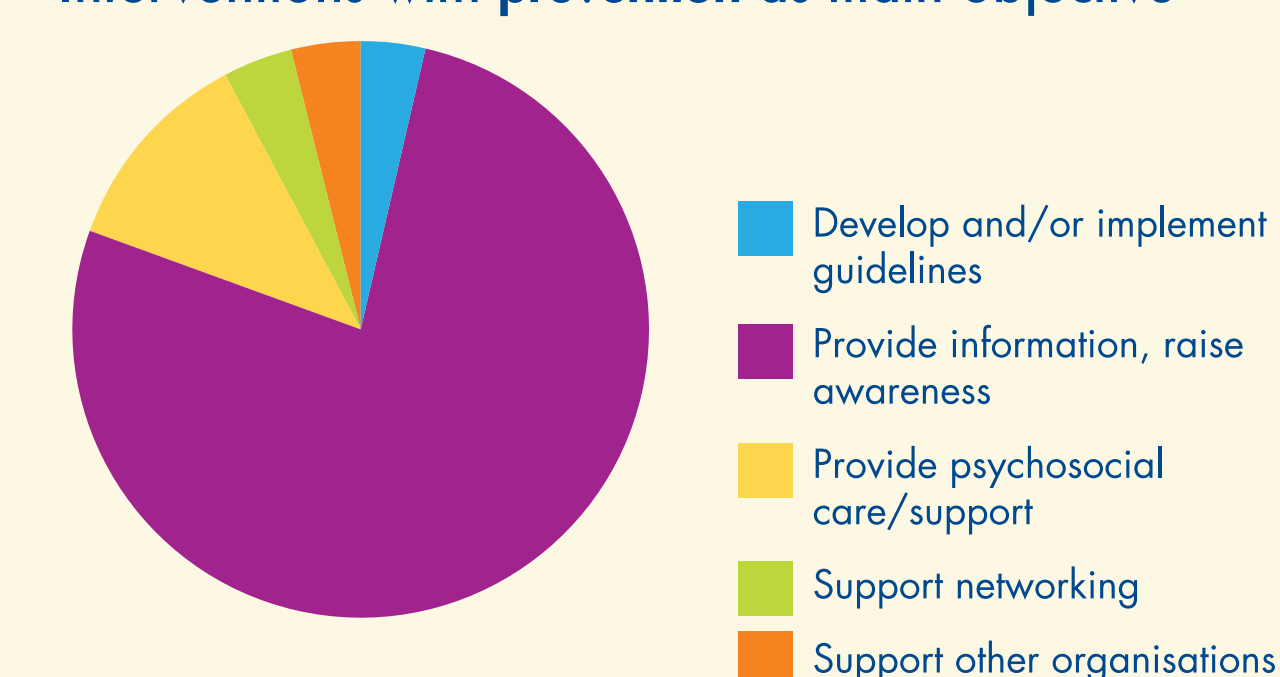
Over half of the 78 surveyed projects focused primarily on raising awareness of partygoers.

Nature of interventions according to their main objective

Interventions with harm reduction as main objective



Interventions with prevention as main objective



Availability and policy importance of responses

In 2007, experts from 27 Member States (plus Norway, Croatia and Turkey) provided information on priorities and availability of responses to drug use in recreational settings in Europe (NB: the Flemish and Walloon regions in Belgium are counted separately).

Level of provision

- 4 countries rated the level of provision of interventions as extensive.
- 12 countries (and the Walloon region) rated it as limited.
- 9 countries (and the Flemish region) rated it as rare.
- 1 country reported no provision of responses in recreational settings.

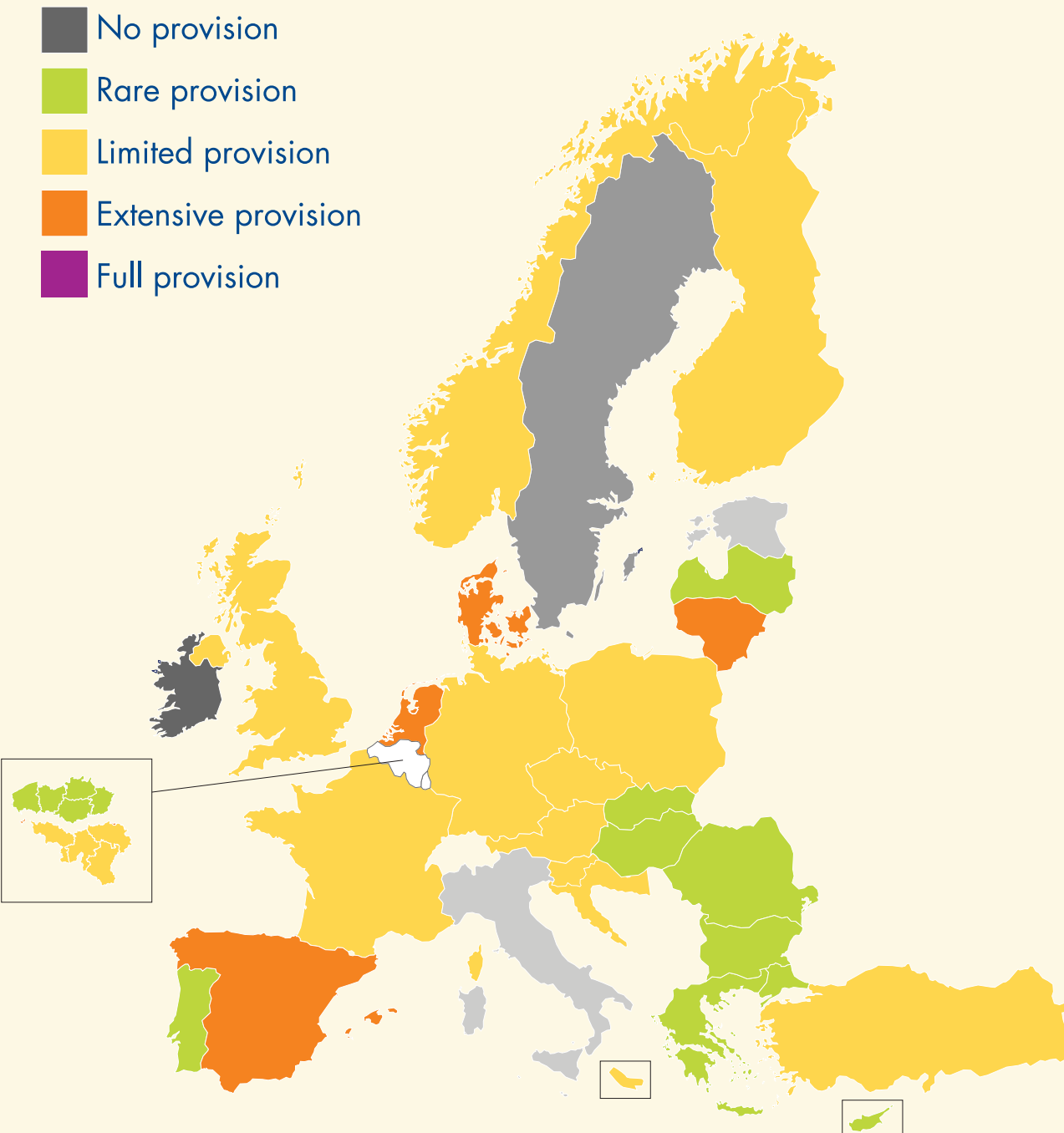
Policy importance

- A priority in written drug policies for 4 countries (and the Walloon region).
- Mentioned in written drug policies in 16 countries (and the Flemish region).
- Not explicitly mentioned in written drug policies in 7 countries.

When the rated level of provision between 2004 and 2007 is compared, a decrease of the level of provision of responses in recreational settings is observed despite the reported policy importance of partygoers in Europe.

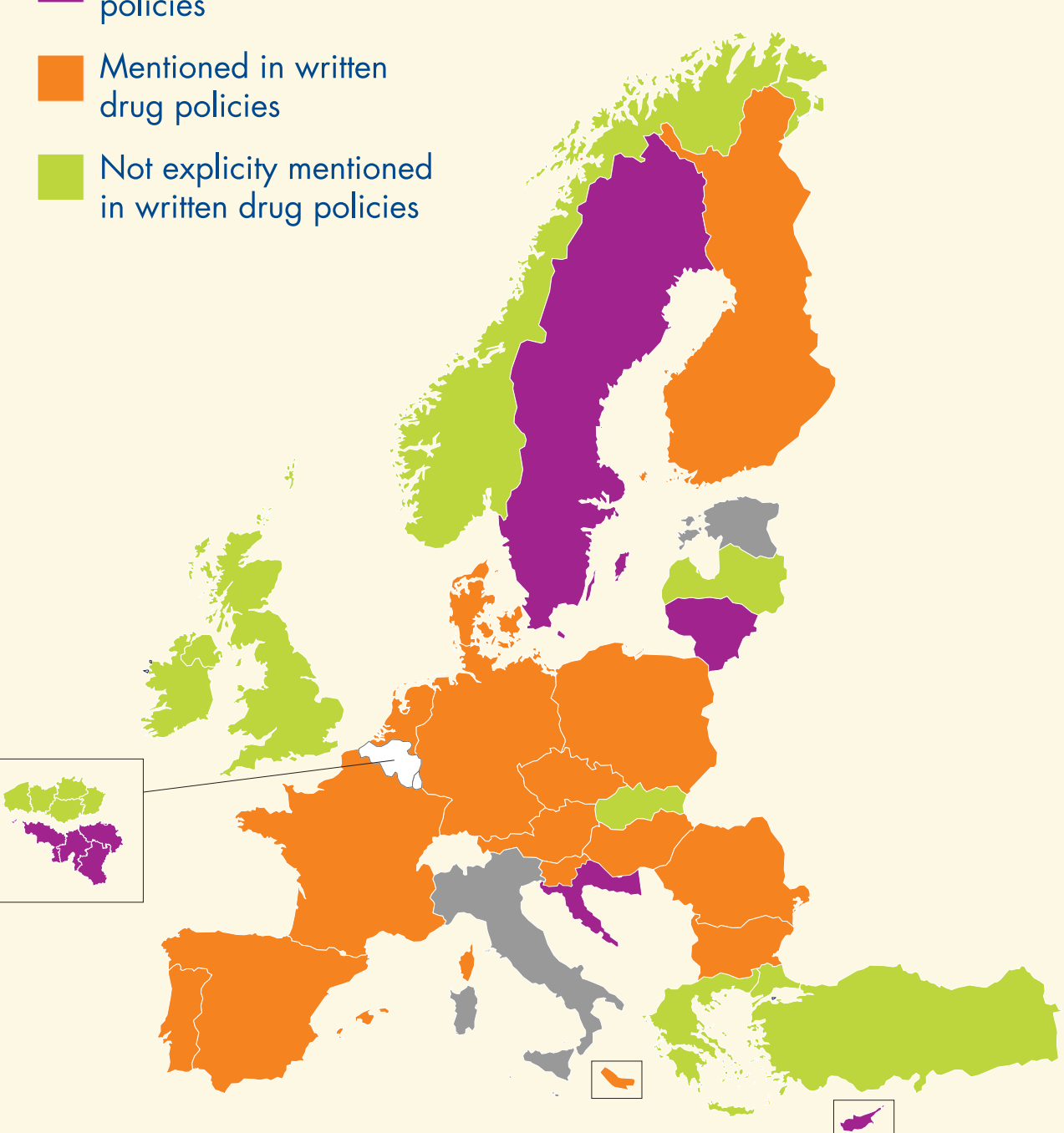
Provision of responses in recreational settings in 2007

- No answer
- No info available
- No provision
- Rare provision
- Limited provision
- Extensive provision
- Full provision



Policy importance of partygoers in 2007

- Not known
- Priority in written drug policies
- Mentioned in written drug policies
- Not explicitly mentioned in written drug policies



Further responses

- Health risks associated with nightlife entertainment beyond solely drug use — such as binge drinking, driving under the influence, overcrowding, violence, etc. — are increasingly acknowledged. A comprehensive public health approach to such risks is adopted through collaborative work between club owners, outreach workers and local authorities in Belgium, Italy, the Czech Republic, Denmark, France, the Netherlands and more recently in Cyprus and Germany. These responses are often based on the UK-produced 'Safer dancing' guidelines.
- Collaborative work between stakeholders also exists in Sweden and Lithuania, but is focused primarily on drug use.
- Only 11 Member States report specific policies applying to alcohol-related harm in recreational settings.
- On-site pill testing, also known as drug checking, is only available in Austria, Belgium (Walloon region), Portugal, France and Spain. However, the availability of this intervention — which allows drug users in night clubs and festivals to determine the content or have an indication of the level of purity of the drugs — is reported in most of these countries as limited or rare.

Shortcomings

- In European nightlife settings, drugs and alcohol are still often approached separately, with a focus on illicit drugs, even though alcohol has been clearly identified as the main cause of harm among that target population.
- Comprehensive strategies are rarely implemented nationwide. Instead, they are usually implemented only in major cities for a limited number of premises.
- Interventions tend to focus primarily on the immediate reduction of physical harm and not on addressing young people's normative beliefs about drugs and alcohol.
- Evaluations of interventions are scarce. No new evaluated or proven effective interventions in recreational settings have been submitted to the EMCDDA's EDDRA database (Exchange on Drug Demand Reduction Action) since 2004.

Conclusion

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