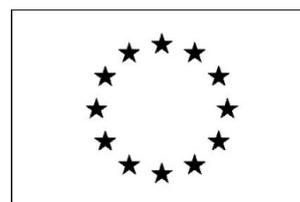




June 2010

**SPECIFIC PROGRAMME
"DRUG PREVENTION
AND INFORMATION"
2007-2013**

**Prevention of poly-drugs
addiction and reduction of
drug-related harms
programs for young people
in recreational settings**
Literature analysis



European Commission
Directorate general justice, freedom and security

This project has been financed by the Commission of the European Union. The conclusions, recommendations and opinions presented in this document do not necessarily reflect the opinion of the Commission.

Literature Review

TITLE:

Poly-drug use and drug-related harms: a review of the policies of prevention targeted in recreational settings within EU constituent countries.

ABSTRACT:

Over recent years there have been a number of studies highlighting the changing trends in poly-drug use in recreational settings and there is a continuing need for European countries to address the health and public concerns associated with poly-drugs use and excessive alcohol consumption, particularly in young people. There are various examples of interventions designed to target this group of the population in a number of settings however, only limited data is available on the implementation and success of interventions designed for recreational locations. A systematic review was conducted to determine what interventions, designed for recreational settings defined as pubs, clubs, discos, festivals or rave parties, have been published since 1998. Twenty publications were identified. Much of the work undertaken to address drug and alcohol consumption in recreational settings has not been published in peer-reviewed journals and may be found in unpublished sources, e.g. government reports, described as 'grey literature'.

AIM:

The primary aim was to identify publications post 1998 which described an intervention that had been implemented within recreational settings including clubs, pubs, discos, festivals or rave parties with a targeted population of 17-24 year olds.

These studies were enumerated and checked for origination from the European Union. They were further characterised by determining what attributes they had in common, in terms of design and implementation.

METHODS:

Criteria

Studies were included from the search if they described/had an intervention that was administered within a recreational setting and designed to reduce hazardous levels of alcohol consumption or decrease drug use. Eligible studies were:

- 1) Implemented in clubs, pubs, discos, festivals or rave parties
- 2) Targeted population groups which included young people aged 17-24 years
- 3) Published in English
- 4) Published during or after 1998

Studies not included were purely legislative interventions e.g. taxes, licensing restrictions because these kinds of interventions cover a vast number of issues including political and community pressures and therefore will vary between countries and differing council regions.

Full guidelines for this review are available from the Synergia Document (Synergia 2009).

Scottish Literature Review

Procedure

The review was carried out between July and August 2009. A search strategy was initially developed (Appendix 1) and subsequently, searches designed to incorporate major scientific journals, and other relevant publications identified, were conducted. Internet search engines were used, to perform keyword and medical subject heading (MeSH) searches, in order to identify relevant publications, from the following electronic resources:

- MEDLINE (PubMed)
- Sciencedirect
- InformaWorld
- Education Resources Information Center (ERIC)
- Expanded Academic ASAP
- PsychARTICLES
- PsychINFO
- ISI Web of knowledge
- Cinahl (OVID)
- EMBASE (OVID)
- British Nursing Index and Archive (OVID)
- ASSIA (OVID)
- Social Work Abstracts (OVID)
- Health Management Information Consortium (OVID)
- Zetoc

Keywords Search

Each electronic resource was initially searched using keywords in order to identify records which would meet our criteria (table 1, search 1). If the results obtained, from search 1, were not manageable, i.e. greater than 2500, then search 2 was utilised in order to narrow the results further. (Table 1)

MeSH Search

As the keywords used in the above searches were mainly common English words some databases were found not to provide manageable results. A further search technique, using medical subject heading search (MeSH), was therefore used to search the resources available through OVID on NHS Scotland elibrary (table 2).

The results obtained were all exported into the reference management software: Endnote. In addition, 'related articles' were also screened in electronic databases, with this feature e.g. Pubmed, selecting articles which appeared to be highly relevant. Duplicates were removed and material grouped according to its apparent context in the title (see table 3). Abstracts, for all publications, within the following groups: *global, selective, and targeted* were obtained and screened. Those which did not meet the criteria were excluded and this process repeated with full texts for the remaining articles. Excluded entries were reviewed by a second author and disagreements resolved via discussion. The remaining entries, which did meet the criteria, were divided into either European (n=20) or Non-European (n=24) studies; notably, many of the Non-European studies had been implemented in Australia (n=7) or USA (n=15). The 20 European literature papers have been presented in table 4 (UK, n=5), 5 (Worldwide i.e. found within and outside EU, n=4) and 6 (Sweden, n=11). In order to present the relevant information, from each paper, only information directly relevant to a recreational setting or recreational consumers, within the EU, was included. This data was summarised by intervention targets, design, description, setting, measurements,

networks/participants and limitations. Further analysis of the literature determined which initiatives were sourced and what design similarities could be traced – shown in table 7 and diagram 1.

Table 1: Text Word Searches

Search 1	Search 2
(drugs OR alcohol OR illicit OR substance) AND (prevention OR intervention OR reduction OR preventing)	(Search 1) AND (recreational OR clubs OR pubs OR bars OR discos OR festivals OR raves) With Additional Limits: Search Title & Abstract Only Language: English Only Publication Date: 1998 to present

Table 2: MeSH Search Strategy

Search A) Substances	Search B) Setting	Search C) Combined & Limits
1 substance	5 (recreational or leisure or entertainment).mp	9 4 and 8
2 abuse	6 (pub\$1 or club\$1 or disco\$1 or bar\$1).mp	10 limit 9 to
3 alcohol abuse exp drug abuse	7 (festival\$1 or rave\$1).mp	English language
4 1 or 2 or 3	8 6 or 7 or 5	

exp = explode mp = title, original title, abstract, name of substance word, subject heading word

\$1 = denotes any other character

Table 3: Articles obtained from searches

<i>Group</i>	<i>Description</i>
College; Middle School; University (n=68)	Studies related to alcohol/drug consumption in young people within the context of these educational premises
Secondary Interventions (n=45)	Interventions designed to either minimise harm or reduce consumption in recreational setting but are implemented outside such settings
Harm Reduction (n=51)	Studies related to minimising harm associated with alcohol/drugs without influencing amounts consumed
GLOBAL (n=62)	Prevention targeted toward entire population
SELECTIVE (n=22)	Prevention targeted toward our criteria group i.e. young people
TARGETED (n=14)	Prevention targeted toward a specific group of individuals

Flowchart 1: Screening Process for Eligible Records

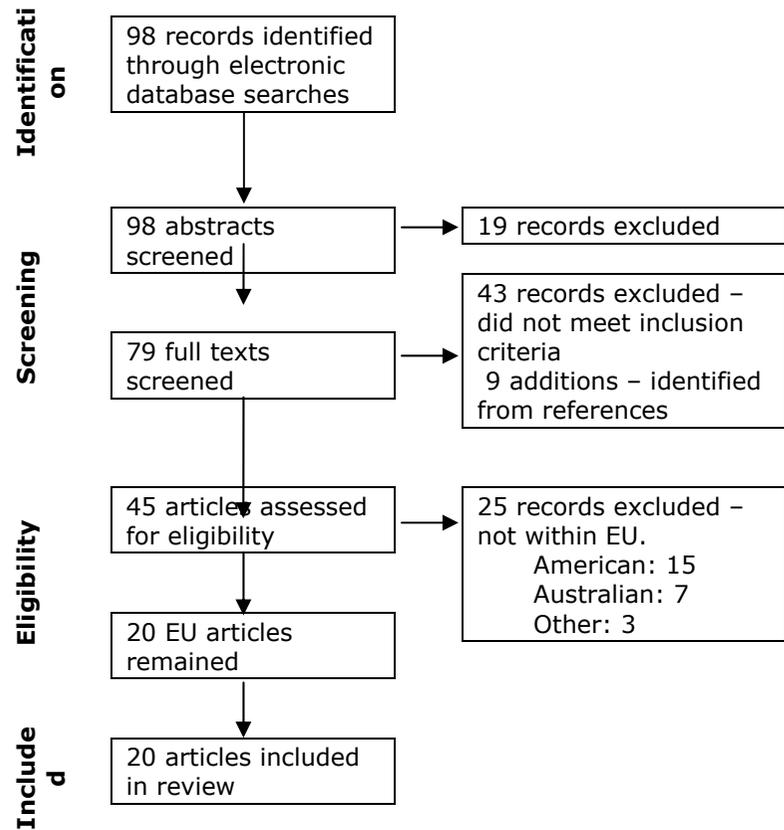


Table 4: European Union: interventions originating from UK

Author(s)	Targets	Intervention(s)	Design	Brief Description	Setting	Measurement(s)	Network(s)/Participant(s)	Limitation(s)
(Skelton 1998)	Drugs Mainly young people	Description of Safe Dancing Initiative run by 'Crew 2000'. Intervention examples: Training volunteers; dispensing harm reduction advice at raves, dance events, clubs; 'crisis intervention' service run at events; a 'chill out' service which provides ambient environment for consumers; posters designed for recreational settings placed in toilets in clubs; training for club staff; workshops;		AIM: Information article about recent Crew 2000 activity and progression.	Crew 2000 operates mainly in Scotland and is based in Edinburgh. There is brief reference to the contact they have made with other European organisations: TecnoPlus (Paris, festivals & raves); Eve & Rave (Berlin); Safe Party People (Frankfurt); Le Tipi (France); Project LSD (England). The primary focus of this article is however the work of Crew 2000 within Scotland.	Medical Staff on sites; volunteers – receive 1 weeks training (drugs awareness; HIV & safer sex awareness; crisis intervention; drug related first aid; presentation skills & prejudice awareness) and shadow existing member for one month. Crew 2000 receive information from a number of sources including users; academic & medical research.	Volunteers Crew 2000 staff Organisers and staff members from dance events, raves, festivals and clubs. General public – via shop in Edinburgh. Receive limited support from Scottish Office but have secured 'substantial funding from National Lotteries Charities Board'.	This is an account given by the director of Crew 2000 therefore there will be biased due to self-reporting.
(Branigan and Wellings 1998)	Drugs: Mainly young people	Multi-component campaign. <i>Within recreational setting:</i> Vital Information Pack (VIP) booklet campaign. 1 day training programme for club professionals, outreach workers and paramedics. Club nights attended by the outreach workers – monitored awareness of campaign amongst target population.		AIM: reduce harmful effects of drug use in dance venues by using harm minimisation approach and allowing potential users to make an 'informed choice'	Dance venues, London, UK	Interviews of clubbers at entrances and exits of venues. Measured self-reported awareness of campaign & attitudes through a questionnaire.	London Drug Action Teams (DATs), <i>Tackling Drugs Together</i> , drugs agency – Release, campaign organisers – Event Planners, club managers, door staff, outreach workers, paramedics. Funding from Drugs Challenge Fund & TDI advertising,	No data relating to effects on drug consumption Self-reported data
(Qwikker 2006)	Alcohol General population – pubs	Bluetooth campaign – drink-driving at Christmas		Reduce level of drink-driving by educating patrons through Bluetooth mobile game. Game illustrates how reactions are affected subsequent to alcohol consumption.	450 pubs across UK	The author states this is second campaign that Qwikker has run for Department of Transport.	Pub patrons Qwikker Bluetooth company Department of Transport	Brief article (121 words) providing very limited information

Author(s)	Targets	Intervention(s) Design	Brief Description	Setting	Measurement(s)	Network(s)/Participant(s)	Limitation(s)
(Mistral, Velleman et al. 2006)	Alcohol Mainly young people	Community-level interventions which targets drinking environment. <i>Within or around recreational setting:</i> 1) Glasgow city-centre <u>a) Media Advertisement</u> – postcards, posters, leaflets which provide information about safe drinking levels, harm reduction advice, transport etc. <u>b) Server training</u> <u>c) Law enforcement</u> 2) Cardiff city-centre <u>a) Risk Assessment</u> – breathalyser survey <u>b) Patron Awareness</u> – breathalyser survey <u>c) Server training</u> <u>d) Law enforcement</u>	Author critiques recent changes in England licensing laws & describes the theoretical and practical developments of three local prevention initiatives which together form the United Kingdom Community Alcohol Prevention Programme (UKCAPP). The author refers to “Best Bar None” scheme developed by Greater Manchester Police which is designed to recognise pubs, clubs and bars which have demonstrated responsible policies toward alcohol and drug consumption.	1) Play Safe in Glasgow Three main themes: health in relation to alcohol, personal safety while out, and getting home safely. 2) Cardiff Community Safety Partnership Four strategies: develop multi-disciplinary group of key agencies; develop & implement risk assessments; law enforcement; server training. 3) Birmingham Identify harms and develop evaluation framework and interventions, in 3 suburbs of city.	2) Breathalyser survey & self-reported observations. Alcohol Education and Research Council (AERC) have commissioned a team from Mental Health Research and Development Unit (University of Bath and the Avon & Wiltshire Mental Health Partnership NHS Trust) to evaluate each of the 3 projects and report on successful components.	UKCAPP is part-funded by the AERC and although key partners will vary, all initiatives include representatives from local authority, community safety partnerships, health services, police, licensing forum, licensees. 1) Local politicians & citizens; police; late-night street marshals; radio campaign; Web site; News Media- general public; News-sheets – licensed traders. 2) Key agencies; feedback to licensees from Community Safety Partnership (includes Licensing panel); bar staff. 3) Multi-agency steering group has been established.	UKCAPP projects are designed primarily to reduce alcohol related harm rather than consumption. Despite this there are aspects of these initiatives which are likely to impact consumption. Limited data available from published literature.
(Moore and Shepherd 2008)	Alcohol Mainly young people	Server training intervention: British Institute of Inn Keeping Awarding Body (BIIAB) accredited.	AIM: determine prevalence of alcohol misuse and related harms and implement a server training intervention within premises identified as mis-selling alcohol	Cardiff city-centre, UK One of UKCAPP Initiatives (Mistral et al 2006).	Two groups of two surveyors across three locations in Cardiff’s city centre. Breathalyser survey pre- and post-intervention. A number of self-reported measures made regarding environmental factors.	Multi-agency collaboration – initiated by Cardiff Community Safety Partnership (CCSP). Included – Substance Misuse Action Team, South Wales Police, Cardiff University, community practitioners. Licensees & staff participating in intervention	Self-reported observations under difficult conditions

Table 5: European Union: interventions found worldwide

Author(s)	Targets	Intervention(s) Design	Brief Description	Setting	Measurement(s)	Network(s)/Participant(s)	Limitation(s)
(Plant 2003)	Alcohol Various Population Groups	<i>Within recreational settings:</i> 1) Law enforcement. 2) Server training (RBS). 3) Modification to drinking environment – one study post 1998 which associated being touched by waitress with higher consumption. 4) Labelling – provide patrons with strength/alcohol content information. 5) Sustainability of interventions.	REVIEW. Prevention and Harm Reduction in the UK. Notably whilst this review is focussed on UK interventions many of the studies referenced originate outside UK.	Various worldwide examples including UK however mainly prior to 1998. Author highlights need for further UK research.	Various (review)	Various (review)	Limited EU studies within recreational settings after 1998 (n=1) Author highlights interventions are unlikely to be published.
(Graham 2000)	Alcohol Various Population Groups	Interventions within recreational settings: 1) Responsible Beverage Service (RBS) Training 2) RBS Polices & risk assessments- venues 3) Law Enforcement 4) Patron education 5) Designated Driver – only influence driver's alcohol consumption.	REVIEW. Covers preventive Interventions for Licensed Premises	Notably many of the studies referenced originate from America or Australia and additionally many were published prior to 1998.		RBS training (p 6): EU studies included, Wallin et al 1998 and 1999 (originated from Sweden)	Limited primary sources which meet criteria. Reported RBS cannot be employed in large/busy venues as servers cannot monitor drinks being consumed by individual patrons.
(Assailly 2004)	Alcohol General population – drivers	Recreational Interventions: 1) Server Intervention Training 2) Breathalysers on premises 3) New legislation – making passengers legally responsible as well as hosts of private parties	Social-sequential model for preventing drink-driving occurrences. Inspired by an earlier study by McKnight et al, 1995. Interestingly whilst this review was intended as a focus on European interventions many of the studies utilised to develop arguments originated from outside EU e.g. USA.	Worldwide	Models are supported by arguments which are developed from various literature material – however mostly material prior to 1998	Various	No European example during or after 1998.

(Curtis 2004)	Drug Use IV drug users – mainly young people	1) Ultraviolet Use - in public toilets.	Brief Article which appeared in questions/answers section of the New Scientist. Use of UV lights in public places to prevent IV drug use by making it difficult to identify veins under this lighting.	Toilet cubicles in bars & clubs and other public toilets. Worldwide.	Generally management decision to install such facilities or local authorities. Target Population – less experienced IV drug users	Experienced users can still inject. Can also trace veins with marker e.g. pen prior to entering UV lighted area.
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Table 6: European Union: interventions originating from Sweden

Author(s)	Targets	Intervention(s) Design	Brief Description	Setting	Measurement(s)	Network(s)/Participant(s)	Limitation(s)
(Andreasson, Lindewald et al. 2000)	Alcohol Intoxicated patrons, general population	This is the baseline study which will be utilised to measure impact of STAD on service to intoxicated pseudo-patrons post intervention.	AIM: determine frequency of alcohol service to intoxicated patrons in licensed premises. OUTCOME: Pseudo-intoxicated actors served in 95% of premises indicating very permissive serving policies	Within Licensed premises, Stockholm, Sweden.	Service to pseudo-intoxicated patrons in regular restaurants, nightclubs, bars/pubs, hotel restaurants and others.	Panel used to determine suitability of acting: police officers, experienced bartenders, restaurant managers, senior officers from licensing authority and representatives from hospitality industry (n=31). 2 male pseudo-intoxicated actors aged 23 and 27 years. Servers	Only male actors used.
(Wallin, Gripenberg et al. 2002)	Alcohol General Population	Stockholm prevents alcohol and drug problems - STAD project . 10 year community action-orientated multi-component research project. Within recreational setting included: 1) Server training – responsible beverage service (RBS) 2) Policy initiatives in community Other: Licensing Board which covers this entire area started sending out notification letters as a preventative strategy. Were sent out e.g. if over-serving was identified at an establishment.	AIM: Address alcohol service to intoxicated patrons utilising a multi-component approach OUTCOME: there was a slight increase in refused service demonstrated using this intervention. In 1999 RBS became mandatory for establishments in Stockholm open later than 1 am.	Within licensed premises in Stockholm, Sweden. The STAD project was concentrated to central Stockholm with the southern region used as a control area. Regular restaurants, bar/pubs, nightclubs and hotel bars were included	Pseudo-intoxicated actors service measured at baseline and follow-up i.e. pre- and post-intervention. There were a number of server interventions measured: 1) offered food or non-alcoholic beverage 2) delay service 3) asked to leave premise 4) contacted colleague.	Servers STAD Project: 1) Authorities and hospitality industry in Stockholm. 2) Reference Group: representatives from Licensing Board, Police Authority, County Administration, Alcohol Inspection Authority, organization for restaurant owners, trade union for restaurant staff, leading restaurant owners from Stockholm. This Study: 1) Expert panel was used to evaluate the acting: consisted of police officers, professional bartenders, restaurant managers, senior officers from Licensing Board & representatives from hospitality industry (n=31) 2) Funded by Stockholm County Council, Stockholm Municipality, Swedish Institute for Public Health.	Due to close vicinity of control zone it is likely there was some 'spill-over' into the control area. In some 'RBS-trained' establishment not all staff had undergone RBS training – this study did not identify whether training had been completed by servers.

Author(s)	Targets	Intervention(s) Design	Brief Description	Setting	Measurement(s)	Network(s)/Participant(s)	Limitation(s)
(Johnsson and Berglund 2003)	Alcohol Student Population	Randomized controlled trial Server-training – Educational programme for student bartenders. Training consisted of a series of lectures and group discussions, led by experts. Based on manuals, mainly Alcohol Skills Training Program (ASTP) and Swedish version of Responsible Beverage Service (RBS).	AIM: decrease alcohol consumption among patrons in student pubs through server-training programmes. OUTCOME: Decreased alcohol levels measured and reduction in 'rowdy' social atmosphere observed in intervention group	Bartenders in key positions in pubs at Lund University, Lund, Sweden. These key colleagues were responsible for spreading the material to other employees in their pubs.	6 pubs received intervention & a further 6 used as controls. Breath Alcohol Concentration (BAC) measured as well as patron's perceived impression of social atmosphere using a visual analogue scale. Baseline and follow-up data collected.	Expert: Professional bartender. Key student bar staff; general Student bar personnel	Whilst collecting data from participants did not determine how long students had been drinking for or when they started.
(Wallin, Norstrom et al. 2003)	Alcohol General Population	Time-series quasi-experimental design with control area. Within recreational settings: RBS training which increased in intensity during 1996-2000 (the first increase noted in 1999). Enforcement	AIM: Determine impact of STAD on violence crimes. OUTCOME: successful reduction in violent crime observed.	See Wallin et al, 2002. This report highlights the development, implementation and intensity of the STAD project by its individual intervention components (See table, this report).	Violent Crimes measured	See Wallin et al, 2002.	This study reports on violent crimes registered by police in the region – harm reduction however there is limited new information about recreational interventions. Multiple-component campaign.
(Wallin and Andreasson 2004)	Alcohol Young people under 18 years.	Pre-test (1996) and post-tests (1998 and 2001) design with intervention and control areas. RBS training, policy development, stricter enforcement is summarised	AIM: determine affect of STAD on alcohol service to young people in licensed premises OUTCOME: frequency of alcohol service to pseudo-patrons decreased.	Within licensed premises, Stockholm See Wallin et al, 2002	Frequency of alcohol service to adolescents on licensed premises.	See Wallin et al, 2002	This study is limited to sales to pseudo-patrons who have been selected as they appear to be minors i.e. younger than 18 years.
(Wallin, Gripenberg)	Alcohol	Pre-test and post-tests effects of intervention.	AIM: Determine effects of STAD on service to	Within licensed premises, Stockholm in	Baseline, pilot study and follow-	See Wallin et al, 2002	Multi-component campaign

Author(s)	Targets	Intervention(s) Design	Brief Description	Setting	Measurement(s)	Network(s)/Participant(s)	Limitation(s)
et al. 2005)	General Population – Intoxicated Patrons	Main interventions targeting licensed premises: 1) 2 day training programme in RBS 2) Encouragement of enforcement of alcohol laws	intoxicated patrons. OUTCOME: Since STAD implemented improvement in refusal of service to pseudo-intoxicated patrons.	Sweden	up (1999 & 2001) utilising pseudo-intoxicated actors to determine refusal rate amongst servers. Data was correlated to RBS training implementation at the establishment.		therefore not possible to determine if RBS training and/or law enforcement were key successful components.
(Gripenberg, Wallin et al. 2007)	Drug Use General Population	Pre test-post test study design. Training – over 2 days for nightclub doormen. Nightclub owners created the association “Clubs against Drugs” – used as a resource to reach public and develop policies for all the clubs. Media campaign – one part of the PR campaign involved ‘activities at the clubs’ and an introduction of “Clubs against Drugs” Web page. Study notes that due to incidents in Stockholm (2002-2004) the police authority made decision to make police club commission permanent.	AIM: determine effects of training doormen on frequency at which drug-use impaired patrons stopped from entering nightclubs. OUTCOME: Significant improvement was seen post-intervention however majority of attempts doormen still did not intervene.	Within 28 trendy nightclubs in Stockholm (previously identified as premises with highest prevalence of drug use)	Pseudo-intoxicated patrons utilised to measure access to clubs, and response from staff, at baseline and follow-up one year later. Also noted environmental factors in the clubs which would influence drug use behaviour e.g. size of booths, “drug table” areas.	See Wallin et al, 2002. *leading nightclub owners included in this study’s description. The clubs committed to policies e.g. patrons identified as taking drugs would be asked to leave premises and police would be notified. Doormen at popular nightclubs; 1 day of policy training for nightclub owners; 1 day of “drug training” for serving staff, includes medical effects of drug use, signs of drug impairment and group discussions; 2 hours of policy training for management staff.	Multi-component campaign (run alongside the alcohol campaign) No control group. Were not able to determine which doormen had received training. Only used male pseudo-intoxicated actors in late 20s – may be influencing factor.
(Wallin 2007)	Alcohol General Population	Mainly a qualitative & explorative report. The key interventions in STAD are identified.	Author is focussed on dissemination process in STAD with a view toward developing processes required for successful intervention.	Factors outside recreational setting are highlighted as well as characteristics of different participating communities.	Various qualitative analyses.	Stakeholders: local licensing authority; local police; restaurant owners, staff; county council; restaurant patrons; people living in vicinity of licensed premises (each with their own potential interests highlighted)	Explorative study.
(Andreasson, Sjoström et	Alcohol & Drug	Research and development project to reduce alcohol	AIM: evaluation of projects	2003-2005, implemented in 6 urban and rural	Comprehensive & pre-defined	Various factors which influence success of	Multi-component campaigns

Author(s)	Targets	Intervention(s) Design	Brief Description	Setting	Measurement(s)	Network(s)/Participant(s)	Limitation(s)
al. 2007)	General Population	and drug use-related problems, with 6 matched control communities – similar design to STAD. RBS programs also included Scientifically-based interventions but subject to political and practical modifications.	OUTCOME: no major differences between intervention and control sites at initial follow up. Not surprising due to limited prevention activity at this stage.	municipalities in Sweden (not Stockholm). Each municipality had to meet set conditions – mainly develop groups to oversee the intervention and include multiple shareholders. Controls were matched by size and regional location.	systematic procedure in place to monitor and measure alcohol and drug use in regions.	implementation are presented: communication between groups, evidence in reporting, competing interests from different shareholders, personal interests from groups already operating.	
(Mansdotter, Rydberg et al. 2007)	Alcohol General Population	Cost-effectiveness of STAD	AIM: Determine cost effectiveness of STAD campaign		Number of cost estimates included in this study	Multiple-components of campaign taken into account including RBS training.	Many of the costs are estimates and there are likely to be over-estimates as well as hidden costs of the campaign.
(Danielsson and Romelsjo 2007)	Alcohol & Drugs Global Population	Web-based Reporting of Prevention Initiatives. Recreational setting figures: Alcohol policy was primary aim of activity on 4/122 interventions reported. Restaurant personnel were the target audience in 6% of activities reported	The ESAPP project evaluates the local prevention interventions in the 18 municipalities which make up Stockholm. The ESAPP developed a Web-based reporting system in order to collect data from local co-ordinators.	The authors report that use of the system is varied amongst differing regions. Furthermore, use of the system is seen to increase during follow-up periods when co-ordinators are interviewed by the ESAPP.		Local co-ordinators, school personnel, recreation leaders, other people working with prevention in districts.	The system is in its infancy and does face challenges associated with self-reporting and appropriate classification of prevention activity.

Table 7: Summary of intervention designs for projects within recreational settings

Intervention & Location	References	Type(s) of Intervention(s) within recreational settings	Overall Intervention Design		
Play Safe in Glasgow Glasgow city-centre, Scotland	Mistral, Velleman et al. 2006	1) Patron Education – posters, postcards, leaflets 2) Server Training – licensed premises 3) Law Enforcement – licensed premises	HR & PR	Multi-component campaign	HR & PR
Cardiff Community Safety Partnership Cardiff city-centre, England	Mistral, Velleman et al. 2006 Moore & Shepherd, 2008	1) Patron Education – breathalyser survey 2) Risk Assessment – breathalyser survey 3) Server Training 4) Law Enforcement	HR & PR	Multi-component campaign	HR & PR
Birmingham, England	Mistral, Velleman et al. 2006	No specific intervention designs detailed		Multi-component campaign	HR & PR
Crew2000 Safe Dancing Initiative Edinburgh, Scotland	Skelton, 1998	1) Patron Education – harm reduction advice, posters (club toilets) 2) Server Training – club staff 3) Modification to Environment – making available 'crisis intervention' and 'chill out' services for drug users at events/dance venues	HR	Multi-component campaigns	HR
London Dance Safety Campaign London, England	Branigan & Wellings, 1998	1) Patron Education – VIP booklet campaign and club nights. 2) Server Training	HR & PR	Multi-component campaign	HR & PR
Bluetooth Campaign United Kingdom	Qwikker, 2006	1) Patron Education - Bluetooth mobile game.	HR	Educational	HR
Review – UK Harm Reduction and Prevention Worldwide References	Plant, 2003	1) Law enforcement 2) Server Training 3) Modification to Environment	HR & PR	Various	HR & PR
Review of Recreational Interventions Worldwide References	Graham, 2000	1) Server Training – RBS 2) Policies – venues 3) Risk Assessment 4) Law Enforcement 5) Patron Education	HR & PR	Various	HR & PR
Social-sequential models for preventing drink-driving Worldwide References	Assailly, 2004	1) Server Training 2) Modification to Environment – breathalysers on premises	HR	Multi-component	HR
Ultraviolet Lights Worldwide	Curtis, 2004	1) Modification to Environment – ultraviolet lighting	PR	Modification to Environment	PR
Stockholm Prevents Alcohol and Drug Problems (STAD) Project Stockholm, Sweden	Andreasson, Lindewald et al. 2000; Wallin, Gripenberg et al. 2002; Wallin, Norstorm et al. 2003; Wallin and Andreasson 2004; Wallin, Gripenberg et al. 2005; Gripenberg, Wallin et al. 2007; Wallin 2007; Mansdotter, Rydberg et al. 2007; Danielsoon and Romelsjo 2007	1) Server training – RBS 2) Law Enforcement 3) Policies - venues	HR & PR	Multi-component campaign	HR & PR
Student Bars	Johnsson and Berglund 2003	1) Server training	PR & HR	Educational	PR & HR

Lund University, Lund, Sweden					
Six urban & rural municipalities Sweden	Andreasson, Sjoström et al. 2007	1) Server training Others not specified however these are all community-level projects.	PR & HR	Multi-component campaigns	PR & HR

HR = Harm Reduction

PR = Prevention i.e. designed to modify patron consumption

Diagram 1: Summary of intervention elements within recreational settings

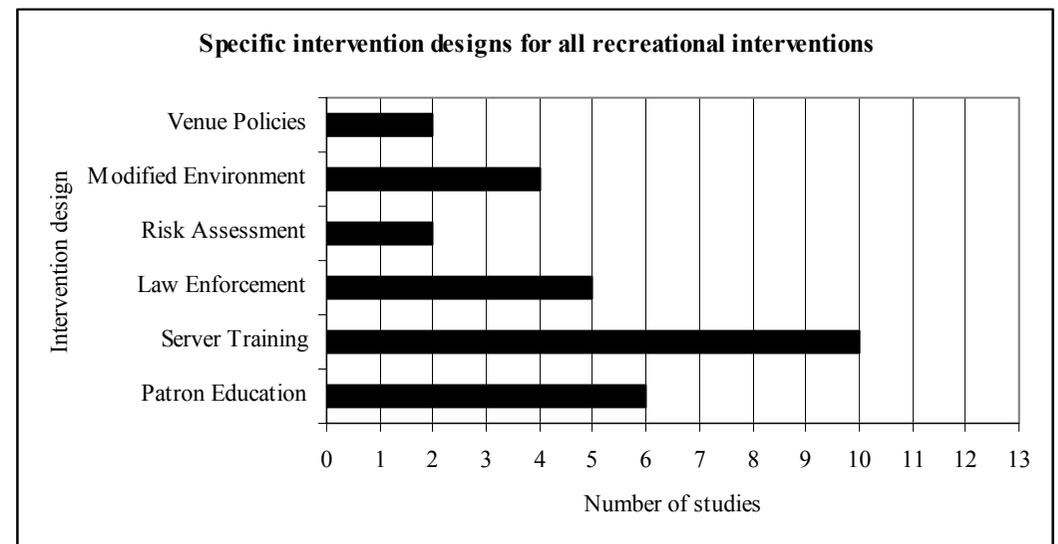
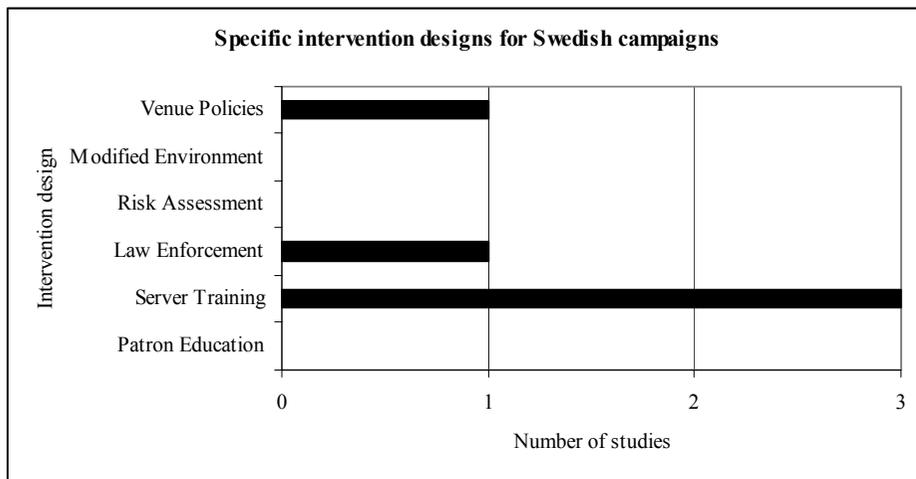
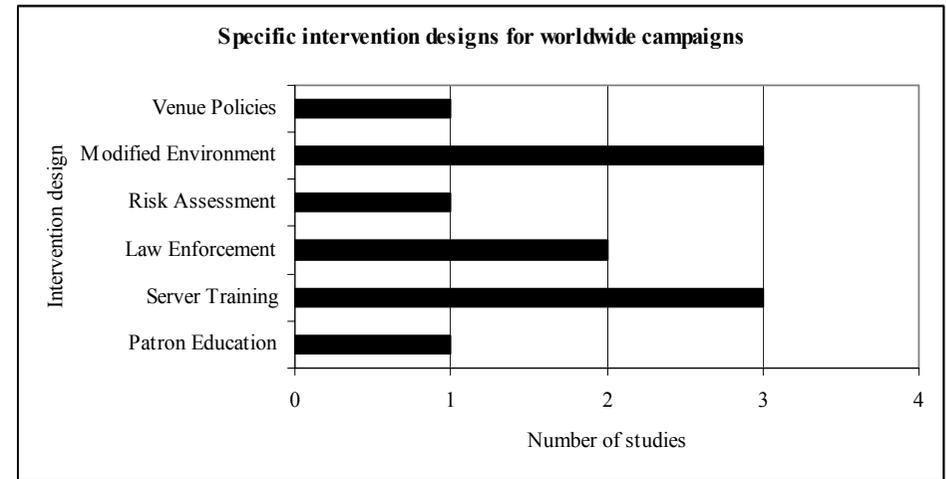
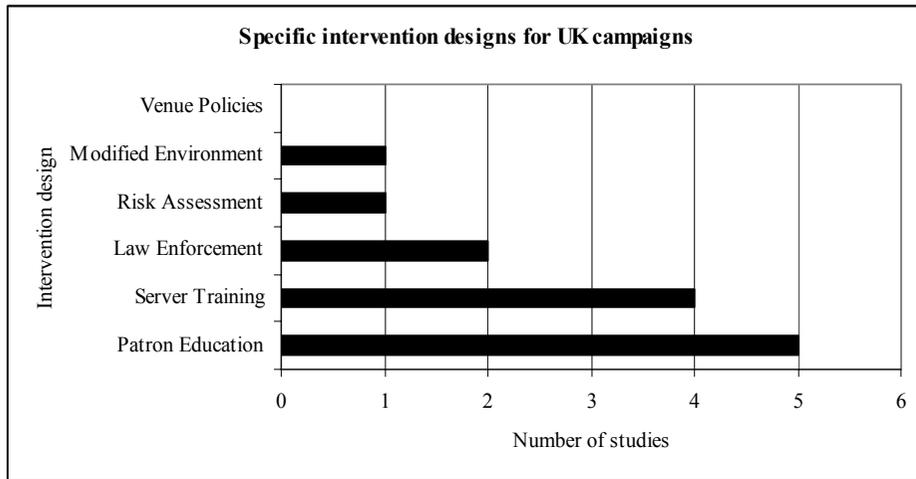


Table 7: Characteristics of full texts excluded

FIRST AUTHOR	YEAR	COUNTRY	REASONS FOR EXCLUSION
Blanck	2007	Sweden	Didn't meet criteria
Schmidt	2009		Didn't meet criteria
Kupri	2005	New Zealand	Didn't meet criteria - age
Wakefield	2005	USA	Didn't meet criteria - age
Nicholson	2009	USA/Australian Review	Didn't meet criteria - age
Metzner	2008		Didn't meet criteria - age
Diamond	2009	America	Didn't meet criteria - recreational setting
Briscoe	2004	Australia	Didn't meet criteria - recreational setting
Maclean	2002	Australia	Didn't meet criteria - recreational setting
Bjerre	2008	Sweden	Didn't meet criteria - recreational setting
Bjerre	2005	Sweden	Didn't meet criteria - recreational setting
Barrett	1999	Thailand	Didn't meet criteria - recreational setting
Wallace	2006	UK	Didn't meet criteria - recreational setting
Cooper	2005	USA	Didn't meet criteria - recreational setting
Hornik	2008	USA	Didn't meet criteria - recreational setting
Kingsbury		USA	Didn't meet criteria - recreational setting
Degia	2006		Didn't meet criteria - recreational setting
Gray	2005		Didn't meet criteria - recreational setting
Luitgaarden	2006		Didn't meet criteria - recreational setting
Mugraff	2007		Didn't meet criteria - recreational setting
Riper	2009		Didn't meet criteria - recreational setting
Wagenaar	2009		Didn't meet criteria - recreational setting
Wild	2008		Didn't meet criteria - recreational setting
Wild	2006		Didn't meet criteria - recreational setting
Witkiewitz	2006		Didn't meet criteria - recreational setting
Freiden	2005	USA	Didn't meet criteria - substance
Donnelly	2003	Australia	No intervention described
Jones	2007	Australia	No intervention described
Stockwell	1999	Australia	No intervention described
Toomey	2004	USA	No intervention described
Toomey	1999	USA	No intervention described
Miller	2009		No intervention described
Cercarelli	2004	Australia	Non European Study
Homel	2004	Australia	Non European Study
Lang	1998	Australia	Non European Study
Reilly	1998	Australia	Non European Study
Van Beurden	2000	Australia	Non European Study
Wiggers	1999	Australia	Non European Study
Wiggers	2000	Australia	Non European Study
Graham	2004	Canada	Non European Study
Dualibi	2007	S. America	Non European Study
Buka	1999	USA	Non European Study
Dejong	1998	USA	Non European Study

Glindemann	1998	USA	Non European Study
Helzer	2002	USA	Non European Study
Holder	2000	USA	Non European Study
Hollingworth	2006	USA	Non European Study
Kelly-Weeder	2008	USA	Non European Study
Kerber	2006	USA	Non European Study
Saltz	1997	USA	Non European Study
Simons-Morton	1997	USA	Non European Study
Toomey	2005	USA	Non European Study
Vingilis	2006	USA	Non European Study
Lange	2006	USA/Mexico	Non European Study
Romano	2004	USA/Mexico	Non European Study
Voas	2006	USA/Mexico	Non European Study
Forsyth	2008	UK	Not relevant - won't prevent/reduce substance use
Wood	2008	UK	Not relevant - won't prevent/reduce substance use
Bellis	2002		Not relevant - won't prevent/reduce substance use
Edward	1997		Prior to 1998
Segal	2009	Canada	school-based
Thush	2009	Netherlands	school-based
Berg	2009	USA	school-based
Hennesy	2006	USA	school-based
Turner-Musa	2008	USA	school-based
Henslee	2006		school-based
Harink	2008		Would not prevent voluntary drug use
Ker	2009	Various	Non-European Studies Cited

RESULTS

Overview

From the 20 literature publications that were analysed 5 were in relation to UK specific interventions (table 4), 4 to worldwide interventions (table 5) and 11 reported interventions originating from Sweden (table 6). Whilst the absence of material related to other EU countries is stark this literature review will not provide a comprehensive guide to interventions – it is limited to results found in the electronic databases searched. Indeed whilst attempting to collate this data it has been noted by other authors that much of this material is not to be found in conventional literature, but will be more widely reported in so called 'grey literature' (Plant 2003). Furthermore, as

flowchart 1 demonstrates a significant amount of the literature material relates to studies which have taken place in USA or Australia – a factor which was also demonstrated in literature reviews which highlighted studies from these countries (Graham 2000); (Assailly 2004).

The main recurring intervention which was found in Sweden, UK and international locations was server training or responsible beverage service (RBS) programmes (n=10/13). These programmes educate servers to recognise signs of intoxication and minimise further alcohol consumption by such individuals. RBS training has a long history of being utilised to address alcohol concerns and increasingly becoming mandatory (Mistral, Velleman et al. 2007), p 30). In recent years RBS (Responsible Beverage Service) programmes have been adapted to drug use in recreational settings as the STAD project demonstrated (Gripenberg 2007). Interestingly although the use of server training is widespread there is evidence that the training programmes are far from uniform (Toomey, Kilian et al. 1998). In addition, from the intervention designs that were identified a large proportion could be identified as multi-component campaigns which brought together various shareholders within a community (n=8/13); these included the United Kingdom Community Alcohol Prevention Program (UKCAPP) and Stockholm Prevents Alcohol and Drug Problems (STAD) initiatives.

UK Studies

Of the five UK literature pieces identified, two were targeted toward drug users (Branigan and Wellings 1998; Skelton 1998). Skelton (1998) described a recent initiative organised by 'Crew 2000', a voluntary group which operates in clubs within Edinburgh, Scotland and Branigan (1998) reported an evaluation of a Safety Campaign which was implemented in London, England and was also targeted toward urban recreational clubs. Both papers highlight that, whilst the interventions are implemented in settings which are open to the general

public, they are mainly frequented by young people, and it is this group amongst the population which has been identified as at greatest risk of exposure, and harmful effects, associated with drug use. Neither of these initiatives set out to eliminate drug use but utilised a 'softer' approach which provides patrons with information so that they can make an 'informed choice' about consumption. Interestingly both these campaigns have a 'multi-component' or 'community-partnership' approach, with Crew 2000 recruiting volunteers and working closely with staff at dance venues in Scotland and the London Safety Campaign engaging with local authorities, and professionals alongside staff in venues targeted. However, neither author reported an evaluation which demonstrated an effect on drug consumption and both articles present data which is mainly self-reported and therefore has an associated bias. The main difference between these studies is Crew 2000's apparent ability to sustain its activity beyond available funding whereas there is no future funding indicated for the London campaign and therefore its sustainability is uncertain. The remaining three UK literature papers were focused on interventions designed to target alcohol consumption (Mistral, Velleman et al. 2006; Qwikker 2006; Moore and Shepherd 2008).

One paper was identified which summarised three different United Kingdom Community Alcohol Prevention Program (UKCAPP) initiatives in Glasgow, Cardiff and Birmingham (Mistral 2006); a, further study, outlining the Cardiff UKCAPP initiative, was also identified (Moore 2008). The UKCAPP initiatives use a multi-partnership approach which brings together various key community shareholders who can work together to influence drinking environments in problem areas. The key interventions, within recreational areas, are server training programmes and law enforcement which are designed to prevent and manage intoxicated patrons and thereby minimise both short- and long- term alcohol-related harms to health. Interestingly, these initiatives are based on an approach which targets an entire population

through policies which act on drinking environments rather than focussing on particular groups of individuals e.g. young people (Holder 2000).

The brief article composed by Qwikker announced the launch of the Department of Transport's Bluetooth campaign, Christmas 2008, designed to 'educate patrons' on how reactions are affected by alcohol consumption, using a mobile game. This government campaign was aimed at patrons in and around pubs across the UK and primarily intended to educate patrons in order to reduce drink driving. Whilst the origins of the use of this technology to target patrons is unclear, it is a method which is frequently used in annual campaigns such as the one described here but also by police authorities to reach consumers at risk of alcohol-related harm, traditionally young people, aged 17-24 years old.

Although, both the UKCAPP and Bluetooth initiatives, had elements of patron education, within recreational settings, included in them, there also significant differences in the approaches utilised (Glasgow, Cardiff and Bluetooth). In Glasgow they distributed postcards, posters and leaflets in pubs and clubs which provided patrons with information about safe drinking levels; in Cardiff breathalysers were used to raise general awareness amongst patrons around recreational venues and the Bluetooth campaign used a more modern media approach by educating patrons through a downloadable game on their mobile phones. Perhaps surprisingly, there was only one publication, identified from this literature search, which attempted to comprehensively evaluate an initiative by taking pre- and post-intervention readings, particularly as UKCAPP had an evaluative process in place (Moore, 2008). Furthermore, the UKCAPP initiatives

included professionals, from the alcohol industry, as key shareholders whereas there is no indication that the pubs, targeted by the Bluetooth campaign, were actively involved in its delivery.

The literature review did not provide significant amounts of published material originating from the UK however, the material which was identified does hint at other alcohol interventions within recreational settings. The British Institute of Inn Keeping Awarding Body (BIIAB) accredited course, used as a server training tool in one study, is a nationally available programme which is specific to the licensed retail industry and has been developed by a number of stakeholders e.g. licensed traders, government departments and the police (Moore, 2008). The Bluetooth announcement stated that it was the second campaign run by Qwikker for the Department of Transport (Qwikker 2006). The “Best Bar None” Scheme, which was developed by a police authority to make pubs safer drinking places, was successful despite the difficulties that were initially faced when convincing licensed professionals (Mistral 2006, p 282). It is apparent that there are a significant number of UK recreational interventions which have yet to be described in peer-reviewed publications.

Worldwide Interventions

Whilst the literature search produced three examples of alcohol interventions and one of drug use prevention none of these publications presented the results of a study: one was a brief extract taken from the back section of the New Scientist, two were reviews and one is a presentation for a social-sequential model that the author has developed using studies to support the theories (see table 5). Furthermore, the majority of the studies referenced in these publications pre-dated 1998 and therefore, in keeping with our criteria, primary articles could not be included. With such varying literature publications comparison or analysis of attributes was not possible.

Nevertheless, these reviews do present some recent arguments in the area of intervention e.g. changing legislation to make passengers and hosts legally responsible for ensuring driver's are under the legal limit (Assailly 2004). The use of ultraviolet lights (UV) is an intervention commonly employed, e.g. in restaurants and pub toilets, to prevent intravenous (IV) drug use by making it difficult for users to see their veins. However, experienced users can in fact still inject under these lights and inexperienced users can mark their veins prior to entering these public facilities (Curtis 2004). UV lights can also present further public concerns in some cases e.g. graffiti issues when light-sensitive pens are used to deface public property, yet despite this, they are still a popular means to prevent IV drug use in public toilets (Morgan 2004).

Swedish Interventions

Whilst eleven publications were identified from the searches (table 6), analysis determined nine of these to be related to a single project which was implemented in Sweden: Stockholm Prevents Alcohol and Drug Problems (STAD). The STAD project, targeted alcohol and drug issues in this region, by utilising a multi-component strategy which, was implemented both within and outside recreational settings. In total three studies were used to evaluate the impact of STAD on service of alcohol to pseudo-intoxicated individuals (Andréasson, 2000; Wallin, 2002; Wallin, 2005) and one study was identified which evaluated the affect of a component of STAD to prevent pseudo-impaired patrons from entering nightclubs (Gripenberg, 2007). The core intervention identified in all four studies was server training in licensed establishments.

The STAD initiative is supported by a number of literature sources which summarise evaluations from conception through to conclusion. The remaining literature sources reported: sales to minors (Wallin, 2004); impact on violent crime (Wallin, 2003); qualitative & explorative report (Wallin, 2007); cost-effectiveness of STAD (Månsdotter, 2007) and development of sophisticated web-based reporting (Danielsson, 2007). Whilst none of these studies demonstrate effectiveness of an intervention to curb alcohol/drug consumption they do provide insight into the planning and far reaching consequences of the project. The question does arise what components of STAD made it successful and are there lessons to be learnt from this project?

Interestingly there was an attempt to replicate STAD in 6 other municipalities in Sweden in a study with matched control communities (Andréasson, 2007) however the success seen in Stockholm did not appear to be replicated, at initial follow up, as no major differences between intervention and control sites were seen. The final Swedish initiative was a server training initiative implemented in university pubs (Johnsson and Berglund 2003).

Analyses of STAD, the six municipalities and the university initiatives, showed server training and multiple shareholders was a component of all these projects. Various influencing factors can explain the differences observed between STAD and initial evaluations of the six municipalities however lack of support from shareholders in the region has been reported as the main contributor (Andréasson, Sjöström et al. 2007).

Grey Literature

In order to demonstrate the widespread use of Bluetooth technology by government and policing authorities a simple search using the Google search engine was conducted:

SEARCH: (Bluetooth campaigns AND (drugs or alcohol) LIMITS: region – UK and language – English.

This gave us 7,060 results on 20/08/09 at 14:56.

Within the first 3 results pages numerous reports were identified which described the use of Bluetooth in alcohol or drugs campaigns – mainly run by police authorities but also by Drug Action Teams (DATs) e.g. City of London police launched Bluetooth anti-drugs campaign during the course of National Drugs Week Campaign. Apparent evaluations however were weak e.g. one Liverpool anti-binge drinking campaign around city-centre bars was described as ‘a resounding success’ due to large numbers of people downloading the application however, there was no evidence of reduced alcohol consumption.

The lack of information related to alcohol consumption was also reflected by the UKCAPP final report which was identified from a further Google search. This report was found on the alcohol education and research council (AERC) website and provides a wealth of information related to the 3 intervention sites: Glasgow, Cardiff and Birmingham which were included in UKCAPP (AERC Final Report, p 17, 20, 24). The authors highlighted the difficulties faced when comparing the different communities: different data collection methods used by the police, A&E departments and paramedics; legal systems and recording practices between England and Scotland; project plans for each initiative. Taking into account the changes seen in crimes, arrests and hospital admissions arguments can be made, both for and against, the success of these campaigns. Although, server training was described at length, particularly for the Cardiff and Glasgow programmes,

and the data collected strongly indicated that server training led to a reduction in self-reported number of intoxicated individuals. Despite the apparent success of the server training programme and the author's arguments supporting these types of initiatives the only programme which attempted to demonstrate a change in alcohol consumption was the Cardiff initiative and in this case the RBS training was found not to affect blood alcohol levels (Mistral, Velleman et al. 2007).

The most comprehensive source, for data related to interventions in recreational settings, was the European Monitoring Centre for Drugs and Drug Addiction Website (EMCDDA). Accessing the country overviews section it was possible to determine that, from the 24 countries profiled, 14 had been identified as running interventions within recreational settings – Belgium, Bulgaria, Czech Republic, Denmark, Spain, Italy, Cyprus, Lithuania, Luxembourg, Hungary, Austria, Poland, Slovakia and Sweden (EMCDDA 2009). Since this was from an overview section specific details were not provided however, an EMCDDA report, describing models and approaches for prevention in recreational settings, was identified from a different part of the website (EMCDDA 2003). Section 2 of this report listed examples, provided by the various authors, of recreational interventions in each of their countries; a summary is provided in table 7.

It is evident from the information retrieved that many initiatives, targeting recreational settings, are being developed across Europe. These interventions are not however being published, or recognised, in the peer-reviewed journals that were previously searched. Although, as many of the authors from EMCDDA report highlighted, not all interventions are in fact evaluated so perhaps the journals we searched are not appropriate for publishing data in this style.

Table 7: Summary of recreational interventions reported by EMCDDA

Country	Authors	Intervention(s) Described
Belgium	Fabienne Hariga; Wouter Devriend	Peer prevention project (party setting); Interregio project (mobile pill testing); Awareness Campaign; Ghent – developing local policy (party life and party drugs); CAD – interventions (summer music festivals); Semi peer support project – Antwerp (party scene).
Denmark	Anne-Marie Sindballe; Hans Hendrik Philipson	Drug preventing package (discothèques, cafés etc) – t-shirts, ribbons, coasters included in this campaign; Organisations provide information & leaflets (major music festivals etc); Distribute information (party settings).
Germany	Peter Tossmann	12-15 outreach projects (party setting); Sound Decisions (nightclub initiative).
Spain	Sonia Moncada	<i>In Barcelona</i> : 1) Energy Control, run by ABD 2) Side-B, run by ABS
Austria	Harald Kriener	'ChEck iT' campaign (<i>not English</i>).
Portugal	Jorge Negreiros; Joaquim Fonseca	Outreach work (recreational settings in large cities - Lisbon & Porto).
UK	Mark Bellis; Jim Sherval	'D cubed' (D3) – dispense information, provide training for door supervisors and first aid staff (nightclubs and dance events); 'Crew 2000' – dispense information (club scene); 'Touch' – dispense information and first aid (student nightclubs); 'Crystal Clear' – target glass-related injuries; Manchester City Centre Safe – policing (nightlife).
Slovenia	Matej Kosir	First Aid recommendations (e.g. rave-party organisers).

Discussion

Within many European countries there is an increasing need to prevent alcohol and drug related harms amongst young people who frequently consume excessive amounts of alcohol and recreational settings have been identified as environments which can be targeted

by future interventions (Calafat, Fernandez et al. 2008). A number of risk factors within recreational settings which can be targeted have also been studied e.g. internal characteristics, atmosphere, promotions and patron characteristics (Green and Plant 2007). Whilst this review demonstrated the limited available data retrieved, from the published journals searched, the 'grey literature' does indicate a number of other interventions which have been implemented in recreational settings and provides access to more detailed reports and evaluations. Despite the lack of material identified from the published literature there were some interesting findings.

From the initiatives that were identified, the most common intervention was server training and many of the project designs were based on a multi-component model, which has been widely cited (Holder 2000). The use of a multi-component design presents a number of benefits and disadvantages. Bringing together many stakeholders allows resources to be pooled, thus increasing likelihood of sustainability, and maximising the impact of an initiative. With key shareholders forming committees, new relationships can be formed and a common ground found which brings together different opinions and allows the development of suitable implementation designs. However, involving multiple shareholders in an initiative also presents difficulties particularly, when in larger cities, there are a number of conflicting interests which need to be brought together (Mistral 2007, p 17, 20, 24).

A number of multi-component campaigns will receive financial assistance from the alcohol industry which presents a conflict of interest since the industry is dependent on profits from alcohol sales. Including an industry in a program aimed at encouraging responsible drinking, but is itself dependent on sales which will encourage addiction and dependence, is a contentious issue (Baldacchino 2009). Interestingly, from the UKCAPP initiatives, Cardiff was the only program which reported on alcohol consumption and, in this case, RBS

server training did not influence patron blood alcohol levels. Despite these conflicts, when targeting patrons within recreational settings, including the alcohol industry is important to maximise the potential of key campaign components e.g. server training. Multi-component campaigns will also incorporate a variety of other shareholders – each with their own interests as the Swedish researchers indicated (Gripenberg, Wallin et al. 2007; Wallin 2007).

The UKCAPP and Swedish projects demonstrated that despite starting with the same project plan, separate communities developed different approaches (Andreasson, Sjoström et al. 2007; Mistral, Velleman et al. 2007). The complexity which multi-component campaigns present makes evaluations more difficult and therefore attempting to identify the successful component(s) becomes more problematic.

The UKCAPP final report highlighted that different data collection methods used by the police, A&E departments and paramedics made evaluative comparisons difficult. A combination of different approaches, limited evaluative data and influence from other interventions taking place to target alcohol- and drug- related harms makes it difficult to determine which component(s) or combinations are necessary for an initiative to be successful. It may be that one model does not fit all communities and that different approaches need to be further developed in order to respond to differing local needs or patron characteristics. Furthermore, the lack of data related to alcohol consumption was surprising particularly since the alcohol industry was often a key shareholder in these initiatives and could therefore provide information concerning alcohol sales.

Conclusion

This review has confirmed an argument made by authors over recent years that interventions designed for recreational settings are unlikely to be published in peer-reviewed journals (Plant 2003). With ever increasing health concerns associated with alcohol and poly-drugs use there is a need, within an EU Context, to further study the recreational interventions which are currently employed in these settings. Research into such interventions is valuable, as these interventions provide an opportunity to selectively target alcohol and/or drug consumers within the environment of consumption. Whilst questions must be raised as to why there is a lack of reporting, in the published literature, it must be noted that over recent years there has been a move toward more robust reporting as various authors from the EMCDDA report indicated and the UKCAPP and STAD Projects have demonstrated. By understanding the components of a successful intervention, within such settings, it will be possible to identify the key processes to develop in future projects and thereby maximise the potential to cause effect.

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APPENDIX 1

Developing the Search Strategy

From the criteria provided in Synergia Guidelines, we initially determined which keywords could be used in a search and put them together in four search queries:

QUERY 1:

(drug OR alcohol* OR illicit) AND prevent* AND recreational*

QUERY 2:

(drug OR alcohol* OR illicit) AND prevent* AND (recreational OR leisure OR entertainment OR pub* OR club* OR disco* OR bar* OR festival* OR rave*)*

QUERY 3:

(drug OR alcohol* OR illicit) AND (prevent* AND reduc* AND intervention) AND (recreational OR leisure OR entertainment OR pub* OR club* OR disco* OR bar* OR festival* OR rave*)*

QUERY 4:

(drug OR alcohol* OR illicit) AND (prevent* OR reduc* OR intervention) AND (recreational OR leisure OR entertainment OR pub* OR club* OR disco* OR bar* OR festival* OR rave*)*

Queries 1-4 were then tested on electronic searching tools as summarised in table 1. Most of these queries produced results which far exceeded 2,500 and were therefore unmanageable. The PubMed search demonstrated that a simple search (query 1) or a restricted search (query 3) would provide the most manageable results however taking a brief look at the titles of articles that were retrieved it could be concluded that using queries 1 or 3 would almost certainly exclude relevant articles. Reflecting on the search strategies utilised it is clear that query 4 would provide the most relevant results therefore we investigated this option further (table 2).

Initially Query 4 was re-run but limited to the title and abstract (dependent on advanced features available). Furthermore, query 4 was broken up into its three constituent parts and each part was searched in PubMed and Google Scholar (table 2).

Not surprisingly, the PubMed and Google Scholar searches indicated that parts 1 and 2, of query 4, would give a large number of results – the keywords used are common in the English language and would appear in many of the publications. Part 3 was the most useful in limiting the results produced i.e. to recreational settings. Furthermore, limiting the search from the whole text to just the title and/or abstract drastically reduced the results obtained in both search engines. From these findings we developed a search strategy consisting of 3 steps (table 3).

At this stage of the literature we had obtained access to the NHS Scotland electronic database – elibrary. It was brought to our attention that retrieving data by using Medical Subject Headings (MeSH) could prove to be useful as the results would be further limited to the topic of interest indicated.

Studying the three parts to query 4 it was determined that the main topic to be identified was that related to the keywords drugs, alcohol and illicit. We used the OVID search engine (NHS Scotland elibrary) to identify suitable MeSH and subject headings and subsequently developed a search strategy (table 4). This search strategy was used to search the available databases within OVID however, due to limited additional results obtained, no other database was searched.

TABLE 1 Initial Search Results

SEARCH ENGINE	RESULTS FROM:			
	QUERY 1	QUERY 2	QUERY 3	QUERY 4
PubMed	318	10,438	268	25,598
Google Scholar	62,400	791,000	31,900	986,000
PsycNET	PsycINFO: 214 PsycARTICLES: 2 PsycBOOKS: 0 PsycEXTRA: 8 PsycCRITIQUES: 2	PsycINFO: 17,290 PsycARTICLES: 608 PsycBOOKS: 58 PsycEXTRA: 1,725 PsycCRITIQUES: 279	PsycINFO: 865 PsycARTICLES: 56 PsycBOOKS: 3 PsycEXTRA: 62 PsycCRITIQUES: 3	PsycINFO: 19,632 PsycARTICLES: 665 PsycBOOKS: 53 PsycEXTRA: 1,325 PsycCRITIQUES: 214
ScienceDirect	9,310	609,967	128,090	1,111,496
InformaWorld Unable to search using search technique. But used advanced search and 'stemming' to run similar search.	46,055	6,299	10	33,220

Table 2 Query 4 Analysis

Search Engine	Query 4						
	Part 1		Part 2		Part 3		Query 4 + Limit
	No limit	+ limit	No limit	+ limit	No limit	+ limit	
PubMed	3,751,328	682,183	2,829,919	394,483	323,351	32,442	427
Google Scholar	4,990,000	14,400	5,800,000	17,300	2,540,000	17,500	6,560

Query 4: (*drug* OR alcohol* OR illicit*) AND (*prevention OR prevent* OR reduc* OR intervention*) AND (*recreational OR leisure OR entertainment OR pub* OR club* OR disco* OR bar* OR festival* OR rave**)

Part 1: (*drug* OR alcohol* OR illicit*)

Part 2: (*prevent* OR reduc* OR intervention*)

Part 3: (*recreational OR leisure OR entertainment OR pub* OR club* OR disco* OR bar* OR festival* OR rave**)

Limit: search within Title/abstract only

Table 3 Keyword Search Strategy

Step 1:	Search each electronic database using Query 4 - Parts 1 and 3
Step 2:	Include query 4 – part 2, in order to limit results further
Step 3:	Repeat Step 2 and use available 'Advanced Search' features: a) Title/Abstract only b) English language c) published from 1998.

Table 4: MeSH Search Strategy

1	substance abuse/
2	alcohol abuse/
3	exp drug abuse
4	1 or 2 or 3 <i><term>/ searches for the indicated term as a subject heading</i> <i>exp <term> explodes the term and include more specific terms in the search.</i>
5	(recreational or leisure or entertainment).mp <i>mp indicates search original title, abstract, name of substance word, subject heading word</i>
6	(pub\$1 or club\$1 or disco\$ or bar\$1 or festival\$1 or rave\$1).mp <i>\$1 searches for the term and any other character</i>
7	5 or 6
8	4 and 7
9	limit 8 to English language

Danish Literature Review

TITLE:

Poly-drug use and drug-related harms: a review of the policies of prevention targeted in recreational settings within EU constituent countries.

ABSTRACT:

Over recent years there have been a number of studies highlighting the changing trends in poly-drug use in recreational settings and there is a continuing need for European countries to address the health and public concerns associated with poly-drugs use and excessive alcohol consumption, particularly in young people. There are various examples of interventions designed to target this group of the population in a number of settings however, only limited data is available on the implementation and success of interventions designed for recreational locations. A systematic review was conducted to determine what interventions, designed for recreational settings defined as pubs, clubs, discos, festivals or rave parties, have been published since 1998. Our colleagues in Scotland found twenty. In the literature search in the Scandinavian publications two were identified. In Denmark much of the work undertaken to address drug and alcohol consumption in recreational settings has been published e.g. government reports, described as 'grey literature'.

AIM:

The primary aim was to identify publications post 1998 which described an intervention that had been implemented within recreational settings including clubs, pubs, discos, festivals or rave parties with a targeted population of 17-24 year olds.

These studies were enumerated and checked for origination from the European Union. They were further characterised by determining what attributes they had in common, in terms of design and implementation.

METHODS:

Criteria

Studies were included from the search if they described/had an intervention that was administered within a recreational setting and designed to reduce hazardous levels of alcohol consumption or decrease drug use. Eligible studies were:

- 1) Implemented in clubs, pubs, discos, festivals or rave parties
- 2) Targeted population groups which included young people aged 17-24 years
- 3) Published in English
- 4) Published during or after 1998

Studies not included were purely legislative interventions e.g. taxes, licensing restrictions because these kinds of interventions cover a vast number of issues including political and community pressures and therefore will vary between countries and differing council regions. Full guidelines for this review are available from the Synergia.

Procedure

A review was carried out by the Scottish partners. They developed a search strategy and searches designed to incorporate relevant publications. Internet search engines were used, to perform keyword and medical subject heading (MeSH) searches, in order to identify relevant publications, from the following electronic resources:

- MEDLINE (PubMed)
- Sciencedirect
- InformaWorld
- Education Resources Information Center (ERIC)
- Expanded Academic ASAP
- PsychARTICLES
- PsychINFO
- ISI Web of knowledge
- Cinahl (OVID)
- EMBASE (OVID)
- British Nursing Index and Archive (OVID)
- ASSIA (OVID)
- Social Work Abstracts (OVID)
- Health Management Information Consortium (OVID)
- Zetoc

When looking at the list above we can see that the especially Danish/ Scandinavian literature has not been searched for. The electronic resources are:

- Bibliotek.dk

- SweMed

MeSH Search

We used the same search technique as our colleagues, using medical subject heading search (MeSH) (table 2). The results obtained were all exported into the reference management software: Endnote. In addition, 'related articles' were also screened in electronic databases; with this feature e.g. Pubmed, selecting articles which appeared to be highly relevant. None of the publications met the criteria mentioned above.

81 publications were found in bibliotek.dk and 53 were found in Swemed+, which all in all results in 134 publications. The screening at the abstract causes the exclusion of 114 publications only because of the language; more 14 publications were excluded because they didn't meet the inclusions criteria when it comes to subject [1-14]. There were 6 publications which we looked further into. One of the publications would fall because of the age criteria [15]. 3 of the publications would fall because they were only descriptions of the phenomenon [16-18]. The last two were reports on preventive project done on the Roskilde Festival in the years of 2007 and 2008 [19-20]. They were rejected because they belong to the so called 'grey literature'.

Conclusion

We can conclude that the literature research supplement to the Scottish research only underlined the fact that peer reviewed literature is lacking also in the Nordic countries. There seems to be descriptions of the phenomenon – men initiatives to reduce the youth drinking and doing drugs still lack in the research area.

Acknowledgements

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Table 1: MeSH Search Strategy (in SweMed+)

Search A) Substances	Search B) Setting	Search C) Combined & Limits
1 Substance	5 (recreational\$ or leisure\$)	9 4 and 8
2 abuse\$	6 (pubs\$ or clubs\$ or discos\$ or bar\$)	10 limit 9 to English
3 Alcohol abuse\$ Drugabuse\$	7 (festival\$ or rave\$)	language
4 1 or 2 or 3	8 6 or 7 or 5	

\$ = denotes any other character

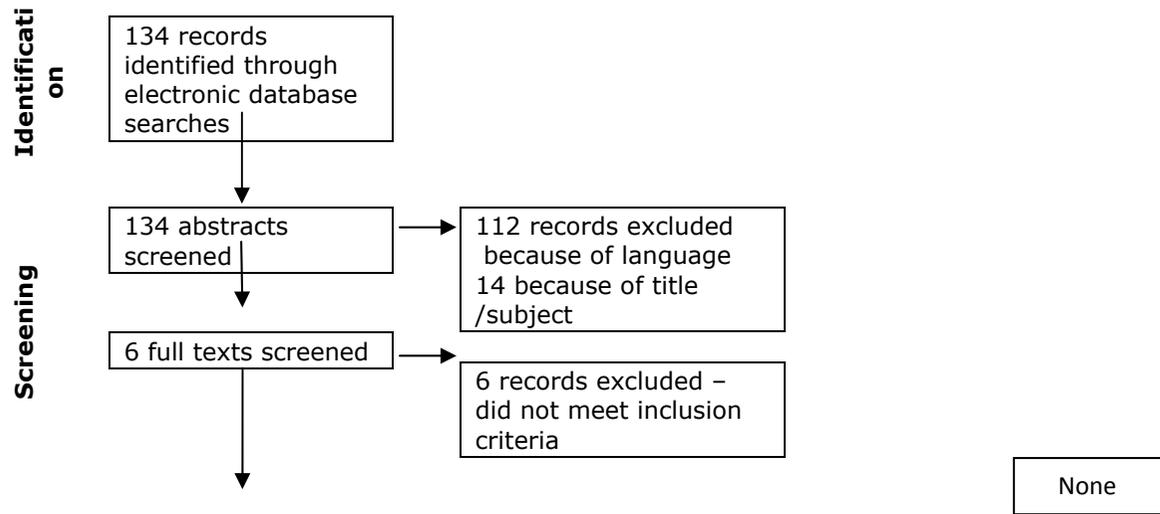
Table 2: MeSH Search Strategy (in Bibliotek.dk)

Search A) Substances	Search B) Setting	Search C) Combined & Limits
1 Stofmisbrug?	5 (rekreativt? or fritid?)	9 4 and 8
2 alkoholmisbrug?	6 (pub? or barer? or disco? or værtshus?) ¹	10 limit 9 to English
3 misbrug? 1 or 2 or 3	7 (festival? or rave?)	language
4	8 6 or 7 or 5	

? = denotes any other character

¹ Bars and Pubs gave too many hits and were refused. 'Værtshus' is a Danish word for Bar

Flowchart 1: Screening Process for Eligible Records



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Italian Literature Review

Author(s)	Titolo	Targets	Intervention(s) Design	Brief Description	Setting	Measurement(s)	Network(s)/Participant(s)	Limitation(s)
Basic Networks www.basicsnetwork.org	"Linee guida per progetti paritari emergenti nell'ambito della musica elettronica e dance" E "Linee guida per la pianificazione di progetti paritari nell'ambito della musica elettronica e dance"	Frequentatori di eventi e locali techno - dance	Promozione di progetti paritari gestiti da frequentatori di eventi e locali techno dance	Indicazioni per la realizzazione di progetti paritari e per gli interventi nei contesti in oggetto	Eventi dance	Promuove la costituzione di gruppi paritari e la realizzazione di progetti peer finalizzati alla riduzione dei rischi. AL momento attuale sono attivi 28 gruppi a livello EU	Network di base,collegato via web, attivo dal 1998 che coinvolge 28 gruppi in diversi paesi (Francia, Regno Unito, Germania, Italia, Svizzera, Croazia, Olanda, Belgio, Slovenia, Austria, Repubblica Ceca) che con fondi EU, della missione interministeriale ministeriale francese e della commissione franco tedesca per i giovani ha sviluppato progetti finalizzati a una maggiore sicurezze degli eventi musicali	
Basic Networks www.basicsnetwork.org Colin Sime - Crew 2000	Linee guida per una Chill out ideale	Frequentatori di eventi e locali techno - dance	Allestimento di aree Chill out negli eventi dance e definizione di linee guida per la loro realizzazione e per la gestione degli eventi di crisi Vengono descritti i criteri, i e le risorse materiali ed umane necessarie per la loro realizzazione.	L'articolo si concentra sugli elementi di contesto necessari e favorenti l'intervento con chill out. In particolare: la gestione dei rapporti e la contrattazione con organizzatori dell'evento e/o gestori del locale, i requisiti richiesti, le cautele per gli operatori, i materiali necessari, gli elementi d'attenzione per la gestione delle situazioni di crisi	Eventi dance	Non applicabile non essendo un progetto ma linee guida	Gruppi paritari, organizzatori di chill out - educatori progetti notte, organizzatori di eventi, gestori dei locali, addetti alla sicurezza, servizi sanitari,	

Mila Ferri Regione Emilia Romagna Club Health 2002 Op. Cit.	"Mondo della notte, uso di sostanze e tutela della salute	Operatori progetti. Personale e gestori locali	Buone prassi per la riduzione dei rischi nei contesti del divertimento	E'indicato creare aree chill out o di allestire e gestire zone di decompressione ove siano disponibili bevande analcoliche in ambiente rilassato.	Discoteche, eventi dance in genere				
Basic Networks www.basicsnetwork.org 2002	Linee guida sul controllo delle sostanze stupefacenti	Frequentato ri di eventi e locali techno - dance	Utilizzo del controllo sulle sostanze stupefacenti (pill testing) nelle attività di riduzione del danno come strumento tes a: favorire il contatto con consumatori, rilevare situazioni di rischio e allarmare i consumatori, conoscere il mercato illecito di s.s., influenzare il mercato illecito in relazione alla diffusione di sostanze dannose	descrizione delle modalità di applicazione delle principali procedure per l'analisi delle s.s.(cromatografia e test di reazione colorata)	Eventi dance - teknival	Non applicabile non essendo un progetto ma linee guida	Gruppi paritari, organizzatori di chill out – educatori progetti notte, organizzatori di eventi, gestori dei locali, addetti alla sicurezza, servizi sanitari,	Imprecisione del test di reazione e colorata Costi difficili a tecnic e tempi per la cromat ografia. Impraticabilità legale del pill testing in base alla legislazione dei diversi paesi (In Italia è illegale)	

Russel Webster in partnership with Release "Guida Safer Clubbing" London Gennaio 2002	Guida safer clubbing	Operatori che intervengono nei contesti del divertimento o Personale e gestori locali	Buone prassi per la riduzione dei rischi nei contesti del divertimento	Le ricerche dimostrano che interventi di prevenzione primaria – incoraggiare le persone a non far uso di sostanze – è inefficace all'interno di un contesto come quello dei locali, considerato il fatto che un'alta percentuale di frequentatori sono consumatori abituali e refrattari a questo tipo di approcci. C'è un buon potenziale per fornire informazioni circa un uso più sicuro di sostanze all'interno dei locali e per fornire materiale informativo rilevante sulle sostanze. Qualsiasi servizio educativo e informativo sulle sostanze deve assicurarsi che la persona comprenda il danno potenziale cui va incontro nel fare uso di sostanze e che sia a conoscenza delle implicazioni legali connesse. Lo scopo dell'informazione in questo contesto è quello di fornire informazioni fruibili ai frequentatori circa le sostanze che utilizzano, renderli consapevoli dei rischi che corrono, e confrontarsi in merito alle possibili strategie per ridurre l'uso di sostanze o perlomeno rendere più sicuro il contesto in cui si consumano	Discoteche, disco pub eventi dance in genere	Indicazioni per l'approccio informativo
Lidia Agostini, libero Cola, Marusca Stella Da Club Health – "2° Conferenza Internazionale sulla tutela della salute e uso di sostanze nel mondo della notte" 24 – 27 Marzo 2002 – Rimini – Abstract Book	"Operatori del mondo della notte: un'esperienza di formazione anno 1998 Intervento a club health 2002 Conferenza Internazionale e sul tema	Operatori che intervengono nei contesti del divertimento o Personale e gestori locali	Intervento informativo Nei contesti del divertimento	E' considerato opportuno intervenire per aumentare le conoscenze e le informazioni scientifiche sugli effetti delle sostanze psicostimolanti, la loro azione a breve ed a lungo termine, gli effetti collaterali ed i rischi Condurre una campagna informativa all'interno delle discoteche comporta la necessità di individuare degli "alleati" in grado di sostenere e diffondere i messaggi con maggiore capacità di incisione rispetto al target. A questo fine è fondamentale coinvolgere, come soggetti in grado di veicolare il messaggio, anche i professionisti che lavorano nel settore	Discoteche, disco pub eventi dance in genere	Indicazioni per l'approccio informativo e la costruzione di alleanze con il personale e i gestori dei locali

Karen Huges e Mark A. Bells Novembre 2003 Agenzia di riferimento: Drug and alcohol Action Teams, Primary Care Trust, Licensees - Regno Unito	Safer Nightlife in the North West of England	Operatori che intervengono nei contesti del divertimento o Personale e gestori locali	Intervento informativo Nei contesti del divertimento	Le informazioni devono riguardare non solo le singole sostanze, ma anche i mix di droghe e alcol, gli effetti relativi all'assunzione contemporanea di sostanze legali e medicinali prescritti con alcol, la salute sessuale. Devono altresì essere accompagnate da gadget, materiali utili per l'adozione di comportamenti finalizzati a ridurre i danni e profilattici Perché l'approccio informativo sia efficace è fondamentale che le informazioni sugli effetti siano disponibili ovunque, abbinando campagne su larga scala sul consumo sicuro con iniziative mirate a target selezionati su temi specifici (es. legami alcol- sesso non protetto). Inoltre, il materiale delle campagne e le informazioni sulla salute devono essere largamente distribuite attraverso gli ambienti del divertimento notturno, negozi di abbigliamento, tabelloni pubblicitari, luoghi frequentati dai giovani	idem	Indicazioni per l'approccio informativo
. Sheila Henderson HIT – Regno Unito Club Health 2002 Op. Cit	: Il risultato di uno studio di valutazione della campagna di "Protezione" estate 2001	idem	idem	Le informazioni devono essere rese disponibili in varie forme, con vari strumenti e la presenza degli stand informativi deve essere sostenuta da un diffusione dei materiali informativi anche in altri spazi del locale e non solo. Una strategia per aumentare le possibilità di penetrazione dei messaggi può essere quella di posizionare manifesti e locandine in vari luoghi strategici sia dei locali, che delle zone di transito per arrivare ai locali stessi (locali, bar, pub, negozi, toilette, treni, autobus, ecc..)	idem	idem
. Sharon Doherty e Ellie Brown - University of Central Lancashire - Regno Unito "Touch Club Health 2002 op. cit		idem	Utilizzo della peer education	Un'altra strategia che si è rivelata efficace in relazione alla diffusione di informazioni prevede l'utilizzo della peer education, attraverso il coinvolgimento di volontari "pari". La valutazione di interventi che utilizzavano queste strategie ha evidenziato un'ottima efficacia in relazione alla capacità di ritenzione delle informazioni da parte del target. Ovviamente, è fondamentale che le informazioni siano gratuite, precise ed attendibili. Si è anche rivelato importante differenziare le informazioni per genere sessuale, inserendo indicazioni specifiche per i due sessi	idem	Utilizzo della peer education per la veicolazione delle informazioni

Mila Ferri Regione Emilia Romagna Club Health 2002 Op. Cit.	"Mondo della notte, uso di sostanze e tutela della salute	Operatori che intervengono o nei contesti del divertiment o	Approccio educativo promozionale e attività di counselling nei contesti del divertimento notturno	Spesso l'intervento educativo assume addirittura la forma di veri e propri interventi di counselling individuale, con persone che espongono difficoltà e problematiche personali. Del resto la scelta strategica di inserire la presenza di operatori sui luoghi del divertimento è legata alla convinzione che i messaggi informativi e sulla riduzione dei rischi siano più efficaci se veicolati da una relazione interpersonale .	idem	
L. Biffi B. Lamera Dipartimento delle Dipendenze ASL di Bergamo Club Health 2002 Op. Cit.	"Progetto POPPER. Notti in discoteca: dalla diffusione di informazioni alla costruzione di relazioni	idem	idem	Le competenze relazionali vanno intese come capacità di mettersi in gioco su un piano informale e di aprire spazi di relazione e di pensiero nel contenitore discoteca. E' evidente la necessità di competenze relazionali specifiche e diverse da quelle solitamente messe in campo nei Servizi. Per questo motivo vanno privilegiati interventi che non si limitano al "volantinaggio" di materiali informativi sulle sostanze, ma che puntano invece alla costruzione di relazioni con i frequentatori e quindi ad una presenza nel locale caratterizzata da una relativa costanza e continuità. Questo è confermato anche da ricerche di valutazione dove si è evidenziato come esista uno scarto significativo circa la consapevolezza sulla pericolosità dei comportamenti tra soggetti che ricevono le informazioni semplicemente attraverso i materiali informativi ed soggetti che invece ricevono informazioni nell'ambito di una relazione con l'educatore. Si è evidenziato come sia più facile ottenere modificazioni sul livello di consapevolezza circa i comportamenti a rischio, attraverso interventi in cui le informazioni passino attraverso l'instaurazione di relazioni significative con la popolazione target	idem	Maggiore efficacia nella penetrazione dei messaggi info e nell'aumento della consapevolezza dei rischi se si realizzano interventi continuativi nel tempo e si utilizza l'approccio educativo promozionale e lo strumento della relazione educativa e del counselling.

Russel Webster in partnership with London Gennaio 2002 Già citato	Release "Guida Safer Clubbing"	Personale e gestori dei locali	Approccio educativo promozionale con il personale dei locali	<p>Sempre sul versante educativo - promozionale sono fortemente raccomandati anche gli interventi di formazione rivolti agli operatori ed agli imprenditori della notte. l'intervento può essere efficace solo se all'intero staff viene fornita un'adeguata e regolare formazione ed evidenzia differenti piani su cui intervenire:</p> <p>Formazione per chi ha ricevuto la licenza: Il British Institute of Innkeeping Awarding Body (BIIAB) ha recentemente introdotto il Certificato Nazionale di Licenza sulle Droghe. Il corso è necessario e suddiviso in due sezioni: una destinata ad accrescere consapevolezza e attenzione sulle scene in cui viene fatto uso di sostanze. Dà ai manager e proprietari una conoscenza e comprensione di base in materia legislativa rispetto all'utilizzo e allo spaccio di sostanze in un locale che ha ricevuto la licenza. L'altra fornisce un guida-base operativa per aiutare i proprietari a gestire qualsiasi problema legato alle sostanze all'interno dei loro locali. Fornisce inoltre una guida per sviluppare politiche e strategie per prevenire questi problemi.</p> <p>Formazione per i buttafuori: con l'introduzione di uno schema di registrazione nazionale, la formazione per i buttafuori è diventata sempre più frequente e di standard sempre più elevati. Molte autorità locali organizzano e coordinano corsi di formazione. È importante che l'aspetto formativo legato alle sostanze sia tenuto da figure con una rilevante esperienza e conoscenza rispetto all'uso di sostanze durante "eventi dance". Il coinvolgimento dei servizi operativi sulle sostanze locali è appropriato. Il certificato per buttafuori del BIIAB comprende due interi moduli dedicati esclusivamente all'attenzione alle sostanze..</p>	idem	Necessità di formalizzare iniziative formative per il personale che coinvolgano più livelli istituzionali	Rete istituzionale e non istituzionale: gestori e personale del locale, organi di polizia, Uffici licenze, autorità locali, operatori dei progetti, servizi socio sanitari
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Segue da sopra

Formazione per addetti alle pulizie: gli addetti alle pulizie dovrebbero ricevere una formazione in merito ai metodi più sicuri per trattare con eventuali sostanze e materiale correlato.

Formazione per l'intero staff: nei locali che offrono regolarmente il tipo di musica che attrae clienti che fanno uso di sostanze, è importante che tutto il personale riceva una formazione circa gli effetti delle principali sostanze usate, e come agire in caso di clienti sotto forte effetto. La formazione deve inoltre comprendere la salute e la sicurezza dello staff che agisce le procedure previste dalla politica sulle sostanze. Il Drug Action Team locale dovrebbe essere il primo riferimento da contattare per organizzare tale formazione

L. Biffi a cura di ASL di Bergamo Maggio 2007	La prevenzione nei contesti del divertimento notturno	Gestori e personale dei locali	Formazione del personale attraverso l'approccio informale	L'intervento con il personale dei locali finalizzato alla modificazione di elementi ambientali di rischio e all'inserimento di maggiori livelli di attenzione passa anche e in modo importante attraverso le relazioni e gli scambi informali, nei momenti di presenza degli Info Point. Questo tipo di approccio ha reso possibile, in diverse situazioni, modificare alcuni aspetti di contesto fondamentali circa la dimensione del rischio	idem	Efficacia dell'intervento informale con i gestori e il personale dei locali	L'indicazione si riferisce alla valutazione di un'esperienza locale
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<p>Russel Webster in partnership with London Gennaio 2002 Già citato</p>	<p>Release "Guida Safer Clubbing"</p>	<p>Personale e gestori dei locali</p>	<p>Interventi di sicurezza sul contesto ambientale</p>	<p>Sono identificabili 5 aree chiave a cui è necessario fare riferimento affinché l'ambiente di un evento musicale sia sicuro:</p>	<p>idem</p>	<p>Rete istituzionale e non istituzionale: gestori e personale del locale, organi di polizia, Uffici licenze, autorità locali, operatori dei progetti, servizi socio sanitari.</p>
				<p><u>Prevenire il sovraffollamento:</u> I responsabili delle licenze stabiliranno un limite massimo di partecipanti per evento, limite stabilito per legge su ogni permesso. Superare il limite è un fatto grave e risulta essere incriminante in processi contro il locale, il manager e il promoter. La licenza viene ovviamente revocata.</p>		
				<p>L'ufficio licenze deve verificare l'utilizzo di metodi affidabili nella conta dei partecipanti all'ingresso e che vengano contate tutte le persone sull'area dell'evento.</p>		
				<p>Vanno evitati sovraffollamenti localizzati. Non ha senso rispettare il limite stabilito se metà dei clienti è pigiata in piccole aree. Le autorità locali e il personale dell'ufficio licenze possono fornire utili suggerimenti in proposito.</p>		
				<p><u>Aria condizionata e ventilazione:</u> Il controllo della temperatura e dell'umidità durante un evento è di estrema importanza per la sicurezza dei partecipanti. Sono disponibili guide tecniche sul tema e su come assicurarsi che si mantengano i parametri stabiliti</p>		
				<p><u>Disponibilità e possibilità di avere accesso ad acqua potabile:</u> è importante che chi partecipa all'evento si mantenga idratato. E' quindi obbligo che ci sia in qualsiasi momento libero accesso. La fornitura di acqua gratis è spesso una condizione base per poter avere la licenza in luoghi in cui si realizzano serate disco. L'inosservanza è considerata fatto molto grave</p>		
				<p>Le azioni <u>migliori sono:</u> acqua fresca in zone facilmente raggiungibili; segnali visibili che le indichino, ampia disponibilità di bottiglie d'acqua e soft drink a prezzi accessibili, personale che controlli l'area ballo e rifornisca di acqua chi è in necessità. Potrebbe essere necessario staff che supervisioni la distribuzione di acqua fresca per assicurarsi che non venga alterata in nessun modo</p>		

Segue da sopra

Misure precauzionali per contrastare il surriscaldamento:

Una delle maggiori cause di surriscaldamento è dovuta al fatto che chi balla si trova "bloccato" dalla musica e balla per ore ad un ritmo cardiaco elevato. L'aggiunta di ecstasy o altri stimolanti aumenta i rischi. Esistono misure precauzionali che il locale e lo staff del sound system possono seguire per incoraggiare i clienti a prendersi delle pause:

i proprietari del locale hanno la responsabilità di controllare i livelli di riscaldamento, i DJ possono essere d'aiuto osservando ciò che succede sulla pista e prestando attenzione al fatto che la temperatura non raggiunga livelli pericolosi. Tra una sezione musicale e l'altra è possibile introdurre dei momenti di calma.

l'intero staff deve tenere sotto controllo la pista per individuare chi è troppo preso a ballare per prendersi una pausa o qualcosa da bere. Queste persone vanno tenute sotto attento controllo. Sono necessari spazi appositi dove si possa fare una pausa e rinfrescarsi. Questi spazi dovrebbero essere più freschi e tranquilli rispetto alla pista da ballo. Dovrebbero essere dei posti a sedere e un controllo da parte dello staff che impedisca il sovraffollamento. Questo sarebbe anche il luogo ideale per dare spazio a dei servizi e fornire informazioni.

Se ci sono delle stanze di "decompressione", è importante assicurarsi che la musica qui sia più tranquilla e lenta. (...).

I frequentatori di locali avranno la necessità di "vestirsi a strati" a tutela della propria salute soprattutto nel periodo invernale, è importante la presenza di un adeguato guardaroba dal costo compreso nel prezzo di ingresso o comunque abbastanza ragionevole da incoraggiare i clienti ad utilizzarlo

Segue da sopra

Sicurezza generale

Il personale dell'ufficio licenze deve dare chiare indicazioni affinché il locale sia in regola con tutte le normative riguardanti la salute e la sicurezza.

Punti importanti sono:

prevenire l'accesso a luoghi pericolosi quali la postazione degli speaker o balconate.

Dotarsi di contenitori per bicchieri per evitare l'accumularsi degli stessi ed eventuali ostruzioni.

Utilizzare bicchieri di plastica o altro materiale resistente per evitare che vengano usati in modo pericoloso o come armi.

Assicurarsi che le parti fissate del locale siano stabili e sicure. Assicurarsi che gli impianti, in particolare quello elettrico, siano salvaguardati dai possibili effetti causati da condense, molto comuni in serate discoteca e Impedire che il pavimento diventi scivoloso a causa di condensa o drink caduti.

Assicurarsi che il volume massimo del sound system sia tale da non provocare danni all'udito.

Informare i clienti dell'uso di flash o luci laser, fumo o altri effetti speciali

Assicurarsi che le procedure di evacuazione considerino che i clienti possano essere sotto effetto di sostanze o alcol.

Assicurarsi che il personale per il primo aiuto sia formato sui problemi legati all'uso di sostanze e, in alcuni casi, soprattutto per quanto riguarda eventi con molte persone o che durano tutta la notte, è necessario avere una **copertura medica**

d'emergenza. A questo riguardo va ricordato che avere a disposizione un apposito locale per i trattamenti medici, è l'aiuto più utile per chi fornisce un servizio medico, in quanto gran parte del lavoro richiesto in caso di clienti sotto effetti negativi dati da sostanze sta spesso nel portare rassicurazione e sostegno in un ambiente fresco e tranquillo.

Russel Webster in partnership with London Gennaio 2002 Già citato	Release "Guida Safer Clubbing"	gestori e personale locali, frequentato ri, servizi, rete istituzionale	Necessità di un approccio di comunità e della costruzione di raccordi tra i diversi soggetti della rete territoriale	L'elemento che più di tutti può assicurare un ambiente sicuro per i frequentatori di locale è che le figure chiave (proprietario, manager e promoter; personale per le licenze e polizia; operatori socio sanitari) lavorino insieme in modo sinergico, sviluppando un rapporto di lavoro costruttivo vissuto come la possibilità di consultarsi tra esperti. E' anche importante che gli uffici per le licenze e le Forze dell'Ordine mantengano un'azione di monitoraggio dei locali al fine di verificare che siano rispettati le regole per la sicurezza ambientale. In particolare per i locali caratterizzati dall'uso sostanze.. E' importante che i monitoraggi avvengano in momenti in cui i rischi sono maggiori. Una buona strategia per il monitoraggio è utilizzare i clienti stessi . Le autorità locali dovrebbero incoraggiare i locali ad avere una procedura di reclamo da distribuire su larga scala. I frequentatori vanno incoraggiati a sporgere reclamo direttamente alla direzione del club, durante l'evento stesso, se hanno avuto la sensazione che l'ambiente non fosse abbastanza sicuro. I moduli di reclamo dovrebbero prevedere un numero cui far riferimento per l'ufficio licenze. Inoltre, il personale delle licenze dovrebbe incoraggiare i locali che non aderiscono a servizi educativi faccia a faccia all'interno dei loro spazi, ad acquistare materiale sulle sostanze da posizionare all'interno del locale	idem	idem
Karen Huges e Mark A. Bells Novembre 2003. Agenzia di riferimento: Local Education Authority, Primary Care Trust Op.Cit		gestori e personale locali, frequentato ri, servizi, rete istituzionale	Necessità di un approccio di comunità e della costruzione di raccordi tra i diversi soggetti della rete territoriale	Un altro livello da curare e per il quale diventa fondamentale la costruzione ed il consolidamento di una rete riguarda per esempio: l'apertura e la messa in sicurezza per la notte delle aree di intrattenimento pubbliche; Provvedere alla messa a disposizione di trasporti sicuri (taxi, bus navetta, ...); promuovere divertimenti notturni alternativi al consumi di alcol e sostanze da parte delle Autorità Locali.	idem	Idem

Democracy cities & drugs project	AAVV all'interno di Safer Nightlife project	gestori e personale locali, frequentato ri, servizi, gruppi e reti di frequentato ri	Manuale di buone prassi	Manuale di buone prassi che evidenzia diversi livelli significativi da tenere in considerazione proponendo ipotesi operative. <u>Adottare una prospettiva di sviluppo di comunità</u> Valorizzare e utilizzare il potere comunicativo del network tra i ragazzi e garantire loro il sostegno. Lavorare in partnership. assicurare la collaborazione tra i fruitori degli eventi, coloro che erogano servizi, politici e amministratori, i finanziatori per incrementare la partecipazione e sviluppare le partnership. La promozione della salute si ottiene con una collaborazione efficace tra le Amministrazioni e gli erogatori dei servizi della vita notturna, e tra gli organizzatori degli eventi notturni e chi lavora in prima linea. Sono identificabili alcuni aspetti essenziali dei vari ruoli: Crea un ponte di conoscenza tra gli operatori professionisti ed i politici affinché le politiche nazionali e la legislazione tengano conto delle informazioni realiste e delle opinioni delle persone vicine al mondo della notte. Ammnistrazione: sviluppa una relazione partecipativa tra tutte le parti coinvolte, includendo i fruitori della vita notturna, si consulta con i servizi a livello locale, quando modificano le politiche e la legislazione; cerca le opinioni degli organizzatori degli eventi notturni per comprendere l'impatto delle politiche attuate, collabora con i partner politici, collabora con i propri omologhi di altri paesi, sostiene i forum nazionali degli erogatori di servizi, partecipa al network europeo. Permette l'uso flessibile delle risorse.	idem	La guida "Safer Nightlife" per la promozione della salute nei contesti del divertimento notturno si è sviluppata tra il 2005 ed il 2007 all'interno del Progetto Democrazia, Città e Droghe come risultato di una serie di riunioni e seminari a cui presero parte i servizi, le amministrazioni locali ed esperti di 13 paesi europei
Progetto EU	Una proposta europea per promuovere la salute nei contesti del divertimento notturno e per la condivisione di buone prassi					

segue**Gestori e organizzatori di eventi:**

Collaborano con coloro che erogano servizi e con la polizia, Appoggiano il network locale con altri organizzatori per stabilire codici di procedura che dissuadano forme di competizione pericolose per la salute, Permettono agli erogatori di servizi di operare nel proprio ambiente, chi cerca di sviluppare nuove tendenze nel mondo della notte sviluppa una relazione confidenziale con gli erogatori dei servizi affinché possano collaborare

Professionisti sul campo: utilizzano l'esperienza dei giovani e della comunità del settore del divertimento notturno per programmare e sviluppare il proprio approccio, coinvolgendoli nella preparazione, attuazione e valutazione dei progetti. Sviluppano sistemi di informazione per poter cogliere le necessità degli utenti e le tendenze del mondo della notte, per monitorare l'impatto del proprio lavoro, promuovere la sicurezza e la salute e offrire fatti e dati ai servizi locali, alle Amministrazioni ed ai finanziatori. Si accordano per creare un codice di procedura, da usare nelle situazioni notturne

Utenti: Informano i partner di un progetto "Safer Nightlife" su necessità e nuove tendenze nel proprio contesto. Partecipano alla realizzazione delle nuove azioni, alle valutazioni delle attività, alle campagne e alla qualità del servizio. Diffondono informazioni sulle attività del progetto "Safer Nightlife" ai propri pari. Agiscono come partner del progetto quando sono organizzati

segue

Conoscenza preliminare del contesto:

fondamentale questo passaggio preliminarmente le fonti di informazioni devono essere le più ampie possibile: pronto soccorso, servizi salute mentale serv. Salute sessuale e consultori per es. per i casi da pillola del giorno dopo associata al divertimento notturno), polizia, servizi dipendenze, progetti giovani, servizi per la sicurezza degli eventi e del divertimento notturno, gestori e personale locali-eventi, ecc. ecc. la mappatura dei locali può usare uffici per le licenze e liste pubblicitarie locali (Web, flyer, ecc)

La raccolta quantitativa va accompagnata da informazioni qualitative
