

To ensure good health and safety in recreational nightlife contexts it is necessary to intervene on the processes that determine the appearance of risks. Therefore it is imperative to know and effectively appraise the factors and mechanisms that can aggravate or reduce them. Effective measures can result in the health and safety risks of venues' settings being minimised and the successful promotion of patrons' well-being. However, ensuring that nightlife contexts incorporate adequate health and safety criteria requires the harmonisation of many actors and needs. Therefore enhanced coordination between agencies at a European, national and local level, and between the public and private sectors, is much needed.

Set of standards to improve the health and safety of recreational nightlife venues

November 2011



IREFREA

European Institute of
Studies on Prevention
Rambla, 15 (2-3)
07003 Palma de Mallorca
Spain
www.irefrea.org

November 2011



THIS SET OF STANDARDS HAS BEEN DEVELOPED AS PART OF THE CLUB HEALTH PROJECT,
AND HAS BEEN CO-FINANCED BY THE EUROPEAN COMMISSION

www.club-health.eu





CLUB HEALTH HEALTHY AND SAFER NIGHT OF YOUTH

Factsheet: Set of standards to improve the health and safety of recreational nightlife venues



Authors:

Mariàngels Duch, Amador Calafat and Montse Juan

@ IREFREA, 2012

Introduction

Studies on risk factors and procedures to ensure health and safety in recreational nightlife venues have mostly been conducted in Australia, Canada, USA and the UK. The aim of our research was to explore if components identified within the scientific literature as key elements have a translation at European level. Part of our methodology was to take scientific empirical evidence and present it to recreational industry representatives to ascertain the opinions and thoughts of practitioners; the opinions of other key stakeholders working in the field were collected for comparison. Research was designed specifically to look for potential cultural sensitivities.

The work presented here is intended to be a reference guide for licensed premises, managers and promoters. For the night-time economy priorities include: no selling of alcohol to those under the legal age; ending irresponsible marketing and sales promotions; ensuring the safety of customers and staff; and, by improving public safety, reducing the amount of nuisance caused to communities. This work presented here is also intended to be a reference guide for agencies responsible for licensing and policing. No comprehensive approach exists that can guarantee that no health and safety incidents will occur in and around nightlife premises but there are numerous steps that can be taken to reduce the probability of incidents occurring ▶

No selling of alcohol to those under the legal age

Explanation

Preventing underage access to alcohol is a core element of harm reduction in drinking environments. As well as youngsters being exposed to the severe effects of alcohol use, youth alcohol consumption is also associated with increases in risky behaviours such as: alcohol-related injuries, violence, risky sexual behaviour, drug use and unsafe driving under the influence of alcohol.

Minors cannot be left alone to make the choice about whether to use alcohol or not. The elements of the brain that encourage impulsivity and risk-taking develop early, while the portions of the brain that improve self control and inhibit impulsive behaviour do not fully emerge in most people until the very late teens or early twenties¹. This brain development process often occurs during early adolescence when family supervision starts to decrease and new social contexts begin playing an important role in behaviour.

The legal drinking age varies around Europe and covers a wide range of issues and behaviours. Minimum ages range from 16 (e.g. Austria, Belgium and Luxemburg) to 20 (e.g. Norway, Finland and Iceland). Minimum ages can vary depending on whether alcohol is being purchased or consumed, and can even vary depending on the type of alcoholic drink. Alcohol consumption within the home is the most unregulated (with the exception of the UK).

Nevertheless, despite this regulation, the 2007 European School Survey Project on Alcohol and Other Drugs (ESPAD) (which collected data on substance use among 15-16 year-old students across 35 European countries), found that on average half of students have been intoxicated at least once during their lifetime; 39% percent reported having been intoxicated during the last 12 months and 18% during the previous 30 days² ▶

Evidence...

- Unfortunately those enforcement activities deployed to prevent underage sales that have shown some success have positive effects that appear to diminish over time; they are also less effective if not part of a broader community initiative³.

In Sweden, the community action programme launched in 1996 by the Stockholm municipality has shown a steady increase in the number of 'refusals to serve minors' (from 55% in 1996 to 59% in 1999 and 68% in 2001)⁴. The same Swedish research has also shown that, when door staff regularly do a good job checking ID, bar staff rely on this fact and fail to double-check the ID of clients who look underage. Therefore all staff within a venue should be involved in, and committed to, identifying and refusing service to underage patrons.

In New Zealand, following an intervention the proportion of alcohol sales made in off-licenses without age identification decreased from sales to 60% of customers (from the appropriate demographic) without age identification to 46% after the deployment of an intervention⁵.

There is little evidence to support the placement of age verification devices (AVDs); in the only two assessments made in the USA staff attitude and commitment to prevent underage sales were observed as being more important than the availability of an AVD⁶. Although the systems have improved the accuracy of age verification they do not increase the baseline frequency of verification⁷ ▶

Club Health research findings

■ Checks for proof of age identification should be carried out routinely to ensure that those under the minimum age have no access to alcohol. Industry representatives who responded to our study are well aware of this fact: about 86% rate underage checkouts as key factors (65.7% 'most important', 20% 'fairly important') to ensure good health and safety inside a venue and categorise it as a practice that is both 'easily implementable' and 'low cost'.

Still, just 68.4% of the industry representatives reported carrying out underage checks at an operational level and in most cases they are not done routinely but at the discretion of door staff. Neither is there an established set of protocols. The most common excuse given for not carrying them out routinely is 'lack of need' since they reported that they were targeting an older clientele; this was accompanied by the admittance that the age of a female is harder to identify without ID than a male's.

However, research carried out on alcohol enforcement activities shows that it is fairly easy to find minors purchasing alcohol on off-licensed premises and/or consuming alcohol in on-license premises. Therefore to avoid the admission of minors customary procedures (e.g. routine checkouts) must be established within nightlife venues. All staff should be trained to identify and double check those customers who look underage so that alcohol service to underage people can be declined ▶



Promising practice

■ The community action programme launched by the Stockholm municipality focuses on:

- Preventing sales of alcohol to minors and to intoxicated customers
- Improving the ability of staff to identify risky situations and intervene effectively
- Helping staff to develop their own effective service guidance
- Promoting partnerships with local authorities

■ The Auckland Regional Community Action Project's five main objectives were:

- Reduce social supply to under 18s
- Reduce access to off-license purchases to under 18s
- Reduce on-licensed premise intoxication of under 25s
- Reduce the level of drinking and intoxication in public places
- Challenge the marketing of alcohol to young people in a way that makes a significant contribution towards changing the existing social norms of alcohol use

Available at:

<http://www.shore.ac.nz/projects/ARCAP%20FINAL%20EVALUATION%20REPORT.pdf>

■ Some of the interventions currently deployed include: i) mystery shopper programmes in the Netherlands; ii) enforcement activity through test purchasing in the UK; and iii) local regulations being used in areas of Italy to strengthen restrictions on the access to alcohol for underage people. However very little information has so far been made available regarding the effectiveness and efficacy of these schemes³.

■ In the UK, initiatives promoted by the alcohol industry such as Challenge 21, Challenge 25 and the PASS schemes have, according to government figures, been successful in reducing the number of under-18s gaining access to premises; however results have not yet been carefully evaluated ▶

Explanation

A venue's staff are an integral part of the environment of any licensed premises. Their behaviour and attitude impacts greatly on the social environment and atmosphere. Aggression levels in bars have been found to be positively associated with: i) staff serving customers to high levels of intoxication; ii) behaving in a hostile or aggressive manner (to customers and other members of staff); iii) being poorly trained and poorly coordinated; and iv) lacking the ability to identify and solve problems⁸.

Training programmes should therefore include topics such as: i) promotion of responsible drinking practices; ii) identification of underage and intoxicated patrons; iii) procedures for incident control and service refusal; iv) techniques for managing problem behaviours; and v) planning effective interventions for problem situations that may arise. Furthermore staff training should be implemented as an ongoing part of the training/licensing process. It must be endorsed by management to ensure that all members of staff comply with existing protocols for reducing risky behaviours and legal frameworks that deal with the regulation of alcohol dispensing.

Door supervisors and security staff have been highlighted as the main target group for training since they are (in most cases) responsible for preventing and dealing with patrons aggressive behaviours; they have also been documented in several research studies as sometimes being the instigators and perpetrators of violence⁹⁻¹⁴.

Training programs must include: i) identification of underage and intoxicated or offensive customers; ii) management and negotiation skills to control client's behaviour and avoid escalation of violence; and iii) skills to ensure patrons' safety when exiting venues (including assisting and facilitating safe transport to those in need) ▶

Evidence...

■ Staff training and responsible server programmes, although broadly implemented in many recreational nightlife contexts, lack rigorous evaluation regarding their effectiveness. Evidence suggests they might improve staff knowledge on alcohol issues and server practice, but maximising their successes requires clear management support and enforcement by law:

- Longitudinal studies show that effects on training and management support tend to diminish over time unless responsible beverage service (RBS) training is enforced by law¹⁵.
- A Cochrane review on interventions in alcohol server settings found no reliable evidence for a reduction in injury levels. High rates of staff and management turnover have been shown to complicate training regimes unless training is mandatory and its completion a prerequisite for employment¹⁶.
- Swedish research has shown that there are no differences in the frequency of alcohol service to adolescents between venues with 'RBS-trained servers' and venues with 'non-RBS-trained servers' unless rigorous enforcement of current alcohol laws is deployed⁴.
- The safer bars programme in Canada, which is aimed at reducing aggression, has produced mixed results. Levels of physical aggression in patrons did reduce in bars that received training (while it increased in control bars), but staff aggression increased in both control and intervention bars. It was observed to be more pronounced in control bars due to a higher staff turnover that appears to moderate the effects of the intervention¹⁷.
- In Sweden a study that examined drug consumption among club staff showed a higher prevalence of drug use compared to the general population¹⁸. Based on this evidence a community based intervention ('Clubs against Drugs'), was launched by STAD. An evaluation study observed that the project had significant effects on how staff handled drug-impaired guests. During a follow-up study in 2008 door supervisors intervened in 65.5% of cases (n = 55), a significant improvement compared to the 27.0% (n = 48) rate observed in 2004 (the first follow-up study) and to the 7.5% (n = 40) baseline rate noted in 2003¹⁹. Further studies will be conducted and levels of sustainability of the project will also be rigorously assessed ▶

Club Health research findings

■ Staff training programmes are common in European nightlife environments. Of the industry representatives sought, 82.1% reported that they deployed server training at an operational level. Although only 58.9% stated that the training includes RBS practices. The fact that it was ranked lowly as a key component to ensure health and safety in licensed premises coupled with the big discrepancies found in the rankings of 'ease of implementation', 'cost' and 'acceptability' seems to indicate the presence of a number of divergent approaches to the training. Although only in Sweden it is mandatory, 31.8% of industry representatives reported that in-house training is enforced.

Door and security staff is ranked as a key component to ensure health and safety in licensed premises by 83% of industry respondents, and it is operational in 81.1% of cases. Having a set number of door and security staff is a legal requirement in most countries; ratios or numbers are normally dependent on a venues size. However, with the exception of the UK, no specific training requirements for licensing are required. In the UK it is a criminal offence to take a job as a door supervisor without a SIA (Security Industry Authority) licence. In Spain, training is required in certain regions (e.g. Balearic Islands, Catalonia, and Comunidad de Madrid) but not nationwide, and since it is a new regulation that has yet to be well developed, so far training in most regions is not enforced. Training for door supervisors is not observable as a requirement for licensing in any legislation/protocols of the other European countries that we explored ▶

Best practice

The community action programme, a method developed by STAD and launched by Stockholm's municipality in 1996, has shown a crime reduction of 29% (1998-2000) in the intervention area. Core parts of the intervention included community mobilisation, staff training on responsible beverage service and stricter enforcement of existing alcohol laws. Mandatory since 1999, its evaluation has found continued improvements over time: a decrease in alcohol related problems in licensed premises, an increase in the number (from 5% in 1996 to 47% in 1999 and 70% in 2001) of premises that refused to serve alcohol to intoxicated clients, and an increase in the refusal to serve minors (from 55% in 1996 to 59% in 1999 and 68% in 2001). The program was also observed to be cost-effective.

The Scottish Licensing Act (2005) provides a legal framework for license holders and requires the responsible operation of licensed premises; this includes mandatory training for all individuals serving alcohol. The impact of this mandatory training has not yet been evaluated.

No evaluation has been carried out on the efficiency of door supervision training regulated by the SIA since it was established in 2003 under the terms of the Private Security Industry Act 2001.

In 2001, STAD initiated a community-based drug use prevention programme with the aim of reducing the prevalence of drug use in Stockholm's licensed premises. The 'Clubs Against Drugs' project proposes an environmental approach to drug prevention focusing on high-risk premises for drug use (i.e. trendy clubs) and involves strategies to change the availability of and opportunities to use drugs at clubs including:

- Drug-training for owners, door supervisors and servers
- Policy work
- Changes in the physical environment at clubs
- Increased enforcement
- Media advocacy and PR activities ▶

Explanation

The involvement of key stakeholders, through the creation of working collaboration groups with other agencies, to tackle problems and find solutions from a broader perspective enhances the success of interventions.

These coalitions include representatives from local authorities, police, health services, probation services, drug and alcohol action teams, education services, local businesses and residents. These coalitions have been using a broad variety of interventions to reduce alcohol related disorder and crime in drinking environments.

This integrated or multi-component approach usually combines aspects of: community mobilisation, policing and law enforcement, a scheme for local licensed premises to work together and share information with police, and a training programme for staff that provides skills for responsible service and conflict resolution. ►

Evidence...

- There is a widespread consensus that interventions addressing alcohol-related harm should be community led and managed at a local level²⁰. Research shows that community-based, multi-component programmes are more effective than the implementation of separate interventions²¹⁻²³.
- Liverpool's City Safe initiative has contributed to a 40% reduction in crime since 2005. This is an established partnership among local agencies working together to reduce alcohol-related crime in drinking environments³.
- The Community Trials Project, an intervention in Salinas (California), has proved effective at reducing night-time traffic accidents and the overall number of hospital admissions due to traffic accidents²⁵.
- An evaluation of the Surfers Paradise Safety Action Project (Queensland Australia) data, showed marked reductions in violence and crime (both inside and outside venues) and in practices that promoted irresponsible use of alcohol (e.g. binge drinking incentives). Improvements in security practices, entertainment, handling of patrons, and transport policies were also observed²⁶.
- The Geelong Local Industry Accord, an intervention carried out by venues in collaboration with the police to reduce interpersonal violence (through a code of conduct co-developed to assist self-regulation of licensed venues) showed a significant reduction of violence over a three-year period²⁷ ►

Club Health research findings

■ Although it is only mandatory in England and Wales (100% of UK informants reported that they worked in coalitions), 57.1% of all the industry stakeholders interviewed stated that they worked in collaboration with other stakeholders - but in most cases these collaborations were not formalised.

52% of industry representatives considered it a key element but the same percentage rated 'working coalitions as rather difficult to constitute'. Unless mandatory, difficulties foreseen in the constitution and maintenance of coalitions appear to act as a disincentive for their wider implementation.

Sustained success is more likely when there is police assistance and support. Although 82.1% of industry representatives stated that they collaborated with police at an operational level in their premises, in most cases, with the exception of the UK (due to licensing requirement), this seems to be limited to occasional calls when problems arise.

The fact that most informants (with the exception of those from the UK) rate implementation and maintenance of the collaboration with police as easy seems to indicate that they have not (co-) developed codes of conduct or procedures that can: i) minimise community disruption; ii) control crowds; and iii) establish measures for securing patrons and staff if problems arise. In these areas police are able to play a leadership role in reducing alcohol related incidents and harm. More than 38% of informants rated it as a sensitive topic and also as highly effective (42.6%) ▶

■ In England and Wales there is a statutory duty placed on local agencies to work in partnership to address crime and disorder, including alcohol related crime in drinking environments. These partnerships are known as Crime and Disorder Reduction Partnerships or Community Safety Partnerships²⁸.

■ The **Liverpool's City Safe** ("<http://www.liverpool.gov.uk/council/strategies-plans-and-policies/community-safety/>"<http://www.liverpool.gov.uk/council/strategies-plans-and-policies/community-safety/>) intervention includes:

- Targeted and high profile policing in nightlife environments to enforce alcohol legislation and deter crime.
- A 'Pub Watch' scheme that provides a network for local licensees to work together and with police to share information, support responsible practice and ban persistent troublemakers from drinking establishments in the city.
- A training programme that provides conflict resolution skills to bar staff and late night food establishments.
- A taxi-marshalling scheme that provides security at late night taxi ranks.

Subsidies to help bar owners replace glassware with safer drinking vessels.

- A street drinking ban.
- Provision of head-mounted video cameras to door supervisors to deter crime and promote responsible practice.
- A closed circuit television (CCTV) network to detect and deter crimes, and help points enabling the public to contact CCTV operators and police.
- Safer drinking messages and safety campaigns targeted at nightlife users.

The Tackling Alcohol-related Street Crime (TASC) programme, run in Cardiff (UK), is an example of a multi-agency scheme led by the police that includes a range of interventions. An evaluation of this scheme suggested a 4% reduction in assaults in a 12 month period in the intervention area compared to the control area³⁰ ▶

A premises lay-out and design should prevent the risk of disorder and crime by allowing patron's movement to flow. A premises lay-out and design should be driven by the aim of avoiding bottle necks and hidden areas, and limiting or eliminating excessive heat and smoke. Clear viable procedures to keep them clean from spills and other hazards should be established to avoid accidents and the availability of potential weapons.

The effective management of the physical environment of a premises should include:

- High standards of cleanliness and maintenance
- Clearly displayed conditions of entry and house rules
- Sufficient lighting and moderate noise levels
- Adequate temperature control and ventilation
- Availability of seating
- Avoidance of queuing in bars and toilets
- Good ratio staff/patrons
- Availability of food and non-alcoholic drinks
- Glassware policy ▶

Evidence...

■ Evidence suggests that by improving the physical conditions of a venue, health and safety conditions for clients and staff are also enhanced. Certain characteristics of the drinking environment itself, independent of drinkers' behaviour, also predict the likelihood of disorderly behaviour³⁴. These include: i) overcrowding and bumping³²; ii) smokiness¹⁰; iii) poor lighting and ventilation; iv) high noise levels and loud music¹⁰; v) obstacles restricting the movement of patrons; and vi) competition for access or service in bar or toilet areas³³.

■ Most interventions in venues, such as the Safer Bars Program⁴⁷, include: i) a risk assessment process to identify potential risk factors; ii) advice to improve/avoid them which covers the physical bar and the wider environment; and iii) creating a 'venue policy and practice' plan including staff/manager and supervision training.

■ Evidence on glassware policy has produced mixed results: A study on the effects of the glass-free policy introduced in Glasgow showed that one negative consequence is that customers tend to discard plastic vessels carelessly increasing littering and slipperiness, both shown to be a predictor of violent disorder; however patrons did report feeling safer in those clubs and bars³⁴. Also, a randomised controlled trial³⁵ showed that the unintentional injury rate due to toughened glass was 60% higher than due to annealed glass since it was less impact resistant than the standard glass. The introduction of polycarbonate glassware (PCG) to some bars and clubs in the UK has, where deployed, reduced glass breakages to zero; this was coincident with a small reduction in injuries - but the size of the study is not sufficient to accurately ascertain any injury prevention benefits³⁶ ▶

Club Health research findings

■ Between 75% and 95% of industry representatives seem to be aware of the impact a venue's physical conditions might have on clients' behaviours and informed that they have procedures (at operational levels) to: i) maintain an adequate room temperature and ventilation; ii) ensure that cleanliness and maintenance of the venue is kept; iii) carry out random check of toilets to disincentivise illegal behaviours iv) monitor CCTV to increase the feeling of security and control among patrons; and v) have signs with policy statements to inform clients of the house rules.

However, on the other hand, certain characteristics related to the venue capacity and staff/patron ratios, such as the provision of seating or avoiding queuing in bars and toilets, were not considered to be very important. This is despite overcrowding and bumping having been related to a number of health and safety issues (e.g. prevalence of aggressive behaviour). The supply of food and snacks, recommended to slow alcohol absorption, is also commonly dismissed due to potential litter increases.

Just 44.7% of industry representatives deploy a glassware policy in their premises. Among those who do, they qualify it as highly effective, easily implemented, and a low-to-medium cost strategy. Those who do not deploy a glassware policy rate it the opposite way: not effective, hard to implement and high cost ▶

Best practice

■ The **Bar Veiling** (Bar Safe) programme in the Netherlands (no outcome evaluation has yet been performed), incorporates training based on the evaluated 'Safer Bars' program, and has been subjected to a process evaluation in several municipalities of the country among owners and staff who participated in the training. Participants self-reported an increased ability to deal with aggression; checklist discussion was rated positively by owners³⁷.

■ The **Best Bar None** (UK), an award scheme supported by the Home Office, is now in operation in over 95 locations in the UK to reduce alcohol-related crime and irresponsible drinking practices through the promotion of responsible management of operations. No outcome evaluation has yet been carried out ▶



Explanation

The degree of overall ‘permissiveness’ in an establishment has been identified as one of the four main factors that increase rates of aggression and violence.

As well as the physical conditions of the venue, certain characteristics of management - such as: i) an over-permissive atmosphere; ii) serving drunk or underage customers; and iii) other illegal activities – have all been shown to be key predictors to increased rates of problem behaviours from clients. However, ‘level of permissiveness’ is a difficult component to evaluate. It can be evaluated in different ways according to the music scene, culture, context and individual situation.

Several actions might help to improve the management of the social environment:

- Signs with written codes of conduct specifying acceptable and unacceptable behaviours can improve patrons’ awareness of the legal and social implications of intoxication and certain actions.
- Early identification of intoxicated patrons to offer them first aid and/or assistance avoids occurrences of violence due to misbehaviour.
- Ensure that entertainment is not violent or overtly sexual.
- Promote a mix of patrons (by age and gender) avoiding all-female (‘hen’) or all-male (‘stag’) parties.
- A music policy that is incorporated into responsible server training packages ▶

Evidence...

- The ‘permissiveness’ of a venue’s environment may be communicated to customers through physical elements (e.g. mess and disorder, poor lighting) and social elements such as serving intoxicated people, encouraging drinking to intoxication (games or promotions) and allowing drug use or other misbehaviours.
- This is consistent with recent findings that show environmental factors (such as less overt sexual activity and improved comfort) are associated with causing a reduction in aggression in bars, even when the intoxication level of patrons is controlled for³⁸.
- Serving intoxicated customers has been found to be a high predictor of problems including injuries, violence, assaults and road crashes⁸.
- Young male patrons are reported to be responsible for the majority of violent incidents that occur in and around licensed premises. A cross-sectional comparative survey of 3003 British, German and Spanish holidaymakers aged 16–35 years, undertaken in the departure areas of Ibiza and Majorca (Spain) airports shown that key predictors of fighting were: being young, male, using cannabis or cocaine and frequent drunkenness during their holidays³⁹.
- Loud music has been shown to both increase alcohol consumption and reduce the average time spent by patrons drinking each drink⁴⁰. Music policy has a recognisable effect on drinking behaviours, illegal drug use, sexual activity and/or disorder and violence⁴¹; this means that DJs are able to deploy a ‘soft’ control on a nightclubs clientele and their behaviours⁴² ▶

Club Health research findings

■ 76.8% of industry representatives who responded to this study use signs with codes of conduct and about 68% rated them as a key item; 73.9% informed that the level of permissiveness in their venue was controlled. Almost all of the industry informants (98.2%) report that intoxicated patrons are identified at operational levels; although other participant stakeholders disagreed (54.5% reported that this was not being done in venues).

Just 58.9% of industry respondents reported having responsible beverage service (RBS) training; mostly this is done in-house. In some cases the handling of patrons is done by security staff (whom just 20% of industry representatives reported as being trained in their premises); this might be a problem for effectively managing the flow of people and intervening before problems arise ►

Best practice

The Safer Bars project, based on years of observational and analytical study, has produced a risk assessment workbook to help management identify and reduce environmental risks for aggression. Part of the workbook is a 3-hour training program for security staff, bar staff and managers to prevent and manage potentially violent incidents. The risk assessment covers: i) managing the flow of people into and out of bar areas; ii) creating a positive social and physical atmosphere that reduces conflict, frustration and irritation; iii) establishing appropriate house policies; iv) screening, hiring and supervising appropriate staff; and v) the peaceful management of closing time. The training sessions use group discussions and role-play to build skills in: i) managing the escalation of aggression; ii) how to deploy early interventions ; iii) working as a team; iv) plan and policy development ; v) anger control; vi) nonverbal and verbal communication skills; vii) managing intoxicated customers; and viii) legal liability. A follow-up evaluation after 12 months showed a significant reduction in moderate to severe physical aggression in the intervention premises compared with control sites. The positive effect was lower on premises with a high turnover of both managers and staff¹⁷ ►



Explanation

Research findings suggest that high concentrations of alcohol outlets, longer opening hours and cheap alcohol prices can all contribute to increases in alcohol-related problems. This evidence should be used to revise actual control measures to prevent the development of drinking environments that contribute to alcohol related harm.

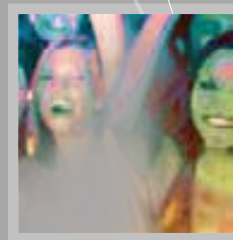
Control measures should be reviewed to:

- Limit special drinks promotions
- Limit happy hours
- Limit hours of service
- Enforce a responsible beverage service
- Legislate minimum drink prices
- Limit outlet density ▶

Evidence...

■ 'Classical' measures on alcohol sales that include: i) tax increases; ii) restrictions on sale (hours/days); iii) control of outlet density; iv) sobriety checkpoints; v) reduced BAC limits; vi) raising the minimum age for purchasing/consuming; and vii) license suspensions for offenders have all been proved to be effective.

- Pricing strategies have been proven to be effective in terms of reductions to both the amount of alcohol drunk by customers and the total number of alcohol related problems. Policies that reduce availability through price increases and minimum legal drinking age also reduce alcohol related road fatalities⁴³. Research from the USA shows a clear relationship between lower average alcohol sale prices amongst on-premise establishments surrounding a college campus and higher binge drinking rates⁴⁴. The price level of alcoholic beverages has been found to influence per capita consumption levels of ethanol, as well as the incidence of alcohol abuse and its health-related consequences⁴⁵.
- Extended late-night trading hours have been shown to be related to increased consumption and related harms. Although there has been some controversy regarding restricting or liberalising opening hours and the level of the potential impact on alcohol related harm rates, a recent review of 49 studies (including 14 baseline and control measures) seems to suggest a relationship does exist⁴⁶.
- High densities of alcohol outlets are clearly associated to other alcohol related problems e.g. violence, social problems and car accidents⁴⁷.



Evidence...

- The regulation of marketing practices (e.g. sale prices, promotions and outside advertisements) has been found to be an important strategy that can reduce problems associated to college binge drinking⁴⁴. Promotions that encourage drinking over a period of time (e.g. 'happy hours', free drinks and 'two for one' offers) tend to increase consumption rates and are one of the major factors related to nightclub violence⁴⁸. They also encourage underage drinking and heavy drinking among younger customers⁴⁹ ▶

Club Health research findings

■ Pricing is used as a marketing strategy. Therefore when asked if pricing should be regulated by law 89.7% of industry respondents answered no and 69% stated that it should be only in the form of 'guidance' for venues. Approximately 59% rated it as a sensitive component, and in terms of its prevention capacity around 65% rated its effectiveness as medium-low.

Most of the industry representatives stated that availability of alcohol is regulated by law (however Greece and Belgium enjoy free trading) and 57.2% declare it is legally enforced (by a licensing authority and/or police). Around 59% rated the availability of alcohol as a sensitive item in terms of marketing.

About 88% of industry respondents stated that they believe that special promotions should not be regulated by law. Promotions are seen as a necessary marketing strategy to compete in a very competitive market. They are rated as easily implemented (54.5%) with low implementation and maintenance costs (46.6%), and (in terms of sales) it was given a medium to high effectiveness rating (75.4%) ▶

Best practice



No interventions found ▶

References

1. Spear LP (2002). The Adolescent Brain and the College Drinker: Biological Basis of Propensity to Use and Misuse Alcohol. *Journal of Studies on Alcohol, Supplement*.
2. Hibell B, Guttormsson U, Ahlström S, Balakireva O, Bjarnason T, Kokkevi A, Kraus L. (2009): The 2007 ESPAD Report -Substance Use Among Students in 35 European Countries. The Swedish Council for Information on Alcohol and Other Drugs (CAN). Stockholm: Sweden.
3. Hughes K, Furness L, Jones L, and Bellis MA. (2009) Reducing harm in drinking environments. Evidence and practice in Europe. Liverpool: Liverpool John Moores University. Available at HYPERLINK "http://www.cph.org.uk/showPublication.aspx?pubid=692"http://www.cph.org.uk/showPublication.aspx?pubid=692
4. Wallin E, Andréasson, S. (2004) Can I have a Beer, Please? A Study of Alcohol Service to Young Adults on Licensed Premises in Stockholm. *Prevention Science*, 5 (4), 221-229.
5. Huckle T, Conway K, Casswell S et al. (2005) Evaluation of a regional community action intervention in New Zealand improve age checks for young people purchasing alcohol. *Health Promotion International*, 20, 147-155.
6. Jones L, Atkinson A, Hughes K et al. Reducing harm in drinking environments, a systematic review of effective approaches. Liverpool: Liverpool John Moores University, 2009.
7. Krevor B, Capitman J.A., Oblak L, et al. (2003) Preventing illegal tobacco and alcohol sales to minors through electronic age-verification devices: a field effectiveness study. *Journal of public health policy*, 24 (3/4), 251-268.
8. Graham K, Bernards S, Osgood DW, Wells S. (2006) Bad nights or bad bars? Multi-level analysis of environmental predictors of aggression in late-night large-capacity bars and clubs. *Addiction*, 101 (11), 1569-80.
9. Graham K, LaRocque L, Yetman R, Ross T, Guistra E. (1980) Aggression and barroom environments. *Journal of Studies on Alcohol*, 41, 277-292
10. Homel R and Clark J. (1994) The prediction and prevention of violence in pubs and clubs. *Crime Prevention Studies*, 3, 1-46.
11. Tomsen S. (1997) A top night out. Social protest, masculinity and the culture of drinking violence. *British Journal of Criminology*, 37, 90-102.
12. Wells S, Graham K, West P. (1998). The good, the bad and the ugly: Responses by security staff to aggressive incidents in public drinking settings. *Journal of Drug Issues*, 28, 817-836.
13. Hobbs D, Haedfield P, Lister S, and Winlow S. (2003). *Bouncers: Violence and Governance in the Nighttime Economy*. Oxford, New York: Oxford University Press.
14. Graham K, Jelley J, Purcell J. (2005) Training bar staff in preventing and managing aggression in licensed premises. *Journal of Substance Use*, 10 (1), 48-61.
15. Buka SL and Birdthistle IJ. (1999) Long-term effects of a community-wide alcohol server training intervention. *Journal of Studies on Alcohol*, 60 (1), 27-36.
16. Ker K. and Chinnock P. (2008) Interventions in the alcohol server setting for preventing injuries. *Cochrane Database System Review*, 16 (3), CD005244. Review.
17. Graham K, Osgood DW, Zibrowski E, et al. (2004).The effect of the Safer Bars programme on physical aggression in bars: results of a randomized controlled trial. *Drug and Alcohol Review*, 23, 31-41.
18. Gripenberg Abdon A, Wallin E, Andréasson S. (2011). The 'Club against Drugs' program in Stockholm, Sweden: two cross-sectional surveys examining drug use among staff at licensed premises. *Substance Abuse Treatment, Prevention and Policy*, 6, 2.
19. Gripenberg Abdon A, Wallin E, Andréasson S. (2011). Long-term effects of a community-based intervention: 5 year follow-up of 'Club against Drugs'. *Addiction*, 106, 1997-2004. Doi:10.1111 /j.1360-0443.2011.03573.x
20. Robinson D, Tether P and Teller J (1989). *Local Action on Alcohol Problems*. London: Routledge.
21. Holder HD, Gruenewald PJ, Ponicki WR, Treno AJ, Grube JB, Saltz RF et al (2000) Effect of community-based interventions on High Risk drinking and alcohol-related injuries. *JAMA* 284, 2341-2347.
22. Wagenaar AC, Murray DM and Toomey TL (2000) Communities mobilizing for change on alcohol (CMCA); effects of a randomized trial on arrests and traffic crashes. *Addiction*, 95, 209-217.
23. Graham K, Homel R (2008) *Raising the bar: preventing aggression in and around bars, pubs and clubs*. Portland: Willan Publishing.
24. Walker A, Flatley J, Kershaw C et al. (2009) *Crime in England and Wales 2008/09: findings from the British Crime Survey*. London: Home Office.
25. Roeper PJ, Voas RB, Padilla-Sanchez L, et al. (2000). A long-term community-wide intervention to reduce alcohol-related traffic injuries: Salinas, California, Drugs: education, prevention and policy, 7, 51-60.
26. Homel R, Hauritz M, Worthly R, McIlwain G, and Carvolth R. (1997) Preventing alcohol-related crime through community action: the surfers paradise safety action project. In Homel R. (Ed.) *Policing for prevention: reducing crime, public intoxication and injury*. Monsey, NY: Criminal Justice Press.
27. Lang E and Rumbold G. (1997) The effectiveness of community based interventions to reduce violence in and around licensed premises: a comparison of three Australian models. *Contemporary drug problems*, 24, 805-826.
28. Home Office (2007) *Delivering safer communities: A guide to effective partnership working*. Guidance for Crime and Disorder Reduction Partnerships and Community Safety Partnerships. London: Home Office.
29. Calafat A (2010) *Prevention Interventions in Recreational Settings*. Strasbourg: Council of Europe. Pompidou Group.
30. Maguire, M. and Nettleton, H. (2003), Reducing alcohol-related violence and disorder: an evaluation of the 'TASC' project. Home Office Research Study 265
31. Quigley BM, Leonard KE and Collins RL (2003) Characteristics of violent bars and the patrons who frequent them. *Journal of Studies on Alcohol*, 64, 765-772.
32. Macintyre S and Homel R (1997) Danger on the dance floor: a study of interior design, crowding and aggression in nightclubs, in Homel R (Ed.) *Policing for prevention: reducing crime, public intoxication and injury*, New York: Criminal Justice Press.
33. Deehan A (1999) *Alcohol and crime: Taking stock*. Crime Reduction Research Series Paper 3. London: Research, Development and Statistics Directorate, Home Office.
34. Forsyth AJM (2008) Banning glassware from nightclubs in Glasgow (Scotland): Observed impacts, compliance and patron's views. *Alcohol & Alcoholism*, 43 (1), 11-117.
35. Warburton AL, Shepherd JP (2000) Effectiveness of toughened glassware in terms of reducing injury in bars: a randomised controlled trial. *Injury Prevention*, 6, 36-40.
36. Anderson Z, Whelan G, Hughes K et al. (2009) Evaluation of the Lancashire Polycarbonate Glass Pilot Project. Liverpool: Liverpool John Moores University.
37. Voorham L, Sannen A (2009) Bar Veiling pilot rapportage. Utrecht: Trimbo's Instituut.
38. Homel R, Carvolth R, Hauritz M, McIlwain G and Teague R (2004) Making licensed venues safer for patrons: what environmental factors should be focus of interventions? *Drug Alcohol Rev*, 23 (1), 19-29
39. Hughes K, Bellis MA, Calafat A, Juan M, Schnitzer S and Anderson Z (2008) Predictors of violence in young tourist: a comparative study of British, German and Spanish holidaymakers. *European Journal of Public Health*, 18 (6), 569-574.
40. Guéguen N, Jacob C, Le Guellec H, Morineau T and Lourel M (2008) Sound level of environmental music and drinking behaviour: a field experiment with beer drinkers, *Alcoholism: clinical and experimental research*, 32, 1-4.
41. Forsyth AJM, Barnard M and McKeganey NP (1997) Musical preference as an indicator of adolescent drug use. *Addiction*, 92, 1317-1325.
42. Forsyth AJM (2009) 'Lager, lager shouting': The role of music and DJs in nightclub disorder control. *Adicciones*, 21,327-345.
43. Eurocare (2003) *Drinking and driving in Europe: A Eurocare Report to the European Union*. Eurocare: Saint Ives, Cambridgeshire.
44. Kuo M, Wechsler H, Greenber P and Lee H (2003) The marketing of alcohol to college students: the role of low prices and special promotions. *Am J Prev Med*, 25, 204-211.
45. Cook PJ and Moore MJ (2002) The economics of alcohol abuse and alcohol-control policies. *Health Affairs*, 2, 120-133.
46. Stockwell T and Chikritzhs T (2009) Do relaxed trading hours for bars and clubs mean more relaxed drinking? A review of international research on the impacts of changes to permitted hours of drinking. *Crime Prevention and Community Safety*, 11, 3, 153-170.
47. Livingston M, Chikritzhs T and Room R (2007) Changing the density of alcohol outlets to reduce alcohol-related problems. *Drug and alcohol review*, 26, 557-566.
48. Lincoln R and Homel R (2001) *Alcohol and youthful rites of passage*, in Williams P (Ed) *Alcohol, young persons and violence*. Canberra: Australian Institute of Criminology
49. US Department of Transportation (2005) *Preventing Over-consumption of Alcohol-Sales to the Intoxicated and 'Happy Hour' (Drink Specials) Laws*. DOT HS 809 878. Springfield (VA): National Technical Information Service.