



**Club Health - Healthy and Safer Nightlife of Youth  
(CLUB HEALTH)**

**1<sup>st</sup> Meeting of the Club Health Network**

**and**

**2<sup>nd</sup> Meeting of the Steering Committee**

**14-16 December 2009  
Ljubljana, Slovenia**

**Minutes / Reports**

## 1. Minutes of the Steering Committee meeting (14/12/2009)

WP4

### **Implementation of strategies and legislation in selected countries**

*Matej Košir, UTRIP (Slovenia)*

Matej presented short introduction of WP4 and useful databases and literature for policy reviews (list is presented in his presentation). Then he presented main objective of WP4 which is examining the reality of implementing strategies, action plans and legislation in the field of youth risk behaviour reduction. He focused on two most important questions. First is what size (or share) of harm related to youth risk behaviour could be reduced by more consistent implementation of strategies and laws in particular countries and second what are the best or most promising existing effective policy measures to achieve this? Study consists of 3 stages. First stage will be realised by UTRIP (overview of individual country laws and policies, overview of evidence-based measures, definitions regarding nightlife by location, time period, and demography). Second stage will be realised by all partners (to identify and provide specific and more detailed information on policies and their implementation) and the third stage will be realised by partners involved in pilot trainings (WP7). He presented draft structured questionnaires (first questionnaire for key stakeholders and second questionnaire for partygoers), policy and statistical tables which will be discussed amongst participants at the first meeting of the CH Network.

WP5

### **Database of legislative and policy responses**

*Matej Košir, UTRIP (Slovenia)*

The main objective of WP5 is preparation of an online tool for entering data on different legislative and national policy responses in the field of youth risk behaviour prevention in nightlife. Matej presented a policy review form and some details of data collection process which is in progress.

#### Discussion:

There was a discussion about some questions related to WP4 and WP5. There was a request for a *definition of the duration of 'nightlife'* in terms of time; the suggestion was between 21.00 in the evening and 6.00 in the morning. There was a suggestion that the *type of premises and events* to be included in the study should be decided and listed e.g. discos, bars, beaches, private parties at home, and illegal events. In terms of *demographics* a decision should be made for the age group to be included e.g. 16 to 26.

Uwe expressed the idea that we should conduct baseline data collection, and then at a 2<sup>nd</sup> time-point some months later we should repeat the data collection to see if anything has changed. Fernando had doubts about this because he cannot see things changing so soon, maybe repeat as late as possible e.g. a year rather than 6 months. There was the suggestion of following the same people to do this but Mark (Bellis) pointed out the difficulties of doing this and that you would need either a very big sample or follow some longitudinally (otherwise you run the risk of

getting a negative effect). If there was a list of people who had agreed they could be contacted at a 2<sup>nd</sup> time-point it would be better to pick randomly from the list to avoid self-selection and the problems that go with this. Matej said he would like to put this extra activity in the project. Uwe reiterated that we need impact data in the study, Matej thought that it would be easier to track stakeholders and professionals but there should be partygoers as well. Fernando asked for a *definition of 'partygoer'*. Should it be people who go out Fridays and Saturdays or those who go to raves? Matej agreed we need definitions.

Therese made a point about the question of language and cultural differences e.g. adolescents given alcohol by their parents – there is a different attitude towards this in different countries, and for example between Northern and Southern Europe. The implication of cultural differences needs to be clarified. Which language(s) should the questionnaires be in? English was suggested but a number of those present thought they would be better in own language of the country they were being delivered in.

## WP6

### **Health and safety standards in nightlife**

*Amador Calafat and Mariangels Duch, IREFREA España (Spain)*

Mariangels introduced main objectives of WP 6 which are (1) preparation, testing and dissemination of a set of selected health and safety standards; (2) evaluation of selected standards among recreational industry and; (3) promotion of the incorporation of these standards into legislation and licensing procedures for venues and events. WP6 is going to be realised in two steps. In step one (preparation of the 'manual' on health and safety standards in venues) they are going to focus on scientific background, identifying standards, draft of the manual). Partners will be asked to give a feedback on the manual. In step two they are going to prepare a protocol to assess the implementation and dissemination of the 'manual'. Mariangels presented protocol actions.

### Discussion:

There was a discussion about some questions. Amador said they were experiencing problems in understanding what they were delivering, that perhaps the project is too ambitious. He reiterated that we need definitions, this time of what is a 'standard', what is a 'practice'. He suggested a common strategy of approach to what is to be evaluated that provides descriptions of venues, dispersal policies etc. Mark thinks there are two dimensions to this: what the literature says and what is easy to implement – this is process evaluation. Amador asked how broad this should be. Karen suggested it should start broad with the general objective (that can be generalised to other countries), then things that fit within it. Mark asked if a standard is a process or an outcome. Amador thought that a standard can be good practice or it can be an outcome. Matej stated that it is important to be able to base these in legislation. Matej expressed admiration for the table of standards that Amador has produced; he thinks it is important for politicians, especially with the star rating. Mark suggested we keep all the conditions of the venue separate and not be quite as general as there are very different issues e.g. dispersal policy – description and a short set of objectives, components or processes.

WP7

**Training of staff in nightlife premises**

*Fernando Mendes, IREFREA Portugal (Portugal)*

Fernando presented the main objectives of WP7 which consists of the development of a training concept for staff, production of a manual with the training concept and cooperation with different local partners and stakeholders in all participating countries. WP7 is going to be delivered in three stages. The first stage (literature review) has already been delivered. In the second stage they are going to identify existent programs or interventions on staff training; in the third stage they are going to pre-design the manual, protocol and pilot study on six cities (training staff).

Discussion:

There was a discussion about training *accreditation*. Fernando asked if there was to be any accreditation, especially because in Portugal if anyone does anything they want a certificate for it. Amador suggested Club Health *certificates* for award after training of staff with specific standards to be included that have been reached. Matej likes the idea of a Club Health certificate. Mark suggested the possibility of accreditation through a university. Jane asked who will be trained e.g. bar staff, bar manager, doormen. Also who would be responsible for training any new staff that would be taken on in the future.

WP8

**City certificate for healthy and safer nightlife**

*Karen Hughes, Liverpool John Moores University (UK)*

Karen presented main objectives of WP 8 which are (1) creation of guidelines to help town and city centre authorities create safer nightlife environments; (2) development of rating system identifying town and city centre authorities' commitment to creating safer nightlife environments; (3) creation of award scheme to recognise town and city centre commitment to safer nightlife. Karen explained that literature review from different projects also provide a good starting ground (Healthy Nightlife Toolbox, FASE, STAD project etc.). Other partners will be asked to give some comments, ideas etc. about LJMU literature review.

Discussion:

Full findings of their literature review will be sent round at the end of February 2010. Matej confirmed that the final brochure will be translated into each partner language.

WP9

**Sensitisation of professionals and politically relevant actors**

*Karen Hughes, Liverpool John Moores University (UK)*

Main objectives of WP9 are to (1) introduce Club Health colleagues to the latest research and evidence in nightlife health and the Club Health projects; (2) develop networks for the international exchange of research, evidence and practice; (3) enable exchange and development of practical and policy measures to protect nightlife health; (4) promote

partnerships for safer nightlife including researchers, health, criminal justice, local authorities, nightlife industries, the media, NGOs and the public. Karen gave some information about seminar that will take place in Palma de Mallorca in June 2011 and conference that will take place in Prague in December 2011. Help from other partners will be needed.

WP10

**Sensitization of media regarding their responsibility for healthy lifestyle of youth**

*Johan Jongbloet, University College Ghent (Belgium)*

Johan presented the main objectives which are to (1) gather literature resources and field experiences from several EU- member states with regard to the impact of media on the healthy lifestyle of youngsters; (2) to edit a list of recommendations for crucial actors in the media related sector concerning their impact on healthy lifestyle of youngsters; (3) to enhance awareness of this issue through the organisation of a conference for a European Union based target group. Johan presented different media types which include purpose, creator, type, target group, content and different crucial actors (prevention workers and auxiliary services, reporters and editors, industry marketing, nightlife youth and family, authorities). He also gave examples of recommendations that already exist, e.g. media literacy training for youth, television and internet control filters, media training for professionals in night life, rating systems, advertisement bans and regulations, and independent advertisement control mechanism.

Discussion:

Amador suggested a seminar could be delivered twice yearly to journalists. The importance of targeting the media was highlighted in terms of responsible advertising and reporting. Matej will start promoting the media conference in June and will also request a list of Public Health Journalists from an EU representative in Brussels so they can be invited to participate in the conference. Mark made the point that the media are often sponsored by alcohol companies therefore it is difficult to find independent journalists as newspapers make a large amount of revenue through alcohol advertising.

WP1

**Coordination of the project**

*Matej Košir, UTRIP (Slovenia)*

Matej presented objectives of WP1 which are to create and sustain communication within the Steering Committee (SC) and the Club Health (CH) Network, and also to follow the project plan, objectives, and timetable. The tasks of the Project Coordinator, the Management Team, the Steering Committee, the Scientific Coordination Team and the CH Network were also presented. The reason for using transversal working groups was explained i.e. they will be used as discussion groups at the meetings and conferences. Reference was also made to the expected results, financial matters, project logo, and publication rules of the project.

WP2

**Dissemination of the project**

*Thérèse Michaelis, Centre de Prévention des Toxicomanies (Luxembourg)*

Therese briefly explained the activity of the Centre for Addiction Prevention (CePT). Afterwards she presented main objectives of WP2 which are: (1) distribution of products of the projects; (2) setting up and maintaining quality communication with immediate target groups and important stakeholders; (3) promotion of all project events; and (4) monitoring of dissemination of the process during the project. Strategy of WP2 is to disseminate results of the project, publications and project products to different stakeholders (members of Club Health network and all collaborating partners in the project, discotheque and night club owners and staff in entertainment (nightlife) industry, journalists and advertisers, academic and research organisations, health promotion and public health bodies etc). Also the associated partners have a particular role to play in ensuring dissemination at the country, regional and local levels. A template dissemination plan table was presented which partners have already received. It will have to be completed four times during the lifetime of the project (for the first period between 16<sup>th</sup> April and 31<sup>st</sup> December 2009 – before January 15<sup>th</sup> 2010; for the second period January – December 2010 – before January 15<sup>th</sup> 2011; for the third period January – December 2011 – before January 15<sup>th</sup> 2012; for the last period – before May 15<sup>th</sup> 2012).

WP3

**Evaluation of the project**

*Uwe Fischer, Universität Koblenz-Landau, zepf (Germany)*

Uwe presented first process evaluation of the CH project (progress of work packages, cooperation among project partners and satisfaction with website) and aims of the project. More detailed results are presented in Uwe's presentation. Work package leaders also pointed out that they have several additional benefits from CH, such as better contacts with stakeholders, ministries and national institutes, establishment of new co-operations, meeting collaborators working in the field of nightlife and health promotion, increased knowledge of the field and the broader view by exchange with partners from other countries.

*Minutes prepared by Sanela Talić (UTRIP) and Jane Stuart (LJMU)*

## **2. Minutes of the Club Health Network meeting (15/12/2009)**

Welcome words by:

*Mark Bellis, Liverpool John Moores University (UK)*

*Mojca Gruntar Činč, Ministry of Health of the RS*

*Mitja Blaganje, Office for Youth, Ministry of Education and Sport of the RS*

*Zdravko Mele, Ministry of Interior of the RS*

### **Presentation of the Club Health project (general overview)**

*Matej Košir, UTRIP (Slovenia)*

Matej expressed welcome as a project coordinator to the representatives of some responsible Slovenian ministries, European Commission (EAHC), members of the Club Health network and other colleagues. He also expressed gratitude to Prof. Mark Bellis and Karen Hughes from Liverpool John Moores University who have been devoted to the Club Health ideas, activities and especially successful international conferences for more than a decade and who actually enabled us to start making this project a reality.

Nightlife plays a major role in modern life, being a critical aspect of youth recreation and a major source of employment, economic development and tourism for towns and cities. However, nightlife activities also create a wide range of health and social problems including alcohol and drug use, underage and binge drinking, injuries, heat related problems, hearing and eyesight damages, violence, risky and non-consensual sex, driving under influence of alcohol and other drugs, public nuisance, crime and many other violations of legislation. The development of safe nightlife environments is a growing priority throughout Europe, where town and city authorities must manage not only the recreational habits of their own youth, but also those from other countries as international tourism increases. Effectively managing nightlife settings is critical both in protecting the health of young people and reducing the burdens that night time anti-social behaviour can place on public services and society.

Alcohol is the third most important cause of premature mortality and sickness in Europe and the first among young people. Approximately 8 % of all burden of illness in Europe is due to alcohol which annually constitutes approximately 125 billion euro or 1.3 % of gross national product in Europe. Across Europe and elsewhere, the proportion of young people that binge drink is increasing and there is a growing trend towards drinking specifically with the intention of getting drunk. Research in several countries has found levels of recreational drug use to be far more prevalent among clubbers than young people who are not or are much less involved in nightlife activities. Alcohol consumption is strongly related to other risky behaviours including violence. In the United Kingdom for example, a fifth of all violence takes place in or around pubs and clubs, with 80 % of these incidents involving alcohol. Many people meet new sexual partners in nightlife settings and young people can be more than twice as likely to have unprotected sex when drunk as when alcohol has not been consumed. Conditions of the nightlife environments itself can also impact on the health of young people. For example, noise levels in night clubs are often very high and two thirds of clubbers report having experienced hearing problems after a night out; in some cases hearing damage can be permanent. Clubbing has become an important part of young people's holiday activities with levels of alcohol consumption, illicit drug misuse and risky sexual behaviour are increasing whilst on holiday.

It is known from experience and some pilot projects that many problems in nightlife result from inconsistent implementation of legislative measures by responsible authorities. That kind of "practice" often neutralises the effects of preventive work by NGOs and reduces the efforts of all actors involved in this field. Governments themselves can sometimes feel weak or helpless in preventing such problems. They adopt many strategies and action plans; make stricter legislation, but very often without real effects in practice. We anticipate that youth risk behaviour could be reduced by more consistent implementation of strategies and laws in every country.

The Club Health project, with 20 associated and (up to now) 25 collaborating partners from 15 EU Member States and Norway, is a three year 1.2 million € project co-financed by the European Commission under the Health Programme 2008-2013. The project aims to reduce in particular alcohol and drug use, underage and binge drinking, smoking, road traffic and other accidents, deliberate injuries and violence among youth with a focus on specific environments of nightlife. The project aims to facilitate more consistent implementation of strategies and laws in the field of youth risk behaviour on the one hand, and increase sensitivity of media, advertising industry and politically relevant actors (for example policy and decision makers) on their responsibility for action on the other. The project will build on the work of the previous EC co-financed project "Recreational Culture as a Tool to Prevent Risk Behaviours" coordinated by IREFREA España (ES), and complements other EC co-financed projects in the field of youth risk behaviour.

To accomplish the afore mentioned aims we intend to consolidate, maintain and broaden the Club Health network, bringing together a wide range of institutions, researchers, professionals and non-governmental organisations in the field of youth risk behaviour. We are going to undertake impact assessment of implementation of strategies and laws in as many countries in the project as possible. We are already developing an inventory of effective evidence-based legislative and policy measures in our countries. Together, these measures will help to build capacity at country, regional and local levels for effective implementation of legislative and policy measures. The first step towards achieving this aim will be to involve different target groups in pilot training sessions, workshops, the seminar and the conferences. The project will develop recommended standards, city criteria for measures of implementation and staff training models supported by different guidelines and recommendations.

Matej went briefly through all work packages in purpose to present comprehensive approaches that were taken by project partners (especially work package leaders) to achieve our goals. Associated and collaborating partners are involved in 10 different work packages:

- A work package on **implementation of strategies and legislation in selected countries** will examine the reality in implementing strategies and laws which will be accomplished by European comparative study of strategies and laws in the field of youth risk behaviour in selected countries. This work package is coordinated by UTRIP (Slovenia).
- A work package on **database of legislative and national policy responses** will build up and launch an internet-based database of legislative and policy responses, evaluate, select and publish the database entries, and maintain and update the database. This work package is also coordinated by UTRIP (SI).

- A work package on **health and safety standards in nightlife** will prepare, test and disseminate the guidelines with selected health and safety standards. The project will evaluate these standards with recreational industry and promote the incorporation of these standards into legislation and licensing procedures for venues and events. This work package is coordinated by IREFREA España (ES).
- A work package on **training of staff in nightlife premises** will develop a training concept for staff in discotheques and night clubs to identify and increase the knowledge of different risk situations, and produce a manual with the training concept. The project will work in partnership with different local partners and stakeholders in all participating countries. This work package is coordinated by IREFREA Portugal (PT).
- A work package on **city criteria for healthy and safer nightlife** will create an accessible tool for town and city authorities to help them develop safer nightlife environments, in the form of guidelines, and develop a system through which towns and cities can be rated on their commitment to and progress in developing safer nightlife environments. The project will promote the development of safer nightlife environments throughout Europe by creating an award (certificate) that recognises the commitment and progress of cities and towns in providing safe nightlife environments. This work package is coordinated by Liverpool John Moores University (UK).
- A work package on the **sensitization of professionals and politically relevant actors** will introduce delegates of the Club Health conference, workshops and seminar to the latest research and evidence in the field of youth risk behaviour and the project products. The project will enable the exchange and development of practical and policy measures to protect nightlife health, promote partnerships between academic and research institutions, health and social services, criminal justice agencies, local authorities, nightlife industries, the media, NGOs and the public. The project will develop networks for the international dissemination of research, evidence and practice. This work package is also coordinated by Liverpool John Moores University (UK).
- A work package on the **sensitization of media regarding their responsibility for healthy lifestyle of youth** will gather literature resources and field experiences from several EU Member States with regard to the impact of media on healthy lifestyle of youngsters. The project will edit a list of recommendations for crucial actors in the media related sector concerning their impact on healthy lifestyle of youngsters and enhance awareness of this issue through the organisation of a conference. This work package is coordinated by Hogeschool Gent (University College Ghent) (BE).
- A work package on **coordination of the project** is coordinated by UTRIP (SI), with the full endorsement and support of the Liverpool John Moores University (UK) as scientific coordinators and other work package leaders. The project has created the Club Health network which comprises all associated and collaborating partners and representatives of other relevant European Commission co-financed projects and related networks. The project coordinator will ensure that the project proceeds according to the project plan and timetable, work package objectives and deliverables, and take into account the milestones.

- A work package on **dissemination of the project** is coordinated by the Centre de Prévention des Toxicomanies (CePT) (LU). All partners will have a particular role to play in ensuring dissemination of the project's outputs and deliverables at the country, regional and local levels. The dissemination will be guaranteed by the involvement of our project partners in the major European and international networks in these fields (IREFREA, AMPHORA, Alcohol Policy Network, Eurocare, Prevnet, ProSkills etc.). Based on the contacts and cooperation in these networks, products can also be disseminated in other institutions, regions and countries.
- A work package on **evaluation of the project** is coordinated by the Universität Koblenz-Landau (zepf) (DE). The evaluation will be undertaken through analysis of meeting notes and minutes, review of the project deliverables, questionnaires and interviews with the project partners, assessment of country information and inventories through existing databases and by the partners of the project. The implementation of such a comprehensive project with a network of several partners needs a special kind of monitoring and evaluation concept to ensure the quality and documentation of the results.

Matej expressed his belief that the meeting will enable the exchange of knowledge, experiences and good or promising practices between project partners on one side and invited professionals, decision and policy makers and representatives of Slovenian civil society organisations on the other. He is also convinced that the meeting is a starting point of something great, exciting and successful which will last even beyond this project for a very long time. He was fully persuaded that everyone attending this meeting will strive to do his or her best within this project and network in order to significantly reduce nightlife-related problems in our countries and wider. Success can only be achieved if we will complement each other's work and be smart with setting our conclusions on the political agenda. He hopes that decision and policy makers will give credence to our recommendations and guidelines, because this is what our project is all about.

WP4

**Implementation of strategies and legislation in selected countries**

*Matej Košir, UTRIP (Slovenia)*

Matej gave a short introduction to WP4, also listing useful databases and literature for policy reviews. He outlined the objective of WP4 which is to examine the reality of implementing strategies, action plans and legislation in the field of youth risk behaviour reduction. He focused on two most important questions: what size (or share) of harm related to youth risk behaviour could be reduced by more consistent implementation of strategies and laws in particular countries; and what are the best or most promising existing effective policy measures to achieve this? The study consists of three stages with the first stage being delivered by UTRIP (overview of individual country laws and policies, overview of evidence-based measures, definitions regarding nightlife by location, time period, and demography). The second stage will be delivered by all partners (to identify and provide specific and more detailed information on policies and their implementation) and the third stage will be delivered by partners involved in the pilot training (WP7). Matej gave a brief presentation on methodological aspects of the study and draft evaluation instruments (e.g. structured questionnaires, policy and statistical tables).

WP5

**Database of legislative and policy responses**

*Therese Michaelis, CePT (Luxembourg)*

The main objective of WP5 is preparation of an online tool for entering data on different legislative and national policy responses in the field of youth risk behaviour prevention in nightlife. Matej presented a policy review form and some details of the data collection process which is currently in progress.

WP6

**Health and safety standards in nightlife**

*Amador Calafat, IREFREA España (Spain)*

Mariangels introduced the main objectives of WP6 which are (1) preparation, testing and dissemination of a set of selected health and safety standards; (2) evaluation of selected standards among recreational industry and; (3) promotion of the incorporation of these standards into legislation and licensing procedures for venues and events. WP6 is going to be delivered in two steps. In step one (preparation of the 'manual' on health and safety standards in venues) the focus is on scientific background, identifying standards, draft of the manual). Partners will be asked to give a feedback on the manual. In step two a protocol will be prepared which will assess the implementation and dissemination of the 'manual'. Mariangels presented protocol actions.

WP7

**Training of staff in nightlife premises**

*Fernando Mendes, IREFREA Portugal (Portugal)*

Fernando presented facts that are already known (a small number of licensed premises responsible for most disorder and assaults; the violence mostly between males under 25 is triggered by conflict with staff, overcrowding, violating bar rules, offensive behaviour and conflict over interpersonal relationships; environmental factors; door supervisor registration; general security measures; staff training; medical and first aid provision). WP7 is going to be delivered in three stages. The first stage (literature review) has been completed and in the second stage they are going to identify existent programs or interventions on staff training. The third stage will involve pre-design of the manual, protocol and pilot study in six cities (training staff). Afterwards Fernando explained how the training concept is going to be structured (objective, locals, duration of training, target group, partners, evaluation and supervision).

WP8

**City certificate for healthy and safer nightlife**

*Karen Hughes, Liverpool John Moores University (UK)*

Karen presented main objectives of WP 8 which are (1) creation of guidelines to help town and city centre authorities create safer nightlife environments; (2) development of rating system identifying town and city centre authorities' commitment to creating safer nightlife environments; (3) creation of award scheme to recognise town and city centre commitment to safer nightlife. Karen explained that literature reviews from other projects also provides a good starting ground (Healthy Nightlife Toolbox, FASE, STAD project). Other partners will be asked to comment on the LJMU literature review. Key standards in guidelines will be rated on a scale (e.g. from 'excellent' to 'very poor').

WP9

**Sensitisation of professionals and politically relevant actors**

*Karen Hughes, Liverpool John Moores University (UK)*

The main objectives of WP9 are to (1) introduce Club Health colleagues to the latest research and evidence in nightlife health and the Club Health projects; (2) develop networks for the international exchange of research, evidence and practice; (3) enable exchange and development of practical and policy measures to protect nightlife health; (4) promote partnerships for safer nightlife including researchers, health, criminal justice, local authorities, nightlife industries, the media, NGOs and the public. Karen gave some information about the seminar that will take place in Palma de Mallorca in June 2011 and the conference that will take place in Prague in December 2011. Help will be required from other partners in organising and running these events.

WP 10

**Sensitization of media regarding their responsibility for healthy lifestyle of youth**

*Johan Jongbloet, University College Ghent (Belgium)*

Johan presented the main objectives which are to (1) to gather literature resources and field experiences from several EU Member States with regard to the impact of media on the healthy lifestyle of youngsters; (2) to edit a list of recommendations for crucial actors in the media related sector concerning their impact on the healthy lifestyle of youngsters; (3) to enhance awareness of this issue through the organisation of a conference for a European Union based target group. Johan presented different media types which include purpose, creator, type, target group, content and different crucial actors or agents (prevention workers and auxiliary services, reporters and editors, researchers, public health departments and other authorities, youth in nightlife and their parents, industry marketing). Johan presented some examples of recommendations that already exist. For example, media literacy training for youth, television and internet control filters, media training for professionals in night life, rating systems, advertisement bans and regulations, independent advertisement control mechanism). Obstacles that may appear are sensationalism conflicting with accurate reporting, the thin line between regulation and freedom of speech, and limited budget.

\* \* \*

General discussion was organised in a way that all partners and other participants were able to ask questions or comment different presentations of WPs and the project in general. There were several positive expressions about the project as a whole, structure and organisation of work. Work package leaders supplied some details regarding their WPs, especially data collection processes, methodologies and expectations from associated and collaborating partners in specific work packages. There was useful discussion and the main conclusion was that the project is well organised, clearly presented and very ambitious in its goals.

(a) Comparative study and database  
*Chair: Matej Košir, UTRIP (Slovenia)*

The workshop was hosted by the work package leaders for WP4 and WP5 (UTRIP) and involved mostly representatives of academic and research institutions involved in the project. The workshop began with a more detailed explanation of the comparative study and database, especially draft structured questionnaires, policy and statistical tables and policy review forms. Discussion then focused on the development of common definitions of the duration of 'nightlife', type of nightlife premises and other venues to be included in the study, partygoers / clubbers, stakeholders, adolescents / minors and some demographic characteristics (e.g. age group included in the study).

The participants in the workshop discussed and agreed definitions as follows:

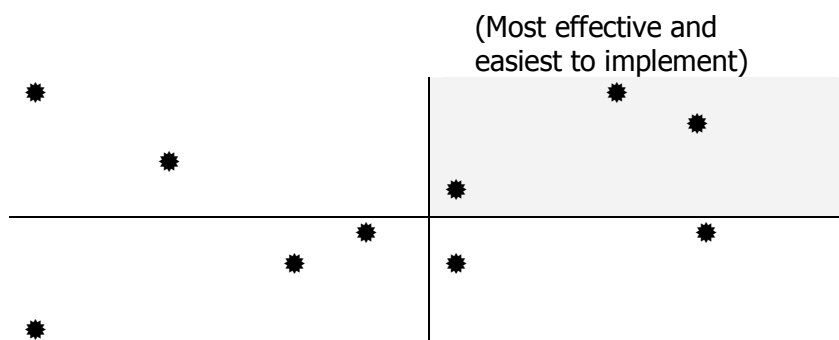
- duration of 'nightlife' in terms of time (the suggestion is 'between 21.00 in the evening and 6.00 in the morning'; we should include preparation for nightlife period somehow in the study – time before going out, and explore 'pick-times' of the night in addition);
- types of premises and events to be included in the study (the suggestion is to include 'nightlife premises as night clubs, discotheques, bars and pubs, and other venues as legally organised outdoor and indoor parties');
- partygoers/clubbers (the suggestion is that the definition of partygoer / clubber for the purposes of the study is 'a young person who goes out at least once a week regularly in more premises or other venues during one month');
- stakeholders, policymakers and professionals (key nightlife-related actors) are defined as 'representatives of parliaments and politicians, representatives of governments, regional and local authorities, health and social services, police, research institutions, entertainment industry and NGOs';
- adolescents / minors are defined as 'minors aged between 12 and (less than) 18' (it was decided that a term 'adolescents' will not be used in the study, because in some countries 'minor' also means aged under 16, e.g. Luxembourg, which is not compatible with a term 'adolescent');
- it was decided that the following demographics will be used in the first phase of the study (stakeholders): country, type of stakeholder (see definition above), sex and age group;
- it was decided that the following demographics will be used in the second phase of study (partygoers / clubbers): country, sex, age group and education.

There was discussion about putting some other demographic characteristics in the questionnaires, but it was clearly stated by the work package leader that those characteristics are not as relevant for this kind of study (implementation of policies and legislation). The group will discuss updated structured questionnaires again before they are sent to the Scientific Coordination Team and other partners. It was decided that the period of preparation for nightlife should be included because evidence exists that demonstrates many youngsters purchase and consume cheap alcohol prior to going out for the night (e.g. in off-licence stores, petrol stations, supermarkets).

(b) Health and safety standards in nightlife  
*Chair: Amador Calafat, IREFREA España (Spain)*

After a brief presentation of the methodological aspects of the WP6 the following issues were discussed:

- Proposed definition of standard was accepted.
- Participants agreed that standards, as listed, would facilitate the monitoring of venues and adaptation to specific country requirements.
- It was agreed broad standards with key components that can be checked out would work better than very specific ones.
- A categorization of venues according to the following elements was proposed:
  - By size / amount of patrons
  - Type of venue
  - Taken into consideration venues that one or twice a year organize 'big events'
- Depending on the country, it was discussed that standards could work as law or as recommendations for the industry. A CH award should be proposed for cities that comply with the standards.
- It was agreed that evidence based approaches should be clearly described. This definition should include theoretical base, risk factors, whether evaluation has taken place and the scoring method used.
- It was also agreed that evaluation of standards should be carried out based on two variables: ease of implementation (acceptability) / effectiveness (evidence based).



- The aim of the standards was agreed should be driven towards harm reduction.
- Side effects of regulation should be taken into account. It was pointed out that in some places where there is stricter control of recreational areas, people drink more at home or elsewhere locally.

(c) Training of staff in nightlife premises

*Chair: Fernando Mendes, IREFREA Portugal (Portugal)*

All participants in the workshop are directly involved in the WP7 of the CH project, so they started the meeting with discussion on definitions of:

- staff;
- nightlife premises;
- areas / topics for training;
- training concept (specific objective, locations, training duration, team, methodologies, target group, partners, evaluation, supervision);
- manual structure.

Definition of staff

Owner of the bar – key person! We need to capture this individual's attention in order to explain and 'sell' the project to them. We need to show that this training could help their bar become a safer environment. Each city may differ in terms of the focus of the training programme. Barmen and security personnel are also important in terms of the training. In England it is obligatory that all the bar staff are registered at a national level, which doesn't happen elsewhere. This aspect could present problems in terms of evaluation of the training because some staff who work in the nighttime economy in other countries (e.g. Hungary or Portugal) may not be as stable.

Definition of nightlife premises

Bars, cafes, discos. There was also discussion about including festivals in the training to festivals, however, given that this is a pilot study there may not be the capacity to train such a large number of staff. Having a *label of quality* was also a point for discussion, with the idea that it would be an incentive for every stock holder to have a logo (visible to everyone) indicating that their bar/café/disco/pub could be a safer and healthier place to be.

Areas / topics for training

Key areas of importance included: communication strategies; violence and consumption. Other areas were also suggested such as first aid, sexual assaults, aggression/violence managing, national laws, licit and illicit drugs, consumption, and gender. The idea of training oriented to the prevention of terrorism was also raised.

Manual structure

We came to the conclusion that it would be more profitable to have different levels of training, e.g. different thematics for different categories i.e. divide the manual into different sections – one general, a second just for barmen, another just for security and so on.

## Training

**Please remind: Training is included in the budget – renting the places, coffee-breaks and staff hours.**

There was not enough time to discuss this last but very important issue. So we decided to establish an open discussion via e-mail. The IREFREA team from Portugal is now responsible for maintaining good communication between partners, disseminating the materials and deliverables, in order to allow open discussion within the group. It was a very important workshop, not only for the coordinators, but for everyone present, because it provided the opportunity to openly discuss different ideas, but also gave a really good opportunity to establish a connection between the different organizations and cities that are going to work together for the next years. Howard Chandler was left to tell us who is the national English representative of the European Committee responsible for issues of terrorism and safety.

- (d) City criteria for healthy and safer nightlife (representatives of pilot cities)  
*Chair: Karen Hughes, Liverpool John Moores University (UK)*

The workshop was hosted by the work package leaders for WP8 and involved network members from the cities that will act as pilot sites for the Criteria for healthy and safer nightlife.

The workshop began with a more detailed explanation of the project to clarify its aims and content with participants. Discussion then focused on the development of the tools and the process of implementation. Discussion focused around three areas:

1. Identifying the problem
2. Identifying action
3. Identifying gaps

1. Identifying the problem

The tool will include a method of identifying which problems a town or city is experiencing. This will take the form of a risk assessment. It will involve accessing data sources and assessing the availability of data as these will themselves be key parts of the city analysis – i.e. if data are not available on levels of alcohol use or problems within nightlife environments then developing this intelligence will be a recommendation for the town or city. We need to decide whether the tool will cover the entire town/city or if it will be used for a discreet geographical area. Critically, the tool must be flexible enough to take cultural differences into place.

2. Identifying action

The city criteria are not going to focus on the individual interventions that are in place in towns and cities but rather on the overall structure of the nightlife environment and its management. Critical issues that will be explored include partnership working, governance structures, use of intelligence, the use of evidence based interventions and evaluation of the measures being used in the town / city. It aims to measure commitment to creating a safer nightlife, and the available resources that each town or city has must also be taken into account.

3. Identifying gaps

The overall tool will identify what problems the nightlife area is experiencing, how well it is addressing these and what gaps there are in practice. The criteria will then be able to recommend to town and city authorities methods of improving their practice. The key challenge is to produce a tool that is applicable in all areas and the pilot sites are going to be critical in achieving this.

### **3. Minutes of the Club Health Network meeting (16/12/2009)**

WP1

#### **Coordination of the project**

*Matej Košir, UTRIP (Slovenia)*

Matej presented the objectives of WP1 which are (1) to manage the quality of project outputs; (2) ensure communication between project partners, EC/EAHC, and other relevant stakeholders; and (3) produce semi-annual and interim progress reports and the final project report. Afterwards he presented the tasks of the Project Coordinator which are: (1) responsibility for ensuring that the action is implemented in accordance with the agreement; (2) intermediary for all communication between the co-beneficiaries (associated partners) and the EAHC; and (3) responsibility for supplying all documents and information to the EAHC. He also presented the tasks of the Steering Committee, the Management Team, the Scientific Coordination Team and the Club Health (CH) Network. Financial and other matters were also discussed (see presentation for details) and too add clarity some practical examples will be prepared. Also mentioned was the necessity of keeping original invoices, receipts etc. together in case the agency require that we provide such documentation. The Management Team is responsible for setting up agendas before meetings, seminar and conferences. Draft agendas will be sent to all of you on time so you will be able to add your own ideas and remarks. One scientific article was already published as a product of our project thanks to IREFREA España team. The title of the article is: 'Preventive interventions in nightlife – a review' published in the journal 'Addiciones', Vol. 21, number 4/2009.

WP2

#### **Dissemination of the project**

*Thérèse Michaelis, Centre de Prévention des Toxicomanies (Luxembourg)*

Therese presented main objectives of WP2 which are (1) distribution of products of the projects; (2) setting up and maintaining quality communication with immediate target groups and important stakeholders; (3) promotion of all project events; and (4) monitoring of dissemination of the process during the project. Strategy of WP2 is to disseminate results of the project, publications and project products to different stakeholders (members of Club Health network and all collaborating partners in the project, discotheque and night club owners and staff in entertainment (nightlife) industry, journalists and advertisers, academic and research organisations, health promotion and public health bodies etc.). A template dissemination plan table was presented. Partners already received it. It will have to be completed four times during the lifetime of the project (for the first period between 16<sup>th</sup> April and 31<sup>st</sup> December 2009 – before January 15<sup>th</sup> 2010; for the second period January – December 2010 – before January 15<sup>th</sup> 2011; for the third period January – December 2011 – before January 15<sup>th</sup> 2012; for the last period – before May 15<sup>th</sup> 2012).

WP3

**Evaluation of the project**

*Uwe Fischer, Universität Koblenz-Landau, zepf (Germany)*

Uwe explained that process evaluation will be evaluated by questionnaires which will include different questions related to project in general, own WP, last meeting and interim assessment of deliverables. Outcome evaluation will start after deliverables are finished and at the end of the project. An external evaluation of the project is planned to start in 2010. Uwe briefly presented results of evaluation of 1<sup>st</sup> meeting of the Steering Committee and 1<sup>st</sup> process evaluation of the project.

*Parallel round-table discussions on transversal issues (with invited professionals from Slovenia)*

(a) Substance use in nightlife (alcohol and illicit drugs)

*Chair: Fernando Mendes and Rosário Mendes (IREFREA Portugal)*

This round-table discussion on substance use in nightlife was coordinated by Fernando Mendes and Rosário Mendes (IREFREA Portugal). Other participants were from Slovenia, Hungary, UK, Romania, Germany, Greece and Czech Republic. The discussion focused on what is known regarding substance use in nightlife, what has been learned in our cities and what can be done differently to further improve the situation.

With regard to what is known regarding substance use in nightlife there was further discussion discos, bars, pubs and others nightlife-related venues. There are some differences in patterns of consumption or in substances according to the cultural and social differences in our countries. Sometimes local or national regulation works towards a better control of the situations, e.g. England. There are also similar risk behaviours such violence, traffics accidents and sexual violence linked to those situations.

With regard to what has been learnt in our cities in the past, we shared our concerns about the problems within nightlife that we encounter and noted that little is being done to address the issues. For example, there is a need for more activities to be undertaken in the nightlife-related outreach work by NGO's, regulations, norms or laws to control the sale of beverages to young people, as well as venue entry restriction by minors. We felt that our municipalities and other services such as the police, health services and other stakeholders are not well coordinated or prepared for these recent problems.

With regarding to what can be done differently to improve the situation, we discussed areas of key importance for the future: (a) implementing among the different partners; (b) communication strategies; (c) the control of violence and substance use in our venues; (d) to have more people trained for different situations. For these reasons our project can help different stakeholders to improve the situation in the future.

This session proved to be a useful round table discussion for both the co-ordinators and the participants because it provided the opportunity for open debate on a number of different issues. Additionally a networking opportunity was provided to establish connections between the different organisations and cities that will be working together in the next few years.

(b) Violence and security in nightlife

*Chair: Alex Hirschfield, University of Huddersfield (UK)*

Professor Hirschfield introduced the session with a short presentation. This began by introducing the non-random nature of crime to the participants. Crime affects people, places, property, facilities and organisations and has distinctive patterns in when it occurs and where it occurs. In the night time economy, violence against the person associated with alcohol consumption has distinctive peaks and troughs in its timing and often is associated with areas of concentrated drinking which can be seen in the clustering of bars, pubs and nightclubs and other alcohol supply points.

One of the benefits about multi disciplinary research is the opportunity to transfer methods from one field to another. The police in the UK use a model called SARA to analyse and to respond to crime. This stands for: **S**canning-what is the problem? **A**nalysis-what generates the problem? **R**esponse-what should be done about the problem? and **A**ssessment-what impact do the preventive measures have on the problem? Although from policing, SARA can be applied to violence and security in nightlife. For example, from Scanning the problem we know that not everybody is at equal risk either as being a victim of violence or as an offender committing violence; males are at a far greater risk than females; younger people are more at risk than older people; and nearly half of all violent incidents are committed by someone under the influence of alcohol and this rises to nearly two-thirds when people are attacked by strangers. People most likely to be involved in physical fighting are those who combine frequent excessive alcohol use with frequent drug use. In terms of analysis, some causes emanate from the wider socioeconomic and land use environment; the fact that drinking and drug taking is part of our culture; the relatively low price of alcohol; the availability of numerous outlets selling alcohol and their geographical proximity; the absence of public transport and so on. Other triggers of violence stem from the venues themselves; poor internal design, lack of seating; abundance of glass and objects that can be used as weapons; lack of training for bar staff; happy hours and drink promotions; lack of non alcoholic alternatives; presence of images portraying aggression, sexual attraction particular styles of music. Given this context, the emphasis of the session was to debate the following:

- How far do the problems and security challenges of nightlife vary in different member states?
- How do policy approaches vary across member states?
- Who are the main stakeholders in reducing violence and promoting security?
- What are the priorities for the future?

A number of points emerged from the discussion. The key messages are:

- There are variations between member states in how nightlife is regulated. Slovenia used to have a licensing system but abandoned this five years ago. Romania does not have a licensing system and the trend towards deregulation has also affected Austria. These trends were not perceived as positive developments. In the UK the licensing laws have also been relaxed in terms of opening hours, although, a licensing system remains with increased powers to regulate & close problematic premises.
- Recruitment of staff to work in establishments was seen as a key issue. Staff selection and vetting procedures need to be effective to ensure that appropriate staff are employed. It is not possible to train people who have high levels of pre-existing aggression. In the UK,

there are registration schemes for door staff to ensure that individuals have abilities in conflict management, are aware of their powers to search customers and operate appropriately in their interactions with people.

- Private security firms play an important role in Slovenia by supplying bar staff to establishments. Basic training for bar staff is overseen by central government and provided through six private companies, although, this is now susceptible to budget cuts as a result of the recession.
- The fact that legislation exists does not mean that it is enforced. Where powers exist (for example, to revoke licenses and close bars for a specified time or indefinitely) it is important that they are used. In both Slovenia and Romania the non implementation of existing legislation was viewed as a particular problem.
- Partnership working is key bringing together different specialists including bar staff, medical personnel, treatment workers; police officers; transport providers and so on. It is vital that all relevant partners are brought together.
- There are particular difficulties in relating specific violent incidents to individual bars and clubs as drinking establishments are not necessarily recorded in police data.
- Better data are needed on drinking establishments especially their opening hours, capacity, number of bar staff, age groups & clientele, live entertainment & music, prior incidents of violence, proximity to other bars.

(c) Risk sexuality in nightlife

*Chair: Mariangels Duch, IREFREA España (Spain)*

Links between substance use and sexual behaviour were explored.

1. Why if risks are known do youngsters keep using and abusing alcohol and other drugs?

- Sex is expected
- In a way it is something that youngsters don't choose
- It's becoming a consumer commodity
- The link between sex and drugs is known and exploited by the media
- Young women are becoming one of the key collectives targeted by these messages

2. Nightlife as the perfect context for sex opportunities

- People drunk or drugged become more receptive to sexual experiences
- Drugs portrayed as allies/enemies depending on whether they add or detract from sexual relations.
- Facilitator of sexual risk taking

3. Intentional use of substances to achieve sexual outcomes

- Substance use and sexual initiation
- Sexual uses of substances: to prolong sex, enhance sensations and arousal, facilitate sexual encounters and/or unusual sexual activity...

4. Conclusions: Future considerations

- Education: The need of work on improving youngsters self-esteem and communication skills to counteract the pressure of consumers society just to switch off
- The need to mention substance use in sexual health campaigns and vice versa
- Tackling escalating STIs & sexual risk taking requires an understanding of the relationship between substance use & sexual behaviours
- Cannot address substance use & sexual behaviours in isolation
- Focus on sexual side effects of drugs
- Avoid media links which may be seen as positive

(d) Nightlife "ecology" (smoking-free nightlife, noise pollution, lighting, eyesight damages)  
Chair: *Dániel Varga, Blue Point (Hungary)*

At the small, but effective workshop we discussed the issue of nightlife related harms. The base of the discussion was a presentation containing previous studies, questions and answers given for the relevant subject. This was completed by the experiences and best practices brought by each participant from their home country.

The discussed problems and possible solutions were the following:

Noise pollution – inside the club

Both workers and partygoers are many times affected by continuous and unusually intense noise pollution at nightlife premises. Previous studies show values ranging 90 and 110 dB, depending on the type of music and the setting of the club (in comparison a chainsaw is between 97-103 dB). This problem is mainly affecting the glass-collectors and security staff, since they are the ones who are spending the most time close to the speakers. A possible solution could be the usage of earplugs and the rotation between positions during the night. For reducing the noise pollution harming partygoers, the installation of new generation sound systems are advised. Furthermore is important to note that it is essential to leave the dance floor every hour for a couple of minutes. This has to be encouraged by harm reduction messages and a comfortable, quiet chill out rooms.

Noise pollution – outside the club

It could come from main sources: the club itself, and the crowd leaving or hanging out near the place. Not only the noise-insulation and the proper design could handle this problem, but also the trained staff at the door and on nearby streets, responsible for keeping the noise level down.

Lighting – eye problems

Improper usage of lighting instruments could result in temporary or permanent eye damages. Regulations, trained staff and maintenance could prevent these.

These were the three main points of the workshop. The noise pollution and the lighting issues could be implemented in the WP7 (Training of staff in nightlife premises), and all problems mentioned during the workshop could be a useful input for WP6 (Health and safety standards in nightlife).

Some less known, but important issues we discussed during our session:

Many times beverages are served in glass bottles that easily break and broken pieces could be very dangerous when people fall, or could be used as a weapon. An obvious solution is the elimination of glass bottles, also to be considered the English best practice, that all bottles are sealed with the stamp of the club, and if found outside, the owner is fined. Furthermore the issue of long queues, cloakroom capacity, smoking inside and high prices were also brought up.

(e) Media and advertising regarding healthy lifestyles of youth

*Chair: Johan Jongbloet, University College Ghent (Belgium)*

Media and advertising take an important place in the struggle for safer and healthier lifestyles for youth in nightlife settings. Alcohol (ab)use is often related to incidents in nightlife and advertising of alcoholic beverages has an impact on youth drinking behaviour. As such the alcohol marketing apparatus should be targeted for its role in nightlife. Also independent media however should and can contribute to the effort.

About alcohol and the regulation of its marketing apparatus, huge differences exist between member states. In Luxemburg for example, no regulation body or agreement exists. In Slovenia, marketing is possible if a new product is placed on the market and in Greece the regulation of alcohol marketing seems to have become stranded in political games. This all implies that it is certainly worth the effort going towards a European regulatory scheme, not in the least as companies work also across borders. There is however the everlasting difficulty of control. As is the case in Belgium, a voluntary agreement exists, but control is almost non-existent. There has to be a complaint from a citizen before the regulation agreement is consulted in the light of the possible infringement. If the alcohol company would then be condemned, the harm associated with the infringement is already done.

Then we took a look at the prevention campaigns and the forms they exist in. Some campaigns use the shock-effect as rationale. We have all seen the billboards with crying 'innocent' people affected by drunk drivers or the campaign with the face of the heavily mutilated young female with the subscription: Not everyone dies who gets hit by a drunk driver. We asked ourselves if this style is the way forward in the long run, or if it would be better to explore other possibilities and put more effort in for example "good" (read: from public health point of view) reporting. Shock campaigns tend to, over time, desensitize the public and as such they have to shock more and more to yield the same effect. Maybe good reporting could be a welcome addition to the campaigns. This means that professionals in the field of healthy lifestyles and nightlife among youth need to understand the workings of the general media. From experience it was raised that reporting is very bad on the issues of drugs and violence. Think about the free newspapers that are dependent on funding and need to reach a wide public. This tends to instigate sensationalism and advertising alike. From the field we know it is important to have a personal and good relationship with reporters and even a preliminary agreement between the research/service institution and the reporting body, as we discussed examples of misrepresentation of results and facts.

This all implies that more consistency in and unveiling of the good practices regarding general media and marketing of alcoholic beverages related to youth lifestyle and nightlife should be sought after and finally shared among the important stakeholders.

*Additional presentations (invited speakers)*

Reducing violence in and around licensed premises (best practice identification - EU)

*Dr Andrew Newton, University of Huddersfield, Applied Criminology Centre (UK)*  
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A report was prepared for the Alberta Gaming and Liquor Commission (AGLC) in October 2007. This research stems from a follow up action plan to two Roundtable sessions convened by the Alberta Gaming and Liquor Commission (AGLC) to explore violence in and around licensed premises in November 2005 and March 2006. The Roundtables identified 92 potential prevention approaches, and this research examines the take up and effectiveness of these measures within the European Union (EU). Separate studies have been commissioned to examine the effectiveness of these approaches in other jurisdictions.

A literature review of violence in and around licensed premises in the EU was conducted, and it was evident from this that a number of commonalities were evident between EU and Alberta research findings. Thus, it is suggested that it should be possible to transfer successful measures, or elements of these, to the Alberta situation.

50 best practice case studies were identified in the EU, from a total of 15 different countries. A number of criteria were generated to select best practice schemes, and a framework was produced to collate and synthesise these case studies. These 50 measures were compared with the 92 Roundtable approaches.

In examining the 50 EU best practice measures identified, and comparing them with the 92 Roundtable Approaches, this report attempts to provide a balanced view as to the prospective merits of the proposed Roundtable approaches.

The report does not suggest any individual measure will be highly effective or not effective when implemented into the Alberta context, and it is hoped that from the 50 best practice EU case studies a number of lessons can be learned. It is clear that not all approaches will be equally effective.

The key findings from this research are that:

- the EU best practice case studies tended to adopt a number of the Roundtable approaches, rather than a single measure (indeed, on average each case study used 12 Roundtable approaches);
- most of the case studies used a mixture of operator best practice, regulator best practice, and community mobilisation
- the five most widely adopted schemes were Roundtable approaches 17, 39, 8, 7 and 1;
- the most widely adopted approach classification type was managing the external environment through community mobilisation. Again more than one classification type was generally adopted;
- the most common theoretical approaches were social education and awareness, crime analysis and targeted enforcement, server training/responsible hosts, and multi agency working;

- the key risk factors addressed were high risk premises, youths and young persons, and hot spot areas;
- there are difficulties in determining the effectiveness of individual approaches. Models suggested as best practise are Crystal Clear, the Licensing Act 2003, TASC, (all UK), and the RBS programme (Stockholm);
- effective strategies are likely to include;
  - crime analysis and targeted enforcement;
  - responsible service provision;
  - social education and awareness;
  - community mobilisation;
  - server liability;
- it is important to ensure key agencies are represented and equal merit is given to each in multi-agency working;
- community mobilisation schemes need to be backed up by effective enforcement. This may be self regulatory (by operators), or through legislation to ensure compliance; and
- questions remain as to the effectiveness of social education programmes, in the long term, particularly those that are exclusive to youths. However, there is a need to back up prevention approaches with positive media enforcement and education of their needs and or benefits.

Recommendations arising from this best practice review for developing measures to prevent violence in and around licensed premises are to:

- seek to understand the local context (problem orientated/evidence based approach);
- use a range of complementary approaches to tackle the problems evident;
- engage all partners into the approach (they should be given equal membership of any multi-agency groups);
- modify the internal and external drinking environment where necessary (inside the premise and in the vicinity of the premise);
- use regulatory change or operator self regulation to enforce measures;
- encompass community mobilisation (through multi agency work engaging local businesses and stakeholders, generating local community support, and have positive re-enforcement by the media;
- incorporate social education and awareness;
- continuously monitor and evaluate the measure; and
- disseminate and share best practice.

Impact and importance of alcohol policy measures - Slovenian stakeholders' opinion  
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The purpose of our investigation was to research the opinions of different stakeholders in alcohol policy in Slovenia on the alcohol policy impact and on the alcohol policy importance in reducing the harm done by alcohol in order to determine the domains of alcohol policy where the stakeholders share similar opinion and could possibly cooperate.

For the research purposes the database of stakeholders in alcohol policy in Slovenia was used. This database was prepared within the research project MOSA (Mobilisation of the society for more responsible use of alcohol) supported by the Slovenian Ministry of Health. The stakeholders were divided into 4 main groups, according to the nature of their business: governmental organisations (GOs), public health organisations (PHOs), non-governmental organisations (NGOs) and alcohol and related industry (AI). The questionnaire comprised of 25 policy measures across 9 alcohol policy domains was sent to all of the 320 alcohol policy stakeholders in Slovenia. For each policy measure respondents were asked to indicate their opinion on it regarding:

- the **impact** on reducing the harm done by the alcohol from 1, no impact, to 10, very high impact
- the **importance** of implementing the particular policy measure from 1, not at all important to 10, very important

The completion rate was 54.1 %. The highest response was from NGOs – 61.4 %, followed by PHOs – 54.4 %, and GOs – 48.5 %. The lowest response was in the group of AI – 38.5 %.

The results of the investigation showed that in the first domain "Drinking and driving" the GOs, PHOs and NGOs share the same opinion on high impact and importance of all measures while the AI scores the impact and importance much lower, with one exception - *Designated driver campaign* - where AI give high impact and importance. The reason for the later is that this measure is mostly promoted by the AI however this specific measure was found not to be effective in reducing the harm done by alcohol. According to the opinion of all four groups of stakeholders all of the measures in domain "Education, communication, training and public awareness" have high impact and importance in reducing the harm done by alcohol. In the third domain "Packaging and labelling of alcohol products" the GOs, PHOs and NGOs share the same opinion on impact and importance of all measures while the AI scores the impact and importance somewhat lower. In the "Price and tax measures" domain one would expect that GOs, PHOs and NGOs will score the impact and importance of measures as high, while the AI will score them much lower. However this holds trough only for the first measure - *The price of alcohol should be increased in line with inflation* - while in second and third measure - *Taxes should be proportional to the alcoholic content of alcoholic beverages with no threshold* and *Higher alcohol concentration beverages, such as spirits, should be taxed at a disproportional higher level* - the AI scores the impact and importance as high, same as other three groups. The reason for this lies in a fact that the AI in Slovenia is mostly represented by beer and wine industry that produces beverages with relatively low alcohol content and these measures would not make much harm to them. In the domain concerning illicit trade in alcoholic products, as expected, the AI scores the importance and impact of measure higher than other three groups.

In the domain "Sales to minors" all of the stakeholders assessed the impact and importance of measures as very high, AI a little bit lower than GOs, PHOs and NGOs. The measures in the "Alcohol advertising, promotion and sponsorship" domain were scored with high impact and importance by the GOs, PHOs and NGOs, while the AI scored it significantly lower. This discrepancy is as expected the highest for the measure that prohibits all forms of alcohol advertising. In the domain "Reducing harm in drinking and surrounding environments" all four groups of stakeholders scored the impact and importance between 7 and 9, with no significant differences between the groups and also in the domain "Interventions and assistance for family members of people with alcohol dependence" the differences are small, the PHOs and NGOs scores the impact and importance somewhat higher than the GOs and AI.

We can conclude that there are some areas, where AI scored the impact and importance of measures of alcohol policy in reducing the harm done by alcohol the same as other three groups of stakeholders (GOs, PHOs and NGOs). These domains are "Education, communication, training and public awareness", "Sales to minors", "Reducing harm in drinking and surrounding environments" and "Interventions and assistance for family members of people with alcohol dependence". Regarding the contents of these domains, there are some, where all stakeholders cannot cooperate, especially the AI considering the nature of their business. In the first three domains listed before AI can offer the education of service staff regarding the sales to minors and drunk, however AI cannot cooperate in education in general and in public awareness campaigns. There are also some areas, where there were differences in the opinion, but the AI could play its part and took the responsibility, for example the illicit trade in alcoholic products, where AI have a lot of information that they could share and the exchange of information could be beneficial for all. In any case the formation of alcohol policy all of the mentioned measures have to be taken into account and carefully combined, regarding their efficacy and cost-effectiveness.

Safe coast – a European project in the field of harm reduction among young partygoers  
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Safe coast<sup>1</sup> is a mutual project of two partner organizations working on harm reduction on drugs in two neighbouring countries - DrogArt from Ljubljana, Slovenia and Etnoblog from Trieste, Italy. There were many different reasons why this project was born. First was the wish to learn from each other's successful programs. The situation of drug use and prevention programs on the coast of both countries was the second reason. With no borders left, young people party (and use drugs) easier on both sides of the border and this also brings easier cross-border drug trafficking. Both our field worker's teams encountered the need of users for information and help in both languages. So we decided to join our strengths in the project Safe coast.

Safe coast is a 3 year project that formally started in January 2009 under the coordination of the Association DrogArt with the partnership of Etnoblog. The value of the whole project is estimated to 153.978,01 Euro, of which 123.182,41 Euro (80%) is guaranteed from the co-financing of the European Commission.

With Safe coast we aim to promote transnational collaboration and transfer of good practice on the field of harm reduction on drugs in the coast region of Slovenia and Italy (exactly from Lucija to Lignano). Our purpose is also to realize common activities that aim to raise awareness of the public, to educate specific groups (medical workers, field workers and workers in nightlife industry) on the field of drug use and to assess the needs of the local community.

Safe coast addresses more different target groups: young party-goers, medical workers, workers in nightlife industry and field workers. For the purposes of the project we are carrying out different activities:

- In the past year we have been planning the opening of a bilingual info point in Trieste. It will be opened in the year 2010. It will be a place where users will be able to get information, materials and help in both languages – Italian and Slovene.
- In the year 2010 we will be starting our series of educational programs for different target groups. An educational program will be held for field workers from both organizations and will include facts about drugs, especially specification about new drugs and the drugs that are wider consumed and how to give proper help to users of specific drugs with specific complications. The second educational program will be prepared and held for medical workers that in the course of their work also encounter young people with complications connected to drug use. Medical staff usually doesn't have enough knowledge about drugs and risks connected to their use, especially about new drugs on the market and trends on the field of drug use. These are the fields that will be covered in the education for medical workers. We are also preparing an educational program for workers in nightlife industry (security, waitresses and similar professions). These are the people that most commonly get in touch with young people that use drugs and are most

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<sup>1</sup> This project has been funded with support from the European Commission. This communication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

commonly those who are the first that find youngsters who have a complication connected to drug use. They need some basic knowledge about drugs, drug use and possible complications connected to drug use, so that they can recognize and act in a proper way – call the ambulance, not the police or just kick the person out of the venue.

- We will also be focusing on safe driving connected to nightlife and drug, alcohol use. With informative cards and materials in both languages, which are being prepared, we will inform young people about the risks of driving under the influence of alcohol or drugs and about the consequences of this kind of actions. We will also give them proper information about better ways of transportation and will be trying to also provide some cheaper or free ways of getting to a venue and back home.
- Research work is very important to get a better picture of what is going on on the scene and to properly react to the changes in patterns of drug use and preferred drugs. In the next two years we will be giving out the questionnaires for the quantitative part of the research and starting the interviews for the qualitative part, will be analyzing the data and make a full research report.
- On the field there have been and will continue to be mutual actions of field workers from DrogArt and Etnoblog. In our actions we distribute informative materials, preventive materials, give help and support to users.
- We are also supporting the implementation of EU strategy with monitoring and reporting of the implementation of EU Drugs Action Plan by supporting and promoting actions that are suggested in the Action Plan (preparation 3 situation analyses).

The direct outputs of the project will be bilingual safe driving action leaflets, bilingual guidelines for nightlife workers and a research report in three languages (English, Slovene and Italian).

With the transfer of good practice we want to:

- ensure the access to information and help on the field of drug and alcohol use in both languages in the coastal region;
- offer a better and more suitable help to young party-goers;
- make it possible for field workers, medical workers and workers in nightlife industry to exchange experience and to offer them educational programs;
- educate and inform for more responsible behaviour and driving of young people;
- react fast to new trends in drug use and related problems.

Safe coast is a project that supplements other programs of the Association DrogArt. Our activities are research work, peer education, counselling, field work, web sites and forum, publishing, info point and cyber café, workshops; we participate in the Early Warning System and many others. These are being successfully carried out in the frame of these projects:

- Dance smart ;) – harm reduction on drug use connected to nightlife of young people (web: [www.drogart.org](http://www.drogart.org));
- Info point – informing and counselling;

- Choose yourself – harm reduction on the field of alcohol use among young people (web: [www.izberisam.org](http://www.izberisam.org));
- Don't blow it – harm reduction on cocaine use (web: [www.kokain.si](http://www.kokain.si));
- and a brand new project that we started in the last months of 2009 – After taxi.

The Association DrogArt has celebrated its 10<sup>th</sup> anniversary in 2009. We have gathered some achievements in the last 10 years and here are the most important:

- We have carried out four researches with the purpose of monitoring trends of drug use.
- We have distributed more than a million preventive materials.
- We counted more than 30 thousand visits in DrogArt Info point.
- Our field workers in Dance smart ;) project have worked on more than 250 parties in Slovenia.
- We have offered direct first aid more than a thousand times.
- On our educational program for field workers we have educated more than 330 young people.
- In Choose yourself workshops we have included more than 3000 pupils from Slovene schools.

*Minutes prepared by Sanela Talić and Matej Košir (UTRIP)*  
*Reports prepared by chairs and invited speakers*