



European Monitoring Centre  
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# THEMATIC PAPERS

Responding to drug use and related problems  
in recreational settings

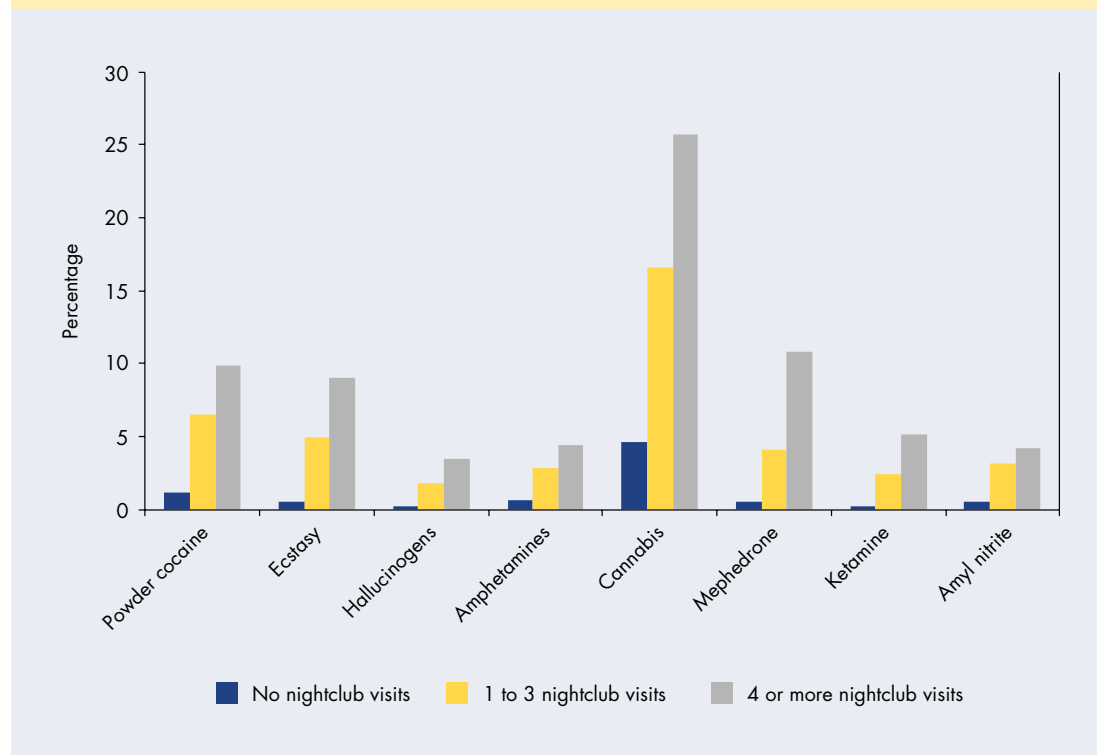
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## 1. Introduction

Throughout the year, bars, nightclubs, discotheques and other recreational venues provide young Europeans with opportunities to socialise and dance, often offering entertainment such as concerts and dance parties. In addition, large music festivals that are organised mostly during the summer months attract thousands of visitors. Surveys show (Figure 1) that in many recreational venues the use of drugs is more prevalent than in the general population (EMCDDA, 2006).

**Figure 1. Last year prevalence of drug use among adults (aged 16–59) by frequency of nightclub visits in the previous month, England and Wales, 2010–11**



Source: British Crime Survey (Smith and Flatley, 2012).

Alcohol use is widespread in recreational settings and often associated with illicit drug use. A study assessing drug and alcohol use in nightlife venues in nine European cities found that over three-quarters of respondents reported having been drunk at least once in the last four weeks (Bellis et al., 2008). School surveys from 22 European countries revealed that 86% of 15- to 16-year-old students who had used ecstasy during the last month had also drunk five or more alcoholic drinks on at least one occasion (EMCDDA, 2010). General population surveys also show that the prevalence of amphetamines or ecstasy use among frequent or heavy alcohol users is much higher than average (EMCDDA, 2009).

Drug and alcohol use in recreational settings are linked to a range of health and social problems. These include acute health problems, such as unconsciousness and unintentional injury, aggressive behaviour and violence, unsafe and unwanted sex, and driving under the influence of alcohol and drugs. For example, the 2010–11 British Crime Survey reported that, in 44% of all incidents of violence, victims believed that offenders were under the influence of alcohol (Chaplin et al., 2011). Although young men between 18 and 24 make up only 4% of the Dutch population, they represent 23% of those seriously or fatally injured in alcohol-related traffic accidents, most of which occur during weekend nights (SWOV, 2012). Other consequences of longer-term use are brain damage and addiction. Finally, adverse social consequences such as drug dealing and public nuisance are also of concern.

The increased mobility of young people and the globalisation of the entertainment industry make it necessary to address these problems in Europe, especially in popular tourist destinations in southern Europe. An upcoming publication about tourism and drug use <sup>(1)</sup> explores the challenges related to the international aspect of drug use and recreation.

In the 2009–12 EU drugs action plan <sup>(2)</sup> and, more recently, through the adoption of Council Conclusions (Council of the European Union, 2010), the European Union has addressed drug and alcohol use in recreational settings. The aim of this thematic paper is to summarise, based on the EU Council Conclusions, the aspects of how to prevent and reduce the health and social risks associated with the use of illicit drugs and alcohol in recreational settings.

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<sup>(1)</sup> [www.emcdda.europa.eu/publications/thematic-papers/travel](http://www.emcdda.europa.eu/publications/thematic-papers/travel)

<sup>(2)</sup> Actions 10 and 12.

## 2. The need for a balanced and evidence-based approach

Studies on preventing alcohol-related harm provide evidence for the effectiveness of measures that reduce the affordability and availability of alcohol through stricter licensing and marketing regulation in order to prevent sales to young people under the legal drinking age (LJMU and WHO, 2009). The evidence regarding the effectiveness of interventions specifically targeting drug use in recreational settings is increasing but the number of interventions that have been subjected to robust evaluation is still low. To improve the dissemination and implementation of evidence-based interventions in nightlife settings the European Commission has funded a project to develop a website entitled 'The Healthy Nightlife Toolbox' <sup>(3)</sup>. This comprehensive European source of information is aimed at helping local, regional and national policymakers, as well as prevention workers, to identify and implement effective interventions.

Scientific evidence and expert opinion suggest that, in order to tackle the drug- and alcohol-related health and social problems associated with recreational nightlife, a balanced approach between prevention, harm reduction and law enforcement is needed. This may include prevention at the user level, training of staff, environmental strategies, interventions involving stakeholders, and policing and law enforcement measures. In this context, the line between prevention and harm reduction is often blurred and some groups might view one intervention as prevention whereas others view it as harm reduction.

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<sup>(3)</sup> [www.hnt-info.eu](http://www.hnt-info.eu)

### 3. Prevention at the user level

Young people who are involved in nightlife activities and may be at risk of using drugs and suffering drug-related harm can be provided with prevention or harm reduction information material, such as brochures and pamphlets on intoxication and related harm. Peer educators can be used to effectively disseminate credible information on harms and harm reduction to young people in recreational settings. Often these prevention activities are supported by websites, where visitors can find detailed information on drugs, alcohol and related harms, and tips on how to avoid them. Overall, however, research has not found information provision to be an effective measure to reduce drug- and alcohol-related problems. Within the EU, drug testing is a controversial intervention. While it can provide users with information on the substance they use, some fear that they may get a false impression that the tested drug is safe. The Drug Information and Monitoring System in the Netherlands provides users with information on the content of the drug and delivers a prevention message, which is based on the scientific information available on the chemical contents of the drug sample. This system also provides qualitative information on changes in the content of drug samples in the Netherlands (Brunt and Niesink, 2011).

### 4. Environmental strategies

The role of alcohol in polydrug use patterns, and therefore also the role of the alcohol industries, is important. Alcohol- and drug-related problems may also be exacerbated by the physical and social environment within venues. For example, a permissive environment, discounted drinks, poor cleanliness, crowding, loud music and poor staff practice can contribute to higher levels of alcohol intoxication and related problems such as violence (Hughes et al., 2011). Therefore, environmental strategies, targeting the economic and physical context, have the highest effect sizes here. These include, for example, interventions to create safer spaces and venues that are less conducive to nightlife problems. Such environmental measures comprise crowd management, cool-down or chill-out rooms, serving food within venues, and clear and visible house rules addressing behavioural standards and preventing access to clubs by minors. Providing access to drinking water free of charge at venues where drugs such as ecstasy are used is a way to prevent the dehydration caused by either the drug itself or excessive perspiration while dancing. Other measures include redesigning the entertainment area (e.g. relocation of bus and taxi stands) and providing safe late night transport, better lighting and activities to reduce noise.

## 5. Training of staff

Training programmes for bar servers, door supervisors and other staff in recreational venues generally combine information provision with skills building. They can cover issues such as alcohol legislation, the psychoactive effects of alcohol and drug use, the links between alcohol and violence, first aid, alcohol service refusal, conflict management and reacting to drug dealing on the premises. Evidence for their effectiveness in preventing alcohol and drug use and related harm, however, is still inconclusive. A review study found that staff training has minimal effect on patrons' drinking behaviour, except where training was mandatory, management was involved, there was little staff turnover or it was backed up by enforcement (Jones et al., 2011).

## 6. Interventions involving stakeholders

The establishment of partnerships between stakeholders can facilitate the implementation of effective nightlife interventions. Research indicates that community-based programmes that deliver a range of coordinated interventions through a multi-agency partnership are more effective than single interventions. Partnerships may include local partners, including municipalities, the police and health authorities (Jones et al., 2011), and often comprise community mobilisation, including awareness campaigns and other activities to create support amongst stakeholders and the general public. The number of evidence-based community interventions is slowly growing. For example, the evaluation of a project in Sweden called STAD has demonstrated improvements in alcohol-serving practices and a reduction in violence, and it was also shown to be (= cost-effective) (Mansdotter et al., 2007). In general, multi-component interventions appear to be effective in reducing violence, problem drinking and street accidents (Jones et al., 2011). Leadership, continuity of interventions and funding are the critical aspects of such interventions (Calafat et al., 2009). For example, a multi-component community intervention involving enforcement of alcohol licensing, a training programme for alcohol servers, community mobilisation and media campaigns to reinforce policies was developed in Finland with the aim of reducing the number of sales to intoxicated individuals and subsequent alcohol-related violence and injuries. In the evaluation, refusal of service to a customer pretending to be drunk significantly increased in the intervention area from 23 % in 2004 to 42 % in 2007 (Warpenius et al., 2010).

## 7. Policing and law enforcement measures

Problems such as underage drinking, violence within or outside nightlife venues and drink driving are often best addressed by means of policing and law enforcement. Measures may include police visits to high-risk nightlife venues, age verification checks to ensure that venues are not serving underage drinkers, and the use of sanctions (including revocation of operating licences) to enforce licensing legislation. While these measures have been shown to be effective in connection with alcohol and related problems, studies also suggest that the positive effects of policing and law enforcement can rapidly diminish if they are not carried out on a regular basis and linked to real deterrents (Babor, 2010; Jones et al., 2011).

## 8. Conclusions

Illicit drugs and alcohol are often used together in recreational settings and should be addressed with preventive measures. Effective interventions in recreational settings to address alcohol- and drug-related harm can have beneficial effects on a broad range of associated consequences, such as acute health problems due to (poly)drug use, violence, unintentional injury, driving under the influence and unprotected sex or unwanted sexual contacts. A balanced mix of prevention, harm reduction and law enforcement requires that the traditional focus on the users themselves must be complemented with environmental strategies and stakeholder involvement.



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The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is one of the European Union's decentralised agencies. Established in 1993 and based in Lisbon, it is the central source of comprehensive information on drugs and drug addiction in Europe.

The EMCDDA Thematic papers are scientific reports on selected, theme-based aspects of the drugs phenomenon. The series makes available the results of research carried out by the agency and its partners to a target audience of specialists and practitioners in the drugs field, including scientists, academics and policymakers.

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