

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

November 2011



IREFREA

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



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

www.club-health.eu





CLUB HEALTH HEALTHY AND SAFER NIGHT OF YOUTH

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



Authors:

Mariàngels Duch, Amador Calafat and Montse Juan

@ IREFREA, 2012

C o n t e n t s

Introduction	5
1. Venue conditions	
1.1. Access and security admission policies	12
1.2. Inside the venue: physical environments	16
1.3. Inside the venue: social environments	20
1.4. Dispersal policies	23
2. Staff and management factors	
2.1. Managerial approaches	25
2.2. Serving staff	28
2.3. Door and non-serving security staff	29
2.4. Entertainment staff: DJs and Speakers	30
3. Regulation of sale and alcohol promotions	
3.1. Pricing and availability	31
3.2. Special promotions	32
References	33

Introduction

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

This manual is the result of the evaluation of a set of standards prepared as part of the Club Health project (co-financed by the European Commission under the Health Programme 2008-2013) to ensure adequate health and safety in recreational nightlife venues. A growing body of evidence shows that certain characteristics (e.g. cheap drinks and promotions, overcrowding, overheating, and high level of permissiveness) are major contributors to alcohol-related problems in and around licensed premises. The level of intoxication of patrons has also been observed to be an important factor. The result is that a venues' management and staff can contribute to changes in behaviour through the enforcement of proactive practices. Proactive practices can include schemes like: i) ensuring the physical and social conditions of the premises; ii) guaranteeing staff understand and engage in responsible server practices; iii) avoiding marketing strategies that encourage excessive drinking; and iv) developing partnership strategies to reduce alcohol-related incidents by, for example, establishing good communication and cooperation between police, local authorities, public transport agencies, health services and the communities.

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

Rationale

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

Participants

More than 75 informants from over 14 different European countries (from a range of small, medium and large cities - all with a vibrant nightlife) participated in this study. Of informants, around 80% were recreational industry representatives (most of them club managers or owners, but representatives of umbrella organizations and event promoters were also included); the remaining ~20% were other professionals working directly in the field (e.g. public health representatives, policy-makers and police representatives).

Assessment tool

An extensive literature search¹ was undertaken focusing on the identification of strategies that can ensure adequate health and safety in recreational settings and the best (or highly promising) practices. Using this information a set of standards was prepared and organised into three major categories with a number of sub-groups (this will facilitate the assessment and monitoring of selected key components):

1. Venue conditions

- 1.1. Access and security admission policies
- 1.2. Inside the venue: physical environments
- 1.3. Inside the venue: social environments
- 1.4. Dispersal policies

Staff and management implication

- 2.1. Managerial approaches
- 2.2. Serving staff
- 2.3. Door and non-serving security staff
- 2.4. Entertainment staff: DJs and speakers

Alcohol promotions and regulation of sale

- 3.1. Pricing and availability
- 3.2. Special promotions

The first column of the assessment tool requested participants to: 1) inform if the component was operational (i.e. carried out in their premises independently of being mandatory or not); 2) inform if it was regulated by law; and 3) if it was, was it being enforced and by whom.

Then (in following columns) informants were asked to: i) rate the easiness of implementation; ii) rate the cost to implement and sustain; iii) rate the effectiveness; iv) acceptability (i.e. is it sensitive to local cultural norms?); and finally, v) to rank its importance as a key element to the overall strategy (using a scale from 1=most important to 5=least important).

¹ Calafat, A., Juan, M., Duch, M.A. (2009) Preventive interventions in nightlife: a review. *Adicciones*, 21 (4), 387-414 and Hughes K, Quigg Z, Eckley L, Bellis M, Jones L, Calafat A, Kosir M, van Hasselt N. (2010) Environmental factors in drinking venues and alcohol-related harm: the evidence base for European intervention. *Addiction*, 106, Supplement 1:37-46.

The assessment

A protocol was prepared so all researchers could present the project and its associated tools to potential informants and enable the attainment of standardised data. Guidance was given as to how to contact representatives of umbrella organisations and owners and managers of popular mainstream venues in each location so that a broad point of view of the area could be ascertained; the views of other professionals working in the field, such as policy makers and public health experts, were also sought for comparison.

The diversity of regulations and the number and range of agencies and/or authorities involved varies greatly across Europe (sometimes even within different cities/regions of the same country), as do licensing requirements; this makes legislation and enforcement measures hard to compare. Also, both the familiarity of informants with the subject and the terms used in the questionnaire and each informant's comprehension of the provisions each term includes, added some difficulties to the completion and analysis of the questionnaires. In some cases these were overcome post-interview using qualitative reports prepared by local researchers.

Classification of the components

To facilitate comprehension and to indicate the importance of the different components we have established the following classification:

Key Components



These components are signalled by evidence (scientific literature) and practice (industry representatives' experience) and confirmed by the opinion of the other key stakeholders consulted. Marked in the manual in orange.

Recommended Components



These elements were without enough evidence to support them but were confirmed by practice. Marked in the manual in green.

Under special circumstances



These components were not signalled by evidence or practice (or with contradictory findings) and might not apply to all venues but should be taken into consideration under certain circumstances. Marked in the manual in white.

Evidence from the literature has been marked with a scale: *** if it was consistent: down to * if it was poor, or with a '?' if contradictory → non-existent. Practice from industry representatives experience is presented ranked (from 1=most important to 5=least important).

Findings

It is very important to point out that, according to the survey results, industry representatives are perfectly aware of those components identified by the literature as key and appear to comply accordingly with requirements and procedures. One of the research hypotheses was that there would be differences in acceptability due to different countries cultural sensitivities; however no major differences were observed concerning key elements.

Most industry representatives showed high rates of compliance at an operational level but expressed doubts about further regulation on elements which are not yet a requirement for licensing or are not being currently enforced. Industry representatives expressed their preference for 'guidance' rather than 'enforcement' with regard to venues. Furthermore, some of those – who stated they complied with procedures but don't want them to be mandatory— also declared that they used compliance as a kind of 'differentiation' to stand out from potential competitors. In other words, quality is an added value being used as a marketing strategy. Industry representatives feared further regulation would mean further obstacles in everyday management - adding paperwork and increasing running costs. However, implemented collaboration schemes at the community level between licensed traders and other key stakeholders have been shown to be an effective method of reducing nuisance and crime and increasing business profitability and the overall attractiveness of the area.

A preference for regulation, instead of just guidance, was detected in Eastern European countries. This might be due to the (pointed out by some informants) existence of illegal or clandestine operations that do not follow the rules and become unfairly competitive. In some cases, these operations are run from flats or buildings which are not specially designed and do not comply with health and safety regulations.

Staff and management participation is fundamental to ensure good health and safety in recreational nightlife venues. The percentages for operational practices expressed by industry participants were very high and they rated most procedures as key. However, the results from the staff training and management factor questions varied considerably according to the country and even the individual venue. Discrepancies, and inconsistent ratings, in areas such as 'regulation and enforcement', 'ease (or difficulty) of implementation' and 'effectiveness and cost' appear to indicate that they are approached very differently (depending on a venues' management). Industry representatives agree that Responsible Beverage Service (RBS) and staff training are important but expressed their preference that it not to be a requirement for licensing. The fact that in some cases training is done in-house (without any external contribution/supervision) and that it was lowly rated as a key component might indicate that training includes (or may even be dominated by) drink service and marketing strategies other than responsible server practices. The same trend (i.e. poorly directed training) occurs with door and non-serving security staff.

Management and staff should be empowered with the skills and abilities to intervene effectively in any problematic situation that might arise. Training should be provided to managers, owners/promoters, serving staff (including servers, glass collectors, and toilet and cloakroom personnel), door supervisors and security staff, DJs and entertainment personnel (such as models and animators). Comprehensive training for all staff within a nightlife venue will help to ensure that they are well coordinated and ready to comply with a clear plan to create a 'lower-risk environment'. This 'staff training manual for nightlife premises' has been developed as part of the Club Health project.

Discrepancies within our results were frequently observed when an assessment of informants responses to 'pricing and availability' (e.g. restrictions on opening times/outlet densities) was undertaken. While some respondents are aware that 'pricing and availability' has the capacity to take the main role in terms of risk prevention, informants responded to the question in such different ways that it rendered the question obsolete; therefore the answers cannot be given significance. Also, in most cases, responses regarding a venues pricing strategy seemed to refer to the pricing strategy and promotions set up in-house according to the requirements of the company, chain and/or drinks manufacturer and therefore does not necessarily imply the existence of a policy to intentionally increase the prices of alcoholic drinks and lower the price of non-alcoholic drinks (a good strategy to reduce and prevent alcohol related problems).

Conclusions

This is an innovative study that confronts scientific findings with operational experience at a European level. In 14 State Member countries an assessment of standards to improve health and safety in nightlife contexts was undertaken. Results show that most recreational nightlife representatives are conscious of the challenges pointed out by the literature and are prepared to help prevent them; this trend showed no significant differences between countries. However only a few countries have already regulated most of the key components highlighted in this study.

Most industry representatives display high rates of compliance at an operational level but express doubts about further regulation and fear it would increase paperwork and costs. The fact that most informants manage well-kept mainstream popular settings might explain why they don't feel that more requirements or increased enforcement are needed. As has been previously commented, some operators use this quality performance as an added value when marketing their premises, but it is also observable that, in some cases, 'unfair competition' will outcompete this strategy. The question that remains is how to guarantee consistency on components and procedures within venues if these are only set-up at an operational level. Experiences in regulated countries show that to ensure good quality standards venues must provide evidence (i.e. records) of training and implemented strategies to gain certification from the licensing authority.

Standards are generally accepted principles or sets of rules, within which expert knowledge is stored. Our assessment shows that in most cases evidence from scientific studies and practice experience agree on the key components for good guidelines. However the literature also shows that voluntary policies, unless mandatory or combined with enforcement, are not very effective. Therefore regulating and enforcing some of the components highlighted both by the literature and nightlife industry representatives should be a priority to ensure homogenisation in practices working towards better levels of health and safety in nightlife premises.

Acknowledgments:

First of all, we would like to express our gratitude to all the industry representatives and other key stakeholders who participated in this project. We thank them for their time and endurance needed to go through a wide-ranging questionnaire covering a broad list of characteristics to be evaluated. Without their contribution this work would have not been possible.

Very special thanks go to Karen Hughes and Mark Bellis (LJMU), Johanna Gripenberg Abdon (STAD), Alexander Hirschfield and Andrew Newton (University of Huddersfield) Luca Fornari (Ala Milano Onlus) and Giovanni Aresi (Università Cattolica del Sacro Cuore) for their contributions, suggestions and shared expertise in the field.

And last but not least we would like to show our gratefulness to Matej Kosir (UTRIP Institute), coordinator of this project, and all partners of the Club Health project² that have made possible the collection of this data and the promotion of our standards among the industry. Without their contribution this research would not have been possible.

² UTRIP Institute (Slovenia), LJMU (United Kingdom), IREFREA (Spain and Portugal), CePT (Luxembourg), Hogeschool Gent (Belgium), SANANIM (Czech Republic), ACC (United Kingdom), Tibiscus (Romania), ISG (Austria), HSE (Ireland), Azienda ULSS (Italy), City of London LDPF (United Kingdom), IDEC (Greece), Blue Point (Hungary), MEKKA (Hungary), ConRua-A (Portugal) and PROTASI (Greece).



IREFREA

November 2011

Table structure and terminologies used

Classification of the component		Club Health findings and other comments	Related practice
Evidence + Stakeholder ranking		Data from Club Health research study commented with further descriptions and / or clarifications	Interventions (evaluated or not), that might be useful when approaching this area
KEY COMPONENT	Signalled by literature and practice		
RECOMMENDED COMPONENT	Not enough evidence but confirmed by practice		
UNDER SPECIAL CIRCUMSTANCES	Not signalled by evidence or practice; or that might not apply to all venues		
Evidence		Ranking	
Scientific literature from previous research		Percentage of respondents who classified the item as:	Most / Fairly important
Consistent	***		Neutral
Fair	**		
Poor	*		
Contradictory or inexistent	?		Not / Hardly important

1. Conditions of the venue

1.1. Access and security admission

The two main objectives are to ensure that those under the minimum age for admission do not gain access and the prevention of disorder and crime to protect public safety. Certain procedures should be followed to guarantee high levels of health and safety: e.g. i) checking for proof of age to prevent admission of minors; ii) preventing the admission of those likely to be conflictive and/or carrying drugs or weapons; iii) informing clients of house rules; iv) avoiding overcrowding; and, v) monitoring people in queues and those gathering outside to avoid conflict and public nuisance.

KEY COMPONENTS	Components	Club Health findings and other comments		Related practice
	Under-age checkouts Description: Check for proof of age identification to ensure those under the minimum age for admission do not gain access.	Enforcement checks should be carried out to prevent alcohol sales to minors. Although about 86 % of the industry representatives sought rank it as one of the most important components (and categorise it as 'easily implementable' and 'low cost'), and the legal age is regulated by law in all researched countries, just 68.4% carry out under-age checks at an operational level. The most common excuse for not doing so was a lack of need since they target an older crowd. It was widely recognised that a female's age is harder to identify without an ID. All staff should take part in identifying underage patrons to deny service to those who have not been intercepted at the door ³ . Electronic scanning database systems have been installed in some venues. To gain access to a venue, customers are required to show ID which is scanned and checked to confirm their identity ⁴ .		The community alcohol prevention programme (part of the STAD project) http://www.fhi.se/en/Highlights/Responsible-Beverage-Service/ In the UK, there are initiatives promoted by the alcohol industry such as: 'Challenge 21', 'Challenge 25' and 'PASS'. However results have not yet been carefully evaluated.
	Evidence	Ranking		
	***	Most / Fairly important	85.7%	
		Neutral	8.6%	
		Not / Hardly important	5.7%	
	Limits on patron numbers Description: To ensure that the overall capacity of the venue is not exceeded, and to avoid overcrowding. To restrict admission after a certain time. To avoid conflictive people from gaining entrance.	While the maximum capacity of a venue is set by relevant authorities, and venues are furnished accordingly, 70% of informants ranked it as important, but only 68.4% of the industry representatives perform it at an operational level, mostly claiming implementation is difficult (69%) ⁵ . Violent behaviour has been associated with overcrowding in several studies. Therefore It is important to use a reliable method of counting the number of customers within a venue. Methods to avoid overcrowding include electronic clocking systems, 'clickers' and tills as well as sophisticated electronic devices that are able to also confirm the age or previous record of clients.		Best Bar None award scheme is operating in over 67 towns/cities in the UK to build good practice. Results have not yet been evaluated. http://www.bbuk.com/what-is-best-bar-none
	Evidence	Ranking		
	**	Most / Fairly important	71.0%	
		Neutral	18.8%	
		Not / Hardly important	10.2%	

³ Swedish research has shown that when door staff regularly do a good job checking IDs, bar staff rely on them and fail to double-check those clients who look underage (Wallin & Andreasson 2004).

⁴ These systems ensure that under-age patrons are not admitted, calculate the number of people entering, and facilitate a decrease in the disorder rate as patrons can be easily identified and banned from premises for improper behaviour. However research in the USA has shown that although Electronic Age Verification (EAV) systems can improve the accuracy of age verification they do not increase the baseline frequency of age verification (Krevor et al. 2003).

⁵ This difficulty does not seem to interfere with their capacity to maintain a good ratio of staff/people (see 'avoidance of queuing in bar/toilet areas').

KEY COMPONENTS	Components	Club Health findings and other comments		Related practice
	Intoxication and drug checkouts Description: To prevent the entrance of intoxicated people. To prevent drug use or dealing inside and around the premises.	Intoxicated people are more likely to cause incidents. A well trained team of professional door staff can be extremely effective in screening intoxicated and/or drug impaired patrons, preventing drug dealing and any related problems; it also clearly shows that the venue will not allow illegal or unruly behaviour. Even though 74.1% of industry representatives declared intoxication and drug checks are carried out at their premises, 90.9 percent of the other stakeholders' sought claimed the industry is not adequately performing them. This suggests that unless door staff are well trained it is hard to successfully evaluate the degree of intoxication of a potential client.		The community alcohol prevention programme (part of the STAD project) http://www.fhi.se/en/Highlights/Responsible-Beverage-Service/ The British Beer and Pub Association (BBPA) has produced a guide on how to deal with incidents: www.beerandpub.com/documents/publications/industry/Drugs_and_Pubs.pdf
	Evidence	Ranking		
	**	Most / Fairly important	85.7%	
		Neutral	10.0%	
		Not / Hardly important	4.3%	
	Signs with policy statements Description: Patrons should be informed in advance of the house rules (under-age drinking, age code, dress code, policy on serving intoxicated people, etc.). Signs displaying the house policy will avoid some frustration when denying access to patrons who have been waiting in line to get in.	Although signs with policy statements are not a requirement for licensing in most cities/areas studied, the majority of venues use them. 78.9% of industry representatives stated that they are operational in their premises (easily implemented, low cost, highly effective). House rules, along with other selection processes, are used to identify and select the targeted clientele and refuse entrance to those considered unsuitable ⁶ .		National Pubwatch Good Practice Guide http://www.nationalpubwatch.org.uk/index.php
	Evidence	Ranking		
	**	Most / Fairly important	52.9%	
		Neutral	27.9%	
		Not / Hardly important	19.2%	
RECOMMENDED COMPONENTS	Components	Club Health findings and other comments		Related practice
	CCTV monitoring Closed Circuit Television systems increase the feeling of security and control among patrons	CCTV can be an effective deterrent. It is particularly useful to cover the entrance areas and secluded areas of a venue and can prevent drug use or dealing as well as aggression problems. Among the industry representatives surveyed 70.7% use CCTV monitoring. The literature shows that some customers see CCTV monitoring as a sign of social responsibility while others might feel their privacy is being violated. In our research just 14.5% of industry representatives declared it to be a highly sensitive/low acceptance item (18% amongst other stakeholders group).		Security Industry Authority (SIA) programmes are available in the UK for CCTV operators to train to operate systems according to the latest industry British Standards (BS).
	Evidence	Ranking		
	*	Most / Fairly important	52.4%	
		Neutral	27.0%	
		Not / Hardly important	20.6%	

⁶ Calafat, A., Juan, M., Duch, M.A. (2009) Preventive interventions in nightlife: a review. *Adicciones*, 21 (4), 387-414 and Hughes K, Quigg Z, Eckley L, Bellis M, Jones L, Calafat A, Kosir M, van Hasselt N. (2010) Environmental factors in drinking venues and alcohol-related harm: the evidence base for European intervention. *Addiction*, 106, Supplement 1:37-46.

RECOMMENDED COMPONENTS	Components	Club Health findings and other comments		Related practice
	Monitoring of people in lines (queuing). Description: To inform people of waiting time and to avoid queue jumping.	Door staff who inform people show concern about their patrons comfort increase their authority, reduce frustration and allow staff to appraise their clients' appearance. Around 65% of surveyed industry representatives' monitor people waiting in queues at their venues since this represents little extra cost and increases safety; although it is not considered a key element. Recent research has shown that queues for entrance can also be used as a marketing strategy (a sign of a venue's popularity and prestige). In some cases, door staff may have been instructed to make customers wait in line ⁷ .		Security Industry Authority (SIA) programmes in the UK for door supervisors and security guard training.
	Evidence	Ranking		
	*	Most / Fairly important	35.8%	
		Neutral	34.3%	
		Not / Hardly important	29.9%	
	Monitoring of people gathering outside the venue. Description: To assess potential for trouble.	Parking lots and surrounding areas should be checked to detect drug use/dealing of potential customers and detect those potential patrons with risky behaviours. 63.8% of industry representatives who participated in this study declared that people gathering outside their venues were monitored. The fact that in most cases they rate it as easily implemented and low-medium cost might indicate that they do not deploy specific procedures to do so or have not created joint protocols with the police and/or other stakeholders.		Security Industry Authority (SIA) programmes in the UK for door supervisors and security guard training.
	Evidence	Ranking		
	*	Most / Fairly important	1 33.9%	
		Neutral	2 36.9%	
		Not / Hardly important	3 29.2%	
	Entrance fee. Description: Cover fee to avoid hopping between venues.	A cover fee is primarily used as a marketing strategy that may vary according to the night, type and/or size of the venue; it is also highly variable between countries. Most industry representatives surveyed didn't consider it a prevention strategy. Nevertheless 63.8% of industry representatives informed us that they charge an entrance fee in their premises. Hopping between venues should especially be avoided just before closing time when levels of intoxication are higher ⁸ .		
	Evidence	Ranking		
	*	Most / Fairly important	65.6%	
		Neutral	9.4%	
		Not / Hardly important	25.0%	

⁷ See Meesham and Hadfield 2009.

⁸ See Lang and Rumbold 1997.

UNDER SPECIAL CIRCUMSTANCES	Components	Club Health findings and other comments		Related practice
	Weapon checkouts. Description: To prevent access to people with weapons. To avoid an escalation of violence if an incident occurs.	<p>Premises should set up clear procedures to prevent weapons from entering the venue; procedures for requesting police intervention should also be developed and disseminated.</p> <p>Although not standardised, weapons checks are carried out by 47.4% of the industry representatives' venues surveyed. In some cases checks are closely related to the type of music scene and performed on certain nights only (e.g. hip hop nights).</p> <p>Amongst those whose venues perform them, just 10.8% of informants rated it as a highly sensitive element (low acceptability) while among those whose venues don't perform them the percentage is higher (26.2%). Some respondents maintain that weapon checks increase the general sense of safety among party goers.</p>		In Portugal, a new regulation enforces usage of metal detector arches before entering a disco or nightclub.
	Evidence	Ranking		
	*	Most / Fairly important	69.3%	
		Neutral	13.8%	
		Not / Hardly important	16.9%	
	Avoidance of special passes. Description: Do not show favouritism to certain people	<p>Some studies show that differences shouldn't be highlighted as some patrons who may feel unfairly treated may become less cooperative with staff ⁹. Special passes are used by 65.5% of the industry representatives interviewed as a marketing strategy to select their targeted clientele and avoid conflict.</p>		
	Evidence	Ranking		
	*	Most / Fairly important	33.3%	
		Neutral	20.0%	
		Not / Hardly important	46.7%	

⁹ See Graham 1999.

1. Conditions of the venue

1.2. Inside the venue: physical environment

A premises lay-out and design should reduce the risk of disorder and crime by allowing the free flowing movement of clients (e.g. avoiding bottle necks and hidden areas) and by limiting or eliminating excessive heat and smoke. Also, procedures to keep venues clean from spills and other hazards should be established to help avoid accidents and the availability of potential weapons.

KEY COMPONENTS

Components	Club Health findings and other comments		Related practice
Room temperature and ventilation Description: Control room temperature and ventilation to avoid overheating and foggy atmospheres.	In most of the countries assessed there are either designated areas for smoking or smoking is not allowed inside premises. Overheating and hazy atmospheres have been shown to make people irritable and more inclined to respond aggressively to provocation ¹⁰ . Although room temperature and ventilation maintenance are expensive, 77.9% of industry representatives stated that they enforced it at an operational level because it is also highly effective and they rate it as a key element to ensure good health and safety inside their premises.		The booklet ‘Safer Bars. Assessing and reducing risks of violence’ , part of the Safer Bars programme, includes questionnaires to evaluate premises’ layout and physical comfort and the safety of customers and how to improve them. http://www.camh.net/Publications/CAMH_Publications/safer_bars_program.html Best Bar None award scheme is operating in over 67 towns/cities in the UK to build good practice. Results have not yet been evaluated. http://www.bbnnuk.com/what-is-best-bar-none
Evidence	Ranking		
***	Most / Fairly important	73.1%	
	Neutral	20.9%	
	Not / Hardly important	6.0%	
Cleaning of spills, broken glasses and other hazards. Description: Preventing floors from becoming slippery from spilt drinks, or dangerous from other hazards.	Cleaning of spills and other hazards is carried out within assessed premises on a regular basis to avoid injuries from falling on slippery floors or being cut from broken glass. 96.4% of industry representatives reported doing so as an operational procedure. Around 88% rated it as a key component to ensure patrons health and safety. Special attention should be paid in glass-free environments since plastic vessels are more easily discarded ¹¹ increasing floor slipperiness and litter, which both increase environmental discomfort (shown to be a predictor of violent disorder).		
Evidence	Ranking		
**	Most / Fairly important	88.4%	
	Neutral	8.7%	
	Not / Hardly important	2.9%	
Clearing away empty glasses and bottles. Description: Employing glass collectors to ensure that drinking vessels do not accumulate.	Infrequent clearing of bar surfaces results in the availability of potential weapons that can increase the risk of injury. 94.4% of industry representatives stated that in their venues clearing away of empty glasses and bottles was a regular procedure to avoid potential harms; almost 70% of all stakeholders rated it as key component to ensure good health and safety standards.		
Evidence	Ranking		
**	Most / Fairly important	68.6%	
	Neutral	18.5%	
	Not / Hardly important	12.9%	

¹⁰ See Graham et al. 2000; Homel et al. 2004.

¹¹ See Forsyth 2008.

KEY COMPONENTS

Components	Club Health findings and other comments		Related practice
Layout and Design. Description: Establishments should be specifically designed to allow the free flow of patrons by avoiding bottle necks and hidden areas and to ensure safety in the need of evacuation.	Obstacles that restrict movement, or inconvenient access to services, can increase violence levels due to close contact or competition for service/access. Among the industry representatives surveyed 73.1% stated that their premises were designed according to health and safety concerns; this is despite high costs and difficulties with implementation. To avoid localised overcrowding, particular attention should be paid to bars, toilets and cloakroom areas, as well as stairways, hallways and corridors. Signs restricting access to potentially dangerous sites and clearly indicating emergency exits should be posted. Dark and hidden areas should also be avoided or controlled by CCTV since they increase anonymity and facilitate deviance ¹² .		http://www.camh.net/Publications/CAMH_Publications/safer_bars_program.htm Best Bar None award scheme is operating in over 67 towns/cities in the UK to build good practice. Results have not yet been evaluated. http://www.bbnuuk.com/what-is-best-bar-none
Evidence	Ranking		
**	Most / Fairly important	62.8%	
	Neutral	25.7%	
	Not / Hardly important	11.5%	
Random checks of toilets. Description: To avoid illegal behaviours such as drug use or drug dealing.	Some countries do not allow security staff to perform cubicle searches. Some venues deploy other strategies such as posting attendants in toilet areas to discourage people from selling or using drugs. In fact 89.3% of industry representatives stated that their venues carry out random checks of toilets at the operational level; 63.2% ranked it as a key element, even though 47.1% of them rated it as a sensitive/low acceptance item. It is also worth noticing that almost one third of the respondents rated it as not sensitive at all. It is important to respect patrons' privacy. Therefore clear instructions and training should be provided to staff.		The booklet ' Safer Bars. Assessing and reducing risks of violence ', part of the Safer Bars programme, includes questionnaires to evaluate a premises' layout, physical comfort and levels of customer safety; guidance is given as to how to improve these areas. http://www.camh.net/Publications/CAMH_Publications/safer_bars_program.html Best Bar None award scheme is operating in over 67 towns/cities in the UK to build good practice. Results have not yet been evaluated. http://www.bbnuuk.com/what-is-best-bar-none
Evidence	Ranking		
**	Most / Fairly important	63.2%	
	Neutral	14.7%	
	Not / Hardly important	22.1%	
Music volume. Description: Making sure that a maximum limit on music volume for a venues' sound systems is set to prevent damaging client's and staff's hearing and/or disturbance to neighbours.	Although music volume is regulated by law in all researched countries, many industry representatives responded that they were not aware of this fact. They further responded that, in some cases, when sound control systems were present they were deployed to prevent equipment damage (from a DJ's frenzied performance) and not to prevent ear damage or noise pollution. While 79.6% of industry representatives said music volume was controlled, 72.2% of the other stakeholders say it is not. It should also be noted that, other than hearing problems, high sound levels are also associated with higher levels of alcohol consumption and an increased drinking speed of consumers. Experts recommend that installation of sound control systems should be set to limits not exceeding 100decibels. Signs should be placed on the dance floor and/or near the stage stating the risks associated with being near speakers. Earplugs should be available for clients' use.		
Evidence	Ranking		
**	Most / Fairly important	50.8%	
	Neutral	31.3%	
	Not / Hardly important	17.9%	

¹² See Brookman and Maguire 2003; Deehan 1999.

KEY COMPONENTS

Components	Club Health findings and other comments		Related practice
Availability of chill out areas and / or seating areas. Description: Provide areas with adequate seating that are cooler and quieter than the main dance floor.	Just 66% of industry representatives reported offering chill-out or seating areas. However, according to these informants, the seating area usually constitutes only a small part of the venue; most informants who responded to our survey were associated with dancing venues and the clubbing scene. It should be taken into consideration that vertical drinking increases the capacity of a venue and also the quantity of alcohol consumed ¹³ . This may impact (i.e. increase) on levels of disorder (bodily contact, bumping) as well as health and safety issues (broken glasses, spills).		The booklet 'Safer Bars. Assessing and reducing risks of violence' , part of the Safer Bars programme, includes questionnaires to evaluate a premises' layout, physical comfort and levels of customer safety; guidance is given as to how to improve these areas. http://www.camh.net/Publications/CAMH_Publications/safer_bars_program.html Best Bar None award scheme is operating in over 67 towns/cities in the UK to build good practice. Results have not yet been evaluated. http://www.bbnuk.com/what-is-best-bar-none
Evidence	Ranking		
**	Most / Fairly important	58.1%	
	Neutral	22.6%	
	Not / Hardly important	19.3%	
Avoidance of queuing in bar and toilet areas. Description: To avoid competition for service To ensure that localised incidents of overcrowding are avoided.	The avoidance of queuing in bar and toilet areas is correlated with maintaining a good staff/patron ratio which significantly helps to avoid competition for service. Avoidance of queuing was not rated as one of the key elements by most industry representatives surveyed. Only 43.1% of them considered it most important to have a good staff/patron ratio. This, combined with the fact that 69% of industry respondents stated that it is 'hardly difficult' to calculate the number of people entering, raises the question of how exactly do they keep a good staff/patron ratio (as declared by 79.6 of industry representatives). Just 60% of the industry representatives stated that they were able to avoid their clients from queuing. A low staff/patron ratio has been found to be associated with more frequent acts of aggression. Therefore it is very important to keep account of the accurate number of patrons in a venue to be able to maintain a good ratio at all times. Sufficient clean and stocked toilets should be maintained too.		
Evidence	Ranking		
**	Most / Fairly important	37.0%	
	Neutral	35.5%	
	Not / Hardly important	27.5%	

UNDER SPECIAL CIRCUMSTANCES

Components	Club Health findings and other comments		Related practice
Glassware policy. Description: Providing drinks in glasses that are made of plastic or toughened glass to prevent their use as weapons.	Research shows controversial findings on glassware policy ¹⁴ . This lack of consensus is reflected within venues policies; in those cities where it's not a licensing requirement 44.7% of industry representatives stated that they carry out a glassware policy at the operational level. Among those who do, 48.5% qualified it as highly effective; 30.3% qualified it's effectiveness as medium and also rated it as 'easily implemented', 'low-medium cost', and not sensitive ¹⁵ . Those who do not deploy a glassware policy rated it as just the opposite. Over 56% of all stakeholders rated it as a key element.		The introduction of polycarbonate glassware (PCG) to some bars and clubs in the UK, although not sufficient to accurately ascertain any injury prevention benefit, has shown some promising results ¹⁶ .
Evidence	Ranking		
*	Most / Fairly important	56.1%	
	Neutral	33.3%	
	Not / Hardly important	10.6%	

Components	Club Health findings and other comments			Related practice
Availability of food and snacks. Description: Availability of food is associated with a reduced risk of aggression.	Serving food is associated with less violence ¹⁷ . There are differences between countries and types of venues. Our study observed that while in the UK, Luxemburg, and Portugal between 75-80% of clubs offer some kind of food and/or snacks, in the other countries it varies between 25-50%; in these other countries food is often associated with extra mess. In general it is viewed more as a marketing strategy than a prevention strategy.			The introduction of polycarbonate glassware (PCG) to some bars and clubs in the UK, although not sufficient to accurately ascertain any injury prevention benefit, has shown some promising results ¹⁶ .
Evidence	Ranking			
*	Most / Fairly important		25.5%	
	Neutral		31.7%	
	Not / Hardly important		42.8%	
Free water available. Description: Supply free tap water to avoid heat strokes among dancers.	Prolonged dancing can cause heat exhaustion and dehydration. 67.2% of industry representatives confirmed free water is available in their premises ¹⁸ . A large range of appropriately priced bottled water and soft drinks should be available (and clearly visible) at the bar to help prevent clients drinking to intoxication.			
Evidence	Ranking			
?	Most / Fairly important	1	61.2%	
	Neutral	2	23.9%	
	Not / Hardly important	3	14.9%	

¹³ See Lightowlers et al. 2007.

¹⁴ Controversy exists between toughened and annealed glass in terms of the reduction in the severity of injuries (Warburton & Shepherd 2000).

¹⁵ With the exception of Belgium, where, according to brand or type, beer is served in different glasses (usually supplied by brewers).

¹⁶ A study in Glasgow has shown glass breakages reduced to zero concurrent with a small reduction in injuries (Anderson et al. 2009).

¹⁷ Because they attract a different clientele or because they delay the absorption of alcohol into the bloodstream (Hommel and Clark 1994)

¹⁸ Although in some of the venues explored, 'free water available' meant 'tap water available from toilet sinks'.

1. Conditions of the venue

1.3. Inside the venue: social environment

Ensure the premise is managed in a way that does not encourage violent, uncontrollable or criminal behaviours.

KEY COMPONENTS	Components	Club Health findings and other comments		Related practice
	Identification of intoxicated patrons. Description: To offer them first aid and/or assistance. To avoid any violence escalating due to misbehaviour.	Serving to over-intoxicated customers has been found to be a high predictor of problems ¹⁹ and industry representatives seem to be aware of it. Almost all of them (98.2%) informed us that intoxicated patrons are identified at operational level, but again other stakeholders disagreed (54.5% stated they did not believe they are operational). It was rated as a key component by 84.3 of all stakeholders. It was rated as a very sensitive item by 53.4% of industry representatives as if it is not handled in the right way it may lead to violence escalation ²⁰ . However, when asked about responsible service just 58.9% stated that they have it at an operational level among servers, and even worse, just 20% of non-security staff appear to have had some kind of training ²¹ .		The community alcohol prevention programme (part of the STAD project) http://www.fhi.se/en/Highlights/Responsible-Beverage-Service/
	Evidence	Ranking		
	***	Most / Fairly important	84.3%	
		Neutral	14.3%	
		Not / Hardly important	1.4%	
	Level of permissive-ness. Description: The degree of overall 'permissiveness' in the establishment has been identified as one of four main factors that can increase rates of aggression and violence.	The 'permissiveness' of a venue's environment may be communicated to customers through physical elements (mess and disorder, poor lighting) and social elements such as serving intoxicated people, encouraging drinking to intoxication (games or promotions) and allowing drug use or other misbehaviours ²² . 73.9% of industry representatives stated that the level of permissiveness is controlled at the operational level but other stakeholders interviewed disagreed (58.3% stated that its control is not operational in venues). The level of permissiveness is a complex component that can be evaluated in many different ways according to culture, music scene, context and individual situations ²³ . Implementation can be rather difficult. It was not viewed as a sensitive item, but it was rated as a key component by most of the participant stakeholders (around 60%).		The booklet ' Safer Bars. Assessing and reducing risks of violence ', part of the Safer Bars programme, includes questionnaires to evaluate a premises' layout, physical comfort and levels of customer safety; guidance is given as to how to improve these areas. http://www.camh.net/Publications/CAMH_Publications/safer_bars_program.html
	Evidence	Ranking		
	***	Most / Fairly important	61.2%	
		Neutral	26.9%	
		Not / Hardly important	11.9%	

¹⁹ These problems include injuries, violence, assaults, and road traffic accidents (Graham, Osgood, Wells and Stockwell 2006).

²⁰ In some of the venues explored serving staff were not allowed to deal with intoxicated patrons except to call security staff so that they can handle the problem. While this is done to ensure servers safety, research shows that security staff, unless trained, can induce violence (Graham et al.1980; Homel, Tomsen, and Thommeny 1992; Lister, Hobbs, Hall, and Winlow 2000).

²¹ Research shows that in order to reduce risks all staff must be trained to identify and handle intoxicated people (Graham et al. 2005).

²² This is consistent with recent findings that show environmental factors (such as less overt sexual activity and improved comfort) are associated with effecting a reduction in aggression in bars, even when the intoxication level of patrons is controlled for (Homel, Carvolth, Hauritz, McIlwain and Teague 2004).

²³ 'To illustrate this we can use a remark made by a club manager during one of the qualitative interviews. He stated: 'If a young lady who has just bought a few bottles of champagne dances on the table because it's her birthday and she feels sexy and happy, we will not do anything to stop her. On the other hand, if someone jumps on the sofas, damaging them with her heels and bothering other customers we will put an end to that immediately.'

KEY COMPONENTS	Components	Club Health findings and other comments		Related practice
	Codes of conduct. Description: Written house policies specifying acceptable and unacceptable behaviours and managing misbehaviours.	Signs with written codes of conduct should be clearly posted to improve clients' awareness of the legal and social implications of intoxication and misdemeanours. 76.8% of industry representatives surveyed use signs with codes of conduct and about 68% rated them as a key item.		
	Evidence	Ranking		
	*	Most / Fairly important	1 68.1%	
		Neutral	2 14.5%	
		Not / Hardly important	3 17.4%	
RECOMMENDED COMPONENTS	Components	Club Health findings and other comments		Related practice
	Mix of patrons. Description: Ensuring a mix of patrons by age and gender is associated with a lower potential for disorderly behaviours.	Around 46% of industry representatives responded that they do not promote a mix of patrons at an operational level. On the contrary, some of them target very specific audiences (age, music scene, etc) to ensure there won't be problems in the venue. Young male patrons are reported to be responsible for the majority of violent incidents that occur in and around licensed premises ²⁴ . However, just one third of the respondents considered a mix of patrons to be an important item to ensure health and safety. The reason might be that most of the industry representatives interviewed reported that their venues targeted an older clientele.		
	Evidence	Ranking		
	**	Most / Fairly important	32.3%	
		Neutral	29.0%	
		Not / Hardly important	38.7%	
	Music policy. Description: Music policy has a direct impact on clientele behaviour.	Most of the industry representatives surveyed seemed to be unaware that music policy is part of the venue's health and safety procedures. Music policy is important because it allows them to attract the targeted clientele and some of them invest significantly on it (22% rated it as a high cost and 52% as a medium cost); however, they seem uninformed about the links between a music genre and drug use or the direct effects it might have on drinking behaviours, illegal drug use ²⁵ , sexual activity and/or disorder and violence ²⁶ . Industry representatives did not appear aware of the variations in clubbers substance use related to scene-level factors ²⁷ . Accordingly over two thirds rated music policy efficiency to manage social environment as low/medium. Nevertheless, safety measures and controls are increased on certain nights according to the music scene which seems to indicate at least some awareness of its impact. Levels of ratings and/or classification as a most important component are correlated with high efficiency and high costs which might indicate that respondents were thinking in terms of marketing and not prevention. This was evident because some of the venues represented contract well-known DJs from the international clubbing scene on a regular basis.		

²⁴ A cross-sectional comparative survey of 3003 British, German and Spanish holidaymakers aged 16–35 years, undertaken in the departure areas of Ibiza and Majorca (Spain) airports observed that key predictors of fighting during their holiday were: being male, young, frequent drunkenness and the use of cannabis or cocaine (Hughes et al. 2008).

²⁵ It has been shown there is a close relationship between musical affiliation and frequency of alcohol consumption as well as of frequency of drunkenness and other drugs use (Gilbert and Pearson 1999; Oleague 2004).

²⁶ See Forsyth et al. 1997, Forsyth 2009

²⁷ See Anderson et al. 2009.

UNDER SPECIAL CIRCUMSTANCES	Evidence	Ranking		
	**	Most / Fairly important	34.9%	
		Neutral	28.6%	
		Not / Hardly important	36.5%	
	Components	Club Health findings and other comments		Related practice
	Entertainment. Description: Premises should ensure that entertainment is not violent or overtly sexual.	<p>Boredom and poor quality entertainment have been related in Australia to increased alcohol consumption and the potential for aggression and disruptive behaviour²⁸. Other studies show that the provision of entertainment (e.g. TV, music, dancing and games) increases the time spent by patrons in the venue and raises alcohol consumption²⁹.</p> <p>Most industry stakeholders contacted consider entertainment as a marketing strategy of their venues that can be used to make them stand-out from the competition and not as a prevention strategy; about 40% ranked it as a very important component for the business, while the cost was rated as high/medium (70%)</p> <p>A 'feminisation' of the aesthetics of a venue (including physical design as well as entertainment and marketing strategies) has been observed to have an impact on damage reduction³⁰. In any case, entertainment should avoid violent or explicit sexual behaviours.</p>		
	Evidence	Ranking		
	?	Most / Fairly important	39.1%	
		Neutral	31.3%	
		Not / Hardly important	29.6%	

²⁸ See Homel and Tomsen 1993

²⁹ See Single and Pomeroy 1999

³⁰ See the report 'Nightlife in nine European cities. Ecological analysis of risks and prevention' (<http://www.irefreea.org/index.php?page=6-1-2>).

1. Conditions of the venue

1.4. Dispersal policy

A dispersal policy should be prepared and implemented (in collaboration with police and other stakeholders) to establish the procedures to be followed at the end of the session to minimize potential for disorder and public nuisance when customers leave the settings.

KEY COMPONENTS	Components	Club Health findings and other comments		Related practice
	Exit control and Transportation. Description: Relocate staff to request people to consider leaving when the venue closes; avoid too many people gathering at doors; identify customers that may need help; and to provide safe taxi services.	<p>Violence in nightlife has been associated with large numbers of intoxicated people gathering outside venues competing for services (e.g. bus and taxi queues, fast-food takeaways) ³¹ or hanging around venues at closing time ³².</p> <p>Offering a taxi booking service helps to avoid competition on the street. Also, dispersal policies in collaboration with other stakeholders have been proven effective in risk reduction ³³.</p> <p>63.6% of industry stakeholders declared that they have exit control at an operational level and about 70% rated it as a key element; but in most cases they are not in consultation with police or other stakeholders. In fact, 72% of the other stakeholders who participated in the study were not aware that these policies were operational.</p> <p>Some of the police representatives' contacted stated that in most cases venues rely on policemen patrolling the street outside and public transportation rather than providing specific services for their customers. The fact that just 17% of industry representatives rated it as a high cost might be an indicator that they are not bearing it.</p>		The Safer Bars program http://www.camh.net/Publications/CAMH_Publications/safer_bars_program.html Liverpool's City Safe (http://www.liverpool.gov.uk/council/strategies-plans-and-policies/community-safety/) <p>In France, since December 1st 2011, all late night venues are required to provide certified devices to measure clients' alcohol impregnation. New initiative to enforce installation of breathalyzers in all cars is being studied.</p>
	Evidence	Ranking		
	***	Most / Fairly important	70.0%	
		Neutral	17.1%	
		Not / Hardly important	12.9%	
	Relocating staff. Description: Ensuring a good staff/patron ratio can avoid crowdedness and bottle necks.	<p>It is important to ensure that localised overcrowding is avoided. When preparing for closing time, in order to avoid localised overcrowding, special attention should be paid to toilets, cloakroom areas, stairways and landings.</p> <p>Also, staff should make sure that there are not unattended bottles and vessels in the premises and ensure customers are not taking them outside.</p> <p>Industry representatives seem to be aware of these issues because 75.4% reported that they relocate staff in preparation for closing and around 73% considered it a key element; it was also rated as highly effective (49.3%) and medium cost (50.7%) by all stakeholders.</p>		BEDA dispersal policy http://www.lacors.gov.uk/lacors/ContentDetails.aspx?id=14525 NOCTIS dispersal policy http://www.noctisuk.org/Policy/163512/noctis_policy_documents.html
	Evidence	Ranking		
		Most / Fairly important	73.1%	
		Neutral	17.9%	
		Not / Hardly important	9.0%	

³¹ See Allen and Goody 2002; Homel et al. 2004.

³² See Graham et al. 2006.

³³ In Leeds for example, taxi ranks and bus stops have been scattered to avoid large concentrations of people gathering, while in Manchester queues for taxis and buses are closely watched by police (Roberts 2004).

RECOMMENDED COMPONENTS	Components	Club Health findings and other comments		Related practice
	Wind down period or “chill out hour”. Description: Lights, music and staff arrangements that prepare patrons before they leave the premises.	<p>Some dispersal policies recommend the playing of slower music and reducing the music volume in preparation for closing time as well as to increase lighting levels to encourage the dispersal of customers</p> <p>56.1% of industry representatives stated that they carry it out at an operational level, but 90.9% of the other stakeholders disagreed.</p> <p>Around 40% of industry stakeholders find it highly effective (1/3 disagreed and rated it as low). They all seemed to be in accord that it is not a sensitive item and 1/3 ranked it as a non-important component. 62.5% rated the cost as low; which seems to indicate that a dispersal policy has no significant impact on a venues accounts.</p>		
	Evidence	Ranking		
	*	Most / Fairly important	46.7%	
		Neutral	21.7%	
		Not / Hardly important	31.6%	

2. Staff and management factors

2.1. Managerial approach

With respect to an intervention or scheme aimed at improving health and safety standards research shows that cooperation from management is frequently difficult to achieve unless the scheme is mandatory or combined with enforcement. Management should insure that both customers and staff are kept safe and minimise disruption to local communities.

KEY COMPONENTS	Components	Club Health findings and other comments		Related practice
	Involvement of key stakeholders. Description: Creating working collaboration groups with other agencies to tackle problems and using a broader perspective to identify possible solutions.	Coalitions can include representatives from local authorities, police, health services, probation services, drug and alcohol action teams, education services, local businesses and residents. Coalitions can aid the deployment of a broad variety of interventions aimed at reducing alcohol related disorder and crime in drinking environments. Although not mandatory in most areas explored ³⁴ , 57.1% of the industry representatives informed that they work in collaboration with other stakeholders (rising to 100% in the UK) and over 52% rated it as a key component even though over 52% rate it as rather difficult to implement. Although proven highly effective after evaluation, the difficulties foreseen in the constitution and maintenance of working coalitions seem to act as a disincentive for their implementation unless they become a requisite.		The STAD initiative, launched by Stockholm's municipality in 1996 http://www.fhi.se/en/Highlights/Responsible-Beverage-Service/ Liverpool's City Safe (http://www.liverpool.gov.uk/council/strategies-plans-and-policies/community-safety/)
	Evidence	Ranking		
	**	Most / Fairly important	52.2%	
		Neutral	26.9%	
		Not / Hardly important	20.9%	
	Collaboration with police. Description: Sustained success is more likely when there is police assistance and support.	It has been shown that police can play a leadership role in reducing alcohol related incidents and harms ³⁵ . Although 82.1% of industry representatives informed that collaboration with police is operational in their premises in most cases (with the exception of the UK where it is a licensing requirement) it seems to be limited to occasional calls when problems arise. About 50% of industry representatives find its implementation and maintenance easy (with the exception of the UK where 60% rated it as difficult), over 38% rated it as a sensitive item but also highly effective (42.6%).		The Tackling Alcohol-related Street Crime (TASC) programme (Cardiff, UK), is an example of a multi-agency scheme led by the police that includes a range of interventions.
	Evidence	Ranking		
	**	Most / Fairly important	69.7%	
		Neutral	19.7%	
		Not / Hardly important	10.6%	
	Patrons health-care. Description: Specific training of staff to handle health emergency situations	Specific staff training and provision of referral guidelines or contracting specialised companies that provide the service should be deployed to improve the health-care of recreational drug users ³⁶ . Other provisions can include condom vending machines to prevent unwanted pregnancies and/or sexually transmitted infections.		

³⁴ In England and Wales there is a statutory duty placed on local agencies to work in partnership to address crime and disorder known as 'Crime and Disorder Reduction Partnerships' or 'Community Safety Partnerships'. www.crimereduction.homeoffice.gov.uk/regions/regionsoo.htm.

³⁵ Such as: minimising community disruption; controlling crowds; establishing procedures for attendance; searching; and securing patrons and staff safety if problems arise (Doherty and Roche 2003)

³⁶ While a significant proportion of clubs have 'club medic' rooms for managing health problems, a lack of specific guidance on how to train staff who work in these rooms and when an ambulance should be called, might increase the risk of morbidity and mortality if clubbers are not appropriately managed or referred to the hospital after an incident has occurred. (Wood et al. 2008).

KEY COMPONENTS		71.9% of industry representatives informed that patrons' health care is operational in their venues but no further information was provided on the nature of training programmes or outside services contracted. The large discrepancies among informants on 'easiness', 'effectiveness of implementation' and 'patrons' acceptability and cost' (and the fact that just 58.9% informed that they use RBS at an operational level) might indicate divergent approaches to health-care that require further exploration.	
	Evidence	Ranking	
	*	Most / Fairly important	70.1%
		Neutral	22.4%
		Not / Hardly important	7.5%
	Code of practice and other agreements. Description: Standardise operational activities that are adopted voluntarily by the industry.	Codes are usually developed through collaboration between the industry and other agencies to standardise conducts such as drink promotions, closing times and other operational activities. Good practice includes promoting protocols for RBS and procedures to follow if violent incidents occur, as well as sharing of dispersal and transport policies. 40.7% of industry stakeholders rated codes of practices' effectiveness highly (and 51.9% medium) and around 70% ranked it as a key component. Although not required for licensing in any of the explored countries 60% informed that their venues have them at an operational level (implementations range from 100% in the UK and Luxemburg to 0% in Slovenia). In countries with high levels of implementation industry representatives stated that enforcement is carried out in-house; while in other countries such management commitment is not evident within the data.	The British Home Office and the advisory service firm KPMG (2008) have issued a Review of the Social Responsibility Standards for the Production and Sale of Alcoholic Drinks ³⁷ . The Portman Group's Code of Practice http://www.portmangroup.org.uk/assets/documents/Code%20of%20practice%204th%20Edition.pdf
	Evidence	Ranking	
	*	Most / Fairly important	75.8%
		Neutral	10.6%
		Not / Hardly important	13.6%
	House policies and management Description: Written house policies and rules specifying acceptable and unacceptable behaviours for both staff and customers	The literature shows that the presence of written house policies increases the chances of RBS training being implemented. They can also be helpful with raising awareness to staff and patrons of the legal and social implications of intoxication and the sale of liquor to minors ³⁸ . Results from industry representatives show that they are widely used at an operational level (78.9%), that the cost of implementation and maintenance is low (73.2%), that the efficiency is low-medium, and that implementation is very easy (48.2%). However this data does not seem to be consistent with the data observed within the RBS section.	
	Evidence	Ranking	
	*	Most / Fairly important	48.2%
		Neutral	28.6%
		Not / Hardly important	23.2%

³⁷ This compilation, endorsed by alcohol industry representatives and Government agencies, includes the 'Five Principles of Good Regulation' which are: proportionality, accountability, consistency, transparency and targeting.

³⁸ See Doherty and Roche 2007.

Components	Club Health findings and other comments		Related practice
RBS-Responsible Beverage Service. Description: Management implication on RBS staff training and supervision.	<p>Research shows that to have sustained benefits RBS must be connected to house policies and endorsed by management to ensure that all staff (from door supervisors to owners) complies. If not, little change is produced or sustained over time ³⁹.</p> <p>According to Mosher (2002), the minimum requirements for Responsible Beverage Service (RBS) training should be:</p> <ul style="list-style-type: none"> • It covers all basic information with servers; • It uses behavioural change/communication techniques (by simply providing information the chances of promoting behavioural changes or increasing skill-sets or levels is limited). Specific skills (e.g. refusing alcohol to an intoxicated patron) should be taught. Active techniques (e.g. role playing) should be used. • It focuses on both managers and servers. Managers should be targeted because they are responsible for supervising the servers, and therefore they should be familiarised with techniques. <p>58.9% of industry representatives (100% in the case of UK representatives) informed that RBS is implemented at an operational level - although in most cases it was not a licensing requirement. The discrepancies amongst informants regarding regulation, the ease or difficulty of implementation, enforcement, effectiveness and cost seem to indicate that training is approached very differently depending on a venues management.</p>		<p>The community alcohol prevention programme (part of the STAD project) http://www.fhi.se/en/Highlights/Responsible-Beverage-Service/</p> <p>The Safer Bars program http://www.camh.net/Publications/CAMH_Publications/safer_bars_program.html</p> <p>Liverpool's City Safe (http://www.liverpool.gov.uk/council/strategies-plans-and-policies/community-safety/</p>
Evidence	Ranking		
*	Most / Fairly important	72.5%	
	Neutral	15.9%	
	Not / Hardly important	11.6%	

³⁹ Longitudinal studies show that effects on training tend to diminish over time unless RBS training is enforced by law (Buka and Birdthistle1999). High staff turnover has also been shown to create difficulties for the training process (Graham et al. 2004) unless training is mandated and its completion a requisite for employment (Ker and Chinnock 2008). Swedish research has shown that there are no significant differences in the frequency of alcohol service between RBS-trained servers, and those who are not, unless there is enforcement of the existing alcohol laws (Wallin and Andreasson 2004).

2. Staff and management factors

2.2. Serving staff

Training programmes should include the identification of intoxicated and underage patrons, promotion of responsible drinking, procedures for incident control, and techniques for managing problem behaviours; training should be implemented as an ongoing process.

KEY COMPONENTS	Components	Club Health findings and other comments		Related practice
	Server training. Description: Ensure staff understand and engage in responsible practices .	<p>Research on aggression in bars shows that for training to be very effective it needs to go beyond RBS training. All staff should be prepared to intervene effectively in any problem situations that might arise ⁴⁰.</p> <p>82.1% of industry representatives informed that they deploy server training at an operational level. However it is a licensing requirement for just 29.3% of them. 31.8% declared that it is enforced in-house, while just 20.5% declared it is enforced by licensing. Again big discrepancies were observed within 'easiness of implementation' and 'cost and acceptability', which seems to indicate that there are divergent approaches to server training.</p> <p>It is worth noting that just 58.9% of industry representatives declared that they use RBS at an operational level, and that those who used it at operational level ranked it lowly as a key component. Therefore the high percentage of server training seems to indicate that this training might include training on how to prepare, serve and market drinks rather than responsible server practices.</p> <p>Responsible server practices must ensure that both patrons and staff are kept safe.</p>		<p>The community alcohol prevention programme (part of the STAD project) http://www.fhi.se/en/Highlights/Responsible-Beverage-Service/</p> <p>The Safer Bars program http://www.camh.net/Publications/CAMH_Publications/safer_bars_program.html</p> <p>Liverpool's City Safe (http://www.liverpool.gov.uk/council/strategies-plans-and-policies/community-safety/)</p>
	Evidence	Ranking		
	*	Most / Fairly important	82.9%	
		Neutral	11.4%	
		Not / Hardly important	5.7%	

⁴⁰ To prevent aggression and enhance the effective management of problem behaviours the focus must be on behaviour management skills and teamwork (Graham et al. 2005); the prevention of staff from becoming the inductors of violence is also paramount (Graham et al. 1980; Wells, Graham and West 1998).

2. Staff and management factors

2.3. Door staff and non-serving security staff

Security staff have the significant potential to manage, control and reduce problems associated with intoxication but have also been found to be a negative factor contributing to the numbers of incidences and, on occasions, increasing the severity of harm.

KEY COMPONENTS	Components	Club Health findings and other comments		Related practice
	Non-serving security staff training Description: Ensure staff understand and engage in responsible practices. Tackling drug dealing. Description: Ensure door supervisors are trained for and come from a reputable organization.	<p>Door staff/security are a key target group for training because they have the main responsibility for dealing with problem patrons and because extreme violence by door staff has been documented in a number of research studies ⁴¹.</p> <p>Training should include: i) identification of underage and intoxicated or offensive customers; ii) negotiation skills and skills for the effective management of; iii) control of, client's behaviour to avoid escalations of violence; and, iv) the skills to ensure patrons' safety when exiting (including assisting and facilitating safe transport to those in need).</p> <p>81.1% of industry stakeholders reported that they have security personal at an operational level (it is mostly regulated by law depending on size and type of venue). However, but according to the data provided it is not clear if training in the responsible practices specific to working within nightlife venues is included in security staff licensing. About 20% informed that it is enforced by licensing authority; while 31.8% enforce it in-house, about 39% do not. Again, when rating the component it seems that they rated the importance of having security staff instead of the specific training of the staff.</p> <p>Measures to ensure organised crime does not operate within nightlife venues should be in place ⁴².</p>		The community alcohol prevention programme (part of the STAD project) http://www.fhi.se/en/Highlights/Responsible-Beverage-Service/ The Safer Bars program http://www.camh.net/Publications/CAMH_Publications/safer_bars_program.html Liverpool's City Safe http://www.liverpool.gov.uk/council/strategies-plans-and-policies/community-safety/
	Evidence	Ranking		
	*	Most / Fairly important	82.9%	
		Neutral	11.4%	
		Not / Hardly important	5.7%	

⁴¹ Door staff/ security have been identified as a main target group for training since they are responsible for dealing with patrons behaviours to prevent aggression. They have also been documented in several research studies as being sometimes the perpetrators of such violence. Graham et al. 1980; Homel et al. 1992; Lister et al. 2000; Graham et al. 2005.

⁴² British research shows that measures for disrupting criminal door teams and drug dealing should be taken. This can be in the form of only employing registered door staff from registered companies, combining staff from outside the area with local staff, strengthening training regimes and ensuring door staff actively search for individuals suspected of drug use/dealing (Morris1998).

2. Staff and management factors

2.4. Entertainment staff: DJs and Speakers

To incorporate music policy in staff training programmes.

KEY COMPONENTS	Components	Club Health findings and other comments		Related practice
	DJ and Speakers training Description: To incorporate music policy into responsible training packages.	<p>Research clearly suggests a direct relationship between drug use and music style ⁴³. Music policy has been observed operating as a strategy that has a direct impact on the marketing of alcohol and the management of customers' behaviours (levels of dancing and disorder) ⁴⁴.</p> <p>DJs and speakers have been shown to play an important role not just in the selection of the clientele but also as 'informal controls' that can manage levels of excitement ⁴⁵.</p> <p>38.9% of the industry stakeholders informed that they deploy training for DJs and speakers at an operational level and that this training is mostly done in-house. The fact that around 43% do not consider it a key element for health and safety combined with the fact that large discrepancies were observed in the data (with respect to cost, effectiveness, easiness of implementation and effectiveness) might indicate that some informants were rating DJs and speakers performance as a marketing strategy and not taking into account preventive aspects.</p>		
	Evidence	Ranking		
	*	Most / Fairly important	26.5%	
		Neutral	30.6%	
		Not / Hardly important	42.9%	

⁴³ It has been shown that there is a close relationship between musical affiliation and frequency of alcohol consumption as well as of frequency of drunkenness and other drugs use (Gilbert and Pearson 1999 and Oleaque 2004).

⁴⁴ A study of Glasgow pubs, that included qualitative interviews of pub staff, showed that staff deliberately used music to select or get rid of certain customers and to increase drink sales; it was also observed that it could be used to trigger or prevent disorder (Forsyth et al. 1997).

⁴⁵ Including dancing and/or sexual activity and levels of alcohol and other drug use; therefore responsible staff training programmes should incorporate music policy (Forsyth 2009).

3. Alcohol promotions and regulation of sale

3.1. Pricing and Availability

'Classical' measures on alcohol sales that included tax increases, restrictions on sale (hours/days), control of outlet density, sobriety checkpoints, reduced BAC limits, raising the minimum age for purchasing / consuming alcohol, and administrative license suspension to offenders have been proved effective.

KEY COMPONENTS	Components	Club Health findings and other comments		Related practice
	Pricing policy. Description: Create a price strategy to increase alcoholic drink prices and lower non-alcoholic drinking prices.	Pricing strategies have been proven to be effective both in terms of a reduction of the amount drunk by customers as well as in the amount of alcohol related problems ⁴⁶ . Pricing is used as a marketing strategy. Therefore when asked if pricing should be regulated by law 89.7% of industry respondents answered no and 69% stated that it should be only guidance for venues. About 59% rated it as a sensitive component and around 65% classified it with medium-low effectiveness in terms of prevention. This might indicate that when providing a rating as a key component they were thinking of financial benefits rather than preventive measures.		The community alcohol prevention programme (part of the STAD project) http://www.fhi.se/en/Highlights/Responsible-Beverage-Service/ The 'Best Bar None' scheme has a mandatory code on pricing and promotions. http://www.bbnuuk.com/what-is-best-bar-none .
	Evidence	Ranking		
	***	Most / Fairly important	65.4%	
		Neutral	15.4%	
		Not / Hardly important	19.2%	
	Availability. Description: Controlling opening hours and the density of premises	Extended late-night trading hours have been shown to be related to the increased consumption of alcohol and related harms ⁴⁷ . High densities of alcohol outlets are also associated with higher rates of alcohol related problems (e.g. violence, social problems and car accidents) ⁴⁸ . 58.9% of industry representatives informed that availability of alcohol is regulated by law ⁴⁹ and 57.2% declared that it is enforced (by licensing authority and/or police). About 59% of them declared that, with respect to marketing, it is a sensitive item.		
	Evidence	Ranking		
	***	Most / Fairly important	66.0%	
		Neutral	18.9%	
		Not / Hardly important	15.1%	

⁴⁶ Policies that reduce availability through price increases and minimum legal drinking age also reduce alcohol related road fatalities (EUROCAR 2003). Research in the USA showed that the lower the average alcohol sale price was among on-premise establishments surrounding a college campus, the higher the binge drinking rate (Kuo et al. 2003). The price level of alcoholic beverages has been found to influence per capita consumption levels of ethanol, as well as the incidence of alcohol abuse and its health-related consequences (Cooke and Moore 2002).

⁴⁷ Although some controversy exists regarding restricting or liberalising a venues opening hours and its subsequent impact on alcohol related harm, a recent review of 49 studies (14 included baseline and control measures) seem to suggest that a clear relationship exists (Stockwell and Chikritzhs 2009).

⁴⁸ Research also supports the notion that alcohol related problems are highly correlated with outlet density (Livingston et al. 2007).

⁴⁹ Not taking into account data from Greece and Belgium (countries that enjoy restriction-free trading hours), the number of those unaware of regulation seems strikingly high. This group might include illegal operations as well as event promoters who rely on a premises management and might be unaware of any regulations in force.

3. Alcohol promotions and regulation of sale

3.2. Special promotions

'Classical' measures such as the regulation of sales prices and promotions have been proven effective.

KEY COMPONENTS	Components	Club Health findings and other comments		Related practice
	Avoidance of special promotions. Description: Avoid alcohol promotions.	<p>Most of the industry representatives contacted use promotions on specific days or times, give freebies provided by the alcohol industry to promote specific drinks, and/or carry out special offers to attract their desired clientele ⁵⁰.</p> <p>Although the British respondents informed that they follow a company or alcohol-drinks industry recommendations, this advice is not commonly followed in any other country. About 88% of industry respondents stated that, in their opinion, this should not be regulated by law. Promotions are seen as a marketing strategy necessary to survive in a very competitive market. Results show that it is 'easy implemented' (54.5%), has 'low implementation and maintenance costs' (46.6%) and 'medium-high effectiveness in sales' (75.4%).</p> <p>According to the The Portman Group marketing code of practice ⁵¹ promotions should not:</p> <ul style="list-style-type: none"> • Encourage or glamorise excessive drinking or drunkenness or encourage anti-social behaviours. • Be linked to sexual imagery implying sexual success or prowess. • Appeal (through images and/or symbols) primarily to those under the legal purchase age. • Contain any direct or indirect references to drug culture or illegal drugs. • Have any association with violence or anti-social behaviour. 		The community alcohol prevention programme (part of the STAD project) http://www.fhi.se/en/Highlights/Responsible-Beverage-Service/ The British Beer and Pub Association (BBPA) has issued Standards for the Management of Responsible Drinks Promotions to prevent irresponsible promotions ⁵² http://www.almr.org.uk/legislativepdfs/66.pdf
	Evidence	Ranking		
	***	Most / Fairly important	53.0%	
		Neutral	15.2%	
		Not / Hardly important	31.8%	

⁵⁰ The regulation of marketing practices (sale prices, promotions and exterior advertisements) has been found to be an important strategy to reduce problems associated to college binge drinking (Kuo et al. 2003). Promotions that encourage drinking over a period of time (e.g. 'happy hours', free drinks, two-for-one offers) tend to increase consumption and are one of the major factors related to nightclub violence (Lincoln and Homel 2001) as well as to encourage underage drinking and heavy drinking among younger consumers (U.S. Department of Transportation 2005)

⁵¹ <http://www.portmangroup.org.uk/assets/documents/Code%20of%20practice%204th%20Edition.pdf>.

⁵² Defined as 'one that encourages or incites individuals to drink to excess, behave in an anti-social manner, or fuels drunkenness' (BBPA).

REFERENCES

- Allen C, and Goody H (2002). All day and all of the night: an LGA discussion paper. London: LGA Publications, the Local Government Association.
- Anderson TL, Kavanaugh PR, Rapp L, and Daly K (2009). Variations in clubbers' substance use by individual and scene-level factors. *Adicciones*, 21 (4), 289-308.
- Anderson Z, Whelan G, Hughes K et al. (2009). Evaluation of the Lancashire Polycarbonate Glass Pilot Project. Liverpool: Liverpool John Moores University.
- Brookman F, and Maguire M (2003). Reducing homicide: a review of the possibilities. Home Office Online Report 01/03. London: Home Office.
- Buka SL, and Birdthistle IJ (1999). Long-term effects of a community-wide alcohol server training intervention. *Journal of Studies on Alcohol*, 60 (1), 27-36.
- Calafat A, Juan M, and Duch MA (2009). Preventive interventions in nightlife: a review. *Adicciones*, 21 (4), 387-414.
- Cook PJ, and Moore MJ (2002). The economics of alcohol abuse and alcohol-control policies. *Health Affairs*, 2, 120-133.
- Deehan A (1999). Alcohol and Crime: Taking Stock. Crime Reduction Series Paper 3. London: Home Office.
- Doherty SJ, and Roche AM (2003). Alcohol and Licensed Premises: Best Practice in Policing. A Monograph for Police and Policy Makers. Payneham: Australasian Centre for Policing Research.
- Eurocare (2003) Drinking and driving in Europe: A Eurocare Report to the European Union. Eurocare: Saint Ives, Cambridgeshire.
- Forsyth AJM (2008). Banning glassware from nightclubs in Glasgow (Scotland): Observed impacts, compliance and patron's views. *Alcohol & Alcoholism*, 43 (1), 11-117.
- Forsyth AJM (2009). 'Lager, lager shouting': The role of music and DJs in nightclub disorder control. *Adicciones*, 21, 327-345.
- Forsyth AJM, Barnard M, and McKeganey NP (1997). Musical preference as an indicator of adolescent drug use. *Addiction*, 92, 1317-1325.
- Gilbert J, and Pearson E (2003). Cultura y políticas de la música dance. Disco, hip-hop, techno, drum 'n' bass y garage. Paidós, 2003
- Graham K (1999). Safer Bars. Assessing and Reducing Risks of Violence. Toronto: Centre for Addiction and Mental Health.
- Graham K, Bernards S, Osgood DW, and Wells S (2006). Bad nights or bad bars? Multi-level analysis of environmental predictors of aggression in late-night large-capacity bars and clubs. *Addiction*, 101 (11), 1569-80.
- Graham K, Jelley J, Purcell J (2005). Training bar staff in preventing and managing aggression in licensed premises. *Journal of Substance Use*, 10 (1), 48-61.
- Graham K, LaRocque L, Yetman R, Ross TJ, and Guistra E (1980). Aggression and bar-room environments. *J Stud Alcohol*. 41: 468-85.
- Graham K, Osgood DW, Zibrowski E, et al. (2004). The effect of the Safer Bars programme on physical aggression in bars: results of a randomized controlled trial. *Drug and Alcohol Review*, 23, 31-41.
- Hommel R, Carvolth R, Hauritz M, McIlwain G, and Teague R (2004). Making licensed venues safer for patrons: what environmental factors should be the focus of interventions?). *Drug and Alcohol Review*, 23: 19-29.
- Hommel R, and Clark J (1994). The prediction and prevention of violence in pubs and clubs. *Crime Prevention Studies*, 3, 1-46.
- Hommel R, and Tomsen S (1993). Hot spots for violence: The environment of pubs and Clubs. In *Homicide: Patterns, prevention and control* (pages 53-66). Canberra: Australian Institute of Criminology.
- Hommel R, Tomsen S, and Thommeny J (1992). Public drinking and violence: Not just an alcohol problem. *The Journal of Drug Issues*, 22, 679-697.
- Hughes K, Bellis MA, Calafat A, Juan M, Schnitzer S, and Anderson Z (2008). Predictors of violence in young tourist: a comparative study of British, German and Spanish holidaymakers. *European Journal of Public Health*, 18 (6), 569-574.
- Hughes K, Quigg Z, Eckley L, Bellis M, Jones L, Calafat A, Kosir M, and Van Hasselt N (2010). Environmental factors in drinking venues and alcohol-related harm: the evidence base for European intervention. *Addiction*, 106, Supplement 1:37-46.
- Ker K, and Chinnock P (2008). Interventions in the alcohol server setting for preventing injuries. *Cochrane Database System Review*, 16 (3), CD005244. Review.

- Krevor B, Capitman JA, Oblak L, et al. (2003). Preventing illegal tobacco and alcohol sales to minors through electronic age-verification devices: a field effectiveness study. *Journal of public health policy*, 24 (3/4), 251-268.
- Kuo M, Wechsler H, Greenber P, and Lee H (2003). The marketing of alcohol to college students: the role of low prices and special promotions. *Am J Prev Med*, 25, 204-211.
- Lang E, and Rumbold G (1997). The effectiveness of community based interventions to reduce violence in and around licensed premises: a comparison of three Australian models, *Contemporary drug problems* 24, 805-826.
- Lightowlers C, Morleo M, Harkins C et al. (2007). Developing safer night time environments through effective implementation of planning. Centre for Public Health, Liverpool John Moores University.
- Lincoln R, and Homel R (2001). Alcohol and youthful rites of passage, in Williams P (Ed) *Alcohol, young persons and violence*. Canberra: Australian Institute of Criminology.
- Lister S, Hobbs D, Hall S, and Winlow S (2000). Violence in the Night-Time Economy; Bouncers: The reporting and prosecuting of assaults, *Policing and Society*, 10: 383-402.
- Livingston M, Chikritzhs T, and Room R (2007). Changing the density of alcohol outlets to reduce alcohol-related problems. *Drug and alcohol review*, 26, 557-566.
- Measham F, and Hadfield P (2009). Everything Starts with an 'E': Exclusion, ethnicity and elite formation in contemporary English club land, *Adicciones, (English/Spanish), Special Issue: Club Health conference*, 21 (4), pp.363-386.
- Morris S (1998). *Clubs, Drugs and Doormen*. London: Home Office, The Police Research Group, Crime Detection and Prevention Series. Paper 86.
- Oleaque JM (2004). En éxtasi. Drogues, música, màkina i ball: viatge a les entranyes de "la festa", Badalona: Ara Llibres.
- Roberts M (2004). *Good Practice in Managing the Evening and Late Night Economy: A Literature Review from an Environmental Perspective*. London: Office of the Deputy Prime Minister
- Single E, and Pomeroy H (1999). Drinking and setting: A season for all things. In S. Peele & M. Grant (Eds.), *Alcohol and pleasure: A health perspective* (pp. 265-276). Philadelphia: Brunner/Mazel.
- Stockwell T, and Chikritzhs T (2009). Do relaxed trading hours for bars and clubs mean more relaxed drinking? A review of international research on the impacts of changes to permitted hours of drinking. *Crime Prevention and Community Safety*, 11, 3, 153-170.
- US Department of Transportation (2005). Preventing Over-consumption of Alcohol – Sales to the Intoxicated and 'Happy Hour' (Drink Specials) Laws. DOT HS 809 878. Springfield (VA): National Technical Information Service.
- Wallin E, and Andreásson S (2004). Can I Have a Beer, Please? A Study of Alcohol Service to Young Adults on Licensed Premises in Stockholm. *Prevention Science*, 5 (4), 221-229.
- Warburton AL, and Shepherd JP (2000) Effectiveness of toughened glassware in terms of reducing injury in bars: a randomised controlled trial. *Injury Prevention*, 6, 36-40.
- Wells S, Graham K, and West P (1998). The good, the bad and the ugly: Responses by security staff to aggressive incidents in public drinking settings. *Journal of Drug Issues*, 28, 817-836.
- Wood DW, Greene SL, Alldus G, et al. (2008). Improvement in the pre-hospital care of recreational drug users through the development of club specific ambulance referral guidelines, *Substance abuse treatment, prevention and policy* 3:14.



IREFREA

European Institute of Studies on Prevention

Rambla, 15 (2-3)

07003 Palma de Mallorca · Spain

www.irefrea.org



CLUB HEALTH HEALTHY AND SAFER NIGHT OF YOUTH