Club Health
Healthy and Safer Nightlife of Youth

Could prevention interventions increase consistency in policy implemention?

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Introduction

• many problems related to youth risk behaviour result from inconsistent implementation of policy measures by responsible government and local authorities

• that kind of 'practice' often:
  – neutralises the effects of preventive work by the same authorities and NGOs
  – reduces the efforts of all actors involved in this field
Introduction

- governments themselves feel weak or helpless in preventing or reducing such problems.
- many strategies and action plans; make stricter legislation, but very often without real effects in practice.
Introduction

• some researches (including recent Club Health comparative study) show that **significant size** (or share) of harm related to youth risk behaviour could be reduced by **more consistent implementation of policies**
Let’s focus on alcohol … why?

Ranking of drugs by harm (Nutt et al, 2010)
   – irrational paradoxical policies and disproportionate coverage by media
Let’s focus on alcohol ... (effectiveness)

• Drink-driving countermeasures (e.g. lowering BAC levels, RBT, driving licence suspensions etc.)

• Education, information and public awareness (e.g. media advocacy, public service messages, school education etc.)
Let’s focus on alcohol ... (effectiveness)

- Regulation of the alcohol market (e.g. price and taxes, availability for minors, intoxicated, age limits, density etc.)

- Advertising, promotion, sponsorship (e.g. alcohol in movies, videos, new media, sport sponsorship, social norms, self-regulation etc.)
Let’s focus on alcohol … (effectiveness)

• Drinking environments policies (e.g. licensing, RBS, active enforcement, server liability etc.)

• Community mobilization approaches

• Advice and treatment (e.g. workplace, brief interventions in primary care, accident and emergency departments etc.)
Club Health survey

- Key stakeholders and professionals (N = 458)
- Partygoers / clubbers (N = 738)
- Comparing opinion of stakeholders and professionals and experience of partygoers with implementation of different policies
Club Health survey - stakeholders

- other: 20
- representative of NGO: 49
- representative of entertainment industry: 59
- representative of research institution: 51
- representative of police: 47
- representative of health and social services: 97
- representative of regional or local authority: 50
- representative of government: 36
- representative of parliament, politician: 35
- no answer on type: 14
Club Health survey - partygoers
Alcohol-related problems and policy - stakeholder's opinion

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<th>Policy</th>
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<td>GLM model</td>
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<td>Selling and serving alcohol to minors in underage drinking in nighttime premises</td>
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<td>Servicing or selling alcohol to drunk/intoxicated people in nightlife</td>
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<td>Providing alcohol to minors by parents (tolerance at home)</td>
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<td>Getting alcohol by minors from off-license stores, petrol stations, supermarkets etc. (ac...</td>
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Mean rating

Graph showing mean ratings for various problems and policies.
Alcohol-related problems and policy - partygoers' experience

GLM model
PROBLEM

Stakeholders: Underage drinking in general
PROBLEM

Stakeholders: Selling/serving alcohol to minors in nightlife premises
Ban on selling and serving alcohol to minors in nightlife premises
Restrictions on selling or serving alcohol to drunk people in nightlife premises
Conclusions from the study

– well developed, evidence-based and effective policy and legislative measures are not well implemented in practice

– expected differences between perception of stakeholders and experience of partygoers

– significant differences by type of stakeholder and by country/city
Some controversies in the policies

– underage drinking / serving to intoxicated people (who cares at all?)

– stricter road safety regulations, but very rare transport alternatives in nightlife (e.g. free or cheap public transport provided by local authorities)

– static police patrols vs. proactive work at night
Some controversies in the policies

– static police patrols vs. proactive work at night
– mandatory training of staff (doormen vs. all staff)
  (e.g. responsible beverage service, first aid, conflict
  management, communication skills etc.)
– public health vs. road safety (e.g. designated drivers)
– health promotion vs. harm / risk reduction
  (alcohol vs. illicit drugs)
General conclusions

– controversies should be discussed by different responsible institutions (intersectoral consensus)
– governments could increase health and safety in nightlife environments significantly simply by more consistent control over implementation of their own adopted policies and legislation
– environmental strategies YES, but … what about enforcement?
General conclusions

– changing social norms (e.g. what is accepted/normal and what not in the society)
– changing public opinion (e.g. pressure on politicians, policy makers and media)
General conclusions

– comprehensive approaches (e.g. wider collaboration between responsible authorities, civil society organisations/NGOs, local initiatives, multidisciplinary approach, intersectoral cooperation etc.)

– innovative approaches (e.g. media advocacy, mystery shopping, Scooter Billy etc.)
Contact information

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