



Reducing harm in drinking environments

Policy report

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1. Background

The European Union has the highest rate of alcohol consumption in the world. While drinking patterns vary widely between countries, the last decade has seen growing levels of hazardous and harmful alcohol use among young people in many Member States.¹ Young Europeans typically consume greater quantities per drinking occasion than older drinkers² and often drink to the point of drunkenness.³ Such risky alcohol use in young people is a major public health concern; across Europe over 25% of deaths in 15-29 year old males, and over 10% in 15-29 year old females, are associated with alcohol use, largely occurring through alcohol-related road traffic crashes, unintentional injuries and violence.¹ Much alcohol use and related harm in young Europeans takes place in public drinking environments, such as pubs, bars and nightclubs⁴ (see table 1). These environments are also workplace settings for millions of Europeans, who can be exposed to harm caused by other people's alcohol use. Measures to address risky drinking and reduce alcohol-related harm in and around pubs, bars and nightclubs are consequently critical in meeting EU priorities on alcohol.

EU priorities

In 2006 the Commission adopted an EU strategy to support Member States in reducing alcohol-related harm. The Commission identified five priority themes, which are relevant to all Member States and for which community action as a complement to national policies has an added value:

- ⊙ Protect young people, children and the unborn child;
- ⊙ Reduce injuries and death from alcohol-related road accidents;
- ⊙ Prevent alcohol-related harm among adults and reduce the negative impact on the workplace;
- ⊙ Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns;
- ⊙ Develop and maintain a common evidence base at EU level.

High levels of alcohol use and related harm occur in public drinking environments

Millions of people across the EU work in nightlife settings

To date, there has been little information available to policymakers on the effectiveness of interventions to reduce harm in drinking environments. To address this, the FASE (Focus on Alcohol Safe Environments) project was co-funded by the European Commission to collate and disseminate information on what works to protect health and reduce harm in and around pubs, bars and nightclubs. The project has focused on interventions that can be implemented at a local level, and has involved a systematic literature review and the collation of examples of practice in Europe. This briefing summarises key findings from the study, focusing on five key areas:

1. Responsible server/staff training interventions
2. Interventions to reduce underage access to alcohol
3. Policing and enforcement approaches
4. Interventions delivered in drinking establishments
5. Multi-component community interventions.

For each intervention type, the briefing summarises evidence of effectiveness from academic literature (Section 2) and provides examples of practice underway in European countries (Section 4). Interventions that report the most success are community-based multi-component measures that implement a range of co-ordinated interventions through multi-agency partnerships (see Section 2.5). Section 3 of the briefing provides key points and recommendations for consideration by policymakers across Europe.

Table 1: Alcohol use and harm in drinking environments: some key findings from studies in Europe

Alcohol use	Violence
<ul style="list-style-type: none"> A study of young nightlife users in nine European countries found that seven in ten had been drunk in the last four weeks.⁵ 	<ul style="list-style-type: none"> One in five nightlife users surveyed across nine European cities had been involved in violence in the last 12 months.¹⁵
<ul style="list-style-type: none"> Among young Danish tourists in a Bulgarian resort, 98% had consumed alcohol the previous night, 85% had consumed over 8 units, and 46% had some form of memory loss the next day.⁶ 	<ul style="list-style-type: none"> In England and Wales, one in five of all incidents of violence occur in or around pubs, bars and nightclubs, with the vast majority occurring after those involved have been drinking.¹⁶
<ul style="list-style-type: none"> A study in England found that the average alcohol consumption among young people on a night out in a city centre drinking environment exceeded 20 units.⁷ 	<ul style="list-style-type: none"> An emergency department study in Norway found that most assault victims were young men, assaulted at weekend nights by strangers in public locations after drinking alcohol.¹⁷
Road traffic injuries	Sexual health
<ul style="list-style-type: none"> 18% of nightlife users across nine European cities had driven when drunk in the last four weeks, and 37% had taken a lift from a driver who was drunk or drugged.⁸ 	<ul style="list-style-type: none"> Many young Europeans cite meeting sexual partners as being a key reason for using pubs, bars and nightclubs.¹⁸
<ul style="list-style-type: none"> In Switzerland, increases in alcohol-related road traffic casualties at weekend nights correlate with risky single occasion drinking outside of the home.⁹ 	<ul style="list-style-type: none"> 29% of drinkers in a European nightlife study used alcohol specifically to facilitate sexual encounters.⁵
<ul style="list-style-type: none"> Italian emergency department studies show that alcohol-related traffic injuries peak among young people at weekend nights.^{10,11} 	<ul style="list-style-type: none"> Alcohol use is associated with regretted sex, unprotected sex and sexual assault.^{5,19,20}
<ul style="list-style-type: none"> In England, 63% of drivers and 80% of pedestrians killed on the road at weekend nights have been drinking.¹² 	<ul style="list-style-type: none"> 60% of victims reporting drug facilitated sexual assault in the UK had blood alcohol concentrations above 150mg%.²¹
Underage drinking	Occupational hazards
<ul style="list-style-type: none"> A study in Romania found that students under the legal drinking age were able to purchase alcohol in every supermarket and bar tested.¹³ 	<ul style="list-style-type: none"> In England and Wales, deaths from alcohol-related diseases are higher in bar staff and publicans than in any other occupational group.²²

- In the Netherlands, 50 of 52 bars tested served alcohol to pseudo-intoxicated actors despite this being against the law.¹⁴

- A study in the UK found that a quarter of bar workers had suffered injuries from broken drinking vessels in the previous six months.²³

2. Key findings from the FASE project

2.1 Responsible server/staff training interventions

The behaviour and attitudes of staff working in licensed premises can have an important impact on alcohol-related harm.²⁴ For example, factors such as over-serving (selling alcohol to customers who are already drunk), the presence of underage patrons and poor staff ability to handle problems have been associated with increased violence and crime in drinking venues.²⁵ Effective staff training programmes can be important in preventing alcohol-related harm by developing positive attitudes and skills regarding factors such as service refusal, conflict resolution and responsible venue management.

- Studies have shown that responsible server and staff training interventions can increase staff knowledge about alcohol issues and have benefits in improving staff practice.
- The impacts of staff training programmes on alcohol use and harms are generally small and short-lived, except where training is mandatory or interventions are implemented as part of broader strategies (see section 5).
- Bar staff training programmes are widely used in Europe yet are rarely rigorously evaluated. However, several studies have been undertaken in Scandinavia (see Box and Case Study 2).
- Case studies 1 to 3 provide examples of staff training programmes in European countries.

Staff training in student bars in Sweden

Servers in student-focused bars in Sweden were trained through a programme that included techniques to refuse service to intoxicated customers. A study found that following the training, the breath alcohol concentration (BrAC) of patrons in participating bars decreased compared to those in non-participating bars, as did the observed level of 'rowdy' social atmosphere in the bars. However the intervention did not have a significant effect on the proportion of patrons with high BrACs (>0.1%), and a follow up study five months after the programme found that the positive effects of the training were not sustained.^{26,27}

2.2 Interventions to reduce underage access to alcohol

Preventing underage access to alcohol is a critical part of reducing alcohol-related harm. Young drinkers are particularly vulnerable to the effects of alcohol, including injuries, violence, risky sexual behaviour, drug use and dangerous driving behaviours. Further, children who begin drinking at an early age are more likely than those who start drinking later to drink more frequently, in greater quantities and to drink to get drunk. Alcohol consumption in childhood can also affect children's development, and is associated with social problems and alcohol abuse in later life.²⁸

- There is little evidence to support the placement of age verification devices in drinking venues as a standalone method of reducing underage sales.
- Enforcement activity to deter underage sales has shown some success, yet effects can be short lived. Enforcement needs to be applied regularly to maintain its effects and can benefit from the use of real deterrents and staff training.
- There is growing concern about underage alcohol use in bars in Europe. Whilst several countries appear to be taking action to address this, the FASE

Addressing underage sales in UK bars

A UK study found no evidence for the effectiveness of a police intervention that sent warning letters to licensees reporting the results of underage purchase attempts, reminding them of their legal responsibilities and informing them of future police operations. These issues were reiterated in personal visits or through telephone calls. Underage sales were measured by 13 and 16 year old volunteers attempting to purchase alcohol before and after the intervention. Despite some reduction seen in underage sales immediately following the intervention, overall underage sales increased following the intervention.²⁹

literature review only identified one European study exploring the impact of an intervention (see Box).

- Case studies 4 and 5 provide examples of other programmes underway in Europe.

2.3 Policing and enforcement approaches

Drinking environments are key locations for alcohol-related crime and disorder, such as violence, sexual assault, noise, vandalism and drink driving.^{7,8,15,30-32} Such problems can be linked to both high levels of drunkenness and poor practices in licensed premises, such as the service of alcohol to people who are already drunk, tolerance of rowdy and aggressive behaviours and inappropriate staff behaviour. Thus, policing and enforcement approaches are widely used to address, deter and prevent alcohol-related problems in and around bars and nightclubs. These approaches include high profile policing in nightlife areas, strict enforcement of licensing legislation in drinking venues, and targeted policing to improve management practice in venues associated with alcohol-related harm.

- Studies on the effectiveness of policing and enforcement activity in reducing alcohol-related harm report mixed findings. Some have shown increased alcohol-related problems following such activity, although this may be due to better detection and reporting of such problems.
- The strongest evidence of effectiveness comes from targeted enforcement activity in high risk drinking premises.
- Policing and enforcement appears to play a key role in measures to reduce alcohol-related harm in European drinking environments (see Case Studies 6 to 8).
- Few European policing and enforcement measures have been subjected to rigorous evaluation, although some evidence is available from the UK (see Box).

Policing and enforcement in Wales

In Cardiff, UK, the TASC (Tackling Alcohol-Related Street Crime) project used a range of policing and enforcement techniques to address alcohol-related crime, combined with broader prevention measures. The programme was led by a multi-agency partnership. A study found that intensive operations targeted at high risk venues, including regular police inspections, training and monitoring of door supervisors, and high profile policing outside the venues, were associated with reductions in violence. However, general high profile policing operations in streets in nightlife areas were found to have little effect.³³

2.4 Interventions delivered in drinking environments

With high numbers of young drinkers frequenting public drinking environments, pubs, bars and nightclubs can be appropriate locations for accessing young people at risk of alcohol-related harm and targeting them with preventive interventions. Those who use nightlife environments more frequently have been identified as having higher levels of alcohol use, drunkenness and alcohol-related harms including involvement in violence.^{30,34,35} Interventions delivered in drinking environments can seek to reduce drunkenness and encourage more moderate alcohol consumption, or aim to prevent young people from engaging in risky or illegal behaviour after drinking (e.g. drink driving).

- There is limited evidence to support the effectiveness of interventions delivered in drinking environments as standalone measures.
- Brief interventions delivered in bars have been found to reduce alcohol use in heavy drinkers, but methods to combat drink driving have been less effective.
- Interventions to address alcohol-related harm are being implemented in European drinking environments. Many focus on reducing drink driving,

A designated driver campaign in Italy

A study in Milan evaluated a designated driver programme that offered incentives to young drivers visiting nightclubs to remain under the legal driving limit. The study found that designated drivers engaging in the intervention had lower blood alcohol concentrations than other drivers, yet concluded that this was predominantly not due to the intervention. Most designated drivers drank at their usual levels of consumption and had other motivations for remaining sober. Further, designated drivers were found to have a lower risk profile than non-designated drivers.³⁶

often promoting designated driver programmes that studies show to have little effect (see Box).

- Case studies 9 to 12 provide further examples of practice underway in Europe.

2.5 Community interventions in drinking environments

Community-based multi-component programmes aim to reduce alcohol-related harm in drinking environments by co-ordinating and strengthening local preventative activity. They bring together partnerships of local authorities, communities and representatives from the licensed trade to identify and address local problems through a range of interventions. These typically include measures to mobilise communities (e.g. through media campaigns and community forums), improve standards in drinking environments (e.g. through responsible beverage service training and codes of practice) and increase enforcement activity (e.g. through targeted policing and licensing visits). By developing strategic, planned approaches to alcohol-related problems, these programmes have produced the clearest evidence of effectiveness in reducing alcohol-related harm in drinking environments.

- Community-based programmes that combine a range of co-ordinated measures implemented through strong multi-agency partnership provide the clearest evidence of effectiveness in reducing alcohol-related harm in drinking environments.
- Studies have associated these measures with reductions in alcohol consumption, drink driving, road traffic crashes, violence and underage alcohol sales.
- Community-based multi-component approaches are being implemented in several European countries and studies from Finland (see Box) and Sweden (Case Study 13) show that they are having beneficial effects in reducing sales of alcohol to intoxicated customers and, in Sweden, reducing violence. The Swedish study has also shown cost-effectiveness.
- Other examples of practice in Europe are provided in Case Studies 14 and 15.

Community intervention in Finland

A Finnish study evaluated the impacts of a multi-component community-based project in the town of Jyväskylä between 2004 and 2006. The project combined law enforcement with responsible beverage service training, information campaigns and policy initiatives, implemented through a multi-agency partnership. Pseudo-intoxicated actors were used to test the effectiveness of the implementation in increasing the refusal of alcohol service to individuals who were drunk. The study found significant increases in service refusal rates in bars in the intervention site, compared to those in a control area.³⁷

3. Key points and recommendations

- Although there are many interventions underway across Europe to create safer drinking environments, few of these are rigorously evaluated. Consequently there is very little information available on their effectiveness in reducing alcohol-related harm, and on their cost-effectiveness. Sharing and developing the existing evidence base is critical in protecting health in drinking environments.
- Local agencies often lack the capacity and resources required to implement rigorous evaluations of their work. Support for evaluating interventions in drinking environments should be provided at a European level. This should include evaluating both effectiveness in terms of reduced alcohol-related harm and the cost-effectiveness of programmes.
- Interventions with a clear evidence base should be promoted and tested for transferability in different settings. Authorities should be discouraged from investing in measures that have been shown to have no benefits.
- The clearest indication of effectiveness from the international evidence base comes from community-based, multi-component programmes, which combine community mobilisation, responsible beverage service training and stricter enforcement of licensing laws. Partnership approaches that enable pooled resources to be targeted at joint priorities should be promoted.

- The collection and sharing of reliable local level data on alcohol use, alcohol availability and alcohol-related harms should be encouraged and supported in order to facilitate the targeting, monitoring and evaluation of interventions to reduce alcohol-related harm.
- Evaluation and monitoring of interventions should take into account any broader impacts of interventions implemented in drinking environments. For example, measures that reduce violence in drinking environments should ensure displacement effects are not moving violence into homes and vulnerable communities, where violence is less visible.
- A major limitation of many interventions in drinking environments is their short-term approach, with the benefits of measures introduced through one-off funding often being short-lived. Support is needed to enable national and local agencies to build effective measures into routine practice. Measuring the economic benefits of interventions to health and criminal justice services, as well as the night time economy itself, is an important factor in sustaining effective practice.
- There is a major gap in knowledge of drinking behaviours in young adults in Europe, with no consistent data available on this high risk group and few studies conducted even at country level. Further, there is very little information on alcohol-related harm occurring in or because of European drinking environments and the costs this imposes on public services, communities and the alcohol industry. Developing this knowledge would greatly facilitate the creation of safer drinking settings in Europe.
- Interventions to reduce alcohol-related harm in drinking environments are often implemented as reactive rather than preventive problems. The literature suggests that high concentrations of alcohol outlets, longer opening hours and cheap alcohol prices contribute to increased alcohol-related problems. This literature should be used to inform regulatory control measures that prevent the development of drinking environments conducive to alcohol-related harm.
- Measures to reduce alcohol-related harm in drinking environments should form part of broader strategies to understand and address alcohol-related problems. Interventions should not focus solely on preventing harm, but also on reducing the drinking behaviours and other behavioural, environmental and cultural factors that contribute to such harm.

4. What's happening in Europe?

The following case studies provide information on a selection of interventions that have been used in Europe to address alcohol-related harm in drinking environments. Not all have been subjected to rigorous evaluations, but they provide an indication of how the different types of measures identified through the FASE project are being used in practice.

Case Study 1

Training for staff in licensed premises in the Netherlands

Bar Veilig (Bar Safe) in the Netherlands

Bar Veilig is a training programme in the Netherlands that aims to provide bar owners and staff with knowledge and skills to prevent aggression from occurring in their venues. The programme is based on the Safer Bars training programme developed in Canada³⁸ and consists of two key components:

1. A discussion with bar owners to identify ways in which their bar environment can be modified to prevent the risk of aggression
2. A training course for bar staff to increase their awareness and skills regarding the prevention of aggression.



The discussion with bar owners includes a risk assessment process that identifies potential factors that may contribute to aggression within individual bar premises, and provides advice for removing these risks. It covers both the physical bar environment (e.g. design, crowding, seating areas) and the establishment's policy and practice (e.g. responsible server practice, customer behavioural standards). The discussion lasts approximately one hour and afterwards the bar manager is provided with a report detailing issues discussed and suggested improvements.

The training course focuses on developing staff skills in identifying the early stages of aggression, techniques for intervening in aggressive situations to avoid and defuse aggression (including conflict resolution, anger management and body language), and aspects related to legislation. The course lasts half a day and is designed for all staff working within licensed premises (e.g. owners, managers, bar servers; except for security staff). Planning of both the training and the discussion with the bar owner is co-ordinated by municipalities and facilitated through a web-based system that enables the course to be tailored to meet local needs.

Although no outcome evaluation has been undertaken of the Bar Veilig programme in the Netherlands, the training is based on the evaluated Safer Bars programme and has been subjected to a process evaluation in three municipalities in the Netherlands. The evaluation involved 11 bar owners and 94 bar staff who took part in the training. This found that the participants self-reported increased ability to deal with aggression following participation in the training, and that the checklist discussion was rated positively by owners.³⁹

For further information visit: <http://www.barveilig.nl/>

Case Study 2

Training for staff in licensed premises in Sweden

Responsible Beverage Service in Sweden

A responsible beverage service training programme has been developed in Stockholm as part of the STAD programme (see Case Study 13). The training programme began operating in 1997 and, in 1999, became mandatory for licensed premises that stayed open until 1am or later. It predominantly targets alcohol servers, but can also be delivered to other staff working in drinking establishments, including managers and door supervisors. The training aims to reduce alcohol-related injuries and violence by improving staff knowledge, attitudes and skills, with the specific goals of:

- Preventing sales of alcohol to minors
- Preventing sales of alcohol to intoxicated customers
- Improving the ability of staff to recognise high-risk situations and intervene appropriately
- Helping staff from drinking establishments develop their own alcohol service guidelines



The training programme has a local focus, with trainers coming from the same municipality as trainees. This provides opportunities for staff from drinking establishments to meet and form relationships with local authorities responsible for alcohol issues. The training programme lasts two days, and covers issues including:

- The effects of alcohol
- Swedish alcohol legislation
- The extent of alcohol-related violence and how this can be prevented
- Service refusal issues and skills
- Drug issues
- Conflict management skills

At the end of the course, participants undertake a written examination and those who successfully complete this are awarded with a diploma. The responsible beverage service training programme has been evaluated through the use of pseudo-intoxicated patrons (i.e. actors pretending to be drunk) to test servers' refusal of alcohol to intoxicated customers. This found continued improvements over time, with 70% of servers tested refusing alcohol service in 2001 compared with just 5% at baseline in 1996.⁴⁰

For further information visit www.stad.org

See also Case Study 13

Case Study 3:

Training for staff in licensed premises in Scotland

Training for alcohol servers in Scotland

In Scotland, the Licensing (Scotland) Act 2005 introduced mandatory training for all individuals who serve alcohol, whether they work in pubs, bars or nightclubs or other alcohol outlets. Since September 2009, all alcohol servers are required to have undertaken training, with the level of training required depending on the role and responsibilities of alcohol servers.⁴¹



The act introduced two types of license to govern all alcohol sales. Each establishment that sells alcohol (e.g. a pub, bar or nightclub) must have a 'premises licence', and each individual that authorises alcohol sales within a licensed premises (e.g. a bar manager or owner) must have a 'personal license'. Whilst it is not necessary for all staff in licensed premises to hold a personal license, it is a condition of law that a personal license holder is present to supervise alcohol sales at all times. In order to obtain a personal license, individuals must have completed an accredited personal license holder qualification. Accredited qualifications cover, for example:

- Licensing legislation and its objectives
- The roles and functions of licensing authorities
- Responsible operation of licensed premises (e.g. service refusal and conflict resolution)
- The effects of alcohol
- The effect of irresponsible operation on society and health

For those alcohol servers who are not personal license holders, a minimum of two hours of training is required by law. This training can be provided either by an accredited trainer or by a personal license holder and must cover information including licensing legislation, responsible alcohol service and the effects of alcohol. Completion of the training must be documented by both the trainer and the trainee.

The impact of the mandatory training scheme has not yet been evaluated. However basic evaluation of the ServeWise training programme managed by Alcohol Focus Scotland (an accredited training provider under the new licensing legislation) found that 98% of participants reported learning something new about licensing legislation and 93% used the information they had learnt through the training programme in their job.⁴²

For further information visit www.scotland.gov.uk

Case Study 4

Reducing underage access to alcohol in the UK

Test purchasing in the UK

In the UK, enforcement activity in the form of 'test purchasing' is used as part of routine practice by Trading Standards authorities* and police. Test purchasing involves underage volunteers attempting to buy alcohol to enable authorities to identify retailers who sell alcohol to customers below the legal minimum purchase age (18 years). It is used to both deter underage sales and enable prosecution of those who break the law.



Test purchasing is conducted in both on- and off-licensed premises, and can be implemented randomly or targeted at high-risk venues. Underage volunteers visit licensed premises and attempt to purchase alcohol under the instruction and supervision of the authorities. A successful sale can result in sanctions including fines, prosecution and review of the premise's license to sell alcohol. Persistent sales of alcohol to minors (e.g. three sales committed within a three month period) can result in a fine of up to £10,000 for the retailer and a three month license suspension. Individual staff that sell alcohol to minors can receive an on the spot fine of up to £1,000.

Guidelines on test purchasing⁴³ highlight the need for careful selection of underage volunteers, consent from parents or guardians and protection of the anonymity of the child, often meaning that operations cannot take place in an area that the child may be recognised. Underage volunteers are fully trained and briefed on each operation to ensure that they are in no danger, and officers are always on hand to intervene in case of problems. Generally, volunteers are given a set amount of marked money to use to attempt to purchase alcohol from a retailer and are told exactly what to say in each case. An officer may accompany the child into the premises where closer supervision is required to protect the welfare of the volunteer. On attempt to purchase alcohol, if asked for age identification the volunteer is usually instructed to answer truthfully then leave the premises. If an alcohol sale is made, officers take immediate action against the retailer.

Assessing the effectiveness of test purchasing operations can be difficult as operations are often targeted at high risk premises rather than conducted randomly. However, a series of national campaigns have shown reductions in underage sales following sustained test purchasing operations. In 2007, the national Tackling Underage Sales of Alcohol Campaign⁴⁴ used new legislation to prosecute licensees for underage sales under the Licensing Act 2003. High risk premises were identified and subjected to a test purchase operation every two weeks, with the threat of immediate prosecution, penalty fines and license reviews. Across the three month campaign the test purchase failure rate was reduced from 25% to 15%. This built on findings from a previous campaign, where the failure rate was approximately 50%.

* Trading Standards is the organisation responsible for enforcing legislation and regulations governing the sale of goods and services, including alcohol.

Case Study 5

Reducing underage access to alcohol in Italy

Reducing underage drinking in Milan, Italy

National legislation in Italy prevents the sale of alcohol to individuals who are under the age of 16 in pubs, bars and restaurants. However, to address concerns regarding teenage alcohol consumption, authorities in the city of Milan have used local legislation to strengthen restrictions against underage drinking, increase enforcement activity and impose a series of penalties on those who violate the law.^{45,46}



In 2009, a local order was introduced that banned any sale or provision of alcohol to those under the age of 16, and made it illegal for under-16s to consume alcohol in public places. Thus, adults are not allowed to purchase alcohol on behalf of those under the age of 16, and underage youth are not allowed to consume alcohol in public places (including pubs and bars) or purchase alcohol themselves from any outlet (including vending machines and supermarkets). Violation of the legislation is punished through fines that can be imposed on both those who sell alcohol to underage drinkers, and on the parents of the underage drinkers themselves. For example, the fine for parents is 500 Euros, with a reduced fine of 450 Euros if paid within five days.

The introduction of the local law was accompanied by increased police enforcement activity to check compliance and identify and punish violations. Responsibility for enforcement is shared between the local police, the state police, the carabinieri (a branch of the armed forces that protects both civil and military populations) and the Guardia di Finanza (Finance Guard). Enforcement is focused particularly in nightlife areas and at peak times for underage drinking, such as holiday periods.

In addition to age legislation, increased enforcement activity focuses on detecting and addressing violations of other alcohol-focused legislation such as that governing alcohol sales hours. Authorities in Milan are also working with alcohol retailers to develop a code of practice to encourage self-regulation and responsible retail practice. There is currently no information available on the impacts of the new legislation on underage drinking or alcohol-related harms in Milan. However, several other cities in Italy are adopting similar local orders to address concerns regarding increasing underage alcohol consumption and associated harms.

Case Study 6

Policing and enforcement approaches in the UK

Targeted enforcement activity in the UK

Targeted enforcement is widely used by police and other authorities in the UK to address alcohol-related problems in nightlife. Typically, this uses data from police, licensing authorities, local authorities and health services to identify premises associated with alcohol-related crime and violence and subject them to increased enforcement activity. Such enforcement provides an opportunity for managers of licensed premises to improve their practice and reduce alcohol-related problems before authorities take official action against them.



In several nightlife areas, targeted policing is implemented through a 'Top Ten' scheme. For example, in Newcastle-Under-Lyme, data on alcohol-related problems in venues are collated on a single licensing database that scores pubs, bars and nightclubs based on the number of problems they experience (e.g. violence, anti-social behaviour, noise complaints). Monthly meetings identify the ten venues with the highest scores, which are subjected to enforcement activity. This involves a meeting between authorities and the venue owners, during which problems are discussed and a formal action plan is developed for the venue to improve its practice.

Examples of measures included in the action plans include developing policies for customer behaviour standards, improving bar and door supervisor practice, installation of CCTV (closed circuit television cameras) in the venue, displaying safety information for customers and establishing a dispersal policy to help patrons get home safely at the end of the night. Police report an average reduction in violence of 85% in venues subjected to action plans through the scheme.⁴⁷

In some areas, multi-agency enforcement operations are also used, bringing together a range of different authorities to implement checks in high risk venues. In addition to police, these can include staff from licensing authorities, fire services, environmental health, building control, Trading Standards, Customs and Excise, and benefits agencies. This enables thorough review of the venue's adherence to legislation, including licensing legislation, fire regulations, sales of illegal alcohol or tobacco and staff who may be working illegally (e.g. claiming unemployment benefits).

Case Study 7

Policing and enforcement approaches in Spain

Targeted policing in Barakaldo, Spain

In 2009, in response to high levels of night-time crime relating to drinking venues, the local government in Barakaldo, Spain, increased enforcement activity in nightlife areas. The council adopted a zero tolerance attitude towards drinking establishments, giving police the authority to permanently close any venue that did not adhere to the control measures.



Targeted police operations were implemented both inside and outside drinking venues. Premises were inspected by authorities, to check venues' compliance with legislation (e.g. capacity limits, age legislation), and to encourage and monitor measures to prevent alcohol-related problems, such as ensuring staff implement age verification checks. Outside drinking establishments, high profile policing operations were implemented including crowd control, weapons searches and breathalyser tests.

Over the enforcement period, a number of premises were closed, at least temporarily, until they improved their practice, with reasons for closures including selling alcohol to minors and uncontrolled noise levels (with the venue required to install a limiter and pay a large fine prior to reopening).

Data showed that the number of crimes recorded in the first half of 2009 had decreased by 38% compared with the same period in 2008. Recorded crimes involving some type of injury (including violence) had decreased by 64%. This was coupled with reports that the number of dangerous items confiscated over the period had reduced, attributed to the constant presence of police in the area. The operations were also reported to have led to an overall reduction in the number of youth in the area, and a reduction in the number of police officers that were required to police the streets. Authorities have committed to maintaining surveillance and control in the nightlife areas to prevent alcohol-related problems.⁴⁸

Case Study 8

Policing and enforcement approaches in Slovenia

Enforcing drink driving legislation in Slovenia

In 2008, a major campaign was undertaken in Slovenia to reduce alcohol-related harm and road traffic crashes.⁴⁹ The campaign focused around two key party periods: the week surrounding St Martin's Day in November (when most traditionally turns to wine), and the Christmas and New Year holiday season. A key factor of the campaign was an increase in enforcement activity, particularly at weekend nights but also taking into account the increased daytime drinking over the holiday period. Enforcement activity included random police breath testing of drivers and increased inspections in licensed premises to enforce legislation on underage alcohol sales and sales of alcohol to intoxicated customers. The campaign was supported by intense media coverage, including posters, billboards, and radio and television advertisements. Campaign materials were targeted at young people most at risk of drink driving, including in and around nightlife premises. A telephone survey of drivers was also undertaken to measure public opinion on drink driving and methods of its prevention.

Police statistics show that during the first period of the campaign (November), officers stopped and breathalysed 15,660 drivers. Of these, 4.5% had breath alcohol concentrations higher than the legal permitted level. During the second part of the campaign (December), 74,720 drivers were stopped and breathalysed by police. Of these, 2.1% were found to be over the legal limit. Compared with the same periods in the previous year (2007), the number of road traffic crashes and road traffic fatalities decreased significantly during the campaign. The number of drivers in road traffic crashes who were under the influence of alcohol also decreased, although there was a slight increase in the proportion of all drivers in road traffic crashes who were under the influence of alcohol.⁴⁹ Evaluation of the media campaign found that the majority of drivers surveyed were aware of, and strongly supported the campaign, including increased random breath tests and detention of drunk drivers.⁵⁰ A major benefit of the campaign was also considered to be the greater awareness and reduced acceptance of drink driving by the media and civil society.

Nina, 4 leta
Izgubila oba
starša v prometni
nesreči, ki jo
je zakrivil pijan
voznik.

Miha, 24 let
Povzročil
prometno
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zaradi vožnje
pod vplivom
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ALKOHOL UBIJA. NAJVEČKRAT NEDOLŽNE.

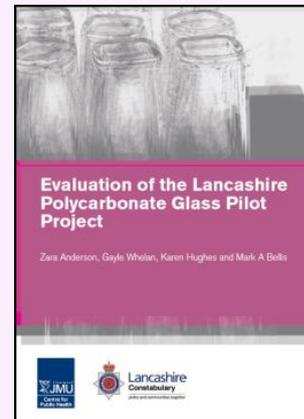
SKUPNA ZA VEČO VARNOST

Case Study 9

Interventions delivered in drinking environments in the UK

Polycarbonate glassware in Lancashire, UK

Glassware used in pubs, bars and nightclubs can be a major cause of injury to customers and staff. Glasses and bottles are used in 5% of all violent incidents in England and Wales¹⁶ and are the most common weapons used in violence occurring in drinking environments.⁵¹ Broken glassware is also a common cause of unintentional injury. To prevent serious violent injury from glassware, police and health services in Lancashire, UK, trialled the use of polycarbonate glassware (PCG) in pubs, bars and nightclubs. PCG is made from robust, durable plastic; it looks the same as normal glassware, but is virtually unbreakable.



The Lancashire trial was evaluated to explore the impact of PCG on injuries and perceived levels of safety in drinking premises. Further, with widespread resistance to the use of PCG among the alcohol industry given perceived negative impacts on trade (e.g. reduced drinking experience and increased perceptions of violence), the study aimed to explore the acceptability of PCG to both drinkers and staff working in drinking venues.⁵²

Between three and five venues in each of three towns were chosen to participate in the intervention, with each being assigned a matched control. Intervention venues had all their usual glassware replaced with PCG, with extra stock provided if needed through the trial. A before and after survey of customers was undertaken in each establishment. Throughout the trial, data were recorded on: glass injuries in patrons and staff, numbers of broken bottles and glasses, weekly sales figures, and glass-related incidents reported to the police and health services. In addition, semi-structured interviews were conducted with licensees/managers of the intervention premises.

In venues that consistently used PCG, glass breakages decreased from an average of 17 per week before the intervention to none during it. The number of glass-related injuries recorded for staff and customers was low overall, although a non-significant decrease was seen in venues that introduced PCG. There were no changes in customers' perceptions of safety or violence in general in the venues or the study towns, although there was a small increase in the proportion of customers who thought that glass-related violence specifically was a problem in the towns (but not the venues). Weekly sales figures were not affected by the introduction of PCG, few negative impacts on drinking experience were identified and managers reported increased feelings of safety among staff. Despite initial scepticism about PCG, all managers/licensees voluntarily opted to continue using PCG after the trial period. Overall, the study concluded that the introduction of PCG would be acceptable and useful in bars and nightclubs. However, a larger study would be necessary to identify any impacts specifically on intentional and unintentional injury.

Case Study 10

Interventions delivered in drinking environments in Italy

The Safe Driver project in Milan, Italy

The Safe Driver project was established in Milan to prevent alcohol-related road traffic crashes among young people using the city's nightclubs. It aimed to prevent drink driving by developing and promoting a designated driver programme. This provided incentives in the form of free nightclub entry to young drivers who acted as designated drivers and remained within the legal blood alcohol concentration (BAC) for driving.



Young drivers were identified by field workers intercepting groups of young people interested in participating were breathalysed and given a bracelet to wear. Upon leaving the club, the drivers returned to the fieldworkers to take another breathalyser test. Those who were below the legal drink driving limit were given a voucher providing them with free entry to the club during the following month. Those who were above the legal driving limit were advised not to drive and provided with alternative options for returning home.³⁶

The intervention was evaluated through a study that compared the BAC of those identified as designated drivers to other nightclub users who were driving. Over the study period a total of 405 drivers were approached, and 368 agreed to take part. Of these, 124 took part (i.e. were offered the incentive to act as a designated driver), 139 acted as controls and 105 failed to return to the researchers at the end of the night. In addition to the BAC test, participants completed a questionnaire that collected information on their demographics, their alcohol consumption patterns and their drink driving behaviour.

The study found that the BAC of designated drivers was significantly lower than that of non-designated drivers upon leaving the nightclub. However, the intervention itself was only found to have motivated 5% of those identified as designated drivers to drink less. Most designated drivers (60%) reported having taken part in the intervention as they were interested in having their BAC assessed. Only 18% reported that the incentive had motivated their participation while 17% said that they were not intending to drink much anyway. Most (73%) designated drivers said they had consumed the same amount of alcohol as they normally would have done despite the intervention. Further, analysis found that individuals who acted as designated drivers had a lower risk profile than non-designated drivers; they reported lower levels of alcohol consumption in general and less involvement in drink driving. The authors concluded that the intervention was not supported by strong evidence.

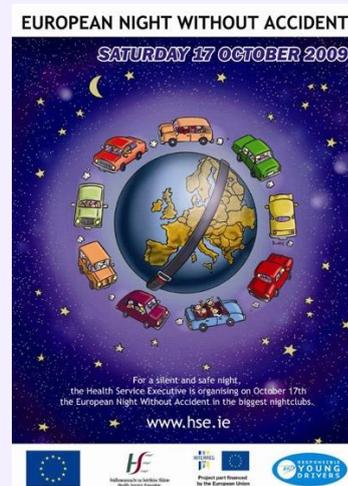
Case Studies 11 and 12

Interventions delivered in drinking environments in various European countries and France

Drink driving interventions in Europe

European Nights Without Accidents (ENWA) in Europe

Implemented on one Saturday night in October each year, ENWA aims to encourage young people to be safe drivers when returning home from a night out. Trained volunteers located at the entrance to nightclubs encourage groups of young people entering to choose a designated driver. This person is asked to commit to staying sober and wear a bracelet (for identification). On leaving the club, the designated driver is then asked to undergo a breath test; if they have stayed sober they are rewarded with a gift. Any driver who fails the breath test is asked to leave their car or to hand the keys to a friend who has not had a drink.



ENWA began in 1995 in Belgium. Each year the intervention is utilised by more countries, and in 2003 it became European-wide. In 2009, 27 countries used ENWA to aim to reduce road traffic crashes amongst young people. An internal evaluation in 2008 reported that 12,000 young people took part in the intervention and 80% of designated drivers respected their commitment to stay within the legal driving limit.⁵³

Anti-crash operation in France

In France road traffic accidents are a leading cause of death amongst 12-25 year olds, and many occur whilst young people are returning home from nightclubs and parties. In response to this, the Anti-crash operation was established in 2003 in six regions of France. This is a peer to peer delivered project aiming to educate party goers about the risks involved in using alcohol and drugs before driving. Volunteers are trained by professional educators from the preventive education group, Avenir Sante (Future Health). With support from the media and club owners, a group of volunteers install information stands close to the entrance of nightlife venues. The objective is to engage patrons into conversation and promote use of prevention tools (such as designated driver bracelets, breathalysers, devices that simulate the effects of alcohol, flyers, brochures and games) to encourage responsible driving.

A process evaluation and feedback from the volunteers and organisers of Anti-crash showed that around 160,000 young people are targeted each year. The evaluation suggested a change in mentality among young people and novice drivers, with many thinking about how to get home before a party and using a designated driver.⁵⁴

Case Study 13

Community-based multi-component programme in Sweden

The STAD project in Sweden

The STAD (Stockholm Prevents Alcohol and Drug Problems) project in Sweden was a ten-year multi-component intervention initiated in 1996 to reduce alcohol-related violence and injuries in Stockholm. A major part of the project focused on licensed premises.

Development of the project was informed by a study that identified high levels of alcohol service to intoxicated patrons in drinking establishments, and disparities between the views of owners of licensed premises and those of licensing authorities regarding alcohol-related problems.



The project convened a partnership of representatives from the licensing board, police, the county administration, the national health board, Stockholm city council, the organisation of restaurant owners, the trade union for restaurant staff and owners from licensed premises in the city.

The formation of the partnership sought to mobilise the community by increasing knowledge and awareness of alcohol-related problems in drinking environments and gaining multi-agency support for action. Regular partnership meetings were established to enable participants to develop and co-ordinate strategies to prevent alcohol-related problems.

Two key activities undertaken through the project have been the development and implementation of a responsible beverage service training programme (see Case Study 2) and enhanced enforcement of existing alcohol legislation. The increased enforcement included the use of 'notification letters' sent by the licensing authority to premises that were identified by police or other sources as being the focus of alcohol-related problems. Further, joint enforcement activity was established between licensing authorities and police, based on shared intelligence.

The STAD project has been supported through ongoing research and evaluation. Evaluation of the programme's effects on violence (up to the year 2000) found a 29% decrease in violent crimes in the intervention area. Further, a cost-effectiveness study estimated that the programme saved €39 for every €1 invested. The success of the STAD project has been attributed to factors including its long-term, sustainable approach, effective partnership working, continued media work and ongoing evaluation.^{24,40,55-57}

For further information see www.stad.org

Case Study 14
Community-based multi-component programme in England and Wales

Statutory partnership working in England and Wales

In England and Wales, there is a statutory duty placed on local agencies to work in partnership to address crime and disorder, including alcohol-related crime. These partnerships are known as Crime and Disorder Reduction Partnerships or Community Safety Partnerships and include representatives from local authorities, police, health services, probation services, drug and alcohol action teams, education services, local businesses and residents.



Partners meet regularly to identify and act upon areas of local concern by auditing local crime issues and developing evidence-based responses using shared intelligence. Many local partnerships have prioritised the reduction of alcohol-related violence and disorder in drinking environments. Thus, local multi-agency strategies are set up to plan and implement a range of co-ordinated interventions. The partnership approach allows the various agencies to understand and develop their role in prevention, prevents conflicting action between agencies and facilitates the evaluation and monitoring of prevention activity.⁵⁸

In the city of Liverpool, the Crime and Disorder Reduction Partnership has formed the CitySafe initiative, a formalised partnership that has representatives from relevant local agencies working together in one location. CitySafe has developed and implemented a wide range of interventions to reduce alcohol-related crime and disorder in drinking environments. Examples include:

- Targeted and high profile policing in nightlife environments to enforce alcohol legislation and deter crime;
- A Pub Watch scheme that provides a network for local licensees to work together and with police to share information, support responsible practice and ban persistent troublemakers from drinking establishments in the city;
- A training programme that provides conflict resolution skills to bar staff, door supervisors and staff working in late night food establishments.
- A taxi-marshalling scheme that provides security at late night taxi ranks;
- Subsidies to help bar owners replace glassware with safer drinking vessels;
- A street drinking ban;
- Provision of head-mounted video cameras to door supervisors to deter crime and promote responsible practice;
- A closed circuit television (CCTV) network to detect and deter crimes, and help points enabling the public to contact CCTV operators and police;
- Safer drinking messages and safety campaigns targeted at nightlife users.

The work of CitySafe in Liverpool has contributed to a 40% reduction in crime in the city since 2005, despite increased use of the city centre over this same period. Both police recorded violent crime and assault injuries treated in emergency departments have decreased over this period.^{59,60} At a national level, the work of Crime and Disorder Reduction Partnerships is thought to have contributed to large reductions in the number of crimes, and particularly violence, reported through the annual British Crime Survey.¹⁶

For further information see www.liverpool.gov.uk

Case Study 15

Community-based multi-component programme in Finland

The PAKKA Project, Finland

In Finland, the Finnish Alcohol Act prohibits the sale of alcohol to intoxicated patrons, with the alcohol server being responsible for compliance. Despite this, there is an acceptable culture of drinking and intoxication. The Local Alcohol Policy (PAKKA) project was conducted between 2004 and 2007, developing multi-component



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Reducing harm in drinking environments

Evidence and Practice in Europe

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