

Club Health Literature Review WP8

Introduction

Nightlife plays a major role in modern life, being a critical aspect of youth recreation and a major source of employment, economic development and tourism for towns and cities. However, nightlife activities also create a wide range of health and social problems including alcohol and drug use, anti-social behaviour and crime. The development of safe nightlife is a growing priority throughout Europe, where town and city authorities must manage not only the recreational habits of their own youth, but also those from other countries as international tourism increases. Effectively managing nightlife settings is critical both in protecting the health of young people and reducing the burdens that night time anti-social behaviour can place on public services and society. The aim of this review is to identify a number of effective practice models adopted to manage problems that arise within nightlife settings. The focus will be on community approaches to managing the nightlife environment incorporating multi-component programmes i.e. where and how strategies have been implemented across the nightlife environment at city level and which agencies are involved. Most of the initiatives described in this report either have alcohol as their primary focus or view it as a key component of other problems such as crime reduction or city centre night time disorder. Other documents have been reviewed for this report, and whilst they are not described here they are listed under 'References' at the end of the report.

background and rationale for using the community multi-component approach

Since the 1960s there has been a general consensus that action and services concerned with addressing alcohol-related harm should be community led and managed at a local level (Tether & Robinson 1986; Robinson et al. 1989). During the 1990s the idea of 'joined up' and partnership working came to the fore which offered the opportunity of developing multi-component programmes in order to address issues such as alcohol-related harm, although not specifically restricted to this field (Raistrick et al 1999). However, until quite recently most of the community based interventions consisted of individual projects or components being delivered in isolation, often with no evaluative strategy attached to them; where evaluation was in place it tended to be for an individual project rather than for the effectiveness of a whole programme approach (Thom & Bayley, 2007).

England and Wales: National legislation for partnership development

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 in drinking environments. 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 and prevention of alcohol-related violence and disorder in nightlife environments. Thus local multi-agencies strategies are set up to plan and implement a range of co-ordinated interventions in nightlife settings. 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 (Ai).

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 (Aj,Ak). 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 (Ah).

I. Communities Mobilising for Change on Alcohol (CMCA) 1992-95

(Wagenaar & Perry 1994; Wagenaar et al. 1996; Wagenaar et al. 1999; Wagenaar et al. 2000a; Wagenaar et al. 2000b; Wagenaar et al. 2005)

Aim: change policies, practices and community norms around underage drinking

Context

CMCA was a randomised trial carried out in 15 matched communities in Minnesota and Western Wisconsin aimed at changing policy and practice in local institutions regarding underage drinking. Seven out of the fifteen communities were randomly assigned to receive the intervention and the remaining eight sites were used as comparison/control sites. Each experimental community was assisted by a CMCA co-ordinator but prevention activities varied across the communities. The focus of the intervention was to reduce the flow of alcohol to young people (under 21 years) by working with those who influence the local environment. A key aim was to reduce the availability of alcohol to young people both commercially (retail outlets) and non-commercially (friends and family). The idea was to effect change in the cultural norms that encourage young people to drink by reducing 'community tolerance' toward underage consumption of alcohol. The project worked with local public officials, enforcement agencies, commercial alcohol outlets, local media and schools.

"The target of the intervention was the entire community rather than individual young people"

(Wagenaar et al., 1999)

The sites were urban rather than 'big city' locations with an average population of 20,836 per community (range 8000 to 6500); there were on average 35 bars/restaurants (on-sale) and 14 off-sale retail outlets per site; three of the sites contained a college; before the trial none of the communities were involved in any other funded efforts to reduce alcohol consumption by young people.

The intervention

The focus of the programme was twofold: first of all to make it more difficult for young people to obtain alcohol, and second to promote the unacceptability of underage drinking within the local culture. The programme was implemented in seven local communities (all socially and geographically distinct) in Minnesota and Western Wisconsin over two and a half years. A seven-stage plan

Key elements of multi-component programmes:

- the existence of a strategic framework with a theoretical base for action
- the identification of problems defined at local levels
- a programme of co-ordinated action(projects) to address the problem based on an integrative programme design where singular interventions run in combination with each other and/or are sequenced together over time
- identification, mobilisation and co-ordination of appropriate agencies, stakeholders and local communities
- clearly defined aims, objectives, indicators and measures of effectiveness for the programme as a whole (although individual projects or activities will also have specified aims, objectives and outcome measures) evaluation as an integral part of the programme from the start

(extract from Thom & Bayley 2007)

followed an organized process in each programme area (Wagenaar et al., 1999). First of all a community assessment was carried out by CMCA organisers to look at local needs and resources. The assessment involved familiarisation with their local community demographics and the collection of community level data such as interviews with local residents and stakeholders (such as city councils and administrative agencies) concerning their perceptions of underage alcohol consumption in the area. Other strategies included media analysis and power-mapping (power relationships within the community). Following this exercise a core leadership group was formed at each site which built on contacts made during the initial community assessment phase and comprised key local organizers. These individuals tended to possess a set of skills or contacts useful to the programme and who had expressed concern about underage drinking during interviews carried out with local community members.

The core strategy group developed an action plan which delineated activities and included a timeline of implementation and goal achievement; examples of activities at an institutional level included developing proposals for changing local alcohol control policies. At a more informal level activities such as increasing the number of police patrols were instigated. Building a mass base involved expanding community awareness and attracting new support for the programme. A number of local community residents supported the core strategy team but did not take part in the CMCA (programme organisers) meetings; they performed tasks such as communicating with public officials and attending programme events.

Action plans varied according to the needs of the community and the confidence of the core team. Strategies included in the plans varied from proposing institutional policy changes to increasing awareness of underage drinking both in the private and the public sector. Examples of implementation include the prohibition of beer kegs at university events and restricting drinking alcohol to a small area; test purchasing exercises in partnership with the local police; the distribution of fliers to graduates and their parents about drinking at graduation parties; the production of videos about underage drinking shown on local television; an alternative sentencing program for young people who broke the underage drinking law was introduced in two communities; training for bar staff in responsible beverage service was introduced in five communities. The sixth stage of the programme was concerned with sustainability and maintenance of the efforts made by the local communities once the programme funding came to an end. Several of the communities sought alternative funding to continue to address underage drinking.

Evaluation and results

Evaluation took place across the seven programme sites as well as in eight randomly assigned control or comparison sites. Baseline surveys were carried out with a number of targeted groups in each community and repeated three years later. Target groups for the survey included high school students, 18-20 year olds, alcohol retailers and strategy team members. Other evaluation measures included content analysis of media coverage, police data on arrests and car crashes, and underage test purchasing of alcohol. Responses to the second survey indicated there were fewer alcohol sales to minors and licensees did more age-checking of young people (these results were checked by using young looking alcohol purchasers). There was a decrease in alcohol sales to minors of 10.2% for bars and restaurants and 4.57% for off-license premises. A telephone survey with 18-20 year olds found that compared to the control communities those in the intervention communities were less likely to drink alcohol themselves or to provide it to others who were underage (Wagenaar et al. 2000a); in addition to reducing drinking there was also reduced associated behaviours such as drink-driving,

attempting to buy alcohol and providing alcohol to minors for this group. Compared with the control communities the intervention communities reported fewer drink-driving arrests and fewer disorderly conduct violations amongst the 15-17 year olds (Wagenaar et al. 2000b). After the fifth year of the project the intervention communities reported more awareness of the need to regulate the sale of alcohol to young people (Wagenaar et al. 1996)

2. The Sacramento Neighbourhood Alcohol Prevention Project (SNAPP)

(Treno et al. 2007)

Aim: reduce underage access to alcohol, alcohol-related harms, crime

Context

SNAPP was a neighbourhood level intervention carried out in two neighbourhoods in Sacramento, California. The main aim of this project was to reduce youth access to alcohol, risky drinking and associated harms. The age range of the target groups in this project was between 15 and 29 as this was the age group identified as having high rates of alcohol-related problems (as opposed to under 21s for example who were the target group in other studies such as the CMCA described earlier). The two neighbourhoods were ethnically and economically diverse with high rates of crime and both sites had high concentrations of bars and off-premise alcohol outlets. Components of the intervention included mobilisation, community awareness, responsible beverage service (RBS), underage access law enforcement, and intoxicated patron law enforcement. In addition to evaluating intermediary measures such as youth access to alcohol and intoxicated patron service, outcome evaluation was also carried out to examine alcohol related injuries and police incidents. The study took a phased quasi-experimental approach which means that interventions were administered first in one site whilst the second site served initially as a 'no-treatment' comparison site; subsequently interventions were administered to the second site which served as a replication test of effectiveness.

The intervention

Implementation involved project lead agencies working with neighbourhood advisory committees from each of the two areas to mobilise the local communities. Committee members were identified through initial consultation and tended to be key stakeholders and local gatekeepers from local agencies. A second layer of sub-advisory groups addressed specific interventions. Research staff co-ordinated with the committees on a regular basis to collect local data. Activities such as local presentations of research findings and local statistics relating to underage drinking increased community awareness of alcohol related problems. A programme of responsible beverage service was put in place which involved manager and server training for all on and off premise licensed alcohol outlets in the two neighbourhoods focusing on age identification, the problems associated with selling alcohol to minors and those who were intoxicated, as well as reviewing existing policies around selling alcohol to those underage. Working with local police, there was increased law enforcement concerning the sale of alcohol to minors including test purchase activities at off license premises. Letters were also sent by the police to on premise licensees to inform them about increased law enforcement (including undercover operations) regarding intoxicated and underage patrons.

Evaluation and results

Process and outcome evaluation was conducted for this project with outcome data collected from police crime data, the Sherrif's Department and the local fire service; these data consisted of incident reports for assault, car crashes, alcohol or drug problems or suicide. Results indicated a significant reduction in assaults, car crashes and the sale of alcohol to minors (Treno et al, 2007).

3. “A Matter of a Degree” (AMOD)

(Weitzemann et al. 2003; Weitzemann et al. 2004; Nelson et al. 2005)

Aim: reduce alcohol use, alcohol related harms

Context

This project was a community based and environmental preventative initiative implemented in ten colleges in the US, aimed at reducing heavy episodic alcohol consumption (binge drinking) and related harms amongst students. Grants were provided to universities who have high levels of problem drinking; the grants supported the development and operation (lasting between five to eight years) of a strategy of environmental change (i.e. social and structural determinants). A coalition of university and community representatives planned and implemented activities which included efforts to reduce the availability of, and access to alcohol through price, promotions and advertising. Three outcomes were anticipated from the intervention which included changes in alcohol related policies and practice, changes in the availability of alcohol and in the social norms surrounding the student drinking culture, as well as a reduction in the levels of binge-drinking and related harms. In addition, implementation of the programme was examined to evaluate fidelity to the programme model at each of the sites.

The intervention

The initial stage of the programme involved the formation of a college-community coalition who planned the intervention activities. Membership of the coalition varied from campus to campus (range 16-101 members) though all had student representatives and most had members of the university faculty. Representatives from the local community included members of local government, some from local state government, landlords of student housing, and local alcohol merchants. At the end of the first year of implementation 255 discrete intervention activities had been introduced across the sites. Examples included a media campaign about the second hand effects of alcohol and an organised letter writing campaign. Most interventions were designed to alter the social norms relating to alcohol use with fewer addressing legal sanctions regarding alcohol misuse, or the advertising and promotion of alcohol.

Evaluation and results

A quasi-experimental longitudinal design was used to analyse alcohol consumption and related harms using repeated cross-sectional survey data from the Harvard Public Health College Alcohol Study (CAS). Comparisons were made between the 10 (aggregated) AMOD study sites and the other 32 colleges in the CAS study. There were no significant differences between the overall ten-college AMOD data and the 32 other colleges. However, results for five of the colleges that most closely implemented the programme of environmental change indicated significant decreases in alcohol consumption, alcohol related harms and second-hand effects. Analyses looking at student drinking and driving found significant reductions in driving after drinking, driving after having at least five

drinks, and being in a car with a driver who was 'high' or drunk. There were no similar patterns of improvement in the remaining five colleges in the programme or the thirty two colleges that were selected for comparison.

4. Preventing Alcohol Trauma: a Community Trial (1991-96)

(Holder HD et al 1997; Holder 2000; Holder 2001; Holder 2004)

Aim: to reduce alcohol-related injuries and deaths

Context and evaluation

This was a five year research project (carried out in the late 1990s) and involved three communities in two states (two in California and one in Carolina) with populations of approximately 100,000. Each community trial site contained an experimental community who received the prevention intervention and a control or comparison community who did not.

The intervention

This community action approach included five mutually reinforcing components which were: community mobilisation, responsible beverage service, an increase in drinking and driving enforcement, reducing the availability of alcohol to those underage, and introducing local zones with reduced alcohol availability. Community mobilisation involved working with existing groups and task forces to implement strategies such as increasing public awareness of alcohol related harms and the prevention activities that were being introduced to address them. Responsible beverage service aimed to change serving practices towards intoxicated customers thus reducing risky alcohol-related behaviours; targets for this component of the programme included professional hospitality associations such as bars, hotels and restaurants. The goal of the underage drinking component was to reduce access to alcohol by minors through enforcement of underage alcohol sales laws at off-license premises and to increase awareness of the problem through media advocacy. In order to prevent drunk driving incidents enforcement officers were trained in new techniques for detecting those driving whilst intoxicated as well as increasing public awareness of the risk of being caught; an added component empowered 'significant others' and retail outlet personnel to intervene in order to prevent an individual driving whilst drunk. Local zoning powers were used to restrict access to alcohol in areas of known alcohol-related problems, for example preventing the opening of new alcohol retailing outlets and closely monitoring existing premises for compliance with alcoholic beverage control regulations.

Results

Results indicated a statistically significant increase in coverage of alcohol-related issues in the experimental communities compared to the control communities (e.g. increasing public awareness of drink-driving law enforcement); there was a reduction in underage sales of alcohol; a reduction in alcohol related car crashes; and an increase in responsible alcohol serving practices in bars and restaurants.

5. The Stockholm Prevents Alcohol and Drug Problems Project (STAD) 1996-2006
(Wallin E et al. 2002; Wallin E, 2004; Wallin E et al. 2004; Wallin E et al. 2005; Wallin E 2007)

Aim: reduce alcohol related violence and disorder

Context

This community action approach targeted licensed premises in Stockholm and was launched by the Stockholm County Council. The focus of this project was to prevent and reduce alcohol related harm, in particular violence and disorder. In the decade preceding the project, the number of licensed premises, and alcohol consumption, had increased considerably due to changes in the national alcohol policy. The increase in alcohol related problems became a cause for concern at the Stockholm County Council and as a result a 10 year community project (STAD) was launched in 1996 which aimed to target licensed premises.

The intervention

This approach involved community mobilisation, training in responsible beverage service, and enforcement. Community mobilisation included the formation of an action group consisting of key local figures from organisations such as the Licensing Authority, the police, the hospitality industry, and the organisation for licensed premise owners. This group met on a regular basis (six times a year) for the life of the project. Key components in this intervention were the development of a two-day training course in RBS, and stricter enforcement of alcohol laws. The RBS training was given to servers, doormen and licensed premise owners; it consisted of information about Swedish Alcohol Law, the medical and behavioural effects of alcohol, information about other drugs, conflict management, and how to refuse service to someone who was drunk.

Evaluation and results

Two study areas were designated within the project area: the northern part of central Stockholm which contained approximately 550 licensed premises, and the southern part of the city centre (approximately 270 licensed premises). The northern area received the intervention and the southern area acted as the control or comparison area. A repeated measures design was used to test the efficacy of the intervention. In order to collect baseline data, actors were employed to portray obviously intoxicated patrons and they visited 92 licensed premises. In 1996 the baseline rate for refusal to serve someone who was drunk was 5% (no difference in either the north or the south of the city). At first follow up in 1999 103 licensed premises were visited (61 in the intervention area and 42 in the control area). Results indicated a 47% refusal rate in the intervention area, with a statistically significant difference between the intervention and comparison area. The same procedure was used at second follow-up (actors were again employed to portray intoxicated patrons) and the refusal rate was 70%. The researchers suggest that the most likely reason for the improvement in the figures is a combination of community mobilisation, RBS training, and increased law enforcement of alcohol laws.

6. Surfers Paradise Safety Action Project 1992-1993

(Homel et al. 1996; Hauritz et al. 1998)

Aim: to reduce alcohol-related violence and disorder

Context

Surfers Paradise is a tourist resort located in Queensland Australia with a population of a quarter of a million permanent residents and many more temporary residents (visitors/holiday makers). In 1993, after a period of rapid growth as a major international tourist destination, the resort was experiencing high levels of alcohol-related violence and disorder, much of it centred on the business area of the city in which a number of nightclubs and bars were situated. Particular factors providing cause for concern at the time included drinks promotions encouraging mass intoxication, groups of young men, inefficient methods for dealing with drunken patrons, and aggressive bar staff and security personnel.

Intervention

Initial steps included the formation of a representative steering committee and community forum, and the subsequent development of four task-groups addressing the following issues: safety of public spaces, security and policing, community monitoring, and venue management. A safety audit was implemented and the task groups collected data and examined the issues. Activities included implementing 'neighbourhood watch', introducing registration and training for security personnel, providing shuttle buses from the night club area to reduce drunken driving, media liaison, the development of risk assessments in licensed premises as well as introducing a code of practice (regulating serving and security staff) for nightclub managers, and various training programs for the community project staff, bar staff, security staff, and police.

Evaluation and results

Baseline data was collected prior to implementation of the project when there had been no community activity to reduce alcohol-related violence. The data came from multiple sources and included surveys (community, local businesses, and young patrons), observation of licensed premises, interviews with licensees, police records, and incidents recorded by security companies. The intention had been to apply a repeated measures design and use the same procedures nine months later, after the project had been operating for nine months. However due to unforeseen problems some of these measures were not repeated (e.g. the surveys). Venue observations took place in 18 nightclubs in the central area of Surfers Paradise in 1993 before the project and again a year later in 1994 after the interventions were implemented (although the sample was reduced to 16 due to closure of two clubs for poor practice or a breach of the Liquor Act). A number of significant changes were reported including greater friendliness of the doormen (who had increased in numbers), friendlier and more relaxed patrons with less swearing, rowdiness, hostility and decreased blatant sexual activity; there were also lower levels of observed violence and aggression. Incidents recorded by security staff relating to drunk and disorderly behaviour, urinating in the street, minor assaults and general brawling showed a decline between 1992 and 1994, and the researchers note that the project may have contributed to this trend despite problems with recording of the data in the early part of 1993. Police data also showed a decline in assaults of 34% for the latter part of 1993 compared to the same period in 1992. The researchers suggest that taking all the data sets into consideration there was a real reduction in violent crime and disorder in Surfers Paradise.

7. Local Government Safety Action Projects 1995-1996

(Hauritz et al. 1998a; Hauritz et al. 1998b; Homel et al. 2004)

Aim: reduce alcohol related violence and disorder

These projects were replications of the models of practice developed in Surfers Paradise aimed at reducing alcohol related violence and disorder (described in the previous section). They were implemented in three North Queensland cities: Cairns, Townsville and Mackay in 1995 and early 1996. Homel et al (2004) describe the problem-focused responsive regulatory model thus:

“A problem-focused approach requires a careful analysis of the total environment of licensed venues, including drinking and its controls but also the social and physical environments, patron mix and management practices.”

Evaluation and results

Evaluation was by means of analysis of police data and observation by patron-observers of aggression, alcohol consumption and management practice in licensed venues at two time-points: pre (1994) and post intervention (1996). Results indicated major reductions (a decline of 75-81%) in aggression and violence and an improvement in aspects of management practices. Key predictors in terms of physical violence included fewer very drunk men, less overt sexual activity, availability of public transport and improved comfort (in terms of seating in licensed venues). In terms of non-physical aggression predictors were fewer Pacific Islander patrons, less male swearing, fewer intoxicated patrons and more chairs with armrests.

8. TASC Tackling Alcohol-Related Street Crime 2000-2002

(Maguire et al. 2003; Warburton & Sheperd 2006)

Aim: reduce alcohol related violence and disorder

Context

TASC was a multi-component project which focused on tackling alcohol-related street crime in Cardiff and the Cardiff Bay area (defined as police sectors 29 and 30). Following a period of rapid change in the city resulting from considerable investment and regeneration, the proliferation of licensed premises (such as ‘theme’ pubs and clubs) led to the development of a lucrative night time economy. Large numbers of young people from all over the South Wales area were attracted into the city at night with revellers typically moving from early evening drinking in pubs to all night clubbing venues. Alcohol related violence and disorder which was concentrated round city centre entertainment areas became a major public health concern both for the offenders and the injured. As a consequence all licensed premises were targeted for interventions in two areas of the city (defined by police sectors), and suburban areas that were not subject to TASC interventions were designated as comparison sites. The scheme was police led but involved a multi-agency approach; partners included Cardiff County Council, the University Hospital of Wales, and the Cardiff Licensees Forum (from the private sector).

Intervention

A longitudinal controlled intervention was delivered in three stages, during the first stage the interventions were refined and developed. A range of interventions included low and high level targeted police operations, and an Emergency Department (ED) intervention. Low level police intervention included regular telephone contact with managers of licensed premises by the TASC project manager as well as visits to the venues (regular monitoring) by the TASC sergeant; door staff were regularly checked against the Licensed Premise Supervisor Register to ensure training and registration had taken place, training was also extended to two days (from less than one day) and incorporated an 'innovative conflict model and encourage a sense of professionalism' (Maguire & Nettleton 2003: 18). High level police intervention (these were additional to the low level interventions) included an eight week high profile policing programme on two roads which were trouble hotspots, traffic management for conveying clubbers away from venues at the end of the night, proactive monitoring of CCTV by the TASC inspector and instructions to the police camera room, a one-day covert police operation in conjunction with door staff in which police officers, a drugs dog and a traffic vehicle monitored clubbers entering venues (anyone attempting to avoid search were followed to their cars). ED intervention was delivered in two high-risk licensed premises which had experienced high numbers of assaults; a maxillofacial and an ED consultant visited the premises and presented graphic details of injuries that had been sustained in the premises (along with numbers of assaults) to the managers of the venues. The managers were also told that a report would be given to the local media in six months time reporting on the number of violent incidents in their premises. Police interventions were also delivered in these clubs rated as 'violence hotspots'.

Evaluation and results

Outcome evaluation assessed the impact of the TASC interventions in reducing alcohol-related violence during the lifetime of the project. A TASC database which recorded incidences of alcohol-related violence and disorder (including details of time, location, weapons used, injuries sustained, characteristics of victims and offenders) was developed for the project and maintained by a data analyst for the life of the project. Comparisons were made of levels of alcohol-related violence in Cardiff and the Cardiff Bay area both before and after the TASC interventions were delivered. Assault injury data from Cardiff ED were also entered into the TASC database; figures for alcohol-related injuries for 12 months prior to the commencement of the project served as baseline information. Results indicated that targeted police intervention was associated with a reduction in assaults in licensed premises (34% overall and 105% in the central nightclub area); where police and ED intervention were combined there was a significantly greater reduction compared to police intervention alone. Risk of street assault was greater in areas round licensed premises in the city centre and correlated with the numbers and capacity of the venues.

9. Purple Flag Scheme for better town centres at night (UK)

The Purple Flag Scheme has been developed in conjunction with a number of agencies and government departments such as the Home Office, Department of Communities and Local Government, Department for Culture, Media and Sport, Association of Chief Police Officers, British Institute of Innkeepers, Institute of Licensing, Business in the Community and the Association of Town Centre Management (lead partner). It was launched in 2009 and is a UK initiative which sets standards for vibrant, safe and secure night time economies in towns and cities in the UK. The

Purple Flag has been described as the new gold standard for managing the night time economy (just as Blue Flag is an indicator of a good beach and Green Flag a good park), Purple Flag is set to be the indicator of where to go for a good night out.

Purple Flag status can be achieved through an accreditation process which involves a team of experts from a wide range of professions assessing how a town or city centre operates and manages its night time economy. To secure the award an area needs to demonstrate set standards in key areas. The core standards sit within a policy framework and to achieve Purple Flag status there needs to be evidence of a clear aim and common purpose for the management of an area; this would be evidenced by an appropriate local strategy based on integrated public policy and a successful multi-sector partnership.

The core standards focus on wellbeing, movement, appeal and place. The standard for *wellbeing* includes active policing and surveillance, responsible customer care, proactive licensing and regulation, addressing alcohol abuse, active business involvement, and good public engagement; *movement* alludes to a secure pattern of arrival, circulation and departure and includes safe, affordable public transport, secure late night parking, well designed pedestrian links and practical information for travellers (an example of safety initiatives might include taxi marshals, street marshals, rapid response ambulances and how drunken incidents are dealt with); *appeal* includes a choice of eating venues, licensed venues to suit a variety of ages, tastes and lifestyles, a vibrant cultural and arts scene; *place* alludes to good design and successful density of venues and attractions as well as respect for location and identity of the area.

The assessment itself is an 'on the ground' appraisal of how an area manages its night time economy and measures performance against set standards in each of the core areas. An appraisal template has been developed based on research in six pilot locations which were used to test the concept and methodology of the Purple Flag scheme. In addition to key issues being monitored throughout the night, time banding is used to divide the night into sections allowing specific issues relating to each band to be examined. Time banding is stratified as follows: 5-8pm - early evening; 8-11pm late evening; 11-2am night; 2-5am late night. Examples of issues in the separate bands include patterns of arrival for a night out and street events in the early evening, opening of late night venues (clubs and bars) in the late evening, people leaving clubs and bars and their journey homewards between 11 and 2am, venues staying open and movement between them late at night. Key issues include behaviour on the streets, drunkenness, policing, CCTV coverage, and transport.

Each of the standards are assessed on specific aspects and can receive a grade in one of five colour coded categories: purple – excellent/outstanding, dark green – above the expected standard, light green – achieves the expected standard, light red – below the expected standard, and dark red – significantly below the expected standard and an area of primary concern. In order to be awarded Purple Flag status an area must achieve the expected standard in all elements (including the policy envelope) with no reds.

The assessment process

Applicants receive a pack (on payment of a fee) and detailed instructions about the process. The first step is to map the area to be assessed showing location of attractions and key services; a written 'snapshot' of the area giving a contextual profile is also required during this preliminary stage.

Applicants then complete a self-assessment chart based on overnight appraisal of the designated area

(using guidance set out in the applicants resource pack). This initial survey identifies any areas for improvement or action. The next step is an overnight appraisal by two Purple Flag assessment team members, working alongside the applicants; a follow-up meeting then takes place between the assessors and the applicants to check facts and any variances between the applicants' entry documents and the appraisal team's observations.

A Purple Flag assessment panel review all the documentation including the findings from both the appraisal team and the applicants' documents. The review leads to accreditation or rejection with accompanying practical feedback and commendation for specific good practice. Those who are successful in achieving Purple Flag status attend an official awards ceremony and are then listed on the Purple Flag website as well as being featured in promotional and marketing activity related to Purple Flag. Suggested benefits (based on early research) include a raised profile and improved public image for the location, wider patronage and increased expenditure, lower crime and anti-social behaviour, and more successful mixed use economy in the longer term.

Evening economy development support

There is support for those areas who aspire to Purple Flag status but who are some distance from reaching their goal. The ATCM have piloted a programme that provides a constructive framework within which an area can work towards achieving the standards required for Purple Flag accreditation. There are seven stages in the programme (which could take up to two years to complete) including the following: baseline review of the evening/night time economy and visions for the future; outline management plan for the evening/night time economy; night time performance audit; priorities for action; stakeholder seminar (working together for the Purple Flag); action planning for the Purple Flag; best practice and networking opportunities. The emphasis is on a collective response from key stakeholders and working together to change perceptions and make lasting improvements in the evening/night time economy.

10. Best Practice Guidance for managing the night time economy (Mayor of London, 2007)

In this plan for best practice in managing the night time economy (NTE) in London the guidance starts by introducing the issues and setting the context; it then sets out the legal, regulatory and policy framework for managing the night time economy; discusses the importance of assembling an evidence base in order to understand the impact of the NTE on the area; describes potential structures for taking an integrated approach to management; sets out the Mayor's principles for managing the NTE; examines the strategic issues relating to the NTE within the London context; suggests possible actions and interventions giving specific examples of good practice; gives contacts and further information sources for those agencies involved in managing the NTE.

The London context

London is one of the most diverse cities in the world with a huge range of cultures and communities represented within it. Compared with the rest of the UK, London has faster growth in the 19-34 age group, and the live music and clubbing scene is renowned across Europe. It is estimated that some 500,000 people visit clubs in London on a Saturday night; in 2004 there were over 9,600 pubs and bars across London. Whilst the biggest concentration of night time activities is in London's West End district (e.g. Soho, Covent Garden) there are clusters in other areas of Central London (e.g. the

South Bank) as well as in both larger and smaller town centres that make up the rest of the London area. Whilst London's night time activities play an important role in local economies and communities, large scale late night entertainment can also bring disadvantages (e.g. noise, disturbance, violence, anti-social behaviour). In order to manage the negative impact of the NTE the concept of the Entertainment Management Zone (EMZ) has been adopted which is a pro-active approach, providing integrated action by a range of agencies which can be applied to a particular area or town centre where management of the NTE is appropriate.

The policy, legal and regulatory framework

A number of National policies and local strategies provide the framework for managing the NTE in London. These range from statutory guidance for local planning authorities such as a Planning Policy Statement 'Planning for Town Centres' which refers specifically to managing the evening and night time economy, to the National Alcohol Harm Reduction Strategy for England which sets out a cross government approach to creating partnerships at both national and local levels to tackle alcohol misuse. Other statutory legislation includes the Licensing Act (2003) which gives licensing functions to local authorities (requiring them to produce a local policy) and sets out objectives such as public safety and the prevention of crime and disorder; the Anti-Social Behaviour Act (2003) provides local agencies with the legal tools to tackle anti-social behaviour e.g. by the introduction of ASBOs. Under the London Plan the Mayor is also able to introduce 'statutory Mayoral strategies' for example the Ambient Noise Strategy (covering noise management), a Transport Strategy, and the Mayor's Municipal Waste Management Strategy (aiming to improve the cleanliness of London Streets and combat environmental crime).

Assembling an evidence base

In order to decide how the NTE should be managed it is important to understand local issues. In preparation for their Best Practice Guide the Greater London Authority (GLA) funded studies of the night time economy in defined areas such as Camden and Ealing. For example, Camden Borough Council and the Greater London Authority worked together for 18 months to gather evidence and information from a wide range of council departments as well as the Metropolitan police; consultation exercises were also conducted locally. Initial evidence gathered from existing data sources highlighted gaps in local knowledge regarding town centres at night and research was commissioned to fill these gaps; the resulting study served as the baseline assessment for the night time economy in Camden town. Other boroughs, for example the Westminster City Council, commissioned their own studies of night time activities locally and both Westminster and Camden use police night time crime and incident data to monitor crime and disorder trends in their areas (as the association between alcohol consumption and violence is well documented).

Co-ordinating management of the NTE and elements of an integrated approach

Whilst the guidance acknowledges that individual London boroughs are best placed to identify who should be involved in managing their local NTE, the key theme is that whilst the structure may vary a multi-agency co-ordinated partnership approach is important. It is suggested that management groups involve local stakeholders such as licensees and local business groups; engage locally elected councillors, Primary Care Trusts and other health care organisations who work at night and experience the impact of the NTE, as well as a local police co-ordination group such as the Crime and Disorder Reduction partnership. It may be the case that the local police might take the initiative to organise a local management group, a local business partnership or perhaps a regeneration group. In co-ordinating the NTE it is suggested that a balanced range of interests are represented in the

management group and that the structure of the group be tailored to the scale and the nature of the night time issues. The need for integrated action by a range of stakeholders is emphasized and these might include agencies concerned with licensing, noise, environmental protection, waste and cleansing, policing, education and transport matters.

Actions and interventions

A number of studies carried out to investigate the NTE have identified a common set of issues associated with evening and late night entertainment activities, and parallel to these a potential set of tools and interventions that could help alleviate their impact. This section of the guidance provides examples of a number of actions and interventions that could be used to address the impact of the NTE and gives examples of best practice. For example, the Bar Entertainment and Dance Association have produced a good practice guide for dispersing patrons at the end of the night:

The guidance highlights the need for venues to consider issues such as transport, staffing and cloakrooms, the use of internal music, lighting and announcements to encourage people to leave quietly, and to ensure litter outside premises is picked up. It recognises that there is a specific role for door staff in encouraging people to leave quietly and ensure they do not take drinks outside the venue. Policies may include reducing music volume towards the end of the night or providing a wind down or 'chill-out' hour when food and soft drinks are served and people can wait for taxis.
(City of London Best Practice Guidance 2007 p49 Box 8.5)

Another example is the Norwich SOS Bus which provides assistance to clubbers and party goers in the city who may be injured and/or intoxicated, have drug related needs, or be distressed and unable to get home. A number of agencies are involved in this project including the police, the local authority, the Primary Care Trust, local churches and the YMCA. The bus operates every Friday and Saturday night between 9 pm and 3 am:

People requiring first aid can be treated and can be taken to casualty by a support vehicle if necessary. Staff can also arrange for a taxi from the bus or contact a friend or relative of the person to arrange a lift home, the bus then operates as a safe place for them to await collection. Whilst the Bus is designed to meet the immediate needs of people rather than more complicated or long term issues, contact details and copies of advice and information leaflets from help agencies are kept on the bus and clients advised about where they can seek help.
(City of London Best Practice Guidance 2007 p60 Box 8.13)

The London Borough of Westminster has formed a 'joined up' approach to tackling enforcement issues in their NTE:

Westminster's '24 Hour Operations' team deals with illegal street trading, noise, illegal tables and chairs, market inspection, removal of prostitute cards, regulation of night clubs and late night cafes and mobile CCTV surveillance. A 24 hour dedicated call centre takes calls from the public regarding these issues. Hand held computers enable the team to connect to council IT systems and enable closer co-operation and information sharing. Westminster also map hotspot incidents. The council also take into account other factors including Environmental Health reports looking at issues such as health and safety, food regulation and fire safety records to provide a broad indication of potential areas where there may be impacts.
(City of London Best Practice Guidance 2007 p56 Box 8.9)

Table of Reviews, Reports, Best Practice Guides and journal articles

| | | |
|--|---|--------------------------|
| Reviews | | |
| Jones L et al. (2009) FASE Project. Reducing harm in drinking environments; a systematic review of approaches. Liverpool. Centre for Public Health. Liverpool John Moores University. | | |
| Calafat A, Montse J, Duch MA. (2009) Preventative interventions in nightlife: a review. <i>Addicciones</i> , 21,4:387-414 | | |
| Thom B, Bayley M. (2007) Multi-component programmes: an approach to prevent and reduce alcohol-related harm. York. Joseph Rowntree Foundation. | | |
| Graham K, Homel R. (Eds) (2008) Raising the Bar: Preventing aggression in and around bars, pubs and clubs. Cullompton, Devon, Willan Publishing. | | |
| Best Practice guides | | |
| Safe. Sensible. Social | Alcohol strategy local implementation tool kit (January 2008) | Home Office, DoH |
| City of London Managing the night time economy | Best practice guidance, Mayor of London (March 2007) | Greater London Authority |
| Purple Flag for better town centres at night | Accreditation scheme 2008 | The Civic Trust, London |
| Community Based programmes | | |
| CMCA (Communities Mobilising for Change on Alcohol) | <i>aim</i> <i>To reduce youth access to alcohol</i> | |
| Wagenaar AC, Perry CL. (1994) Community Strategies for the Reduction of Youth Drinking: theory and application. <i>Journal of Research on Adolescence</i> , 4, 2:319-345 | | |
| Wagenaar AC. et al. (1996) Sources of Alcohol for underage drinkers. <i>Journal of Studies on Alcohol</i> , 57, 3:325-333 | | |
| Wagenaar AC. et al. (1999) Communities Mobilizing for Change on Alcohol: lessons and results from a 15-community randomized trial. <i>Journal of Community Psychology</i> , 27, 3:315-326 | | |
| Wagenaar AC. et al. (2000a) Communities Mobilizing for Change on Alcohol: effects of a randomized trial on arrests and traffic crashes. <i>Addiction</i> , 95, 2:209-217 | | |
| Wagenaar AC. et al. (2000b) Communities Mobilizing for Change on Alcohol: outcomes from a randomized community trial. <i>Journal of Studies on Alcohol</i> , 61,1:85-94 | | |
| Wagenaar AC. et al. (2005) Preventing youth access to alcohol: outcomes from a multi-community time-series trial. <i>Addiction</i> , 100: 335-345 | | |
| SNAPP (Sacramento Neighbourhood Alcohol Prevention Project) | <i>RBS training, law enforcement</i> | |
| Treno AJ et al. (2007) The Sacramento Neighbourhood Alcohol Prevention Project: outcomes from a community prevention trial. <i>Journal of Studies on Alcohol and Drugs</i> , 68, 2:197-207 | | |
| AMOD “A Matter of a Degree” | <i>RBS training, ban on advertising</i> | |
| Weitzemann ER, Nelson TF, Wechsler H.(2003) Assessing success in a coalition-based environmental prevention programme targeting alcohol abuse and harms. <i>Nordic Journal of Substance Use</i> , 20:1-9 | | |
| Weitzemann ER et al. (2004) Reducing drinking and related harms in college: evaluation of the “A Matter of Degree” Program. <i>American Journal of Preventative Medicine</i> , 27,3:187-196 | | |

| | | |
|--|---|--|
| Nelson TF, Weitzman ER, Wechsler H. (2005) The effect of a campus-community environmental alcohol prevention initiative on student drinking and driving: results from the "A Matter of Degree" programme evaluation. <i>Traffic Injuries Prevention</i> , 6(4):323-30 | | |
| Community Trials Project | <i>RBS training, enhanced law enforcement, reduce underage access to alcohol, drink driving</i> | |
| Holder HD et al. (1997) Evaluation design for a community prevention trial – an environmental approach to reduce alcohol-involved trauma. <i>Evaluation Review</i> , 21: 140-165 | | |
| Holder HD (2000) Community prevention of alcohol problems. <i>Addictive Behaviours</i> , 25, 6: 843-59 | | |
| Holder HD (2001) Community prevention trials: a respectful partnership. <i>American Journal of Health Behaviour</i> , 13,25: 234-44 | | |
| Holder HD (2004) Community prevention of young adult drinking and associated problems. <i>Alcohol Research and Health</i> , 28: 245-249 | | |
| Stockholm Prevents Alcohol and Drug Problems (STAD) Project | <i>RBS training, law enforcement</i> | |
| Wallin E, Gripenberg J, Andreasson S. (2002) Too drunk for a beer? A study of overserving in Stockholm. <i>Addiction</i> , 97:901-907 | | |
| Wallin E. (2004) Responsible Beverage Service, Effects of a Community Action. Stockholm: Karolinska Institute. | | |
| Wallin E, Lindewald B, Andreasson S. (2004) Institutionalisation of a Community Action Program Targeting Licensed Premises in Stockholm, Sweden. <i>Evaluation Review</i> , 28,5:396-419 | | |
| Wallin E, Gripenberg J, Andreasson S. (2005) Overserving at Licensed Premises in Stockholm: Effects of a Community Action Program. <i>Journal of Studies on Alcohol</i> , 66: 806-814 | | |
| Wallin E. (2007) dissemination of Prevention: Community Action Targeting Alcohol Use-Related Problems at Licensed Premises. <i>Substance Use and Misuse</i> , 42, 12-13: 2085-2097 | | |
| Surfers Paradise Safety Action Project | <i>Code of practice for nightclub managers, venue management</i> | |
| Homel R et al. (1996) Preventing Alcohol-Related Crime through Community Action: the Surfers Paradise Safety Action Project. In Homel, R. (Ed.) <i>Policing for Prevention: Reducing Crime, Public Intoxication and Injury</i> . Monsey, New York, Criminal Justice Press. | | |
| Local Government Safety Action Projects | <i>Code of practice for nightclub managers, venue management</i> | |
| Hauritz M et al. (1998a) Reducing violence in licensed venues through community safety action projects: the Queensland experience. <i>Contemporary Drug Problems</i> , 25, 511-551 | | |
| Hauritz M et al. (1998b) Reducing violence in licensed venues: community safety action projects. Canberra, Australia, Australian Institute of Criminology. | | |
| Homel R et al. (2004) Making licensed venues safer for patrons: what environmental factors should be the focus of interventions? <i>Drug and Alcohol Review</i> , 23: 19-20 | | |
| TASC Tackling Alcohol-Related Street Crime | | |
| Maguire M. et al. (2003) Reducing alcohol-related violence and disorder: an evaluation of the 'TASC' project. (Home Office Research Study 265). London: Home Office | | |
| Warburton AL & Sheperd JP (2006) Tackling alcohol-related violence in city centres: effect of emergency medicine and police intervention. <i>Emergency Medicine Journal</i> 23: 12-17 | | |
| Additional references | | |
| Faggiano F and Vigna-Taglianti F Drugs, Illicit – Primary Prevention Strategies. | | |

| |
|---|
| In: Kris Heggenhougen and Stella Quah, editors International Encyclopedia of Public Health, Vol 2:249-265. San Diego: Academic Press; 2008. |
| Hawkins AD, Catalano RF. (2005) Communities That Care. http://download.ncadi.samhsa.gov/Prevline/pdfs/ctc/Investing%20in%20Your%20Community's%20Youth.pdf |
| Holmila M, Warpenius K. (2007) A study on the effectiveness of local alcohol policy: challenges and solutions in the PAKKA project. <i>Drugs: education, prevention and policy</i> 14(6):529-541 |
| Raistrick D, Hodgson R, Ritson B. (1999) Tackling Alcohol Together: the evidence base for a UK alcohol policy. London: Free Association Books. |
| Robinson D, Tether P, Teller J. (1989) Local Action on Alcohol Problems. London: Routledge. |
| Tether P, Robinson D. (1986) Preventing Alcohol Problems: A Guide to Local Action. London: Tavistock |