



Pompidou Group

Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs

P-PG/CJ (2004) 7

Guide

Drugs and alcohol: violence and insecurity?

Integrated project 2

Responses to violence in everyday life in a democratic society

The opinions expressed in this work are the responsibility of the authors and do not necessarily reflect the official policy of the Council of Europe.

All requests concerning the reproduction or translation of all or part of the document should be addressed to the Publishing Division, Communication and Research Directorate (F-67075 Strasbourg Cedex or publishing@coe.int). All other correspondence concerning this publication should be addressed to the Pompidou Group of the Council of Europe (pompidou.group@coe.int).

© Council of Europe, October 2005

Table of Contents

Preface	4
Introduction	
(Dirk J. Korf)	
Chapter 1 – Preventive alcohol policies as violence prevention	12
Chapter 2 – Violence in general places of entertainment	29
Chapter 3 – Intoxicant-related small group violence	48
Chapter 4 – Violence at major events	68





Pompidou Group

Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs

Preface

Within the framework of the Council of Europe's integrated project on Democratic Responses to Violence in Everyday Life, the Pompidou Group undertook work on the topic of violence and insecurity related to the consumption of psychoactive substances.

The discussions were mainly based on Mr Dirk J. Korf's working document, which sets the scene, and on the presentations made at a meeting in Strasbourg in 2002 by Mr Kauko Aromaa on the correlations between alcohol, drugs and violence according to survey findings, and by Mr Thomas Karlsson on the analysis of alcohol policies in Europe and their impact on alcohol-related violence.

The final aim of the activity was to produce a handbook containing situational analysis and policy advice on the following selected topics:

- violence in general places of entertainment, such as cafés, clubs and discotheques, and their vicinity;
- violence occurring at major events, such as large-scale dance events and football matches;
- violence associated with smaller groups in public areas.

A multidisciplinary group on each topic was set up to analyse what is known about violence and the use of drugs in these places, what measures have been taken to establish good practices and/or to give examples of failures. Editorial meetings took place in Amsterdam and Paris.

This handbook, *Drugs and alcohol: violence and insecurity?* is part of a series published in the framework of the Council of Europe integrated project on Responses to Violence in Everyday Life in a Democratic Society. It contains various contributions by invited authors and by the multidisciplinary groups concerned.





Pompidou Group

Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs

Introduction

Dirk J. Korf

Violence is present in many forms in today's society. In the illicit drug market, fights between dealers, even killings, are not uncommon, both at the level of organised crime and at the level of the street market. Violence may also occur between street dealers and their customers. In addition, drug addicts may commit violent crimes in order to generate money, for example by street robberies.

Moreover, violence can be observed in pubs and clubs, and around such places. Such violence can take place between groups of people who are intoxicated. But it can also be directed at innocent, non-intoxicated persons who happen to be in the wrong place at the wrong time.

Group violence is sometimes associated with specific groups, whether or not in specific settings (for example, hooligans). Although violence often manifests itself in the public arena, it also takes place in the private domain, for example in the form of domestic violence.

Violence and psychoactive substances

Surveys have addressed the issue of the general public's attitudes to drug use and drug problems, particularly in urban areas (e.g. Renn and Lange, 1996; Korf, Bless and Nottelman, 1998). Facts and trends in drug-related problems, including violence, as well as the way they are perceived and evaluated, may to some extent illustrate the topic of insecurity, but are not very helpful in understanding the complex relationship between drug use and violence. Understanding this relationship is a prerequisite for adequate democratic responses. The wide body of scientific knowledge about the role of alcohol in this matter indicates that it should be included in the analysis of the problem.

Offenders may be under the influence of alcohol and/or drugs, but this is not necessarily the case. For example, at the level of organised crime, violence is probably more related to the drug business than to being intoxicated. On the other hand, at street level, often both offenders and victims are intoxicated. In the case of street robbery, the offender may be intoxicated or suffering from withdrawal symptoms. In the latter case it is the craving for drugs that motivates someone to be violent – and not the direct effects of a psychoactive substance. Nightlife violence, group violence and domestic violence often occur while offenders are drunk and/or under the influence of drugs.

There is no simple, linear relationship between the seriousness of violence and people's feelings of insecurity. Very serious violence may be perceived as not very threatening, for example when it takes place within the world of organised crime. On the other hand, verbal aggression in the street, for example among addicts hanging around on the streets, may be perceived as rather threatening and generate strong feelings of insecurity.

Pharmacology and toxicology

Alcohol is at the top of the list of drugs that induce aggressive behaviour. Most probably, though less unambiguously proven among humans, this also holds for cocaine, amphetamines and methamphetamine. Alcohol and stimulant drugs appear to act through pharmacological mechanisms that inhibit neurobehavioural systems, which under normal circumstances control aggression (Denison et al., 1997). Both in the case of alcohol and of stimulant drugs, subjects may become aggressive while actually under the influence of the substance (acute effects).

Also, aggressive behaviour may appear as sub-acute effects after the use of substances such as ketamine or PCP (Phenylcyclidine). In the case of ketamine and PCP, aggressive behaviour generally appears, if at all, when subjects are disturbed while asleep or unconscious, or while recovering from a state of unconsciousness. Lastly, it is a rather common clinical experience that opiate addicts become irritated and sometimes aggressive while in a state of withdrawal.

Combined use

Combined drug use or poly-consumption is described in many different ways in the literature. It commonly is defined as the use of more than one substance during a certain period of time. The length of this period varies – for example, during the past year, the past month, during a night out – and the drugs may be used simultaneously, or one after the other. Here our focus is on concurrent use of more then one substance within a limited time frame (several hours).

Theoretically, the following effects of combined use may appear:

- no interaction: the combination with other substances has no effect on the level of violent behaviour generated by the
 use of that substance:
- neutralisation: the combination of two substances generates a lower level of violent behaviour then the use of either substance alone;
- additive: the level of violent behaviour generated by one substance adds to the level of violent behaviour generated by the other substance;
- potentiation: the level of violent behaviour generated by one substance is higher when combined with another substance than the additive level of both individual substances.

From a literature review, Pennings et al. (2002) and Leccese et al. (2000) conclude:

- in experimental settings, cannabis has no effect on the acute alcohol 'high', and the availability of cannabis leads to reduced alcohol intake, but alcohol availability has no effect on cannabis intake;
- concurrent use of alcohol and cocaine generally gives a reciprocal boost to the already strong tendency of each substance to induce a variety of physical and psychological disorders. However, retrospective data suggest that the combination of alcohol and cocaine can potentiate the tendency towards violent thoughts and threats, which may lead to an aggravation of violent behaviour. Such data suggest a major role for alcohol alone as well as addictive increases in violent behaviour from the combination. Alcohol and cocaine each raise extraneuronal dopamine and serotonin levels, and this may lead to deficits in impulse control and thus to violent behaviour;
- retrospective research strongly suggests that the co-use of alcohol and amphetamines (including ecstasy) can potentiate the already considerable risk of each single substance to induce significant psychological morbidities, including psychosis.

Offenders and victims

While the focus in research on the relationship between substance use and violence is generally on violent subjects or offenders, many studies concur that in violent crimes associated with alcohol, the presence of alcohol should be taken into consideration not only in the offender but in the victim as well (Bradford et al., 1992). It might be argued that the same applies to illicit drugs.

Victims in one situation can be offenders in another situation, for example in the case of hooliganism and gang fights. On the other hand, particularly in the case of domestic violence, it is not uncommon that a destructive pattern of social interaction between victim and offender has evolved in which the victim unintentionally "provokes" the offender, leading to a vicious circle of violence escalation. Both partners drink alcohol and/or use drugs after a fight. Once intoxicated, the fight starts again.

Causality problems

There is a clear relationship between alcohol consumption and violence. For example, according the to British Crime Survey - a large household survey conducted in England and Wales - 40% of all violent acts in 1999 were related to alcohol use and 18% to drugs (Kershaw et al., 2000). What has not yet been established is a causal relationship. In the case of cocaine and other drugs, the causality of this relationship has been less conclusively proven.

According to Bradford et al. (1992), the principal statistical correlates with future violent behaviour are a history of past violence, socio-demographic characteristics (gender, age, ethnicity), socio-economic status, and the use of psychotropic substances, particular alcohol. They conclude that it is common for alcohol ingestion and violent behaviour to be observed simultaneously, but this does not automatically mean that there is a causal relationship. The link between these two types of behaviour is a complex relationship with myriad extraneous variables.

Explanatory models

Pernanen (1976) described four explanatory models that have been used to structure the empirical correlation between alcohol consumption and violence. Although this overview was published over 25 years ago, it still quite effectively pictures the basic problems in the field, especially in drawing causal conclusions from statistical correlations. The four models are:

- 1. Direct physiological effect. It is assumed that human beings are constantly suppressing unacceptable impulses and, under the influence of alcohol, either the strength of the impulse increases or its control mechanism declines (experimental studies do not show such a direct effect).
- 2. Common cause or third-factor theory. In specific populations, violent crimes and alcohol ingestion are symptoms of a particular psychopathologic, developmental or genetic disorder. This disorder increases the likelihood of concurrence of both alcohol use and violent behaviour (spurious relationship).
- 3. Interactive, conditional, and conjunctive models:
- a. interactive: Both alcohol use and another variable, for example frustration, have independent major effects on the probability of violence. The probability of violence is greater when frustration is combined with alcohol use than when either alcohol or frustration, but not both, is present;
- b. conditional: Alcohol may increase the likelihood of violence, but the latter is conditional on a third variable (e.g. frustration);
- c. conjunctive: Joint occurrence of both behaviour patterns is higher than would be the case if the two were statistically independent of each other. This relationship could be caused by a third factor (e.g. frustration), which increases the likelihood of violent behaviour and is associated statistically with alcohol use;
- 4. Intervening variables. Such variables (e.g. sleep deprivation) are dependent on alcohol use. This interactive consequence leads to aggressive behaviour.

From a somewhat different perspective, Graham (1980) proposed a rather similar set of theoretical models to explain the link between alcohol use and aggressive behaviour:

- 1. Direct cause disinhibition theory.
- 2. Predispositional and situational factors. Certain groups of people or certain drinking situations are predisposed to aggressive behaviour.
- 3. Indirect cause conditional upon motives for drinking (e.g. anxiety reduction).
- 4. Physiological and emotional changes in cognition, for example in thought and input processing, increase risk-taking and impair the ability to use coping mechanisms.

While Pernanen's model is more individually orientated, Graham's model takes more account of the situational factors. Also, Graham's model has a stronger focus on psychological processes. Although both theoretical frameworks focus on alcohol, basically they can be understood as more general models for understanding the relationship between the use of psychotropic substances and violent behaviour.

It is essential that the different kinds of variables within both models should not be understood as mutually exclusive. For example, alcohol generally reduces awareness and impairs intellectual functioning and risk assessments. Consequently it may facilitate aggressive behaviour. Specifically, this is more likely among individuals with certain personality features, for example adolescents with behavioural disorder (Moss and Krisci, 1995).

Physiologically, impulsive violent offenders with alcohol addiction appear to have deficient brain serotonin metabolisms. However, from experimental studies it appears that aggressive reactions of hostile men under the influence of alcohol may be due more to psychological effects than the physiological effects of alcohol (Denison et al., 1997).

Integrative theoretical perspectives

Zinberg (1984) developed and tested a model that predicts the behavioural effects of drugs from three factors, drug, set and setting:

- Drug. Different psychotropic substances can generate rather different behavioural effects. From this perspective, all kinds of typologies and categorisations have been developed, such as stimulants or "uppers"; narcotics, depressants or "downers"; psychedelic or hallucinogenic drugs; and so on. Also, the same substance can generate different behavioural effects within the same person, depending on dosage and route of administration (e.g. injecting, smoking or snorting), as well as on combined use of more than one substance.
- Set. The effects of a drug depend on personal characteristics such as gender, age, body weight and psychopathology, as well as the person's expectations, and his or her earlier acquaintance with the same and other psychotropic experiences (including dependence).
- Setting. The effects of a drug are also influenced by the social or physical environment in which the drug is used, for example: alone or with friends; at home or in a club or discotheque; in a quiet or noisy place.

These three factors together can explain, for example, why adolescents who try marijuana for the first time while with friends at a concert can report quite different effects from those noted by older and experienced users who smoke the same amount of marijuana at home while alone and reading a book. These three factors integrate all the elements mentioned earlier in this chapter. The drug factor includes pharmacological aspects, the set factor covers individual physical, psychological and toxicological aspects, and the setting factor focuses on environmental aspects.

Looking at the two aforementioned models of Pernanen and Graham from Zinberg's perspective, it becomes clear that the two models tend to focus on drug and set. In contrast, anthropologists, sociologists and criminologists tend to place stronger emphasis on the importance of setting.

Factors in the behavioural effects of drugs

Zinberg	Pernanen	Graham
Drug	Direct physiological	Disinhibition Physiological and emotional changes
Set	Common cause Interactive, conditional, conjunctional Intervening variables	Predispositional Indirect
Setting	_	Situational

Case study: Alcohol and violence among young pub-goers in Amsterdam

In a survey of 504 pub-goers (65% females; mean age 24.8 years) in the inner city of Amsterdam in 2000, we investigated the link between alcohol and violence.

The majority of pub-goers reported that they were not involved in serious violence in the previous year. A total of 4% had been perpetrators of one or more forms of violence – street vandalism (wilfully damaging an object on the streets), taking part in a serious fight and/or beating another person so badly that they needed treatment. A smaller percentage of the pubgoers, 2%, had been involved in violence that year as victims – beaten badly enough to need treatment. Some 5% of the sample got involved in a fight that year during a night out.

Violence was linked to alcohol use only to a limited extent. Pub-goers who had committed street vandalism in the past year tended to drink considerably more (9.5 drinks) than those who did not commit vandalism (5.0 drinks), and pub-goers who reported not having been drunk or tipsy in the past month committed no vandalism at all that year.

The majority of pub-goers reported never getting aggressive when they drank, and many of those who combined alcohol with other substances felt this did not make them aggressive, or even tempered their aggression. Even so, those pub-goers who got involved in a brawl on a night out reported that alcohol often did play a part.

Looking first at drug factors, statistical analysis revealed that the consumption of alcohol was in itself a poor predictor of violence. (However, the reader should bear in mind that the study was unable to investigate the link between violence and whether a person drank any alcohol at all, because virtually all the people in the sample drank alcohol: the analysis was

confined to the nature and scale of their alcohol use.) Factors of alcohol and drug use in combination were a slightly better predictor.

Set-related factors by themselves were more predictive of street vandalism or brawling on a night out than substance use alone. Norm definition – the number of drinks considered excessive – emerged here as a rather strong predictor. Falling victim to violence was not predicted by set-related factors.

Setting-related factors by themselves had little predictive value in relation to violence.

Analysed together, the drug-, set- and setting-related factors explained 10% of street vandalism committed by pub-goers in the previous year. Alcohol consumption (including drinking before going out) was completely eclipsed when analysed with other factors. The factors predicting street vandalism were a high alcohol norm (the number of drinks defined as excessive), self-reported aggressiveness triggered by alcohol, male gender and lower rates of smoking. Thus set-related factors emerged here as the best predictors of violence. Violence by pub-goers appears to express a particular lifestyle. Explanations for the perpetration of violence can therefore best be sought in the individual drinkers themselves.

The combined factors of drug, set and setting accounted for 11% of the reasons why people got involved in fights during a night out. Here too, the violence was explained most clearly by set-related factors, expectations in particular, rather than alcohol consumption. Pub-goers were more likely to get into a fight if they believed that people who drink heavily are prone to fight, if they set a higher limit for excessive drinking, if they regularly carried a weapon, if they had been out to bars four times or more in the past month, if they were unemployed and if they reported higher levels of cannabis use.

Source: Korf et al. (2000)

The tripartite model

Early research into the etiological relevance of the role of psychotropic substances in violence suggested separate linkages for (1) violent behaviour following intoxication, (2) violence in the procurement of drugs or money to obtain them, and (3) violence that stems from interpersonal interactions in drug-dealing activities. Goldstein (1985) developed a conceptual framework postulating three ways in which drugs and violence might be causally related: psychopharmacological, economic compulsive and systemic. Briefly, the propositions are as follows:

- the psychopharmacological model proposes that violence stems from the ingestion of specific substances. Violence is attributed to the effect of a substance on behaviour, e.g., when a person becomes irrational, agitated or unable to control impulses;
- the economic-compulsive model suggests that violence arises from actions taken by users to obtain money to buy drugs to support their personal use. These economically motivated crimes are either violent by definition (e.g., robbery) or may become violent (e.g., when a victim resists);
- the systemic model posits that violence is inherent in any illegal market in desirable commodities. In the drug distribution market, for example, these forms of violence consist of disputes over territory, enforcement of normative codes and punishment for breach of contract.

Testing of Goldstein's tripartite model has been applied mainly to homicide data (Goldstein, 1998 and 1991). From available knowledge, the following assumptions can be made:

- from the perspective of the psychopharmacological model, alcohol will probably show the strongest causal relationship with violence, followed by cocaine and amphetamines;
- the economic-compulsive model will probably apply more to illicit than to licit drugs, heroin and crack-cocaine in particular;
- according to the systemic model, violence will be particularly related to involvement in the illicit drug market, will be found more among dealers than non-dealing users, and more in the case of street markets (heroin, crack-cocaine) than in home dealing. Transnational differences are also relevant in this model (e.g., access to guns).

Prevention strategies

Ideally, prevention aims at reducing or eliminating the causes of violence related to the use of psychoactive substances. This is not an easy task – not least because scientific findings and societal developments might lead to divergent conclusions.

A historical digression: Formal and informal control

From a thorough historical analysis of alcohol consumption and alcohol policy, Van der Stel (1995) concluded that alcohol consumption in the Netherlands from 1500 was characterised by an increasing degree of self-control. Over time, he found no linear trend in consumption or in the attendant problems as described by contemporaries; both varied in the course of history.

The same applies to society's approval of ways and means of tackling the uses and abuse of alcohol. On one level, formal and informal approaches have each been tried by turns. On a different level there are "moralising" periods, in which all forms of inebriation and alcohol abuse attract society's condemnation, and "medicalising" periods, in which attention focuses on specific categories of alcohol abusers who are amenable to socio-medical treatment.

The dominating trend is towards formalising the contexts in which drinking is acceptable. Formalisation is generally accompanied by "moralising" alcohol abuse as a lack of self-control and/or willpower. In periods of informalisation, alcohol abuse is defined as an illness rather than as some shortcoming for which an individual is to blame.

Formalisation is the external control (*Fremdzwang*) that supports and directs self-control (*Selbstzwang*). It provides a framework within which someone may develop drinking habits with a large measure of self-control, which makes it possible to introduce informalisation. And informalisation creates a need for fresh legislation and regulations.

Moralising tars everyone with the same brush and hence creates a need for an approach with more attention to the individual, which will acquire status provided it is cast in a medical mould. The limited effects of medicalisation in turn constitute a seedbed for a moralising offensive. According to Van der Stel, the swings in this cycle are becoming shorter, which he interprets as meaning that society is becoming more dynamic and that social paradigms are now less durable.

Substance reduction or violence reduction?

What can be learned from the case study is that alcohol in itself, or the mere fact that someone has been drinking, is not a reliable predictor of violence. Simply discouraging the use of alcohol would not, therefore, be a sufficient measure to curb violence in nightlife. Violence prevention measures should take account of the characteristics, beliefs, attitudes and behaviour of the drinkers themselves. Consequently, the focus should be more on the users (set) than on the substance itself.

Focusing on users is typically the field of prevention through education. From an epidemiological as well as a toxicological perspective, the most important substance to focus on should be alcohol. This substance is most widely used and has the clearest relationship with violence. The question arises how alcohol consumption could be reduced, for example through taxing (price influence) or limiting "happy hours", through information campaigns or by the provision of cheap non-alcoholic drinks. An important question also is whether measures that reduce alcohol consumption in general also reduce alcohol consumption among specific groups.

Regarding illicit drugs, taxation and the like are not workable instruments simply because the substances are illegal. Nevertheless, measures can be taken to reduce availability in clubs and pubs and parties/raves, for example through strict selection of staff or by training employees to detect drug dealing.

At a behavioural level, as already stated, substance use – of alcohol in particular – may facilitate aggressive behaviour by reducing awareness or impairing intellectual processes and risk assessment. In this case things are no longer perceived adequately and people become more impulsive. Frustration appears to be a major factor in the relationship between substance use and violence ("We are nasty when we are feeling bad"). Bellis et al. (2002) suggest the following responses with regard to setting: stagger closing times, increase all-night public transport availability, and use plastic/toughened glassware and bottles.

Next chapters

So far, we have considered some general measures that could be taken to reduce the likelihood of violence. Some focus on consumption reduction, others on reducing frustration. In Chapter 2 several preventive measures regarding alcohol will be discussed, including the value they might have concerning alcohol-related violence. Chapter 3 will focus on violence in general places of entertainment and describe some prevention strategies that have been used in such places. Chapter 4 will address violence at major events, with a specific focus on soccer matches and large music events. Attention will be paid to control mechanisms and interventions at major events. Finally, Chapter 5 will deal with small group violence in public areas and the role that alcohol and drug use play in this type of violence.

References

Bellis, M.A., Hughes, K., Lowey, H. (2002). Healthy nightclubs and recreational substance use. From a harm minimisation to a healthy settings approach. *Addictive Behaviors*, 27(6), 1025-1035.

Bradford, J.M.W., Greenberg, D.M., Motayne, G.G. (1992). Substance abuse and criminal behaviour. *Clinical Forensic Psychiatry*, 15(3), 605-622.

Goldstein, P.J. (1985). The drug/violence nexus; A tripartite conceptual framework. *Journal of Drug Issues*, 15(4), 493-506.

Goldstein, P.J. (1991). Cocaine and crime in the United States. Presentation for the United Nations Inter-regional Criminological Research Institute International Symposium on Cocaine. Rome (March).

Graham, K. (1980). Theories of intoxicated aggression. Canadian Journal of the Behavioural Sciences, 12, 595-611.

Korf, D.J., Bless, R., Nottelman, N. (1998). Urban drug problems, policy makers and the general public. *European Journal on Criminal Policy and Research*, 6(3), 337-356.

Korf, D.J., Nabben, T., Benschop, A. (2001). Antenne 2000. *Trends in alcohol, tabak, drugs en gokken bij jonge Amsterdammers*. Amsterdam: Rozenberg.

Leccese, A.P., Pennings, E.J.M., de Wolff, F.A. (2000). *Combined use of alcohol and other psychotropic drugs. A review of the literature*. Leiden: Toxicology Laboratory, LUMC.

Pennings, E.J.M., Leccese, A.P., de Wolff, F.A. (2002). Effects of concurrent use of alcohol and cocaine. *Addiction*, 97, 773-783.

Pernanen, K. (1976). Alcohol and crimes of violence. In: Kissin, B., Begleiter, H. (eds): *The biology of alcoholism: Social aspects of alcoholism*, vol. 4. New York: Plenum, 351-444.

Renn, H., Lange, K.J. (1996). *Urban districts and drug scenes*. Luxembourg: Office for Official Publications of the European Communities.

Van der Stel (1995). Drinken, drank en dronkenschap: vijf eeuwen drankbestrijding en alcoholhulpverlening in Nederland: een historisch-sociologische studie. Hilversum: Verloren.

Zinberg, N.E. (1984). Drug, set and setting. The basis for controlled intoxicant use. New Haven, CT: Yale University Press.





Pompidou Group

Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs

Chapter 1 - Preventive alcohol policies as violence prevention

Thomas Karlsson

Introduction

Preventive alcohol policies,¹ or restrictions that could be characterised as such, have been used throughout modern history to reduce and prevent aggressive behaviour. In Europe this has been especially true in the northern European countries that have had, and indeed still have, very strict and comprehensive alcohol-control systems. This has, however, also been the case in many other European countries, including those that today are considered very liberal with regard to alcohol use (Österberg and Karlsson, 2002a).

The relationship between alcohol and social harm is not as clear-cut as between alcohol and health outcomes, and can rarely be determined in the same way. On the relationship between alcohol and aggressive behaviour, epidemiological and experimental research as well as biological research have managed to establish a causal link. The strength of this relationship is, however, culturally dependent. It also seems that drinking patterns are more relevant to the strength of the relationship than average consumption rates. The relationship has been found to be especially strong in the case of heavy drinking, that is, drinking to the point of intoxication (Babor et al., 2003, 76-77) and it seems that the severity of aggression is related to the level of drunkenness (Graves et al., 1981).

In this chapter we will examine different alcohol prevention policies in Europe and the effects these policies have on alcohol-related harm and violence. Firstly we look at the development of preventive alcohol policies in Europe since the mid-twentieth century and give a state-of-the-art description of the current status of preventive alcohol policies in Europe. Secondly, we examine how effective different preventive policies are in dealing with alcohol-related problems and violence in particular. The measures reviewed fall into two major groups: 1. regulating the availability of alcohol, and 2. targeted harm-reduction strategies.

As there are very few studies that examine solely the relationship between different prevention strategies and alcohol-related violence, we will extend the scope of our review from pure violence to the relationship between preventive alcohol policies and alcohol-related harm in general, especially such things as public disturbances, public drunkenness and disturbing or aggressive behaviour. These are included because there is evidence that the prevalence of alcohol-related violence can be automatically reduced by measures aimed at other undesirable aspects of alcohol consumption (cf. Edwards et al., 1994; Pernanen, 1998).

To conclude, we will ponder the future prospects for preventive alcohol policies in a unified Europe and also the feasibility and effectiveness of both general and targeted prevention strategies in alcohol-related violence prevention.

Preventive alcohol policies in Europe

Alcohol in Europe

Europe plays a significant part in the production, marketing and consumption of alcoholic beverages, and it also carries a heavy burden of the alcohol-related problems in the world (*International Statistics*, 1977; Walsh, 1985; *World Drink*

^{1.} The terms "alcohol control", "alcohol policies", "preventive alcohol policies", "alcohol prevention policies" and "prevention policies/strategies" are treated more or less as synonyms in this chapter. See Österberg and Karlsson, 2002d, 12-15 for more information on the definition of the terminology.

Trends, 2002; Murray and Lopez, 1996).² Within the European Region of the World Health Organization (WHO-Euro), alcohol consumption has been estimated to be responsible for about 9% of the total disease burden, increasing the risk of liver cirrhosis, certain cancers, high blood pressure, strokes and congenital malformations (Rehn, Room and Edwards, 2001).

Furthermore, alcohol consumption increases the risk of many family, work and social problems such as alcohol-related violence, loss of productivity, unintentional injuries, alcohol-related traffic accidents, criminal behaviour, homicide and suicide (Edwards et al., 1994). For instance, in the fifty or so member states of WHO-Euro, between 40 and 60% of all deaths from intentional and unintentional injuries were estimated to be attributable to alcohol consumption (Rehn, Room and Edwards, 2001).

It has also been estimated that in the same region 55 000 young people died in 1999 from causes related to alcohol consumption (Brundtland, 2001). Keeping in mind the magnitude of social and public health problems caused by alcohol, in Europe but also worldwide, alcohol can hardly be considered just an ordinary consumer product (Babor et al., 2003).

However, alcohol also benefits the lives of many people in Europe through profits from alcohol production and trade, as well as employment, salaries or other revenues to distillery and brewery workers, to wine growers, to waiters and shopkeepers, and to producers of raw materials and other equipment. Europe is also the world's top exporter of alcoholic beverages (Lubkin, 1996) and for several countries' economies its importance is considerable. The importance of alcohol taxes and other state or local alcohol revenues to national economies should not be forgotten either (Österberg and Karlsson, 2002a).

Alcohol consumption is also deeply embedded socially and culturally in the daily lives of most Europeans, both as traditional drinks with a meal and in the custom of having a drink or two with colleagues after work. Drinking alcohol is connected with many recreational activities, and in many countries alcoholic beverages have important religious or symbolic meanings. To have a drink, to raise a glass or even to drink heavily together can often be a symbol of friendship or celebration (Harkin, Anderson and Lehto, 1995).

A time of converging alcohol policies

In the early 1950s there were large differences in preventive alcohol policies across Europe. In all Nordic countries preventive alcohol policies were built on high excise duties and, apart from Denmark, on comprehensive state alcohol monopoly systems and strict personal control. In many east European countries too, preventive alcohol controls were an essential part of public policy (Moskalewicz and Simpura, 2000).

By contrast, in the Mediterranean wine-producing countries there were few formal alcohol policy measures in force and these were often motivated by industrial or commercial interests. In the Mediterranean and many central European countries, the term "alcohol policy" was unknown (Karlsson and Österberg, 2001).

In most central and south European countries, drinking alcoholic beverages follows or is thought to follow sophisticated rules and explicit norms. These informal rules and norms have emerged mostly because of religious, moral, economic, social or health considerations (see Ahlström-Laakso, 1976; Gefou-Madianou, 1992). Regardless of their origin, these rules and norms have reduced the need to implement legal or formal alcohol control measures and vice versa.

The second half of the twentieth century has been a period of converging alcohol policies in Europe (Karlsson and Österberg, 2001). The converging tendency cannot be understood by referring to similar trends in different countries, either on the basis of the preferred beverage or geographical region, but it becomes evident when examining trends in different areas of preventive alcohol policies. For instance, controls over production and the wholesale and retail sale of alcoholic beverages in Europe have decreased markedly. This means that alcohol control measures, especially targeting alcohol availability and supply, have lost ground.

The creation of the single European market in 1993 in itself led to the abolition of many national alcohol control measures, from production, import, export and wholesale monopolies on alcoholic beverages to regulations on the licensing of retail outlets (Holder et al., 1998).

The growth of consumerism has also put pressure on alcohol control measures, as consumers are no longer willing to be guided by governments. Therefore, restrictions on the days and hours of retail sale of alcoholic beverages, and other

-

^{2.} This chapter is to a large extent based on results from the EU-financed research project, European Comparative Alcohol Study (ECAS). For more information on the project and its findings, see Norström (2002) and Österberg and Karlsson (2002b).

obstacles to free consumer choice, have been increasingly criticised, and many restrictions have been loosened or abolished altogether.

There are many commercial actors in Europe interested in increasing alcohol availability and consumption. Consequently, it is not unusual to see contradictory governmental policies on alcoholic beverages. Ministries of agriculture try to safeguard the interests of wine growers. Ministries of industry act in the interests of breweries and distilleries, while ministries of social affairs and health are working to prevent the ill-effects of alcohol. These conflicting interests have also affected trends in alcohol availability (Österberg and Karlsson, 2002a).

The legal age limits for buying alcoholic beverages are a good example of an individual alcohol control measure that has been maintained and even tightened during the last few decades (see Table 1). In Denmark, for instance, an age limit of 15 years for buying alcoholic beverages off licensed premises was introduced as late as July 1998 (Møller, 2002, 156), and in Portugal a council resolution that was passed in November 2000 introduced a legal age limit of 16 years of age for off-licence sales of alcoholic beverages (Karlsson and Österberg, 2002d).

Since that time, most European countries have enforced legal age limits for buying alcoholic beverages both on and off licensed premises.³ The legal age limits typically range from 16 to 20 years of age.

Table 1 – Age limits in off- and on-premises sales of alcoholic beverages in sixteen European countries in 2003

Country	Off-premises		C	On-premises		
	Beer	Wine	Spirits	Beer	Wine	Spirits
Austria ⁽¹⁾	16	16	18	16	16	18
Belgium ⁽²⁾	_	_	18	16	16	18
Denmark	15	15	15	18	18	18
Finland	18	18	20	18	18	18
France ⁽³⁾	16	16	16	16	16	16
Germany	16	16	18	16	16	18
Greece	_	_	18	_	_	18
Ireland	18	18	18	18	18	18
Italy ⁽³⁾	16	16	16	16	16	16
Luxembourg	_	_	_	18	18	18
Netherlands	16	16	18	16	16	18
Norway	18	18	20	18	18	20
Portugal	16	16	16	16	16	16
Spain (4)	16	16	16	16	16	16
Sweden	18	20	20	18	18	18
United Kingdom ⁽⁵⁾	18	18	18	16	16	18

- (1) Legal age limits differ considerably within the country (from 15 to 18 years depending on the state).
- (2) Anyone under the age of 16, unless married or accompanied by a parent or a guardian, is prohibited from entering a dance hall where fermented beverages are served, or any other licensed establishment when there is dancing.
- (3) No on-premises age limit if accompanied by a parent or a guardian.
- (4) There is no age limit for off- or on-premises sales of beer and wine if accompanied by a parent or a guardian. In some regions the legal age limit for distilled spirits is 18 years.
- (5) Persons aged 16 years and over may purchase beer, porter, cider or perry (in Scotland also wine) if consuming a meal (except in bars).

Another area of alcohol control, which has gained in importance in almost all European countries, is drunken driving. The strictest legal blood alcohol concentration (BAC) limits within the EU are found in Sweden and Portugal. Outside the EU, Norway has a BAC limit of 0.02%. The highest legal BAC limit, 0.08%, is found in Ireland, Luxembourg and the United Kingdom. Most countries have legal BAC limits of 0.05%. Imposed or lower BAC limits in traffic reflect the increased numbers of motor vehicles and alcohol-related traffic problems, but they also serve as a good indicator of the concern which drunken driving has aroused in many European countries (Österberg and Karlsson, 2002a, 448-450).

The emergence of alcohol-demand and harm-reduction strategies

⁻

^{3.} On-premises sale of alcohol refers to sales of alcoholic beverages to be consumed on the premises, for example at a restaurant, bar or pub. Off-premises sale of alcohol refers to sales of alcoholic beverages from a grocery store, kiosk, alcohol monopoly store, or similar, to be consumed elsewhere, usually at home.

Harm-reduction policies and reducing alcohol demand form an area that has clearly gained in importance in Europe. In practice, this means more information and education on the adverse effects of alcohol, and new or stricter regulations on alcohol advertisement and sponsorship (Österberg and Karlsson, 2002a). It also signifies the emergence of targeted prevention strategies aimed at modifying or limiting drinking, or modifying the drinking environment, to minimise potential harm from consumption of alcoholic beverages (Babor et al., 2003).

Nowadays there are more and harsher alcohol-control measures aimed at certain alcohol-related problems like violence, public drunkenness and disorderly behaviour. Many European countries have also established national alcohol prevention or education programmes and/or responsible agencies (WHO Alcohol control database, 2003). The fact that programmes of these kinds have become more prevalent is partly related to the activities of the WHO, as its European office has developed alcohol action plans agreed on by its member states (Österberg and Karlsson, 2002a).

Preventive alcohol policies in Europe are more similar now than they were fifty years ago. This is corroborated when we classify the 15 EU member states of 2000 (the "15") according to the strictness of their formal alcohol policies in 1950 and 2000 (see Figure 1). When classifying countries, we assigned points to the control of production, wholesale and retail distribution of alcoholic beverages, the legal age limits for their sale off and on premises, controls on their marketing, legal BAC limits in traffic and the existence of a national alcohol prevention or education programme or agency.

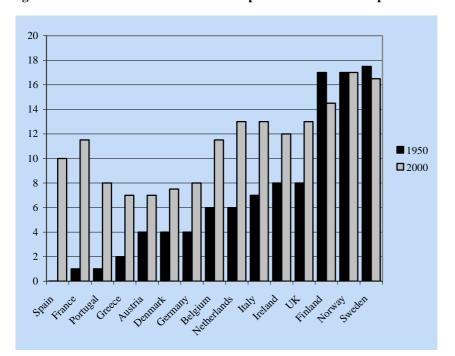


Figure 1: The formal strictness of alcohol policies in fifteen European countries, 1950-2000 (maximum = 20 points)

Source: Karlsson and Österberg, 2001.

It seems that measures affecting alcohol availability are nowadays applied to a much lesser extent in many European countries (cf. Drummond, 2000). In other words, countries which in the 1950s had strict alcohol-control policies targeting availability and supply have dismantled them, while countries that have begun to be interested in developing preventive alcohol policies have not focused on controlling the availability of alcohol.

On the other hand, alcohol-control measures targeting certain alcohol-related problems, or seeking to curb the demand for alcoholic beverages, have become more common. It might seem a bit surprising that countries have at the same time abolished alcohol-control measures affecting availability, which are known to be effective, and introduced harm-reduction strategies and other policy measures aiming to curb alcohol demand, even if these measures are known to be less effective in regulating alcohol consumption and alcohol-related harm, at least in the short term (Österberg and Karlsson, 2002a).

As many alcohol policy measures affecting supply in Europe have been seen as obstacles to free trade in alcoholic beverages, they have been abolished. It is difficult to see this trend being discontinued or reversed, even if public health and social policy considerations have gained increased importance in Europe and especially within the EU. Consequently, many of the remaining control measures in respect of alcohol availability will surely be challenged in the future (cf. Ugland, 2002).

Consumers mostly see alcoholic beverages as more or less ordinary commodities satisfying individual needs in many ways. Information on alcohol and its effects is widely available, and it is supposed that the consumers are or should be aware of the possible harmful effects of their drinking. Most alcohol consumers, however, believe rightly or wrongly that they are able to control their own drinking and do not need any direct guidance from the government. Therefore, it is very difficult to legitimise measures restricting alcohol availability by referring to the harmful effects of drinking alcohol.

And finally, there are no signs that the alcohol industry and trade would take a more favourable attitude in future to restrictions on alcohol availability than at present. In sum, it can be projected that harm-reduction strategies will probably become more common in Europe while alcohol-control measures aimed at restricting availability will become fewer and weaker (Österberg and Karlsson, 2002c).

Preventive alcohol policies and their effect on alcohol-related violence

There exists a close but complex relationship between alcohol and violence. Alcohol is involved in a substantial proportion of all violent crimes committed, and is mostly found in the offender, but often also in the victims. Many crimes of alcohol-related violence are committed in the vicinity of on-premises outlets, that is near places where alcohol is served and consumed: restaurants, pubs, bars and nightclubs (Lenke, 1990, 3-4). There is, however, also some evidence that a connection exists between alcohol-related violence and off-premises outlets (Babor et al., 2003).

Most studies suggest that alcohol is involved in 40 to 60% of all violent crimes (cf. Graham and West, 2001; Pernanen, 1991; Murdoch, Pihl and Ross, 1990). Alcohol is present in a high percentage of all rapes and other violent assaults outside the home, as well as in incidents of domestic violence (cf. Roizen, 1997; Greenfield, 1998). There are also studies that show a relationship between alcohol availability and violent assaults (cf. Scribner, MacKinnon and Dwyer, 1995) and studies that correlate violent crime rates and per capita alcohol consumption (Cook and Moore, 1993).

The intricate relationship between alcohol and violence will not, however, be discussed at any length here. Neither is it our purpose to establish or prove the existence of a causal relationship between alcohol consumption and violence. The relationship between alcohol and violence and the topic of causation have been extensively discussed in previous studies (cf. Bushman and Cooper, 1990; Bushman, 1997; Graham, Schmidt and Gillis, 1996).

Instead, this chapter will concentrate on different alcohol prevention strategies and policy measures, and their impact on alcohol-related harm and especially alcohol-related violence. However, we will not only concentrate on alcohol-related violence but also examine the relationship between preventive alcohol policies and other alcohol-related problems like disorderly conduct, public disturbances and drunkenness, alcohol-related injuries, and changes in the number of police interventions.

The alcohol prevention strategies reviewed here will be divided into two major categories. Firstly, we review preventive alcohol policies that regulate the availability of alcohol and evaluate their effectiveness in prevention of alcohol-related problems. Secondly, we review and evaluate the effectiveness of targeted harm-reduction strategies, mainly aimed at modifying the drinking context. These two main categories are divided into several sub-categories according to the type of prevention.

Regulating the availability of alcohol

There have been several cases in Nordic countries where voluntary or involuntary changes in alcohol-control measures have created the opportunity to study the effects these changes have had on the level of alcohol consumption and alcohol-related harm (Room, 2002). In other European countries knowledge supported by evidence of the impact of alcohol-control measures is, with certain exceptions, scarcely documented. Other studies that have examined the impact of preventive alcohol policies on alcohol-related harm come mostly from the United States, Canada and Australia.

There are many special regulations in force in Europe that restrict the distribution of alcoholic beverages both on and off the premises. The regulation of alcohol sales on premises has an especially long tradition in many societies. There are restrictions on days and hours and places for retailing alcoholic beverages; regulations on the types of shops, restaurants or surroundings where alcoholic beverages may not be sold; upper limits on the number of shops or restaurants allowed to sell alcoholic beverages whether throughout the country or in certain regions; rules for how much or how little alcoholic beverage a customer can purchase; or regulations determining the kind of containers in which alcoholic beverages can be sold (Österberg and Karlsson, 2002c).

Here are a few examples of the multitude of regulations that in one way or another restrict the availability of alcoholic beverages in different European countries. In Ireland, for instance, alcoholic beverages may not be sold in pubs on Christmas Day or Good Friday. On Mondays, Tuesdays and Wednesdays, licensed premises in Ireland are open from 10.30 a.m. to 11.30 p.m., plus 30 minutes' drinking-up time all year round. On Thursdays, Fridays and Saturdays, closing

time is 12.30 a.m. plus 30 minutes' drinking-up time. Opening hours on Sunday are from 12.30 a.m. to 11 p.m. (Hope et al., 2002).

In Italy it is prohibited to sell alcoholic beverages containing more than 21% alcohol by volume from 10 p.m. to 6 a.m. on premises built along highways (Allamani et al., 2002), and in Spain no alcoholic beverages can be sold to customers under 18 years of age in any place between midnight and 6 a.m. (Karlsson and Österberg, 2002e). In Belgium it is forbidden to serve distilled spirits in hospitals, schools and places to which minors have access (Karlsson and Österberg, 2002a). In France, as in many other European countries, it is forbidden to sell alcoholic beverages from vending machines (Karlsson and Österberg, 2002b).

In England and Wales, the sale of alcohol from petrol station forecourts is banned (Britton, Karlsson and Österberg, 2002). In the Netherlands off-premises liquor stores may not be directly connected with an ordinary food store. This means that the licensed liquor store has to have a separate entrance and personnel. In the Netherlands it is not permitted to sell alcoholic beverages in kiosks either; that is, through a window. For many years now, it has not been permissible to have an off-premises retail outlet in an on-premises retail establishment. The Ministry of Health has the power to ban alcohol sales at soccer stadiums, schools, swimming pools and hospitals (Karlsson and Österberg, 2002c). In Germany, serving of alcoholic beverages can be forbidden completely or partly for certain periods or places, if this is necessary to maintain public order. This regulation is applied, for instance, at football games or in concerts (Kraus et al., 2002).

We shall go on to examine the effects which bans on alcohol sales, regulating on- and off-premises outlets, individual sales control, and pricing and taxation of alcoholic beverages have had on alcohol-related problems and especially on violence and aggressive behaviour.

Bans on alcohol sales

Total or even partial bans on alcohol sales have been very uncommon in the modern world (Babor et al., 2003, 118). However, there are a few studies, especially from Nordic countries, that have examined how alcohol-related harm was affected by total or partial bans on alcohol sales or by abolition of these bans.

For instance, in 1969 rural prohibition in Finland was abolished and medium-strength beer was approved for sale in grocery stores and in the countryside. This resulted in a strong increase in total alcohol consumption, by 46% in one year, and an increase in the sale of medium-strength beer by 240%. The increase led to a strong increase in morbidity, mortality and arrests for drunkenness, especially among youth and women (Mäkelä, Rossow and Tryggvesson, 2002). According to Poikolainen (1980), between 1969 and 1975 there was a 160% increase in arrests for drunkenness for women and an 80% increase for men. The proportionally largest increases in drunkenness were found among women and young people.

Alcohol availability has been dramatically reduced and even halted altogether by alcohol monopoly strikes in Finland, Norway and Sweden (Mäkelä, Rossow and Tryggvesson, 2002, 41-48). Long lasting strikes in Finland in the 1970s and 1980s resulted on both occasions in a significant decrease of alcohol-related crimes and arrests for drunkenness (Österberg and Säilä, 1991). The effect the strikes had on problems caused by alcohol intoxication was even greater than the effect on alcohol consumption. This confirms that the heavy and more frequent drinkers were most affected by the strikes (Mäkelä, Rossow and Tryggvesson, 2002, 44).

Also, during the Norwegian strike in 1978, police reports on drunkenness and domestic disturbances decreased noticeably (Hauge, 1983). In Sweden the monopoly strike in 1963 led amongst other things to a 50% decrease in police interventions due to drunkenness. Furthermore, the number of alcohol-related accidents decreased during the strike, as did the number of drunken driving cases (Mäkelä, Rossow and Tryggvesson, 2002, 47-48). The results from the strike studies support the notion that heavy consumers are most affected when the availability of alcohol is restricted and the effect on moderate drinkers is hardly noticeable (Room, Romelsjö and Mäkelä, 2002, 171).

Although it can be proved that prohibiting sales of alcoholic beverages has great potential for reducing alcohol-related harm, total bans on alcohol sales are not a feasible option for most of the developed world, including Europe as a whole. Temporary bans on alcohol sales, however, should be regarded as measures that can be implemented in most European countries, for instance in connection with big festivals, concerts or major sports events.

An example of a temporary and partial ban on alcohol sales in continental Europe was seen during the European football championships in 2000. In this case, only light beer packaged in cans was sold during the championships in the city centre of Eindhoven in the Netherlands. No full-strength beer or beer in bottles, which could have been used as weapons, could be sold. This partial ban on beer sales was introduced in order to minimise the risk of riots and football hooliganism between rival team supporters. During the ban the streets remained relatively peaceful and the experiment was considered a success. However, in Belgium, which co-hosted the championships and where no restrictions on alcohol sales were in place, large-scale riots occurred between team supporters the week after (Babor et al., 2003, 119).

Regulating on- and off-premises outlets

In Norway, Finland and Sweden there have been attempts to cut alcohol consumption by regulating hours and days of sales, allowing the impact of these changes on alcohol consumption and different types of alcohol-related harm to be studied (Mäkelä, Rossow and Tryggvesson, 2002).

In Finland this was done in the late 1970s and in Norway and Sweden at the start of the 1980s, by closing the alcohol monopoly stores on Saturdays (cf. Leppänen, 1979; Nordlund, 1984; Olsson and Wikström, 1982). It seemed that, though total alcohol consumption decreased only modestly, Saturday closing in Finland led to fewer arrests for drunkenness on Saturdays. In Norway there was a significant decrease in weekend admissions to detoxification centres as well as a decrease in police arrests for public drunkenness on Saturdays. This suggests also that those who were affected by the Saturday closing were those who were more likely to be involved in disturbing behaviour and domestic violence while intoxicated (Nordlund, 1985).

In Sweden, Saturday sales were also associated with increased rates of domestic violence and public drunkenness (Olsson and Wikström, 1982). When Saturday opening for alcohol monopoly stores was reintroduced in Sweden in 2000 it nevertheless led to a mere 3.2% increase in alcohol sales (Norström and Skog, 2001). Several other studies also indicate that there is a connection between changes in hours or days of alcohol sale and violence, and that a reduction in sales hours or days may have a favourable impact on the incidence of alcohol-related problems (cf. Smith, 1988; Nordlund, 1985).

Another study where the effects of increased availability of alcohol were evaluated was conducted in 1999 in Reykjavik, Iceland, where the restrictions on serving hours on premises were abolished altogether. Before the change, closing time was 2 a.m. at weekends and 11.30 p.m. on weekdays. After the change, the average closing time was 4.30 a.m. on Saturdays and 5.30 a.m. on Sundays. More than half of all premises remained open until after 4 a.m. (Ragnarsdóttir, Kjartansdóttir and Daviðsdóttir, 2002).

The results show that the number of cases involving the police rose after the restrictions were abolished. Towards the end of the night, more people gathered in the city centre, which had not been anticipated. Also, the number of hospital admissions due to alcohol-related accidents rose as a result of the experiment. On the positive side, there was a marked decrease in the peak of police tasks between 2 a.m. and 3 a.m., when the bars used to close. Also, police tasks were more evenly distributed through the night than before, as were admissions to emergency wards for alcohol-related injuries. Overall, however, the total number of emergency ward admissions because of human conflicts, fights, accidents and other mishaps rose after the abolition of serving hours (Ragnarsdóttir, Kjartansdóttir and Daviðsdóttir, 2002, 148-151).

There are also examples where the consumption of alcoholic beverages has increased owing to increased availability. For instance, in 1989 self-service alcohol monopoly stores were introduced on an experimental basis in Sweden. Before then, alcoholic beverages could only be bought over the counter. The evaluation showed that the trial led to a 17% permanent increase of alcohol sales in the experimental stores. The effect on violence rates was, however, unknown (Skog, 2000).

There is also evidence supporting the notion that the number of licensed outlets has a bearing on alcohol-related problems (Stockwell and Gruenewald, 2001, 711). Parker and Rebhun (1995), Scribner, MacKinnon and Dwyer (1995), and Speer et al. (1998) found significant cross-sectional relationships between outlet densities, homicides and assaults. Some studies also show that youth violence in minority neighbourhoods is related to greater off-premises outlet densities (Alaniz, Cartmill and Parker, 1998) and that rates of violent assaults are greater in high-density outlet areas selling greater proportions of specific types of alcoholic beverages (typically, strong beer and distilled spirits) that are usually associated with violent behaviour (Stevenson, Lind and Weatherburn, 1999).

There are, however, some theoretical issues that must always be taken into consideration when assessing the reliability of outlet density studies. For instance, the risk of spatial auto-correlation among geographical units in cross-sectional studies can easily lead to false conclusions. A majority of the studies convincingly show, however, that limiting outlet density may be an effective means of controlling alcohol-related problems. What is somewhat unclear, though, is how alcohol availability, consumption and different alcohol-related problems interact across different harm domains. This means that every problem will require its own theoretical analysis, which means that a successful model for decreasing alcohol-related traffic injuries by limiting outlets cannot be directly extended to prevention of alcohol-related violence (Stockwell and Gruenewald, 2001).

Evidence of the impact of changes in hours of alcohol sales is not entirely consistent (Stockwell, 1994). However, restrictions on hours of alcohol sales, if strategically implemented, have the potential to reduce drinking and alcohol-related problems (Babor et al., 2003, 123). Most studies that have addressed the effects of changes in hours and days of sale showed effects on harm indices specifically related to heavy drinking (for instance, frequency of arrests for drunkenness, domestic disturbances and accident rates). The close relationships between changes in preventive alcohol

policy measures and changes in outcomes indicate that especially heavy drinkers would be affected by changes in opening hours (Mäkelä, Rossow and Tryggvesson, 2002). The evidence concerning the effect that outlet densities have on the occurrence of alcohol-related harm is, however, more ambiguous and complex.

Individual sales control

The most common restrictions on sales of alcoholic beverages worldwide are the prohibition of alcohol sales to children and other young people, and denial of sale to persons who are intoxicated (Babor et al., 2003, 126). It also seems that these measures, when properly and systematically implemented, play a key role in preventing alcohol-related violence, especially among youth and the main risk-group, those heavily intoxicated.

There is strong evidence that legislation to lower the minimum legal drinking age also reduces alcohol sales and alcohol-related problems, especially among young drinkers (Grube and Nygaard, 2001). Although the tendency in European countries has been towards a higher minimum legal drinking age, there still exist wide variations between countries, from no age limit at all to an age limit of 20 years of age (see Table 1). It must also be pointed out that the effectiveness of age limits is highly dependent on how the limits are enforced.

There is also clear evidence that general alcohol-rationing systems have an effect on the occurrence of alcohol-related harm, such as violence. In Poland, for instance, temporary alcohol rationing was introduced in 1981. It was mostly heavy drinkers that were affected by the rationing, which also could be detected as a clear decrease in the number of different alcohol-related problems (Moskalewicz and Swiatkewicz, 2000). Other examples of individual sales controls are the listing and barring of unwanted customers from on- and off-premises establishments. For instance, until the 1970s Finland, Norway and Sweden had lists of those who were barred from buying alcoholic beverages in the monopoly shops (Tigerstedt, 2000).

Blacklisting customers, because of its intrusion on civil liberties, has lost much of its significance as a preventive alcohol measure. However, as late as 2000 a government proposal for on-premises licensing in Britain suggested banning habitual drunkards or persons convicted of violent behaviour from pubs (Babor et al., 2003).

Pricing and taxation

As has already been established, a close relationship exists between general alcohol policy measures, like regulating taxes on alcoholic beverages, and different alcohol-related problems. There are several studies, mostly from the Nordic countries and North America, that have examined the impact of alcoholic beverage pricing and taxation on alcohol-related harm (cf. Room, 2002; Österberg, 2001).

For instance, according to Chaloupka, Saffer and Grossman (1993), higher beer excise duties have proved to be effective in reducing drunken driving. Cook and Moore (1993) have also concluded that higher beer taxes would lead to significant reductions in rapes and robberies, but would have very little effect on homicides for instance. Chaloupka and Saffer (1992) concluded that increases in beer taxes led to statistically significant reductions in almost all types of crime rates, with the exception of assault rates. These positive results are not corroborated by all evaluations, though. For instance, Sloan, Reilly and Schenzler (1994) found that higher alcohol prices did not in fact lead to significant reductions in mortality statistics for motor vehicle accidents, homicides and suicides.

Most of the studies conducted in this field do, however, quite convincingly conclude that the likely outcome of higher alcohol prices is a reduction in violence rates as well as a reduction in several other detrimental effects related to alcohol use (cf. Chaloupka, Saffer and Grossmann, 2002; Cook and Moore, 1993; Österberg, 2001).

Targeted harm-reduction strategies

In many European countries, alcohol-control measures affecting alcohol availability have been relaxed or abolished during the past few decades (Österberg and Karlsson, 2002a), although they are known to be fairly effective in controlling total alcohol consumption and preventing alcohol-related problems (Room, Romelsjö and Mäkelä, 2002). Instead, preventive measures that affect the demand for alcoholic beverages, like alcohol information and education, and measures that target certain problem-prone situations, like heavy drinking and aggressive behaviour, have become more common.

Heavy consumption of alcoholic beverages can be modified, and problems reduced, by applying measures that alter the social, cultural and community contexts where alcohol is consumed. These kinds of measures can also be called harm-reduction strategies. Harm-reduction strategies are usually focused on modifying or limiting consumption of alcoholic beverages or modifying the environment where drinking occurs, in order to minimise potential alcohol-related harm. Therefore harm-reduction strategies, which can also be seen as alternatives to restricting alcohol availability, are mostly directed at high-risk drinking environments: restaurants, pubs, bars and nightclubs (Babor et al., 2003, 142).

On-premises establishments can be identified as high-risk locations for alcohol-related intoxication, drunken driving, and different problem behaviour patterns such as alcohol-related violence and aggression (cf. Stockwell, Lang and Rydon, 1993). In many European countries, aggressive behaviour and violence are strongly associated with alcohol consumption in on-premises establishments. For instance, in Great Britain pubs are often associated with aggressive behaviour in young males. On-premises establishments can therefore be regarded as prime targets for alcohol-related violence prevention.

In the following section, we look more closely at different harm-reduction strategies in the alcohol field. Measures examined are community action programmes as well as other harm-reduction strategies that have been used in order to minimise alcohol-related harm and aggressive behaviour. Another harm-reduction strategy is responsible beverage serving; for more information on responsible beverage-serving policies and staff training, see Chapter 3.

Community action programmes

Community action programmes, community mobilisation programmes or community-based interventions could be characterised as multi-component prevention efforts implemented at community level. According to Homel, McIlvain and Carvolth (2001), regulation of alcohol-related disorder and violence is emphasised in most community action programmes. Since licensed establishments are most likely to be sites of alcohol-related problems, they are usually put in the epicentre of community action. Responsible beverage-serving policies and staff training are therefore often integrated in these programmes.

Community action programmes have been implemented and evaluated especially in North America, Australia and New Zealand (cf. Holder et al., 1997; Conway and Casswell, 2003), but also in several European countries. For example, such projects have been conducted in Poland, Italy, Sweden and Finland (cf. Moskalewicz and Zielinski, 2003; Allamani et al., 2003; Wallin, Norström and Andréasson, 2003a; Romelsjö et al., 2003; Holmila, 2001).

One of the aims of community action programmes is to mobilise and empower the community. This is done mainly by creating coalitions that link civil society with representatives from key commercial, government and municipal agencies, such as the police, liquor licensing authorities, social welfare and health authorities, retail associations and licensed establishments. Merely to create coalitions between civil society and different agencies is not, however, sufficient to build successful community action. For community mobilisation to succeed, it must also have the full support of legal, regulatory and enforcement methods (Homel, McIlvain and Carvolth, 2001).

But efficient enforcement of the licensing regulations alone is not enough either. What is also needed is informal regulation that stems from different agency and citizen partnerships and also from on-premises managers and servers themselves. One of the primary challenges for those involved in community action programmes is to strike the correct balance between formal regulation (the political domain), informal regulation (mobilisation of civil society), and self-regulation (taming the market) (Homel, McIlvain and Carvolth, 2001, 733).

Experience and evaluations of community action programmes suggest that they can be very successful in reducing violence and aggressive behaviour related to drinking on the premises (Babor et al., 2003). For instance, the Swedish STAD-project, a continuing 10-year multi-component programme based on community mobilisation, training of servers and stricter enforcement of existing alcohol laws, has shown positive results in reducing violent crimes. According to Wallin, Norström and Andréasson (2003b) violent crimes in the central City of Stockholm (intervention area) decreased by 29% after the start of the programme. At the same time, reported crimes in the control area and also nationwide increased slightly.

Similar results can be found in several other community action studies (e.g., Homel et al., 1997). For instance, in the Community Alcohol Abuse/Injury Prevention Project conducted in the United States in the late 1980s, police and emergency ward surveillances indicated a 27% decrease in alcohol-related assault and arrest rates in the intervention area. Visits to the emergency wards decreased by 9% for injuries, 21% for violent assaults and 10% for motor vehicle crashes. No such decreases were found in the control community. The positive effects of the community action programme were, however, not sustained after the project finished (Stout et al., 1993).

Judging by the experience gained from these studies, it seems clear that carefully planned community action programmes can reduce aggressive incidents and injuries related to alcohol use. There are, however, no signs that these programmes have been able permanently to reduce disorder, crime and violence. The challenge, and also a subject for further studies, is therefore how to institutionalise the critical ingredients of community action programmes, so that the positive effects of the programmes will endure even after the programme itself is terminated (Homel, McIlvain and Carvolth, 2001, 723-724).

Other harm-reduction strategies

There are many other, miscellaneous harm-reduction measures that are difficult to categorise in a broader framework. These measures can for instance be focused on making bars or restaurants safer by altering their physical or social environment. These harm-reduction measures do not have to be aimed solely at on-premises establishments, but also at other places and venues where alcohol is consumed.

There are studies that establish a relationship between violent behaviour and unclean, unattractive bar environments (cf. Graham et al., 1980; Homel and Clark, 1994). Therefore, maintaining clean and well-kept premises might have a preventive effect on the occurrence of physical violence on the premises. There is also evidence that densely crowded venues seem to be more violent than venues with lower patron densities. Therefore lowering the number of patrons in crowded bars and other establishments where alcohol is consumed might also have an effect on violence rates (Homel, McIlvain and Carvolth, 2001, 724).

Another example of harm reduction intended to modify the physical environment is the introduction of safer glassware (tempered glass) in bars. This has been done in order to prevent injuries resulting from fights where ordinary glassware and bottles are used as weapons (Shepherd, 1994). The evaluation of a trial replacement of ordinary glassware by tempered glass showed, however, that injuries in fact increased during the trial. The reason for this was that tempered glassware was tougher than ordinary glassware and therefore caused more serious injuries when used as a weapon in bar fights (Warburton and Shepherd, 2000). A safer harm-reduction strategy could instead be to substitute plastic or paper drink containers for glassware (Babor et al., 2003).

The social environment can be influenced too, in order to create a safer drinking environment. Studies show that the lack of clear limits to permissible drinking in bars is associated with aggression and that bar staff and management have an important role in setting limits. Making on-premises establishments less permissive with regard to heavy consumption, as well as fostering a positive social atmosphere, might well foster a safer drinking environment too. Recognising and keeping out persistent troublemakers is also necessary for making the drinking environment safer (Homel, McIlvain and Carvolth, 2001, 725-726). Although there are no meticulous evaluations concerning the effects which licensed and well-trained bouncers have had on violence rates on the premises, licensed bouncers and bouncer training could be seen as approaches, which might have some bearing on the occurrence of alcohol-related violence on the premises (Babor et al., 2003, 146-147).

Conclusions

Despite the decline in alcohol consumption in some European countries, alcohol-related problems have not disappeared. Besides affecting the drinker personally, alcohol consumption very often has considerable negative side-effects on third parties, the drinker's family members or friends or the local community. Therefore it is quite common that the drinker's human environment tries to affect drinking by informal social control. This can take the form of direct personal control or it may come in the form of more or less developed social and cultural norms as to where, when and how drinking should or should not be practised.

In some countries, this traditional way to cope with alcohol-related problems is no longer working as it used to. As informal alcohol control loses ground, we may in future see new, more or less formalised alcohol-control measures. In addition to harm-reduction strategies aimed at modifying the environment where drinking occurs, we may also see strategies or policies seeking to restrict alcohol consumption in the workplace, in educational or public care buildings, in government offices, on public transport, in sports or other leisure events and in public places, such as parks and streets.

This tendency may also be seen in legal or official measures targeting certain groups of alcohol consumers, for instance higher age limits for controlling adolescent drinking, more information on the adverse effects of alcohol on pregnant women, attempts to prevent known drunkards or intoxicated persons from buying alcohol, harsher controls on drinking in sports arenas or in other problem-prone leisure situations, increasing the legal responsibility of on-premises outlets for the behaviour of their patrons, stricter control of alcohol advertising and sponsorship, banning alcohol sales in petrol stations, and increased enforcement and lower BAC limits for drivers.

Other alternatives in trying to control alcohol-related problems could be to identify alcoholics or problem drinkers, and then try to cure or educate, persuade or force them to change their drinking habits or to reduce or stop their drinking altogether. This, along with different alcohol demand-reduction strategies, would be convenient for the majority of drinkers, as it would barely affect their everyday lives. It would also be convenient for the alcohol industry and trade because this would not interfere with the production and sale of alcoholic beverages. However, such measures would be costly to governments, and ultimately to taxpayers as well.

Yet another alternative would be to use alcohol prices (that is, excise duties on alcoholic beverages) as an instrument for preventive alcohol policy. To increase the excise duties on alcoholic beverages would, however, be politically difficult if not altogether impossible in most European countries, as it would most certainly decrease the overall level of alcohol consumption and thus also have an effect on alcohol production and trade. However, from the governments' and local authorities' point of view it would be a cheap and effective policy option, and in most cases also a sure way to collect more tax revenue.

The relationship between alcohol and violence is evident, but nonetheless very complex and multi-faceted. It is therefore no surprise to see that the relationship between preventive alcohol policies and violence is equally complex. The problem with most preventive alcohol policy measures is that their impact on alcohol consumption and alcohol-related harm are very context- and culture-dependent. Consequently, measures that have proved effective in Sweden or Finland, for instance, might be totally unsuccessful if implemented in Greece or Portugal.

Some cultures are also more violence-prone, and it seems that the relationship between alcohol and violence is more common in countries with "explosive" drinking cultures (e.g. the Nordic countries, Ireland and the UK) than in countries where drinking to intoxication is not as widespread (e.g. Greece, Italy). This also makes it more difficult to draw up general recommendations as to which preventive measures are considered effective and which are not.

Targeted prevention efforts, together with alcohol demand reduction, have gained in importance at the same time as the possibilities for regulating alcohol availability have decreased. Harm-reduction strategies are considered less intrusive than prevention strategies based on regulating alcohol availability and therefore also more feasible in most countries.

Policies that decrease the availability of alcoholic beverages seem to be more effectual and cost-effective than targeted harm-reduction efforts. Measures like community action programmes, responsible-server training and other miscellaneous harm-reduction strategies can, however, if carefully designed and appropriately implemented, have a substantial effect in preventing bar violence and drunken driving for instance. Harm-reduction measures must therefore be considered useful additions to, and sometimes even substitutes for, general alcohol policy measures, especially when the importance of general alcohol policy measures has decreased so much.

The current trend of preventive alcohol policies seems to be away from general alcohol policies based on regulating alcohol availability and towards more specific prevention strategies. This trend is likely to continue in the future too, and will undoubtedly create a need for developing more effective demand- and harm-reduction measures, targeting different alcohol-related problems, one of the most central being alcohol-related violence.

Preventive alcohol policies in Europe - implications for future violence prevention

- Europe plays a significant part in the production, trade and consumption of alcoholic beverages, but also carries a heavy burden of all alcohol-related problems in the world.
- The consumption of alcohol has decreased in many European countries, but the level of alcohol-related problems, for example alcohol-related violence, is still very high.
- The latter part of the twentieth century was a period of converging alcohol policies in most of Europe.
- The impact which most preventive alcohol policy measures have on alcohol-related harm is very much contextually
 and culturally dependent. This has made it hard to draw up general recommendations as to which alcohol policy
 measures are effective and which are not.
- It seems that the most effective alcohol prevention strategies are based on regulating the availability of alcoholic beverages. Such strategies comprise measures that regulate both physical availability and prices of alcoholic beverages (through excise duties).
- Targeted prevention strategies, as well as alcohol-demand reduction and harm-reduction strategies, have gained in importance while the possibilities for regulating alcohol availability have decreased considerably.
- These targeted measures can be considered useful additions to, and sometimes even substitutes for, general alcohol policy measures, especially when the importance of regulating alcohol availability has decreased.
- This trend is likely to continue and will create a need to develop more effective demand- and harm-reduction measures, targeting different alcohol-related problem areas, one of the most central being alcohol-related violence.

- Preventive alcohol policy measures that focus on violence prevention, especially in on-premises establishments or their vicinity, should be in the forefront of future research and development of prevention measures.
- More emphasis should also be placed in future on developing joint prevention approaches that combine targeted prevention strategies with general alcohol policy measures.

References

Ahlström-Laakso, S. (1976). European drinking habits: A review of research and some suggestions for conceptual integration of findings. In: Everett, M.W., Waddel, J.O. and Heath, D.B. (eds) *Cross-Cultural Approaches to the Study of Alcohol. An Interdisciplinary Perspective*. The Hague, Paris: Mouton, 119-132.

Alaniz, M.L., Cartmill, R.S. and Parker, R.N. (1998). Immigrants and violence: the importance of neighbourhood context. *Hispanic Journal of Behavioral Sciences*, 20, 155-174.

Allamani, A., Cipriani, F., Voller, F., Rossi, D., Anav, S., Karlsson, T. and Österberg, E. (2002). Italy. In: Österberg, E. and Karlsson, T. (eds) *Alcohol Policies in EU Member States and Norway. A Collection of Country Reports.* Helsinki: Stakes, 407-432.

Allamani, A., Basetti Sani, I., Voller, F. Cipriani, F., Ammannati, P. and Centurioni, A. (2003). Experiences from a community alcohol action research in Scandicci, Florence. *Nordisk- alkohol- narkotikatidskrift*, 20 (English supplement), 105-109.

Babor, T.F., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Gruenewald, P., Hill, L., Holder, H., Homel, R., Österberg, E., Rehm, J., Room, R., and Rossow, I. (2003). *Alcohol: No ordinary commodity. Research and policy*. Oxford: Oxford University Press.

Britton, A., Karlsson, T. and Österberg, E. (2002). The United Kingdom. In: Österberg, E. and Karlsson, T. (eds) *Alcohol Policies in EU Member States and Norway. A Collection of Country Reports*. Helsinki: Stakes, 407-432.

Brundtland, G.H. (2001). Opening speech in the WHO European Ministerial Conference on Young People and Alcohol, 19 February 2001, Stockholm, Sweden.

Bushman, B.J. (1997). Effects of alcohol on human aggression: validity of proposed mechanisms. In: Galanter, M. (ed.) *Recent Developments in Alcoholism*, Vol. 13, Alcohol and Violence. New York: Plenum Press, 227-244.

Bushman, B.J. and Cooper, H.M. (1990). Effects of alcohol on human aggression: An integrative research review. *Psychological Bulletin*, 107, 341-354.

Chaloupka, F.J, Grossman, M., and Saffer, H. (2002). The effects of price on alcohol consumption and alcohol-related problems. *Alcohol Research and Health*, 26, 22-34.

Chaloupka, F.J., Saffer, H. (1992). Alcohol, illegal drugs, public policy and crime. Paper presented at the annual meeting of the Western Economic Association in San Francisco, California in July 1992.

Chaloupka, F.J., Saffer, H. Grossman, M. (1993). Alcohol-control policies and motor-vehicle fatalities. *Journal of Legal Studies*, 22, 161-186.

Conway, K. and Casswell, S. (2003). Riding the waves. The politics and funding context of twenty-five years of research on community action to reduce alcohol harm in New Zealand. *Nordisk- alkohol- narkotikatidskrift*, 20 (English supplement), 13-24.

Cook, P.J. and Moore, M.J. (1993). Economic perspectives on reducing alcohol-related violence. In: Martin, S.E. (ed.) *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives*. Washington, DC: US Government Printing Office, 193-212.

Drummond, D.C. (2000). UK Government announces first major relaxation in the alcohol licensing laws for a nearly a century:

Drinking in the UK goes 24-7. Addiction, 95, 997-998.

Edwards, G., Anderson, P., Babor, T. F., Casswell, S., Ferrence, R., Giesbrecht, N., Godfrey, C., Holder, H., Lemmens, D. P., Mäkelä, K., Midanik, L., Norström, T., Österberg, E., Romelsjö, A., Room, R., Simpura, J. and Skog, O.-J. (1994). *Alcohol Policy and the Public Good*. Oxford: Oxford University Press.

Gefou-Madianou, D. (ed.) (1992). Alcohol Gender and Culture. London and New York: Routledge.

Graham, K., LaRoque, L., Yeatman, R., Ross, T.J. and Guistra, E. (1980). Aggression and bar-room environments. *Journal of Studies on Alcohol*, 41, 277-292.

Graham, K, Schmidt, K.E. and Gillis, K. (1996). Circumstances when drinking leads to aggression: An overview of research findings. *Contemporary Drug Problems*, 23, 493-557.

Graham, K. and West, P. (2001). Alcohol and crime: examining the link. In: Heather, N., Peters, T.J. and Stockwell, T. (eds) *International handbook of alcohol dependence and problems*. Chichester: John Wiley and Sons.

Graves, T.D., Graves, N.B., Semu, V.N. and Sam, I.A. (1981). The social context of drinking and violence in New Zealand's multi-ethnic pub settings. In: Hartford, T.C. and Gaines, L.S. (eds) *Social Drinking Contexts*, Research Monograph No. 7. Rockville, MD: NIAAA.

Greenfield, T.K. (1998). Evaluating competing models of alcohol-related harm. *Alcoholism: Clinical and Experimental Research*, 22, 52S-62S.

Grube, J.W. and Nygaard, P. (2001). Adolescent drinking and alcohol policy. Contemporary Drug Problems, 28, 87-132.

Harkin, A.M., Anderson, P. and Lehto, J. (1995). *Alcohol in Europe – a health perspective*. Copenhagen: WHO Regional Office for Europe.

Hauge, R. (1983). Kriminalitetsutviklingen under streiken [Changes in crime rates under the strike]. In: Horverak, Ø. and Nordlund, S. (eds) *DA Vinmonopolet stengte. Erfaringer fra vinmonopolstreiken I 1978 [When the alcohol monopoly closed. Experiences from the monopoly strike in 1978]*. Oslo: Universitetsforlaget, 75-84.

Holder, H.D., Saltz, R.F., Grube, J.W., Treno, A.J., Reynolds, R.I., Voas, R.B., Gruenewald, P.J. (1997). Summing up: lessons from a comprehensive community prevention trial. *Addiction*, 92, S293-S301.

Holder, H.D., Kühlhorn, E., Nordlund, S., Österberg, E., Romelsjö, A. and Ugland, T. (1998). *European integration and Nordic alcohol policies. Changes in alcohol controls and consequences in Finland, Norway and Sweden, 1980-1997*. Aldershot: Ashgate.

Holmila, M. (2001). The Finnish case: community prevention in a time of rapid change in national and international trade. *Substance Use and Misuse*, 35, 111-123.

Homel, R., and Clark, J. (1994). The prediction and prevention of violence in pubs and clubs. *Crime Prevention Studies*, 3, 1-46.

Homel, R., Hauritz, M., Wortley, R., McIlwain, G., and Carvolth, R. (1997). Preventing alcohol-related crime through community action: The Surfers Paradise Safety Action Project. *Crime Prevention Studies*, 7, 35-90.

Homel, R., McIlvain, G. and Carvolth, R. (2001). Creating safer drinking environments. In Heather, N., Peters, T.J. and Stockwell, T. (eds) *International handbook of alcohol dependence and problems*. Chichester: John Wiley and Sons.

Hope, A. and Byrne, S. and Karlsson, T. and Österberg, E. (2002). Ireland, in: Österberg, E. and Karlsson, T. (eds) *Alcohol policies in EU member states and Norway*. *A collection of country reports*. Helsinki: Stakes, 233-257.

International Statistics on Alcoholic Beverages. Production, Trade and Consumption 1950-1972 (1977). The Finnish Foundation for Alcohol Studies, Volume 27. Helsinki: The Finnish Foundation for Alcohol Studies and WHO Regional Office for Europe.

Karlsson, T. and Österberg, E. (2001). A scale of formal alcohol control policy in 15 European countries. *Nordisk alkohol-and narkotikatidskrift*, 18 (English supplement), 117-131.

Karlsson, T. and Österberg, E. (2002a). Belgium. In: Österberg, E. and Karlsson, T. (eds) *Alcohol policies in EU member states and Norway*. *A collection of country reports*. Helsinki: Stakes.

Karlsson, T. and Österberg, E. (2002b). France, in: Österberg, E. and Karlsson, T. (eds) *Alcohol policies in EU member states and Norway*. *A collection of country reports*, Helsinki: Stakes, 168-188.

Karlsson, T. and Österberg, E. (2002c). The Netherlands. In: Österberg, E. and Karlsson, T. (eds) *Alcohol policies in EU member states and Norway*. *A collection of country reports*. Helsinki: Stakes, 299-320.

Karlsson, T. and Österberg, E. (2002d). Portugal. In: Österberg, E. and Karlsson, T. (eds) *Alcohol policies in EU member states and Norway*. *A collection of country reports*. Helsinki: Stakes, 341-362.

Karlsson, T. and Österberg, E. (2002e). Spain. In: Österberg, E. and Karlsson, T. (eds) *Alcohol policies in EU member states and Norway*. *A collection of country reports*. Helsinki: Stakes, 363-382.

Kraus, L., Kümmler, P., Jünger, S., Karlsson, T. and Österberg, E. (2002). Germany. In: Österberg, E. and Karlsson, T. (eds) *Alcohol policies in EU member states and Norway*. *A collection of country reports*. Helsinki: Stakes, 189-216.

Lenke, L. (1990). Alcohol and Criminal Violence: Time Series Analysis in a Comparative Perspective. Stockholm: Almqvist and Wiksell International.

Leppänen, K. (1979). Valtakunnallisen lauantaisulkemiskokeilun vaikutuksista alkoholijuomien myyntiin (Effects of national Saturday closing experiment on alcohol sales). *Alkoholipolitiikka*, 44, 20-21.

Lubkin, G.P. (1996). *Is Europe's glass half-full or half-empty? The taxation of alcohol and the development of a European identity*. http://www.law.harvard.edu/programs/JeanMonnet/papers/96/9607ind.html.

Mäkelä, P., Rossow, I. and Tryggvesson, K. (2002). Who drinks more or less when policies change? The evidence from 50 years of Nordic studies. In: Room, R. (ed.) *The effects of Nordic alcohol policies. What happens to drinking and harm when alcohol controls change? NAD publication 42*. Helsinki: Nordic Council for Alcohol and Drug Research, 17-70.

Møller, L. (2002). Legal restrictions in a reduction of alcohol consumption among young people in Denmark. In: Room, R. (ed.) *The effects of Nordic alcohol policies. What happens to drinking and harm when alcohol controls change? NAD publication 42*. Helsinki: Nordic Council for Alcohol and Drug Research, 155-166.

Moskalewicz, J. and Simpura, J. (2000). The supply of alcoholic beverages in transitional conditions: the case of central and eastern Europe. *Addiction*, 95, Supplement 4, S505-S522.

Moskalewicz, J. and Swiatkewicz, G. (2000). Alcohol consumption and its consequences in Poland in the light of official statistics. In: Leifman, H. and Edgren-Henrichson, N. (eds) *Statistics on Alcohol, Drugs and Crime in the Baltic Sea Region, Publication No. 37*. Helsinki: Nordic Council for Alcohol and Drug Research, 143-161.

Moskalewicz, J. and Zielinski, A. (2003). Forgotten or neglected experiences with community action on alcohol. *Nordisk-alkohol-narkotikatidskrift*, 20 (English supplement), 5-12.

Murdoch, D., Pihl, R.O. and Ross, D. (1990). Alcohol and crimes of violence: present issues. *International Journal of the Addictions*, 25, 1065-1081.

Murray, C. and Lopez, A. (eds) (1996). *The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020.* Boston: Harvard School of Public Health, on behalf of the World Health Organization and the World Bank.

Nordlund, S. (ed.) (1984). Virkninger av lordagsstengte vinmonopoludsalg [Effects of Saturday closing of wine/liquor monopoly outlets], SIFA report series No. 85. Oslo: National Institute for Alcohol Research.

Nordlund, S. (1985). Effects of Saturday closing of wine and spirits shops in Norway, SIFA Mimeograph No. 6/85. Oslo: National Institute for Alcohol Research.

Norström, T. (ed.) (2002). Alcohol in post-war Europe: consumption, drinking patterns, consequences and policy responses in 15 European countries. Stockholm: Almqvist and Wicksell.

Norström, T. and Skog, O.J. (2001). Effekter av lördagsöppna Systembolagsbutiker: uppföljning av de tio första månaderna [Effects of Saturday opening of the alcohol monopoly shops: follow-up of the first ten months]. Stockholm: Ministry of Social and Health Affairs.

Olsson, O. and Wikström, P.H. (1982). Effects of the experimental Saturday closing of liquor retail stores in Sweden. *Contemporary Drug Problems*, 11, 325-353.

Österberg, E. (2001). Effects of price and taxation. In: Heather, N., Peters, T.J., and Stockwell, T. (eds) *International handbook of alcohol dependence and problems*. Chichester: John Wiley and Sons.

Österberg, E. and Karlsson, T. (2002a). Alcohol policies in EU member states and Norway in the second half of the twentieth century. In: Österberg, E. and Karlsson, T. (eds) *Alcohol policies in EU member states and Norway*. *A collection of country reports*. Helsinki: Stakes, 433-460.

Österberg, E. and Karlsson, T. (eds) (2002b). *Alcohol policies in EU member states and Norway*. *A collection of country reports*. Helsinki: Stakes.

Österberg, E. and Karlsson, T. (2002c). Alcohol policies in the ECAS countries, 1950-2000. In: Norström, T. (ed.): *Alcohol in post-war Europe: consumption, drinking patterns, consequences and policy responses in 15 European countries*. Stockholm: Almqvist and Wicksell, 11-48.

Österberg, E. and Karlsson, T. (2002d). Studying alcohol policies in national and historical perspectives. In: Österberg, E. and Karlsson, T. (eds) *Alcohol policies in EU member states and Norway*. *A collection of country reports*. Helsinki: Stakes, 17-42.

Österberg, E. and Säilä, S.L. (eds) (1991). *Natural experiments with decreased availability of alcoholic beverages. Finnish alcohol strikes in 1972 and 1985.* Helsinki: Finnish Foundation for Alcohol Studies.

Parker, R.N. and Rebhun, L.A. (1995). *Alcohol and homicide: a deadly combination of two American traditions*. Albany, NY: University of New York Press.

Pernanen, K. (1991). Alcohol in human violence. New York: Guilford Press.

Pernanen, K. (1998). Prevention of alcohol-related violence. Contemporary Drug Problems, 25, 477-509.

Poikolainen, K. (1980). Increase in alcohol-related hospitalisations in Finland 1969-1975. *British Journal of Addiction*, 75, 281-291.

Ragnarsdóttir, T., Kjartansdóttir, A. and Daviðsdóttir, S. (2002). Effect of extended alcohol serving hours in Reykjavik. In: Room, R. (ed.) (2002) *The effects of Nordic alcohol policies. What happens to drinking and harm when alcohol controls change? NAD publication 42*. Helsinki: Nordic Council for Alcohol and Drug Research.

Rehn, N., Room, R. and Edwards, G. (2001). *Alcohol in the European region – consumption, harm and policies*. Copenhagen: WHO Regional Office for Europe.

Roizen, J. (1997). Epidemiological issues in alcohol-violence. In: Galanter, M. (ed.) *Recent developments in alcoholism, vol. 13: Alcoholism and violence.* New York: Plenum Press.

Romelsjö, A., Haeggman, U., Braun, C. and Danielsson, A.K. (2003). The evaluation of alcohol and drug abuse prevention in the 18 districts of Stockholm. *Nordisk- alkohol- narkotikatidskrift*, 20 (English supplement), 101-104.

Room, R. (ed.) (2002). The effects of Nordic alcohol policies. What happens to drinking and harm when alcohol controls change? NAD publication 42. Helsinki: Nordic Council for Alcohol and Drug Research.

Room, R., Romelsjö, A. and Mäkelä, P. (2002). Impacts of alcohol policy: the Nordic experience. In: Room, R. (ed.) *The effects of Nordic alcohol policies. What happens to drinking and harm when alcohol controls change? NAD publication 42*. Helsinki: Nordic Council for Alcohol and Drug Research.

Scribner, R.A., MacKinnon, D.P. and Dwyer, J.H. (1995). Risk of assaultive violence and alcohol availability in Los Angeles County. *American Journal of Public Health*, 85, 335-340.

Shepherd, J. (1994). Violent crime: the role of alcohol and new approaches to the prevention of injury. *Alcohol and Alcoholism*, 29, 5-10.

Skog, O.J. (2000). Experimental study of a change from over-the-counter to self-service sales of alcoholic beverages in monopoly outlets. *Journal of Studies on Alcohol*, 61, 95-100.

Sloan, F.A., Reilly, B.A. and Schenzler, C. (1994). Effects of prices, civil and criminal sanctions, and law enforcement on alcohol-related mortality. *Journal of Studies on Alcohol*, 55, 454-465, 1994.

Smith, D.I. (1988). Effectiveness of restrictions on availability as means of preventing alcohol-related problems. *Contemporary Drug Problems*, 15, 627-684.

Speer, P.W., Gorman, D.M., Labouvie, E.W. and Ontkush, M.J. (1998). Violent crime and alcohol availability: relationship in an urban community. *Journal of Public Health Policy*, 19, 175-190.

Stevenson, R.J., Lind, B. and Weatherburn, D. (1999). The relationship between alcohol sales and assault in New South Wales, Australia. *Addiction*, 94, 397-410.

Stockwell, T. (1994). Do controls on the availability of alcohol reduce alcohol problems? In: Stockwell, T. (ed.) *An examination of the appropriateness and efficacy of liquor licensing laws across Australia, vol. 5.* Canberra: Government Publishing Services, 119-144.

Stockwell, T. (1997). Regulation of the licensed drinking environment: A major opportunity for crime prevention. In: R. Homel (ed.), *Policing for prevention: reducing crime, public intoxication and injury*. Monsey, NY: Criminal Justice Press, 7-33.

Stockwell T., Lang E. and Rydon P. (1993). High risk drinking settings: the association of serving and promotional practices with harmful drinking. *Addiction*, 88, 1519-1526.

Stockwell, T. and Gruenewald, P. (2001). Controls on the Physical Availability of Alcohol. In Heather, N., Peters, T.J. and Stockwell, T. (eds) *International handbook of alcohol dependence and problems*. Chichester: John Wiley and Sons.

Stout, R.L., Rose, J.S., Speare, M.C., Buka, S.L., Laforge, R.G., Campbell, M.K. and Waters, W.J. (1993). Sustaining interventions in communities: The Rhode Island community-based prevention trial. In: Greenfield, T.K. and Zimmerman R. (eds) *Experiences with Community action projects: new research in the prevention of alcohol and other drug problems*. Rockville, MD: US Department of Health and Human Services, 253-261.

Tigerstedt, C. (2000). Discipline and public health. In: Sulkunen, P., Sutton, C., Tigerstedt, C. and Warpenius, K. (eds) *Broken spirits: power and ideas in Nordic alcohol control, NAD Publication No. 39.* Helsinki: Nordic Council for Alcohol and Drug Research, 93-112.

Ugland, T. (2002). Policy re-categorization and integration. Europeanization of Nordic alcohol control policies, ARENA Report No. 3/2002, SIRUS Report No. 1/2002. Oslo: ARENA and SIRUS.

Wallin, E., Norström, T. and Andréasson, S. (2003a). Effects of a community action program on responsible beverage service (RBS). *Nordisk alkohol- and narkotikatidskrift* (English Supplement), 20, 97-100.

Wallin, E., Norström, T. and Andreásson, S. (2003b). Alcohol prevention targeting licensed premises: a study of effects on violence. *Journal of Studies on Alcohol*, 64, 270-277.

Walsh, B.M. (1985). Production of and international trade in alcoholic drinks: possible public health implications. In: Grant, M. (ed.) *Alcohol policies, WHO Regional Publications, European Series No. 18.* Copenhagen: WHO Regional Office for Europe, 23-44.

Warburton, A.L. and Shepherd J.P. (2000). Effectiveness of toughened glassware in terms of reducing injury in bars: a randomized controlled trial. *Injury Prevention*, 6, 36-40.

WHO Alcohol control database (2003). http://data.euro.who.int/alcohol/

World Drink Trends (2002). Henley-on-Thames, United Kingdom: Productschap voor Gedistilleerde Dranken and World Advertising Research Center Ltd.



Pompidou Group

Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs

Chapter 2 - Violence in general places of entertainment

Mark A. Bellis, Karen Hughes, Dirk J. Korf and Peter Tossman

Introduction

Night-time entertainment venues such as cafés, bars, nightclubs and discotheques are often the scene of violence. Violent incidents occur inside and around licensed premises, and levels of violence are often disproportionately high on weekend nights (Kershaw et al., 2000; Ireland and Thommeny, 1993). In the UK, for example, one in five violent incidents occurs in or near a pub, bar or club, rising to one in three incidents of violence between strangers (Kershaw et al., 2000). Furthermore, levels of public violence are associated with the number of pubs and clubs concentrated in an area, an increased number of drinking establishments being accompanied by increased levels of violence (Norström, 2000; Brown, 2002).

Incidence of violence in nightlife has been related to substance use, and in particular to the consumption of alcohol (Graham, West and Wells, 2000; Rossow, 1996). Alcohol is widely used in nightlife; studies on substance use in bars and clubs shows that the majority of young people drink alcohol on a night out (Table 2). High levels of recreational drug use have also been found among young people in nightlife, and drug use is generally higher amongst those who go out at night more frequently (Calafat et al., 2001). Drug use is particularly prevalent among young people who attend nightlife events that play dance music (Bellis et al., 2003).

For example, Korf et al. (1999) and Korf, Nabben and Benschop (2002a) found higher levels of drug use among young people attending clubs and raves than in those attending pubs and lounges, with 28.1% of clubbers/ravers having used ecstasy the night before the survey, compared with 2.2% of those attending pubs and lounges (Korf et al., 1999; Korf, Nabben and Benschop 2002a). Table 2 shows the levels of substance use in the last year by young people attending nightclubs in a range of studies conducted in Europe.

Table 2 – Substance use in the last year by people attending dance events

	Tossman et al., 2001 ^a	Van den Wijngaart, 2000 ^b	Cadger et al., 2001 ^c	Korf et al., 1999 ^d
	%	%	%	%
Alcohol	95	94	90	96
Ecstasy	40	62	80	55
Cannabis	71	68	88	67
Amphetamines	30	26	53	26
Cocaine	30	29	63	37

- a. Seven European cities, use of drugs in the last year by people in the techno party scene (median age 21.6). N=3503.
- b. Netherlands, use of drugs in the last year by people in clubs and discotheques (mean age 21). N=197.
- c. Scotland, use of drugs in the last year by people in bars and clubs associated with dance music (average age 24.5). N=124.
- d. Netherlands, use of drugs in the last year by clubbers and ravers (average age 24.8). N=456.

Alcohol and drug-related violence in nightlife takes several forms, including aggression and violence where one or more of those involved are under the influence of alcohol or other drugs (Wells and Graham, 2003); the use of alcohol or drugs as rape drugs (Sturman, 2000); and violence associated with drug dealing (O'Neill, 2001).

Alcohol-related violence in nightlife

High levels of alcohol have been found to be associated with assaults occurring in and around bars and clubs (e.g. Ireland and Thommeny, 1993). In the UK, for example, offenders are thought to be under the influence of alcohol in 80% of assaults occurring in or around bars and clubs (Budd, 2003). Furthermore, many assaults occurring in nightlife involve the use of glasses and bottles as weapons (Hocking, 1989; Luke et al., 2002). High levels of violence are associated with alcohol consumption in public drinking establishments more than in other drinking settings (Macdonald et al., 1999; Stockwell, Lang and Rydon, 1993).

The majority of alcohol-related assaults occurring in nightlife are not thought to be reported to police (Shepherd, Shapland and Scully, 1989), and many alcohol-related injuries in nightlife are likely to remain untreated or to be self-treated (Hughes, Bellis and Kilfoy-Carrington, 2001). However, many victims are seen by Accident and Emergency departments, and in a study conducted in an A and E department in Liverpool, UK, a quarter of assault victims presenting themselves following attendance at nightclubs were deemed to have consumed "a considerable amount of alcohol" (Luke et al., 2002). Alcohol involvement would probably have been judged higher if breath tests or blood alcohol levels had been taken, high levels of alcohol being detected in assault cases in hospital studies not specifically related to nightlife (Hocking et al., 1989).

Alcohol is also the main drug detected in cases of drink spiking (when an individual places a drug or alcohol in another person's drink without their knowledge) and drug rape (when a drug or alcohol is given to a person without their knowledge, to render them intoxicated for the purposes of rape) (ElSohly and Salamone, 1999), and pubs, bars and clubs are the most common locations where druggings occur (Sturman, 2000). It is estimated that less than 20% of female sexual assaults are reported to the police and that victims who have been drinking are less likely to inform the police of their assault. Furthermore, in many cases of sexual assault, perpetrators have themselves been drinking (Strategy Unit, 2003).

Many people visit bars and clubs to look for sexual partners. For example, over a fifth of young male tourists from the UK who visit the nightlife resorts of Ibiza are specifically looking for sex during their stay (Bellis et al, 2004). The mix of substance use and sexual tension in nightlife may also contribute to violence (Buss and Shackelford, 1997). Competition over sexual partners can create friction and frustration, and alcohol has been found to be more likely to trigger aggression in the presence of frustration (Gustafson, 1986).

The relationship between alcohol and violence in night-time settings is complex. The effects of alcohol consumed in bars and clubs may make people more aggressive, less concerned about the consequences of aggression and less able to see a peaceful solution to a dispute (Graham, West and Wells, 2000). At the same time, intoxication makes people easy targets for other people's aggression, as they are less capable of preventing an attack and less able to interpret warning signs (World Health Organization, 2003). In addition, the drinking environment in pubs and clubs can lead to aggression, for example through crowding, bad design, poor ventilation or poor management (e.g. Homel and Clark, 1994; Graham et al., 1980). Although there is no clear causal relationship between alcohol and violence, alcoholic intoxication appears to increase a person's potential for being both a perpetrator and a victim of aggression and violence (Rossow, 1996; McClelland and Teplin, 2001).

Risks of alcohol-related violence are greatest for young people, who are the greatest participants in nightlife, and particularly for young, single males (Budd, 2003). Women are less likely than men to have been involved in a fight when under the influence of alcohol, yet they are no less likely than men to have been injured by an intoxicated person (Rossow, 1996). In addition, women are more likely to report being victims of drink spiking and drug rape (Roofie Foundation, 2001).

Levels and frequency of alcohol consumption also influence a person's proneness to alcohol-related violence, with those who drink larger quantities, drink to intoxication and drink more frequently being most likely to be involved in alcohol-related violence (Rossow, 1996, Wells and Graham, 2003). Expectations also influence aggression, as individuals are likely to get involved in a fight when drinking if they themselves believe that excessive alcohol consumption makes people prone to aggression (Korf, Nabben and Benschop, 2001).

Comparisons between types of alcoholic drinks consumed in public drinking establishments show that beers and spirits are more strongly associated with assaults than wine, possibly because wine is consumed more by women and with a meal (Norström, 1998). Frequent attendance at bars and clubs also increases an individual's risk of being involved in violence (Rossow, 1996).

Furthermore, it is not just customers who are at risk of violence, but also those working in nightlife settings (Kershaw et al., 2000). More time spent in bars and clubs by workers means greater exposure to aggressive situations. In turn, this can increase the likelihood of being involved in aggression between customers or being the victims of aggression themselves, for example if they refuse to serve a person who is drunk. Staff in licensed premises, and particularly door supervisors, may also be perpetrators of violence (Kilfoyle and Bellis, 1998). Door supervisors were responsible for one in ten cases of assault registered by an A and E department in Liverpool, UK, following attendance at a nightclub (Luke et al., 2002).

Levels of alcohol-related violence in nightlife vary between and within countries, and depend on issues such as drinking culture, types and concentrations of drinking establishments, and local and national policies. In Mediterranean countries, for example, wine is often consumed daily with meals and in family settings, whereas in northern countries alcohol is consumed less regularly but in greater quantities, often leading to intoxication (Rossow, 2001). In south European countries, 80% of drinking occasions are at mealtimes, compared with 50% in the UK (Institute of Alcohol Studies, 2003), while among males in France, 9% of last-year drinking occasions involved binge drinking compared with 40% for UK males (Norstrom, 2002).

These different drinking habits are thought to contribute to the link between drinking and violence which, for example, is stronger in Scandinavian countries than in France (Norstrom, 1998). This is reflected in levels of research into alcohol-related violence in Europe, most research having been conducted in northern European countries including Norway, Sweden and the UK.

Data on levels of alcohol-related violence in nightlife are not readily available for all countries, but research and surveys in some countries do provide limited insight into the extent of the problem. In the UK, for example, 14% of adults claim to have been victims of violence in a pub at some time (Portman Group, 1998), while in the Netherlands 5% of young pub-goers in Amsterdam had been involved in a fight on a night out during the last year (Korf, Nabben and Benschop, 2001).

Drug-related violence

There is little empirical evidence available on the association between drug use and violence specifically in nightlife. However, there are links between drug use and violence; for example, about one in five incidents of violence in the UK is related to drug use (Kershaw et al., 2000). High levels of recreational drug use among young people attending nightclubs (see Table 2) suggest that use of drugs in nightlife would play a role in night-time violence. Drug-related violence in nightlife may occur through the effects of drugs on users, such as increasing their aggression or vulnerability. Different drugs have different effects, and some may be more related to violence than others; nonetheless, drug-dealing involving any illicit substance may also lead to violence in night-time settings.

Research in Emergency departments has discovered associations between violence and drug use, patients with violent injuries (Macdonald et al., 1999) and those reporting current or past-year violence (Cunningham et al., 2003) being more likely to use drugs. Some recreational drugs used in nightlife are particularly associated with violence, such as cocaine (Davis, 1996). Use of cocaine among young people in several European countries appears to be increasing (e.g. UK, Denmark, Germany and Greece; EMCDDA, 2002a), and greater use of cocaine in nightlife may contribute to higher levels of aggression in night-time settings.

A study of British holidaymakers in Ibiza found that those who used drugs on the island were more likely to require medical treatment during their stay, and that cocaine users were more likely than other drug users to visit a doctor or hospital there (Bellis and Hughes, unpublished). Increasing use of methamphetamine in nightlife in Australia has been associated with higher levels of night-time violence (Dillon, 2002).

Ecstasy use has also been found to be associated with violence. In a study of men who have sex with men, those who used ecstasy were found more likely to be victims of domestic violence (Klitzman et al., 2002). Research in the Netherlands established that the consumption of alcohol was a poor predictor of violence among pub-goers; however, the consumption of alcohol and drugs in combination was slightly more likely to predict violence (Korf, Nabben and Benschop, 2001).

Violence in nightlife can result from drug dealing and feuds between rival drug gangs. Rivalry between British drug gangs in the nightlife resort of Ayia Napa, Cyprus, for example, led to incidents of violence in the town at night (O'Neill, 2001). Door supervisors themselves may be involved in drug dealing, for instance by supplying drugs to customers or by permitting drug dealers to operate on the premises. Door supervisors may also be victims of drug dealers' violence, sometimes being forced, through intimidation by criminal gangs, to allow drug dealers to operate on the premises (Morris, 1998).

Violence by door supervisors may be increased through use of anabolic steroids or cocaine. Half of the anabolic steroid users in the UK have worked as door supervisors (McVeigh, 1998), while police intelligence suggests that cocaine is also being used by door supervisors (Hughes and Bellis, 2003). As well as door staff, young males in the broader population are now increasingly using anabolic steroids for enhancement of body image (Labre, 2002; Johnston, O'Malley and Bachman, 2000; Bee, 2003). The effects of such use on levels of aggression are poorly understood, but it is likely that increased levels of anabolic steroid use in the night-time population will contribute to an increased incidence of aggression.

Concerns about drug rape and drink spiking have increased in recent years, and bars and clubs are the most common locations in which druggings occur (Sturman, 2000). While drugs such as Gammahydroxybutyrate (GHB) and Rohypnol have been used in cases of drug rape (Schwartz, Milteer and LeBeau, 2000), alcohol is the most frequently detected substance in victims (ElSohly and Salamone, 1999). Despite this, there are concerns that media portrayal of GHB as a rape drug could promote "copycat" crimes (EMCDDA, 2002b). However, in a field study of GHB users in the Netherlands, Korf et al. (2002b)

concluded that it is difficult not to taste GHB secretly mixed in a glass due to its salty flavour. Also, it would be difficult to carry an unconscious person out of a club and so such rapes are far more likely to take place at home than in nightclubs.

The night-time environment

The consumption of alcohol and drugs may lead to increased aggression, but in addition the night-time environment itself is widely recognised as contributing to violence. Certainly, the close proximity of large numbers of intoxicated individuals in bars, clubs and their vicinity creates a potential for aggressive encounters through jostling, frustration and competition, for example for bar service, seats, transport and sexual partners (Hughes and Bellis, 2003; Norstrom, 1998). However, the fact that some bars and clubs experience higher levels of violence than others indicates that certain factors within individual venues have an impact on the incidence of violence.

A number of studies on the causes of alcohol-related violence in nightlife have identified design and management factors in bars and clubs that contribute to aggression. Crowding (Homel and Clark, 1994), noisy and smoky environments (Graham et al., 1980), and poorly maintained, unattractive premises (Pernanen, 1991) have all been associated with aggressive behaviour. In particular, observational studies have identified a permissive environment as being a large contributor to aggression in bars, whereby aggression is more likely when people believe it will be tolerated (Graham, West and Wells, 2000).

Design factors, such as poor provision of seating, can increase alcohol consumption by preventing people from putting drinks down for a break and hence leading to increased intoxication and aggression (Office of the Deputy Prime Minister, 2003). If people are required to cross dance floors to reach bar areas and washrooms, jostling and spilt drinks can increase frustration and potential for aggression. Furthermore, drug use and dealing is facilitated in venues where customers are hidden from the view of staff.

Poor management and training of staff can mean that door supervisors fail to operate responsible door policies and treat customers aggressively, that bar staff fail to operate a fair serving regime, that customers are not prevented from purchasing more alcohol when already intoxicated, and that anti-social behaviour goes unchecked (Hughes and Bellis, 2003). Again, frustration, intoxication and an atmosphere of permissiveness can result in increased levels of aggression.

The use of drink promotions and the availability of low-priced drinks have been found to lead to binge drinking among young people (Kuo et al., 2003). For example, "happy hours", where drinks are sold cheaply for a specific period of time, are often used to attract customers during quieter periods in the early evening, thus encouraging people to drink more earlier to take advantage of low prices. Starting a night out earlier not only gives people more time to drink alcohol, but may also encourage the consumption of stimulant drugs such as ecstasy and amphetamine, which enable people to stay out for longer periods (Williams and Parker, 2001). Venues that offer cheap drink promotions are likely to have higher levels of intoxication among customers. Group intoxication in bars is a key factor in aggression (Graham et al., 1980) and accordingly the use of drink promotions in bars and clubs has been implicated in high levels of violence in nightlife (NACRO, 2001).

In the vicinity of bars and clubs, violence often centres around transport points, such as taxi ranks, and fast-food outlets, where crowds of intoxicated individuals gather. This situation can be exacerbated if strict closing times mean that all licensed venues within a nightlife area close at the same time (Marsh and Kibby, 1992). Staggered closing times can reduce the numbers of intoxicated individuals in nightlife areas (Stanistreet, Jeffrey and Bellis, 1998), yet extending opening hours can also increase pressures on police and health services, as nightlife areas remain busy for longer periods (Office of the Deputy Prime Minister, 2003).

Poor transport provision can extend periods spent in nightlife areas by intoxicated individuals, and competition for transport can increase potential for violence (Marsh and Kibby, 1992). Furthermore, intoxicated individuals may decide to walk home if transport is unavailable, exposing themselves to attack, particularly if street lighting is poor. Equally, where public transport is poor, people may opt to use less safe methods of transport such as hitch-hiking or unregistered taxis (Hughes and Bellis, 2003).

The various studies available on violence and aggression in nightlife suggest that a combination of factors, including the effects of substance use and the environment in which substances are used, contribute to violence in nightlife settings (Graham, West and Wells, 2000; Hughes and Bellis, 2003). Therefore interventions to address alcohol- and drug-related violence in nightlife should aim both to reduce levels of consumption of intoxicants and to provide safer environments that are less conducive to violence.

Interventions addressing consumption

With involvement in alcohol-related aggression highest amongst those that drink more and drink to intoxication, a reduction in alcohol consumption on licensed premises should reduce levels of violence in bars, clubs and their vicinity. The population's substance consumption cannot be reduced overnight; still, there are a number of ways in which alcohol and drug consumption and availability can be reduced in nightlife and there are various ways by which individuals involved in alcohol- or drug-related violence can be targeted by interventions to reduce their consumption levels.

Reducing the availability of alcohol and drugs in nightlife

Alcohol

The availability of cheap alcoholic drinks encourages excessive alcohol consumption and thus contributes to levels of intoxication and violence (Kuo et al., 2003; NACRO, 2001). Reducing the use of drink promotions can reduce the accessibility of alcohol in nightlife by making it less affordable. Individually, licensees are unlikely to limit their use of drink promotions if this is seen as reducing their competitiveness. However, if all premises in a given nightlife area follow an agreed code of practice regarding drink promotions, then consumption of alcohol can be reduced without an accompanying reduction in profits (Stockwell, 1997). Methods of achieving this include the use of legislation and voluntary agreements.

Although the use of legislation to reduce drink promotions is problematic, owing to laws of competition, in some areas legislation has been implemented to ban the use of "happy hours" and irresponsible drink promotions. In parts of Scotland, minimum drinks prices have been incorporated into licensing conditions whereby licensees of late-night venues cannot sell alcoholic drinks for less than a certain price (Hughes and Bellis, 2003). In Ireland, changes to licensing laws have prevented the use of happy hours by making it illegal to sell alcohol at a reduced price for a limited period during any day (Intoxicating Liquor Act 2003).

In the absence of legislation, voluntary agreements have been used to regulate drink promotions. These involve an agreement between local licensees to abide by certain standards of practice such as not selling alcohol below a certain price and not using promotions that encourage excessive drinking. In Sydney, Australia, for example, the Kings Cross Licensing Accord is a voluntary agreement under which licensees agree to a code of practice which includes prohibiting activities conducive to excessive drinking and refraining from selling or promoting drinks designed to induce rapid intoxication. However, voluntary agreements are only likely to be successful if all bars and clubs in a given area agree to participate and remain committed to the agreement (Stockwell, 1997).

Alcohol can be made less available to those already under the influence of alcohol through responsible beverage service (RBS) training programmes that train staff not to serve intoxicated individuals (see below, pp. 69-70). Licensing laws in many countries prevent the sale of alcohol to intoxicated individuals on licensed premises. Despite this, research in Australia has found that individuals showing signs of intoxication are frequently served with alcoholic drinks (Donnelly and Briscoe, 2003). Well-publicised police enforcement campaigns have been found to be effective in reducing under-age service of alcohol and increasing staff refusal rates (Grube, 1997).

Strategies to raise the price of alcohol in bars and clubs (e.g. through taxation) may help reduce consumption in nightlife. However, this can also encourage greater use of the illegal market for purchasing alcohol. In the UK for example, where alcohol particularly high, estimated billion (almost tax on is an €1.5 billion) worth of alcohol taxes is lost annually through individuals smuggling cheaper alcohol into the country (Institute of Alcohol Studies, 2002). Higher prices can also encourage people to drink alcohol at home before going to bars and clubs. Although little work has been done in this area, increases in drinking prior to arrival in nightlife centres may even increase levels of violence.

Illegal drugs

Due to the illegal status of recreational drugs, pricing strategies to reduce drug consumption in nightlife are less feasible. Attempts to clamp down too harshly on the use of drugs in clubs are likely to make certain cultures (e.g. dance music cultures that are specifically associated with drug use) go underground, where drug use, drug dealing and related violence may continue unchecked and safety is more difficult to ensure (Advisory Council on the Misuse of Drugs, 1994). However, there are several ways of reducing the availability of drugs in bars and clubs.

Reducing access to drugs in nightlife would help reduce levels of drug use at night and hence drug-related harm, including drug-related violence. Although many drug users will purchase their drugs before going out, others may rely on

^{1.} See www.communitybuilders.nsw.gov.au/building_stronger/safer/kxaccord.html.

availability of supplies in nightclubs or may accept drugs offered to them in nightlife settings, without having planned to take drugs. Spontaneous use of drugs may occur when people's perception of risk is reduced through alcohol. This is particularly worrying, as some research has found that concurrent use of alcohol and cocaine produces higher levels of aggression than use of either substance on its own (Pennings, Leccese and de Wolff, 2002).

The types of drugs used in nightlife may influence levels of drug dealing in bars and clubs, owing to the different duration of the effects of different drugs. For example, whilst the effects of ecstasy last several hours and users may take it only once during the night, cocaine has a shorter span of effect and may therefore be used several times a night. Thus, where cocaine is used in nightlife there may be more demand for drugs and therefore more drug-dealing activity in bars and clubs. Reducing drug dealing in nightlife would reduce the potential for violence and intimidation associated with dealing activity. Since certain drugs (e.g. cocaine) are more strongly associated with violence than others, efforts to reduce drug use in nightlife should concentrate on those that cause the most harm.

In the UK, the Home Office Safer Clubbing Guide provides a range of advice on addressing drug use in nightlife (Webster, Goodman and Whalley, 2002). Implementing a search policy upon entry to bars and clubs can help identify drug dealers, allow drug supplies to be confiscated and deter people from bringing in drugs. The use of closed-circuit television cameras (CCTV), security patrols and washroom supervisors inside bars and clubs can also help identify and prevent drug dealing and use.

Providing venues with safe places to store confiscated drugs can prevent rogue staff from becoming involved in drug dealing themselves and prevent innocent staff from being penalised for possession of drugs they have confiscated from a customer. In Wirral, UK, for example, all late-night venues are provided with a drug safe for confiscated drugs; only the police have access to the safe (Hughes and Bellis, 2003). In Amsterdam, police and club owners have made an agreement to place a "drug box" at the entrance to clubs. Visitors can put weapons (such as knives) and drugs in that box before being searched by the door staff, with clubs delivering the contents of the "drug box" to police. Individuals who do not take the opportunity to dispose of drugs or weapons and are then found to be in possession of them are refused entry to the club and, in the case of drug dealers, reported to the police (Korf, 2003).

Staff training can raise awareness of drugs issues among workers, enabling them to identify signs of drug use or drug dealing and respond to drug-related harm. In Denmark, the Nul Tolerance project provides information to bar and club staff on drugs and dealing with drug-induced problems;² in Italy the Popper project raises awareness among staff in bars and clubs of drug and alcohol issues, and how they can influence youth behaviour (Biffi and Lemera, 2002). Staff training in conflict management and dealing with offending customers can reduce violence between staff and those customers caught using or peddling drugs on the premises.

Formulating a house drugs policy can ensure that all staff are aware of their responsibilities, know how to deal with drugrelated incidents and have set procedures to follow when people are caught drug dealing (the UK Safer Clubbing Guide gives practical advice on developing a drugs policy; Webster, Goodman and Whalley, 2002). Drugs policies should be devised in consultation with police and local authorities to ensure that action taken by management is legal and safe. For example, there must be a clear method of handling confiscated drugs and handing them to police and an agreed procedure for dealing with drug dealers found operating on the premises and reporting such individuals to police. To encourage venues to operate drugs policies, efforts must be made to ensure that venues confiscating drugs from customers are not pressed for evidence of drug use on their premises and that those operating responsible drugs policies are not stigmatised by the public as being associated with drug use.

Information campaigns

Information campaigns to raise awareness of the harm done by alcohol and drug use may encourage some people to reduce their intake. Such information should include the health effects of substance use, related risk behaviour, and methods of reducing harm associated with use. For example, in Spain, the "What do you think about this?" campaign (EDDRA) disseminates information on alcohol in drinking settings to raise awareness of issues and encourage reflection.³

In particular, information should raise awareness of people's increased vulnerability to violence through alcohol and drug consumption. In the UK, for example, the Crystal Clear campaign raises awareness of the links between alcohol and glass-related violence in nightlife and encourages people to take responsibility for their actions. However, research into awareness and implementation of harm-reduction measures by drug users in nightlife found that, although there was widespread knowledge of harm-reduction measures, these were not always implemented and were often negated by other risk behaviour (Webster et al, 2002).

34

^{2.} See: www.nultolerance.dk

^{3.} From the EMCDDA EDDRA information system: www.emcdda.eu.int/responses/methods_tools/eddra.shtml

Hence, raising awareness of potential harm will not necessarily encourage people to change their behaviour. Despite this, people need to be aware of the risks associated with substance use and methods of protecting their own health and that of others. Information on personal safety and transport availability in nightlife should also be widely available, to enable people to plan safe journeys home and hence reduce their vulnerability to violence upon leaving bars and clubs.

Staff training⁵

Responsible Beverage Service (RBS) training programmes have been implemented especially in North America, but they have become more popular also in other parts of the world. Research on RBS programmes comes mostly from the United States and Canada, but some studies have also been conducted in Australia and Sweden (e.g. Graham, 2000; Gliksman et al., 1993; Wallin, Norström and Andreasson, 2003a; 2003b). According to Babor et al. (2003), RBS programmes typically include the following four components:

- Attitude change. RBS programmes seek to change attitudes of bar staff and management, and make them take greater responsibility in preventing intoxication, by stressing the benefits gained by preventing intoxication and not serving under-age patrons.
- Knowledge. The bar personnel's knowledge is enhanced by informing them of the effects of alcohol, the relationship
 between alcohol consumption and BAC, the signs of intoxication, different laws and regulations related to serving
 alcoholic beverages, the legal liability of the serving personnel, strategies for dealing with intoxicated or under-age
 patrons, and refusing service.
- Skills. Bar personnel are trained to detect intoxication better, to refuse service and to avoid problems in dealing with intoxicated patrons.
- Practice. As part of serving practices, bar personnel will check age identification of young patrons, prevent
 intoxication, refuse service to patrons on the way to becoming intoxicated, and arrange safe transport for those who
 are already intoxicated.

For RBS programmes to succeed, it is important that they have the support of both staff and management (Lang et al., 1998). Results from several evaluations (e.g. Graham, 2000) suggest that RBS training programmes have succeeded in improving servers' knowledge and attitudes about responsible serving. However, the positive effects on serving practices are not as convincing, although there are some studies that show an increase in servers' willingness to intervene with patrons who are visibly intoxicated (Gliksman et al., 1993).

Servers' willingness to intervene based solely on the patron's estimated BAC level or the number of drinks served has not generally shown any great improvement after training (Howard-Pitney et al., 1991; Saltz and Stanghette, 1997). On the other hand, server training programmes seem to have generally resulted in lower customer BAC and fewer patrons with high BAC levels (cf. Geller, Russ and Dephos, 1987; Stockwell, Lang and Rydon, 1993).

RBS programmes may indeed contribute to the prevention of heavy consumption and high-risk drinking, and thus have an impact on alcohol-related violence. However, RBS training by itself is not sufficient to make any great or long-lasting impact on alcohol-related problems. However, when server training is supported by changes in serving policies and reinforced by sharpened enforcement of the licensing regulations as well as other regulatory and environmental measures, the effects on heavy drinking and alcohol-related problems are apparently greater (Babor et al., 2003).

Brief interventions in bars and clubs

Brief interventions may be employed in bars and clubs to provide individuals with personal information on drinking patterns and related risks, and to promote sensible drinking behaviour. In Australia, the Drinksafe campaign involved a brief intervention element that provided customers in bars with personalised risk assessments of their alcohol consumption through the use of a short questionnaire and a breath analysis test (Reilly et al., 1998).

Results showed that many people underestimated their blood alcohol content. The campaign made alcohol information available to participants and referred those who were found to be alcohol-dependent to local alcohol and drug services. A twelve-month follow-up of participants found that almost half had reduced their alcohol consumption, suggesting that brief interventions in drinking establishments can potentially reduce risky alcohol consumption (Beurden et al., 2000).

^{5.} This paragraph was written by T. Karlsson.

Reducing consumption among persons involved in alcohol-related violence

Targeting interventions to individuals who are involved in alcohol- or drug-related violence, either as victims or offenders, can help reduce consumption amongst those who are already experiencing harm through their drinking or drug use. Research has found that the majority of people entering emergency departments with violence-related injuries have experienced other violence in the past year (Cunningham et al., 2003). Interventions to reach persons involved in violence could thus lessen nightlife violence by reducing re-offending or repeat victimisation.

Although many incidents of alcohol-related aggression are not reported, some result in arrests and/or hospital treatment. In such cases, criminal justice systems have access to perpetrators of alcohol- or drug-related violence, and health services have access to those injured as a result. Police stations and hospitals can provide appropriate settings for interventions to reduce substance use and address aggression among those involved in alcohol- or drug-related violence in nightlife.

Within criminal justice systems, the use of arrest referral systems can channel offenders into services for advice and support on reducing or ending substance use (Sondhi, O'Shea and Williams, 2002). Arrest referral schemes typically involve the presence of a trained alcohol or drug worker in a police station, who can question detained individuals about their substance use and refer those who are experiencing problems to appropriate health services.

Such schemes are often voluntary, in that there is no requirement for offenders to meet with the arrest referral worker or keep their appointment. However, individuals may be more willing to address their substance use while in detention, faced with the legal consequences of their substance use and related behaviour. Those charged with alcohol- or drug-related violence may be required to attend a treatment service as a condition of their sentence.

In Dudley, UK, an alcohol arrest referral scheme refers offenders to two sessions with an alcohol worker, through which they develop an action plan for change, which may be taken into account by magistrates when sentencing. Arrest referral schemes focusing on drug users have been found to be successful in moving offenders into treatment services and reducing drug consumption amongst some users (Sondhi, O'Shea and Williams, 2002), although little evidence is currently available on the outcomes of alcohol arrest referral schemes. As well as addressing substance use, arrest referral schemes can refer violent offenders to services such as anger management to cope with their aggression.

Interventions in hospital settings have been found to be successful in reducing alcohol consumption amongst those injured as a result of alcohol-related violence. For example, Smith et al. (2003) conducted a brief intervention, consisting of a short motivational interview, with individuals reporting to an outpatient clinic following attendance at Accident and Emergency with an alcohol-related facial injury. A significantly higher reduction in the percentage of hazardous drinkers was found amongst those with facial injuries who underwent the intervention than those who did not.

Hospital interventions have largely concentrated on alcohol-related injury and reducing alcohol consumption; nonetheless, data collection systems applied in Accident and Emergency or outpatient clinics could also identify the involvement of illicit drugs in assault cases, and interventions addressing drug use might be carried out. Feelings of vulnerability amongst injured patients may make those with substance-related injuries particularly susceptible to interventions to change their substance use behaviour (Warburton and Shepherd, 2002).

Interventions dealing with nightlife settings

Addressing poor management and design

Management practice and the design of venues are widely recognised as contributing to levels of aggression and violence in bars and clubs. Initiatives to improve management practice and encourage licensees to design venues to reduce the potential for aggression can reduce the incidence of violence in nightlife. Identification of those bars and clubs that experience the highest levels of violence allows resources to be targeted effectively, while at the same time award schemes that recognise good practice encourage licensees to improve management and address design issues. Legislation can also be used to enforce better management and design by incorporating issues such as capacity monitoring, provision of adequate seating, use of CCTV, and staff training on licensing conditions (Hughes and Bellis, 2003).

Crime and injury reports can help address poor management by identifying those venues that experience the highest levels of crime, disorder and injury. Through effective collection and analysis of police and health data, venues associated with higher levels of crime, disorder and injury can be targeted by authorities for attention. The use of premises audits can identify poor management and design issues, and provide licensees with recommendations for change; and regular follow-up visits can ascertain whether recommendations are being implemented. Failure to improve management practice may be addressed through licensing procedures.

.

^{6.} See: www.aquarius.org.uk/arrest_referral.htm

Premises audits may involve structured visits to pubs and clubs by authorities to assess the premises against criteria such as door staff behaviour, glass collection, condition of washrooms and use of drink promotions. By determining the location of violent incidents inside bars and clubs, violence-reduction factors can be introduced, such as provision of additional lighting, rearrangement of furniture, installation of CCTV or stationing of security staff. Premises audits and crime reports occur in several parts of the UK. In Cumbria, UK, for example, Project Hammered utilised national funding to conduct violent-crime reports on individual pubs and clubs, and address problem areas; in Carlisle, pub and club management have provided their own funding for "mystery shopper" assessments of management practice and design (Hughes and Bellis, 2003).

Good management practice can be encouraged through the use of recognition and award schemes. The City Centre Safe initiative in Manchester, UK, for example, operates the Best Bar None award scheme for bars and clubs that display particularly good management and regard for customer safety. Participation in the scheme is voluntary, and applicants are required to complete a questionnaire on management of their venue, which is followed by an inspection visit to verify details. Those that meet the required standards are judged and awards are presented at a high-profile ceremony. All venues that meet standards are provided with a certificate and plaque to display on their premises, to inform customers of their commitment to safety. The scheme provides participating licensees with good free publicity and enables the public to opt to visit venues that can prove their commitment to customer safety.

The existence and enforcement of house policies can also influence aggression in nightlife, for example by setting strict entrance policies and service standards. If venues displaying permissive environments are associated with aggression, those that are seen to enforce house rules are more likely to emit the message that aggression will not be tolerated (Homel et al., 1997).

Management can also reduce the potential for aggression by such practices as not serving alcoholic drinks in the last hour before closing (to reduce intoxication on the premises and in the vicinity), providing chill-out areas for people to escape loud, smoky and crowded areas, playing quieter music at the end of the night to create a more relaxed atmosphere to calm patrons down, employing trained door supervisors to control entry and using metal detectors on entry to nightclubs to prevent weapons being brought into premises (Hughes and Bellis, 2003). The use of both male and female door supervisors may reduce aggression towards and by door supervisors and also enables female customers to be searched on entry. Awareness of management and design issues among licensees may also be raised through the development of training programmes on best practice in bars and clubs. For example, the British Institute of Innkeeping provides courses for licensees on social responsibility and good practice.⁹

Staff training

Staff in bars and clubs often witness violent incidents and are sometimes themselves victims or perpetrators of violence. Poor staff performance increases frustration and contributes to aggressive incidents amongst patrons. Providing staff with training in dealing with intoxicated or aggressive customers, refusing to serve intoxicated individuals, effective customer relation skills and good working practice can help reduce incidence of violence in nightlife. For example, ServeWise in Scotland provides bar-staff training in licensing laws, the effects of alcohol, the social consequences of drunkenness and people skills. ¹⁰

Door supervisor training and registration schemes can be effective in preventing violence between customers and reducing aggression committed by door supervisors themselves. Such schemes require all door supervisors working in a local or national area to be registered with authorities and to have completed a recognised training scheme. Training can include issues such as customer relations, dealing with aggressive incidents, searching, recognising drug dealing, first aid, licensing laws, and health and safety requirements. By requiring individuals to apply to local authorities for a license to work as a door supervisor, those with prior convictions for violence or drug dealing can be prevented from working as door supervisors.

The introduction of training and registration schemes for door supervisors in Liverpool, UK, led to a reduction in the number of assault cases registered at Accident and Emergency of victims of door supervisor aggression (Luke, 1999). A national registration and training scheme for door supervisors is currently being implemented across England and Wales, which means that all individuals working as door supervisors will be required to undertake a recognised training course and be vetted and registered through a national authority (by the Private Security Industry Act 2001).

^{7.} See: www.t-p-i.org.uk

^{8.} See: www.citycentresafe.com

^{9.} See: www.bii.org

^{10.} See: www.alcohol-focus-scotland.org.uk

Increasing availability of food and cheap non-alcoholic drinks

Making food and non-alcoholic drinks widely available and affordable in bars and clubs means people take breaks between alcoholic drinks and this may slow consumption rates. The availability of food in public drinking establishments has been associated with lower risk of aggression (Graham, 1985). The consumption of food with alcohol slows down the intoxication process (Wedel et al., 1991), and the availability of food in bars can also create a calmer environment (International Center for Alcohol Policies, 2002). The high cost of non-alcoholic drinks in many bars and clubs is likely to prevent their purchase by customers.

Encouraging licensees to lower the cost of non-alcoholic drinks and provide free drinking water can encourage their consumption and reduce levels of alcohol consumption in nightlife. Licensees could be encouraged to offer non-alcoholic drinks promotions as an alternative to those featuring alcoholic drinks. The provision of free drinking water and low-cost non-alcoholic drinks can also help reduce other ill-effects associated with substance use, such as overheating (Bellis, Hughes and Lowey, 2002).

Reducing the presence of potential weapons in nightlife

Many violent incidents in nightlife involve the use of weapons, predominantly glasses and bottles, the paraphernalia of alcohol use (Hocking, 1989). In the UK 5 000 people are attacked with pint glasses every year, and many are scarred for life (Deehan, 1999). Encouraging or requiring licensees to use toughened or plastic drinking vessels can help reduce glass-related injuries in nightlife. Toughened glassware is more resistant than standard glassware, and shatters into small cube-shaped pieces rather than shards (Shepherd, Huggett and Kitner, 1993). However, the quality of toughened glassware varies and licensees should be advised on the purchase of effective goods (Warburton and Shepherd, 2000). The employment of glass collectors to remove empty drinking vessels from tables, ledges and floors can also reduce the availability of weapons in licensed premises.

The use of legislation to prevent alcohol consumption in the streets in nightlife areas obviates the removal of glasses and bottles from the streets where they may be picked up and used as weapons in violence (Bellis and Hughes, 2002). Staff can be trained to prevent people from leaving licensed premises with bottles and glasses, and police can be given powers to confiscate opened alcoholic drinks in public places (e.g. Manchester City Centre Safe, UK).

Such legislation may be less feasible in countries with warmer climates where drinking occurs more frequently outside bars and clubs. Here, however, rules could be implemented whereby alcohol for consumption in external drinking areas is served only in plastic glasses. In addition, the provision of safe glass bins that prevent the removal of deposits stops people taking glasses and bottles out of bins to use as weapons (e.g. Manchester City Centre Safe), and regular street cleaning ensures that bottles and glasses are removed from public areas.

Pub Watch and banning schemes

Pub (or Bar) Watch schemes and banning systems have proved effective in reducing violence in nightlife, by preventing individuals who persistently become aggressive from entering bars and clubs and by deterring individuals from committing violence. Through these schemes, local licensees work with police and other authorities to share information and provide a co-ordinated response to troublemakers. Pub Watch schemes often utilise radio links to enable rapid communication between venues and police, to warn of potential troublemakers and seek assistance when violent incidents occur.

Pub Watch schemes often incorporate banning systems, by which an individual who is banned from one venue (for persistent aggression, drug dealing or the like) is automatically banned from all participating venues. The threat of being denied access to a range of bars and clubs (and ideally all bars and clubs in a given nightlife area) can act as a powerful deterrent to potential troublemakers. Implementation of the BAND Pub Watch scheme in Burnley, UK, actually increased use of the town centre at night and reduced the number of assaults per person in nightlife (Moore, 2002).

Improving late night transport

Poor availability of transport from nightlife areas contributes to violence there, by causing large crowds of intoxicated individuals to loiter after visits to bars and clubs, increasing competition for available transport and encouraging people to use less safe forms of transport (Hughes and Bellis, 2003). Initiatives to increase the availability of safer transport home from nightlife areas can reduce the potential for aggressive encounters, by dispersing people rapidly and safely.

^{11.} See: www.citycentresafe.com

In Amsterdam, for example, night bus services have been extended to run throughout the night. Previously, bus services stopped for about one hour in the night, causing crowds of people to gather on the streets in this period and increasing competition for taxis (Korf, 2003). Improvements to late-night transport include the development of late-night bus services, making legitimate taxis more recognisable, and introducing deferred payment schemes to enable people to pay for transport at a later date if they do not have enough money to pay that night (Hughes and Bellis, 2003). Safety in late-night buses and taxis can be improved through the use of CCTV and the provision of radio communication between drivers and police.

Transport boarding areas such as bus stops and taxi ranks are frequently the scene of violence since crowds gather and competition may be high. The location of police, security personnel, "bus loaders" (employed to help people board public transport safely; e.g. Manchester City Centre Safe) and CCTV at transport loading areas all act as a deterrent to violence, and queuing systems can prevent arguments. In Belfast, Northern Ireland, the Get Home Safe campaign provides safe latenight buses from the city and distributes promotional material encouraging revellers to plan their journeys home and raising awareness of the consequences of involvement in alcohol-related violence, such as acquiring a criminal record.¹²

Security in nightlife areas

Violence can be discouraged in the vicinity of bars and clubs by providing highly visible policing and security, and by improving physical design. The presence of police and other security staff in nightlife areas acts as a deterrent to crime and disorder and enables offenders to be identified and dealt with by law. Some research has suggested that increased policing in nightlife areas is associated with higher levels of reported assaults, though this is considered to be a result of greater police opportunity to witness and report assaults (Stockwell, 1997).

In Norway, Denmark and Sweden, adult volunteers called "night ravens" patrol the city centre during weekend nights, to provide a visible presence to reduce violence and harm among young people (National Board of Health, Denmark, 2000). The presence of trained first-aid attendants or paramedics in nightlife areas enables anyone injured or assaulted to receive medical treatment and it can take pressure off the health services by allowing minor injuries to be treated without needing to go to hospital.

Good street lighting and CCTV in nightlife areas, and on routes home, can deter crime and increase perceptions of safety at night. Whilst both lighting and CCTV can have an impact on crime, research has shown that improvements to street lighting are more effective in reducing crime than installation of CCTV (Farrington and Welsh, 2002; Welsh and Farrington, 2002). Blocking off alleys and other potentially dangerous areas at night reduces access to places where crimes such as drug dealing and assault may occur. In many parts of the UK, alley-gates are used to prevent access to alleys at night. In Wigan, UK, a gate prevents vehicular access to the main nightlife area at night to reduce traffic accidents (Hughes and Bellis, 2003).

Many incidents of violence in nightlife areas occur around transport and fast-food points, where crowds of intoxicated individuals gather, and it should be a priority to increase security around such places. In parts of London, late-night food venues have been required to raise service counters and use toughened glass in counters to increase safety for staff who have been victims of violence by intoxicated customers.

Integrated community responses

Individual initiatives may influence levels of aggression in licensed premises. Nevertheless, a combined community response incorporating a range of initiatives and involving local licensees, police, local authorities, transport companies and health services would be most effective in reducing alcohol- and drug-related violence in nightlife. On licensed premises, interventions that incorporate staff training and development, with enforcement of house policies, have been found to reduce levels of violent crime in bars (e.g. Wallin et al., 2003b). Extending such responses to include initiatives in the wider night-time environment, such as late-night transport and widespread provision of CCTV, would help reduce violence throughout whole nightlife areas and ensure a safer and more attractive night-time environment.

An example of such a scheme is the City Centre Safe initiative in Manchester, which brings together police, local authority licensing officers and individuals from other relevant agencies to provide an integrated response to night-time violence and safety. City Centre Safe utilises best practice from the UK and abroad, and has developed a range of complementary initiatives including late-night transport and schemes to improve the management of licensed venues and reward good practice, Pub and Club Watch schemes, education and information schemes, and help points in the City Centre. Following the implementation of City Centre Safe, levels of serious assaults in the city decreased by 17.6% between April 2001 and April 2002, and by a further 12.6% between 2002 and 2003. The scheme is recognised nationally as good practice (Brown, 2002; Hughes and Bellis, 2003).

39

^{12.} See: www.psnireport.com/GHS

Summary

Violence in nightlife is a major concern, affecting the health of people who socialise and work in that setting, placing great demands on health and police resources, and reducing use of town and city centres by populations through fear of crime (Hughes and Bellis, 2003). Alcohol is the most widely used substance in nightlife and also the one most conspicuously related to nightlife violence.

Although the causal relationship between alcohol and violence is questionable, alcohol may affect levels of violence in nightlife through its effects on the consumer, such as reducing risk perception, and increasing aggression and vulnerability to attack (Graham, West and Wells, 2000). However, the drinking setting itself has a large role in determining levels of nightlife violence, with poor venue design and management increasing the potential for violence (e.g. Homel and Clark, 1994; Graham et al., 1980), while increasing perceptions that violence is tolerated and the environment is conducive to violence (Graham, West and Wells, 2000).

The limitation of research on the role of drugs in nightlife violence notwithstanding, high levels of illegal drug use in nightlife – and associations between the effects of substance use, and also drug-dealing activity, and violence – mean that drug use is likely to contribute to the incidence of violence at night. Cocaine in particular is associated with increased aggression (Davis, 1996), whilst the short duration of its effects makes drug-dealing activity more likely in bars and clubs where cocaine is used. Growing use of cocaine among young people in several European countries (EMCDDA, 2002a) raises concerns about the impact of this trend on levels of violence in nightlife.

Levels of alcohol- and drug-related violence in nightlife can be influenced directly, in the case of alcohol, by initiatives to reduce consumption by controlling prices (see above, pp. 65-66) and, in the case of drugs, by reducing availability in bars, clubs and the night-time environment (see pp. 66-69). However, there have been a number of indirect initiatives to reduce the probability of alcohol- and drug-using individuals encountering confrontational situations. These include appropriate design of bars, improved management, better late-night transport and good street lighting. In addition, other initiatives target those staff working in night-time environments, to ensure they are better trained and to increase their visibility in nightlife so as to deter violence. Such initiatives include training and registration of door staff, responsible server programmes for bar staff, higher-visibility policing and the presence of additional security staff such as bus loaders.

However, measures to reduce violence in nightlife are most likely to be successful when all these initiatives are integrated in a multi-agency, co-ordinated plan that tackles all aspects of alcohol and drug use. This requires co-operation between a wide range of agencies, including local licensees, brewers, police, local authorities, environmental health departments, transport companies and health services.

A thriving nightlife has contributed to the regeneration of many cities and towns across Europe. Often the benefits of such regeneration for employment and prosperity in the local population can in themselves help reduce crime, including violence (Howe and Crilly, 2001). Planned development and management of nightlife should secure the benefits of a thriving nightlife without a corresponding increase in night-time violence. But effective reduction of violence also requires the implementation of such initiatives at a national – and perhaps even international – level, in order that violence in night-time environments may be genuinely reduced and not simply displaced to alternative nightlife areas.

Recommendations

Reducing consumption of alcohol and drugs in nightlife

- Drink promotions and happy hours, in so far as they encourage binge drinking, should be discouraged and if necessary banned in problem areas.
 - Alcohol industry/marketing; managers/organisers; local authorities; police.
- Consideration should be given to initiatives that reduce alcohol consumption in bars and clubs, such as serving only
 non-alcoholic drinks in the hour before closing time, providing free drinking water, promoting the sale of cheap nonalcoholic drinks and the sale of food. In problem areas these initiatives should be stipulated as part of permission to
 sell alcohol.
 - Owners/managers; local authorities
- Bars and clubs should be required to develop and implement drug policies in consultation with police and local
 authorities. Police should work in partnership with club management to enable them to deal with drug issues
 responsibly and legally.
 - Local authorities; police; managers/organisers.
- Clubs should be provided with a safe receptacle for storing drugs and weapons confiscated or found, to which only the
 police or other relevant authorities have access.

Police; local authorities.

• Interventions to address substance use in nightlife should place the greatest emphasis on those substances that are most associated with violence, such as alcohol and cocaine.

Police; health and related services.

• More use should be made of brief interventions in bar and club settings to raise awareness of personal risk of alcohol use (see page 71).

Health and related services.

- Criminal justice systems should consider building in interventions so that people who commit alcohol- and/or drugrelated crimes can be assessed by a trained professional and referred to substance use services as appropriate.
 Police; health and related services.
- Brief interventions should be implemented in hospital settings to give persons with alcohol- and/or drug-related injuries information and advice on substance use and refer them to services as appropriate.
 Health and related services.

Providing safer bar and club environments

- Advice and guidance on bar and club design to reduce the potential for violence, and to reduce binge drinking, should be developed and widely distributed.
 International organisations.
- Responsible server training programmes should be adopted more widely as part of community responses to alcohol-related violence. These should include training in licensing laws, refusing service of alcohol to intoxicated individuals, dealing with intoxicated or aggressive customers, and the effects of alcohol and drug consumption. Training on such issues should be extended to glass collectors and other staff to enable them to recognise and deal with potential problems. In problem areas these programmes should be stipulated as part of permission to sell alcohol. Managers/organisers; health and related services; local authorities.
- The use of toughened glass and plastic drinking vessels and bottles should be widely encouraged. Venue management
 should employ glass collectors and should be required to prevent glass drinking vessels from being removed from the
 premises in problem areas where these are used as weapons.
 Local authorities; managers/organisers.
- Door supervisors should be required to undergo a training scheme before being employed, to include search
 procedures, the law, customer service, alcohol and drug issues and dealing with violent incidents. Door supervisors
 should be registered with relevant authorities.
 Government: local authorities.
- Both male and female door supervisors should be employed, to allow same-sex searching.
 Managers/organisers; local authorities.
- Police and local authorities should make use of local information sources to identify those venues that experience the highest levels of violence and disorder so that resources may be targeted appropriately. Authorities should try to work in partnership with management to improve standards, raising awareness among managers of the reasons for the incidence of violence in their venues, and should issue recommendations for improving management. Legislation should be used to coerce those venues that refuse to improve.

Police; local authorities.

 Award schemes should be considered, to reward venues that practise good management and display high regard for the health and safety of their customers.

Police; local authorities; health and related services.

- Issues such as monitoring and maintaining capacity levels, provision of adequate security measures and staff training should be integrated into licensing legislation.
 Local authorities.
- Data on alcohol-related crime and injury should be routinely collected, and methods of identifying and reporting alcohol-related crime and injury should be co-ordinated internationally.

 International organisations; police; health and related services.

Reducing violence in the vicinity of bars and clubs

• In areas that experience high levels of alcohol-related violence, legislation to ban drinking in the streets and public places should be considered.

Local authorities; police.

- Local Pub/Bar Watch schemes (see page 77) linking venue management with police, and providing communication between venues, should be more widely adopted. Pub Watch schemes should include a banning component whereby persistent violent offenders are banned from all venues within the scheme.

 Owners/managers; police.
- Local authorities should ensure that adequate late night transport is available between nightlife areas and surrounding localities.

Local authorities.

- Transport loading points (bus stops and taxi ranks) should be covered by adequate security, including CCTV, policing
 and other security staff as necessary.

 Local authorities; police.
- Late-night transport services should be widely promoted, to raise awareness of options and encourage use.
 Local authorities; police.
- Consideration should be given to the use of community patrols in nightlife areas to provide a visible presence able to provide advice and assistance to young people.

 Local authorities; police.
- Priority should be given to the provision of adequate street lighting and CCTV in nightlife areas and on routes home to deter crime.

Local authorities; police.

- Consideration should be given to the installation of alley gates in nightlife areas to prevent access to areas that may be used for crime (e.g. assault, rape).

 Local authorities.
- Employers should be required to ensure the safety of staff working in nightlife areas, such as servers in fast-food outlets.

Local authorities.

Local multi-agency groups comprising representatives from relevant agencies such as police, local authorities, health
professionals, transport providers and club management should be formed to develop integrated responses to health
and safety in nightlife.

Government; local authorities; police.

References

Advisory Council on the Misuse of Drugs (1994). *Drugs Misusers and the Criminal Justice System, Part II: Police, Drug Misusers and the Community*. London: HMSO.

Babor, T.F., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Gruenewald, P., Hill, L., Holder, H., Homel, R., Osterberg, E., Rehm, J., Room, R. and Rossow, I. (2003). *Alcohol: No Ordinary Commodity – Research and Policy*. Oxford: Oxford University Press.

Bee, P. (2003). Boys on overload. The Times, 29 September 2003.

Bellis, M.A. and Hughes, K. (2002). Addressing recreational drug use and harm minimisation in a global nightlife. *Sociodrogalcohol*, 15, s2: 289-305.

Bellis, M.A., Hughes, K. and Lowey, H. (2002). Healthy nightclubs and recreational substance use: from a harm minimisation to a healthy settings approach. *Addictive Behaviors*, 27: 1025-1035.

Bellis, M.A., Hughes, K., Bennett, A. and Thomson, R. (2003). The role of an international nightlife resort in the proliferation of recreational drugs. *Addiction*, 98: 1713-1721.

Bellis, M.A., Hughes, K, Bennett, A. and Thomson, R. (2004). Sexual behaviour of young people in international tourist resorts. *Sexually Transmitted Infections*, 80: 43-47.

Bellis, M.A. and Hughes, K. Unpublished. Data from a four-year study of holidaymakers' behaviour in Ibiza.

Beurden, E.V., Reilly, D., Dight, R., Mitchell, E. and Beard, J. (2000). Alcohol brief intervention in bars and taverns: a 12-month follow-up study of Operation Drinksafe in Australia. *Health Promotion International*, 15: 293-302.

Biffi, L. and Lamera, B. (2002). *Project Popper: Nights in Disco: From spreading information to building up relationships*. Proceedings of Club Health 2002, Rimini, Italy, 24-27 March 2002, see: www.clubhealth.org.uk

Brown, J. (2002). *Manchester City Centre Safe Overview*. Proceedings of Club Health 2002, Italy, 24-27 March 2002, see: www.clubhealth.org.uk

Budd, T. (2003). *Alcohol-related assault: Findings from the British Crime Survey. Home Office Online Report 35/03*. London: Home Office. See: www.homeoffice.gov.uk/rds/pdfs2/rdsolr3503.pdf

Buss, D. and Shackelford, T. (1997). Human aggression in evolutionary psychological perspective. *Clinical Psychology Review*, 17: 605-619.

Cadger, M., Riley, S., Hayward, E., Pana, A., Hadgson, R. and McAnespie, S. (2001). *Patterns of drug use amongst young people at clubs and pre-club bars in Edinburgh*. Edinburgh: Crew 2000.

Calafat, A., Fernandez, C., Juan, M., Bellis, M.A., Bohrn, K., Hakkarainen, P., Kilfoyle-Carrington, M., Kokkevi, A., Maalste, N., Mendes, F., Siamou, I., Simon, J., Stocco, P. and Zavatti, P. (2001). *Risk and control in the recreational drug culture: SONAR Project*. Valencia, Spain: IREFREA.

Cunningham, R., Walton, M.A., Malo, R.F., Blow, F.C., Weber, J.E. and Mirel, L. (2003). Violence and substance use among an injured emergency department population. *Academic Emergency Medicine*, 10: 764-775.

Davis, W.M. (1996). Psychopharmacologic violence associated with cocaine abuse: kindling of a limbic dyscontrol syndrome? *Progress in Neuro-psychopharmacology and Biological Psychiatry*, 20: 1273-1300.

Deehan, A. (1999). Alcohol and crime: taking stock. Policing and Reducing Crime Unit, Crime Reduction Research Series Paper 3. London: Home Office.

Dillon, P. (2002). Personal communication.

Donnelly, N. and Briscoe, S. (2003). Signs of intoxication and server intervention among 18-39-year-olds drinking at licensed premises in New South Wales, Australia. *Addiction*, 98: 1287-1295.

ElSohly, M.A. and Salamone, S.J. (1999). Prevalence of drugs used in cases of alleged sexual assault. *Journal of Analytical Toxicology*, 23: 141-146.

EMCDDA (2002a). *Annual report on the state of the drugs problem in the European Union and Norway*. Luxembourg: Office for Official Publications of the European Community.

EMCDDA (2002b). Report on the risk assessment of GHB in the framework of the joint action on new synthetic drugs. Luxembourg: Office for Official Publications of the European Communities.

Farrington, D.P. and Welsh, B.C. (2002). *Effects of improved street lighting on crime: a systematic review. Home Office Research Study 251*. London: Home Office.

Geller, E.S., Russ, N.W. and Delphos, W.A. (1987). Does server intervention training make a difference? An empirical field evaluation. *Alcohol, Health and Research World,* 11: 64-69.

Gliksman, L., McKenzie, D., Single, E., Douglas, R., Brunet, S. and Moffatt, K. (1993). The role of alcohol providers in prevention: an evaluation of a server intervention programme. *Addiction*, 88: 1195-1203.

Graham, K., Larocque, L., Yetman, R., Ross, T.J. and Guistra, E. (1980). Aggression and bar-room environments. *Journal of Studies on Alcohol*, 41: 277-292.

Graham, K. (1985). Determinants of heavy drinking and drinking problems: the contribution of the bar environment. In: Single, E. and Storm, T. (eds), *Public drinking and public policy*. Toronto: Addiction Research Foundation.

Graham, K. (2000). Preventive interventions for on-premises drinking: a promising but under-researched area of prevention. *Contemporary Drug Problems*, 27: 593-668.

Graham, K., West, P. and Wells, S. (2000). Evaluating theories of alcohol-related aggression using observations of young adults in bars. *Addiction*, 95: 847-863

Grube, J.W. (1997). Preventing sales of alcohol to minors: results from a community trial. *Addiction*, 92, supplement 2: 251-260.

Gustafson, R. (1986). Alcohol and human physical aggression: the mediating role of frustration, Dissertation. Uppsala: University of Uppsala.

Hocking, M.A. (1989). Assaults in South East London. Journal of the Royal Society of Medicine, 82: 281-4.

Homel, R. and Clarke, J. (1994). The prediction and prevention of violence in pubs and clubs. In: Clarke, R.V. (ed). *Crime Prevention Studies*, 3: 1-46. New York: Criminal Justice Press.

Homel, R., Hauritz, M., Wortley, R., McIlwain, G. and Carvolth, R. (1997). Preventing alcohol-related crime through community action: the Surfers Paradise Safety Action Project. In: Homel, R. (ed). *Policing for Prevention: reducing crime, public intoxication and injury. Crime Prevention Studies*, 7, 35-90. New York: Criminal Justice Press.

Howard-Pitney, B., Johnson, M.D., Altman, D.G., Hopkins, R. and Hammond, N. (1991). Responsible alcohol service: a study of server, manager and environmental impact. *American Journal of Public Health*, 81: 197-199.

Howe, A. and Crilly, M. (2001). Deprivation and violence in the community: a perspective from a UK Accident and Emergency Department. *Injury*, 32: 349-351.

Hughes, K. and Bellis, M.A. (2003). Safer Nightlife in the North West of England: A report by the North West Safer Nightlife Group. Liverpool: Centre for Public Health, Liverpool John Moores University.

Hughes, K., Bellis, M.A. and Kilfoyle-Carrington, M. (2001). *Alcohol, tobacco and drugs in the North West of England: identifying a shared agenda*. Liverpool: Public Health Sector, Liverpool John Moores University.

Institute of Alcohol Studies (2002). Alcohol: tax, price and public health. St Ives: Institute of Alcohol Studies.

Institute of Alcohol Studies (2003). Binge Drinking: Nature, Prevalence and Causes. London: Institute of Alcohol Studies.

International Center for Alcohol Policies (2002). Violence and licensed premises. ICAP Reports 12. Washington DC: International Center for Alcohol Policies.

Intoxicating Liquor Act 2003. Bill entitled an Act to amend and extend the Licensing Acts 1833 to 2003, the registration of Clubs Acts 1904 to 2003 and the Equal Status Act 2000 and to provide for related matters. Parliament of Ireland.

Ireland, C.S. and Thommeny, J.L. (1993). The crime cocktail: licensed premises, alcohol and street offences. *Drug and Alcohol Review*, 12: 143-150.

Johnston, L.D., O'Malley, P.M. and Bachman, J.G. (2000). *Monitoring the future national survey results on adolescent drug use: overview of key findings*. Rockville, MD, USA: National Institute on Drug Abuse.

Kershaw, C., Budd, T., Kinshott, G., Mattinson, J., Mayhew, P. and Myhill, A. (2000). *The 2000 British Crime Survey. Home Office Statistical Bulletin 18/00.* London: Home Office.

Kilfoyle, M. and Bellis, M.A. (1998). *Club health: the health of the clubbing nation*. Liverpool: Liverpool John Moores University.

Klitzman, R.L., Greenberg, J.D., Pollack, L.M. and Dolezal, C. (2002). MDMA ("ecstasy") use, and its association with high risk behaviors, mental health, and other factors among gay/bisexual men in New York City. *Drug and Alcohol Dependence*, 66: 115-125.

Korf, D.J., Nabben, T., Lettink, D. and Bouma, H. (1999). *Antenne 1998. Trends in alcohol, tabak, drugs en gokken bij jonge Amsterdammers*. Amsterdam: Rozenberg.

Korf, D.J., Nabben, T. and Benschop, A. (2001). Antenne 2000. Trends in alcohol, tabak, drugs en gokken bij jonge Amsterdammers. Amsterdam: Rozenberg.

Korf, D.J., Nabben, T. and Benschop, A. (2002a). Antenne 2001. Trends in alcohol, tabak, drugs en gokken bij jonge Amsterdammers. Amsterdam: Rozenberg.

Korf, D.J., Nabben, T., Leendert, F. and Benschop, A. (2002b). GHB: Tussen extase en narcose. Amsterdam: Rozenberg.

Korf, D.J. (2003). Personal correspondence.

Kuo, M., Wechsler, H., Greenberg, P. and Lee, H. (2003). The marketing of alcohol to college students: the role of low prices and special promotions. *American Journal of Preventive Medicine*, 25: 1206-1216.

Labre, M.P. (2002). Adolescent boys and the muscular male body ideal. *Journal of Adolescent Health*, 30: 233-242.

Lang, E., Stockwell, T., Rydon, P. and Beel, A. (1998). Can training bar staff in responsible serving practices reduce alcohol-related harm? *Drug and Alcohol Review*, 17: 39-50.

Luke, C. (1999). A little nightclub medicine: the healthcare implications of clubbing. Proceedings of Club Health 2000, Amsterdam, 10 to 12 November 1999.

Luke, L.C., Dewar, C., Bailey, M., McGreevy, D., Morris, H. and Burdett-Smith, P. (2002). A little nightclub medicine: the healthcare implications of clubbing. *Emergency Medical Journal*, 19: 542-545.

Macdonald, S., Wells, S., Giesbrecht, N. and Cherpitel, C.J. (1999). Demographic and substance use factors related to violent and accidental injuries: results from an emergency room study. *Drug and Alcohol Dependence*, 55: 53-61.

Marsh, P. and Kibby, K. (1992). Drinking and public disorder. Oxford: Alden Press.

McClelland, G.M. and Teplin, L.A. (2001). Alcohol intoxication and violent crime: implications for public health policy. *American Journal of Addiction*, 10 Suppl: 70-85.

McVeigh, J. (1998). Anabolic steroid use in Birmingham. Thesis. Liverpool John Moores University.

Measham, F., Aldridge, J. and Parker, H. (2001). Dancing on drugs: risk, health and hedonism in the British club scene. London: Free Association Books.

Moore, A. (2002). Burnley against night-time disorder: submission for the 2002 Tilley Award. Burnley: Crime and Disorder Reduction.

Morris, S. (1998). Clubs, drugs and doormen. Police Research Group Crime Detection and Prevention Series Paper 86. London: Home Office.

NACRO (2001). Drink and disorder. London: NACRO.

National Board of Health [Denmark] (2000). *National report on the state of the drugs problem in Denmark* 2000. *Report to the EMCDDA by the Reitox national focal point of Denmark*. Lisbon: EMCDDA.

Norström, T. (1998). Effects on criminal violence of different beverage types and private and public drinking. *Addiction*, 93: 689-699.

Norström, T. (2000). Outlet density and criminal violence in Norway, 1960-1995. *Journal of Studies on Alcohol*, 61: 907-911.

Norström, T. (2002). Alcohol in post-war Europe: consumption, drinking patterns, consequences and policy responses in 15 European countries. Stockholm, National Institute of Public Health.

Office of the Deputy Prime Minister (ODPM) Planning, Housing, Local Government and the Regions Committee (2003). *The evening economy and the urban renaissance. Twelfth Report of session 2002-03. HC 396-I.* London: The Stationery Office.

O'Neill, S. (2001). British drug gangs exploit nightclub scene in Cyprus. Daily Telegraph, 11 August 2001.

Pennings, E.J.M., Leccese, A.P. and de Wolff, F.A. (2002). Effects of concurrent use of alcohol and cocaine. *Addiction*, 97: 773-783.

Pernanen, K. (1991). Alcohol in human violence. New York: Guildford.

Pope, H.G. and Katz, D.L. (1994). Psychiatric and medical effects of anabolic-androgenic steroid use. *Archives of General Psychiatry*, 51: 375–382.

Portman Group (1998). Keeping the Peace. London: The Portman Group.

Private Security Industry Act 2001. London: The Stationery Office.

Reilly, D., Beurden, E.V., Mitchell, E., Dight, R., Scott, C. and Beard, J. (1998). Alcohol education in licensed premises using brief intervention strategies. *Addiction*, 93: 385-398.

Roofie Foundation (2001). April 2001 Stats. See: www.roofie.org.uk/april2001.htm

Rossow, I. (1996). Alcohol-related violence: the impact of drinking pattern and drinking context. *Addiction*, 91: 1651-1661.

Rossow, I. (2001). Alcohol and homicide: a cross-cultural comparison of the relationship in 14 European countries. *Addiction*, 96 (Supplement 1): S77-S92.

Saltz, R.F. and Stanghetta, P. (1997). A community-wide responsible beverage service program in three communities: early findings. *Addiction*, 92 (Supplement 2): 237-249S.

Schwartz, R.H., Milteer, R. and LeBeau, M.A. (2000). Drug facilitated sexual assault ('date rape'). *Southern Medical Journal*, 93: 558-961.

Shepherd, J.P., Huggett, R.H. and Kidner, G. (1993). Impact resistance of bar glasses. Journal of Trauma, 35: 276-6.

Shepherd, J.P., Shapland, M. and Scully, C. (1989). Recording of violent offences by the police: an accident and emergency department perspective. *Medical Science and Law*, 29: 251-255.

Smith, A.J., Hodgson, R.J., Bridgeman, K. and Shepherd, J.P. (2003). A randomized controlled trial of a brief intervention after alcohol-related facial injury. *Addiction*, 98: 43-52.

Sondhi, A., O'Shea, J. and Williams, T. (2002). Arrest referral: emerging findings from the national monitoring and evaluation programme. DPAS Briefing Paper 18. London: Home Office

Stanistreet, D., Jeffrey, V. and Bellis, M. (1998). *Violence and public health: developing a policy agenda*. Liverpool: Department of Public Health, University of Liverpool.

Stockwell, T., Lang, E. and Rydon, P. (1993). High risk drinking settings: the association of serving and promotional practices with harmful drinking. *Addiction*, 88: 1519-1526.

Stockwell, T. (1997). Liquor outlets and prevention policy: the need for light in dark corners. Addiction, 92: 925-930.

Strategy Unit (2003). Strategy Unit Alcohol Harm Reduction Project: interim analytical report. London: Strategy Unit. See: www.pm.gov.uk/files/pdf/SU%20interim_report2.pdf

Sturman, P. (2000). Drug assisted sexual assault. London: Home Office.

Tossman, P., Boldt, S. and Tensil, M.D. (2001). The use of drugs within the techno party scene in European metropolitan cities. *European Addiction Research*, 7: 2-23.

Van de Wijngaart, G., Braam, R., de Bruin, D., Fris, M., Maalste, N. and Verbraeck, H. (1998). *Ecstasy and the Dutch Rave Scene: A socio-epidemiological study on the nature and extent of, and the risks involved in using ecstasy and other party drugs at dance events.* Utrecht: Addiction Research Institute.

Wallin, E., Gripenberg, J. and Andreasson, S. (2002). Too drunk for a beer? A study of overserving in Stockholm. *Addiction*, 97: 901-907.

Wallin, E., Norström, T. and Andreasson, S. (2003a). Effects of a community action program on responsible beverage service (RBS). *Nordisk alkohol- and narkotikatidskrift (English Supplement)*, 20: 97-100.

Wallin, E., Norström, T. and Andreasson, S. (2003b). Alcohol prevention targeting licensed premises: a study of effects on violence. *Journal of Studies on Alcohol*, 64: 270-277.

Warburton, A.L. and Shepherd, J.P. (2000). Effectiveness of toughened glassware in terms of reducing injury in bars: a randomised controlled trial. *Injury Prevention*, 6: 36-40.

Webster, R., Goodman, M. and Whalley, G. (2002). Safer clubbing: guidance for licensing authorities, club managers and promoters. London: Home Office.

Wedel, M., Pieters, J., Pikaar, N. and Ockhuizen, T. (1991). Application of a three-compartment model to a study of the effects of sex, alcohol dose and concentration, exercise and food consumption on the pharmacokinetics of ethanol in healthy volunteers. *Alcohol and Alcoholism*, 26: 329-336.

Wells, S. and Graham, K. (2003). Aggression involving alcohol: relationship to drinking patterns and social context. *Addiction*, 98: 33-42.

Welsh, B.C. and Farrington, D.P. (2002). *Crime prevention effects of closed circuit television: a systematic review. Home Office Research Study* 252. London: Home Office.

Williams, L. and Parker, H. (2001). Alcohol, cannabis, ecstasy and cocaine: drugs or reasoned choice amongst young adult recreational drug users in England. *International Journal of Drug Policy*, 12: 397-413.

World Health Organization (2003). World report on violence and health. Geneva: World Health Organization.





Pompidou Group

Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs

Chapter 3 - Intoxicant-related small group violence

Aarne Kinnunen, Irmgard Vogt, Martin Schmid, Radim Bures and Timo Korander

Introduction

Violence is seen primarily as a social problem in many countries. A large proportion of violent crime incidents occur in the context of alcohol use. Intoxicant-related violence (and all types of violence) can be classified in different ways and handled in the light of different aspects.

One natural way of classifying violence is to examine the place where it occurs. Violence can happen on private premises, in courtyards or gateways, in schools, in clubs or restaurants, in public buildings, on the street, on public transport or in practically any place where two or more people may come across each other. On the other hand, violence could be classified by the relationship between offender and victim. For instance, the two may be spouses, family members, relatives or colleagues. The offender could be a customer of a service provider or a patient of a nurse. Or the offender and the victim may never have met previously.

When place and relationship are combined, one can identify a particular form of violence called "small group violence". A characteristic of this setting is that victims and offenders are friends, relatives or acquaintances, and that violence occurs in places where people meet and spend their time. This chapter will discuss small group violence in public areas or on private premises.

Relying on a large body of literature, Babor et al. (2003, 77) postulate a linear relationship between individual alcohol consumption level and risk of involvement in violent incidents. Alcohol seems to increase the probability of the user's being either an offender or a victim of violence. Alcohol has two-dimensional effects on the problem of violence. On the one hand, long-term use of alcohol can be related to a marginalised and problem-prone lifestyle. Among marginalised groups of society, violent behaviour and the risk of becoming a victim of violence are increased, compared to members of society at large.

On the other hand, alcohol does have an effect in neuro-physiological processes as well as on social behaviour (Blum, 1981). While intoxicated by alcohol, a person's control over his or her own actions and ability to estimate the effects of actions can be impaired. Alcohol may make people less concerned about the consequences of aggression. Furthermore, heavy intoxication makes people unable to defend themselves in aggressive situations and less able to think of a peaceful solution to disagreements.

Alcohol may also have situational effects on the escalation of violence. It is often consumed in social situations and at times of the day or week when violence is more than usually probable. For instance, binge drinking seems to be implicated in many serious instances of alcohol-related violence, though findings based on systematic data collection are somewhat limited. Several factors linked to drinking over extended periods of time (days or weeks) in all probability increase the risk of violent behaviour. Binge drinkers tend to neglect their nutrition, and lack of nutrition is known to lead to hypoglycaemia, irritability, and a heightened risk of conflict and aggression. Lengthy periods of intoxication also cause irritable states through sleep disturbance (Pernanen 1998, 484).

Of course, no psychoactive drug is itself a "cause" of such complex human behaviour as violence. Simple direct cause relationships – for example, alcohol as an aggression disinhibitor – must be rejected.

In this chapter, violence that is associated with smaller groups in public areas or private homes is analysed, paying particular interest to what impact drugs and alcohol have on violence. The problem centres on groups of men intoxicated by alcohol in northern Europe and perhaps also in other northern countries. Typically, the groups hang around in streets or parks, or consume alcohol in private settings.

In central and southern Europe, the question may be more closely related to drug markets and drug consumption. However, one main characteristic for these types of settings is that the people involved are friends or already know each other, or are at least somehow acquainted, and, most importantly, intoxicants play a substantial part in aggressive behaviour.

In the present analysis, the purpose is to define the problem of intoxicant-related small group violence using Finland as a case study and referring to other countries where possible. The scale and prevalence of the problem and the different groups involved in the violence are examined. A further purpose is to analyse different market mechanisms involved. This is especially important when analysing violence related to illegal drug markets. Finally, this chapter looks at different national and local interventions to tackle the problems in question.

Alcohol and small group violence - a case study from Finland

"A young man living in the metropolitan area of Helsinki was shot dead in Hauho early on Saturday morning. Eight youngsters were spending their weekend at a summer cottage in Hauho. One of them was shot at about 6 a.m. The dead person was born in 1984, and most probably born in Espoo." (*Helsingin Sanomat*, 27 October 2003)

"A man under 40 died violently after a quarrel between two men in Kangasala early in the morning on Saturday ... In the apartment there were, besides the victim, three persons who have all been arrested. All present were under the influence of alcohol." (*Helsingin Sanomat*, 25 November 2003)

According to international victim surveys, Finland stands above the average in the prevalence of violence (Aromaa and Heiskanen, 2000). In Finland, the role of alcohol in violent crimes as well as in property crimes is very important. One explanation given for the relatively high level of violence in Finland is the drinking culture characterised by heavy drinking patterns.

The data for criminal proceedings in Finland show quite clearly that violence in individual cases is strongly related to alcohol consumption. According to studies conducted in Finland, a large proportion of offenders and victims are under the influence of alcohol when violence occurs. The practice is that the police, while investigating a crime, record whether the offender was drunk or under the influence of drugs (this is less reliable) when the crime occurred. The number of violent crimes and the proportion of offenders under the influence of alcohol in the year 2002 are shown in Table 3 (below).

Table 3 – The proportion of offenders under the influence of alcohol when committing violent crime in Finland, 2002 (from police registers)

	Total number of cases	Percentage of offenders found to be intoxicated
Homicide	103	77
Aggravated assault	2 249	75
Assault	16 875	73
Attempted homicide	367	69
Rape	368	68
Common assault	6 021	66
Resisting an officer	2 262	56
Robbery	1 384	46
Murder	64	38
Aggravated robbery	223	31
Sexual exploitation of a child	545	28

Source: Sirén, 2003

It can be seen from Table 3 that in Finland certain violent acts are strongly related to alcohol consumption. Furthermore, while committing the crime, the offender in cases of homicide or assault is more likely to be intoxicated than in any other types of violent crime. According to police records, in recent years the proportion of intoxicated offenders in homicides has fluctuated between 61 and 77% and in assaults between 71 and 73%.

The alcohol-violence relationship seems to be very similar in Estonia. For example, among crimes in Estonia in 2001, the proportions committed while intoxicated were: intentional homicides (including attempts) 75%, aggravated assaults 66%, rapes (including attempts) 72% and robberies 48%. (Ahven, 2003.)

According to Pernanen (1998, 478), in various different countries the proportion of assaults and homicides that were preceded by drinking is typically between 50 and 80%. The interrelation of alcohol and crime seems to be disproportionately close in northern and east European countries. For example, in the Czech Republic the proportion of violent crimes committed under the influence of alcohol varies annually between 13 and 15%.

Martti Lehti has studied homicides in Finland, and his study covering the years 1998-2000 reveals that it is very common for victims, as well as offenders, to be under the influence of alcohol when homicide takes place (Lehti, 2002). Intoxication is more common for men than women in both victim and offender groups. Lehti classified one type of crime as a "drinking fight" situation where no structured motive was found behind the homicide or else the origin of the conflict stemmed directly from the situation: this would mean a disagreement over a bottle or a woman, showing aggression by elbowing, pushing and so on. Typically, in reports of these homicides, offenders or others present in the situation could not explain the motives of the crime other than by saying "we were all drunk".

A characteristic of these cases was that participants in binge drinking were friends or acquaintances. Of the 287 homicides that Lehti reports, 79 were cases of drinking-group fights. In four cases, those involved were relatives, in two cases those involved were unknown to each other, and in 73 cases the people involved were acquaintances. According to Lehti, in most cases those present when aggression took place either got involved in the fight or tried somehow to stop it. Finally, everybody being heavily intoxicated, it seemed quite haphazard who finally lost his or her life (Lehti, 2002, 66-68). Indeed, it is typical of this setting that everybody involved is intoxicated and there is no sober person to inhibit the escalation of violence or call for help. Also, the concept of "honour" is not be ignored. A perceived affront to an intoxicated person's honour (whether real or not) can sometimes lead to extreme reactions.

Alcohol-related violence in Finland is strongly linked with socio-economic status and marginalisation. Lehti has arranged the data of homicides in Finland, 1998-2000, in such a way as to distinguish between domestic violence, youth violence and violence among men who have become addicted to alcohol. Over 50% of homicides in Finland happened between alcoholic men living on the margins of society. These types of homicides have been increasing over the past few years (Kivivuori, 1999). Homicides in domestic settings are quite common as well, but not as common as violence within groups of marginalised men.

According to Lehti (2004, 137-142), the men and women involved in homicides are characterised by lack of normal family relations. About 80% of all men involved in homicides take no part in working life. Regardless of age group or gender, homicide offenders and victims have distinctly poorer-than-average basic and vocational schooling. According to the investigating police officers, over 60% of male victims and offenders could be classified as alcoholics.

Various efforts have been made in other countries to assess the relationship between alcohol and homicide. According to Lehti (2004, 144-145), the data on abuse of intoxicants by homicide offenders and victims give a very similar picture, although the general homicide rate in Finland is triple that of the other Nordic countries. The social background of homicidal crime seems to be very much alike in Finland, Sweden and Norway. In all three countries the crimes are committed mainly by unemployed male alcoholics. In Denmark, homicides of sexual partners or family members seem to make up a substantially greater proportion than in other Nordic countries.

In the United Kingdom, the Homicide Index reveals that 9% of all homicide suspects in the period 1995-1999 (and 12% of all suspects in male-on-male offences) were under the influence of alcohol at the time of the homicide. Then again, it would appear that the index significantly underestimates the level of alcohol use, if studies using other more detailed records are to be relied on. An up-to-date study of police murder investigation records from three police force areas in England and Wales discovered that, in 52% of all adult male-on-male homicides analysed, either the victim or the offender had consumed alcohol, often to excess. In addition, in 36% of cases the offender and victim were both intoxicated by alcohol (Brookman and Maguire 2003, 4-5).

In general, alcohol-related homicides take place largely amongst unrelated adult males and are the consequence of some kind of disagreement. For example, in Scotland, less than 4% of the killings between 1979 and 1998 occurred in pubs, clubs or restaurants. Brookman and Maguire (2003) suggest that tackling pub/club-type aggression, on which some progress has been made lately, will go only part of the way to reducing alcohol-related violence.

A correlation between the frequency of use of alcohol and the risk of falling victim to violence while intoxicated is also demonstrated in population victim surveys. According to Finnish population surveys called "everyday violence" (1988-1997), in about two out of three incidents of violence either the offender or the victim was under the influence of alcohol, or both were. Moreover, frequency of use of alcohol and especially the frequency of being drunk is clearly connected to the frequency of victimisation experiences. Violence connected to drinking is excessively prevalent on weekend nights. From the victim surveys conducted in Finland in the years 1988 and 1997 (Table 4), it can be seen that drunkenness of both the victim and the offender is more common when the victim is a man.

Table 4 – Intoxication of victims and perpetrators of violence in victim surveys for 1988 and 1997 in Finland

	1988 (%)	1997 (%)
Male victim		
Offender intoxicated	81	73
Victim (man) intoxicated	36	38
Both intoxicated	33	35
Female victim		
Offender intoxicated	61	55
Victim (woman) intoxicated	16	16
Both intoxicated	15	15

Source: Sirén, 2003

According to victim surveys conducted in Finland (Heiskanen et al., 2000) "small group violence" is a fairly common form of assault. In about 35% of all violent incidents, the offender and the victim know each other or have seen each other before, but are not family members, spouses or in contact with each other through their work.

Furthermore, it should be mentioned that violence in Finland is not a big-city phenomenon. On the contrary, homicides especially are quite evenly distributed throughout the country. In fact the largest metropolis, Helsinki, and its vicinity stand just below the average. However, slightly more assaults are committed in Helsinki than in other parts of the country (Tuominen, 1999).

Aggregate-level analysis: alcohol consumption and violence

The data and analysis presented in previous publications indicate quite clearly the connection between drinking situations and violence in Finland. However, a totally different question is what the connection is between the general level of alcohol consumption and violence. Obviously, an overall increase in alcohol consumption does not necessarily mean that violence will increase. On the other hand, if the increase in alcohol consumption implies an increase in binge drinking, and binge drinking is liable to lead to violent situations (that seems to be the case in northern Europe), an increase in alcohol consumption can be expected to lead to an increase in violence (Sirén, 2003). As mentioned before, in the northern countries, alcohol is consumed less regularly but in large quantities, often causing intoxication.

The statistical connection with alcohol consumption has been studied in Finland, Sweden and Norway at least. In Finland, the prevalence of violence has risen in the past 50 years. Statistically, the increase in violence seems to be related to the growth of alcohol consumption in Finland. Sirén (2003) has looked at growth in the number of assaults known to police (per 100 000 inhabitants) and the consumption of alcohol per capita. These two time sequences are very similar. In this study, covering the period 1950-2000, it has been estimated that a one litre increase in annual per capita alcohol consumption (100% alcohol) corresponds to a 3 to 6% increase in the assault rate (this means about 1 000 assaults).

Sirén (2003) has come up with yet another indicator that seems to affirm the relationship between alcohol and violence. Sirén compared the 25 provincial municipalities with the greatest amount of violent crime to the 25 municipalities with the least violent crime. The consumption of alcohol was more than three times higher in the municipalities with a high violence rate than in the municipalities with a low violence rate. Also, a high unemployment rate indicated a high violence rate.

The data presented here indicate that violence is quite strongly related to alcohol use in Finland. The central conclusion for preventive purposes is that alcohol-related homicides and serious injuries seem to be disproportionately associated with heavy intoxication (see also Pernanen, 1998, 481). Drunkenness in participants, and in others present in the situation, also delays effective medical care. Furthermore, the violence problem is centred on groups of marginalised men.

What seems important is that drinking to an extreme stage of intoxication is fairly common in northern Europe. In addition, these drinking settings are often such that there is no sober person present who could act as an inhibitor to the escalation of violence. When people use alcohol or drugs, they select their environments for intoxicant use. Totally uncontrolled situations are for some reason preferred as settings in binge drinking sessions in northern Europe. In a way, it seems that in binge drinking sessions in Nordic countries both internal and external control mechanisms are faded out. This seems to be a completely Dionysian way of mind bending, in which nobody has responsibilities.

All larger cities in Europe seem to have a problem of youngsters who gather in the city centre and consume alcohol publicly, especially on Friday and Saturday nights. Hanging out in streets or parks causes feelings of insecurity among the rest of the population. Normally, the noise and annoying behaviour are not well tolerated among the population. In

northern Europe, the violence and disturbance problems caused by youngsters are almost solely caused by alcohol. Use and sale of illegal drugs are hidden phenomena, which seldom happen at street level. Drug-related violence problems are commoner in central and southern Europe.

Drug-related violence problems

Drug-related problems in Europe are concentrated in certain larger, mostly central, European cities. In the 1980s, open drug scenes emerged in many European cities, often in central areas near train stations, commercial areas, public parks and tourist attractions. However, these problems were not evenly dispersed in towns. There were districts where the problems are more serious and other areas with fewer problems.

When examining the connection between drug use and violence, it should be recalled that different drugs have a different effect on human behaviour. Most violent behaviour arises in the same social context as that where drugs are used (Fagan, 1990). The motive may be an attempt to ease the symptoms of detoxification or a fight over drug market shares, for example. Different drugs have different psychopharmacological effects. According to a meta-analysis carried out by Fagan (1990), cannabis and opiates curb aggressiveness. On the other hand, the symptoms of withdrawal from opiates include short tempers and violent feelings. There would seem to be a strong connection between the use of amphetamines and aggressive behaviour, although the research results point in different directions. In particular, long-term use may lead to paranoid psychosis (ibid., 255-256). The drug user becomes overly sensitive to external stimuli and has a persecution complex, suspecting the motives of others.

A fairly common concept relating to drug related nuisance is "an open drug scene". The term is widely used in Germanspeaking countries (offene Szene or offene Drogenszene, cf. Scheerer, 1989). Although there is no commonly applied definition, there are some common aspects of open drug scenes in all cities. First of all, an open drug scene can mean a specific meeting point for small-scale dealers and users. Such sites are known to users as relatively reliable places to buy and use drugs. These meeting points attract users from other places to buy and use drugs (pull factor). High-risk hard-drug users, especially addicts, tend to come to open drug scenes, where they meet, deal in drugs and often consume them on the spot.

In all cities where open drug scenes exist, they are considered a problem. The associated inconvenience relates to nuisance, illegality, the pull factor of users and dealers, and aspects of public health (Bless et al., 1995, 132; Vogt, 1996). In many cities, the aspect of public nuisance not only dominates local debate on open scenes or drug policy in general, but also is the main incentive to interventions. Nuisance ranges from drug-related crime and prostitution in the neighbourhood, by way of the hassle and agitation associated with drug dealing, to harassment and misbehaviour.

The extent of the violence problems attached to open drug scenes is difficult to estimate. Most countries and cities have very poor monitoring of nuisance and drug-related crime. For instance, criminal justice data are often limited to violations of drug laws.

Open drug scenes reached their high point in a number of European cities in the 1990s. In most European cities, the drug scenes are now much less visible, more fluid and altogether smaller than ten years ago. This is due to changes in community policies and police tactics, as well as in the way they are treated. Communities have done a lot to decrease public nuisance concomitant with large open drug scenes. They have enforced outreach work for drug addicts and harm-reduction measures, such as setting up low-threshold centres with their special programmes for this group of clients. Consumption rooms were first opened in Switzerland, later on in Germany and in other large cities in Europe.

The drug-crime link is well known. Going beyond the simple purchase of illicit drugs, police statistics as well as the results of qualitative interview studies demonstrate the association of high-risk, hard-drug users – and especially of addicts – with crime of a non-violent nature, such as theft (e.g. shoplifting and related crimes such as receiving stolen goods), as well as violent crime (Bundeskriminalamt, 2003; Kreutzer et al., 1991). In Germany, the police registered 185 394 suspects of violent crimes in 2002. Of those, 88% were male and 12% were female. Police statistics report that 9 686 or 5.2% of suspects of violent crimes are also potentially dangerous users and/or addicts of hard drugs. This is four times higher than the proportion of such hard-drug users/addicts in the general population.

Table 5 summarises different types of violent crime in Germany in 2002. The proportion of persons using hard drugs who were suspected of violent crime was relatively higher than that of the general population. Men and women hard-drug users are 8.4 times more prone to be a suspect of murder or manslaughter and 4.3 times more likely to be suspected of an offence against sexual self-determination than those who abstain from this type of drug. Interestingly, drug-using women catch up and come close to the rates of men suspected of sex crimes. They outnumber men regarding the exploitation of prostitution of under-age girls and boys but not with rape, sexual abuse of minors and other such crimes.

Table 5 – Types of violent crime registered by police in Germany in 2002

	Number of suspects in the general population		Number of suspects using hard drugs	
Type of violent crime	number of suspects	per 1 000 general population	number of suspects	per 1 000 hard-drug users*
Murder/				
Manslaughter	4 103	5	258	42
Men	3 446	9	241	6
Women	657	2	17	8
Offences against sexual self-				
determination	34 227	42	1 085	176
Men	32 304	80	813	202
Women	1 923	5	272	128
Robbery	37 574	46	4 337	705
Men	33 969	84	3 934	979
Women	3 605	9	403	189
Serious bodily				
injury	144 048	175	5 386	876
Men	124 782	296	4 924	1 225
Women	19 266	48	462	217

^{* 12-}month prevalence of hard-drug use

Source: Bundeskriminalamt, 2003.

The relative frequency of hard-drug users/addicts being under suspicion of robbery is 15.5 times higher than for non-users. It is little wonder that robberies for the sake of drugs happen so often. However, hard-drug users and addicts are quite often suspected of robbing petrol stations, taxi drivers and people in shops or hotels, as well as handbag-snatching (preferably from older and frail-looking women). They tend to be involved in violent crimes for money or equivalents to buy drugs, and are aware that their potential victims may be seriously injured. Once again, men are suspected of inflicting bodily injuries much more often than women, but the latter as hard-drug users or addicts are much more violent than non-users.

In Frankfurt, Germany, violent crime rates are fairly high. Frankfurt is a medium-sized city, which in itself explains some of the differences in the statistics. Furthermore, it has a large and active red-light district, and quite a large proportion of violent crimes take place in this area of the town. It also has quite a big drug scene which overlaps with the red-light district. The very large airport, in fact the largest in Germany, is the door through which a fair amount of drugs enters the city – as well as prostitutes coming in from other countries, on their own or coerced by body traders.

In Frankfurt, crack is viewed as a drug facilitating its consumers' aggression and violence. Actually, crack and heroine are the most important and frequently used hard drugs in the drug scene in Frankfurt, while cocaine is not available on the streets and other substances are not very popular with drug addicts. Most clients of low-threshold centres are now regular consumers of heroine and crack. Social workers caring for drug addicts in low-threshold centres have the impression that the increase in crack consumption triggered an increase in violent behaviour of clients in the centres. However, empirical data do not support the assumption (Ladberg, Schmid and Vogt, 2003). Nevertheless, clients on crack (or heroine) behave differently, are more nervous, irritable and more often paranoid than before. Caretakers and visitors often take this as symptomatic of violence.

Drug-related violence towards persons outside drug-using circles (e.g. street robberies) is not necessarily common in all European countries. For example in the Czech Republic this kind of violence is not frequent. Furthermore, violence in closed dance parties (raves), where drugs like ecstasy are distributed, seldom occurs.

Overall, it may be said that high-risk, hard-drug users and addicts usually engage in violent crimes aiming at getting or making money on the spot, or at procuring goods which can be easily traded for money to buy drugs or services related to drug dealing and consumption. Aimless violence is rather unusual or is not recorded by police. It is also known that violent crime occurs among drug users. Violence is used to obtain money or drugs for maintaining the drug habit. Violence can

also be used in order to secure respect in the eyes of other persons in drug-using circles. These crimes are very seldom reported to police.

A number of studies have highlighted the role of drug abuse in relation to the risk and experience of victimisation (INCB, 2003). Drug abusers, either as first-time or long-term abusers, are vulnerable to victimisation because drugs can either temporarily or permanently, over a prolonged period of abuse, impair a person's ability to accurately interpret dangerous situations and respond to them. Drug abusers are also exposed to situations where violence, in addition to the use of guns in connection with drug trafficking, is routine.

Female drug abusers suffer disproportionately from sexual assault. Some studies have indicated that women who use illicit drugs are more likely to be victimised in their lifetime than women with alcohol-abuse problems. Female drug abusers are particularly vulnerable to sexual assault while under the influence of drugs and while living in situations that expose them to increased risk of victimisation. Prostitutes who abuse drugs are also a high-risk group (ibid.).

In sum, potentially high-risk drug users and addicts are much more often suspected of being involved in violent crimes than the general population. Men are much more violent than women. However, female hard-drug users and addicts are much more violent than women who are not consumers of hard drugs, but the nature of the link is still very much open to further research.

Market mechanisms

Alcohol is very widely available nowadays in Finland, and market mechanisms do not play an important role in the occurrence of violence in small groups (the situation probably differs quite considerably in illegal drugs markets in several other European countries). However, with alcoholics violent acts quite often seem to be linked with alcohol-consumption patterns. In binge drinking sessions, bottles may be stolen or a person may openly or secretly drink from another person's bottle. These can be fruitful causes for a fight. It has been anecdotally said that the majority of killings in Finland occur after a fight over a woman or a bottle.

Drug markets are often depicted as violent, prone to turf wars and prowled by vicious predators and hitmen. Violence is certainly always an available resource in crime networks. However, research has shown that violence is more commonly regarded as something to be avoided (Pearsson and Hobbs, 2001; Pearsson and Hobbs, 2003).

In an illicit economy evading the law, the threat of violence will always be present in order to enforce contracts. Illegal enterprises are unable to turn to state agencies for protection. Where trust is fragile, violence is a valued attribute (Pearsson and Hobbs, 2003). In drug markets, reputation is very important, and one can use violence to gain respect within a market. In criminal markets there is always a fear of losing face. Sometimes drug users and dealers get "ripped off", and they have to respond in order to maintain their reputation (Kinnunen, 1996). However, in criminal markets violence is bad for business. Violence leaves traces, attracts police attention (it is often regarded as a signifier of organised crime) and it always leads to more violence.

Although drug dealers tend to avoid violence, there is always a ready recourse to violence and intimidation where necessary. The potential for violence is always an implied threat in business relations. There are always individuals and networks within the drug trade who will resort to extremes of physical violence, or threat, in order to impose their will and to maintain both internal discipline and their market position (Pearsson and Hobbs, 2001).

Pearsson and Hobbs (2003) have defined three different types of violence. The first involves violent predators who find the members of drug-dealing networks to be lucrative targets for robbery. This is because drug dealers, and those who work for them, will often have in their possession large amounts of cash and/or drugs. A second type of violence is encountered when somebody centrally placed in a local drug-supply scene has been arrested and sent to prison. If the imprisoned dealer is then unable to keep control of his corner of the market and it is taken over by someone else, violence can ensue when he is released from prison and wants to regain possession of his business. The third type of violence involves kidnapping and sometimes torture, used as means of debt enforcement.

In a study of drug markets in Helsinki by Kinnunen (1996), it became clear that drug sales on credit constitute an important factor that shapes drug markets. Drug users and pushers are not always able to manage their accounts in a rational manner, and the activity of the control authorities has its own impact on debt relationships. When debts remain unpaid, violence or the threat of violence comes into the picture, and this brings tension into the drug markets. The drug police seek to reinforce such tensions by confiscating drugs or cash assets as often as possible. Intervening in the debt relationship leads to a fracturing of human relationships in the market, which leads to ill-considered reactions in debt collection and reprisals. Debt problems increase the tendency to turn other offenders in to the police, and ill-considered reactions in the markets help the police in uncovering drug offences and other offences.

Legislation and action plans: examples from Finland

A new public order act came into force on 1 October 2003 in Finland. Before the changes in the law, drinking in public places was regulated by city bylaws. These bylaws in most cases prohibited public drinking and urinating in public places. The new public order act does not prohibit public drinking *per se*, but gives the police the right to intervene if drinking causes a disturbance or happens on public transport for example. Generally the Finnish police have wide discretionary powers concerning disturbances in public places.

Several action plans have been applied to tackle nuisance drinking in public places in Finland. In 1999 the government launched a national crime prevention programme. In a memorandum attached to the government decision "Working together for a safe society", alcohol-related disturbance was related to insecurity and general crime problems. Among other things, the prevention of nuisance drinking was mentioned:

"Drinking connected with public disturbances should be controlled. Drinking and acting in a disorderly manner in public places are a sign to potential offenders that the surroundings are not being controlled. This causes a sense of insecurity and can also lead to more serious criminality. Drinking in a disorderly manner should be prohibited in public areas, and the prohibition should be enforced, at least in surroundings where safety is important for a broad sector of the public."

Since there are considerable differences in crime between municipalities and since effective measures designed to decrease crime and promote security generally tend to be local, the programme emphasised and focused on crime prevention in municipalities. The goal was to draft crime prevention programmes in each and every municipality. At the moment, such programmes exist in about 350 municipalities. As part of one such local programme, an experiment in "zero tolerance" policing was launched in Tampere in 1999-2000. An analysis of this project is included in this chapter.

Interventions and responses

Alcohol-induced interpersonal violence seems to be a sadly neglected problem that deserves special attention in terms of crime prevention. This special attention should include the question of alcohol as an element of the crime environment and the crime situation. Efforts to reduce violence through medical, psychiatric and psychological approaches have tended to emphasise the identification and treatment of violence-prone individuals.

In the last few years, a number of prevention projects have specifically targeted alcohol-related violence. They have centred more than before on specific settings. The most important setting for prevention has been public drinking places as high-risk environments (Pernanen, 1998, 478-479). In addition to the high-risk settings, one can use other high-risk clusters, such as high-risk patterns of use, high-risk individuals and high-risk subcultures, as starting points in prevention programmes against alcohol-related violence.

The relationship between alcohol and violence is apparent, but nonetheless very complex and many-sided. The lack of concerted efforts in the past to reduce the risk of alcohol-related violence may be explained in part by the fairly common assumption that prevention can be accomplished through general alcohol policy (see Chapter 1). It is believed that reducing the availability of alcohol lowers the prevalence of alcohol-use episodes that are conducive to violent behaviour.

It is clear that the choice of strategy for addressing alcohol-related violence must depend heavily on local conditions. The prevention of "small group violence" in northern Europe has traditionally been twofold. On the one hand, the prevention of violence in middle-aged or older drunkards has been connected to social work, alcoholism treatment and avoidance of social marginalisation. On the other hand, prevention of disturbing behaviour among young drinkers has been connected to youth work, where municipalities and NGOs have been active. Finally, both these problem groups have been controlled by police where deemed necessary.

In the field of general alcohol policy, information campaigns have been important. When reducing intoxicant-related violence, these campaigns should be targeted at special groups. The prevention of binge drinking is a part of general prevention of heavy drinking and alcoholism. Whether additional preventive measures could be taken to minimise the risk of violence in binge drinking episodes is an open question. Emphasising the need for proper sustenance and nutrition when alcohol is used could be one task for educational campaigns. Furthermore, for example in relation to small group violence, the responsibility of hosts at private parties should be stressed in information campaigns.

According to studies, the fairly small group of recidivists in violent crime needs special attention when prevention measures are being planned. This group is responsible for a large part of all intoxicant-related violence. More specialised and targeted alcohol-treatment, drug-treatment and mental health care programmes are needed. When violence is about to occur, this group of violent criminals seldom rationalise by considering for example the deterrent effect of punishment.

Furthermore, societies in Europe should be developed to reduce to a minimum the number of marginalised and alcohol-dependent men, women and families.

Illicit drug consumption and competitive drug markets can produce a cocktail of violent crime nurtured by insecurity in communities. The impact of illicit drug markets in public areas, where violent competition between sellers is rife, can have only negative consequences for local communities that have to use public areas where drug transactions occur. In addition, the personal cost of drug abuse and related violent crime has both short-term and long-term implications for the individual in terms of physical and mental health as well as social and economic well-being.

When intervention strategies for preventing violence in drug markets are planned, understanding the impact of law enforcement is important. Law enforcement has to be accompanied by other measures in order to have the desired lasting impact. Imprisonment alone may contribute to increased violent behaviour instead of reducing it (INCB, 2003).

A number of interventions representing good practice involve individuals and communities that are already experiencing the consequences of drug abuse. These may include individual counselling, interpersonal skill training and family counselling. At community level, involvement in activities after school – such as sport, music and computer clubs – is often promoted as a means to prevent both drug abuse and related criminality, and to rehabilitate existing drug abusers (ibid.).

Violence prevention requires political and financial commitment. At the moment, the response of the health sector to violence is largely reactive and therapeutic. As stated in the WHO's *World report on violence and health* (2002), greater priority should be given to primary prevention of violence, in other words, measures to stop it from occurring in the first place. Many different sectors and agencies should be involved in prevention activities. Evaluation should be an integral part of programmes already at the planning phase.

References

Ahven, A. (2003). *Alcohol related crime in Estonia*. A paper presented in the seminar: Baltic Countries–Finland. Seminar on alcohol, alcohol policy and crime. Tallinn, Estonia 3-4 December 2003.

Aromaa Kauko and Heiskanen Markku (2000): Crime Risks in Finland 2000. Finnish Results of the 2000 Sweep of the International Crime Victims Survey. National Research Institute of Legal Policy. Research Communications No. 50.

Babor, T.F., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Gruenewald, P., Hill, L., Holder, H., Homel, R., Österberg, E., Rehm, J., Room, R. and Rossow, I. (2003). *Alcohol: No ordinary commodity. Research and policy*. Oxford: Oxford: Oxford University Press.

Bless, R., Korf, D.J. and Freeman, M. (1995). Open drug scenes: a cross-national comparison of concepts and urban strategies. *European Addiction Research*, 128-138.

Brookman, F. and Maguire, M. (2003). *Reducing homicide: summary of a review of the possibilities*. RDS Occasional Paper No. 84. London: Home Office.

Bundeskriminalamt (2003). *Polizeiliche Kriminalstatistik Deutschland 2002*. http://www.bka.de/pks/pks2002/(21.02.2004).

Fagan, J. (1990). Intoxication and aggression. In: Tonry, M. and Wilson, J.Q., *Drugs and crime. Crime and justice. A review of research*, Vol. 13. Chicago: University of Chicago Press.

Heiskanen, M., Aromaa K., Niemi H., Sirén R. (2000). *Tapaturmat, väkivalta, rikollisuuden pelko. Väestöhaastattelujen tuloksia vuosilta 1980-1997. Accidents, violence and fear of crime. Results from the population surveys from 1980-1997.* Statistics Finland, SVT, Oikeus 2000:1.

INCB (International Narcotics Control Board), Report for 2003. United Nations Publication E/INCB/2003/1.

Kinnunen, A. (1996). *Isännät, rengit ja pokat. Huumemarkkinat ja oheisrikollisuus Helsingissä. Drug markets and drug related crime in Helsinki.* Publication No. 133. Helsinki: National Research Institute of Legal Policy.

Kreutzer, A., Römer-Klees, R. and Schneider, H. (1991). Beschaffungskriminalität Drogenabhängiger. *BKA Forschungsreihe Band 24*, Wiesbaden: BKA.

Ladberg, M., Schmid, M. and Vogt, I. (2003). Crack in der Frankfurter Drogenszene – Ergebnisse einer Befragung in einem Frankfurter Konsumraum. In: *Abhängigkeiten*, 3: 49-62.

Lehti, M. (2002). *Henkirikokset 1998–2000. Tutkimus poliisin tietoon vuosina 1998–2000 tulleista henkirikoksista.* National Research Institute of Legal Policy 194/2002. Helsinki: National Research Institute of Legal Policy.

Pearsson, G. and Hobbs, D. (2001). *Middle market drug distribution*. Home Office Research Study No. 227. London: Home Office.

Pearsson, G. and Hobbs, D. (2003). King pin? A case study of a middle market drug broker. *The Howard Journal of Criminal Justice*, Vol. 42(4).

Pernanen, K. (1998). Prevention of alcohol related violence. Contemporary Drug Problems, Vol. 25.

Scheerer, S. (1989). Die Heroinszene. In: Scherer, S. and Vogt, I. *Drogen und Drogenpolitik. Ein Handbuch.* Frankfurt: Campus-Verlag.

Sirén, R. (2003). *Alcohol and crime in Estonia*. A paper presented in the seminar: Baltic Countries–Finland. Seminar on alcohol, alcohol policy and crime. Tallinn, Estonia, 3-4 December 2003.

Tuominen, M. (1999). Turvallinen Helsinki. Pahoinpitelyrikollisuus Helsingissä. Safe Helsinki. Violent crimes in Helsinki. Helsingin kaupungin tietokeskus. Tutkimuksia No. 10.

Vedung, E. (2000). Public policy and program evaluation. New Jersey: Transaction.

Vogt, I. (1996). *Living in the open drug scene in Frankfurt am Main*. Paper presented to the 22nd Annual Alcohol Epidemiology Symposium, Edinburgh, 3-7 June 1996.

World report on violence and health (2002). World Health Organization. Geneva.

Appendices – Two case studies

A. Case study: Zero tolerance project in Tampere, Finland (T. Korander)

What was the problem in the case of Tampere? (size, prevalence; groups involved; victims and feeling of insecurity)

Tampere is a city about 175 km northwest of Helsinki, with a population of about 200 000. It has a 1-1.5% annual population increase and an unemployment rate of 10%. Although it has the lowest level of crime among the bigger cities in Finland, the city centre of Tampere was regarded as a relatively unsafe place by citizens and some local politicians. This was evident from a public survey and also from newspaper articles.

The major problem was perceived to be the numbers of young people youth gathered in the city centre and their public consumption of alcohol, especially on Friday and Saturday nights. The noisiness of the young people, the crowds and their offensive behaviour, including urinating in public, were felt to be a serious problem. Young people were considered annoying and threatening by ordinary citizens. It was also thought that the violence was linked directly to the public use of alcohol.

Citizens insisted on public discussions – in local journals – that the police should be more visibly patrolling in the city centre, and they should take a zero tolerance stance against this kind of public problem. Thus there was growing public pressure on the Finnish police in general to adopt a zero tolerance concept, and Tampere was chosen as a pilot site. Also, according to police statistics, violence was rising in the city in the late 1990s. Tampere is the major city in its region, and young people gather there from the surrounding areas (from at least 20-50 km away).

The zero tolerance policing project was experimentally implemented in Finland in Tampere between August 1999 and August 2000. It was the police's answer to the growing political and media pressure to adopt the world-famous NYPD-like zero tolerance working method in Finland too. The policing project – called "Five o'clock to sauna, six o'clock to jail" a popular saying from a Finnish pop song – is one of the very few policing projects in Finland to have been evaluated properly.

The main goals of the "Five o'clock to sauna, six o'clock to jail" project were:

- to decrease violence and increase the sense of safety in the downtown area;
- to increase people's satisfaction with the local police and to assess the feasibility, acceptability and potential side-effects of this kind of control-intensive working method.

The Tampere police force has 275 police officers, 80 other employees, one main station and three sub-stations. The Police School of Finland, which provides basic training for police constables, is in Tampere.

Location of the problem. When and where does violence happen?

There had been a slow but steady increase in recorded violence and disorder, and fear of city-centre crime as recorded by surveys. The fears and the problems were chiefly centred on Friday and Saturday nights, when young people flocked to the streets of Tampere city, its market place, railway station and main street. The area affected was about a kilometre of the main street of Tampere (Hämeentie) and half a kilometre on either side of it. It was also assumed that the concentration in the centre had a causal link with the level of (serious) violence.

Market mechanisms (supply, distribution, demand)

The use of alcohol was and is the major reason: the use of illegal drugs does not normally occur in Tampere (or in Finland generally) on the street. Young people can buy their alcohol from shops (some succeed even though under-age). Most under-age people get their alcohol from older friends or relatives. Also, old drunkards unknown to them are used to procure beer or liquor and receive a small commission on the deal.

Interventions/ responses

Legislation and regulation; decision level (national or local)

At the time of the project, there was no public order act in Finland (it took effect on 1 November 2003), but the local order regulations prohibited for example public drinking and urinating in public places. The alcohol act forbids possession of alcohol by under-age people; in the case of strong alcohol, this means under 21. Also, the Finnish police have very wide

discretionary powers concerning disturbances and keeping order in public places. The local police had the power to bring zero tolerance methods into force.

Formal and informal control mechanisms

The zero tolerance experiment was a modified version of the NYPD original: fewer police resources, limitations in time and space, more based on multi-agency co-operation, with proper scientific evaluation of feasibility, acceptability and conceivable side-effects of the zero tolerance concept.

The project is to be seen as an experiment in developing and testing better working methods as regards security and safety in public places, which is one of twelve priorities in Tampere's local security and safety plan. Together with the prevention of car crime, it is the only priority under the responsibility of the police. The plan emphasises social prevention, but also deals with situational prevention. The main responsibility for implementing the plan rests with Tampere city. Some other state agencies, churches, businesses and several NGOs were also involved in this multi-agency, co-operative process.

The project had exceptionally wide media coverage, which was carefully used to help in legitimating it. Police forces targeted public order problems (on streets and in eating places), public drinking and other misbehaviour in the target area of the city centre by zero tolerance methods. They worked in co-operation with the social and child welfare services, which took drunken minors into custody and contacted their parents. Also, youth and voluntary workers co-operated with the police. Tampere police forces had extra uniformed officers from the national Police School on Friday and Saturday nights – patrol strength was at least doubled or tripled during the project. In practice, it meant from 8 to 36 police officers being available for this project alone from 6 p.m. to 2 a.m. Attention was also paid to physical features of the downtown area, like inadequate lighting and poor maintenance.

Evaluation and results

Evaluation research was carried out. The three-year research project was conducted and supervised by the Research Unit of the Police College of Finland. The main research report (over 500 pages), edited by Timo Korander and Seppo Soine-Rajanummi, was published in September 2002 in the Research Series of the Police College of Finland, Espoo. The evaluation study uses several methods and data sources: process, outcome, side-effect and context evaluation; before-and-after surveys (2 x N2000); crime data analysis; media analysis; police interviews, a survey among police officers (N300), youth and social worker interviews, and youth and adult interviews.

Next the main effects, nil effects, counter effects and side effects of the zero tolerance project are presented, then the conclusions and a discussion of the effects. The framework of this side-effect evaluation is taken from Vedung 2000.

Main beneficial effects in the target area

- The city centre calmed down; disturbances and the numbers of young people decreased;
- threatening behaviour decreased in the city centre;
- the police took "moral responsibility" for the public drinking problem;
- the police fulfilled the wishes of normal citizens: satisfaction with policing in the city centre increased;
- the zero tolerance tactics were tested and carefully evaluated by applying multiple evaluation perspectives;
- the limits and effects of control were measured;
- experimental data were able to be used in both law-making and actual policing;
- alcohol policy and education (child-raising) problems emerged high on the media's agenda and the "taking responsibility signal" was sent;
- the control net of state officers widened and became tighter: immediate intervention was possible and co-operation between police and social welfare was felt to be fruitful;
- the demand to revert to foot patrols was accommodated in the police patrol routine;
- it is possible that the project may have supported a long-term positive change in street and public drinking cultures.

Nil effect

 The statistics produced by police were discovered to be ill-suited to crime trend analysis, and there was a shortage of personnel.

Detrimental, contrary or perverse effects in the target area

- Some said the city centre felt "empty";
- police checks and penalties (fines) were targeted at one group: young people (in demographic terms, a low-income group);
- some experienced police officers criticised the loss of discretion as leading to bad policing;
- possibly expectations were raised too high in the media regarding:
- a. the ability of zero tolerance policing to remedy the problems of serious violence;
- b. state officers' capacity to solve the problems of youth and alcohol culture by control;
- c. parents' willingness to take more responsibility for their children while they were drinking near their home.

Beneficial or ambivalent side-effects outside the target area

- +/- some young people and their parents were ashamed when they came into contact with the Care of Alcohol Abusers Clinic (Paussi);
- +/- the visibility of police officers decreased, but shortage of police resources also become more visible in the media;
- + contemporary youth showed "flexibility" by transferring from the centre.

(Note: +/- means this could be interpreted as a beneficial or a detrimental side-effect.)

Detrimental side-effects outside the target area

- Displacement occurred: disturbances and youths moved from the centre to suburbs and housing estates, and also to playgrounds, day-care yards, school yards and beaches;
- these new venues might be perceived as more disturbing places for public drinking than the city centre;
- these new places were also considered harder to control;
- a significant number of local residents were annoyed by this displacement to their area;
- youth *per se* may have been labelled as being in need of special policing;
- a section of young people felt targeted, and saw tighter social and police control as oppressive;
- social and child welfare services were partly directed by the police;
- the control net of state officers widened and became tighter;
- the risk of labelling increased,
- there were minor conflicts in the local police organisation between superiors and the rank and file (because of the shortage of police resources).

Conclusions of the zero tolerance project in Tampere, Finland

Effectiveness and limits of control

It is possible to affect and calm down the targeted area through intensified control, although one must be mindful of potential perverse effects and side-effects. It is important to fulfil the citizens' wishes for police foot patrols, but it should also be taken into consideration that areas outside the target area are thus left in a difficult situation with even fewer resources.

Transferring the results of the project

If it is intended that similar projects be carried out elsewhere, it is of prime importance to analyse closely the intended target and also to determine whether the zero tolerance method is really needed. Potential problem-solving methods other than zero tolerance must be considered. Resources should also be discussed: what kind of resources are in question and where they are obtained. When considering transferring ideas from this project to another, one must perceive its special characteristics:

- the use of police school students as an important extra force;
- the flexibility, dynamism and commitment of the project workers and directors;
- professional interpretations of zero tolerance and discretion by police;
- the indispensable role of voluntary social and child welfare workers in the work that targeted young people and children;

• the indispensable role of wide media coverage and support.

Wishes of the police

The rank-and-file police hoped it would not be solely their responsibility to control drinking among young people or drinking in general, in other words to change Finnish alcohol culture.

Challenges concerning alcohol policy

In order to change Finnish drinking habits in a positive direction, it is necessary to act in other fields than in street surveillance and monitoring law and order, though these contribute to positive development. On the other hand, a situation in which problems can be cured only in terms of zero tolerance must be avoided, because the probable consequence of this would be developments out of sight, and therefore out of mind – that is, curing just the symptoms, not the problem:

- preventive welfare alcohol policy should not be based only on local crime prevention projects;
- citizens and police agreed that the framework for alcohol policy in different public events should be more rigid;
- constraints on availability, distribution, price and age limits for alcohol are important for young people, especially when more strictly controlled;
- education and awareness of alcohol and related risks are also important.

Challenges in changing Finnish drinking culture (the real problem)

Young people who were interviewed were aware that their parents pretended not to know about their drinking. Young people were even offended when their parents acted as if they did not see or smell the alcohol:

- the project challenges responsible adults, who should perhaps join with young people in understanding and adopting a zero tolerance attitude to "the grand Finnish tragedy", which is the idea that "When you are drunk, you are allowed to do just anything";
- an interactive and confidential relationship between young people and adults is necessary when aspiring to altered drinking habits and a more secure future;
- intervening in the public drinking habits of young people seems like shifting responsibility. Intervention should move from this practice to real joint responsibility and communication with young people.

Putting the expertise of the project to good use

- It is hoped that the substantial research report will give analytic guidance to anyone who is interested in methods and possibilities to control drinking by young people and in public, in crime prevention and security, and in their critical and complex evaluation;
- as a result of the feedback discussions, all the co-operation partners have decided to continue the project and its development with the researchers involved in the evaluation. Thus the expertise gathered in the project can be turned to account when developing a responsible future;
- while we are thinking what could be learned from crime prevention generally, the perverse effects and side-effects should be given serious consideration. This should be noted as good practice that is, the evaluation of perverse effects, side-effects and displacement should always be part of good practice in crime prevention projects.

B. The Bear Park godparents: reclaiming a city park as the community's living room (National Council for Crime Prevention)¹

Finland's entry for the European Crime Prevention Award 2002

In short

The Bear Park is a city park that was previously occupied mainly by drunks and small-time criminals, and avoided by most citizens. The project has reclaimed the park for ordinary citizens' use as a living room. The project is based on cooperation between local citizens' organisations, the City Parks Department and the police. The key element of the project is the "Bear Park godparents", residents who are committed to tending the flowerbeds in the park and, in general, to using the park regularly. The physical and social character of the park has changed radically and its problems of disorder have declined considerably. Anecdotal evidence suggests that fears of crime and the sense of insecurity have decreased, particularly among elderly people. Although specific measurements are lacking, it is likely that the change has had a positive influence on more serious crime as well.

Location

Bear Park (Karhupuisto) is on a hill in the middle of the Kallio district, a densely populated area in the eastern part of central Helsinki. Kallio is historically a working-class district, but the level of education and income are now close to the city averages.

It is still a district of small flats. Kallio is inhabited mainly by adults of all ages, many living alone. There are few families with children – only 6% of Kallio's population are 18 years or younger, as opposed to 19% in the city as a whole. There are all kinds of small shops in the streets close to Bear Park. Some of them are sex shops and massage parlours – and one of the streets has been known as a centre for indoor prostitution. In sum, Kallio is a lively district. In a 1997 survey, Kallio residents were more worried about moving around in their district late at night than the city average. The district also had less neighbourly co-operation and fewer working parties than the city average, according to the survey.

Three streets enclose Bear Park in a roughly right-angled triangle, whose short sides are about 70 metres long. The area of the park is 2 570 square metres (surrounding pavements excluded). Bear Park got its name after a statue of a bear was erected in the park in 1931. The red granite statue depicts the bear, the symbolic beast of ancient Finland, stooping on top of an anthill.

The park is a few hundred metres from the busiest streets that carry major traffic between the city districts. Both metro stations serving the Kallio district are over half a kilometre from the park. It is not an overly quiet area, however. The street running along the east side of the park is a major through route across the Kallio hill, and there is a bus stop at the park. On the other street defining the south-western border of the park, there is a tram stop. A popular branch of the city public library is just east of the park. Close to the north-eastern corner of the park, there is a fire station and just slightly further away, Kallio church.

The problem

Before the project started in 1997, the park had long been a disturbing haunt of drunkards and petty crooks, considered dangerous by the population at large. Members of the Bear Park project say that they used to avoid the park whenever possible. A heavy stench of urine and decay assailed anyone who approached the park, and bushes prevented visibility in some parts of the park. Inspector Reijo Muuri, who came to work in the local police district in 1985, recalls that during his first years of work there were usually several daily calls for disorderly conduct to Karhupuisto. On record nights, the police would pick up more than 20 drunkards in the park. The plants in the park were not in very good shape, and the people monopolising the park were perceived as threatening by most of the residents.

The idea

The Bear Park project is based on an idea put forward by the Wholesome City project of the City of Helsinki that public parks be turned into "living rooms" for the residents. The idea that led to the Bear Park project was further developed in the Future Kallio Workshop, an idea-generating conference on the district of Kallio in the autumn of 1996. Such seminars

^{1.} This report was drafted by Jukka-Pekka Takala (jukka-pekka.takala@om.fi) at the secretariat of Finland's National Council for Crime Prevention. The Bear Park project has largely avoided keeping administrative records, a principle that is problematic from the point of view of recording good crime prevention practices. This account is based on interviews with a number of activists in the project and their archives of press coverage, photographs and sundry other material relating to the project's history. It is conceivable that, being written by an outsider, this report is more critical of the alleged impact of the project than one written in-house.

take place once every two years and bring together people from different branches of the city government, the police and voluntary organisations. They include the City Social and Health Services Department as well as the Public Works Department, the local branch of the city public library, the police district, the church, the Red Cross, local schools and colleges, and local neighbourhood associations. The Kallio Neighbourhood Association is one of the most important ones for the Bear Park project. A participating police officer and a minister of the local Lutheran parish are credited with first conceiving the idea.

The City Parks Department was concerned to find ways to improve Tampere's parks. One idea was to engage local citizens in the use and maintenance of selected parks and offer them adequate support from the municipal parks department and the police. This would encourage other law-abiding citizens to make use of the parks. According to the Broken Windows theory, actions that promote peace and order in a neighbourhood are also very likely to help reduce more serious criminality. They would make the places more appealing to ordinary citizens, particularly older people, who had felt insecure in the parks occupied by gatherings of drunken and disorderly persons. The representatives of local neighbourhood associations pledged that they would bring in volunteers if they were guaranteed adequate support from the police against disturbances in those parks.

Specifically, the idea was to plant annual flowers in the park at the beginning of the summer and to engage volunteers in planting and caring for them. This implied a change in the park's vegetation – until that time it consisted of mainly of sandy paths, grass and bushes, which required much less upkeep than flowerbeds. At this point, the engagement of the City Parks Department was essential. The department started producing seedlings for planting the next summer and drawing up plans for the renewal and replanting of the park.

Implementation

The Bear Park project was launched in 1997 under the name Parks into Living Rooms. The first planting party was organised on 3 June 1997. Over fifty volunteers planted nearly 5 000 seedlings that afternoon (in later years the number of volunteer planters exceeded 100). A police band provided music at the event. A number of people volunteered as "godparents" of the park. The godparents undertake to use the park, to tend the plants under guidance from the City Parks Department, and to report disturbances to the police.

The planting of the flowers every year at the beginning of June is a special event. Another event takes place in September, the Opening Festival of the Autumn Season, with live band music, a barbecue and a flea market. The annuals are removed when the weather turns cold, usually some time in October.

Organisation

The Bear Park project has an informal organisation, but it has some rules and tacit conventions. The most important part is the volunteer godparents. However, daily and weekly co-operation with the local police is indispensable for success, as is, of course, support from the City Parks Department.

The godparents

Tasks and commitments

The project invites people to volunteer as godparents of the park, particularly at the planting party in early summer. A godparent is given the right to tend the flowers (deadhead flowers, water the plants) and may wear the cap of the City Parks Department. He or she is also encouraged to call the police about any vandalism or intoxicated persons who disturb the peace in the park. A godparent also enters into an informal and non-binding commitment to use the park, to tend the plants and meet with other godparents "especially on Sundays between 1 p.m. and 2 p.m." but also on weekdays at 4 p.m. However, she or he is free to renounce godparent status at any time. Over one hundred godparents usually volunteer each summer.

One of the godparents, Ms Saara Tolonen – let's call her the co-ordinator – has the key to the bin for garden tools set up by the Parks Department. She has come to the park practically every day for the six summers of the project's operation. In addition, there are other people, usually at least half a dozen other godparents, but often many more. The godparents do what they promised to do: they tend and water the flowers; they also water the lawns of the park.

Participation logs and certificates

The co-ordinator keeps logs of the godparents present at the agreed meeting times, 4 p.m. on weekdays and 1 p.m. on Sundays. According to the logs for the years 2000-2002, on average six of the 10 most active participants were present on any one day during the period when the flowerbeds were in place. These numbers exclude the co-ordinator herself and

Police Inspector Muuri (who is also a Bear Park godparent), both of whom visit the park practically every day. These counts also exclude those godparents who were not among the top 10 participants. Unfortunately, no figures are available on how many other people use the park on a normal day.

The co-ordinator keeps a diary of the godparents' participation (and any memorable incidents) in the afternoon sessions. After the plants are removed for the winter, the most active godparents – usually about 30 – receive a certificate of honour. In 2002, the co-ordinator was present every day. Four other ladies attended between 90 and 110 days, and five other persons accumulated between 49 and 70 days. The most active godparents are awarded a 20-hour cruise on the Baltic.

In 2002, the annual flowers stayed in the park for 121 days, from 11 June until 10 October. The removal was earlier than usual, owing to the unusually cold October that followed an exceptionally warm summer; in 1999, for instance, the flowers were removed as late as 2 November.

Who are the godparents?

A remarkable characteristic of the most active godparents is their age. Eight of the 10 top activists of 2002 are 70 or older, and three of the top four are 80 or older. Since 1997, three of the most active members have passed away, as have about 10 other participants. However, new activists appear every year, so the number of active godparents has increased.

In 2002, only one of the top 10 activists was male. A look at the tallies for June and July 1999 corroborates what activists say: the gender distribution of the active participants is strongly female-dominated. Just one or two of the 10 most active godparents in those months of 1999 were men. The 1999 diary also shows the most active people attending almost every day.²

The majority of the park guardians are Kallio residents, but some live in other districts of the city. The project has no paid administrators and the members do not burden themselves with irrelevant book-keeping. However, the co-ordinator keeps track of who is present, how many people were served coffee at the planting party, of unusual events in the park, and so on

The authorities

An important part of the support infrastructure of the Bear Park project is the availability of the police. Inspector Muuri says he has given instructions for police patrols to try to visit the park every day, if possible during the time the godparents meet there.

Of course, the City Parks Department is indispensable to the success of the project. They drew up the plans for the change in the character of the park. They also continue performing several tasks at the park, such as fertilisation and mowing the lawns. At the start of the project, they promoted Bear Park to a Category 1 park, which means, for instance, that there are daily visits to the park by the staff. Karhupuisto is at present the only Kallio district park in this category.

The city public library across the street provides coffee-making facilities. The library is also the site of monthly open meetings where citizens, city authorities and voluntary organisations discuss different matters relating to the development of the district.

How to keep a project "up and running"

The participants in the Bear Park project have carefully thought out how a project of this sort can be kept up and running. The principles drafted at the outset mention the three main actors: residents, the police and the Parks Department, and their division of labour. They also outline ways in which residents' interest can be aroused and how the district residents are to be kept informed of the project. The project envisaged that its activity might provide residents and visitors with a pleasanter park and new opportunities to spend time in good, safe company.

A very important part of the organisation is the maintenance of the commitment of the core group of godparents. The godparent's card, the Parks Department cap, certificates of honour and boat cruises for the most active members are some of the tools that help maintain a sense of community among these people. No doubt a crucial element creating stability and trust among the godparents is the fact that the co-ordinator is there reliably every day. "So no-one [else] will have to fear that she or he might be going there alone", Ms Tolonen says.

^{2.} For June 1999, the day counts for individual activists were as follows: 21, 19, 12, 11, 6, 5, 5, 4, 3, 2 and 1. As the flowers were planted on 10 June, 21 days was the maximum possible. For July, the counts were 31, 30, 28, 25, 24, 22, 12, 8, 6, 4, 3, 2 and 2.

Lingering conflicts over control of the park

Some of those people who earlier felt they could control the park did not give up without protest. During the life of the project, particularly in the first few years, there were several open conflicts. While some of the drunkards that used to frequent the park took part in the planting party and helped clean the area, some old users expressed open hostility and issued threats to the godparents of the park. The police were called several times to remove disruptive drunkards from the park. Several people were prosecuted for crimes of defamation, illegal threat, assault and damage. The godparents of the park identified some individuals who resisted their taking-over of the park and had made threats.

This even led to several crime reports to the police. Offences reported included several assaults and incidents of defamation as well as reports of vandalism. One case that the godparents recall vividly involved a man who threatened several godparents with a drawn knife and also threatened to kill some of them. He was brought to trial and was ordered to pay fines and (admittedly only moderate) damages to the victims.

In another case, a woman walking two dogs allowed them to attack one of the godparents and fled. She was later identified, thanks to a photograph that had been taken of her, and the case was settled in victim-offender mediation. The reason for the attack never became clear. However, this was not the only conflict with dog owners, whose pets are not allowed in Bear Park. A man who let his dog run loose particularly annoyed the godmothers. One day a probable drug addict was greatly irritated by the sound of the watering hose. His was not the only attempt to take the hose or its nozzle.

The co-ordinator believes that the readiness of the godparents to call the police and take matters to court has convinced most people that the godparents mean business. She is also generally very satisfied with the response time of the police. The availability of the mobile phone has also made a difference in that people in the park are able to call the police much more easily than would have been the case before.

Results

A clear and undeniable change is the physical one that took place when the large flowerbeds were introduced into Bear Park and when its standard of maintenance was generally raised. The park looks much more pleasing and clean now than it did before 1997. According to the Broken Windows theory, this fact alone would have a positive effect on crime in the area.

Another undeniable change is in the people who populate the park. Drunks no longer occupy Bear Park. This has had a positive effect on the reputation of the park and its vicinity, which has recovered. There are no population surveys that would reliably establish this, but many pieces of evidence support the claim.

Elderly people are not afraid of the park any longer. This is an important achievement since old people, particularly old women, often feel very insecure about moving around the city. A lady who had been a widow since the late 1950s started using the park and said she had hardly moved from her apartment for 10 years. Housing advertisements are said to use the vicinity of Bear Park as an attraction. City Parks Department employees report that ordinary people use the park much more than before, at all times when the weather is not bad. Many people come to the park for lunch. Visitors to the library sometimes come to read their books on the benches of the park. The sandy area in the south corner is used for playing bowls in the evenings and at weekends. The project is active only in the months of June to October. However, even in the cold months the park remains much more tranquil than it used to be.

The police experience is clear, in that the character of the place has turned around. Earlier, it was a place for drunkards and small-time criminals to congregate. They tended to monopolise the park. Now, it is a place in which elderly women gather to tend flowers. Hence, it is clear that general order in the park has improved as a result of the project.

The transformation of Bear Park has not made drunks sober or made them disappear from the public areas of the Kallio district. Quite possibly a few of them now behave better, particularly when in the park or its vicinity, but many of them have moved to other places to spend their time and continue drinking. However, it is possible that the total disturbance experienced by Kallio residents and visitors is now less than it would be but for the Bear Park project.

Disorder emerges when certain social and physical conditions converge in time and place. A movement of a group of people to another place does not necessarily imply a corresponding movement of the problems of disorder with which they were associated. A new location may imply less nuisance and less experience of disorder for most residents. This may well be the case for the Bear Park project. At any rate, it is clear that the reclamation of Bear Park has turned one central spot of the Kallio district into a much more hospitable place for the vast majority of its citizens.

Regarding the effects of the Bear Park project on more serious crime, no hard data can be provided. Police computer crime data with specified map position are only available as from 1998, after the project was launched. Hence, no before-after

assessment can be made of police-recorded crime. However, one might add that taking into account the small scale of this grassroots project, it is doubtful whether such effects could be reliably shown even if the police data were available.

The Bear Park project has successfully devised a method to engage local residents in the maintenance and use of their district. This may be considered an additional result of the project. The method discovered is a variation of the authorities-citizens partnership, a theme in which the authorities provide certain basic tools and preconditions, while the residents take on the pursuit and maintenance of some targets. A remarkable feature of the Bear Park Project is the strong role that elderly women have played.

Replicability

The Bear Park project seems replicable in principle. The crucial elements are 1. finding a group of citizens willing to use a designated park often enough to keep the project afloat, and 2. adequate support from the authorities. Both elements seem easy enough to achieve in many places. In practice, of course, there are many specific requirements that can go wrong.

It is, therefore, instructive to ponder why it was only the Bear Park project that succeeded in Kallio, while another similar attempt by the authorities and the residents' association did not succeed. Certain geographical qualities may have made success easier in Bear Park than in another park. All these differences tended to make it easier for residents to reclaim "ownership" of the park in Karhupuisto than of the other park. Residential buildings surround Karhupuisto on two sides (out of three), and it is easily conceived of as a centre of the local neighbourhood.

The other park, however, has residential buildings on only one of its four sides, and very busy streets carrying inter-district traffic round two other sides. An underground station and a major alcohol retail shop are just 100 metres away. It is close to a branch bureau of the city Social Services Department, dispensing social assistance to Helsinki residents who lack permanent addresses – all this makes it an attractive neighbourhood for drunks and many kinds of marginalised people from all over the city. Furthermore, the vendors in the market next to the park, across one of the busy streets, did not feel they had a stake in the park's development. In the case of this park, the drunkards were able to intimidate a key figure of the nearby residents so that he withdrew. All in all, the local geography is such that this park may be more difficult to have the sense of the park as belonging to the immediate neighbourhood.

However, the Helsinki City Parks Department has similar co-operative projects in progress with the residents in many other districts as well, particularly at the stage of planting annual flowers. None of the other co-operative projects is as intensive as the Bear Park project, however. Neither have they involved as clear a reversal of the character of the park. The tenets of the Bear Park project are a very determined group of citizens who want to use and care for the park, and very smooth co-operation between them and the police and the Parks Department.





Pompidou Group

Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs

Chapter 4 - Violence at major events

Finbarr O'Brien, Karen Hughes and Emelio Sousa Vicente

Introduction

This chapter deals with the role that psychoactive substances play in promoting or neutralising violence at major events, which in this context include football tournaments and matches, music festivals and concerts. Having considered what we mean by major events, we look at football matches and concerts, and the distinctive characteristics presented by each setting. The prevalence of alcohol and drug consumption is examined as a means of assessing its impact on the potential for violence at such events. However, much of this examination derives from the perspective of general prevalence rates in some European states, rather than specific research, which is limited. This chapter looks more closely at the issue of football violence, on which a lot of research has been undertaken in a number of European countries.

This is followed by a survey of existing mechanisms that seek to regulate or prohibit the supply of alcohol and/or drugs in such settings. These mechanisms are examined in general terms, and also with specific reference to football matches and to a lesser extent music events. A brief overview of current strategies aiming to influence the conduct of patrons at major events is provided. This overview includes general measures to regulate the movement of patrons to and from events as well as their conduct at the events. Such measures include strategies to regulate the behaviour of individuals or certain groups attending events and strategies designed to regulate the consumption of psychotropic substances at such events.

Finally this chapter makes a number of general recommendations based on practices currently proposed or adopted in a number of European countries, which are designed to enhance the safety and security of persons attending major events.

Defining major events

The term "major event" can have either a broad or narrow definition, depending on one's perspective. For example in its broadest sense, a major event might be any occasion when a large group of people gather in a specific place for a definite period of time. This might be a one-off event – for example the UK Jubilee celebrations in 2002, which orchestrated a series of events involving millions of people – to the annual St Patrick's Day or New Year's Eve celebrations which occur in various forms around the world.

Notwithstanding differences over definitions, all major events share certain characteristics. These relate particularly to the logistics inherently required to ensure the safety and comfort of a large number of people in a confined space. Large-scale events also have their own distinctive characteristics, which affect how they are organised and managed. For the purpose of this book, the term "major event" covers large-scale events in the fields of sport, primarily football matches and tournaments, and entertainment, including concerts and music festivals.

It is important at the outset to acknowledge that both categories possess their own features. It is therefore necessary to identify the areas where sport and music events share the same characteristics and those where their characteristics are quite different. Also, it is essential to acknowledge that there are dynamics unique to particular sporting or musical events. For example, there is a remarkable difference between the number of recorded violent incidents at football matches and the numbers at other sporting events. Similarly, within the context of football events a distinction needs to be made between one-off national or international matches, and recurring fixtures between particular clubs or national sides, some of which historically pose higher risks in terms of violent incidents.

Music events vary widely, from one-off concerts to regular music festivals with a specific focus or theme, such as a particular style of music. It is therefore important to acknowledge the limitations in trying to develop a clear definition of a major event, whether sporting or musical. This is relevant to our understanding of the factors that contribute to or militate

against violence at such events, and to our understanding of the contribution that psychoactive substances make in aggravating or reducing the potential for violent outbursts.

Musical and sporting events

It can be said that concerts and football matches share a number of common characteristics. Firstly, both events involve the concentration of a large number of people over a given time. Secondly, the event is in a confined location where the participants are likely to remain for its duration. This is significant because it involves large movements of people to and from a specific place over a specific period. Thirdly, a variety of organisations – governmental and non-governmental – will plan, execute and review the event. This is noteworthy, because the success of an event depends on the organisations tasked with managing the event understanding their precise role and how this role may alter over time or as the event unfolds.

Football matches and concerts each have their unique characteristics, which can predetermine the potential for acts of aggression and the extent of consumption of psychoactive substances. Football matches by their nature involve not only interaction between rival teams, seeking ascendancy over each other in competitive sport, but also two sets of supporters who often see themselves as intrinsic rivals, mirroring the competitive event they are watching.

Indeed, if one looks at the origins of football back to the thirteenth century, the intense rivalry not just on the field but also amongst the supporters is readily apparent. Mediaeval football matches were essentially pitched battles between two communities involving hundreds of participants. These rituals were played out in most European societies in the Middle Ages. It was not until the late nineteenth century that the more confined, disciplined game with limited participants began to appear. Given football's origins, it is not surprising that the potential for violent clashes between rival supporters may be seen at best as an enduring possibility.

On the other hand, the dynamics underpinning musical festivals are entirely different. Whilst sporting events mainly play on the individual's emotions, excited by competition and rivalry, individuals or groups of supporters cannot participate directly or personally in the game itself. At music events, there are often no such restrictions, and those attending are commonly encouraged to join in. Furthermore, music and dance spectacles appeal more to an individual's spiritual mood and sense of adherence, participation and euphoria. Therefore, the overall ambience of a musical event is influenced not only by the circumstances and stimulus of the event itself, but also by the background and culture of those attending.

Drug prevalence in general

In the absence of specific research into the consumption of psychoactive substances in Europe, one possible way of examining the issue is through an overview of existing research into consumption patterns of drugs among the general population. Statistics on drug use amongst the general population within the European Union (EU) are mapped by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Methodological approaches to gathering this data differ, but common patterns in drug misuse within these states begin to emerge over time. In measuring drug use, the most commonly recognised characteristics are:

- lifetime prevalence, which refers to any drug consumption during a person's lifetime;
- recent use, which refers to any drug consumption during the previous 12 months;
- current use, which refers to any drug consumption within the past 30 days.

In addition, age has an important bearing on prevalence estimates, with the general population age range defined as being between 15 and 64 years, and the young adult population range categorised as 15 to 34 years. Transnational comparisons encounter particular difficulties; still, a number of general observations can be made:

- cannabis remains the most commonly used illegal substance in the EU in terms of lifetime prevalence, ranging from 10% in Finland to 30% in the UK. But within the overall age group the figures for recent or current use fall dramatically, indicating a substantial reduction in use among the overall age group over time;
- drug use in the EU is concentrated among young adults, with prevalence rates roughly double those of all adults and consumption by males consistently higher in all states;
- consumption patterns for substances other than cannabis are significantly less, again with higher concentrations among young adults, particularly males;

• figures indicate a wide disparity in consumption levels across the European states surveyed, in terms of both consumption patterns and the type of drugs consumed.

The above figures for lifetime prevalence rates provide an insight into drug use among the general population; still, for the purpose of this overview it may be more useful to examine consumption patterns in terms of recent use and for the 14-34 age group alone. An overview of patterns of use in the countries surveyed reveals the following recent consumption levels:

- reported use of cannabis was in most states from 5 to 12% of young adults;
- reported use of amphetamines among young adults was between 0.5 and 6%;
- reported use of ecstasy or cocaine among young adults varied from 0.5 to 5%.

It is worth noting that there is a dearth of research undertaken specifically to examine the incidence of drug consumption at major events. Most of the available information relies heavily on either anecdotal evidence or police statistics, the latter relating to detection of offences involving the consumption of drugs, or evidence of the intoxicated state of individuals arrested at or in the vicinity of such events for either criminal or public order offences. In addition, the extent to which drug consumption takes place at a particular event and the type of drug(s) consumed are heavily influenced by a number of factors, including:

- the type of event itself. Observational evidence would indicate that drug consumption is more likely to occur at concert venues than at football matches;
- the population set at which the event is directed. It is noteworthy particularly in the case of concerts that some forms of entertainment may attract different audiences more likely to consume drugs or particular types of drugs. Similarly, some events may attract audiences with a propensity to consume alcohol either on its own or in combination with other psychoactive substances;
- the custom or tradition of drug consumption among a particular population cohort attending a particular event or venue.

The principal conclusion to be drawn from the above is that, apart from police statistics and anecdotal evidence, there is little in the way of data specifically on the extent and patterns of drug use at sports events or concerts. What we can say is that drug use is an increasing phenomenon among the younger population, with cannabis the most likely drug, followed by stimulants; particularly amphetamine-type stimulants and cocaine. Observational data at major events indicate that drug consumption at concerts is likely to be significantly higher than national prevalence estimates, whereas drug consumption at sporting events is likely to be less than the national prevalence estimates and again by a significant margin. However, before any definite conclusions can be reached, more research in this area is needed.

Alcohol prevalence in general

As with the prevalence of drugs at concerts and football events, little research has focused on either the prevalence of alcohol in such settings or its role, if any, in violent incidents. Indeed, apart from media attention to the possible correlation between excessive alcohol consumption and acts of violence at football matches, very little concrete evidence exists to establish a direct or causal relationship between alcohol and/or drug consumption and acts of violence. While media attention focuses largely on the role of alcohol in promoting aggressive behaviour at such events, mainly as a direct result of reported incidents of violence, the reporting is in many instances of a subjective nature.

In the absence of specific research on the prevalence of alcohol consumption in such settings, one has to examine secondary data sources to provide trans-national comparisons of alcohol consumption. One such source is statistics of consumption per capita of alcohol within European states. This information is available over an extended period of time and shows not only current levels of consumption but also how these levels have changed over time. However, these figures must be interpreted with caution as per capita consumption levels may vary dramatically, particularly in less populated countries where consumption per capita may be heavily influenced by seasonal population influxes.

These influences can seriously misrepresent the actual extent of alcohol consumption among the indigenous population. This is borne out by the fact that several of the countries that record the highest levels of alcohol consumption per capita, namely Luxembourg, Ireland and Portugal, are among the least populated countries. Similarly, drinking patterns within European countries can vary dramatically across nations, making cross-cultural comparisons extremely difficult. Indeed, a recent study of the drinking habits of fourteen western European countries over an extended period identified three distinct

groups: a northern European group (primarily the Nordic states), a southern European group where wine is the dominant beverage, and a middle group including the UK, Ireland and the Benelux countries.

Whereas some studies show increases in alcohol consumption being mirrored by increases in acts of violence and accidents, the results vary across countries, indicating the probable importance of cultural influences and drinking practices on acts of violence or accidents. Indeed, it is noteworthy that the United Kingdom, despite its long-acknowledged tradition of football violence, has one of the lowest levels of alcohol consumption per capita in Europe.

Of perhaps greater relevance in relating alcohol consumption and acts of violence at football matches and concerts is how much binge or high-risk drinking is practised by those at such events. Again, research in the field is limited and transnational comparisons are difficult. One such piece of research is the European Comparative Alcohol Study (ECAS), which examined drinking patterns in six countries. The same methodology was used for a recent study in Ireland; those results are included for comparative purposes. The study examined drinking patterns and harm arising from alcohol consumption. The results are shown in Table 1.

Table 6 – ECAS survey of drinking patterns (male and female respondents aged 18-64)

	Drinking at least once a week	Binge drinking at least once a week	Drinking sessions in past 12 months	Binge drinking sessions in past 12 months	
	percentage o	percentage of respondents		average number of sessions	
Men					
Ireland	69	48	78	45	
Finland	60	16	70	20	
Sweden	47	8	37	12	
Germany	60	9	97	13	
UK	74	38	118	47	
France	68	8	121	11	
Italy	76	11	179	23	
Women					
Ireland	51	16	46	14	
Finland	33	3	35	6	
Sweden	24	1	24	4	
Germany	40	2	54	4	
UK	51	12	73	16	
France	38	2	62	3	
Italy	52	7	121	14	

Note: High-risk drinking involved over 14 standard drinks for women and 21 standard drinks for men (one standard drink equating to ½ pint of beer or 10 grams of alcohol).

Table 7 – Experience of adverse consequences (AC) as a result of alcohol use in the past 12 months, in ECAS countries (male and female respondents aged 18-64)

	Overall rates	Acute AC	AC	
	At least one AC	Got into fight	Been in accident	
	percentage of respondents			
Men				
Ireland	39.0	11.5	6.3	
Finland	46.8	4.2	2.6	
Sweden	35.5	1.3	3.5	
Germany	33.5	5.5	0.5	
UK	45.0	7.5	3.6	
France	27.1	2.0	3.5	
Italy	18.3	1.2	1.6	
Average	34.5	3.6	2.6	
Women				
Ireland	24.0	2.8	2.4	
Finland	28.6	1.4	0.8	
Sweden	18.6	0.6	1.3	
Germany	20.2	1.8	0.7	
UK	32.7	3.6	3.4	
France	12.1	0.0	0.4	
Italy	8.5	0.2	0.2	
Average	20.5	1.3	1.1	

Source: ECAS

The survey showed not only high levels of alcohol consumption in the states surveyed but also higher consumption levels among males and significant levels of binge drinking in a number of countries, notably in Ireland, the UK, Italy and Finland. The survey also showed quite a large percentage of persons experiencing adverse consequences of alcohol consumption, in particular becoming involved in fights. However, care should be taken when interpreting these data, as countries which have high recorded levels of binge or high-risk drinking are not historically noted for high levels of violence at major events.

History of football violence

Recorded incidents of violence at sporting events date back to AD 200, when spectators at the Alexandrian Games were described as being partisan, volatile and excitable (Pleket, 1976). In Roman times, violent conduct at sporting events in many cases involved multiple fatalities. One such account describes an occasion in AD 390 involving spectators from Pompeii and Nuceria, where the arrest of a favourite charioteer touched off riots that ended in the slaughter of thousands of rioters by the army (Backhaus, 1972). Indeed, disputes between supporters were a common feature of both Roman and Byzantine games, the most notable being the Nika riot in the sixth century between rival spectators, the Blues and Greens, resulting in a reputed 30 000 fatalities (Cameron, 1976).

In mediaeval times, the origins of the modern game of football emerged from competitions among large groups of neighbouring villages involving many thousands of participants and incorporating very few rules and procedures. It was not until the latter half of the nineteenth century that the structure of modern football emerged with the establishment of rules governing such contests and limiting the number of participants and the contested area. The emergence of violence among spectators in the modern game, or more precisely concerns about levels of violence at such events, were initially observed in the UK during the 1960s as enunciated in the following quotation:

"The behaviour now known as football hooliganism originated in England in the early 1960s and has been linked with the televising of matches and of pitch invasions, riots, etc., and with the reclaiming of the game by the working classes." (Carnibella et al., 1996)

This phenomenon was later replicated in other European states during the 1970s, notably Italy, the Netherlands, Germany and Belgium. Football violence at national and international events continued to be a well-documented feature of the 1970s and 1980s, involving serious personal injury to spectators and in some cases fatalities, the most notable of which was the Heysel Stadium disaster in 1985 during which thirty-nine Juventus fans lost their lives, leading to the expulsion of British teams from European competition for a number of years.

The role of psychoactive substances in general

Whereas most of the research concentrates on social and cultural models to explain this phenomenon, very little research has been undertaken on the role of alcohol in particular and to a lesser extent drugs and their possible aggravating effects on violence at football matches. This is despite the fact that considerable attention has been devoted by the media to the issue of alcohol consumption and acts of violence.

Although there is a widespread perception of the possible influence of alcohol in relation to disorder and delinquency, there are no precise quantitative or qualitative studies investigating the possible dimensions of the problem. But there is a lot of anecdotal evidence suggesting that the impact of high levels of alcohol consumption on violent acts can vary significantly across different cultures. For example, it has been noted that some groups of supporters – notably the Danish Rooligans, the Scottish Tartan Army and the Irish Green Army – consume considerable quantities of alcohol at international football matches yet very few incidents of violence are recorded at football matches involving these countries. It may be that the perception of alcohol in orchestrating violent acts at football matches has become the reality over time. This reality has to some extent been reinforced by media reports designating the consumption of psychoactive substances, notably alcohol, as an important determinant of violent episodes.

Official statistics

In attempting to quantify the extent of violence occurring at such events, it is necessary to be quite clear as to what constitutes a violent act. This is particularly relevant in the context of football matches, as one observer may define as violence what another may perceive as a relatively harmless display of support for a particular team. Again, the primary source of empirical data concerning acts of violence at football matches is official police statistics, which record the number of violent or public order incidents occurring at football matches.

Police statistics give an important insight into the extent of violence but they have limitations. Firstly, many of the offences recorded at matches are categorised as generic public order offences and may not specifically relate to the football matches themselves or differentiate sufficiently as to the contribution which psychoactive substances make in such offences. Secondly, many of the offences recorded may also be influenced by the rigour with which the police services interpret and execute the relevant legislation. This presents difficulties when undertaking transnational comparisons. Finally, not all countries collect the same data or do so in a uniform fashion. Differing data collection and recording methods, as well as the nature of offences, compounds the problem.

Notwithstanding these limitations, a number of European countries do gather statistical data on offences associated with football matches. These include notably the United Kingdom, Italy, Belgium, the Netherlands, Portugal and Sweden. Official police statistics for England and Wales during the 2002/03 football season report that a total of 4 793 football-related arrests were made, an average of 1.95 arrests per game. Whilst these figures represent an overall decline from the 1980s, they do show a 30% increase over the previous season. Over one-third (36%) of arrests involving premier league supporters were alcohol-related. The majority of football-related disturbances occurred away from football stadiums, particularly in town centres around licensed premises and near railway stations (IAS, 2001).

The most recent available Portuguese annual police report, that for the year 2002, reveals that 431 incidents were reported at football matches in that year. The majority of incidents were in one of four categories: between spectators (20%), throwing objects (11%), between spectators and referees (11%) or between players and referees (12%). It should be noted that the number of recorded football incidents as a percentage of the total number of such incidents reported to the police has remained at about 1%, with only slight oscillations from year to year.

Recent statistics on the situation in the European Union, prepared for the EU Council, looked at the number of arrests at matches played by national teams and by domestic clubs in the various European competitions. The period surveyed was July 2001 to July 2002, and data were collected via a questionnaire completed by the national football contact points. The results of the survey show that during this period 394 games were played, during which a total of 1 046 persons were arrested. The countries where the most arrests were recorded were Germany, the Netherlands, Denmark, Greece, the United Kingdom and France. In terms of stadium bans imposed under either civil or criminal legislation, a total of 4 371 bans were recorded, chiefly in Italy, the Netherlands, Germany and the United Kingdom (figures from Enfopol 31).

In interpreting the above data, a number of general conclusions can be drawn. Firstly, when one compares the total number of incidents recorded annually with the number of individuals attending football venues, the statistical difference compared to the general recorded level of violence within societies does not appear significant. Secondly, the number of violent incidents recorded in most countries has risen consistently over time. Thirdly, football violence tends to be predominantly an internal problem, with the majority of incidents occurring at club level as opposed to international matches. Fourthly, there appears to be a universal progression pattern in terms of violent acts, with the majority of recorded incidents occurring in the vicinity of football matches, rather than within the stadiums themselves.

Research data

Much of the research into football violence has focused on its evolution as a social phenomenon, concentrating primarily on the social background of those engaged in this activity. In terms of its evolution, football violence and vandalism have been present since the 1880s, and up until the Second World War related almost exclusively to the game itself. After the Second World War, football-related violence became part of youth culture. Fights were no longer restricted to the playing area, but extended to fights between rival supporters within the stadium (Giulianotti, Boney and Nepworth 1994). This evolved into a new phase characterised by a significant increase in violence and vandalism outside the stadium, involving not only rival sets of supporters but also in many instances clashes with the attendant police. This type of violence became an end in itself and to some extent a form of identity.

Research has also examined the background of what are generally described as football hooligans. Much of this research has concentrated on the social circumstances of such individuals. Dutch and UK research has shown a strong link between hooliganism and social exclusion, with Dutch hooligans coming from a less deprived background than their UK counterparts but having a noticeably downward career pattern or social mobility. The profile of a typical Dutch football hooligan is white, male, aged 15-30, of low educational attainment, engaged in blue-collar work or unemployed (Bogaerts, Spapens and Bruinsma, 2003).

In the recent report on football violence in the European Union, the role of alcohol and drugs was examined – albeit in a very general way – with one state observing that more than 26% of arrested fans showed behaviour influenced by alcohol and to a lesser extent by drugs. The report goes on to identify some of the problems in obtaining the requisite data, describing how "most member states do not keep records of alcohol- and drug-related behaviour". In terms of drug use, the report notes that "some member states have observed an increase in the use of drugs before and during football games". The report also describes the difficulty in "checking whether drugs are brought into a stadium or used", "especially where pills such as Ecstasy are concerned". This issue is described as being of concern to the member states "as the violence used by drug users is unpredictable and intense" (Enfopol 31, 2003).

Some specific research has been undertaken in the Netherlands, examining the effects of alcohol and to a lesser extent drugs on football offenders, with about 70% of offenders admitting that they drank alcohol before the match (Bogaerts, Spapens and Bruinsma, 2003). However, a direct causal relationship between the consumption of psychoactive substances, in particular alcohol, and acts of violence cannot be definitively established.

One interesting hypothesis on football violence suggests that football violence centres around major fault lines within particular countries. In England that means social class, in Glasgow and Northern Ireland religious sectarianism, in Spain linguistic sub-nationalism, and in Italy divisions between north and south (Dunning, 1994). Research on the phenomenon shows that in the past decade there has been a noticeable development in football violence away from the match itself. Most violence now occurs after the match, the explanation being that the primary concern of supporters before the match is presumably getting to the stadium (Adang, 1998).

Finally, regarding psychoactive substances and their influence on acts of violence, there does not appear to be a consistent pattern whereby the consumption of these substances in itself necessarily causes a predisposition to acts of violence. This hypothesis is supported by international experience, since countries noted for high levels of alcohol consumption at international football matches are not noted for violent or aggressive behaviour.

Music events

The term music events in its broadest construction covers a variety of events, including activities in which music forms one component of a wider celebration, as well as events which centre around music or a particular kind of music. Similarly, the duration of the event can vary considerably from one-off concerts featuring an individual artist or group to music events over a protracted period involving a variety of performers. In examining the subject matter, it may be more productive to confine our definition to a narrow field to include the music festival format, with particular emphasis on rave events – a phenomenon that has developed throughout Europe over the past two decades.

In terms of violence at music events, there seems to be little historical evidence to suggest that violence is an integral part of music events in the way it is at football matches. Unlike football, rivalry is not generally an issue for people at music and dance events: they are more likely to show empathy for each other and for a particular musical or cultural expression.

However, the gathering of large crowds and the consumption of alcohol and drugs at such events suggests a potential for violence and, though violence at such events is rare, it has occurred at raves and other music events. One of the best-known violent incidents at a music event was the 1969 Rolling Stones concert in Altamont, California, in which one person died. Members of the Hell's Angels motorbike group had been hired as security with payment in alcohol.

Reportedly combining alcohol with LSD and other drugs, the Hell's Angels policed an intoxicated and impatient crowd using pool cues as weapons (Constantine, 2000).

During the rave scene that emerged in the UK in the early 1990s, frequent clashes occurred between ravers and police attempting to prevent or disrupt such events. Although outdoor raves are less common in the UK nowadays, such scenes are still occasionally reported. In France in 2002, for example, police attempting to prevent a rave from occurring on the Italian border were forced to retreat after being pelted with rocks and stones by ravers (BBC, 2002a).

Other types of music events are also occasionally plagued by violence. The Leeds festival, one of several large music events held in the UK each summer, was the scene of violence for two consecutive years culminating in a riot following the 2002 event, in which 44 people were injured and an estimated £250 000 worth of damage was caused. Several hundred festival goers were involved in the violence, burning toilet blocks, setting skips alight, pulling down electric cables and attacking police with missiles (BBC, 2002b). Music events featuring "R and B" acts have been particularly associated with violence in recent years with several incidents of shootings at nightclubs and during concerts. However, these incidents appear to be more related to gang rivalry than to substance use or crowd excitement.

Rave events have attracted attention for the use of drugs, ecstasy in particular. This attention is based primarily on both anecdotal and observational evidence, which points to high consumption levels of amphetamine-type stimulants (ATS) at rave events. Since the early 1980s, rave culture has spread across Europe from its origins in the techno scene to large-scale events, many commercially organised. The annual Berlin Love Parade is considered the biggest techno and rave event in Europe. Every summer between 500 000 and one million people meet and dance at what is described as one of the greatest parties in the world.

Most European countries have experienced a trend towards organisation of commercial raves, as opposed to the traditional wild rave parties. These raves have been on a much larger scale, incorporating both techno music and the club scene. For example, in Portugal the annual Vila de Mouros International Rock Festival and the Sambujeira do Mar Music Festivals attract over 25 000 participants. However, while observational evidence suggests consumption of both alcohol and drugs, violent incidents are not a feature of these events. One of the principal influences towards larger-scale raves has been the commercial imperative, whereby such organised activities must be conducted on an expanded scale to be economically viable. A recent report on large-scale dance events, published in the Netherlands, notes that the number of visitors to large-scale dance events in the Netherlands increased fourfold between 1996 and 2002 (Pijlman, Krul and Niesink, 2003). At the same time, however, there has been a counter-trend towards smaller-scale events which are non-commercial and in many instances illegal.

In relation to drug use at major events, it should be noted that different types of music are associated with different types of drugs, and the various types of substances being used at an event may effect the potential for violence at that event. For example, Forsythe, Barnard and McKeganey (1997) found that young people who liked dance music were more likely to use "rave" drugs (LSD, amphetamine, cocaine or ecstasy) than those who preferred other types of music. Further research has found that individuals visiting "techno" events were more drug-experienced than those attending "garage" events, and were more likely to use drugs such as ecstasy, ketamine and LSD. However, those attending "garage" events were more likely to use cocaine and slightly more likely to use alcohol (O'Hagan, 1999).

Control mechanisms – general

Mechanisms available to event organisers and emergency personnel to reduce the potential for violence and insecurity at major events fall into a number of categories, namely:

- general control mechanisms meant to ensure the safety and security of patrons;
- mechanisms meant to ensure the safety and security of persons in the vicinity;
- mechanisms which seek to regulate or prohibit the consumption of psychoactive substances at, or in the vicinity
 of, an event.

Mechanisms meant to ensure the safety and security of persons attending events are primarily concerned with crowd management and maintaining public order on site, concentrating on the immediate environment of the event. Among the factors that must be taken into consideration, the first is the site itself. Given that football matches take place in locations designed for spectators, the issue there would appear relatively simple, but over the past two decades the experience of crowd fatalities in Heysel, Belgium, Hillsborough, UK, and Bastia, Corsica, has demonstrated the vulnerability of stadiums to spontaneous events, and their impact on crowds.

The design of stadiums should be of sufficient quality to ensure orderly entrance and exit. The design should incorporate anti-crush features, including barriers, and where possible universal seating. In the case of football matches, the site should also have facilities for fan segregation both within the stadium and at entrances and exits. Other requirements including

holding areas, emergency facilities, fire safety, and pitch and perimeter security. In a European context, UEFA has issued a number of guidelines on crowd safety and security measures in and around stadiums (UEFA, 1991).

Music events present unique problems in terms of site determination and layout. This is by virtue of the fact that in many instances the venue is not specifically designed for a music event and is generally adapted to suit the event. Examples include sports stadiums and large open public spaces which can be adapted to cater for significant numbers of people. Where music festivals extend over a number of days, the added problem of temporary overnight accommodation has to be considered. There are differences between football matches and music events in terms of site determination, but the broad principles are the same: crowd movement and control must be carefully monitored and the selected site must take into account a variety of factors including the numbers expected to attend, fire, emergency and communications facilities, and toilet and sanitary provision.

The importance of providing high-quality facilities at venues can also determine the profile of the persons attending such events. For example, football crowds in England declined during the 1970s and 1980s largely owing to poor facilities and the public's experience and perceptions of football hooliganism. This made parents reluctant to take their children to the match and kept female supporters away (Lowry, 2002).

Males still make up the majority of crowds in England, but the percentage of female season-ticket holders at FA Premier League matches increased from 12% to 14% between 1997 and 2001 (Sir Norman Chester Centre, 2001). Likewise over the same period, the proportion of fans attending football matches with their partner or spouse increased from 17 to 20%. Thus, while the changing gender balance of persons attending football matches cannot be directly attributed to a reduction in football-related violence, its positive contribution cannot be ignored. Nor should the importance of improved facilities in attracting a broad range of spectators to such events over the medium to long term be underestimated.

Control mechanisms: alcohol

In terms of control mechanisms to regulate the consumption of alcohol and drugs at major events, a number of distinctions should be made. Firstly, the sale and distribution of alcohol products are strictly regulated in most countries. These regulations govern the circumstances in which alcoholic beverages can be consumed as well as the type and quantity of alcohol that can be sold. Secondly, major events are by and large organised by a specific group, which is responsible for the conduct of the event and control of those attending and participating. This group will include event organisers as well as other agencies, particularly law enforcement and emergency services. Thirdly, in the case of football matches in particular, there is an internal governing body for Europe and one for the world, and these provide specific guidelines on the conduct of such events. This again differs from concerts, where no such governing institution exists and the mechanisms for regulating the conduct of such events are largely left to the organisers, and also national legislation. Finally, in relation to drug use, no control mechanism exists apart from law enforcement.

The mechanisms that regulate the supply of alcohol at football matches and concerts derive from national legislation as well as the management practice of event organisers or, in the case of football matches, from the relevant governing body. Control mechanisms established by national legislation generally follow a principle designed to regulate the conditions under which alcohol is purchased and consumed, as well as the type of beverage sold and the quantities and containers in which the beverages are consumed.

National legislation in all European states regulates the outlets at which alcoholic beverages are sold. Legislative and regulatory instruments govern the licensing of premises or outlets for the vending of alcohol products and the attachment of conditions under which alcohol can be sold and consumed. Many event sites are also subject to licences for the sale of alcohol. Thus through national legislation the supply of alcohol at such venues can be regulated to some extent. In addition, many states make special provisions for the control of alcohol at particular locations, including concert sites and football stadiums.

For example, Portugal has recently enacted legislation designed to monitor the sale and consumption of both alcoholic beverages and narcotics at sports grounds and event sites (Portuguese Law 38/982003). This legislation was enacted in advance of the European Championship. The relevant sections provide for monitoring drunkenness and the use of narcotics, with the following provisions, *inter alia*:

"The police authorities policing the event may apply tests to any individuals who, by behaving in a violent manner or in a manner liable to jeopardise the safety of the event, show signs of being under the influence of alcohol. Any individuals whose tests prove positive or who refuse to undergo such tests shall be denied access to the sports ground."

The legislation also provides for the removal from sports grounds of individuals who display the above characteristics. The act defines a number of regulatory fine offences, including selling or consuming alcohol in sports grounds and throwing objects inside sports grounds.

Other examples of legislative provisions designed specifically for sporting events include the Sporting Events (Control of Alcohol, etc.) Act 1985, enacted in the United Kingdom, which makes it a specific offence to enter a football stadium while drunk; to consume alcohol in view of the pitch during a game; to be drunk inside a stadium, and to consume alcohol or be intoxicated in a vehicle specifically travelling to a football match.

In addition to national legislative instruments, other bodies have made provisions on spectator safety at football grounds and the consumption of alcohol there. The Council of Europe, in its Convention on Spectator Violence and Misbehaviour at Sports Events and in particular at Football Matches, requires member states to undertake a variety of measures to reduce the potential for violence at sporting venues. One specific provision of the convention requires signatories to prohibit the introduction of alcoholic drinks by spectators into stadiums; to restrict and preferably ban the sale and any distribution of alcoholic drinks at stadiums, and to ensure that all beverages available are in safe containers (Article 3.4F). Additional measures were adopted in 1987 by the Standing Committee set up under the convention, recommending that contracting parties implement as far as legally possible two additional measures at high-risk matches to include the travel arrangements of groups of visiting supporters.

Control mechanisms to regulate the supply of alcohol at sporting events have traditionally tended towards a total ban on alcohol products; nonetheless, recent experiences have moved away from the concept of a total ban and generally concentrate on regulating supply. A recent evaluation report of Euro 2000 demonstrates the current divergence of opinions and practice on the banning of alcoholic beverages at or in the vicinity of football matches:

"Netherlands: In the host cities, the policy on alcohol was implemented as agreed. No circumstances arose which called for the imposition of more stringent controls. Drug use was not a problem, though an increase in the number of drug runners was noted. The policy on alcohol is thought to have helped prevent trouble. In this regard, particular importance is attached to the serving of low-alcohol beer in and around stadiums. In the host cities, supporters were able to buy alcoholic beverages over the counter but in none of them did the consumption of alcohol by supporters lead to incidents.

Belgium: The mayors of host countries were asked to focus their attention on this point. The systematic prohibition of alcohol consumption in a region or in a city has never been envisaged because of the difficulties in controlling its application. But existing legal options were used to define other possibilities for coping with the situation. Measures had been taken in each of the host cities. Inside stadiums, the selling of alcohol was prohibited and controlled. In the vicinity of stadiums and in towns, other measures were taken e.g. a total ban on alcohol consumption, a ban on the consumption of hard drinks, a ban on consumption of alcohol in public places, and a requirement to serve alcoholic drinks in paper or plastic cups. The consumption of alcohol had not been a problem as such in 2000. In this framework it can also be underlined that other agreements had been reached to place plastic chairs in designated zones and terraces in order to avoid incidents resulting in serious injuries or damage."

In addition to national legislation, event organisers and governing bodies (particularly in the context of football matches) issue codes of practice or guidelines on the supply of alcoholic beverages at major events. An example of such guidelines is the UEFA manual on security measures. This manual complements national and local legislation, and the instructions issued by competent national administrative bodies. Instructions in the manual on the precautionary measures to be taken to ensure safety and security in the stadium, and to prevent crowd disturbances, are binding on all associations and clubs participating in matches played in any UEFA competitions. Two articles in this manual govern the use and distribution of alcohol.

"2.08 Final screening and search procedures must be carried out by the security services outside the turnstile entrances to ensure that:

[...]

- b. Spectators do not bring any objects into the stadium that are likely to be used in acts of violence, nor alcohol or fireworks of any kind;
- c. Access is forbidden to known or potential troublemakers, or persons who are under the influence of alcohol or drugs.

[...]

2.19 No public sale or distribution of alcohol is permitted within the stadium or its private environs. All alcohol-free drinks which are sold or distributed must be dispensed in paper or open plastic containers which could not be used in any dangerous manner."

Control mechanisms - drugs

Mechanisms designed to prevent the supply of psychoactive substances other than alcohol are more complex. This is primarily due to the fact that in most EU countries the possession and/or use of such substances constitutes a criminal offence rendering the possessor liable to severe penalties under the relevant criminal code. Furthermore, different events – particularly in relation to concerts or music festivals – will attract differing cohorts, determining both the level of consumption of psychoactive substances and the types of substance involved.

The situation is further complicated by the fact that very little research has been undertaken on the extent of drug consumption at either concerts or football matches. What information does exist is generally drawn from official law-enforcement statistics on the number of drug seizures at a particular event and the type(s) of drug involved. The difficulty with interpreting such information is that the data are heavily influenced by the extent of police activity in the area and inconsistent with the general prevalence of drug consumption in that setting.

Notwithstanding the absence of specific evidence on the extent of drug use at major events, recent Dutch research provides an insight into substance use at rave events and the attendant problems (Pijlman, Krul and Niesink, 2003). The research centres on a non-governmental organisation, Educare, responsible for education and health care at large-scale events. Educare staff are present at almost half of all large-scale dance events in the Netherlands. Between 1996 and 2002, Educare was present at 134 dance events, during which about 16 000 persons registered as having sought first-aid treatment. This represented less than 1% of the patrons attending these events. Of those 16 000 persons, less than 2% (N = 308) had what were described as moderately serious to serious health disturbances. Within that group, fewer than 50% (N = 142) were brought to hospital by ambulance. In terms of drug use, while the most notable drugs used have been ecstasy and amphetamines, recent trends have shown greater prevalence of alcohol at such events. Thus, what little research is available seems to suggest that the number of adverse incidents arising from drug consumption at concerts is not statistically significant.

Interventions

It should be pointed out that many of the interventions aimed at reducing the potential for violence in nightlife settings are also applicable to major events. The important difference is that many of the issues identified in nightlife settings become more acute at major events by virtue of the scale of the event, coupled with the numbers attending. In general, interventions can fall into four broad categories:

- interventions to address the consumption of alcohol and/or drugs at major events;
- strategies to ensure that the environment in which major events take place is less conducive to acts of violence;
- specific strategies to cater for issues peculiar to football matches and music events;
- strategies designed to integrate the activities of the relevant stakeholders.

Alcohol

Strategies to regulate the consumption of alcohol at major events concentrate on curbing or controlling the supply of alcohol at such events. They comprise several broad strategies:

- initiatives that seek to limit the supply of alcohol;
- initiatives that seek to regulate the type of alcoholic products available at such events;
- initiatives that seek to regulate how alcohol is consumed.

Strategies to limit the supply of alcohol at major events seek either to ban the sale of alcoholic products or to limit the times and locations at which alcohol can be sold and consumed. Event organisers may also wish to regulate the type of beverages supplied at major events. This relates particularly to the alcohol content of beverages being sold. In situations where alcohol is supplied, the practice has been to limit supply to beer products with a low or moderate alcohol content. This strategy seeks to regulate the alcohol intake of the consumer, as opposed to the supply of alcohol. This has become a common practice throughout Europe at both football matches and music events.

Despite the tradition of imposing a total ban on alcohol sales at - or in the immediate vicinity of - a major event, this strategy has tended to diminish in significance over time. Such a strategy has invariably led to a displacement effect, whereby alcoholic beverages have been consumed en route to a major event, which has often made a zero-alcohol policy more difficult to police. It has also created problems away from the event site, thereby reducing the capacity of emergency services to address problems on and off site.

Recent practice has tended to regulate the supply of alcohol both on site and in the vicinity of a major event, so that alcoholic beverages are available but are to some extent controlled. The advantage of this strategy is fourfold. Firstly, if difficulties arise, then there are resources close at hand to deal with the difficulties. Secondly, the sale of alcohol becomes a component of the event itself and any anticipated problems can be addressed in advance by the event organisers – or, where difficulties have occurred, these can be addressed at subsequent events. Thirdly, the ability of event organisers to determine the type of alcoholic products sold at events is greater if these products are available in the vicinity of the event or on site. Finally, complementary initiatives to reduce levels of consumption are more effective if patrons are encouraged to consume alcohol primarily at the event site itself. Examples of complementary strategies would include the provision of non-alcoholic beverages and food at reasonable prices, as well as curbing alcohol sales towards the end of the major event.

As an example of changing policy, Scotland currently bans alcohol from all premier league stadiums, but there are calls to lift the ban mainly because of its economic impact (McLetchie, 2003). Similarly in England, Northumbria Police say that selling alcohol in St James's Park, Newcastle, has made their job of controlling crowds easier because spectators arrive in good time and do not sit in pubs and clubs up to the last possible minute before they rush to the stadium.

The final approach to regulating the supply of alcohol is to control how the alcohol is consumed, by means of factors such as the type and size of receptacles, and the design of locations where alcohol products are purchased and consumed. The consensus is that the most practical receptacle for selling alcohol at major events is an open-ended plastic or paper container with a capacity of not more than half a litre. For this strategy to be effective, initiatives are needed to restrict takeaway sales near major event sites and prevent takeaways being allowed into the stadiums.

The principal difficulty with alcohol sales outside the event is that they reduce the ability to regulate consumption as well as providing objects that could cause injury to spectators or patrons. If there are alcohol sales outside the event, it is important that the consumption of alcoholic beverages takes place either at the point of sale or close by. This will to some extent regulate the volume of alcohol sold, as well as the conduct of individuals consuming it. Finally, the vending of alcohol should be co-ordinated with the overall objective of ensuring the safe movement of patrons to and from the event, and the arrangements should be agreed upon by statutory and non-statutory bodies responsible for planning and organising the event. For example, the selling of alcohol could be planned to coincide with staggered times of entry and exit, thus reducing the likelihood of patrons congregating and remaining at or around the event site when the performance or game ends, thereby reducing potential flashpoints.

Although the trend in recent times has been in favour of supplying alcohol at major events, it does not automatically follow that drinks with low or moderate alcohol content should always be available at a particular event or type of event. The supply of alcohol should take into account the type of event, the age, background and number of persons attending, previous problems with alcohol or violence at the event itself or similar events, and the assessment of drug consumption at the event. In considering these and other issues, the advice of event organisers and emergency services should be taken into account, as well as guidelines from relevant associations or bodies. An example of such guidelines is the European Council recommendation encouraging authorities to restrict or ban alcohol in the environs of stadiums during high-risk football matches.

Drugs

Strategies designed to reduce the consumption of psychoactive substances other than alcohol are less straightforward, as their sale and supply is a criminal offence and therefore remains a clandestine activity. It is also worth noting that very little research has been undertaken specifically to quantify the sale and consumption of drugs at events generally or at specific events. Furthermore, particular events will appeal to different cohorts and this in turn will affect the general levels of drug consumption and the type(s) of drugs used.

Traditionally, strategies aimed at controlling the volume and type of drugs consumed at major events have concentrated on eliminating or, more realistically, reducing the consumption of drugs. These strategies have primarily focused on enforcement activities, such as:

- the vetting of patrons entering the event site, including searching at points of entry;
- covert operations on site to prevent and detect the sale and distribution of drugs;
- the use of technology, particularly CCTV, to monitor the activities of patrons on site;
- the conduct of intelligence-based operations against major supply networks operating in conjunction with the major event itself.

All the above measures affect the supply of drugs at major events, but concentrate strictly on reducing the supply of drugs. In more recent times, strategies including all the above have been complemented by initiatives aimed at influencing demand for drugs, as well as reducing the risk to patrons who become adversely affected by consumption of drugs.

Such strategies include the direct provision of facilities that not only cater for general medical emergencies but also provide for interventions to counter the adverse effects of drug use. This requires the employment of drug outreach workers and counsellors to address both drug use and its adverse consequences. In addition, our current knowledge of the implications of drug use should inform both harm-reduction and prevention strategies. Harm-reduction strategies – such as providing fresh drinking water, recreational areas and medical observers – can reduce the potential health risks for individuals arising from drug consumption at major events.

This strategy should form part of a range of interventions designed to negate the adverse impact of substance use. They should complement preventive strategies, including the delivery of accurate and relevant information on substance use to people attending venues. These interventions should be seen as complementary to initiatives aimed at reducing the supply of drugs at major events and not as supplanting traditional enforcement practices. All such initiatives should be moderated according to the perceived potential of substance misuse at the particular event, as not all events will necessitate similar intervention. In addition, the roles and responsibilities of the agencies involved should be clearly understood, so they do not conflict with the overall objective of ensuring the safety and security of patrons attending major events.

Environmental measures

The environment in which major events take place has both long- and short-term implications. In the context of long-term strategies, it is noteworthy that over the past twenty years the profile of spectators at football matches has altered, with a noticeable increase in both females and families attending fixtures. The game itself is attracting a broader-based audience, which has been cited as one of the reasons for the reduction in violent incidents at such events. One explanation for this trend has been the noticeable improvements in the quality of stadiums. Modern stadiums provide safer facilities, including all-seated venues and easy access.

In addition to stadium design, technology can play an important role in enhancing safety and security. In particular, modern communications, closed-circuit television and lighting systems can greatly assist organisers in monitoring events and identifying potential problems as they arise.

Consideration should also be given to the environments of event sites. In particular, measures to ensure the safe movement of patrons to and from events can have a positive impact on overall safety and security. This includes the provision of adequate transport infrastructure, which can effectively accommodate the volume of patrons entering and leaving event sites. For football matches, facilities must cater not only for efficient access but also for segregation of opposing fans at high- or moderate-risk fixtures.

Initiatives can be put in place to stagger the movement of patrons into and out of the event site. This can include additional entertainment, both in advance of the main attraction and at the conclusion of the event. Anything which staggers the movement of persons into and out of an event site reduces the potential risk of flashpoints, as well as reducing the tendency for emergency services to become overstretched by the sheer volume of people on the move just before or after such an event. Similarly, factors which inhibit entry or exit of patrons should be taken into account. These include vending facilities for food and alcohol. It would be impracticable to restrict such activities at major events, but their negative impact on the movement of patrons must be considered in the context of event planning and execution.

Interventions addressing violence

In addition to initiatives addressing the security of patrons or the potentially negative consequences of consumption of psychoactive substances at major events, there is a need for initiatives specifically targeting violence. Such strategies usually relate to football matches, but their application is equally relevant to concerts. They focus on law enforcement, with interventions designed to prevent the outbreak of violence. In particular, strategies are needed to control the activities of individuals or groups who seek to deliberately orchestrate violence in such settings. These can include facilities for the exchange of information and intelligence between law-enforcement agencies, as well as international sanctions for persistent offenders.

The Council of the European Union has agreed resolutions and recommendations specifically designed to prevent disorder at football matches. One Council recommendation provides a standard format for the exchange of intelligence reports about known or suspected groups of troublemakers and recommends transnational training courses, steward training and arranging for police officers from the visiting nation or club to attend (EU OJC 131, 1996). Among the non-binding instruments designed to address the issue of spectator violence are:

- Council Resolution of 9 June 1997 (EU OJC 193, 1997) providing for the exchange of experience, publication of annual reports, stadium exclusion orders and media policy;
- Council Resolution of 17 November 2003 (EU OJC 281, 2003) providing for stadium bans to supplement sanctions imposed for violence at such events.

These non-binding instruments are supplemented by a Council decision in 2002 providing for the establishment of national football information points (EU OJC 121, 2002). All these initiatives should be explored within a wider European context to devise practical measures for other European states in co-operation with national and international legislation to reduce violence in such settings.

Whilst the focus has been largely on initiatives to monitor and negate the potential for violence at major events, from an enforcement perspective recent developments in a number of European countries have aimed at taking preventive measures at football matches. In particular, Germany, the Netherlands and Belgium have set up what have become known as fan projects amongst groups of football supporters, the first being set up in Bremen, Germany, in 1981. They undertake preventive work by employing youth and social workers, who work with fans at the venues, but also over the longer term with football supporters generally. The primary concern of such programmes is enhancing fans' personal and social skills, and their coping mechanisms in dealing with confrontational situations. The projects mesh with event organisers and lawenforcement agencies to create new lines of communication. Some of these projects have received exchequer support, while others have been supported through the relevant football clubs or the football association in the country concerned.

Although these initiatives have received some criticism – since project workers were often viewed as informers working at the behest of the authorities – the overall consensus has been that the establishment of such fan projects has been a worthwhile initiative in preventing and reducing violent or aggressive acts at football matches.

Such fan clubs are particularly important in the context of major international tournaments, as they provide an effective channel of communication between the visiting supporters and the organisers and municipal authorities. These initiatives now incorporate fan embassies at major international tournaments, giving practical guidance to visiting supporters, and information on stadium access, local transport and times of matches (Cameron, 2003).

Integrated strategies

The strategies enunciated in the previous sections primarily address the specific issues of the use of psychotropic substances, violent incidents and crowd management at major events. This section concentrates on those strategies that assist in co-ordinating a response to such issues in a way that is both uniform and relevant. It covers the issues of information, research, structures and codes of practice.

The overriding conclusion from an examination of the influence that psychoactive substances have on incidents of violence at major events is the lack of reliable information on the subject. Much research has been undertaken on alcohol and drug consumption in general terms, but very little is known of the nature and extent of the issue in relation to major events. Similarly, while many theories and opinions have been expressed on the positive and negative impact of the consumption of psychoactive substances on acts of violence, the extent and nature of the relationship remains unknown. This lack of information is significant and directly relevant when considering what strategies are best suited to negate the potential adverse consequences. Of critical importance is the conduct of relevant research on the issue, the outcome of which should guide policy makers and organisers of football matches as well as concerts. The relevance of research on substance use is crucial. As already stated, the use of psychoactive substances at major events is directly influenced by the nature of the event itself and the profile of those attending. Therefore, research should be specific to those events noted for substance use and the research should be tailored to the changing context of substance use.

In the context of alcohol use, again research should be focused on its contribution to violent outbursts. Although alcohol has been cited as contributing to violence at football matches, the exact nature of the relationship remains unclear. This is noteworthy particularly since most European countries have tended to move away from imposing a total ban on alcohol at major events. There is a need to harness existing expertise in managing major events across Europe.

Much of this expertise has arisen out of tragic episodes, which have ended with fatalities. Through long experience and the organisation of major events, expertise has been developed in most European states as well as in other jurisdictions. This expertise should be harnessed and collated so that the widest possible range of agencies and organisations become acquainted with developments in the area of major event planning and execution. Managing this knowledge should be a priority for European states, since the exchange of knowledge and best practice is relatively easy and inexpensive. This expertise should include not only the issues already identified but also issues relating to policing strategies, prevention strategies, intelligence exchange and technological developments. There have been some attempts at issuing guidelines at an international level, including European Union guidelines relating to football events as well as national and international codes of practice.

One essential requirement for co-ordination is the establishment of international structures to facilitate the exchange of experience and expertise in event management and execution. Recent developments in the context of football matches in the European Union provide a practical example. They include the establishment of a national football information point

and provision for compiling an annual situation report on football vandalism. Such practices could be extended to cover other European states and other major events such as concerts.

It is also important to set up instruments to cater for those events organised outside official events. These should include the enactment within each jurisdiction of sufficient legislative and regulatory instruments at national, federal and municipal level to control and regulate all aspects of major events. Of particular significance is the provision of safeguards to prevent the organisation and operation of unlicensed events. Often the greatest difficulties that agencies encounter are in dealing with groups of individuals who surreptitiously organise large-scale events with the stated intention of avoiding engagement with the relevant agencies. It is of paramount importance to ensure that regulated events are organised and conducted to the highest standards, but equally important to detect and discourage individuals and organisations who seek to conduct events outside agreed guidelines or seek to depart from accepted practices and guidelines. This requires the establishment of sufficient legislative and regulatory instruments in all states to actively discourage such practices as well as imposing relevant sanctions on individuals or groups who seek to organise or promote such activities.

Finally, it is important to acknowledge the importance of actively engaging the community in the overall conduct of major events. Regarding individuals' sense of security in relation to major events, it is often the communities nearby that feel most vulnerable, with fears of violent incidents and fears for their personal safety and security. It is important therefore that the planning, organisation and conduct of major events incorporates the needs of local stakeholders. This can be done by involving these key interests in the event itself, irrespective of its duration.

A recent example of such a process featured in the Special Olympic Games held in Ireland in the summer of 2003. An essential part of the organisation was the active participation of local people and municipal authorities in hosting visiting athletes and supporters. Host towns were encouraged to provide not just accommodation but also activities and entertainment. This greatly added to the sense of pageantry and ownership of the event by the host nation and not just by the event organisers. The Special Olympics of course have many unique qualities, but this does not mean that some of the lessons concerning community participation and engagement cannot be transferred to other major tournaments and events.

References

Adang, O. (1998). Hooligans, autonomen, agenten. Geweld en politie optreden in relsituaties. Alphen aan de Rijn: Samson.

Backhaus, W. (1972). Offentliche Spiele, Sport und Gesellschaft in der römischen Antike. In: Ueberhorst, H. (ed.): *Geschichte der Liebesübungen*. Band 2. Berlin: 1978, 200-249.

BBC (2002a). French raves force police to retreat, 16 August 2002. http://news.bbc.co.uk/1/hi/world/europe/2196478.stm

BBC (2002b). Festival marred by violence, 26 August 2002. http://news.bbc.co.uk/1/hi/entertainment/music/2216223.stm

Bogaerts, S., Spapens, A.C. and Bruinsma, M.Y. (2003). De bal of de man?: Profielen van verdachten van voetbal gerelateerde geweldscriminaliteit. Tilburg: IVA.

Cameron, A. (1976). Circus factions: Blues and Greens at Rome and Byzantium. Oxford: Clarendon Press.

Carnibella, G., Fox, A., Fox, K., McCann, J., Marsh, J. and Marsh, P. (1996). Football violence in Europe: a report to the Amsterdam Group SIRC. Oxford: Oxford University Press.

Comeron, M. (2003). The prevention of violence in sport. Council of Europe publication. Strasbourg.

Constantine (2000). The covert war against rock. Los Angeles: Feral House Press.

Council of Europe. Protocol No. 4 to the Convention for the Protection of Human Rights and Fundamental Freedoms. ETS No. 46. Strasbourg, 16 September 1963.

Council of Europe. European Convention on Spectator Violence and Misbehaviour at Sports Events and in particular at Football Matches. ETS No. 120. Strasbourg, 19 August 1985.

Council of Europe. Recommendation No. 1/94 on measures to be taken by organisers and public authorities concerning high-risk indoor sports, of the Standing Committee of the European Convention on Spectator Violence and Misbehaviour at Sports Events and in particular at Football Matches. Strasbourg, 2 June 1994.

Dunning, E. (1994). The social roots of football hooliganism: a reply to the critics of the "Leicester School". In: Giulianotti, R., Bonney, N. and Nepworth, M. (eds). *Football, violence and social identity*. London: Routledge.

Enfopol 31 (2003).

EU Council Recommendation of 22 April 1996 on guidelines for preventing and restraining disorder connected with football matches (OJC 131, 3.5.96, p. 1).

EU Council Resolution of 9 June 1997 on preventing and restraining football hooliganism through the exchange of experience, exclusion for stadiums and media policy (OJC 193, 24.6.97, p. 1).

EU Council Resolution of 6 December 2001 concerning a handbook with recommendations for international police cooperation and measures to prevent and control violence and disturbances in connection with football matches with an international dimension, in which at least one member state is involved (OJC 22, 24.1.02, p. 1).

EU Council Resolution of 25 April 2002 concerning security in connection with football matches with an international dimension (OJL 121, 8.5.02, p. 1).

Forsythe, A.J.N., Barnard, M. and McKeganey, N.P. (1997). Musical preference as an indicator of adolescent drug use. *Addiction*, 92: 1317-1325.

Giulianotti, R., Boney, N. and Nepworth, M. (1996). Football, violence and social identity. London: Routledge, pp. 174-195.

IAS (Institute for Alcohol Studies) (2001). Drink, drugs and thugs: Alcohol Alert; 3: 2-3.

Lowry, J. (2002). Football and families, Fact Sheet 14. Leicester: Sir Norman Chester Centre for Football Research.

McLetchie, D. (2003). *Calls for end to alcohol ban at sports ground*. Scottish Conservatives press release, 17 September 2003. http://www.scottishstorie.org.uk/pressrelease.asp

O'Hagan, C. (1999). British dance culture: sub-genres and associated drug use. *Club Health* 2000 10-12 November 1999, Amsterdam, www.clubhealth.org.uk

Pijlman, F.T.A., Krul, J., Niesink, R.J.M. (2003). *Uitgaan en veiligheid: feiten en fictie over alcohol, drugs en gezondheidsverstoringen*. Utrecht: Trimbos Instituut.

Pleket, H.W. (1976). The Olympic Games. New York: Viking, p. 51.

Sir Norman Chester Centre for Football Research. (2001) New Findings in FA Premier League 2001 National Fan Survey.

UEFA (1991). Order and security in stadia – final ties and high risk matches (Category A matches): binding instructions to avoid crowd disturbances, 7th edn. Berne: Union Européenne des Associations de Football.