



Co-funded by
the Health Programme
of the European Union

Project number: 710063



Project title:

ALLCOOL - Raising awareness and action-research on Heavy Episodic Drinking among low income youth and young adults in Southern Europe

Project beneficiaries: Agência Piaget para o Desenvolvimento, Spora Sinergies SCCL, Azienda Unita Sanitaria Locale di Bologna

Deliverable number: D5.1

National Policy Recommendations

Author: APDES, SPORA, AUSL

Date: 31.01.2018

This report is part of the project '710063 / ALLCOOL' which has received funding from the European Union's Health Programme (2014-2020).

The content of this report represents the views of the author only and is his/her sole responsibility; it can not be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Short background:

The project:

ALLCOOL is a project where a consortium of research and collaborating stakeholders in 3 South European countries (Portugal, Spain and Italy) aim to tackle the growing trend of Heavy Episodic Drinking (HED) in the region. More research is needed to analyse the relationship between HED and lower socio-economic youth and young adults (15-30 years old).

This is particularly relevant in Southern European countries going through a socioeconomic crisis, with increasing unemployment rates especially among recently graduated students and decreasing family income.

By promoting healthy lifestyles, filling research gaps and implementing innovative and replicable local interventions focusing on prevention of heavy episodic drinking among youth this project will: 1) promote good health among EU youth population; 2) in the long-term, contribute to the sustainability of the health systems and healthy work forces.

This document integrates National Policy Recommendations of each of the 3 countries of the Allcool Consortium. National recommendations were informed by contributions from research component, consultative forums/ work groups and inputs from the pilot intervention.



This document was developed by APDES, in the ambit of the *ALLCOOL - Raising awareness and action-research on Heavy Episodic Drinking among low income youth and young adults in Southern Europe* - project.

Authors: Cristiana Vale Pires, Helena Carvalho, Joana Pereira, Albano Ribeiro e Ana Leite

Acknowledgments:

We'd like to thank the participation of the entities represented in the Advisory Forums and the Collective Interview:

Associação de Bares e Discotecas da Movida [Movida Pubs and Discos Association]; *Associação de Vinhos e Espirituosas de Portugal* [Portuguese Association of Wines and Spirits]; *Associação de Estudantes da Faculdade de Medicina da Universidade do Porto* [Students' Association of the Faculty of Medicine of the University of Porto]; *Associação Nacional de Empresas de Bebidas Espirituosas* [National Association of Spirits Enterprises]; *Administração Regional de Saúde Norte* [Northern Regional Administration of Healthcare]; *Batalhão de Sapadores Bombeiros do Porto* [Porto's Fire Department]; *Confederação Nacional de Associações de Pais* [National Federation of Parents' Associations]; *Departamento Municipal de Desenvolvimento Social* [Municipal Department of Social Development]; *Departamento Municipal de Proteção Civil* [Municipal Department of Civil Protection Services]; *Faculdade de Psicologia e Ciências da Educação da Universidade do Porto* [Faculty of Psychology and Education Sciences of the University of Porto]; *Federação Académica do Porto* [Academic Federation of Porto]; *Federação das Associações Juvenis do Distrito do Porto* [Porto's Youth Associations Federation]; *Gabinete da Juventude da Câmara Municipal do Porto* [Porto's City Hall Office for Youth Affairs]; *Instituto Superior da Maia*; *Instituto Nacional de Emergência Médica* [National Institute of Emergency Services]; *Metro do Porto*; *Polícia de Segurança Pública* [Judicial Police Department]; *Polícia Municipal do Porto* [Municipal Police Department]; *Sociedade Transportes Coletivos do Porto*; *Universidade Católica do Porto* [Porto's Catholic University].

We'd also like to thank those who proofread the document and provided their suggestions and guidance: Andreia Nisa, Diana Castro, Joana Canêdo and José Queiroz.



Co-funded by
the Health Programme
of the European Union

Funded by the EU' CHAFEA.

Neither the European Commission nor any person acting on its behalf
is liable for any use of information contained in this publication.

Table of contents

Introduction

Methodology

Recommendations:

I. Community interventions

II. Public policy

III Municipal Regulations

Bibliographic references

Annexes: Contextualization of HED, Methodology

APDES: National Policy recommendations addressing Heavy Episodic Drinking

The following document is a result of the work developed in the ambit of the ALLCOOL project and it focuses on the results of the research carried out, as well as of the pilot-intervention implemented in Porto and the policy recommendations addressing Heavy Episodic Drinking (HED) – an emerging alcohol use pattern in southern European countries that lacks interventions in terms of Prevention and Harm Reduction.

Introduction:

Heavy Episodic Drinking (HED) is a concept colloquially used to define the use of a significant amount of alcohol¹ during a single occasion or time period². HED was usually associated with northern and eastern European countries. However, the globalisation processes increased the commercialisation of different beverages from other countries and continents and the migration of different alcohol use trends (Devaux et Sassi, 2015). For this reason, youngsters (18-29 years old) from southern European countries (namely Portugal) are nowadays using other beverages, like spirits and beer; in addition, the spaces-periods of use tend to occur during the weekend, deeply associated with nightlife venues (pubs, discos, parties, festivals, public spaces, etc.) [Solei-Vila et al., 2014].

Several studies in this field report several negative consequences associated with HED, like unprotected sexual relationships, professional or academic underachievement and interpersonal issues (Townshend et al., 2014; Hibell et al., 2012, WHO, 2014, Viner & Taylor, 2007).

In what concerns the community well-being, there were also some changes in the local dynamics associated with new nightlife activities: in addition to the “traditional” venues

¹ According to the Directorate-General of Health, a standard beverage unit comprehends 10 grams of pure alcohol. The amount of pure alcohol in each drink can be calculated through a formula that takes into account the alcohol content of said beverage (alcohol percentage) and the volume of the glass/container. The amount changes according to gender: 4 beverages concerning women and 5 in what concerns men.

² For a thorough definition of HED and the content values of the beverages, please check Spora, 2017.

(pubs, discos, etc.), the streets and some neighbourhoods with nightlife venues are now providing activities that lead to the large-scale occupation of public spaces previously functioning as residential areas. HED in public spaces presents new challenges, compromising the habitability of some neighbourhoods, due to the noise level that affects people's rest and privacy, the garbage produced, the excessive public urination, the episodes of vandalism and interpersonal violence, the feeling of insecurity, etc.

This situation is further aggravated when nightlife activities become rooted in the urban tissue, leading to the establishment of neighbourhoods dedicated to said activities – Porto's "party district". (Rodrigues, 2016).³

Methodology:

The research that supports the recommendations aimed to characterise HED, specifically in the city of Porto. The dimensions addressed concern the set and setting of HED, the individual, social and community risks and the HED among low-income youngsters and/or unemployed graduates. The multi-method research resorted to quantitative and qualitative data and included several key social actors in the alcohol use field.⁴

Recommendations:

Consistent with the work developed throughout the project and the analysis dimensions considered during the research stage, the recommendations presented below are framed according to three domains: (i) community interventions; (ii) public policies and (iii) municipal regulation.

I. Community interventions

1. The community interventions focusing on HED should consider different dimensions, like leisure, the active search of pleasure and the perception of immediate risks (rather than the long-term risks);

³ For more information, please check the annexes.

⁴ For more information, please check the annexes.

2. The outreach interventions should be implemented in nightlife venues, since the majority of HED occurrences take place in these settings;
3. The concept of *standard beverage unit* ought to be included in the outreach activities, as a way to support the beneficiaries in terms of alcohol use management;
4. Non-formal and informal educational activities should be implemented alongside formal educational actions, since they're effective in the promotion of healthier and safer alcohol use patterns.

II. Public policies

1. The legislation that limits the purchase of alcohol by minors should be followed by supervision and informal educational actions, in order to keep people informed about the potential risks of alcohol use in terms of personal development and educate them in terms of safer alcohol use patterns i.e. empowerment as a tool of self-management;
2. Considering the identified trend of DIU, there should be more environmental tools to prevent it, namely a wider network of public transportation, with schedules adapted to partygoers;
3. It is vital to adopt actions to promote responsible alcohol use and harm reduction, rather than prohibitionist and repressive prevention strategies – acknowledging that alcohol use never ceased to exist despite the restrictive methods adopted.

III. Municipal regulation

1. City halls should adequately adopt administrative models and strategic plans to deal with the negative impact of HED (and/or other trends) in social, spaces' preservation and public health terms;
2. It is vital to reject repressive and restrictive regulations that aim to decrease the availability of nightlife activities as a way to eradicate the occupation of public spaces and the use of alcohol in said context, thus acknowledging these activities as active, dynamic and creative cultural and socialising spaces-times, rather than a set of risky behaviours, noise level issues and public disturbances;
3. City halls should implement a strategic plan to effectively manage the city's nightlife activities (supported by integrated and participatory policies) that comprehends:
 - Monitoring of HED evolution, nightlife activities and their consequences, to support the collection and analysis of quantitative and qualitative indicators aimed to implement new policies or change the already established ones;

- A legal framework that encourages the establishment of positive relations between neighbourhoods/nightlife venues (private, commercial and public), local residents and business owners and partygoers. The implementation of this framework should be accompanied by an adequate monitoring strategy that ensures the effective implementation of rules. Despite being considered a repressive instrument, this monitoring process should advocate for informal outreach and educational actions that support the peaceful and conciliatory transition to a sustainable supply of nightlife activities;

- It is vital to promote the dialogue and mediation between the different social actors associated to nightlife activities and HED, resorting to strategies of positive communication;

4. It's crucial to favour a safer mobility by creating alternatives to driving personal vehicles i.e. a wider network of public transportation during the evening/night;

5. City hall should provide a set of public services that minimise the impact and negative pressure associated with nightlife activities in certain areas of the city i.e. public bathrooms open during the evening/night, garbage bins, ashtrays, proper lighting, etc. It is important to develop strategies/campaigns that decrease the number of glass containers (*bottellón*) and public nuisance.

6. People who work at nightlife venues should be adequately trained in terms of healthcare and safety, as well as in other themes e.g. responsible selling of alcohol, first aid and CPR, management of conflicts, creation of safe environments that promote the responsible use of alcohol, etc.

Bibliographic references

Bartoli, F., Carretta, D., Crocamo, C., Schivalocchi, A., Brambilla, G., Clerici, M., & Carra, G. (2014). Prevalence and correlates of binge drinking among young adults using alcohol: a cross-sectional survey. *BioMed Research International*, 93079.5

Devaux, M. & Sassi, F. (2015), Alcohol consumption and harmful drinking: Trends and social disparities across OECD countries, OECD Health Working Papers, No. 79, OECD Publishing, Paris. <http://dx.doi.org/10.1787/5js1qwkwz2p9s-en>

Hibell B, Guttormsson U, Ahlström S, Balakireva O, Bjarnason T, Kokkevi A, Kraus L.(2012). The 2011 ESPAD Report - Substance Use Among Students in 36 European Countries. Stockholm, Sweden: The Swedish Council for Information on Alcohol and Other Drugs (CAN).

Kuntsche, E., Rehm, J., Gmel G. (2004) Characteristics of binge drinkers in Europe. *Social Science & Medicine* 59(1):113-27.

Rodrigues, C. (2016). *A Cidade Noctívaga: Ritmografia Urbana de um Party District na Cidade do Porto*. (PhD thesis) - Available at: <https://estudogeral.sib.uc.pt/jspui/bitstream/10316/31863/1/A%20Cidade%20Noct%C3%ADvaga.pdf>

SICAD (2016). *A situação do país em matéria de drogas e toxicodependência – 2015 Annual Report*. Available at: <http://www.sicad.pt/PT/Publicacoes/Documents/Relatório%20Anual%20Drogas%20e%20Toxicodependências%202015.pdf>

Solei-Vila, H., Galán, I., Valencia-Martín, J. L., León-Muñoz, L. M., Guallar-Castillón, P. & Rodríguez-Artalejo, F. (2014). Binge Drinking in Spain, 2008–2010. *Alcoholism: Clinical and Experimental Research*, 38, 810–819.

Spora Sinergies (2017). ALLCOOL: Research Final Report. https://allcool.ausl.bologna.it/wp-content/uploads/2016/08/ALL-COOL-Final-Report_project-'710063-ALLCOOL'-.pdf

Townshend, J.M.; Kambouropoulos, N.; Griffin,A., Hunt, F.J. & Milani, R.M. (2014). Binge drinking, reflection impulsivity, and unplanned sexual behavior: impaired decision-making in young social drinkers. *Alcohol Clin Exp Res.*; 38(4):1143-50.

Viner, R.M.& Taylor B. (2007). Adult outcomes of binge drinking in adolescence: findings from a UK national birth cohort. *J Epidemiol Community Health*. 61(10):902-7.

Vladar, E. K., Lee, Y., Stearns, T., & Axelrod, J. (2015). The Protective Behavioural Strategies Scale -20: Improved Content Validity of the Serious Harm Reduction Subscale. *Psychol Assess*, 27(1), 37-54.

World Health Organization (2014). Global status report on alcohol and health 2014. Geneva: World Health Organization. Available at: http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf?ua=1

ANNEXES

Contextualisation of HED

Heavy Episodic Drinking (HED) is a concept colloquially used to define the use of a significant amount of alcohol⁵ during a single occasion or time period⁶. HED was usually associated with northern and eastern European countries. However, the globalisation processes increased the commercialisation of different beverages from other countries and continents and the migration of different alcohol use trends (Devaux et Sassi, 2015). For this reason, youngsters (18-29 years old) from southern European countries (namely Portugal) are nowadays using other beverages, like spirits and beer; in addition, the spaces-periods of use tend to occur during the weekend, deeply associated with nightlife venues (pubs, discos, parties, festivals, public spaces, etc.) [Solei-Vila et al., 2014].

Accordingly, one can realise that HED is a sociologic phenomenon that should be considered in the development of adequate policies and interventions, namely those focused on younger target-groups. In Portugal, SICAD's last report (2015) shows a significant increase in the prevalence of *binge drinking* among young adults (18% of the total and 30% of recent alcohol users), comparing it to the trend among the general population (12% of the total and 20% of recent alcohol users). In addition, the prevalence of light and severe intoxication is higher among young adults (21%/11% of the total and 29%/15% of recent users), especially when compared with the rates registered among the general population: 15%/6% of the total and 18%/8% of recent alcohol users. The statistical data concerning the 15-24 age range show an even higher prevalence of light and severe intoxication (34% of the total and 19% among recent alcohol users), with the tendency to decrease over time. Also, several studies in this field report several negative consequences associated with HED, like unprotected sexual relationships, professional or academic underachievement and interpersonal issues (Townshend et al., 2014; Hibell et al., 2012, WHO, 2014, Viner &

⁵ According to the Directorate-General of Health, a standard beverage unit comprehends 10 grams of pure alcohol. The amount of pure alcohol in each drink can be calculated through a formula that takes into account the alcohol content of said beverage (alcohol percentage) and the volume of the glass/container. The amount changes according to gender: 4 beverages concerning women and 5 in what concerns men.

⁶ For a thorough definition of HED and the content values of the beverages, please check Spora, 2017.

Taylor, 2007). In what concerns the community well-being, there were also some changes in the local dynamics associated with new nightlife activities: in addition to the “traditional” venues (pubs, discos, etc.), the streets and some neighbourhoods with nightlife venues are now providing activities that lead to the large-scale occupation of public spaces previously functioning as residential areas. HED in public spaces presents new challenges, compromising the habitability of some neighbourhoods, due to the noise level that affects people’s rest and privacy, the garbage produced, the excessive public urination, the episodes of vandalism and interpersonal violence, the feeling of insecurity, etc.

This situation is further aggravated when nightlife activities become rooted in the urban tissue, leading to the establishment of neighbourhoods dedicated to said activities – Porto’s “party district”. (*Rodrigues, 2016*).

ALLCOOL’s research in Portugal (more specifically, in Porto), with data gathered among 382 participants (18-29 years of age) show that 67% of the people surveyed had HED episodes during the previous year, according to different periodicities: 2-3 times per week (18.8%); once a month occurrence (17.7%); 6-11 times per year (13.1%); 2-5 episodes each year (2.8%); 3-4 times a week (6.3%); 5-6 times during a single week (3%); once a year (2.8%) and on a daily basis (1.2%). In what concerns HED frequency, there were no significant changes in terms of sociodemographic elements (gender, social status and age). Regarding the venues and leisure contexts associated with HED, data concerning the previous year show that HED rate is higher in pubs (58.3%), discos (37.5%), public spaces (32.5%), bars (31.4%), students’ parties (21.6%), house parties (18.6) and festivals (13.5%). Local parties (9.6%), concerts (9.4%), after-parties (5.2%) and raves (4.1%) present a lower rate of HED occurrences.

Methodology:

The research that supports the recommendations aimed to characterise HED, specifically in the city of Porto. The dimensions addressed concern the set and setting of HED, the individual, social and community risks and the HED among low-income youngsters and/or unemployed graduates. The multi-method research resorted to quantitative and qualitative data and included several key social actors in the alcohol

use field. The data collected, mentioned in said research, were gathered by using the following:

- a self-administered survey among youngsters and young adults [18-29 years of age] and alcohol users (n=403);
- two discussion groups implemented among young adults: one group with people with ages ranging from 18 to 23 and one group with young adults (24-29 years of age) (n=17);
- an Advisory Forum (six editions) with several representatives of local entities: City Hall, students' and entrepreneurs' associations, alcoholic beverages companies, public transportation companies, healthcare bodies, police department and medical emergency services;
- Three collective interviews to assess needs and gather information on “good practices” and regulation concerning HED. The following entities participated in these interviews: *Movida*, *Gabinete da Juventude da Câmara Municipal do Porto*, *FPCEUP*⁷ (represented by an expert in alcohol and illicit psychoactive substances and nightlife venues), *DICAD-ARS Norte*, *Polícia Municipal*, *FAP*⁸, *CONFAP*⁹, *UCP*¹⁰ (experience in risky behaviours and recreational settings), *ISMAI*¹¹ (experience in non-problematic use of psychoactive substances in nightlife venues) and *Associação de Bares e Discotecas da Movida*;
- Validation of the recommendations by the social actors involved in the process, in order to confirm the representativeness of their narratives;
- Proofreading by experts in alcohol use and HED (n=3).

⁷ Faculdade de Psicologia e Ciências da Educação da Universidade do Porto

⁸ Federação Académica do Porto

⁹ Confederação Nacional de Associações de Pais

¹⁰ Universidade Católica do Porto

¹¹ Instituto Superior da Maia

Spora SCCL: National Policy recommendations addressing Heavy Episodic Drinking

Acknowledgements

Consultative Forum Meeting participants: Lluís Romero, Francis Montero and Sara Carbon: Alcohol Prevention Team; Cristian Compte, Ivan Cesar, María Leon Guardiola and Josep Ernesto: Nightlife Promoters; Patrícia Ros and Marisa Cerrillo: Public Health Department (Tarragona City Hall); Mossos d'Esquadra: Local Police; Núria Alba: Health Professional; Georgina López: Youth Department (Tarragona City Hall); Xavier González: Culture Department (Tarragona City Hall); Xavier González: Culture Department. (Tarragona City Hall); Mireia Faucha and Marcel Balasch: Social Consultancy Spora.

Reviewers: David Pere Martínez Oró, Project Research Coordinator at Episteme; Otger Amatller, Psychology professor and director of the drug addictions master in Barcelona University, coordinator of the Prevention area of Fundació Salut i Comunitat; Natàlia Carceller, researcher at Medical Anthropology Research Center.

Information about the project and our organization

ALLCOOL - raising awareness and action-research on heavy episodic drinking among low income youth and young adults in Southern Europe – is a project founded by the European Commission and developed by a consortium of three organizations: APDES (Portugal), Ausl (Italy) and Spora (Spain). AllCool is an action-research project aimed to improve scientific knowledge of the sporadic and acute alcohol use among youngsters aged 18 to 29 who live in Porto, Tarragona and Bologna; and elaborate policy and community intervention recommendations to address this phenomenon. The project targets youngsters, researchers, non-governmental organizations, professionals working on the field, and decision makers from local and national governments. The project includes a research on Heavy

Spora SCCL is a Social Consultancy offering services of Social Research, Evaluation of projects and programs, Social Intervention, and Training. Spora is formed by a team

of professionals specialized on social and community research and consulting in different fields: drugs and addictions, health and quality of live, childhood and youth, among others.

Table of contents

Executive summary	
Methodology	20
Evidence and community-based research	21
Recommendations	23
1. For community intervention.....	23
2. For policy.....	27
3. For drinking supply and drinking environments	29
Conclusion	30

Executive summary

Introduction: Heavy Episodic Drinking (HED) is an alcohol consumption pattern that has been incorporated in Mediterranean countries in recent years; nowadays, in Tarragona, 71% of youngsters aged 18-29 who drink alcohol have had a HED episode; and 61,3% have concretely drunk between 4 and 7 drinks in a range of 3 to 6 hours. HED is changing consumption patterns, consequences and protective behaviours among youngsters. This document compiles recommendations to orient the responses that this new consumption pattern demands.

Objectives: This document aims to provide a practical guidance on implementing comprehensive HED policies and programmes based on evidence and culturally grounded.

Methodology: The recommendations included in this document have been elaborated in a participatory process with sixteen key agents related to alcohol consumption in the local context and grounded in a previous local research produced using a combination of a qualitative and quantitative methodology approach. Finally, the document has been reviewed by three experts in the field.

Recommendations: The recommendations included in the document are summarized below:

1. **For community interventions:** expand the age range target population of interventions and include information youngsters consider relevant; focus interventions in peer group and encourage to take collective responsibility; address sexual abuse prevention messages to men; provide information about Standard Drink Unit; create youth prevention teams.

2. **For policy:** lower the maximum blood alcohol level permissible to drive; incorporate prevention and awareness programmes to economic sanctions; promote responsible consumption during initiation stage; foster the creation of alternative free-alcohol night

activities; implement environmental prevention measures; set up public spaces where alcohol consumption is allowed.

3. For drinking supply and drinking environments: include alcohol producers and distribution companies in nightlife agents' meetings; inform on bottle labels about Standard Drink Unit; promote protective behaviours in party settings and alcohol stores.

Conclusion: The main objective of the prevention interventions should be to make party settings a safer, healthier, informed and responsible environment. The design of public policies and interventions should be based on the consumers' cultural, collective and individual characteristics. Moreover, these policies should be implemented in a coordinate and coherent way in the different frameworks (legal, community, local regulation...). Finally, the design and implementation of these policies should involve key agents related to HED phenomenon.

Introduction

The policy recommendations report aims to provide practical guidance to countries on implementing comprehensive Heavy Episodic Drinking policies and programmes based on evidence and culturally grounded.

Heavy episodic drinking (HED) is a theoretical term related to the intake of large volumes of alcohol in a short period of time. This term is used as a boundary between non-problematic and problematic alcohol consumption. Multiple researches report co-occurrence of HED and negative consequences, such as unprotected sexual behaviour, academic or professional failure and interpersonal problems (Townshend et al., 2014; Hibell et al., 2012, WHO, 2014, Viner & Taylor, 2007). Although there is a wide range of studies in its impact on health, it is a complex and multifaceted use pattern that is still challenging research, interventions and public policies.

HED has been a drinking pattern predominant in the northern Europe countries (WHO, 2014; Kuntsche et al., 2004; Bartoli et al., 2014). However, Mediterranean countries have incorporated this pattern in the last decades (OEDT, 2015A; Bartoli et al., 2014; León-Muñoz et al, 2014), changing its traditional drinking pattern based on daily moderate consumption of fermented beverages, such as wine, and less use of spirits (Rolando et al, 2012). This proves Southern European countries, such as Spain, are changing its consumption patterns and differences between northern and southern countries are decreasing (Devaux & Sassi, 2015).

The incorporation of HED in Mediterranean countries implies changes in consumption patterns, consequences and effects of alcohol, and protective and risky behaviours young people carry out. Therefore, new responses and strategies in term of public policies and community interventions are needed to address this phenomenon. This document compiles some recommendations and good practices that aim to provide a practical guidance to support countries on implementing Heavy Episodic Drinking policies and programmes based on evidence.

The recommendations are organized in three main dimensions: recommendations for community intervention, recommendations for public policy, and recommendations for drinking supply and drinking environments.

Methodology

The recommendations included in these documents are based in the data collected through a scientific research, as well as a community participatory process. On one hand, the recommendations are grounded on the local research produced using a combination of a qualitative and quantitative methodology approach. Using both methodologies allows to obtain and produce an exhaustive knowledge about alcohol consumption and, concretely, about Heavy Episodic Drinking among youth between 18-29 years old in Tarragona. On the other hand, this guide has been elaborated incorporating the experience and knowledge provided but key agents related to alcohol consumption in the local context. They have participated in local Consultative Forum Meetings, where they were asked to analyse and debate about the actual alcohol consumption context and suggest recommendations. Concretely, the techniques used are the following:

- *Quantitative self-administered structured questionnaire.* The sample is composed by 372 respondents from 18-29 years old from Tarragona randomly selected. It is representative with a confidence level of 95.5% ($\sigma=2$) for an admissible error level of 3.02%.
- *Two Focus Groups implemented to young adults* (aged 18 to 29) living in Tarragona. The first one was composed by 8 people aged 18-23 and the second one by 7 people aged 24-29.
- *Group Interview with professionals* related to alcohol consumption field. It was composed by 2 Policy makers related to public health of the City Council (Head of Health Department and of the alcohol area), 2 Field workers intervening with young people (a social educator and a health education working with university students) and 1 local police from Tarragona.
- *Celebration of a Consultative Forum Meeting* that gathered key agents related to alcohol consumption: representatives of the city hall (Health, Youth, Gender equality and public transport department), association of nightclubs, police, schools, youth organizations, university students and other specialized agencies.

- *Review by 3 experts* working on the field of alcohol consumption (in the research or intervention level) to assess the document regarding its contents, structure, and usefulness.

The recommendations included in this manual are based on the triangulation of different methodologies. This evidence-based process guarantees the outputs of this document reflect the complexity that characterizes HED phenomenon and the multiple views that exists about it. It aims to provide relevant suggestions and recommendations to future public policies addressing HED among youngsters in Spain.

Evidence and community-based research

This Recommendations document is grounded on a previous local research developed in Spain as part of Allcool Project. This research aimed to increase knowledge related to Heavy Episodic Drinking in Southern European Countries, so it was conducted in the local level in Porto (Portugal), Tarragona (Spain) and Bologna (Italy). The local researches have produced local knowledge about the following topics: a) alcohol consumption patterns; b) Heavy Episodic Drinking; c) consequences and effects of drinking; d) protective and risky behaviours; and, finally, e) interventions addressing alcohol consumption. The Tarragona local research major results are summarized below:

a) Alcohol consumption patterns:

- Most of the young people between 18-29 years old drink alcohol regularly. Concretely, 23.7% drinks one day a week; and 21.8% between two and three days a week. Nevertheless, during the summer, alcohol consumption is more frequent; while during the year consumption usually concentrates on Friday and Saturday nights.
- Women tend to drink less frequently than men. For instance, 32.6% of women drink less than 29 days a year versus 19.7% of men; while 32.8% of men drink more than 150 days a year versus the 23.9% of women.

b) Heavy Episodic Drinking:

- HED is widely spread among youngsters aged 18-29 (71.8%). Nevertheless, when analysing the most intensive episodes (+4/+5 drinks in less than 2 hours), this percentage is reduced to 16.7%. However, the most common pattern is to drink between 4 and 7 drinks in a range of 3 to 6 hours.
- Men perform HED more frequently than women (77.6% vs. 65.9%) and people of mid-low social position perform HED more frequently than those of mid-high social position (77.4% vs. 65.4%).

c) Consequences and effects of drinking:

- HED is strongly linked to negative consequences, since youngsters who conduct HED in less than 2 hours carry out less protective behaviours and suffer more negative consequences. They experience each consequence an average of 23% more than the rest.
- The consequences most frequently experienced by young people (that affect a range from 33.8% to 72.7% of people) are related to physical discomfort, feelings of shame and conflicts with other people. That is, most of them concern social relations and relation with the peer group.
- People suffer fewer negative consequences as they get older. In general, there are no significant differences by sex, except for sexual harassment, assault or abuse, that is three times more frequent in women than in men (7% of men versus 25.7% women).

d) Protective behaviours:

- Most youngsters carry out protective strategies and the most frequent are those that try to reduce significant negative consequences arising from alcohol consumption (a range from 51.8% to 71.7% of people use these strategies). Most of these behaviours are strategies that allow young people to manage the alcohol consumption risks collectively.
- The less used are mainly related to limiting the amount of consumed alcohol (less than 50% of people use them).
- The group that performs more protective practices are women from 24 to 29 years old.

e) **Interventions** addressing alcohol consumption are concentrated in High School, so interventions targeting youngsters above 18 are needed. Interventions that are considered effective are peer-to-peer interventions; those that promote responsible alcohol consumption and are based on real-life experiences; and interventions addressing structural characteristics of the leisure context to promote protective behaviours.

HED is an extended practice among youth that contribute to suffer negative consequences. Therefore, intervention in the public policy and community intervention is needed. Nevertheless, the research also brings to light protective behaviours youngsters carry out to minimize the consequences of drinking. Moreover, the research produces detailed data to understand alcohol consumption patterns. As indicated above, there isn't a clear relationship between social position and HED. On the contrary, sex and age are two variables that seem to be much more explicative to understand HED, since they influence strongly consumption patterns, risky and protective behaviours, and consequences of drinking. Finally, the research analyses the interventions that are currently being implemented and identifies good practices. All these data indicate possible strategies that should be adopted by professionals when addressing this phenomenon.

Recommendations

1. For community intervention

When planning community interventions in the field of alcohol consumption prevention, it is essential to identify and incorporate the multiple agents related to the field in order to work together. These agents include young people, families, educational professionals, nightlife promoters, professionals working in public administration, alcohol producers and retailers; that is, any agent related to alcohol consumption. In this section, some recommendations related to community interventions are suggested.

1.1 Expand the age range of the target population of interventions addressing HED to 29 years.

In the field of alcohol consumption prevention, interventions are preferentially addressed to a social category that becomes one of the main target populations of social interventions: adolescence. That is because this vital stage has been defined and understood as a social category at risk. This logic is constantly reproduced, so that most interventions aimed to prevent HED address adolescents (15-18 years) and, on the contrary, there are a few of them addressing the age range with a higher prevalence on HED (22-25 years). For this reason, it is necessary to promote prevention actions targeting young people over 18 years of age.

1.2 Include information about immediate, relational and social consequences of drinking rather than about long term and health consequences in community interventions.

There is a general agreement about the relevance of informing consumers about the long term negative consequences that alcohol consumption can cause to health (growth, learning, personality, etc.). Nonetheless, young people attach greater relevance to those messages that refer to consequences they are more worried about, that is, consequences they have already experienced, and they feel related to. The research carried out shows young people is worried about social, relational and short-term consequences, what is known as “moral hangover”. This kind of consequences are, among other, forgetting part of the night, feeling ashamed of their behaviors or having had sex without protection.

1.3 Focus interventions on the peer group rather than individuals.

Much of the policies addressing alcohol consumption are intended to offer individuals tools to face group pressure. These policies aim to empower individuals, so that they can rationally decide whether to drink alcohol and manage responsibly the risks derived from alcohol consumption. Although these messages focus on individual responsibility, alcohol consumption is a collective practice that takes place within the peer group. It is especially significant when talking about HED, since this pattern appears during adolescence, that is, when the peer group becomes the main source of socialization. The practices and values related to alcohol consumption are constructed, therefore, collectively. Therefore, given that drinking is a collective

practice and its meaning is shared among the peer group, the strategy shouldn't focus on holding every youngster responsible for drinking, as if they were autonomous and rational entities. On the contrary, the messages should address group consumption dynamics and make the peer group take responsibility for the manner of drinking. That is, messages should address peer group and not individuals.

1.4 Encourage the peer group to take responsibility of the caring tasks to manage negative consequences, focusing on the men caring role.

Responsibility and management of the consequences that may occur due to drinking usually lie with the peer group and not the individual. The group organizes itself to take care of those who are drinking too much or who are already drunk. Consequently, interventions should provide tools to make the peer group able to manage these risks appropriately. It should be noted that caring tasks are often assumed by women, so it is necessary to take a gender perspective and try to avoid the reproduction of gender roles in caring. It is advisable to promote the incorporation of protective behaviours among men and strengthen those protective behaviours women already carry out. Finally, promoting the role of women as the main responsible for the care tasks should be avoided; while strengthen the peer group as the collective responsible for these tasks should be encouraged.

1.5 Address sexual abuse prevention messages to men.

"This isn't a new thing, and girls like us, who don't get easily scared, we acted by the book: we didn't make eye contact, we danced with our faces toward the floor (to make sure no one thinks we are interested in this attention). We switched places among ourselves. We changed locations in the club. We stood by a wall. We even used male friends as a human shield". (Nikolok, N. (23 de gener de 2018) Meet the women fighting sexual harassment in nightclubs [Entrada en blog]. Recuperado de: https://medium.com/@Nikolay_Nikolov/meet-the-women-fighting-sexual-harassment-in-nightclubs-99fcac585b7d)

Women incorporate more protective behaviors than men and they carry out self-care and self-control behaviors to respond to the risks related to alcohol consumption. For example, it has been shown that half of sexual abuse cases have taken place when

the victim was “too intoxicated to resist”. Although psychological effects of alcohol consumption should be born in mind, it is also important to disabuse certain beliefs about the relation between alcohol, gender and sexuality because they contribute to hold girls responsible for abuse, victimize them and present alcohol as a possible justification.

We should be extremely careful when using arguments and the consequent interventions that widen gender inequalities and understand that the natural logics that rule nightlife are based in a masculine domination oriented to ‘conquer girls’ who become a kind of opponent in a ‘sexual arena’. From this perspective, self-care and self-control become a gender imperative for girls and, therefore, those victims that have not adjusted to the gender role are blamed for failing. This perspective wrongly assumes that victims of sexual assault 'have failed' because they are not sober enough to fend off the sexual abuse, thus leading to a double victimization.

In conclusion, interventions addressing alcohol consumption should be designed adopting a gender perspective and taking into account the self-control and self-care imperative that sanction those girls who don't follow socially assigned gender roles. Therefore, messages that victimize girls who suffer sexual abuse should be avoided. On the contrary, campaigns should be based on the idea that alcohol is not a justification, and they should focus the message on men abuse behaviours.

1.6 Provide tools that help people to measure the amount of alcohol consumed to facilitate consumption management, such as the Standard Drink Unit.

Interventions should provide tools that help young people to measure the amount of alcohol ingested and, thus, facilitate the management of a responsible consumption. Using Standard Units of Drinks is an easy way to calculate the amount of alcohol consumed and its possible effects and consequences. Informing about Standard Units of Drinks and its equivalence depending on the beverage format allows consumers to calculate the amount of alcohol ingested and identify if they are making HED.

1.7 Promote the creation of youth teams to work on alcohol consumption prevention.

The agents who have a greater capacity to influence young people's behavior are other young people. In fact, one of the main sources of information they use is other

young people. The effectiveness of prevention based on peer communication is grounded on the strong influence information has when it is transmitted by an equal. The information is transmitted more effectively because the peer group enjoys credibility. Therefore, it is recommended to create intervention teams constituted by groups of young people who carry out risk reduction interventions. Similarly, it is necessary to strengthen the figure of young health workers, consisting of training young volunteers on health issues, so that they can organize actions to intervene with their peer group.

2. For policy

Legal framework:

2.1 Lower the maximum blood alcohol level permissible to drive to zero (0.0 grams).

Making an accurate calculation of the limit of alcohol permitted to drive is problematic, since drivers may have different blood alcohol levels depending on their physical constitution. Similarly, different drivers with the same blood alcohol level may experience very different effects in their organisms. This proposal aims to end with these problems related to the calculation of the permitted level. Finally, implementing these recommendations requires creating a negotiation table for those sectors that may disagree with it, such as the alcoholic beverage industry.

2.2 Supplement economic sanction related to alcohol consumptions with the mandatory participation in prevention and awareness programs.

Sanctions related to alcohol consumption have a dissuasive function, even if it is for driving under the effects of alcohol or for consuming alcohol being minor. However, sanctions should also have an educational and prevention purpose. Along these lines, it is recommended to support economic sanctions with prevention programs that contribute to raise awareness among those sanctioned. In addition, the implementation of prevention programs would become a key tool for the early detection of problematic consumptions, which wouldn't be detected if only an economic sanction is applied.

2.3 Review measures that regulate the minimum age of legal access to alcohol to ensure they promote an initiation of responsible consumption.

The last modification of the law that regulates access to alcohol increased the minimum age from 16 to 18 years. This amendment aimed to protect young people, slow down the age of first alcohol use and reduce consumption among minors. The available data on the average age of first alcohol use and the prevalence rates of juvenile alcohol users (for example, at age 16) has not undergone significant changes since the approval of the law. Thus, while consume prevalence is similar to the one before the law was passed, the legal prohibition on consuming alcohol causes the consumption to be concealed, clandestine, without supervision and in unregulated spaces. It is necessary, then, to analyze and carry out an in-depth assessment of the impact and the social, health and community consequences of this regulation.

2.4 Foster the creation of alternative, free-alcohol, night activities programmes managed by young people.

Most youngsters associate going out with partying and alcohol consumption. Offering other leisure activities that do not imply the alcohol consumption can contribute to break the triangle formed by night-party-alcohol and facilitate the prevention of risky behaviours. In order to ensure these initiatives are effective, they should be designed and self-managed by young people, so the activities match their interests.

2.5 Promote environmental prevention measures from the local administration.

The environment and, more particularly, the public space have a key role when it comes to promote protective behaviours. Therefore, local administration should enhance safe mobility (by guaranteeing the traffic of public transports in highly trafficked areas and residential neighbourhoods), access to water through water points, and improve security from a gender-based perspective (i.e. lighting up walking areas).

2.6 Set up public spaces where alcohol consumption is allowed to reduce cohabitation issues.

The consumption of alcohol in public areas is a highly extended phenomenon amongst youngsters under eighteen as well as young adults. Drinking in the street is associated to several issues regarding HED such as cohabitation problems due to excessive

noise and dirtiness. Neighbours usually complain and report these issues, demanding for a quieter and cleaner neighbourhood. Youngsters, on the other side, demand spaces where they can socialize and drink without having to enter commercial establishments where an entrance is required, or the cost of the alcohol is higher. An option to solve this problem could be setting up spaces far from residential areas, where drinking is allowed. In that case, it would be also necessary to set up night transports to facilitate the access. Therefore, it is recommended to set up safe environments and transports, instead of pursuing and sanctioning the alcohol consumption in public spaces, in order to reduce cohabitation issues and to develop risk reduction measures.

3. For drinking supply and drinking environments

3.1. Promote the participation of alcohol producers and distribution companies in nightlife agents meeting.

Several municipalities count on platforms in which nightlife agents participate, aiming to jointly promote prevention interventions to reduce negative consequences of alcohol consumption. Participants of such platforms are local administration representatives, nightlife promoters and organizations working on intervention and prevention, among others. However, production and distribution companies do not participate in these platforms, even they play a key role in the promotion of alcohol consumption in nightlife spaces, cultural festivities and public reunions. Its inclusion would facilitate to bring together best practices on consumption prevention and responsible consumption.

3.2. Inform on bottle labels about the Standard Drink Unit (SDU) that each drink contains.

Although currently bottle labels inform on the alcohol degrees that the drink contains, it is highly recommended to include the Standard Drink Unit on labels. This alcohol unit is clear and illustrative and allows to easily identify the quantity of alcohol that one intakes, as well as to detect whether it is a HED. Besides the unit, the label must include the SDU recommended maximum consumption recommended for men and women.

3.3. Promote protective behaviours on nightlife clubs and on alcohol stores.

When it comes to prevention, the environmental conditions determine whether a protective and risky behaviour is carried out. Therefore, it is recommended to develop prevention interventions on alcohol distribution stores. As the range of measures to implement is large, some prevention measures will be listed below:

- Carry out trainings on alcohol responsible distribution for workers of nightlife clubs and alcohol stores. These trainings should shed light into the promotion of protective behaviours and risks reduction behaviours and elaborate strategies on how to manage the negative consequences associated to alcohol consumption. These trainings must include the gender perspective and encourage the development of protocols on how to prevent and react in front of sexual harassment situations (whose targets may be clients or workers).
- Avoid promotions on alcohol consumption encouraging HED, such as the promotion of drinks at certain hours, to offer discount vouchers or to offer free drinks.
- Establish a maximum quantity of alcohol per consumption through a standard measure. This would allow to control and to level the quantity of alcohol offered in any drink, avoiding any differences among establishments.
- Offer and promote alcohol-free drinks. For instance, menus could include water, non-alcoholic cocktails and other options.
- Distribute prevention materials in nightlife clubs and alcohol selling stores. These materials could inform on responsible consumption, protective behaviours (i.e. public transport information), and tools to manage easily the negative consequences associated to alcohol consumption (i.e. the emergency number, recommendations, etc.).

Conclusion

In recent years, especially in southern European countries, there has been a significant increase of HED (also known as Binge Drinking) among young people. Mediterranean countries are changing their consumption patterns, which are becoming similar to Northern countries. This alcohol consumption pattern begins between the ages of 14 and 18 and, as the age increases, the prevalence grows

exponentially, and it reaches its peak between 20-24 years (EDT, 2015A; ISS, 2016; INPG, 2012). The progressive implementation of this alcohol consumption pattern makes it inevitable to develop risk reduction and prevention policies adapted to the specificities of Mediterranean cultural context. Based on these specificities, public policies and prevention programs should take into account the following recommendations:

- The main objective of the prevention interventions should be to make party settings a safer, healthier, informed and responsible environment.
- Public policies and interventions should be designed based on the consumers' cultural, collective and individual characteristics. Firstly, it means adapting these policies to the specific group of people who carry out HED, considering their interests, worries and age range (which is wider than it is usually thought). Secondly, attention should be paid to the opportunities our cultural context has in what respect alcohol consumption practices. Whereas in northern countries the responsibility of the consequences lies with the individual; in the Mediterranean context, responsibility and management of the consequences that may occur to an individual due to drinking lie with the peer group. This is an opportunity that should be seized when designing prevention interventions.
- The design and implementation of prevention measures should involve key agents related to HED phenomenon. That is, peer prevention groups, youngsters, representatives of local administration departments (public transport, public health, youth, equality, etc.), local police, night promoters, alcohol producers, hospital professionals, university students, among others.
- Prohibitionist and punitive policies should be always accompanied by awareness-raising, educational and community measures. This kind of measures should contribute to change individual awareness and prevent people to relapse into an irresponsible alcohol consumption. Moreover, they should facilitate that different ways of inhabiting the city could coexist (partying, working, sleeping...) without causing major problems.
- Finally, in the deployment of public policies, coordination and coherence between fields is needed: party settings, drinking environments, drinking supply, legal frameworks or local regulations.

Bibliography

- Bartoli, F., Carreta, D., Crocamo, C., Schivalocchi, A., Brambilla, G., & Crelici, M. (2014). Prevalence and correlates of binge drinking among young adults using alcohol: a cross-sectional survey. *BioMed Researc International*, 7.
- Devaux, M., & Sassi, F. (2015). Alcohol consumption and harmful drinking: Trends and social disparities across OECD countries. *OECD Health Working Papers*(79).
- Hibell, B., Guttormsson, U., Ahlström, S., Balakireva, O., Bjarnason, T., Kokkevi, A., & Kraus, L. (2012). *The 2011 ESPAD Report - Substance Use Among Students in 36 European Countries*. Stockholm: The Swedish Council for Information on Alcohol and Other Drugs (CAN).
- Kuntsche, E., Rehm, J., & Gmel, G. (2004). Characteristics of binge drinkers in Europe. *Social Science & Medicine*, 59, 113-127.
- León-Muñoz, L., Galán, I., Valencia-Martín, J., López-García, E., Guallar-Castillón, P., & Rodríguez-Artalejo, F. (2014). Is a specific drinking patter a consisten feature of the Mediterranean diet in Spain in the XXI century? *Nutrition, Metabolism & Cardiovascular Deseases*, 24(10).
- Observatorio Español de la Droga y las Toxicomanías (OEDT), D. d. (2015). *Encuesta Domiciliaria sobre Alcohol y Drogas en España (EDADES)*. Madrid: Ministerio de Sanidad, Política Social e Igualdad. Secretaría de estado de servicios sociales e igualdad.Delegación del Gobierno para el Plan Nacional sobre Drogas.
- Organization, W. H. (2014). *Global status report on alcohol and health 2014*. . Geneva. Obtenido de http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf?ua=1
- Rolando, S., Beccaria, F., Tigerstedt, C., & Törrönen, J. (2012). First drink: What does it mean? The alcohol socialization process in different drinking cultures. . *Drugs: education, prevention and policy*, 19(3), 201-212.

- Townshend, J. M., Kambouropoulos, N., Griffin, A., Hunt, F. J., & Milani, R. M. (2014). Binge drinking, reflection impulsivity, and unplanned sexual behavior: impaired decision-making in young social drinkers. *Alcoholism: Clinical And Experimental Research*, 38(4), 1143-1150.
- Viner, R., & Taylor, B. (2007). Adult outcomes of binge drinking in adolescence: Findings from a UK national birth cohort. . *Journal of Epidemiology and Community Health*, 61, 902-907.

AUSLB: National Policy recommendations addressing Heavy Episodic Drinking

Acknowledgements

Contributors: Pavarin Raimondo Maria (1), Marani Silvia (1), Turino Elsa (1), Erioli Sergio*, Durante Marilena**, Zucchini Massimo*, Cavazza Mario***, Lorusso Angelo***, Pulga Roberta*****, Ghedini Luca***, Domenicali Marco***, Lorenzani Massimiliano***, Cassini Romina***, De Blasi Adriano***, Rambaldi Davide***, Biolcati Roberta*****, Laveni Alessandra*, Fellin Diego*****, Riva Ortensio*, Puccetti Francesca***, Lo Sacco Pino****, Castellazzi Federica***, Masetti Alessandro*, Guerzoni Elio*, Sabini Veronica*, Cenni Massimiliano*, Anonymus Anonymus*, Passini Stefano****

(1) Epidemiological Monitoring Center on Addiction ASL Bologna;

* Alcohol retailer/dealer/producer; ** Decision-Maker; *** Social Worker/Health Professional; **** Researcher; ***** Member of self-help and mutual aid group for alcoholics; ***** Peer Operator

Information about the project and our organization

2.1 Allcool

Allcool is a project funded by the European Commission, aimed at fighting the phenomenon of Heavy Episodic Drinking (HED) among young people with a low economic level and among young unemployed graduates. The HED is defined as the consumption of 4 alcohol units for women and 5 for men on one occasion in the last 30 days (Wechsler et al, 1992, Wechsler, 1994).

The project involves three working groups from three member countries: Italy, Ausl of Bologna (Epidemiological Monitoring Center on Addiction - OEMDP); Spain, SPORA Sinergies S.L. Barcelona; Portugal, APDES (NGO).

The project foresees the joint action of these groups in three cities of southern Europe: Bologna (Italy), Tarragona (Spain) and Porto (Portugal).

Target

The project is aimed at: 1) Possible heavy drinkers: youths and young adults with low income, young unemployed graduates; 2) Non-governmental organizations (NGOs) and professionals, as it will provide new tools to know and cope with the phenomenon; 3) Decision- makers, who will be directly involved in consultative forums; 4) Researchers, who will contribute to enriching the scientific knowledge on the damage caused by HED in order to direct the interventions.

Objectives

The proposed objectives are to: 1) Reduce alcohol-related harm among young people with less money and unemployed graduates; 2) Transmit the value of networking between different countries and improve interventions in their own countries; 3) to inform the target population of the risks related to HED; 4) Recognize the phenomenon and make useful decisions to stem it; 5) Provide a line of intervention to increase awareness and reduce alcohol-related harm; 6) Provide information and tools useful for harm reduction in the target population.

Actions

To achieve these objectives, the project includes: 1) Conducting research at local level (questionnaires, focus groups and interviews with experts) to measure and learn about the HED phenomenon; 2) Setting up a social promotion plan to provide knowledge and awareness of the phenomenon; 3) Creating Consultative Forums consisting of professionals in the health and social sector in order to discuss the information that will emerge from the research and develop guidelines; 4) Conceiving, implementing and evaluating the results of a pilot prevention intervention, in order to experiment with practical methods for reducing HED; 5) Disseminating the results obtained by the pilot intervention; 6) Assessing the impact on the territory; 7) Constructing intervention guidelines at local and European level.

Epidemiological Monitoring Center on Addiction ASL Bologna

The OEMDP supports the system of public and private services on addictions in the metropolitan area of Bologna. Its main objective is the knowledge of the phenomenon of pathological addictions and its evolution, through estimates, research, sociological, statistical and epidemiological studies; the dissemination of data for a greater understanding of the phenomenon among operators and the general public. It guarantees the following products: research, an information system on addictions, evaluation, documentation (<http://www.ausl.bologna.it/oem/osservatorio-epidemiologico-metropolitano>).

The metropolitan area of Bologna is a densely populated territory of the Emilia Romagna region, in north-eastern Italy. There are 50 municipalities in an area of about 3,000 square kilometres, with a population of 850,000 inhabitants.

Table of contents

- 1 Introduction
- 2 Evidence
 - 2.1 Local legislation
 - 2.2 Prevention activities in the territory
 - 2.3 The impact of the phenomenon in the territory
 - 2.4 Quantitative research
 - 2.5 Focus group
 - 2.6 Protective behaviours
 - 2.7 Conclusions
- 3 Recommendations for community intervention
 - 3.1 What to consider when implementing specific responses to this type of consumer
 - 3.2 Potentially more effective responses in promoting safer drinking practices and consumer environments
- 4 Recommendations for administrators
 - 4.1 Suggested changes to current alcohol legislation
 - 4.2 Advice for local administrators to promote safer consumer practices
- 5 Recommendations for the sale of alcohol for drinking environments
 - 5.1 What should be taken into consideration by alcohol producers/retailers and professional working in drinking environments
 - 5.2 Specific recommendations aimed at offering alcohol to promote safer practices/environments.
- 6 Conclusions
- 7 Bibliography

Executive summary

Introduction

In the Bologna Metropolitan Area, in the 18-29 age group, there is an annual average of 450 accesses to the casualties units due to alcohol intoxication.

The results of the research conducted in the territory highlight a process of normalization of practices oriented towards excess. The majority of respondents had at least one episode of HED during the last year, a tolerated, justified and planned habit by the majority of youngsters.

Objectives

The aim of this document is to provide a practical and exhaustive guide for the implementation of HED prevention policies and projects based both on scientific evidence and cultural background at the local level.

Methods

Twenty-five professionals with experience with HEDs and drinking places contributed to its preparation (Alcohol retailers/dealers/producers; Decision-Makers; Social Workers; Health Professionals; Researchers; Members of self-help and mutual aid groups for alcoholics; Peer Operators). The whole document was discussed with the participants in the consultative forum and was reviewed by experts in the field.

Results

Some recommendations have been identified.

1) For community interventions: to encourage policies aimed at the construction of youth aggregation spaces; to activate territorial discussion tables involving all the realities that revolve around the alcohol problem; to build a continuous training process aimed at managers of the premises, schools, families, parents and minors. Specifically, to activate self-help groups with subjects with access to the casualties units for alcohol abuse; to form peer groups to intervene in the entertainment contexts; to introduce in schools the figure of the expert of social behaviours.

2) For administrators: building continuous training on alcohol and its effects for the managers of the premises and encouraging participation with reward mechanisms. To allocate part of the profits stemming from the sale of alcohol to prevention projects.

3) For the sale of alcohol in drinking environments: to promote non-alcoholic drinking; to draw up guidelines to be applied in all public places; to make available to the customer information on the effects of alcohol consumption; to avoid carrying out activities in the local area aimed at encouraging alcohol consumption .

Discussion

The social problem of alcohol abuse is often associated with the issue of safety, thereby generating some confusion between the two terms; repressive measures at the supply level often produce phenomena of illegality, damaging both consumers and sellers; more attention should be paid to health matters. In general, policies aimed at the construction of youth aggregation spaces should be encouraged and attention should be kept alive on the phenomenon.

In particular, acting on secondary prevention in amusement contexts and in hospital casualties units (PS).

1 Introduction

The aim of this document is to provide a practical and comprehensive guide for the implementation of HED prevention policies and projects based both on scientific evidence and on the cultural background at the local level.

It is structured into seven parts:

- 1) Information on the project;
- 2) Evidence (local legislation, prevention activities on the territory, epidemiological data, results of research conducted on the territory, protective behaviours);
- 3) Recommendations for community intervention;
- 4) Recommendations for administrators;
- 5) Recommendations for the sale of alcohol in drinking environments;
- 6) Conclusions;
- 7) Bibliography.

The Italian laws and local regulations relating to the sale of alcohol were analyzed, as well as the provision of prevention and harm reduction measures related to the use and abuse of alcohol in the Emilia Romagna region.

A critical review of the literature that described the alcohol consumption trends in Italy from the post-war period to the present day has also been carried out.

For the evidence, relating to the Bologna Metropolitan Area and for the 18-29 year-old age group, the following were used: 1) Epidemiological data on the incidence of alcohol-related problems in the territory and access to the casualties unit for acute alcohol intoxication; 2) Results of the research on the lifestyles of a sample by quota (gender, age, area of residence) of 366 subjects; 3) Results of two focus groups consisting of eight people residents each, selected according to age, gender and social status.

For recommendations, 25 professionals with experience with HEDs and drinking places were interviewed by telephone (Alcohol retailers/dealers/producers; Decision-

Makers; Social Workers; Health Professionals; Researchers; Members of self-help and mutual aid groups for alcoholics; Peer Operators).

The whole document was discussed with the participants in the advisory forum and was reviewed by three experts (Decision-Maker, Health Professional, Researcher).

2 Evidences and community-based research

2.1 Local legislation

In the last thirty years Italy has witnessed a considerable decrease in alcohol consumption (Allamani et al, 2007), linked above all to a striking decline in wine consumption, more marked than in other European countries (Beccaria et al, 2012), as a consequence of important social changes connected to a new organization of work, to the modification of the family structure and to new life and consumption styles (Tusini, 2007).

Alcohol control policies do not seem to have had any effect on the reduction in consumption, since no specific legislation was implemented in the period between 1960 and 1987 (Allamani et al, 2014A). Subsequently, the restrictions and limits of the law related to alcohol and driving have helped to modify some dangerous behaviours, while the taxation and the increase in the prices of alcoholic beverages do not seem to have influenced consumption (Allamani et al, 2014B).

In Italy driving under the influence of alcohol (novice drivers, drivers aged under 21 and professional drivers on duty rate zero, for all others > 0.5) is punished, depending on the level of alcohol, with the suspension of the driving license for up to two years and imprisonment for up to a year (Italian Government, 1992). As far as the marketing of alcoholic beverages is concerned, it is forbidden to sell them to minors under the age of 18 and to supply them to minors under the age of 16 (Italian Government, 2017).

In local situations, the Mayor may issue regulations concerning sales schedules in certain areas of the city if alcohol consumption is related to situations of urban decay, disturbance to law and order and insecurity in general. In the city of Bologna at night

it is forbidden to take out alcoholic beverages from off-licenses. Business owners are asked not to advertise special offers for alcoholic beverages and to advise the patrons as to the effects of alcohol abuse (Municipality of Bologna, 2016).

2.2 Prevention activities in the territory

In the Emilia Romagna region, in addition to the info-educational actions for those whose driving licenses have been suspended, interventions close to the consumers have been implemented with the offer of protective and harm reduction actions. In the Regional Prevention Plan (period 2015/2018), the theme of alcohol consumption is dealt with transversally by means of various projects in specific settings: safe driving in a community setting, the promotion of health and safety in the workplace, healthy lifestyles and an analysis of the risk/pleasure binomial in the school setting/ In particular, projects started in schools have avoided prohibitive or judicial actions, in favour of an active involvement of young people in the interactive workshops, adult empowerment, a creative use of curricular pathways, peer education activities (<http://salute.regione.emilia-romagna.it/prp/piano-regionale>).

2.3 The incidence of phenomenon in the territory

In the metropolitan area of Bologna, among residents aged 18 to 29 years, in 2016 the incidence of problematic alcohol consumption (clients of public services, alcoholics, people accessing the casualties units , hospital admissions) was 1.28 per 1,000 residents (<http://www.ausl.bologna.it/oem>). In the same age group, in the period 01/01/2009-30/11/2017 there were 4,072 accesses in the emergency rooms for acute alcohol intoxication, with an average of 450 cases a year (<https://allertarapidadroghebologna.ausl.bologna.it/>).

2.4 Quantitative research

The results of the research conducted in the Bologna Metropolitan Area by interviewing a sample of 360 residents aged between 18 and 29 who had used alcohol, show a high proportion of youngsters with habitual or daily alcohol use and highlight a process of standardization of the excess-oriented practices. In fact, while 84% had at least one episode of HED in the last year, this habit seems tolerated, justified and planned (<https://allcool.ausl.bologna.it/results/heavy-episodic-drink-bologna>).

We identified two specific groups with high-risk behaviours: binge days (frequent and repeated alcohol abuse, 13%) and binge risk (drinking a lot in a limited timeframe, 8%).

In regard to the last episode of HED, motivated mainly by fun-seeking, socialisation and stress reduction, 41% drank more than 4 (females) or 5 (male) alcoholic units, 21% in less than two hours.

Following single episodes of alcohol excess or hangover, almost everyone has experienced health problems and negative consequences in the field of relationships.

2.5 Focus group

From the results of the two focus groups, it was seen that people who had taken high amounts of alcohol wanted to experience a state of alteration. Youngsters were aware of the risks and said that they had been warned about the psychoactive effects of alcoholic beverages. This is a rational choice, and the limits not to be exceeded are set by balancing the engagements scheduled for the following day with the calculation of the necessary recovery time. Moreover, the exclusively psychoactive use of alcohol beverages, especially spirits, seems to overturn the legal/illegal distinction, assimilating this behaviour to illegal psychotropic substance use.

The increase in consumption seems to be affected by the wide availability of premises, the diversification of products and the fall in prices. The market has adapted to the different consumption targets, and there is ever-increasing availability of low-priced products. In the territory there are also unregistered street dealers offering alcoholic beverages at very low prices.

The interesting habit of not consuming where prices are higher, determined by the limited economic resources of most young people, related to the practice of self-production of low-cost alcohol mix and to the habit of drinking at home before going out, was also highlighted. Concerning particular trends, the habit of drinking in particular "non-places" is accentuated close to premises where groups of people who spend the evening together are formed.

The main consequences of heavy episodic drinking were mostly sought after and related to particular moods (euphoria and a sense of disinhibition), and to specific individual consequences (drunkenness, waiving of social commitments, skipping school or work).

In particular, we noted a slowdown in recovery times after an evening of alcohol excesses, increasing with age, and access to emergency services following considerable alcohol abuse.

Assistance given to a friend who has been over drinking only occurs after obvious signs of illness, and consists in helping to vomit, to handle the hangover, to call the ambulance.

2.6 Protective behaviours

As far as protective behaviour is concerned, the most widespread practice of self-control vis-à-vis alcohol consumption is to go out with a specific cost budget.

It seems that the protective effect of drinking with meals or to socialize, typical of the Mediterranean culture, largely seems to have been lost, paving the way for new regulations based on the availability of cash.

We observed a rational construction of the evening as well, both in the aspects associated to fun and those related to alcoholic excesses: depending on next-day commitments, youngsters planned the amount of drink to take, and set the ideal limit of intoxication not to be exceeded.

Traditional practices to counteract the effects of alcohol emerged, such as eating carbohydrates, alternating soft drinks and water, taking walks. To avoid excess intake, alcohol had to be taken slowly.

There are also some rules, more or less explicit, at times subconscious, which confirm the ongoing paradigm shift: going out only with trusted and well-known people, not leaving one's beverage unattended, avoiding keeping up with others when you drink, not participating in alcohol-based games, not mixing alcohol and illegal substances,

not getting into the car of a drink-driver, deciding ahead of time who will eventually drive the car.

A final aspect to highlight is the lack of specific prevention interventions targeted to this particular population, who wish to have more information regarding the physical, mental and addictive effects of alcohol abuse.

2.7 Conclusions

To conclude, we can summarize the main points that have emerged with some key words, "normalization of excess", "rational choice" and "conscious alteration", which help us to better understand a youth world where the distinction between legal and illegal substances seemed to have lost its traditional meaning, and where the use of alcohol is planned to achieve particular states of alteration.

The research also highlighted a complex market with a supply of goods and services, which has its own limits in the sums of money availability. The imperative of reducing spending directs the new consumption styles towards particular "non-places", "self-production" and the "clandestine market." Monetary restrictions also determine the most common harm reduction practices.

3. Recommendations for community intervention

3.1 What to consider when implementing specific responses to this type of consumer.

1 - Regarding people with habitual and repeated alcohol abuses, we must consider aggressive and impulsive behaviours, road accidents, and physical, psychological and social-related risks (Rehm et al, 2017; Meda et al, 2017).

It is necessary to inform all the consumers that the alcohol consumption style related to entertainment is the most dangerous because it usually takes place on an empty stomach (Mitchell et al, 2014).

The relationship between excessive consumption of alcohol, domestic accidents and cancers should also be noted (Rehm et al, 2017).

2- Regarding managers, there are no guidelines that define the behaviours to be held in "typical" situations. Beyond the prohibition to sell to minors, the conduct of the operators stems largely from discretionary attitudes, ethics, past experiences and common sense. In general, managers adopt protective behaviours only towards regular customers, i.e. people with whom they are confident, while they have no tools to limit the risky behaviours for non-regular consumers.

3 - Some managers came in contact with proximity and harm reduction projects, learning about avoiding particular risks, and about making their places safer. But these events are sporadic and not incentivized by the institutions. Some managers, in order to avoid being sanctioned, employ security services to keep the peace both inside and outside their business premises.

3.2 Potentially more effective responses in promoting safer drinking practices and consumer environments.

1 - In general, there are too few youth aggregation spaces in the central and peripheral areas of the city. Policies aimed at reducing this shortage should be encouraged.

2- Evidence-based prevention interventions, with proven effectiveness and with measurable results should be promoted and incentivized.

3- As regards the actors, all different realities (professional, institutional, social and commercial) that revolve around alcohol issues must be the subject of networking. Specifically, we must: start up territorial discussion tables; convey health-oriented messages; advise on the effects of alcohol.

4 - Centralize project planning and decision-making at the local level, involving all stakeholders (managers, retailers, producers, operators of the sector, Local Health Units, schools, voluntary associations, families, parishes, self-help groups).

5 - Keep alive attention concerning the phenomenon by organizing cultural initiatives, debates, seminars.

6 - Build training initiatives targeted to all the subjects involved in alcohol prevention: teachers, managers, families and minors.

7 - Introduce the "expert on social behaviours" (psychoactive substances, sexuality, use of the Internet) in both primary and secondary schools.

8 - Act in the leisure contexts and in the casualties' units. In particular, by activating self-help groups with people who had accessed the emergency services for alcohol abuse; by using the peer education method with peers in leisure contexts.

4 Recommendations for administrators

4.1 Suggested changes to current alcohol legislation.

In Italy, specific alcohol legislation is copious. The currently applicable laws are adequate, but they are applied in a non-homogeneous way and there is a very high possibility to circumvent them. In particular, these laws have had a positive function in reducing the number of people drink-driving, but they are often ignored as regards the selling of alcohol to minors.

In general, more attention is needed regarding health, without the only concern being a suspended driving license.

1 - The repressive measures at the trade level often produce iatrogenic side-effects (e.g. black market, cheap products). Prohibition generates illegality (e.g. black market, deregulation) damaging both consumers and sellers.

2 - The increase in prices can be a way to enhance product quality, but it can determine the choice of poor quality products or high-risk practices (e.g. drinking at home before going out, self-produced alcoholic cocktails, the "bottiglione").

3 - Allocating part of the profits accruing from the sale of alcohol to fund prevention projects.

4.2 Advice to administrators to promote safer consumption practices.

1 - The social problem of alcohol is often linked to safety issues, creating confusion between the two terms. Furthermore, regulatory control seems to be only partially effective in determining changes, especially when it is not accompanied by cultural events and prevention initiatives.

2 - Local regulations concerning the limitation on the selling times for alcoholic beverages are perceived as being counterproductive (by increasing of consumption, the black market, episodes of aggression) and are principally aimed at the social control of particular areas of the city.

3- Retailers can make a difference by indicating the way of consuming alcohol. The pub and bar managers are the true experts of the situation and must be involved in the decision-making processes by the administrations. To involve these actors may be an effective way to reduce transgressive behaviours.

4 - Providing continuous training on alcohol and its effects for the managers, encouraging their participation with reward mechanisms.

5 - Reducing the number of places where you can sell or administer alcoholic drinks

5 Recommendations for the sale of alcohol for drinking environments

5.1 What should be taken into consideration by alcohol producers/retailers and professionals working in drinking environments.

1 - The responsibilities of HED phenomenon have to be equally shared among all parties involved in the process of production/marketing/regulation/selling/purchasing of alcohol, not only producers, retailers and managers, but also consumers, municipal administrations and health services.

2 - The specific responsibilities of the sector's operators have to be connected to the price-related aspects, to the quality of the products and to consumption incentives.

3 - Managers do not only provide alcohol, but also "enjoyment" and they ought to safeguard their customers.

5.2 Specific recommendations aimed at offering alcohol to promote safer practices or environments.

The first aspect concerns the advertising of alcoholic beverages, which has shifted from the exaltation of taste and pleasure to festive situations, sociability, euphoria and excesses. The message of a moderate alcohol consumption and its direct and indirect effects are never disseminated.

1 - To make advertising on alcoholic products more transparent, including their harmful effects on health and the risks related to particular lifestyles.

2 - Some advertising should be supervised and transmitted during adult only view-times .

3 - To draw up (among administrators, producers, managers, retailers, social workers) common guidelines to apply in all public places (bars, pubs, clubs)

- 4 - To enforce the current legislation, in particular regarding the sale/supply of alcohol to minors.
- 5 - Not to sell/administer alcohol to drunk people.
- 6 - To promote non-alcoholic drinking.
- 7 - To make available information on the effects of alcohol consumption to the customers.
- 8 - To avoid activities aimed at encouraging alcohol consumption.

6 Conclusions

Alcohol: shifting attention from social control to the social problem.

There are an annual average of 450 accesses to the casualties unit for acute alcohol intoxication in the 18-29 age group in the Metropolitan Area of Bologna

The results of the research highlight a process of normalization of the practices oriented towards excessive alcohol intake. Most of the respondents have had at least one episode of HED during the past year, a tolerated, justified and planned habit by the vast majority of youngsters. Within this particular population we highlight the high prevalence of health problems, acts of violence, risk situations and reduction of social obligations (e.g. school, work). A considerable percentage reports frequent and repeated abuses, most likely among people who consume alcohol on a daily basis, driven by boredom and the desire to experience alcohol's psychoactive effects. Youngsters are informed of the psychoactive properties of alcohol and they are aware of the risks: heavy drinkers do so deliberately to reach a state of mental alteration.

This process is largely determined by the market: a large number of public places, diversification of alcoholic products, low prices, the presence of unauthorised dealers. The economic crisis accentuates specific behaviours such as the self-production of low-cost alcohol cocktails, the habit of drinking at home before going out, spending the evening outside the premises.

Going out with a limited amount of money is the most common self-control practice.

1 - Recommendations for community intervention: to encourage policies aimed at the construction of youth aggregation spaces; to activate territorial discussion tables involving all the interested partners; to convey health-oriented messages; to advise on the alcohol effects; to keep alive attention to the phenomenon by organizing cultural initiatives, debates, seminars; to implement evidence-based prevention projects

focused on specific targets; to build a continuous training process aimed at managers, schools, families, parents and minors.

In particular, to activate self-help groups for subjects who have accessed the casualties unit for alcohol abuse; to form peer groups to intervene in the entertainment contexts; to introduce the figure of the expert on social behaviour in schools.

2 - Recommendations for administrators: the social problem of alcohol is often associated with the issue of safety, creating confusion between the two terms. Repressive measures at the supply level often leads to illegality, damaging both consumers and sellers.

To provide continuous training on alcohol and its effects for the pub and bar managers and encouraging their participation by using reward mechanisms. To allocate part of the profits coming from the sale of alcohol to prevention projects.

3 - Recommendations for the sale of alcohol in drinking environments: to define a time band forbidding certain types of advertising; furthermore, to make explicit the direct and indirect effects caused by even moderate use.

To promote non-alcoholic drinking. To draw up a shared approach (administrators, producers, managers, retailers, social workers), guidelines to be applied in all premises.

To respect the current legislation regarding the sale and administration of alcohol to minors; not to sell alcohol to drunk people. To make available to the customers information on the effects of alcohol consumption; to avoid carrying out activities aimed at encouraging alcohol consumption in the local area.

7 Bibliographic references

Allamani, A., Voller, F., Pepe, P., Baccini, M., Massini, G., & Cipriani, F. (2014A). Italy between drinking culture and control policies for alcoholic beverages. *Substance use & misuse*, 49(12), 1646-1664.

Allamani, A., Pepe, P., Baccini, M., Massini, G., & Voller, F. (2014B). Europe. An analysis of changes in the consumption of alcoholic beverages: The interaction among consumption, related harms, contextual factors and alcoholic beverage control policies. *Substance Use & Misuse*, 49(12), 1692-1715.

Beccaria, F., Petrilli, E., & Rolando, S. (2012). La socializzazione all'alcol in Italia. *Medicina delle dipendenze*, 5, 61-69.

Comune di Bologna, (2016) Modifiche al regolamento di Polizia Urbana <http://www.comune.bologna.it/news/modifiche-al-regolamento-di-polizia-urbana>

Gmel, G., Kuntsche, E., & Rehm, J. (2010). Risky single-occasion drinking: bingeing is not bingeing. *Addiction*, 106(6), 1037-1045.

Governo Italiano, (1992) Nuovo codice della strada, decreto legislativo 30 aprile 1992 n. 285 e successive modificazioni - http://www.mit.gov.it/mit/site.php?p=normativa&o=vd&id=1&id_cat=&id_dett=0

Governo italiano, (2017) Decreto-legge 14 del 20/02/ 2017 coordinato la legge di conversione 48 del 18/04/2017 Disposizioni urgenti in materia di sicurezza delle città' www.gazzettaufficiale.it/eli/id/2017/04/21/17A02811/sg

Meda, S. A., Dager, A. D., Hawkins, K. A., Tennen, H., Raskin, S., Wood, R. M., ... & Pearlson, G. D. (2017). Heavy Drinking in College Students Is Associated with Accelerated Gray Matter Volumetric Decline over a 2 Year Period. *Frontiers in behavioral neuroscience*, 11, 176.

Mitchell, M. C., Teigen, E. L., & Ramchandani, V. A. (2014). Absorption and peak blood alcohol concentration after drinking beer, wine, or spirits. *Alcoholism: clinical and experimental research*, 38(5), 1200-1204.

Rehm, J., Gmel, G. E., Gmel, G., Hasan, O. S., Imtiaz, S., Popova, S., ... & Shield, K. D. (2017). The relationship between different dimensions of alcohol use and the burden of disease—an update. *Addiction*.

Tusini, S. (2007). The decrease in alcohol consumption in Italy: Sociological interpretations. *Contemporary Drug Problems*, 34(2), 253-285.

Wechsler, H., Davenport, A., Dowdall, G., Moeykens, B., & Castillo, S. (1994). Health and behavioral consequences of binge drinking in college: A national survey of students at 140 campuses. *Jama*, 272(21), 1672-1677.

Wechsler, H., & Isaac, N. (1992). 'Binge' drinkers at Massachusetts colleges: prevalence, drinking style, time trends, and associated problems. *JAMA, the journal of the American Medical Association*, 267(21), 2929-2931.