

same Department later financed a Responsible Beverage Service training & alcohol policy modification intervention with bar managers. Insufficient bar association capacity of involving bar manager members and critical factors indicated in the literature (Hauritz et al., 1998), such as lack of incentives to participants, low perceived enforcement of regulation and perceived unfair competition between managers (and abusive sellers), limited bar managers participation and forced to postponed the intervention.

Discussion

The process described in this document represents the first attempt of developing a multi-component community-based intervention related to nightlife in Milan. Previous experiences in Europe (Wallin et al., 2005) have been used as a model, although many contextual factors so far prevented the development of an authentic stakeholder coalition and the implementation of most interventions recommended by the study on specific risks in the area.

Lack of key stakeholders (e.g. Department of health, nightlife goers representatives), intermittent coordination and unmanaged manifest conflict between members (Zakocs et al., 2006) may explain this situation. The coalition is then more an objective to pursue than a solid ground for interventions.

Apart from its limits, there is a great potential in this experience since: 1) a community coalition constitution is uncommon in Italy when addressing nightlife and the importance of a comprehensive community intervention is now being recognized by stakeholders; 2) Context-specific health risks to be addressed were data driven and recommendations for interventions were based on international scientific literature. Such aspects represent a significant innovation in respect of widespread non comprehensive and non evidence-based interventions.

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Zakocs, R. C., & Edwards, E. M. (2006). What explains community coalition effectiveness?: a review of the literature. *American journal of preventive medicine*, 30(4), 351–61.

Multi-component intervention to tackle alcohol and drug related problems in a nightlife area of Milan, Italy

CLUB HEALTH San Francisco - May 28-30th 2013
8th International Conference on Nightlife, Substance Use and Related Health Issues

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Introduction

The "Ticinese" is an 8.000 inhabitants neighborhood located in the historical centre and it is recognized as one the major nightlife areas of Milan. There are 39 alcohol outlets (mostly bars and pubs) concentrated in some streets and in a square. Especially in spring and summer thousands of young people gather into the Ticinese and most of them spend the night drinking in the street.

Outlet density is associated with health risk factors (Weitzman et al, 2003) and with "secondhand" effects (noise and disturbances, vandalism, drunkenness, vomiting and urination) impact on residents' quality of life. This condition has caused high levels of conflict between community stakeholders (residents, pubs and clubs managers, city government and nightlife goers).

In spring 2012 the city Departments of Safety & local police and of Commerce promoted:

- The constitution of a coalition between stakeholders (the two proponent departments, police representatives, bars & clubs representatives and residents' association representatives) to develop common goals and share interventions development;
- A study, guided by the Kit for Assessment of Recreational Nightlife (see irefrea.org) to collected data on alcohol and drug-related risks and the impact of nightlife on the area.

The most significant results showed that underage (figure 1) and pseudo-drunk patrons (figure 2) easily get served, while bars relying most (on/off-site) or exclusively (off-site) on take-away purchase have been identified as potentially riskier in terms of alcohol lower price and promotions (figure 3). Field observation indicated other relevant risk factors: the presence of a good amount of glass bottles mostly sold by street abusive sellers or carried from home by youngsters, and some well-known drug-dealing spots (mostly for cannabis). Noise (up to 75-80 db at 2 a.m.) systematically exceeded nighttime residential area recommended limits of 55-60 decibel.

Results, along with recommendations for interventions, were presented to stakeholders, residents and bar managers in a public meeting in June 2012.

Fig 1: Underage (16 y.o.) patrons served N=28

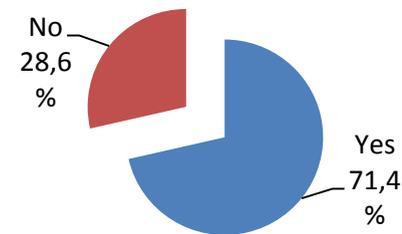


Fig. 2: Pseudo-drunk patrons served N=24

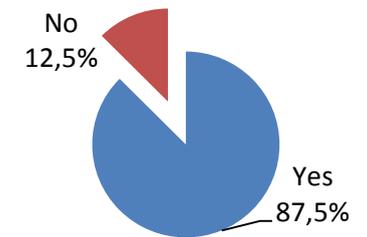
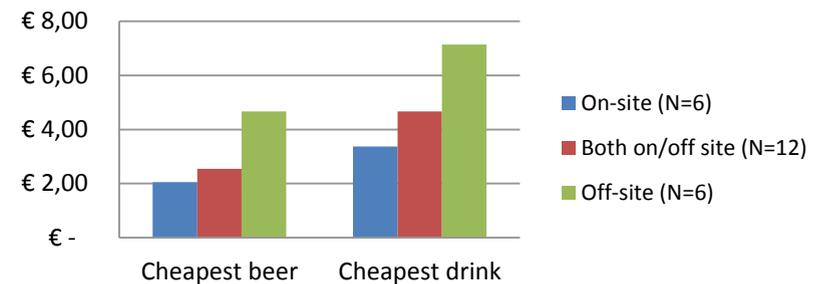


Figure 3. Mean alcoholic drink cost for venue type*



*ANOVA is significant both on beer ($F= 26.281$; $p<.000$) and drink cost ($F= 29.337$; $p<.000$) by venue type. Post-hoc analysis resulted significant for all pairs except "take-away" vs "mixed" types for beer cost ($p=.074$).

Interventions & coalition development

The coalition suffered from high level of conflict between some partners, intermittent coordination between proposing departments themselves and consequent difficulties to define common goals.

Coalition proponent departments implemented a policy modification (banning glass recipient from 9 p.m. and limiting take-away purchase to 1 a.m. and closing hours to 2 a.m.) and increased the presence of local police at night to reduce the impact of nightlife on community residents in terms of littering and nighttime noise. No data on law enforcement are available.

A program of patron education intervention proving brief counseling and feedback on alcohol and drug-related risks to 531 individuals in 14 nights during summer 2012 was financed by the Department of Safety & local police alone. The