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## Alcohol and drug prevention in nightlife settings: a review of experimental studies

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### CRD summary

This review concluded that interventions to prevent substance abuse, in nightlife settings, could effectively reduce high-risk alcohol consumption, alcohol-related injury, violent crime, access to alcohol by those under age, and alcohol service to intoxicated people. Most studies were of limited quality and publication bias was possible, so the authors' conclusions may be over optimistic.

### Authors' objectives

To assess the effectiveness of interventions to prevent harmful alcohol and drug use, in nightlife settings.

### Searching

The following databases were searched, for peer-reviewed publications, from 1990: MEDLINE, PsycINFO, and EMBASE. Search terms were reported, but the search dates were not. Reference lists of included studies and relevant reviews were screened.

### Study selection

Studies with an experimental design that investigated the effectiveness of an intervention to prevent harmful alcohol or drug use, or both (directly or indirectly, by changing policy), in nightlife settings or licensed premises, were eligible for inclusion. The outcomes of interest were the reductions in alcohol and drug use, violence, and driving under the influence.

Most of the included studies evaluated alcohol programmes; two assessed drug programmes. The alcohol studies evaluated four types of intervention: community, alcohol server, education, and policy. There was considerable diversity in the type of intervention. Most studies had a controlled before-and-after design; the others were randomised controlled trials (RCTs) or time series quasi-experimental studies.

Two reviewers assessed studies for inclusion, with any disagreements resolved by discussion.

### Assessment of study quality

The quality of the studies was assessed for whether participants were randomised to experimental and control groups; the sample size was adequate; the results were compared to a control group; and at least one of the primary outcome measures was valid and objective. Quality was graded from one (low) to four (high).

The authors did not state how many reviewers assessed study quality.

### Data extraction

The data were extracted as they were reported in the studies, with the results categorised according to the type of intervention.

One reviewer extracted the data, and another reviewer checked a random sample of studies.

### Methods of synthesis

The study results were combined in a narrative synthesis, supported by accompanying tables.

### Results of the review

Seventeen studies were included in the review; 15 were alcohol related and two were drug related. The total number of participants was not reported. Three studies were given a quality score of one (low quality), and two scored four (high quality). Follow-up ranged from immediately after the intervention, to four years.

**Community:** Four studies, generally, showed that community interventions could reduce substance-related harm. There was a small effect associated with the behaviour of doormen when noticing drug use (one study). Community

interventions were effective in reducing high-risk alcohol consumption, and alcohol-related injury from traffic accidents and assault (one study); alcohol access by underage consumers (one study); and alcohol service to intoxicated customers and violent crimes (one study).

Alcohol server: From six studies, alcohol server interventions were effective in improving knowledge (four studies) and improving self-reported server behaviour (two studies). There were mixed effects on objective measures, including observed server behaviour, road accidents, blood alcohol level and drink driving.

Education: Two studies reported small effects of educational interventions on negative attitudes to drugs and drinking behaviour.

Policy: Four of five studies reported that policy interventions were effective on alcohol serving; the other study reported no significant effect.

### **Authors' conclusions**

Preventive interventions, in nightlife settings, could effectively reduce high-risk alcohol consumption, alcohol-related injury, violent crime, access to alcohol by those under age, and alcohol service to intoxicated people, but more research was needed.

### **CRD commentary**

This review's question was clear and was supported by appropriate broad inclusion criteria. Several relevant databases were searched. Only peer-reviewed published studies were included, increasing the potential for publication bias. It was unclear whether the search was restricted by language, which makes it difficult to judge the risk of language bias.

Attempts were made to minimise reviewer bias and error during study selection, but it was unclear whether quality assessment was performed by two people. One reviewer extracted the data and another reviewer checked a small random sample of studies, so error and bias cannot be ruled out. Appropriate criteria were used to assess study quality and most studies were of low to moderate quality. Given the diversity of included studies in their interventions and designs, a narrative synthesis was appropriate.

Given the diversity and limited quality of most studies, and the possibility of publication bias, the results may not be reliable, and the authors' conclusions may be over optimistic.

### **Implications of the review for practice and research**

Practice: The authors recommended that interventions in nightlife settings should be a part of a wider drug and alcohol prevention strategy.

Research: The authors stated that high-quality effectiveness research on drug prevention interventions, and educational interventions, in nightlife settings, was required. Studies should have a control group, randomisation, and intention-to-treat analysis. Research on the cost-effectiveness of the interventions was required, particularly for drug prevention and educational interventions.

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