



**Peer education
in Nightlife Settings
Good Practice
Standards**



Funded by
the Health Programme
of the European Union

These Standards emerged from the Nightlife Empowerment & Well-being Implementation Project, which received European Union funding within the framework of the EU's Health Program.

www.safernightlife.org

Authors: Judith Noijen, Katia Duscherer, Jochen Schrooten, Jan de Smet, Bart van de Kerckhove, Anne-Gaëlle Noclain, Carlos Paulos, Matt Straw, Helen Williams, Antonio Iacono and Nadia Ziliani.

Editing: Bart Plantega

Design: Alex Verdaguer

Foreword

The mission of the Nightlife Empowerment & Well-Being Implementation Project (NEWIP) is to promote a safer nightlife, in collaboration with all safer nightlife stakeholders (nightlife professionals, peers, harm-reduction NGOs, public institutions, etc.) by implementing a variety of health promotion, community empowerment and harm/risk reduction strategies.

Some of these strategies were already being implemented in parts of Europe in the 1990s. These early strategies involved peer education interventions and Drug Checking services in nightlife settings (Charlois, 2009). Since then we've seen the development of Safer Nightlife Labels in a number of cities throughout Europe. We are currently seeing the development of very promising and innovative interventions related to emerging media and interactive technologies.

It seems that some of these intervention strategies have gained their own implementation momentum. Many of the early projects found themselves working in isolation. Many of them lacked the appropriate research that could measure their effectiveness. In their infancy, these projects – even when they were well designed – often faced significant challenges in the implementation and evaluation processes.

To ensure and improve the quality of the field work interventions an objective of the NEWIP project was defined as improving and standardizing existing interventions reducing synthetic drugs related harm, facilitating their transferability and implementation.

In the course of developing and implementing the Good Practice Standards, the various partners and participants working on the Standards frequently raised the issue of how best to standardise these interventions. In the course of numerous discussions, standardisation emerged as an essential – but also difficult to implement – aspect of any intervention service. A chief concern is that standardisation will limit local creativity, especially in the area of field interventions in the ever-changing nightlife world. Any standardisation effort should involve the key stakeholders in ensuring flexibility and the ability to adapt to local or specific realities regarding context, culture and environment. This means maintaining a sensitivity to, and respect for, nightlife culture.

NEWIP's Good Practice Standards are the result of developing the already existing European Drug Prevention Quality Standards further by consulting harm reduction experts and using relevant real-life experiences. This document will be useful for anyone interested in establishing or improving Peer Education interventions, Safer Nightlife Labels or Charters, Drug Checking or Emerging Media programs, because it presents a helpful overview of practical and useful interventions.

To ensure their implementation, the Standards should be widely distributed to program staff, peer educators, and partners. Everyone participating in the planning, implementing, and evaluating of the program must be familiar with, and ultimately support, the Standards. Publicising the Standards will show how the program adheres to a set of mutually accepted standards. We believe in being pro-active instead of reacting to a situation where standards are demanded and then developed at the last minute and in a top-down manner. Moreover, having clear and accepted standards will make funding efforts easier in the long run.

Acknowledgements

The original European Drug Prevention Quality Standards (EDPQS) were developed by the Prevention Standards Partnership, led by Harry Sumnall and Angelina Brotherhood at the Centre for Public Health, Liverpool John Moores University, UK (www.prevention-standards.eu). The Good Practice Standards presented in this handbook were developed independently by the NEWIP project based on the EDPQS, without any involvement of the Prevention Standards Partnership.

Many individuals and organisations have contributed to the development of the Good Practice Standards and I thank them all wholeheartedly. My deep appreciation goes out to all of the work package partners, all of the NEWIP partners and participants at the workshops and steering committee meetings for their hard work, support and trust.

Moreover, I am very grateful for the willingness and openness of the participants and the partners who completed the surveys. The results of these surveys comprised an important aspect of the development of the content of the Good Practice Standards.

Several individuals and organisations should be acknowledged for their extra efforts and generosity including (in alphabetical order):

Members of the Standards Workpackage Steering Committee:

Floor van Bakkum, Jellinek Prevention (the Netherlands), Katia Duscherer, CePT (Luxembourg), Antonio Iacono, LILA Piacenza (Italy), Jaap Jamin, Jellinek Prevention (the Netherlands), Bart van de Kerckhove, CAW Stimulans Menen (Belgium), Anne-Gaëlle Noclain, Spiritek (France), Martijn Onsia, CGG VAGGA (Belgium), Carlos Paulos CePT (Luxembourg), Jochen Schrooten, VAD (Belgium), Jan de Smet, CGG VAGGA (Belgium), Matt Straw and Helen Williams, Crew 2000 (Scotland) and Nadia Ziliani, LILA Piacenza (Italy).

Members of the NEWIP Steering Committee:

Alexander Bücheli, Safer Party (Switzerland), Thierry Charlois, French Forum for Urban Safety/Fetez Clairs (France/Paris), Emilie Coutret, Techno Plus (France), David Leclercq, Modus Vivendi (Belgium), Luciano Gamberini, UNIPD (Italy), Noel Garcia, Spora (Spain), Ernesto Paulo, APDES (Portugal), Hélène Valente, APDES (Portugal), Mireia Ventura, Energy Control-ABD (Spain), Luca Zamboni, UNIPD (Italy).

Gergor Burkhart, EMCDDA, for his advice and especially Stephane Leclercq, ABD (Spain) for coordinating the project and offering advice at all stages of the GPS development process.

Lastly, our grateful appreciation to the European Commission for both their co-financing and their support of the project.

Judith Noijen

Table of contents

Foreword	3
Acknowledgements	5
1. Introduction	8
> Responding to drug use and related problems in nightlife settings in Europe	9
> What has been accomplished in Europe thus far	9
> European Networks Involved in a Safer Nightlife	10
> Mix of interventions	12
> Development of guidelines	12
2. Peer education	14
> What is Peer education?	15
> Why Peer Education?	16
3. Standards	18
> Lack of scientific evidence	19
> The European Drug Prevention Quality Standards	20
> The NEWIP Good Practice Standards	21
> How to use the Good Practice Standards	22
4. Cross-cutting considerations	26
> Project stage 1: Needs assessment	32
> Project stage 2: Resource assessment	40
> Project stage 3: Program formulation	44
> Project stage 4: Intervention design	52
> Project stage 5: Management and mobilisation of resource	58
> Project stage 6: Delivery and monitoring	68
> Project stage 7: Final evaluations	72
> Project stage 8: Dissemination and improvement	76
5. References	80

1. Introduction

Responding to drug use and related problems in nightlife settings in Europe

In 2013, we celebrated the 25th anniversary of “dance” music in Europe. This fast-growing youth music culture is characterised by its preference for electronic music and dancing. Nightlife is an essential part of personal growth and social development for many people in Europe as well as globally. Nightlife is commonly associated with celebration, festivals and a sense of community. It is a creative outlet for talented people in the music, arts and entertainment fields. Nightlife can also offer opportunities for some to demonstrate their business, management and organisational skills (DC&D, 2007).

This cultural development came with its own set of problems, clubs, festivals and underground raves, which provide the setting for risk taking and experimentation especially regarding the consumption of alcohol and so-called party drugs. The term “party drugs” refers to a variety of substances that are frequently used at raves and dance parties. Surveys confirm that drug use is more prevalent in nightlife settings than in the general population (EMCDDA, 2006).

Drug and alcohol use in nightlife settings are linked to a range of health and social problems. These include: acute health problems (e.g., unconsciousness and unintentional injury); aggressive behaviour and violence; unsafe and unwanted sex; and driving under the influence of alcohol and drugs. There are also long-term risks such as brain damage and addiction. According to the EMCDDA: “The increased mobility of young people and the globalisation of the entertainment industry make it necessary to address these problems in Europe, especially in popular tourist destinations in southern Europe” (EMCDDA, 2012).

The European Union has addressed drug and alcohol use in recreational settings through its [2009–12 EU drugs action plan](#) and, more recently, through the adoption of the [Council Conclusions](#) (Council of the European Union, 2010). The conclusions herein refer in part to an EMCDDA report and mentioned the “acute drug-related health harms and mortality in recreational settings”. The Council, in an effort to address these problems, recommends enhancing the safety of recreational settings by employing a health promotion approach with the participation of the various nightlife stakeholders.

What has been accomplished in Europe thus far

Recreational drug use in nightlife settings has become a common feature in European cities. There have been many interesting responses to this new set of circumstances, problems and needs of the potential consumers of evolving synthetic drugs, especially for those involved in the rave scene.

These responses were initiated in the 1990s by various grassroots peer projects that were emerging in the party scenes. The initial aim of these projects was harm reduction.

These organisations served as key figures in defining the needs and problems of the rave scene as they developed strategies to deal with these problems, which often involved providing pleasant and healthy spaces at techno events, clubs and festivals, and by formulating essential risk-reduction messages in an intelligible and straightforward manner. The dialectical exchange between self-organised and state-sponsored projects helped generate an extensive database of knowledge, experience, and goal-directed methods. These self-organised or state-sponsored organisations can be reduced to several common denominators: They all pursue harm or risk reduction strategies and gather valuable data on the needs, problems, and consumption patterns of consumers of new synthetic drugs (Kriener, 2001).

A range of tools are employed to increase the partygoers' awareness of the risks involved in drug use and to promote a safer environment via drug information leaflets, chill out spaces, drug checking, websites, safer dance guidelines, charters and labels (Charlois, 2009). For an historical overview, check the [SaferNightlife in Europe document](#).

European Networks Involved in a Safer Nightlife

NEW Net

www.safernighlife.org

The Nightlife Empowerment & Well-being Network (NEW Net) is a European network of community-based NGOs operating in the fields of health promotion and nightlife, as well as nightlife professionals, local and regional authorities and agencies, treatment professionals and scientific researchers.

NEW Net emanates from the Nightlife Empowerment & Well-being Implementation Project (2011-2013) and is based on the alliance of the Basics Network with the Democracy, Cities & Drugs Safer Nightlife Platform and proposes specific responses to the new challenges in the fields of harm reduction and health promotion, using recreational settings as initial outreach locations.

T.E.D.I.

www.tediproject.org

T.E.D.I. (Trans European Drug Information) is a European database system that collects, monitors and analyses the evolution of the various European drug scenes and reports on them on a regular basis. Drug Checking organisations share their data on the T.E.D.I. database, which was originally established in conjunction with projects that worked directly with drug users (first-line projects).

This monitoring and information system aims to help improve public health and intervention programs. It serves as an early warning system and a tool for monitoring the evolution of drug markets in Europe. Moreover, it has become an essential knowledge base in the area of recreational drug use.

The TEDI project also focuses on: 1) standardising the various processes related to Drug Checking; 2) making recommendations to help improve first-line project field interventions; and 3) monitoring the evolution of new substances and new trends throughout Europe.

PARTY +

www.partyplus.eu

PARTY +, the European network for safer party labels, aims to improve nightlife settings and promote health in Europe's cities and regions by implementing and enhancing quality Labels and Charters for nightlife venues.

Club Health Project

www.club-health.eu

The Club Health – Healthy and Safer Nightlife of Youth – project, supports the European Commission in its public health and other related strategies to reduce the social costs and harm associated with risky nightlife youth behaviour. The project gathers experts from around the world to exchange information on the latest research, policy and evidence concerning the protection and promotion of health in nightlife settings.

The Club Health project has published interesting standards, guidelines and reports that support professionals in the implementation of interventions for a safer nightlife. References to these publications and the project itself have been added to the reference section of these Good Practice Standards.

IREFREA

www.irefrea.org

The IREFREA network was founded in 1988 with experts from several European countries and it is one of the oldest professional drug networks. The Spanish group has had the scientific leadership of the different research projects since the group's initiation. The areas covered by IREFREA include alcohol and drug prevention (research, evaluation and programme implementation) covering issues such as risk factors, risky behaviours, related violence and the programs' efficiency, among others. IREFREA has since 1996 been dedicated to the study of recreational nightlife and specifically its relation to alcohol and drug use.

Mix of interventions

The EMCDDA recently published a thematic paper – *Responding to drug use and related problems in recreational settings* (2012) – that was based on the EU Council Conclusions and included details of how to prevent and reduce the health and social risks associated with the use of illicit drugs and alcohol in recreational settings.

The report highlights the need for a balanced mix of prevention, harm reduction and law enforcement interventions to tackle the issue. It also describes how environmental strategies, targeting the economic and physical context of substance use, can be effective (e.g., safe venues, crowd management, chill-out rooms).

The report notes that establishing partnerships between stakeholders (e.g., municipalities, police and health authorities) can aid in the implementation of successful nightlife interventions. Research shows that community-based programs that deliver coordinated measures through multi-agency collaboration are more effective than single interventions.

Development of Guidelines

At the European level, with the support of EU funding programs, city and NGO networks have carried out practice-sharing projects on safer nightlife issues and useful guidelines are currently available to support local initiatives. These guidelines aim to promote a safer environment that deal with issues such as overheating, overcrowding, water availability, etc. ([Club Health, 2011](#)) and training the club and party staffs (mainly the bouncers) (Mendes & Mendes, 2011).

Various practical guidelines on how to implement the interventions have been developed within the NEWIP project. They are complementary to the Standards and all references to developed guidelines will be mentioned within the relevant sections and can be found at www.safernightlife.org.

2. Peer education in Nightlife Settings

Peer education in nightlife settings is being implemented by organisations all around the world. Peer education approaches offer many benefits, they all include or are set up by members of the target audiences, and communities, and empirical evidence has shown that well-designed and well-implemented programs can be successful in improving knowledge, attitudes, and skills concerning healthy behaviour including alcohol and drug related risks.

For a full report on the objectives, methods and experiences of peer education intervention in Europe we refer to the Report on Peer Education interventions in Nightlife Settings in Europe (Noijen, 2013).

What is Peer Education?

The term Peer education is used in considerable variation, as well in the literature as in the existing programmes in nightlife settings in Europe.

If we look at these programmes a number of common themes can be found:

They all involve information sharing and information transfer about drug related issues

They attempt to influence attitude, knowledge and/or behaviour

This occurs between people who share common characteristics and have similar experiences

Peer education is a popular concept that implies an approach, a communication channel, a methodology, a philosophy, and a strategy. The English term “peer” refers to “one that is of equal standing with another; one belonging to the same societal group especially based on age, grade or status”. Recently the term is used in reference to education and training.

“Peerness” includes:

- > Shared characteristics, such as age, gender, ethnicity, culture, subculture, place of residency
- > Similarities in experience, including drug-related experience, lifestyle and educational background
- > Group membership

(McDonald, Roche, Durbridge & Skinner, 2003; Shiner and Newburn, 1996; Shiner, 1999; Parkin and McKeganey, 2000; Population Council, n.d.).

Why Peer Education?

There are many reasons cited in the literature to justify the use of peer-based interventions. Turner and Shepherd (1999 pp. 236-7) documented 10 commonly cited justifications for the use of peer education. These include:

- > It is more cost effective than other methods.
- > Peers are a credible source of information.
- > Peer education is empowering for those involved.
- > It utilises an already established means of sharing information and advice.
- > Peers are more successful than professionals in passing on information because people identify with their peers.
- > Peer educators act as good role models.
- > Peer education is beneficial for those involved.
- > Education presented by peers may be acceptable when other education is not.
- > Peer education can be used to educate those who are hard to reach through conventional methods.
- > Peers can reinforce learning through ongoing contact.

(Bleeker & Jamin, 2003)

Community mobilisation, empowerment and participation

Further, peer-delivered health promotion is potentially consistent with the current emphasis within health promotion on community mobilisation, empowerment and participation, whereby groups and individuals work in partnership with professional agencies to define and work out strategies to meet their own health needs (Hart, 1998; Svenson, 1998a)

3. Standards

Despite the proliferation of harm-reduction interventions in nightlife settings, many academics have questioned the efficacy of the current models and suggest that projects frequently fail because they fail to properly define in their literature what constitutes “good practice” (Walker and Avis, 1999). For example, Shiner (1999, p. 565) states that “Good practice in relation to peer education involves careful consideration of the extent to which the approach used fits the location and the needs and circumstances of the people involved”.

Standards can provide an important quality-management tool for improving the effectiveness and efficiency of harm-reduction programs and services. The EMCDDA has defined quality standards as “generally accepted principles or sets of rules for the best/most appropriate way to implement an intervention. Frequently they refer to structural (formal) aspects of quality assurance, such as environment and staff composition. However they may also refer to process aspects, such as adequacy of content, process of the intervention or evaluation processes” (<http://www.emcdda.europa.eu/themes/best-practice/standards>). The Best Practice Portal of the EMCDDA is an important resource for professionals, policymakers and researchers in the drugs field. This portal also provides an overview of the available quality standards and guidelines in EU Member States.

Lack of scientific evidence

Harm-reduction programs and services that operate in nightlife settings can often not be evaluated in a controlled research setting or through randomised controlled trials. Calafat et al. (2003) reviewed a sample of 40 prevention programs addressing the recreational context and activities in 10 European countries and found that none of the initiatives were evidence-based. This means they are frequently developed in practice and based on expert opinion.

If harm-reduction programs are developed, implemented and evaluated according to best practice principles, they can result in effective health promotion strategies. To do so, they need clearly defined aims, objectives, interventions, strategies and process and outcome indicators to demonstrate their value.

“Popular types of interventions [such] as providing information or pill testing are not evidence-based. Other interventions [such] as responsible beverage services or designated driver programs, backed by the industry, are not exactly the most effective, especially if they are not enforced. Others, like community approaches, can be effective but it can be a problem [regarding] how to achieve their continuity. From the present review, what emerges as the best strategy is the combination of training, cooperation and enforcement. ‘Classical’ measures (taxation, reduced BAC limits, minimum legal purchasing age...) are also evidence-based and effective” (Calafat et al., 2009).

The gaps in science should make us cautious, but should also not deter us from taking action.

A proven prevention approach in one area of the world is probably a better candidate for success than one created locally and based only on good will and guesswork. This is certainly the case for interventions and policies that address risks and risky behaviour that are comparable across cultures (e.g., adulterated substances, environmental risks or lack of knowledge).

Prevention practitioners, policymakers and community members involved in Harm reduction and substance-abuse prevention have a responsibility to incorporate the lessons they have learned into their interventions.

What we must rely on to some extent is indications that tell us the right way to proceed. By using this knowledge and building on it with more evaluations and research, we will be able to provide professionals with the information they need to develop interventions that are based on best practice and, if available, scientific research that supports nightlife professionals in different settings and European countries to create positive, healthy and safe bars, clubs and festivals.

The European Drug Prevention Quality Standards

In the development of Good Practice Standards for Peer education, Drug Checking, Safer Nightlife Labels and Charters and Serious Games in Nightlife Settings, we at NEWIP have chosen to work with the standards created by another European project on quality standards that was co-funded by the Executive Agency for Health and Consumers (EAHC), and researched at the Centre for Public Health, John Moores University Liverpool, UK.

The European Drug Prevention Quality Standards were developed in between 2009 and 2011 and published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). These Standards provide the first European framework for the delivery of high-quality drug prevention. The EDPQ Standards were developed by the Prevention Standards Partnership during Phase I of the Prevention Standards project. Available national and international drug prevention standards and guidelines were collated, and documents suitable for review were identified. The different items were rated, focus groups with experts organised and their practical applicability was explored.

This feedback enabled the partnership to produce a final version of the Standards, consisting of basic and expert Standards and detailed guidance on how to use them.

The Standards are available for free to download from the EMCDDA website.

Phase II

This project is currently in so-called Phase II, the objective of which is to develop practical tools and training that will facilitate the integration and implementation of the European Drug Prevention Quality Standards, and also to strengthen a consensus within Europe on what “high-quality drug prevention” actually is. A report is expected in May 2015. Check <http://prevention-standards.eu/phase-2/and> <http://prevention-standards.eu/category/news/> for updates.

The NEWIP Good Practice Standards

The ED PQS Standards formed the basis for the development of quality standards within the NEWIP project. Prior to the ED PQS Standards, quality standards for Peer Education in Nightlife settings, Safer Nightlife Labels and Charters, Drug Checking and the use of Serious Games in nightlife settings did not exist.

The development of the NEWIP Standards required the involvement of a wide range of stakeholders from the different interventions to ensure that the four NEWIP Good Practice Standards are practice-based and gain increased support and acceptability.

Quality standards and guidelines should be seen within the context in which they were developed. The Good Practice Standards within the NEWIP project are Standards at the intervention level based on harm (risk) reduction. To supplement the ED PQS Standards with guidance concerning the specific contexts of the safer nightlife interventions, the NEWIP workpackage on 'Standards', that emerged out of a group of nine stakeholders from six different European countries, started by identifying specific questions, searching for, retrieving and assessing available guidelines, and preparing a working draft of the guidelines. The most relevant items regarding a safer nightlife in Europe are provided in the Standards and in the Safer Nightlife digital library.

Using the available literature and existing guidelines on how to implement peer education projects in nightlife settings a questionnaire was developed in which different elements were added as items within the questionnaire. To create a set of standards which are practice based, peer education projects working in Europe were asked to complete the questionnaire and 30 projects from 12 different countries participated and completed the questionnaire.

The collected data gives information on what factors are practice based in Europe and is used to produce the NEWIP Good Practice Standards for Peer Education in Nightlife Settings.

During meetings, workshops and seminars these results and draft versions of the standards were discussed. This meant the sharing of best practices and lessons learned, all to work on identifying possible benchmarks and standards which became the foundation of this document.

The next step was to send the basic standards to the partners and ask them to complete an online survey about implementation and feasibility. The responses to this survey are described in an implementation report and provides relevant information as a background document on how the European programs work, what interventions they implemented, how feasible they believe the items are and if they experienced any problems during the implementation of the standards.

The final step was to add all the notes and references, taking into account the literature, the results from the survey, the needs of practitioners and policy makers, and the expert meetings and workshops. The re-write was monitored and approved by experts and partners from each group.

In summary, a number of processes were gathered that informed the development of the NEWIP Good Practice Standards including:

- > A review of academic literature on the different approaches and on Nightlife Settings
- > A search for and the retrieval and assessment of available guidelines
- > Meetings with experts working on safer nightlife interventions
- > A survey of all known existing peer education interventions in the EU
- > Meetings with experts on developing standards
- > Workshops and brainstorm sessions with project partners involved in (setting up) the interventions
- > A Survey of existing interventions on implementation and feasibility of a draft version of the standards.

The result was that the existing European Drug Prevention Quality Standards were complemented by notes to consider and relevant references to practical guidelines, manuals and background documents, for each program, to improve the practice of existing programs, and to improve the efficiency of seeking funding. All of these notes were based on a consensus of expert thinking and experience. The NEWIP standards are practice based and were developed by a broad spectrum of experts working in the field of harm reduction in Nightlife Settings.

The additional information is mainly drawn from real examples and the experiences of practitioners and thus describes the potential benefits and details how established projects have dealt with challenges in the past. The aim was to create an easily accessible, relevant and practical framework for those working in nightlife settings. The NEWIP Good Practice Standards don't prescribe one fixed, inflexible model but aim to share core principles and a framework of relevant references that can be applied to developing good practices.

How to use the Good Practice Standards

The NEWIP Good Practice Standards are based on the EDPQS [self-reflection checklist](#) that was developed by the Prevention Standards Partnership, together with drug professionals (Brotherhood & Sumnall, 2013). The checklist offers insight into how to support implementation of the European drug prevention quality standards. The NEWIP Standards offer the summary of the basic standards for each component as provided in the original EDPQS checklist. They then provide component notes for the practice of each harm-reduction intervention in a nightlife setting that were developed by the NEWIP project.

How the Standards are used depends on the stage of a particular program – they can be used to design a new program or offer guidance about assessment and quality improvement of an already-existing program. The Standards serve as a useful reference guide to harm-reduction interventions in nightlife settings as they progress through

their various stages. It can be read from cover to cover or alternatively referred to when necessary. The standards should be applied with flexibility in mind and be readily adapted to the realities of a program's context.

The tables in the NEWIP Standards consist of three rows:

Basic Standards (summary)

This section contains the titles of the components and summarises the basic standards in each of these components, as provided in the original EDPQS checklist (Brotherhood & Sumnall 2013). While considering each component, users should consult the full version of the EDPQS Standards to compare the basic and expert standards in greater detail (Brotherhood & Sumnall 2011).

Notes on Peer Education

Additional information useful in the development or implementation phase of an intervention in Nightlife Settings which according to the findings from the NEWIP project suggested would support achievement of the EDPQS Standards. It also presents challenges, lessons learned, issues to consider, and examples of how the various European programs have addressed these issues.

References

Provides references to specific manuals, guidelines and checklists developed within the NEWIP project and other relevant documents that supports practitioners in the implementation of the Standards. This is not exhaustive reference section but it does attempt to include the most important publications in the field.

References are divided into categories: guidelines, reports, online toolkits, relevant websites and scientific articles. They have been added to the digital library at www.safernightlife.org, which provides a short abstract and a link to the original document. (All links were last accessed on 19.09.2013 unless otherwise noted.)

Additional Guidance

Please note that the original European Drug Prevention Quality Standards provide additional guidance that can be very useful in implementing the Standards: <http://www.emcdda.europa.eu/publications/manuals/prevention-standards>. A list that includes a selection of general resources and links to drug-related policy and legislation on both EU and international levels.

Glossary for Use with the EDPQS

Provides brief explanations of key terms used in the EDPQS Standards.

Quick guide to the EDPQS

Contains an abbreviated version of the Standards; can be used to determine the current achievement level of the EDPQS and to identify areas for future improvement.

Implementation Considerations

Outlines considerations to be taken into account during implementation of the EDPQS Standards in practice. Examples are from countries participating in the Prevention Standards Partnership (Italy, Hungary, Poland, Romania, Spain and UK).

EDPQS Translations

Hungarian: http://www.emcdda.europa.eu/attachements.cfm/att_196135_EN_konyv_vegleges.pdf

Polish: http://www.cinn.gov.pl/portal?id=15&res_id=454227

For additional translations and other materials on the EDPQS, please check www.prevention-standards.eu.

Brotherhood A, Sumnall HR (2013) *European drug prevention quality standards: a quick guide*. Ad hoc publication by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Luxembourg: Publications Office of the European Union. Available from: <http://www.emcdda.europa.eu/publications/adhoc/prevention-standard>

Brotherhood A, Sumnall HR (2011) *European drug prevention quality standards: A manual for prevention professionals*. EMCDDA Manuals No 7. Luxembourg: Publications Office of the European Union. Available from: <http://www.emcdda.europa.eu/publications/manuals/prevention-standard>

4. Cross-cutting considerations

EDPQS Standard A: Sustainability and funding: “The program promotes a long-term view on drug prevention and is not a fragmented short-term initiative. The program is coherent in its logic and practical approach. The program seeks funding from different sources”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ Define and share a long term view with all involved stakeholders in a participative process.
- ➔ Especially when working with peer educators having a long-term view is important. It will take time to set up a team of motivated peer educators who dedicate themselves to the program. This is not possible within a short term initiative or project.

EDPQS Standard B: Communication and stakeholder involvement: “The multi-service nature of drug prevention is considered. All stakeholders relevant to the program (e.g. target population, other agencies) are identified, and they are involved as required for a successful program implementation. The organisation cooperates with other agencies and institutions”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ To be successful peer education should be part of a broader approach. Any specific health promotion intervention strategy for young people, peer-delivered or otherwise, should preferably be implemented in the context of wider strategies which target not only individual levels of change but also social, community, organisational, cultural and economic levels of change (Harden et al, 1999)
- ➔ Stimulate the participation of clubbers, youth and partygoers within Safer Nightlife projects.
- ➔ Raise awareness and develop participation of local politicians, nightlife organisers, health, justice and law enforcement services and civic community leaders, in promoting health and safer nightlife.

References

Do you need more information? Check it here:

💡 [Guidelines](#)

EDPQS Standard C: Staff development: “It is ensured prior to the implementation that staff members have the competencies which are required for a successful program implementation. If necessary, high quality training based on a training needs analysis is provided. During implementation, staff members are supported in their work as appropriate”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ Staff development and specifically the selection of peer educators are essential. The method relies on the influence of peer educators but fails as soon as the peer educators are not seen as appropriate, knowledgeable or credible by the target population.

More notes on the selection of peer educators see ‘Setting the team’.

EDPQS Standard D: Ethical drug prevention: “A code of ethics is defined. Participants’ rights are protected. The program has clear benefits for participants, and will not cause them any harm. Participant data is treated confidentially. The physical safety of participants and staff members is protected”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

→ Accept that each generation will test boundaries

Nightlife is part of personal growth and social development for many young Europeans and provides a setting where the inevitable risk taking and experimentation of youth takes place. This risk taking may take the form of sexual experimentation; use of substances including alcohol, drugs and other intoxicants; physical stunts and activities to heighten mental and physical sensations. We recognise that there is a need to constantly refresh our information and resources for promoting safer nightlife, by listening to young people and nightlife “consumers” and monitoring new trends.

→ Take a community development perspective

Nightlife can be associated with celebration, festival or community gathering. It is a creative outlet for people talented in music, the arts and entertainment. It can also be a demonstration of enterprise, management skill and organisational ability. ‘Underground’ events reveal the power of communication networks among the youth and the ability of young people for spontaneous planning. These skills, talents and qualities should be recognised and supported, to enable them to be achieved safely and positively.

→ Safety, health, enjoyment

We recognise that many people choose to enhance their experience of nightlife through using legal and illegal drugs. Our aim is to enhance young people and revellers’ enjoyment and social experience by providing information and support which helps them stay safe and make healthier choices.

→ **Promote positive nightlife**

All aspects of nightlife, even those deemed marginal or ‘anti-authority’, offer young Europeans a sense of belonging and identity, and an opportunity for integration. Our work should ensure that young people are supported to continue to meet in ways which broaden their social horizons and enable them to celebrate their youth.

→ **Be realistic about the context**

Some nightlife is geared towards exploiting a lucrative youth market where profit is the main driver. In some countries nightlife is a significant part of the local economy, attracts foreign investment and boosts tourism. It is essential that nightlife “consumers” safety is protected by appropriate policy or legislation, and also that the benefits of the industry are maximised.

We must engage with commercial nightlife providers as well as consumers in pragmatic and realistic ways.

→ **Be realistic about the challenge**

In all nightlife settings, profit from selling drugs is part of a world-wide industry worth billions. Traditional legislation and enforcement has proved powerless in the face of this industry, which will continue to create new markets and new-products, of which partygoers and youth are eager consumers.

We must continue to learn about the effects and the impact of drug use and monitor market trends, to ensure that short-term and long term negative effects of substances are prevented as far as possible, and that responses are planned for at local and national levels to meet emerging health and social needs.

→ **Work in partnership**

Every community, at every level, is touched by the need to ensure the safety of young people and nightlife “consumers” and to promote their freedom to enjoy life. We need to ensure collaboration between partygoers and youth, service providers, policy makers and funders, to increase participation and develop partnerships. We will share our understanding of nightlife and substance use with all partners in ways which further our shared aim to promote safer nightlife.

References

Do you need more information? Check it here:

💡 [Guidelines](#)

💡 [Websites](#)

**Project
stage 1:
Needs
assessment**

EDPQS Standard 1.1 Knowing drug-related policy and legislation: “The knowledge of drug-related policy and legislation is sufficient for the implementation of the program. The program supports the objectives of local, regional, national, and/or international priorities, strategies, and policies”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ Showing awareness of, and correspondence with, the objectives of relevant strategies and policies will maximise the chances for increased support. This is a chief criterion for the obtaining of government funding in some countries. They serve as the legal framework for a Peer Education program.
- ➔ Special attention should be paid to current policies and legislation that cover harm-reduction and nightlife since these can have a large impact on a Peer Education program working in these settings.
- ➔ The intervention includes informing partygoers, which, in turn, means legislation amendments that cover the material, training sessions, and the current legal status of various substances.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Online Toolkits](#)
- 💡 [Websites](#)

EDPQS Standard 1.2 Assessing drug use and community needs: “The needs of the community (or environment in which the program will be delivered) are assessed. Detailed and diverse information on drug use is gathered. The study utilises existing epidemiological knowledge as possible, and adheres to principles of ethical research”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ Assessing the level of knowledge about any local situation in terms of health in a nightlife setting involves problems associated with legal and illegal drug consumption, sexual risks, noise levels, violence, road safety, etc.
- ➔ Besides the incidence and prevalence, the frequency of use, situations and circumstances of use, frequency and extent of occasional, regular, and/or heavy use, hazardous practices, populations at greater risk should all be assessed.
- ➔ Information on drug use and community needs within different subcultures, music scenes, nightlife areas, indoor/outdoor parties, home parties, etc. should be gathered.
- ➔ Have the proper information of the setting, club, or festival available on-site. Important aspects include: organisational structure at the location, government legislation, availability of condoms and earplugs, and noise (decibel) levels.
- ➔ Note that drug use can be both pleasurable and risky. There is no one-size-fits-all solution regarding health and safety issues. Being healthy means different things to different people and different types of drug-users or partygoers. What is important here is recognising and valuing the choices people regarding their lives, including decisions about the use of legal or illegal mind-altering substances.
- ➔ The circumstances of people’s lives, their emotional state at any given time, their previous experiences and their views of their own families, friends and peers, also affects their point of view and how people approach the issue of risk.
- ➔ The description of needs or problems should always include the real-life perspectives of those who have experienced a particular dilemma or situation (Suarez-Balcazar, 1992).

- ➔ The anonymity of all respondents should be ensured and one should not stigmatise or denigrate the various subcultures, music scenes, venues, etc.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Online Toolkits](#)
- 💡 [Websites](#)
- 💡 [Scientific articles](#)

EDPQS Standard 1.3 Describing the need – Justifying the intervention: “The need for an intervention is justified. The main needs are described based on the needs assessment, and the potential future development of the situation without an intervention is indicated. Gaps in current service provision are identified”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

➔ Identify gaps in current service provision:

- > Be aware of any existing or recent programs that contribute to harm reduction services in nightlife settings and identify them in order to identify gaps in service provision.
- > Examples of programs include peer education programs, existing quality labels or charters, Drug Checking services, staff training, etc.
- > The literature cites these reasons to justify peer-based interventions (Turner and Sheperd, 1999):
 - More cost effective
 - Peers are a credible source of information
 - Peer education is empowering for those involved
 - It utilises an already established means of sharing information and advice
 - Peers are more successful than professionals in passing on information because people identify with their peers
 - Peer educators act as good role models
 - Peer education is beneficial for those involved
 - Education presented by peers may be acceptable when other education is not
 - Peer education can be used to educate those who are hard to reach through conventional methods
 - Peers can reinforce learning through ongoing contact.
- > Another reason is related to being able to establish the credibility of mainstream organisations and to encourage access for users. They can be seen as good publicity for safer-use messages, counselling and prevention work in general.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Scientific articles](#)

EDPQS Standard 1.4 Understanding the target population: “A potential target population is chosen in line with the needs assessment. The needs assessment considers the target population’s culture and its perspectives on drug use”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ We cannot fully understand the target population without also involving them in the process.
- ➔ Perspectives to consider when assessing the target population include: self perception, cultural aspects (habits, beliefs, social rules and values), the rituals and rules involved in illegal drug use, attitudes and the “language” of the target population as well as the risks and safety issues involved in drug use.
- ➔ Consider that usually ravers or partygoers who use recreational drugs do not define themselves as “drug users”.
- ➔ A consistent theme across the social influence theories, Health Belief Model (Rosenstock et al., 1990) and Theory of Planned Behaviour (Ajzen, 1991) is the importance of considering young people’s perceptions of the benefits and harms associated with drug-related behaviours.
- ➔ These theories indicate that peer education focused on drug-related harms and benefits should target those outcomes that are of greatest importance and value to the young people themselves.
- ➔ An underlying theme concerns the importance of establishing a clear understanding of the target populations’ perspectives in relation to:
 - > Membership of their peer group
 - > The importance of peer group influence in determining their behaviour
 - > The harms and benefits associated with drug use of greatest importance or significance
 - > Their susceptibility to important harms from drug use

- > Their capacity to engage in behaviours that reduce drug-related harms (i.e, self efficacy)
- > Their openness and willingness to modify or change their drug-related behaviours and attitudes.
- ➔ Differences between various subgroups within the nightlife scene should be taken into account.
- ➔ Especially in peer education interventions studying the strength of the community can help you keep in mind their unique character and their ability to plan it's own interventions.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Online Toolkits](#)
- 💡 [Scientific articles](#)

**Project
stage 2:
Resource
assessment**

EDPQS Standard 2.1 Assessing target population and community resources: “Sources of opposition to, and support of, the program are considered, as well as ways of increasing the level of support. The ability of the target population and other relevant stakeholders to participate in the program is assessed”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- Once information and data have been gathered, most service providers find that plans to develop programs to promote a safer nightlife will be much more effective especially if they can secure the support of local partners in the health, youth services, police and judicial sectors, as well as among local authorities, and nightlife organisers.
- Among the various partners and the broader community, there may be varying degrees of readiness to address the issues and the need for a program that promotes a safer nightlife (DC&D, 2007).
- This includes stakeholders such as: partygoers, club owners and nightlife organisers, Health NGOs, city hall, policy makers and administrations, emergency services and police.
- A clear understanding of the roles and aspirations of different stakeholders in different settings is essential.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Online Toolkit](#)
- 💡 [Reports](#)



EDPQS Standard 2.2 Assessing internal capacities:
“Internal resources and capacities are assessed (e.g. human, technological, financial resources). The assessment takes into account their current availability as well as their likely future availability for the program”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ If your organisation is not yet involved in a Peer Education program, or in harm reduction within nightlife settings, it is important to create internal support for your ideas.

**Project
stage 3:
Nieuw Amsterdam
Business Unit**

EDPQS Standard 3.1 Defining the target population:
“The target population(s) of the program is (are) described. The chosen target population(s) can be reached”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- The ultimate target group are partygoers. A secondary target group are the peer educators themselves.
- Think of possible inclusion and exclusion criteria such as how one should properly handle visitors that are under aged or visitors who don't use any drugs, who visit the information stand?
- Identification of the target population will contribute to decisions about content, delivery and the setting of peer education activities, as well as the required characteristics and training of peer educators.

References

Do you need more information? Check it here:

💡 [Guidelines](#)

NA

RA

PF

ID

MM

DM

FE

DI

EDPQS Standard 3.2 Using a theoretical model: “The program is based on an evidence-based theoretical model that allows an understanding of the specific drug-related needs and shows how the behaviour of the target population can be changed”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- Use any available information on Peer education and behaviour change (see references).
- Theories of social influence (Social Learning, Social Identity, Diffusion of Innovation, Social Comparison) provide important insights into the mechanisms underlying the potential influence of a peer educator on young people. The literature serves as an important reminder that a person’s behaviour results from a complex mix of social and individual factors. Carefully designed peer education initiatives are well placed to address the range of factors likely to impact on a young person’s response to drug-related issues.
- The question is whether changes in behaviour are indeed the purpose or goal of the Peer education program. And this is often also a key question that funders ask.
- Consider asking an expert in behaviour change theories to become a member of the project group or steering committee.
- Counselling services or brief interventions should follow the methodology and techniques developed in evidence-based, theoretical models.
- Appropriate determinants of health:
- Improving knowledge, self-esteem and self efficacy and attitudes with regard to health related behaviour.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Scientific articles](#)

EDPQS Standard 3.3 Defining aims, goals, and objectives: “It is clear what is being ‘prevented’ (e.g. what types of drug use?). The program’s aims, goals, and objectives are clear, logically linked, and informed by the identified needs. They are ethical and ‘useful’ for the target population. Goals and objectives are specific and realistic”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ Ensure that all involved have a clear understanding of the aims of the program.
- ➔ The objectives differ within peer education programs. Sometimes the objective is to be able to answer questions from young people about safe use and risk reduction, rather than to prevent drug use
- ➔ In practice it is often more about conveying information, knowledge, ways and means, that peers may refuse or elect to use. Peer education projects working in nightlife settings mostly believe it is important to honour drug-users’ self-determination in setting their own goals and fulfilling their own aspirations around their health.
- ➔ If the peer education program is targeting drug use, the targeted drug(s) should be specified. For example, does the Peer Education program only target illegal drugs, or does it also include alcohol, prescription medicines, and various “legal highs”? If the Peer education program targets a particular range of (risky) behaviours, the types of behaviour should also be defined.
- ➔ Close consultation with members of the target population may increase their sense of ownership and more accurately identify their needs and interests, thereby enhancing the likelihood of success.
- ➔ The aim of harm reduction or prevention measures in a nightlife setting should always be to offer the optimal personal health option within a chosen lifestyle. Thus the main goals are:
 - > Increasing individual knowledge
 - > Promoting individual risk behaviour changes
 - > Early detection of problematic behaviour patterns involving consumption
 - > Early intervention, if necessary, and if the client is willing.



- ➔ This includes overdose prevention, reduction of the unconscious use of unwanted substances, the raising of awareness regarding high dosages of substances and/or cutting agents used in the making of psychoactive drugs.
- ➔ One should remain realistic: behavioural changes may not be achievable in the course of a short-term intervention!
- ➔ Any behavioural change should be socially desirable and one should consider whether harm reduction is acceptable in the particular society one is targeting.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Online Toolkit](#)
- 💡 [Scientific articles](#)

EDPQS Standard 3.4 Defining the setting: “The setting(s) for the activities is (are) described. It matches the aims, goals, and objectives, available resources, and is likely to produce the desired change. Necessary collaborations for implementation of the program in this setting are identified”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- The setting is defined as the social and/or physical environment in which the intervention takes place, such as a festival or club. The intervention itself may have to be adapted depending on the setting. Most Peer education programs do not operate in just one setting; many are available at a variety of locations. Take into account any practical considerations when deciding where the activities will take place.
- A Peer education programs’ chief collaborations will be with club owners and event/festival organisers. Cooperation must be established with the company in charge of safety and security, as well as with first aid and emergency medical services and police officers assigned to a particular festival or event site.
- If one is working on-site, be aware of the broad variety of nightlife settings, which includes their own sets of rules and regulations. Also note that the actual location of an event may not be suitable for all types of intervention (think of noise levels, the ability to have a conversation, etc).
- Favourite places for most peer education interventions are either near the entrance or near the chill-out area (Chai-Shop, Space-Bar). The work-site should be as close and visible to the audience and as quiet as possible.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)



EDPQS Standard 3.5 Referring to evidence of effectiveness: “Scientific literature reviews and/or essential publications on the issues relating to the program are consulted. The reviewed information is of high quality and relevant to the program. The main findings are used to inform the program”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- Use the latest literature available on peer education but do not let a lack of substantiated evidence prevent you from taking action.
- Evidence is often specific to particular target populations and environments. Use the evidence but do not let it replace the professional experience of practitioners. Where scientific evidence of effectiveness is unavailable, professional experiences and stakeholder expertise may be employed instead to make educated judgements regarding the effectiveness of any particular intervention.
- The reviewing and incorporation of new evidence requires certain investments of time and funds.
- It is recommended to conduct an outcome evaluation as part of the aim of contributing to the existing database.

References

Do you need more information? Check it here:

💡 [Scientific articles](#)

EDPQS Standard 3.6 Determining the timeline: “The timeline of the program is realistic, and it is illustrated clearly and coherently. Timing, duration, and frequency of activities are adequate for the program”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- Working with the Peer education method, strict deadlines are not workable, be sure to set realistic expectations and be flexible.
- Do not underestimate the time necessary to contact club owners and organisers and create a sustainable collaborative partnership.
- “With peer-based projects, it is especially important that the planning is flexible and takes into account variability in activities. The need for flexibility arises out of working with dynamic individuals who have a wide range of interests and needs: unexpected situations may arise among them that cause setbacks or barriers to becoming involved in the initiative (such as arrest, illness, chaotic drug use). Flexibility is also needed because others involved in the project may have second thoughts: for instance policymakers may have new priorities. Thus, peer work should be viewed as an ongoing process requiring periodical reassessment, re-thinking and re-planning. (www.peerinvolvement.eu)”

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)

**Project
stage 4:
Intervention
design**

EDPQS Standard 4.1 Designing for quality and effectiveness: “The intervention follows evidence-based good practice recommendations; the scientific approach is outlined. The program builds on positive relationships with participants by acknowledging their experiences and respecting diversity. Program completion is defined”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ Before creating an intervention, one should consult a variety of sources, such as systematic reviews on the effectiveness of peer education interventions and, if available, evaluations of the results and procedures of other Peer education programs. This will ensure that interventions follow (evidence-based) good practice recommendations.
- ➔ Active participation and involvement of target population and building positive relationships are key issues if working with the peer education method.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Scientific articles](#)

NA

RA

PF

ID

MM

DM

FE

DI

EDPQS Standard 4.2 If selecting an existing intervention: “Benefits and disadvantages of existing interventions are considered, as well as the balance between adaptation, fidelity, and feasibility. The interventions’ fit to local circumstances is assessed. The chosen intervention is adapted carefully, and changes are made explicit. Authors of the intervention are acknowledged”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ The mere establishment of a Peer education program implies that an existing intervention will be employed!
- ➔ A Peer education program should be part of a broader set of interventions in nightlife settings.
- ➔ Consider policy and legislation differences between various countries, regions and settings.
- ➔ Think about your definition of ‘peer’.
- ➔ Examples of elements to implement:
 - > Distribution of information materials
 - > Offering information talks
 - > Offering crisis intervention on-site
 - > Hosting a website / Facebook page / Twitter / Instagram account
- ➔ Seek information from others who have been involved in peer education programs or other initiatives within recreational settings. While starting your project, set up a collection system information to be able to adapt quickly.
- ➔ Beware of the danger of implementing a Peer education program based solely on existing guidelines and manuals without taking into account needs assessment findings and the details involved in formulating a particular program.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Online Toolkits](#)
- 💡 [Scientific articles](#)

EDPQS Standard 4.3 Tailoring the intervention to the target population: “The program is adequate for the specific circumstances of the program (e.g. target population characteristics), and tailored to those if required. Elements to tailor include: language; activities; messages; timing; number of participants”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ Tailoring to a target population is done with the active participation of relevant representatives of the target group.
- ➔ This means the content should be tailored. It needs to be credible, relevant and appropriate to the experience of the target population.
- ➔ Language: Employ the current slang used by the target population such as the street names for a specific drug, which may differ between subcultures.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)

EDPQS Standard 4.4 If planning final evaluations: “Evaluation is seen as an integral and important element to ensuring program quality. It is determined what kind of evaluation is most appropriate for the intervention, and a feasible and useful evaluation is planned. Relevant evaluation indicators are specified, and the data collection process is described”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ To plan and conduct evaluation one needs a scientific background to describe “what one is doing” in terms of a scientific system of definitions. Applying the expertise of, for instance, a university with an academic interest in the program is invaluable in developing a valid evaluation methodology is essential for the implementation of effective monitoring and evaluation functions. This expertise may be provided on a voluntary basis by a partner in exchange for benefits such as field experience. However, the total evaluation process may be costly, time-consuming and complex.
- ➔ Examples appropriate evaluation for Peer education programs:
 - > **Process:**
 - Monitoring by projectcoordinator and regular liaison interviews
 - Observation and evaluation of peer education training sessions and the work carried out by the peer educators
 - Participant observation at steering groups meetings
 - > **Impact:**
 - Feedback from peer educators about training, organisation of the initiative, and their experiences conducting peer education activities
 - Surveys of knowledge and attitudes of peer educators and participants of peer educator activities

> **Outcome:**

- Decrease in prevalence rates of drug use among target population
- Decrease in risky behaviours in relation to drug use
- Increased adoption of safe practices

(McDonald et al, 2003).

References

Do you need more information? Check it here:

💡 [Guidelines](#)

💡 [Reports](#)

💡 [Online Toolkits](#)

💡 [Scientific articles](#)

**Project
stage 5:
Management
and mobilisation
of resources**

EDPQS Standard 5.1 Planning the program - Illustrating the project plan: “Time is set aside for systematic program planning. A written project plan outlines the main program elements and procedures. Contingency plans are developed”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

➔ The establishment of a peer education program is almost always considered an ongoing process.

References

Do you need more information? Check it here:

💡 [Guidelines](#)

💡 [Reports](#)

NA
RA
PF
ID
MM
DM
FE
DI

EDPQS Standard 5.2 Planning financial requirements:
“A clear and realistic cost estimate for the program is given. The available budget is specified and adequate for the program. Costs and available budget are linked. Financial management corresponds to legal requirements”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ Peer education is regarded by some as an inexpensive program strategy because it often relies on volunteers. Yet the costs of implementing high-quality peer education can be high, due to the ongoing need for funds to adequately train, support, and supervise peer educators, and equip them with resource material. In addition, some kind of compensation for peer educators is crucial. Generating financial resources and support is critical to the sustainability of peer education programs.
- ➔ Financial support should be fully agreed on prior to the launch of the project and should be secured for at least two years from implementation. The cost incurred will vary from project to project. Training costs can be high if you use external trainers.
- ➔ Below are some potential expenditures:
 - > Salary costs for staff (project management, peer coaching, prevention worker)
 - > Volunteers Fees (travel allowance)
 - > Costs for training / expert meetings (materials, room hire, experts / trainers and catering)
 - > Costs for the events (transport, catering, gadgets, decor, T-shirts)
 - > Cost of producing information material
 - > Costs of developing and maintaining the website
 - > Costs of social outings with the peer educators
- ➔ Consider the contribution of partners, party organisers who are willing to donate or exchange services.

- Equitable salary structures are often a challenge for low-budget programs. In most cases, peer educators are volunteers. Tensions as a result of the different pay scales among peer educators and staff may arise. It is not impossible to create a program with an unpaid volunteer staff.
- Consider a system of encouragement and non-financial incentives for volunteers. Incentives could include recognition, awards, rewards, social activities, exchange (and travel) opportunities as well as advancement within the group when possible.
- Check the regulations and possibilities for offering volunteers various allowances.
- Take insurance issues into consideration because there are significant differences between countries regarding the payment of volunteer allowances.

References

Do you need more information? Check it here:

💡 [Guidelines](#)

EDPQS Standard 5.3 Setting up the team: “The staff required for successful implementation is defined and (likely to be) available (e.g. type of roles, number of staff). The set-up of the team is appropriate for the program. Staff selection and management procedures are defined”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

➔ Recruitment:

- > Experience has shown that the most effective way to recruit peer educators is through key informants in the scene, which, in turn, snowballs within peers' own networks.

➔ Selection:

- > Clear expectations of both the program and peer educators should be documented in writing and agreed during the recruitment phase. This should include expectations about the activities, amount of time spend etc. Seek peer educator input in drafting agreements to ensure that most important concerns of peers are reflected and issues are clarified.
- > Develop an agreed upon criteria list is developed for selecting peer educators. Criteria should include: availability, previous experience, personal traits (behaviour, team player, volunteer spirit etc.) come from the target population, be open minded and interested in the party scene and other characteristics relevant for a peer education intervention. 'Peerness':
- > Social Identity and Social Comparison theories indicate the importance of carefully selecting peer educators perceived to be a member of young people's in-group from the perspective of the young people themselves. Establishing in-group membership will allow a peer educator to tap into the powerful sources of social influence associated with group membership, and is also likely to increase their effectiveness as a role model and as a disseminator of information and knowledge. Theories of social influence suggest that peer educators should actively model the attitudes and behaviours desired of the target group.
- > Diffusion of Innovation Theory (Rogers, 1983) suggests that a peer educator should take a leadership role as an “early adopter” of new or modified behaviours within the group.

- > Be sure to pay particular attention to credibility: Person-based credibility and experience-based credibility (Drug related and/or social experience) (McDonald et al, 2003).

Note: this is also a great limitation: if the target group does not see a peer as appropriate, knowledgeable or credible, then the strategy will fail instantly.

- > Ideally, peer educators should be the same age or slightly older than the target group. There is evidence to suggest that recipients of peer education will find peer educators who are slightly older more credible (Cripps, 1997).
- > The chosen settings, like licensed premises, might not allow underage peer educators which is a reason to set the minimum age at 18 or 21.
- > If working with students as peer educators consider that it's possible that limited respect is given to high achieving students from lower achieving students (and this might be especially so when dealing with risk taking practices such as drug use and sex).
- > Working in a team with peers and professionals beware of the danger of adult professionals hijacking the process and using peers to pursue the adult's agenda (Turner, 1999).
- > High levels of participation are stated by most Peer Education projects. Acknowledge the importance of peers being involved in all steps of project design and implementation to ensure the intervention stays relevant to the target group.
- > Encourage and accommodate willingness of peer educators to become more involved and take on additional responsibilities.
- > Look for program tasks and roles for peer educators, as learning opportunities for them and as a way to expand staff capacity.
- > Peer educators are the public face of the project, assessing their viability to engage in the program and sell the project message to the target group as well as making them aware of what they are volunteering for is important during the selection process.
- > Experience has shown that some peer educators who dropped out of projects had expected a passive role or were expecting only fun and free parties. Being a peer educator involves a commitment, since the role requires time for training, supervision sessions and activities.

➔ **Rules and regulations:**

- > Peer educators are recruited among the target population. Note that this can be challenging because they might be (ex) recreational drug users, have a lot of their friends walking around at the party etc. Rules and regulations around alcohol and drug use should be clarified.



- > Be sure to communicate the regulation and policy of the intervention and if relevant of the bigger organisation during the selection procedure or training.
- > Regulation and setting up rules includes thinking about enforcement and communicating this clearly.

→ **Steering committee**

- > A successful project team recognises its limitations and involves other relevant stakeholders and experts when necessary. An Steering committee could offer objective advice and identify key areas or ideas of interest that may be overlooked by the team. The members of the Steering committee might also have contacts that may be beneficial to the project, especially in the area of promoting it.
- > Having a project team or steering committee member with drug policy and legislation expertise is a definite plus because staying up to date on legal issues is a complicated and time-consuming affair.
- > To plan and conduct evaluation one needs a scientific background to describe “what one is doing” in terms of a scientific system of definitions. Having a partnership with a university or adding a researcher to the project team or steering committee should be considered.
- > Having a specific contact person who deals with stakeholders such as party organisers can be a big plus.

→ **Training**

- > It is essential that selected peer educators receive effective and comprehensive knowledge and skills-based training; as well as close supervision throughout the intervention implementation phase (Lindsey, 1997; Sloane and Zimmer, 1993).

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Online Toolkit](#)
- 💡 [Scientific articles](#)

EDPQS Standard 5.4 Recruiting and retaining participants: “It is clear how participants are drawn from the target population, and what mechanisms are used for recruitment. Specific measures are taken to maximise recruitment and retention of participants”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ To recruit participants a program working in nightlife settings needs to recruit parties and festivals. Relationships should be established and maintained with key stakeholders in the music and dance industry.
- ➔ Ways to promote the service on site:
 - > Project flyers, rave or event flyers, posters, festivals map, signposts, banners, posters, setting up attractive desks for distributing the information.

References

Do you need more information? Check it here:

💡 [Guidelines](#)

NA

RA

PF

ID

MM

DM

FE

DI

EDPQS Standard 5.5 Preparing program materials:
“Materials necessary for implementation of the program are specified. If intervention materials (e.g. manuals) are used, the information provided therein is factual and of high quality”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ Materials to develop:
 - > Logo
 - > Drug information leaflets
 - > Project flyers
 - > Gadgets
 - > Website
 - > Facebook page
 - > Twitter account
 - > Tee shirts
 - > Information stand decor
 - > Manual
 - > Training protocol
 - > Media protocol
 - > Information stand decoration
 - > Posters / banners

References

Do you need more information? Check it here:

💡 [Guidelines](#)

EDPQS Standard 5.6 Providing a program description:
“A written, clear program description exists and is (at least partly) accessible by relevant groups (e.g. participants). It outlines major elements of the program, particularly its possible impact on participants”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

➔ Used terminology must be well defined in the program description.

References

Do you need more information? Check it here:

💡 [Guidelines](#)

💡 [Reports](#)

NA

RA

PF

ID

MM

DM

FE

DI

**Project
stage 6:
Delivery and
monitoring**

EDPQS Standard 6.1 If conducting a pilot intervention:

“A pilot intervention is conducted if necessary. It should be considered, for example, when implementing new or strongly adapted interventions, or if programs are intended for wide dissemination. The findings from the pilot evaluation are used to inform and improve the proper implementation of the intervention”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

No notes added to the EDPQS by NEWIP.

6.2 Implementing the program: The program is implemented according to the written project plan. The implementation is adequately documented, including details on failures and deviations from the original plan.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

No notes added to the EDPQS by NEWIP.

References

Do you need more information? Check it here:

💡 [Guidelines](#)

💡 [Reports](#)

EDPQS Standard 6.3 Monitoring the implementation: “Monitoring is seen as an integral part of the implementation phase. Outcome and process data are collected during implementation and reviewed systematically. The project plan, resources, etc. are also reviewed. The purpose of monitoring is to determine if the program will be successful and to identify any necessary adjustments”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- Open en continuous communication mechanisms between the Peer educators and program supervision should be established. Feedback should work in both directions, so peer educators must be encouraged to provide feedback and to receive feedback on their work in the spirit of improving their performance.
- All members of the team should know that there’s room for improvement and that the program is not perfect, which gives peer educators incentive to show initiative and take creative risks to improve the program.
- Set up a focus group, do informal interviews, or hand out questionnaires to get feedback to better monitor the implementation process with party organisers, club owners and municipalities.
- Establish practical ways for target audiences and stakeholders to share their views about the program and make suggestions for improvement.
- Drugs trends and the risks partygoers take are continuously changing as new markets develop and are exploited. Colleagues must accept the fact that the scene will always be mutating, which requires dynamic and innovative responses.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)

EDPQS Standard 6.4 Adjusting the implementation:
“Flexibility is possible if required for a successful implementation. The implementation is adjusted in line with the monitoring findings, where possible. Issues and problems are dealt with in a manner that is appropriate for the program. Adjustments are well-justified, and reasons for adjustments are documented”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ Local circumstances may change rapidly (the nightlife scene may suddenly grow or shrink) or new trends may emerge, requiring a flexible approach from all staff members.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)

NA

RA

PF

ID

MM

DM

FE

DI

**Project
stage 7:
Final
evaluations**

EDPQS Standard 7.1 If conducting an outcome evaluation: “The sample size on which the outcome evaluation is based is given, and it is appropriate for the data analysis. An appropriate data analysis is conducted, including all participants. All findings are reported in measurable terms. Possible sources of bias and alternative explanations for findings are considered. The success of the program is assessed”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ The evaluation of results is an extremely complicated process in this field. Measuring behavioural changes via a Peer education program in nightlife settings is complicated but remains an important function. In some cases, this research will entail employing an independent researcher, which may lead to budgetary issues.
- ➔ Self-evaluations often serve as the only available indicators for outcome evaluation. One should question the findings but they may be the only evidence of an intervention’s success.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Online Toolkits](#)

EDPQS Standard 7.2 If conducting a process evaluation:
“The implementation of the program is documented and explained. The following aspects are evaluated: target population involvement; activities; program delivery; use of financial, human, and material resources”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ Establish functional, relevant indicators. Select only those that reflect what the program intends to change and believes it can. Inform yourself on what evaluation measures are asked for (for funding)
- ➔ Be aware that some indicators are sensitive (drug use).
- ➔ Decide on how to record information contacts, leaflets handed out, unintended effects etc.
- ➔ Establishing relevant indicators means selecting results that focus on the aims of the program. Be aware of what kind of results and evaluation measures are demanded by funders. It should also be noted that some indicators may be very sensitive such as those detailing actual drug use.
- ➔ There should be an established protocol for information gathering, data management, the dissemination of leaflets and other information and dealing with the adverse effects of the above.
- ➔ Establish practical ways for the target population and stakeholders to share views about the program and make suggestions for improvement. Feedback should not be considered an evaluation of the results. But this information is important because the program’s effectiveness depends on stakeholder participation.
- ➔ Questionnaires, focus groups and periodic interviews with stakeholders, peer educators and target group members can help gather opinion data and measure stakeholder satisfaction.
- ➔ Data gathering should be incorporated into the program’s basic procedures because proactive feedback accumulation leads to more timely and positive reactions.
- ➔ Involving peer educators in the evaluation process can work against objectivity because of their passionate belief in the program’s effectiveness and in the talents of colleagues and fellow peer educators.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Online Toolkits](#)
- 💡 [Scientific articles](#)

**Project
stage 8:
Dissemination
& improvement**

EDPQS Standard 8.1 Determining whether the program should be sustained: “It is determined whether the program should be continued based on the evidence provided by monitoring and/or final evaluations. If it is to be continued, opportunities for continuation are outlined. The lessons learnt from the implementation are used to inform future activities”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

No notes added to the EDPQS by NEWIP.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Online Toolkit](#)

EDPQS Standard 8.2 Disseminating information about the program: “Information on the program is disseminated to relevant target audiences in an appropriate format. To assist replication, details on implementation experiences and unintended outcomes are included. Legal aspects of reporting on the program are considered (e.g. copyright)”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

- ➔ Examples of strategies that have contributed to sustainability include involving the intended audience and stakeholders in the peer education program and creating a sense of joint ownership.
- ➔ Throughout the term of the project, you will need to maintain the interest of funders and stakeholders by providing regular updates, by polling them, holding regular meetings, engaging in negotiations, and maintaining close personal contact. This same strategy should also be applied to sponsors and policymakers.

References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)

EDPQS Standard 8.3 If producing a final report: “The final report documents all major elements of program planning, implementation, and (where possible) evaluation in a clear, logical, and easy-to-read way”.

NEWIP Good Practice Standards - Notes on Peer education in Nightlife Settings

No notes added to the EDPQS by NEWIP.



5. References

Introduction

- > Charlois, T. (2009). *Safer Nightlife in Europe*. Prepared for EXCASS Net meeting in 2009. EXCASS NET.
- > COUNCIL OF THE EUROPEAN UNION (2008). Conclusions on the prevention and reduction of health and social risks associated with the use of illicit drugs in recreational settings.
- > DC&D (2007). Safer Nightlife Projects. A European proposition to promote safer nightlife and share good practice.
- > Duch, M.A., Calafat, A., and Juan, M. (2011). *Set of standards to improve the health and safety of recreational nightlife venues - Manual*. Palma de Mallorca: IREFREA.
- > EMCDDA (2006). *Developments in drug use within recreational settings*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction.
- > EMCDDA (2008). *EU drugs action plan (2009–12)*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction.
- > EMCDDA (2012). *Travel and drug use in Europe: a short review*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction.
- > EMCDDA (2012). *Responding to drug use and related problems in recreational settings*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction.

Peer education in nightlife settings

- > Bleeker, A. M. and Jamin, J., (2003). *'Unity - The Do-It-Yourself Peer Education Guidelines for Working with Dance Drug Users'*. Jellinek Prevention, Amsterdam, The Netherlands.
- > McDonald, J., Roche, A.M. & Durbridge, M. (2003). *Peer education: From evidence to practice: An alcohol and other drugs primer*. National Centre for Education and Training on Addiction, Adelaide.
- > Parkin, S., McKeganey, N.P., (2000) The rise and rise of peer education approaches. *Drugs: Education, Prevention and Policy*, 7: 293-310.
- > Shiner, M and Newburn, T (1996) *Young People, Drugs and Peer Education: an evaluation of the Youth Awareness Programme (YAP)*, London: Home Office
- > Shiner, M (2000) *Doing It for Themselves: an evaluation of peer approaches to drugs prevention*, London: Home Office.
- > Shiner, M (1999) 'Defining peer education', *Journal of Adolescence*, 22, 555-566
- > Turner, G., Shepherd, J (1999). A method in search of a theory: peer education and health promotion. *Health Education Research* ;14(2):235-47.

Standards

- > Calafat, A., Fernandez, C., Juan, M., Anttila, A. H., Arias, R., Bellis, M. A., Bohrn, K., Fenk, R., Hughes, K., Kerschl, A. V., Kokkevi, A., Kuussaari, K., Leenders, F., Mendes, F., Simon, J., Spyropoulou, M., Van de Wijngaart, G. & Zavatti, P. (2003). *Enjoying the nightlife in Europe. The role of moderation.* Palma de Mallorca: IREFREA.
- > Shiner, M (1999) 'Defining peer education', *Journal of Adolescence*, 22, 555-566
- > Calafat, A., Juan, M. & Duch, M.A. (2009). Preventive interventions in nightlife: a review. *Adicciones*. 2009;21(4):387-413.
- > EMCDDA (2011). *European drug prevention quality standards.* Lisbon: European Monitoring Centre for Drugs and Drug Addiction.
- > Walker, S.A, Avis, M. (1999). Common reasons why peer education fails. *Journal of Adolescence*. 22(4):573-7.

Cross-cutting considerations

B.

Guidelines

- > DC&D (2007). Safer Nightlife Projects. A European proposition to promote safer nightlife and share good practice. http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf
- > Poole, A. (2005). Youth participation in drug prevention programs. <https://wcd.coe.int/ViewDoc.jsp?id=1297529&Site=COE>

D.

Guidelines

- > DC&D (2007). Safer Nightlife Projects. A European proposition to promote safer nightlife and share good practice. http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf

Websites

- > The ethical framework in which the NEWIP partners operate is stated at the Safer Nightlife website: www.safernightlife.org

Project stage 1: Needs assessment

1.1.

Guidelines

- > Coppel, A. (2008). *Drug use, frontline services and local policies - Guidelines for elected officials at the local level*. Vottem: Les presses de Snel. [http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC D - Drug use frontend services and local policies EN.pdf](http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC_D_-_Drug_use_frontend_services_and_local_policies_EN.pdf)
- > HNT (2010). Chapter 4. Creating a Healthy and Safe Nightlife setting. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=8

Reports

- > Club Health (2011). *Database of legislative and national policy responses. Case studies of collected legislative and policy measures*. [http://www.clubhealth.eu/docs/Club Health CASE%20STUDIES FINAL 02.pdf](http://www.clubhealth.eu/docs/Club_Health_CASE%20STUDIES_FINAL_02.pdf)
- > EMCDDA (2006). *European drug policies: extended beyond illicit drugs?* Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <http://www.emcdda.europa.eu/html.cfm/index34877EN.html>

Online Toolkits

- > Club Health. NightSCOPE. <http://www.nightscope.eu>

Websites

- > EMCDDA. Drug Policy and Law. <http://www.emcdda.europa.eu/policy-and-law>

1.2.

Guidelines

- > Bartholomew, L.k., Parcel, G.S., Kok, G., Gottlieb, N.H., Fernandez, M.E. (2011). Intervention Mapping Step 1: Needs Assessment. In: *Planning Health Promotion Programs: An Intervention Mapping Approach*. (3rd ed.). San Francisco, CA: Jossey-Bass.
- > Bleeker, A.M., Jamin, J. (2003). *Peer Education at Dance Events. 'Unity' Do-It-Yourself Guide*. Amsterdam: Jellinek Amsterdam
- > Coppel, A. (2008). *Drug use, frontline services and local policies - Guidelines for elected officials at the local level*. Vottem: Les presses de Snel. [http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC D - Drug use frontend services and local policies EN.pdf](http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC_D_-_Drug_use_frontend_services_and_local_policies_EN.pdf)

- > DC&D (2007). *Safer Nightlife Projects. A European proposition to promote safer nightlife and share good practice.* http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf
- > Fernandes, C. *Methodological Guidelines.* DC&D. http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC_D_-_WP_4_-_Methodological_Framework_EN.pdf
- > HNT (2010). Chapter 2. Facts and figures for alcohol and drug use in nightlife settings. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife.* http://hnt-info.eu/File/handbook_section.aspx?id=6
- > HNT (2010). Chapter 4. Creating a Healthy and Safe Nightlife setting. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife.* http://hnt-info.eu/File/handbook_section.aspx?id=8
- > Poole, A. (2005). *Youth participation in drug prevention programs.* <https://wcd.coe.int/ViewDoc.jsp?id=1297529&Site=COE>
- > Webster, R. (2008). *Safer Nightlife: best practice for those concerned about drug use and the night-time economy.* London: London Drug Policy Forum. http://www.safernightlife.org/pdfs/digital_library/uk_safer_nightlife_guideline.pdf

Reports

- > Calafat, A. (2010). *Lifestyles and drugs. Prevention interventions in recreational settings.* Council of Europe. <http://www.coe.int/t/dg3/pompidou/Source/Files/minconf/P-PG-PREV-2010-7-en.pdf>
- > EMCDDA (2006). *Developments in drug use within recreational settings.* Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <http://www.emcdda.europa.eu/html.cfm/index34883EN.html>
- > EMCDDA (2013). *European Drug Report 2013: Trends and developments.* Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <http://www.emcdda.europa.eu/publications/edr/trends-developments/2013>
- > EMCDDA (2011). *The current drug situation in Europe.* Online Annex to EMCDDA Manual No 7 “European drug prevention quality standards”. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <http://www.emcdda.europa.eu/publications/manuals/prevention-standards>
- > Fletcher, A., Calafat, A., Pirona, A. & Olszewski, D. (2011). Young people, recreational drug use and harm reduction. *Addiction*, 106 (Suppl. 1), 37–46. http://www.irefrea.org/uploads/PDF/Fletcher%20et%20al_2010_EMCCDDA%20monographs.pdf

💡 Online Toolkits

- > Calafat, A. et al. *Kit for Assessing Recreational Nightlife*. <http://www.clubhealth.org.uk/File/KAReN%20questionnaires%20full%20set.pdf>
- > Club Health. NightSCOPE. <http://www.nightscope.eu>

💡 Websites

- > EMCDDA. Drug profiles. <http://www.emcdda.europa.eu/drug-profiles>
- > Erowid. <http://www.erowid.org>
- > Drugscience. <http://www.drugscience.org.uk>

💡 Scientific articles

- > Bellis, M.A., Hughes, K., McVeigh, J. et al. (2005). Effects of nightlife activity on health. *Nursing Standard* 19:30, 63-71. <http://www.ncbi.nlm.nih.gov/pubmed/15835440>
- > Winstock, A., Wilkins, C. (2011). 'Legal highs'. The challenge of new psychoactive substances. *Series on Legislative Reform of Drug Policies*, Nr. 16. <http://www.un-drugcontrol.info/en/publications/legislative-reform-series-/item/2833-legal-highs>

1.3.

💡 Guidelines

- > Bartholomew, L.k., Parcel, G.S., Kok, G., Gottlieb, N.H., Fernandez, M.E. (2011). Intervention Mapping Step 1: Needs Assessment. In: *Planning Health Promotion Programs: An Intervention Mapping Approach*. San Francisco, CA: Jossey-Bass.
- > HNT (2010). Chapter 3. Alcohol and drug related problems in nightlife settings. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=7
- > HNT (2010). Annex IV. Effects and risks of party drugs. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=27

💡 Reports

- > Charlois, T. (2009). *Safer Nightlife in Europe*. http://www.coe.int/t/dg3/pompidou/Source/Activities/EXASS/guide_SaferNightLife_en.pdf
- > Fletcher, A., Calafat, A., Pirona, A. & Olszewski, D. (2011). Young people, recreational drug use and harm reduction. *Addiction*, 106 (Suppl. 1), 37–46. http://www.irefrea.org/uploads/PDF/Fletcher%20et%20al_2010 EMCDDA%20monographs.pdf

- > Webster, R. (2008). *Safer Nightlife: best practice for those concerned about drug use and the night-time economy*. London: London Drug Policy Forum. http://www.safernightlife.org/pdfs/digital_library/uk_safer_nightlife_guideline.pdf

💡 Scientific articles

- > Bellis, M.A., Hughes, K., McVeigh, J. et al. (2005). Effects of nightlife activity on health. *Nursing Standard* 19:30, 63-71. <http://www.ncbi.nlm.nih.gov/pubmed/15835440>

1.4.

💡 Guidelines

- > HNT (2010). *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hntinfo.eu/File/handbook_section.aspx?id=1

💡 Reports

- > EMCDDA (2006). *Developments in drug use within recreational settings*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <http://www.emcdda.europa.eu/html.cfm/index34883EN.html>
- > EMCDDA (2012). *Youth media*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <http://www.emcdda.europa.eu/html.cfm/index34037EN.html>
- > Fletcher, A., Calafat, A., Pirona, A. & Olszewski, D. (2011). Young people, recreational drug use and harm reduction. *Addiction*, 106 (Suppl. 1), 37–46. http://www.irefrea.org/uploads/PDF/Fletcher%20et%20al_2010_EMCCDDA%20monographs.pdf

💡 Online Toolkits

- > Club Health. NightSCOPE. <http://www.nightscope.eu>

💡 Scientific articles

- > Ajzen, I. (1991). The Theory of Planned Behavior, *Organizational Behavior and Human Decision Processes*, 50: 179-211.
- > Bellis, M.A., Hughes, K., McVeigh, J. et al. (2005). Effects of nightlife activity on health. *Nursing Standard* 19:30, 63-71. <http://www.ncbi.nlm.nih.gov/pubmed/15835440>
- > Beyers, J.M., Toumbourou, J.W., Catalano, R.F., Arthur, M.W., Hawkins, J.D. (2004). A cross-national comparison of risk and protective factors for adolescent substance use: the United States and Australia. *Journal of Adolescent Health*. 2004 Jul;35(1):3-16. <http://www.ncbi.nlm.nih.gov/pubmed/15193569>

- > M ter Bogt T.F, Engels, R.C. (2005). "Partying" hard: party style, motives for and effects of MDMA use at rave parties. *Substance Use and Misuse*. 2005;40(9-10):1479-502. <http://www.ncbi.nlm.nih.gov/pubmed/16048829>
- > Calafat, A., Blay, N., Hughes, K., Bellis, M., Juan, M., Duch, M. & Kokkevi, A. (2010). Nightlife young risk behaviours in Mediterranean versus other European cities: are stereotypes true? *European Journal of Public Health*, 1-5. http://www.irefrea.org/uploads/PDF/Calafat%20et%20al_2010.pdf
- > Calafat, A., Cajal, B., Juan, M., Mendes, F., Kokkevi, A., Blay, N., Palmer, A. & Duch, M.A. (2010).
- > The influence of personal networks when participating in nightlife on the use and abuse of alcohol and drugs. *Adicciones*, 22, (2), 147-154. <http://www.irefrea.org/index.php?page=2-1-23>
- > Calafat, A., Fernandez, C., Juan, M., Anttila, A. H., Arias, R., Bellis, M. A., Bohrn, K., Fenk, R., Hughes, K., Kerschl, A. V., Kokkevi, A., Kuussaari, K., Leenders, F., Mendes, F., Simon, J., Spyropoulou, M., Van de Wijngaart, G. & Zavatti, P. (2003). *Enjoying the nightlife in Europe. The role of moderation*. Palma de Mallorca: IREFREA. http://www.irefrea.org/uploads/PDF/Calafat%20et%20al_2003_Enjoying%20Nightlife%20Europe.pdf
- > Calafat, A., Fernández, C., Juan, M. and Becoña, E. (2007). Weekend Nightlife Recreational Habits: Prominent Intrapersonal 'Risk factors' for Drug Use? *Substances Use & Misuse*, 42 (9), 1443-1454. <http://www.ncbi.nlm.nih.gov/pubmed/17886141>
- > Calafat, A., Fernandez, F., Juan, M. & Becoña, E. (2008). Recreational nightlife: Risk and protective factors for drug misuse among young Europeans in recreational environments. *Drugs: Education, Prevention and Policy*, 15 (2), 189-200. <http://www.ncbi.nlm.nih.gov/pubmed/1529040>
- > Calafat, A., Fernández, C., Juan, M., Bellis, M. A., Bohrn, K., Hakkarainen, P., Kilfoyle-Carrington, M., Kokkevi, A., Maalsté, N., Mendes, F., Siamou, I., Simon, J., Stocco, P. and Zavatti. (2001). *Risk and control in the recreational drug culture*. Sonar Project. Palma de Mallorca: IREFREA. http://www.irefrea.org/uploads/PDF/Calafat%20et%20al_2001_Risk%20and%20Control.pdf
- > Calafat, A., Kronegger, L., Juan, M., Duch, M. and Kosir, M. (2011). Influence of friends' network in drug use and violent behaviour among young people in the nightlife recreational context. *Psycothema*, 23 (4), 544-551. http://www.irefrea.org/uploads/PDF/Calafat%20et%20al_2001_Risk%20and%20Control.pdf
- > Hawkins, J.D, Catalano, R.F, Miller, J.Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychological Bulletin*, Vol 112(1), Jul 1992, 64-105. <http://www.ncbi.nlm.nih.gov/pubmed/1529040>

- > Lichtfield, R., White, K (2006). Young adults' willingness and intentions to use amphetamines: An application of the theory of reasoned action. *E-Journal of Applied Psychology: Clinical and Social Issues*. 2(1): 45-51 <http://eprints.qut.edu.au/6455/1/6455.pdf>
- > Murphy PN, Wareing M, Fisk J. (2006). Users' perceptions of the risks and effects of taking ecstasy (MDMA): a questionnaire study. *J Psychopharmacol*. 2006 May;20(3):447-55. <http://www.ncbi.nlm.nih.gov/pubmed/16574719>
- > Panagopoulou, I., Ricciardelli, L. (2004). Harm reduction and decision making among recreational ecstasy users. *International Journal of Drug Policy* 16 (2005) 54–64. http://www.hawaii.edu/hivandaids/Harm_Reduction_and_Decision_Making_Among_Recreational_Ecstasy_Users.pdf
- > Parks, K.A, Kennedy, C.L. (2004). Club drugs: reasons for and consequences of use. *Journal of Psychoactive Drugs*. 36(3):295-302. <http://www.ncbi.nlm.nih.gov/pubmed/15559677>
- > Peters, G.J., Kok, G., Schaalma, H.P. (2008). Careers in ecstasy use: do ecstasy users cease of their own accord? Implications for intervention development. *BMC Public Health* 2008, 8:376. http://www.ncbi.nlm.nih.gov/pubmed/18957117?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=28
- > Peters, G.J, Kok, G, Abraham, C. (2008). Social cognitive determinants of ecstasy use to target in evidence-based interventions: a meta-analytical review. *Addiction*. 2008 Jan;103(1):109-18. <http://www.ncbi.nlm.nih.gov/pubmed/17999706>
- > Rosenstock, K.J. (1990). The Health Belief Model: Explaining Health Behavior Through expectancies. In K. Glanz, F.M. Lewis, B.k. Rimer (Eds) *Health Behavior and Health Education: Theory Research and practice*, Jossey-Bass: San Francisco, p505-419.
- > Sang Leung, K., Arbi Ben Abdallah, A., Cottlera, L.B. (2010). Modifiable risk factors of ecstasy use: risk perception, current dependence, perceived control, and depression. *Addictive behaviors*. 10/2009; 35(3):201-8. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2815072/>
- > Sumnall, H., Bellis, M. A., Hughes, K., Calafat, A., Juan, M., & Mendes, F. (2010). A choice between fun or health? Relationships between nightlife, substance use, happiness and mental well-being. *Journal of Substance use*. Vol. 15, No. 2 , Pages 89-104. <http://informahealthcare.com/doi/abs/10.3109/14659890903131190>
- > Swadi, H. (1999). Individual risk factors for adolescent substance use. *Drug and Alcohol Dependence*. 1999 Jul 1;55(3):209-24. <http://www.ncbi.nlm.nih.gov/pubmed/10428362>

- > Vervaeke, H.K.E. (2009). *Initiation and continuation. Social context and behavioural aspects of ecstasy use*. Amsterdam: University of Amsterdam
- > Vervaeke, H.K.E., van Deursen, M.C., Korf, D.J (2008). The role of peers in the initiation and continuation of ecstasy use. *Substance Use & Misuse*, 43: 633-46
- > Weir, E. (2000). Raves: A review of the culture, the drugs and the prevention of harm. *Canadian Medical Association Journal* 162(13):1843-1848. <http://www.cmaj.ca/content/162/13/1843.full>

Project stage 2: Resource assessment

2.1.

Guidelines

- > Bartholomew, L.k., Parcel, G.S., Kok, G., Gottlieb, N.H., Fernandez, M.E. (2011). Intervention Mapping Step 1: Needs Assessment. In: *Planning Health Promotion Programs: An Intervention Mapping Approach*. San Francisco, CA: Jossey-Bass.
- > Bleeker, A.M., Jamin, J. (2003). *Peer Education at Dance Events. 'Unity' Do-It-Yourself Guide*. Amsterdam: Jellinek Amsterdam
- > Coppel, A. (2008). *Drug use, frontline services and local policies - Guidelines for elected officials at the local level*. Vottem: Les presses de Snel. [http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC D - Drug use frontline services and local policies_EN.pdf](http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC_D_-_Drug_use_frontline_services_and_local_policies_EN.pdf)
- > DC&D (2007). *Safer Nightlife Projects. A European proposition to promote safer nightlife and share good practice*. http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf
- > HNT (2010). Chapter 4. Creating a Healthy and Safe Nightlife setting. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=8
- > HNT (2010). Annex I. Key roles and responsibilities stakeholders (2 examples). In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=24
- > Poole, A. (2005). *Youth participation in drug prevention programs*. <https://wcd.coe.int/ViewDoc.jsp?id=1297529&Site=COE>
- > Webster, R. (2008). *Safer Nightlife: best practice for those concerned about drug use and the night-time economy*. London: London Drug Policy Forum. http://www.safernightlife.org/pdfs/digital_library/uk_safer_nightlife_guideline.pdf

Online Toolkit

- > Peer Involvement: <http://www.peerinvolvement.eu>.

Reports

- > Calafat, A. (2010). *Lifestyles and drugs. Prevention interventions in recreational settings*. Council of Europe. <http://www.coe.int/t/dg3/pompidou/Source/Files/minconf/P-PG-PREV-2010-7-en.pdf>
- > Charlois, T. (2009). *Safer Nightlife in Europe*. http://www.coe.int/t/dg3/pompidou/Source/Activities/EXASS/guide_SaferNightLife_en.pdf.

Project stage 3: Program formulation

3.1.

Guidelines

- > HNT (2010). Chapter 4. Creating a Healthy and Safe Nightlife setting. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=8

3.2.

Guidelines

- > Bartholomew, L.k., Parcel, G.S., Kok, G., Gottlieb, N.H., Fernandez, M.E. (2011). Part One, Foundations; Behaviour-Oriented Theories used in Health Promotion In: *Planning Health Promotion Programs: An Intervention Mapping Approach*. San Francisco, CA: Jossey-Bass.
- > Bleeker, A.M., Jamin, J. (2003). *Peer Education at Dance Events. 'Unity' Do-It-Yourself Guide*. Amsterdam: Jellinek Amsterdam
- > Glanz, K., Rimer, B.K., Viswanath, K. (2008). *Health behavior and health education. Theory, Research, and Practice*. San Francisco: Jossey-Bass
- > WHO (2012). *Health education: theoretical concepts, effective strategies and core competencies*. A foundation document to guide capacity development of health educators. World Health Organization. Regional Office for the Eastern Mediterranean. http://applications.emro.who.int/dsaf/EMRPUB_2012_EN_1362.pdf
- > McDonald, J., Roche, A.M. & Durbridge, M. (2003). Chapter 4. Theoretical models applicable to peer education. In: *Peer education: From evidence to practice: An alcohol and other drugs primer*. National Centre for Education and Training on Addiction, Adelaide. http://c.ymcdn.com/sites/www.myan.org/resource/collection/6E2AB4EE-2F81-4DD4-A79E-4F792D8270B5/Peer_Education-From_Evidence_to_Practice_National_Center_for_Education_and_Training_on_Addiction.pdf
- > Wye, S.Q. (2006). *A framework for peer education by drug-user organisations*. Canberra; Australian Injecting & Illicit Drug Users League. <http://www.aivl.org.au/files/FrameworkforPeerEducation.pdf>

Scientific articles

- > Lichtfield, R., White, K (2006). Young adults' willingness and intentions to use amphetamines: An application of the theory of reasoned action. *E-Journal of Applied Psychology: Clinical and Social Issues*. 2(1): 45-51. <http://eprints.qut.edu.au/6455/1/6455.pdf>
- > Sloane, B.C., Zimmer, C.G. (1993). The power of peer health education. *Journal of American College Health* 1993; 41:241-245

- > Turner, G., Sheperd, J. (1999). A method in search of a theory: peer education and health promotion. *Health Education Research*, 1999 Apr;14(2):235-47. <http://www.ncbi.nlm.nih.gov/pubmed/10387503>
- > Urberg K.A., Luo, Q., Pilgrim, C., Degirmencioglu, S.M. (2004). A two-stage model of peer influence in adolescent substance use: individual and relationship-specific differences in susceptibility to influence. *Addictive Behaviors*. 2003 Sep;28(7):1243-56.

3.3.

Guidelines

- > Bartholomew, L.k., Parcel, G.S., Kok, G., Gottlieb, N.H., Fernandez, M.E. (2011). Intervention Mapping step 2: Preparing matrices of change objectives. In: *Planning Health Promotion Programs: An Intervention Mapping Approach*. San Francisco, CA: Jossey-Bass.
- > HNT (2010). Chapter 4. Creating a Healthy and Safe Nightlife setting. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=8

Online Toolkit

- > Peer Involvement. <http://www.peerinvolvement.eu>

Scientific articles

- > Peters, G.J., Kok, G., Schaalma, H.P. (2008). Careers in ecstasy use: do ecstasy users cease of their own accord? Implications for intervention development. *BMC Public Health* 2008, 8:376. http://www.ncbi.nlm.nih.gov/pubmed/18957117?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=28

3.4.

Guidelines

- > Coppel, A. (2008). Drug use, frontline services and local policies - Guidelines for elected officials at the local level. Vottem: Les presses de Snel. http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC_D_-_Drug_use_frontend_services_and_local_policies_EN.pdf
- > DC&D (2007). Safer Nightlife Projects. A European proposition to promote safer nightlife and share good practice. http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf
- > HNT (2010). *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=1

💡 Reports

- > Calafat, A. (2010). *Lifestyles and drugs. Prevention interventions in recreational settings*. Council of Europe. <http://www.coe.int/t/dg3/pompidou/Source/Files/minconf/P-PG-PREV-2010-7-en.pdf>
- > Charlois, T. (2009). *Safer Nightlife in Europe*. http://www.coe.int/t/dg3/pompidou/Source/Activities/EXASS/guide_SaferNightLife_en.pdf
- > Fletcher, A., Calafat, A., Pirona, A. & Olszewski, D. (2011). Young people, recreational drug use and harm reduction. *Addiction*, 106 (Suppl. 1), 37–46. http://www.iref-rea.org/uploads/PDF/Fletcher%20et%20al_2010_EMCDDA%20monographs.pdf

3.5.

💡 Scientific articles

- > Bleeker, A, Silins, E, Dillon, PG, Simpson, MA, Copeland, J & Hickey, K. (2009). *The feasibility of peer-led interventions to deliver health information to ecstasy and related drug (ERDs) users*. Sydney: National Drug and Alcohol Research Centre. <http://ndarc.med.unsw.edu.au/publication/feasibility-peer-led-interventions-deliver-health-information-ecstasy-and-related-drug>
- > Calafat, A., Juan, M. & Duch, M.A. (2009). Preventive interventions in nightlife: a review. *Adicciones*. 2009;21(4):387-413. <http://www.ncbi.nlm.nih.gov/pubmed/20011993>
- > Parkin, S. & McKeganey, N., 2000, The rise and rise of peer education approaches. *Drugs: Education, Prevention and Policy*, 7 (3), pp 293 - 310. <http://eprints.hud.ac.uk/13607/>
- > Sloane, B.C., Zimmer, C.G. (1993). The power of peer health education. *Journal of American College Health*. 1993 May;41(6):241-5. <http://www.ncbi.nlm.nih.gov/pubmed/8514955>
- > Tobler, N. (1986). Meta-analysis of 143 adolescent drug prevention programs: Quantitative outcome results of program participants compared to a control or comparison group. *Journal of Drug Issues*. 1986 Fall;16(4):537–56. <http://psyc-net.apa.org/index.cfm?fa=search.displayRecord&uid=1988-12114-001>
- > Ward, J., Hunter, G., Power, R. (1997). Peer education as a means of drug prevention and education among young people. *Health Education Journal* (1997) 56, 251–263. [http://www.heron.dmu.ac.uk/2006-02-28/0017-8969_56\(251-263\)51920.pdf](http://www.heron.dmu.ac.uk/2006-02-28/0017-8969_56(251-263)51920.pdf)

3.6.

💡 Guidelines

- > HNT (2010). *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=1

Project stage 4: Intervention design

4.1.

💡 Guidelines

- > DC&D (2007). *Safer Nightlife Projects. A European proposition to promote safer nightlife and share good practice.* http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf
- > Poole, A. (2005). *Youth participation in drug prevention programs.* <https://wcd.coe.int/ViewDoc.jsp?id=1297529&Site=COE>.

💡 Scientific articles

- > Akbar, T., Baldacchino, A., Cecil, J., Riglietta, M., Sommer, B. and Humphris, G. (2011). Poly-substance use and related harms: A systematic review of harm reduction strategies implemented in recreational settings. *Neuroscience and Biobehavioral Reviews*. 35, 5, p. 1186-1202. <http://www.sciencedirect.com/science/article/pii/S0149763410002034>
- > Peters, G.J., Kok, G., Schaalma, H.P. (2008). Careers in ecstasy use: do ecstasy users cease of their own accord? Implications for intervention development. *BMC Public Health* 2008, 8:376. http://www.ncbi.nlm.nih.gov/pubmed/18957117?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=28

4.2.

💡 Guidelines

- > Bartholomew, L.k., Parcel, G.S., Kok, G., Gottlieb, N.H., Fernandez, M.E. (2011). Using Intervention Mapping to Adapt Evidence-Based Programs to New Settings and Populations. In: *Planning Health Promotion Programs: An Intervention Mapping Approach*. San Francisco, CA: Jossey-Bass.
- > DC&D (2007). *Safer Nightlife Projects. A European proposition to promote safer nightlife and share good practice.* http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf
- > IYWG (2010). Evidence-based Guidelines for Youth Peer Education. <http://www.iywg.org/resources/evidence-based-guidelines-youth-peer-education>
- > Coppel, A. (2008). *Drug use, frontline services and local policies - Guidelines for elected officials at the local level.* Vottem: Les presses de Snel. http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC_D_-_Drug_use_frontline_services_and_local_policies_EN.pdf
- > HNT (2010). Chapter 4. Creating a Healthy and Safe Nightlife setting. In: *Hand-*

book *Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=8

- > McDonald, J., Roche, A.M. & Durbridge, M. (2003). *Peer education: From evidence to practice: An alcohol and other drugs primer*. National Centre for Education and Training on Addiction, Adelaide. http://c.ymcdn.com/sites/www.myan.org/resource/collection/6E2AB4EE-2F81-4DD4-A79E-4F792D8270B5/Peer_Education-From_Evidence_to_Practice_National_Center_for_Education_and_Training_on_Addiction.pdf
- > UYDEL (2011). *Peer To Peer User Guide*. Drugs and Alcohol Peer To Peer Prevention Program. <http://www.uydel.org/downloads/Peer-To-Peer%20Drug%20Abuse%20Prevention%20User%20Guide%202011-20110706-161315.pdf>
- > Wye, S.Q. (2006). *A framework for peer education by drug-user organisations*. Canberra; Australian Injecting & Illicit Drug Users League. <http://www.aivl.org.au/files/FrameworkforPeerEducation.pdf>
- > **Peer education in Italy:**
Beccaria F, Amici S, Bonello M et al. (2003). 'Listen to me, I have something to tell you'. Young people, alcohol and drugs: peer education. *Nordisk Alkohol- & Narkotikatidskrift* VOL. 20, 2003 (English supplement). <http://www.nordicwelfare.org/PageFiles/9708/%E2%80%98Listen%20to%20me,%20I%20have%20something%20to%20tell%20you%E2%80%99.%20Young%20people,%20alcohol%20and%20drugs%20Peer%20education.pdf>

Reports

- > Calafat, A. (2010). *Lifestyles and drugs. Prevention interventions in recreational settings*. Council of Europe. <http://www.coe.int/t/dg3/pompidou/Source/Files/minconf/P-PG-PREV-2010-7-en.pdf>
- > EMCDDA (2012). *Responding to drug use and related problems in recreational settings*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <http://www.emcdda.europa.eu/publications/thematic-papers/recreational-settings>
- > EMCDDA (2006). *Developments in drug use within recreational settings*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <http://www.emcdda.europa.eu/html.cfm/index34883EN.html>
- > Stuart, J., & Hughes, K. (2011). *Club Health Literature Review WP8*. <http://club-health.eu/club-health-literature-review-wp-8/>

Online Toolkits

- > EMCDDA. The Best Practice portal. <http://www.emcdda.europa.eu/best-practice>

💡 Scientific articles

- > Akbar, T., Baldacchino, A., Cecil, J., Riglietta, M., Sommer, B. and Humphris, G. (2011). Poly-substance use and related harms: A systematic review of harm reduction strategies implemented in recreational settings. *Neuroscience and Biobehavioral Reviews*. 35, 5, p. 1186-1202. <http://www.sciencedirect.com/science/article/pii/S0149763410002034>
- > Wood, D.M., Who, S., Alldus, G. (2010), The development of the recreational drug outreach educational concept 'Drug Idle'. *Journal of Substance Use* 15 (4) 237-245. <http://www.ingentaconnect.com/content/apl/tjsu/2010/00000015/00000004/art00001?crawler=true>

4.3.

💡 Guidelines

- > Poole, A. (2005). *Youth participation in drug prevention programs*. <https://wcd.coe.int/ViewDoc.jsp?id=1297529&Site=COE>

4.4.

💡 Guidelines

- > Coppel, A. (2008). *Drug use, frontline services and local policies - Guidelines for elected officials at the local level*. Vottem: Les presses de Snel. [http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC D - Drug use frontline services and local policies_EN.pdf](http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC_D_-_Drug_use_frontline_services_and_local_policies_EN.pdf)
- > DC&D. *Safer Nightlife Projects. A European proposition to promote evaluation and share good practices*. http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf
- > EMCDDA (2001). *Guidelines for the evaluation of outreach work: a manual for practitioners*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <http://www.emcdda.europa.eu/publications/manuals/outreach>
- > EMCDDA (1998). *Guidelines for the evaluation of drug prevention: a manual for program-planners and evaluators*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <http://www.emcdda.europa.eu/publications/manuals/prevention>
- > HNT (2010). Chapter 4. Creating a Healthy and Safe Nightlife setting. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=8
- > HNT (2010). Annex III. Evaluation indicators for prevention in recreational settings. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=26

- > McDonald, J., Roche, A.M. & Durbridge, M. (2003). *Peer education: From evidence to practice: An alcohol and other drugs primer*. National Centre for Education and Training on Addiction, Adelaide. http://c.ymcdn.com/sites/www.myan.org/resource/collection/6E2AB4EE-2F81-4DD4-A79E-4F792D8270B5/Peer_Education-From_Evidence_to_Practice_National_Center_for_Education_and_Training_on_Addiction.pdf

💡 Reports

- > Alfred Uhl, Richard Ives. (2010). *Evaluation of the drug prevention activities: theory and practice*. Council of Europe. <https://wcd.coe.int/ViewDoc.jsp?id=1705385>

💡 Online Toolkits

- > EMCDDA. Evaluation Instruments Bank (EIB). <http://www.emcdda.europa.eu/eib>
- > UNFPA. The Program Managers Planning, Monitoring and Evaluation Toolkit. <http://www.unfpa.org/monitoring/toolkit.htm>

💡 Scientific articles

- > Parkin, S. & McKeganey, N., (2000), The rise and rise of peer education approaches. *Drugs: Education, Prevention and Policy*, 7 (3), pp 293 - 310. <http://www.aivl.org.au/files/FrameworkforPeerEducation.pdf>

Project stage 5: Management and mobilisation of resource

5.1.

Guidelines

- > HNT (2010). Chapter 4. Creating a Healthy and Safe Nightlife setting. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=8
- > HNT (2010). Annex II. Guide for writing the project plan. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=25

Reports

- > Calafat, A. (2010). *Lifestyles and drugs. Prevention interventions in recreational settings*. Council of Europe. <http://www.coe.int/t/dg3/pompidou/Source/Files/minconf/P-PG-PREV-2010-7-en.pdf>

5.2.

Guidelines

- > DC&D (2007). *Safer Nightlife Projects. A European proposition to promote safer nightlife and share good practice*. http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf

5.3.

Guidelines

- > Coppel, A. (2008). *Drug use, frontline services and local policies - Guidelines for elected officials at the local level*. Vottem: Les presses de Snel. http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC_D_-_Drug_use_frontend_services_and_local_policies_EN.pdf
- > DC&D (2007). *Safer Nightlife Projects. A European proposition to promote safer nightlife and share good practice*. http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf
- > McDonald, J., Roche, A.M. & Durbridge, M. (2003). Chapter 7. Selecting, Training and supporting Peer educators. In: *Peer education: From evidence to practice: An alcohol and other drugs primer*. National Centre for Education and Training on Addiction, Adelaide. http://c.ymcdn.com/sites/www.myan.org/resource/collection/6E2AB4EE-2F81-4DD4-A79E-4F792D8270B5/Peer_Education-From_Evidence_to_Practice_National_Center_for_Education_and_Training_on_Addiction.pdf

- > Raffi B, R, White C (2010): *Harm reduction at work: a guide for organizations employing people Who Use drugs*. New York, NY: Open Society Foundation. <http://www.opensocietyfoundations.org/reports/harm-reduction-work>
- > Poole, A. (2005). *Youth participation in drug prevention programs*. <https://wcd.coe.int/ViewDoc.jsp?id=1297529&Site=COE>.
- > UNFPA (2006). *The Training of Trainers Manual*. Y-peer. New York: United Nations Population Fund and Youth Peer Education Network (Y-PEER). http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/ypeer_tot.pdf

💡 Online Toolkit

- > Peer Involvement: <http://www.peerinvolvement.eu>

💡 Scientific articles

- > Cripps, C. (1997). Workers with attitude, *Druglink*, 12(3):15-17
- > Lindsey, B.J. (1997). Peer Education: A viewpoint and Critique, *Journal of American College Health*, 45(4): 187-196.
- > Rogers, E.M. (1995). *Diffusion of Innovations*, Free Press: New York.
- > Sloane, B.C: Zimmer, C.G. (1983).The power of peer health education, *Journal of American College Health*, 41: 241-245.
- > Turner, G., Sheperd, J. (1999). A method in search of a theory: Peer education and health promotion, *Health Education Research*, 14(2): 235-247)

5.4.

💡 Guidelines

- > DC&D (2007). *Safer Nightlife Projects. A European proposition to promote safer nightlife and share good practice*. http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf

5.5.

💡 Guidelines

- > Poole, A. (2005). *Youth participation in drug prevention programs*. <https://wcd.coe.int/ViewDoc.jsp?id=1297529&Site=COE>
- > NEWIP (2011). Intervention Guideline for NEWIP volunteers. <http://www.safer-nightlife.org>
- > NEWIP (2012). Guideline for Safer Festival Organization (2012). <http://www.safernightlife.org>

5.6.

Guidelines

- > HNT (2010). *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=1

Reports

- > Calafat, A. (2010). *Lifestyles and drugs. Prevention interventions in recreational settings*. Council of Europe. <http://www.coe.int/t/dg3/pompidou/Source/Files/minconf/P-PG-PREV-2010-7-en.pdf>

Project stage 6: Delivery and monitoring

6.2.

Guidelines

- > Coppel, A. (2008). Drug use, frontline services and local policies - Guidelines for elected officials at the local level. Vottem: Les presses de Snel. [http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC D - Drug use frontline services and local policies EN.pdf](http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC_D_-_Drug_use_frontline_services_and_local_policies_EN.pdf)
- > HNT (2010). Chapter 4. Creating a Healthy and Safe Nightlife setting. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=8

Reports

- > Calafat, A. (2010). *Lifestyles and drugs. Prevention interventions in recreational settings*. Council of Europe. <http://www.coe.int/t/dg3/pompidou/Source/Files/minconf/P-PG-PREV-2010-7-en.pdf>

6.3.

Guidelines

- > HNT (2010). Chapter 4. Creating a Healthy and Safe Nightlife setting. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=8
- > UNFPA (2006). *Assessing the Quality of Youth Peer Education Programs*. United Nations Population Fund and Youth Peer Education Network (Y-PEER). http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/ypeer_assessing.pdf

Reports

- > Calafat, A. (2010). *Lifestyles and drugs. Prevention interventions in recreational settings*. Council of Europe. <http://www.coe.int/t/dg3/pompidou/Source/Files/minconf/P-PG-PREV-2010-7-en.pdf>

6.4.

Guidelines

- > HNT (2010). Chapter 4. Creating a Healthy and Safe Nightlife setting. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=8

Project stage 7: Final evaluations

7.1.

Guidelines

- > DC&D. Safer Nightlife Projects. A European proposition to promote evaluation and share good practices. http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf
- > EMCDDA (2001). *Guidelines for the evaluation of outreach work: a manual for practitioners*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <http://www.emcdda.europa.eu/publications/manuals/outreach>
- > EMCDDA (1998). *Guidelines for the evaluation of drug prevention: a manual for program-planners and evaluators*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <http://www.emcdda.europa.eu/publications/manuals/prevention>
- > HNT (2010). *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=1
- > HNT (2010). Annex III. Evaluation indicators for prevention in recreational settings. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=26

Reports

- > Calafat, A. (2010). *Lifestyles and drugs. Prevention interventions in recreational settings*. Council of Europe. <http://www.coe.int/t/dg3/pompidou/Source/Files/minconf/P-PG-PREV-2010-7-en.pdf>
- > Uhl, A., Ives, R. (2010). *Evaluation of the drug prevention activities: theory and practice*. Council of Europe. <https://wcd.coe.int/ViewDoc.jsp?id=1705385>

Online Toolkits

- > UNFPA. *The Program Managers Planning, Monitoring and Evaluation Toolkit*. <http://www.unfpa.org/monitoring/toolkit.htm>

7.2.

Guidelines

- > DC&D. Safer Nightlife Projects. A European proposition to promote evaluation and share good practices. http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guidelines.pdf

- > EMCDDA (2001). *Guidelines for the evaluation of outreach work: a manual for practitioners*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <http://www.emcdda.europa.eu/publications/manuals/outreach>
- > EMCDDA (1998). *Guidelines for the evaluation of drug prevention: a manual for program-planners and evaluators*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <http://www.emcdda.europa.eu/publications/manuals/prevention>
- > HNT (2010). Annex III. Evaluation indicators for prevention in recreational settings. In: *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=26
- > McDonald, J., Roche, A.M. & Durbridge, M. (2003). Appendix 2 Sample surveys and Interview Questions for Evaluation of Peer Educator Training: In: *Peer Education, From evidence to practice: An alcohol and other drugs primer*. National Centre for Education and Training on Addiction, Adelaide. [http://c.ymcdn.com/sites/www.myan.org/resource/collection/6E2AB4EE-2F81-4DD4-A79E-4F792D8270B5/Peer Education-From Evidence to Practice National Center for Education and Training on Addiction.pdf](http://c.ymcdn.com/sites/www.myan.org/resource/collection/6E2AB4EE-2F81-4DD4-A79E-4F792D8270B5/Peer_Education-From_Evidence_to_Practice_National_Center_for_Education_and_Training_on_Addiction.pdf)
- > UNFPA (2006). *Performance Improvement: A Tool for Youth Peer Education Projects and Managers*. New York: United Nations Population Fund and Youth Peer Education Network (Y-PEER). http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/ypeer_performance.pdf

Reports

- > Calafat, A. (2010). *Lifestyles and drugs. Prevention interventions in recreational settings*. Council of Europe. <http://www.coe.int/t/dg3/pompidou/Source/Files/minconf/P-PG-PREV-2010-7-en.pdf>

Online Toolkits

- > EMCDDA. Evaluation Instruments Bank (EIB). <http://www.emcdda.europa.eu/eib>
- > UNFPA. *The Program Managers Planning, Monitoring and Evaluation Toolkit*. <http://www.unfpa.org/public/home/publications/pid/360>

Scientific articles

- > Uhl, A., Ives, R. (2010). *Evaluation of the drug prevention activities: theory and practice*. Council of Europe. <https://wcd.coe.int/ViewDoc.jsp?id=1705385>

Project stage 8: Dissemination & improvement

8.1.

Guidelines

- > DC&D (2007). Safer Nightlife Projects. A European proposition to promote safer nightlife and share good practice http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf
- > HNT (2010). *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=1

Online Toolkit

- > Peer Involvement: <http://www.peerinvolvement.eu>

8.2.

Guidelines

- > Club health. (2013) *Media guidelines on nightlife for public health workers*. http://www.club-health.eu/docs/Media_influence_guidelines_FINAL.pdf
- > Coppel, A. (2008). *Drug use, frontline services and local policies - Guidelines for elected officials at the local level*. Vottem: Les presses de Snel. http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC_D_-_Drug_use_frontline_services_and_local_policies_EN.pdf
- > DC&D (2007). Safer Nightlife Projects. A European proposition to promote safer nightlife and share good practice. http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf
- > HNT (2010). *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. http://hnt-info.eu/File/handbook_section.aspx?id=1

Reports

- > Calafat, A. (2010). *Lifestyles and drugs. Prevention interventions in recreational settings*. Council of Europe. <http://www.coe.int/t/dg3/pompidou/Source/Files/minconf/P-PG-PREV-2010-7-en.pdf>
- > Jongbloet, J., Kreeft, P. van der., Havere, T. van. (2013). *Media influence on health and safety in nightlife*. Literature review. Club Health. http://www.club-health.eu/docs/Media_influence_literature_review_FINAL.pdf



Funded by
the Health Programme
of the European Union

This document arises from the Nightlife Empowerment & Well-being Implementation Project which has received funding from the European Union, in the framework of the Health Program