Community Intervention

Adolescents Binge Drinking When on Holiday: An Evaluation of a Community Intervention Based on Self-Regulation

JADE VAN DE LUITGAARDEN,1 RONALD A. KNIBBE1 AND REINOUT W. WIERS2

1Faculty of Health, Medicine and Life Sciences, Department of Health Promotion and Health Education, Maastricht University, Maastricht, The Netherlands
2Faculty of Psychology, Department of Developmental Psychopathology, University of Amsterdam, Amsterdam, The Netherlands

This paper presents a case study of a community intervention aimed at reducing excessive drinking in young men on holiday in seaside camping resorts in the Netherlands. The self-regulated voluntary covenant of parties concerned was evaluated on the basis of several types of data (all collected in 2004): questionnaires administered to young men (N = 191), observations carried out by trained “peers,” nuisance questionnaires among city center residents (N = 121), and interviews with local actors. Compliance with measures as well as the effects of measures are discussed. Limitations are noted and recommendations for optimizing the potential of community interventions are made.

Keywords alcohol; youth; community; intervention; self-regulation; holiday

Introduction

Alcohol is the most widely used drug among youth in the Western world (Johnston, O’Malley, and Bachman, 2000). An important factor is that in the Netherlands as well as in many other countries, adolescents perceive un-supervised alcohol consumption as a sign of transition from childhood into young adulthood (Engels, Knibbe, and Drop, 1999). More specific for the Netherlands is that the attitude toward alcohol use by adolescents is very tolerant in general, and alcohol is widely available to youths (van de Luitgaarden, Thush, Wiers, and Knibbe, 2008). During the summer holidays, when spending a vacation on a campsite with peers, young people’s alcohol use increases. Young men drink an average of 22 Dutch...
standard drinks per day and young women drink an average of 9 (Lemmers, Willems, Thijssen, and Osterman, 1998). This period of daily binge drinking poses many risks, such as alcohol poisoning, alcohol consumption-induced fights and traffic accidents, unprotected sex, and disturbances of public order (Van de Hoe, Lemmers, and Knibbe, 2001).

Adolescence is a time in which young people are expected to experiment with risk-taking behaviors such as alcohol and drug use, sex, and smoking. Earlier studies about adolescents on holiday quite convincingly indicate that alcohol consumption in itself is the main risk factor both for direct consequences like alcohol-induced comas and accidents and for more indirect consequences like alcohol consumption-related violence and unwanted sex. Most likely, in the holiday situation, most of the health risks of young people are directly or indirectly related to drinking. In very many cases, all activities from waking up to falling asleep are accompanied by drinking alcohol.

To achieve successful intervention programs, it is important to identify predictors of use in order to target them (Perry, 1999). Social, environmental, and intrapersonal factors have consistently been found to be associated with adolescent alcohol use (Komro, Hu, and Flay, 1997; Kosterman, Hawkins, Gui, Catalano, and Abbott, 2000). On vacation, many of these factors are more stimulating of “heavy drinking” than in regular life. For example, absent parental supervision, lack of rules on alcohol use, peer alcohol use, and perceived peer approval of drinking stimulate youngsters to drink more than they otherwise would (Pos, Knibbe, and Lemmers, 2001). Add this to the legal, economic, and physical availability of alcohol in the Netherlands and it is easy to conceive why so many young people are able to engage in risky drinking in this situation. The interaction between social, environmental, and personal characteristics calls for interventions that tap into the social world of adolescents on holiday: their peer group, the community environment, and alcohol availability.

However, to move from evidence-based targets to intervention planning, implementation, and effective sustaining of a program, a number of conditions need to be met. Because alcohol consumption during holiday was a central theme in our study, an intervention aimed at the environment of the adolescents seemed to be more promising than an intervention aimed at the individual adolescents themselves. The support of the main actors within the community for such an intervention seemed promising because the local population had been annoyed by the nuisance caused by intoxicated young people on holiday for a longer time. Also, the local council was very supportive of such an initiative in the hope that an adequate community intervention might prevent alcohol-related health problems and nuisance in future summers as well.

Communities provide an attractive site for preventive interventions in the Netherlands because they are able to implement local alcohol policies that are stricter than national alcohol laws (Ministry of Health, Welfare, and Sports, 2007; Ministry of the Interior and Kingdom Relations, 2007). Studies show that community interventions aimed at preventing youth access to alcohol can make an important contribution in the battle against youth alcohol abuse (Stafström, Östergren, Larsson, Lindgren, and Lundborg, 2006; Wagenaar, Toomey, and Erickson, 2005). Internationally, projects have included increasing age checks in bars through stricter enforcement of underage alcohol sales laws (e.g., Holder et al., 1997), training management of bars (Toomey et al., 2001), and changing cultural norms that tolerate underage drinking (e.g., Perry et al., 2002; Wagenaar, Murray, Wolfson, Forster, and Finnigan, 1994).

Many community interventions on alcohol have been done in other countries (e.g., Perry et al., 2002; Stafström et al., 2006; Wagenaar et al., 2005); however, this was the first time a community intervention on alcohol was attempted in the Netherlands. It is markedly different from those achieved elsewhere in two ways: First, because it is aimed at temporary residents, namely youth on holiday in the community. The community therefore carries only
limited responsibility for the welfare of this population. Because of this, reducing public
nuisance may be the most important motive for local actors to take part in the intervention.
The second distinguishing factor is that this is a voluntary community intervention with
little or no legal means to ensure compliance with it. This stands in contrast with other
community interventions that typically rely, in part, on a fair amount of enforcement (e.g.,
Stafström et al., 2006). In the Netherlands, however, it is common to try self-regulation
first, before resorting to official measures (van de Luitgaarden et al., 2008).

In the community intervention the measures included in the covenant were selected in
two steps. In the first step relevant actors within the community (e.g., shop owners; managers
of pubs, restaurants, campings; police; general practitioners) were asked which measures
they considered as promising to prevent excessive alcohol consumption. In a second step
the measures to be included in the community intervention were decided upon on the basis
of consent by all those who were involved in the community intervention working group.
This group encompassed most of the relevant community stakeholders. The consensus
about measures to be taken was formally established in a so-called covenant.

The measures taken in this covenant can be classified according to two perspectives.
First, a distinction can be made between measures that rely on cooperation of alcohol sellers
and measures that are dependent on implementation by other stakeholders. Second, national
alcohol laws can be distinguished from new local regulations. This raises the question as
to which extent compliance with national alcohol rules improves due to the covenant and
to what degree the newly agreed upon local measures are complied with.

This paper evaluates this community intervention in terms of (a) compliance with
measures agreed upon, (b) effects on youth drinking, and (c) effects local actors attributed
to the intervention. The role the self-regulatory nature of the covenant played in the results
will be discussed.

Method

Study Community

The community project was conducted during the spring and summer of 2004 on Schouwen-
Duiveland in the province of Zeeland, in the Netherlands. This island has become one of the
most important tourist places on the Dutch coast in a couple of decennia. The masses know
Renesse, and to a lesser extent Westenschouwen, Burgh-Haamstede, and Scharendijke,
for its beautiful nature and its lavish nightlife. With only 34,000 permanent inhabitants,
the island is invaded by a large number of visitors during the summer season. The small
community is to a large extent economically dependent on tourism. However, the increase
of tourists has also caused problems, especially increases in thefts, fights, vandalism, noise
pollution, and urinating in public. The image of Renesse became negative to the extent that
it started to affect the number of tourists. In 1998, the municipality council decided that a
local health policy was to be established in which alcohol use was named as a significant
health risk (Municipality Schouwen-Duiveland, 2001). Policy documents show increased
investments in law enforcement, an active prevention policy, and the aim to collaborate with
all partners involved. Police and municipality are not the only ones responsible for local
health and safety policies, as civil society, like the catering industry, shop owners, recreation
entrepreneurs, and individual citizens, can contribute as well (Municipality Schouwen-
Duiveland, 2004). According to some stakeholders, there was some decrease in public
nuisance, but the problems were still not completely solved. The community wanted to
emit a positive image, without associations with public disturbance by drunken youth.
Measures as tit-for-tat policy, public transportation of youth from downtown bars to the camping sites, local bans on possessing and consuming alcoholic drinks in the public space, and an alcohol education campaign in the summer have been used in the community for years (Municipality Schouwen-Duiveland, 2004). In addition, the municipality council of Schouwen-Duiveland decided to take part in the community intervention project of Maastricht University and the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ) in 2004 when they were approached to participate.

Community Intervention

Local alcohol policy group. The intervention was aimed at reducing alcohol use by youth on holiday through collective measures agreed upon in a covenant. A precondition for the establishment of such a covenant would be that relevant community actors which traditionally do not see it as their core task to take responsibility for limiting alcohol use are made aware of their influence on drinking behavior (cf. Treno, Gruenewald, Lee, and Remer, 2007) of young people. The community prevention project should be the joint responsibility of all in the partnership, both community and research participants (Holder et al., 1997).

To achieve this prerequisite, and in order to rally support for an intervention, a small working group was formed in January 2004, consisting of a municipality representative, an employee of the local outpatients’ services for alcohol and drug abuse, and the project manager of the NIGZ. Together, they made a list of organizations/actors that would be invited to participate in a newly formed alcohol policy group.

The selection of actors was based on an analysis of the various categories of stakeholders that could be considered to have a role in dealing with excessive alcohol use and its consequences. Actors or organizations were included on the basis of either providing alcohol to young people (supermarkets, liquor store, bars), responsibility for public order (police, local council, managers of camping sites were young people stayed), or dealing with health problems in “heavy drinking” youth (general practitioners, municipal health services). Subsequently, representatives of those groups were approached to take part in the policy group on a voluntary basis. Parents or youngsters did not form part of this group, as the group is municipality-based and the intervention is aimed at youngsters from outside the community.

The mayor would chair meetings, and practical assistance would be given by officials. An employee of the NIGZ was the project manager, who collaborated closely with the prevention department of the local outpatients’ services for alcohol and drug abuse. Only a subset of all relevant organizations had attended the first meeting. To ascertain that representatives of all relevant local organizations (bar owners, managers of supermarkets and liquor stores, camping attendants, health workers, general practitioners, and police officers) supported the new initiative, the project manager interviewed everyone involved. After these interviews, nearly all local actors joined the alcohol policy group.

Measures agreed upon in the covenant. The project manager suggested measures for the covenant, based on the contents of the interviews with local actors and the discussions in the local policy group. On June 14, 2004, a covenant was signed by 16 stakeholders involved with youth on holiday on the island. Table 1 details the measures that were agreed upon in the covenant. However, it is important to note that the covenant did not contain all recommendations that were made by the project manager. In particular, (1) an alcohol sales registration system was rejected by alcohol sellers as being too difficult to achieve in practice, (2) the suggestion to ban “walls” of beer cases on the camping sites was not included in the final version, (3) the proposal to prohibit youth under 16 years of age
Table 1

Measures agreed upon in the covenant

1. If there is any doubt about the buyer’s age, age identification will be asked.
2. All bars and cafés will use a system of bracelets that indicate the age of the visitor. This will make it easier to recognize underage youth. The aim is to develop a coordinated system of bracelets that is used by camping sites as well.
3. Adolescents who receive alcohol through older persons, whereas they are not allowed to buy it by law, are reprimanded by staff.
4. Camping attendants will try to limit excessive drinking on their property. All camping sites will have camping regulations that include rules on alcohol consumption. Age limits will be set for youth staying at camping sites without their parents.
5. It is prohibited to consume alcohol in public spaces. Police are authorized to seize alcohol and report offenders.
6. The tit-for-tat policy will be continued, with extra emphasis on preventing and intervening with drug dealing. A complaints office will be created where nuisance can be reported.

from visiting camping sites unattended by parents was weakened by changing the text to “age limits will be set for youth camping without parental supervision.” One measure was added, namely the aim to use a system of age bracelets in all bars and on all camping sites. Measures that could have legal consequences were resisted by parties concerned; therefore, the final covenant was a gentlemen’s agreement, with little enforceable measures (see Table 1). In addition to these specific contents of the covenant, all participants also explicitly agreed to adhere to the national Alcohol Licensing and Catering Act. This act states that sellers are required to verify the legal age of young buyers, and are only allowed to sell alcohol when the customer is at least 16 years old (18 for spirits). Sellers are obliged to make sure that young people over 16 or 18 do not buy alcoholic beverages for those younger than 16 or 18. Additionally, the Dutch law states that bartenders have to refuse selling alcohol to someone who is intoxicated.

Enforcement of measures. No specific provisions were made in the covenant to ensure compliance with the regulations therein. In the Netherlands, the Food and Consumer Product Safety Authority (FCPSA) is the organization charged with enforcement of the Alcohol Licensing and Catering Act. Note that enforcement of alcohol laws is not the responsibility of the community nor of the police. Several measures agreed upon in the covenant were already set out by national alcohol laws, and were therefore, in theory, enforced by the FCPSA. In practice, alcohol laws are hardly enforced in the Netherlands, as a result of structural understaffing of the FCPSA. The large majority of underage Dutch youth is able to buy alcohol in supermarkets and liquor stores (Gosselt, 2006). Proof of age is rarely asked, and alcohol sellers are inspected only once a year, at most. The covenant was essentially an agreement for which compliance depended on goodwill of local actors.

Subjects

The local policy group was initiated with the aim to reduce alcohol use in young men (ages 16–24) on holiday. To evaluate the covenant, trained “peers” administered questionnaires to young men (\(N = 191\)) spending a holiday on the island during the summer. Participants were approached at the campsite, and were asked if they would like to take part in a study...
Table 2
Selected background characteristics of participants

<table>
<thead>
<tr>
<th>Background characteristics</th>
<th>M</th>
<th>SD</th>
<th>% Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of money to spend per month, in Euros</td>
<td>325.19</td>
<td>293.03</td>
<td></td>
</tr>
<tr>
<td>Size of circle of friends on holiday (excluding themselves)</td>
<td>7.15</td>
<td>4.47</td>
<td></td>
</tr>
<tr>
<td>Total alcohol consumption in a regular weekend in Dutch standard drinks</td>
<td>31.82</td>
<td>18.44</td>
<td></td>
</tr>
<tr>
<td>Total alcohol consumption during Monday to Thursday in Dutch standard drinks</td>
<td>8.02</td>
<td>8.89</td>
<td></td>
</tr>
<tr>
<td>Age, in years</td>
<td>18.05</td>
<td>1.66</td>
<td>96.3</td>
</tr>
<tr>
<td>Living with parents in regular life</td>
<td>96.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On holiday with friends only</td>
<td>85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going to school in regular life</td>
<td>79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holding a job (part-time or full-time)</td>
<td>56.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a relationship</td>
<td>24</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

on youth alcohol use that would include filling out questionnaires. Participants received €5 for their participation. Table 2 reports background characteristics of participants.

Data Sources

To evaluate the covenant, several data sources were used. A multi-method case study (Yin, 2003) was used to evaluate compliance with specific measures in the covenant and effects ascribed to it. Data source triangulation was used to obtain a more accurate evaluation (Denzin, 1978). Data source triangulation entails the use of multiple data sources to evaluate a research question. For example, in the present study, compliance with age laws was evaluated by analyzing youth questionnaires, but also by interviewing alcohol sellers, and checking with the authorities if alcohol sellers had been fined for underage alcohol sales.

Each data source is described below. Youth questionnaires were administered in July and August 2004, and observations on camping sites were done in this time period as well. In September 2004, nuisance questionnaires were administered and local actors were interviewed (by phone).

Youth questionnaires. These questionnaires were used to measure (1) youth alcohol use and (2) effects of specific regulations agreed upon in the covenant. To measure youth alcohol use, questions on alcohol consumption during ordinary weekdays, weekends, and evenings out were included. Additionally, consumption on holiday was measured by a drinking diary of alcohol use during the previous day (see van de Luitgaarden, Wiers, Knibbe, and Candel, 2007). Effects of specific measures agreed upon in the covenant were measured by questions on how often they had visited a pub or disco where they were asked for age identification at the door, and how often they received or bought a bracelet (that identified them as being under 16 years of age, between 16 and 18 years of age, or over 18 years of age). In addition, they were asked if they had exchanged these bracelets with older people, if they had asked older persons to order alcohol for them, and if they themselves had bought alcohol for younger persons. It was also asked if they had been in a pub or disco where they were not asked for age identification at the door, and if the barkeeper asked for age identification...
at the bar when ordering in that case. Participants also reported if a barkeeper had refused to serve them alcoholic drinks, and if they had received comments on their alcohol use from other persons (e.g., friends, partner, barkeeper, campsite manager, bouncer, parents). Furthermore, they were asked if they were aware of any rules regarding alcohol use and possession on the campsite, and if so, the contents of the rules they were aware of.

**Interviews with local actors.** In September 2004, all local actors who had collaborated on the covenant were interviewed by telephone by a university researcher. These interviews lasted 15–25 min, and centered on how the local actors themselves evaluated the covenant in terms of implementation and effects of measures. They were also asked if the covenant had any shortcomings, and if any incidents happened during the summer.

**Observations on camping sites.** Trained “peers” visited camping sites and observed its characteristics. Presence of a doorman, age distribution of visitors, percentage of men vs. women, distribution of the number of cases of beer at the tents, and the presence of “walls” of cases of beer was noted (a “wall” consists of at least nine cases of beer). Finally, the number of apparently intoxicated young people (age <25) at the camping site was estimated (note that youth sleeping off a hangover in the tent could not be counted).

**Nuisance questionnaires.** Empirically based nuisance questionnaires were filled out by residents from households (N = 121) in the city center of Renesse. These households were handpicked by trained “peers” because of their vicinity to bars and discos. The questionnaire contained a total of 68 questions (open-ended, multiple-choice, and Likert-type), and took 10–15 min to complete on average.

Questions addressed the amount of nuisance participants experienced from fighting and yelling people, drunk people, petty crime, threats/intimidations, physical violence, use of alcoholic drinks in the streets, use of cannabis or other drugs on the streets, drug dealing in the neighborhood, noise pollution from clubs and bars, littering by bar visitors, accidents involving drunk people, auto crime, bike thefts and vandalism, robberies, graffiti on buildings and walls, and people urinating on the streets.

**Data on alcohol use in previous years.** To evaluate if the covenant had any effect on youth drinking, data from this study are compared to data collected two years earlier in the same community.

**Results**

Results of the community intervention can be divided into three categories: (1) compliance with measures, (2) effects on youth drinking during the holiday, and (3) effects the local actors attributed to the covenant.

**Compliance with Measures**

Compliance with measures agreed upon in the covenant (see Table 1) was studied by analyzing youth questionnaires, interviews with members of the alcohol policy group, observations on camping sites, and results from nuisance questionnaires.

In doubt, ask identification. Thirty-eight percent of respondents (all 16+) indicated that they were asked to show age identification before entering a bar or disco at least once during the vacation. An additional 6.1% of 16- and 17-year-old young men were asked for identification when ordering alcoholic drinks at the bar (at least once). None of the subjects were asked for identification when buying alcoholic drinks at a supermarket or liquor store. Note that in the Netherlands, adolescents are allowed to buy beer and wine from the age of 16 and spirits from the age of 18. It is unknown how many adolescents younger than
Adolescents Binge Drinking When on Holiday

16 years of age were asked for identification when buying alcohol from bars and cafés. During the qualitative interviews local actors reported that several bar owners were fined for serving alcohol to underage patrons during the summer. They indicated that compliance was difficult in practice, because young people would pass alcohol to younger friends, and the bar environment (dark and noisy) made it difficult to ask for identification.

**System of bracelets that indicate the age of the visitor.** Data from the questionnaires indicate that 53.4% of young men on holiday on the island wore a bracelet that indicated their age. Eight percent of 16- and 17-year-olds had switched bracelets with other young people during their stay. Given that only 9% of participants had not bought any alcohol in a bar or disco during the holiday, it is obvious that a considerable percentage of bar and disco visitors did not wear the aforementioned bracelets. Peer observations at one of three camping stores indicated that the shop owner would sell alcohol only if the customer showed the bracelet. If the customer could not show the bracelet, an ID card or passport was required to verify the buyer’s age. Qualitative interviews with local actors confirmed that the system for distributing bracelets during the summer had not worked out as planned. The idea was that youth would buy these bracelets for €1 at a taxi company in the city center of Renesse. However, many young people did not buy the bracelet. Local actors indicated that they had already devised a plan to distribute the bracelets through the camping sites for free the next summer.

*Underage adolescents, who receive alcohol through older persons, are reprimanded by staff.* Because all participants in our study were over 16 years of age (the legal drinking age for low alcohol content beverages, e.g., beer and wine), it is not possible to fully report on the effect of this measure for younger youth. However, we were able to evaluate this measure in 16- and 17-year-olds, who are still underage for buying spirits. The youth questionnaires show that 13.6% of 16- and 17-year-olds asked older friends to order spirits for them. However, only 3.3% of 16- and 17-year-olds in total were reprimanded for their alcohol use (1.1% by barkeeper, 2.2% by a doorman). This means that, at the very most, a quarter of adolescents who receive strong liquor through friends are caught and reprimanded. In addition, 34.6% of all respondents indicated having bought alcohol for underage friends during the holiday. Eight percent of respondents even switched age bracelets with older friends to be able to buy alcohol and get into bars. Local actors indicated that it was difficult for staff to know who consumed the beverages that they sold, as young people often buy drinks in rounds, and barkeepers do not see who the drinks are passed to. In supermarkets beer is usually bought by the case, and distributed to friends at the camping site or beach.

*Camping attendants will try to limit excessive drinking on their property.* The covenant stated two measures that could contribute to achieving this goal: (1) instating camping regulations that include rules on alcohol consumption and (2) setting age limits for youth staying at camping sites without their parents. The youth questionnaires show that 35% of young men report awareness of camping rules regarding alcohol possession and use. It must be noted, however, that camping rules may have been present, without youth being aware of their existence. Eight percent of youth staying at camping sites reported being called to account for their alcohol use by the camping attendant. Peer observations on camping sites confirmed the supervising function of camping attendants. Peers did not notice any adolescents under 16 years of age staying at the camping site unattended by parents. Furthermore, peers observed that one of the most popular camping sites checked for litter several times a day. Cases of beer were not allowed outside of the tents. Adolescents on the spot indicated that if there was litter (including cases of beer) at the tent, the camping attendant woke them up at 8.30 a.m. and they were instructed to clean the place up immediately.
No alcohol and drug use in the public space. Sixty-three percent of young men indicated having drunk alcohol on the beach during the holiday, despite the rule in the covenant banning consumption of alcohol in the public space, which aimed to prevent this. Nuisance questionnaires showed that 39.5% of city center residents were bothered by drunken people on the streets. Furthermore, 57.1% was annoyed by people urinating in public and 69.8% was bothered by fights and yelling on the streets (which are typically drunk behaviors). Nuisance questionnaires showed that the vast majority (80–90%) of city center residents did not notice any trouble caused by drug use or drug dealing on the streets.

Tit-for-tat policy will be continued. The police indicated that approximately the same number of offences was reported as in previous years. Most offences involved alcohol consumption in the public space and urinating in public.

Effects on Youth Drinking

When it comes to effects on alcohol consumption, it must be noted that it is not possible to draw firm conclusions on the basis of the available data. However, it is possible to get an indication by comparing alcohol use during the summer of 2004 to consumption in the same community two years earlier (van de Luitgaarden et al., 2006). In 2002, young men drank an average of 23.7 standard drinks per vacation day (SD = 15.38), while they drank 25.3 glasses on average in 2004. This was in the same range as comparable communities, possibly even somewhat higher (van de Luitgaarden et al., 2007). It is evident that the problem of youth drinking to excess was not reduced. Thus, alcohol use among young people on holiday on Schouwen-Duiveland was excessive before the community intervention, and was still excessive after the intervention.

Effects Attributed to the Covenant by Members of the Policy Group

Based on their own experiences, local actors ascribed several effects to the covenant: an increased awareness of the problem among parties concerned, easier identification of underage youth (even though distribution of bracelets was not optimal), and less public nuisance (mainly because of the tit-for-tat policy). However, most respondents to the nuisance questionnaire (53%) indicated that nuisance was of the same magnitude as the previous year, while 7% reported an increase in public nuisance and 37% reported a decrease. When asked what they thought was the reason nuisance had decreased, the only explanation given was the bad weather during the summer.

Many local actors indicated that changes take time, and that the alcohol policy group had been instated only recently. Several local actors suggested improvements to the current measures and a few new measures to come into effect the next summer (e.g., another distribution system for age bracelets, more effective communication of camping rules, and so-called “intervention teams” to prevent public nuisance).

Discussion

Local actors in Schouwen-Duiveland were willing to work together on the problem of excessive drinking by youth spending a holiday in the community. A covenant on alcohol was signed; however, measures agreed upon were fairly limited. A relatively large portion of the “new” regulations (e.g., rules on age limits) were already set out by the national Alcohol Catering and Licensing Act; they were just never strictly enforced. Other regulations focused
on reducing public nuisance by fining citizens through the tit-for-tat policy. Alcohol sellers did not meet new regulations, apart from the age bracelets, which were not distributed as widely as planned (only a relatively small percentage of youth visiting the island wore an age bracelet). Camping attendants were the only ones that took on new regulations. The main commercial interests were kept out of range, and the formulation of the regulations kept legal consequences in case of noncompliance away. Some attention was given to the new local regulations; however, compliance with national alcohol laws was still poor. Overall, it can be noted that measures that relied upon cooperation of alcohol sellers were more poorly complied with than measures carried out by other stakeholders. In the covenant, no provisions were made to ensure compliance of stakeholders with any of the measures. Therefore, it is not surprising that the lack of compliance with alcohol laws continued to be a key problem, as evidenced by the small percentage of youth who had been asked for identification. During the summer, several alcohol sellers were fined for selling alcohol to underage youth. Their reaction to this is tell-all: it was considered harsh that they were fined, since they had collaborated on development of the covenant so willingly. This is illustrative for the fact that the covenant was a “gentlemen’s agreement” instead of a deal they could be held accountable for. Apparently, their commitment to the covenant was not enough to ensure compliance with it. During the development of the covenant, little thought was given to means of enforcing it. As a result, the proposed self-regulation only entailed limited loyalty to small goals. By allowing alcohol sellers to self-regulate, they are given the possibility to avoid regulations that are likely to be the most effective.

A related problem is the emphasis several local stakeholders placed on preventing public nuisance instead of reducing actual drinking. It is questionable if they really shared the public health aim of limiting alcohol use, rather than just reducing public nuisance. Measures that reduce public nuisance (e.g., tit-for-tat policy, prohibiting alcohol use in the public space) were supported by all members of the policy group, whereas measures that could potentially reduce drinking by reducing alcohol sales (e.g., registration system of alcohol sales to limit alcohol sold to young people) were dismissed before composition of the covenant. It is important to remember that the study community is to a large extent economically dependent on tourism. Therefore, certain measures that were considered to be a threat to community members’ income were quickly rejected. This weakened the overall content of the covenant.

A further problem was that the time frame in which the alcohol policy group had to be started, the support of local actors had to be gained, and the covenant had to be composed and signed was way too short. A community intervention is often a relatively slow process which does not produce large results in just a few months time. In order to achieve more meaningful results more preparation time is needed.

In the Netherlands, community interventions on alcohol are scarcely out of the egg. The community intervention project on Schouwen-Duiveland was one of the first projects that were undertaken, and the problems that were encountered can teach prevention workers four valuable lessons for future studies. First, the necessity of all participants being on the same page when it comes to defining the problem. Second, the importance of allowing enough time for the whole process, from getting local actors together to formulating and executing the measures taken. Third, the importance of agreeing on measures that can be legally enforced, and fourth, the importance of law enforcement. In contrast with the Dutch tradition to rely on industry self-regulation, it is important to recognize that purely voluntary covenants do not work in the field of alcohol abuse, because separate, conflicting, and irreconcilable interests are present. Therefore, a certain degree of legal
pressure is necessary to ensure that local actors keep their commitment to the covenant. At the moment, the local community does not have the power to arrange for law enforcement, and the FCPSA does not have the manpower to enforce the Alcohol Licensing and Catering Act effectively. This is an important obstacle, which needs to be solved to optimize the potential of community interventions on alcohol in the Netherlands.

**Declaration of interest:** The authors report no conflict of interest. The authors alone are responsible for the content and writing of this paper.

**RÉSUMÉ**

Cet article traite d’une étude de cas concernant une intervention au niveau des groupes sociaux ayant pour but de réduire l’abus d’alcool parmi des adolescents en vacances dans des campings au bord de la mer aux Pays-Bas. Le convenant, autorégulateur et volontaire, conclu entre les parties concernées a été évalué à base de différents types de données (toutes rassemblées en 2004): des questionnaires exécutés parmi des adolescents ($N = 191$), des observations faites par des « peers » (pairs) entrainés, des questionnaires concernant l’ennui causé exécutés parmi les résidents des centres-villes ($N = 121$), et des interviews avec des acteurs locaux. L’obéissance à des mesures prises aussi bien que les effets des mesures sont traités. Les limitations sont indiquées et des recommandations pour optimiser le potentiel des interventions au niveau des groupes sociaux sont données.

**RESUMEN**

Este artículo presenta un estudio de caso de una intervención comunitaria cuya intención era reducir el excesivo consumo de alcohol entre jóvenes varones que pasan sus vacaciones en campings de la costa holandesa. El convenio autorregulado y voluntario de los participantes concernidos fue evaluado en base a varios tipos de información (datos recogidos durante el 2004); entre ellos, cuestionarios distribuidos a jóvenes varones ($N = 191$), observaciones llevadas a cabo por pares entrenados, cuestionarios de valoración de molestias distribuidos a ciudadanos residentes en el centro ($N = 121$), o entrevistas a residentes locales. En este artículo se trata tanto el cumplimiento de las medidas como también sus efectos. Además se señalan las limitaciones encontradas, y se hacen las recomendaciones oportunas para la optimización del potencial de intervenciones comunitarias.

**SAMENVATTING**

Dit artikel doet verslag van een case study naar een community interventie die gericht was op het beperken van excessief drankgebruik bij jonge mannen terwijl ze in de zomervakantie op campings in Nederlandse kustplaatsen verbleven. Het vrijwillige, zelfregulerende convenant tussen diverse betrokken partijen werd geëvalueerd op basis van verschillende gegevenstypen (allen verzameld in 2004): vragenlijsten die afgenomen zijn bij jonge mannen ($N = 191$), observaties die uitgevoerd zijn door getrainde “peers”, overlastvragenlijsten die ingevuld zijn door bewoners van het stadscentrum ($N = 121$), en interviews met plaatselijke actoren. De naleving van overeengekomen maatregelen, evenals de effecten van de maatregelen worden besproken. Beperkingen worden opgemerkt en er worden aanbevelingen gedaan voor het optimaal realiseren van de mogelijkheden van community interventies.
THE AUTHORS

**Jade van de Luitgaarden**, Ph.D., obtained her doctorate in 2009 from Maastricht University, The Netherlands. Her research interests include the development and effectiveness of community action on alcohol as well as the role of expectancies in alcohol consumption and the efficacy of the Expectancy Challenge intervention.

**Ronald A. Knibbe**, Ph.D., is professor in Social Epidemiology of Alcohol and Drug use at the Faculty of Health, Medicine and Life Sciences of Maastricht University in The Netherlands. His research interest is in social causes and social context of alcohol and drug use and the development and evaluation of policies and interventions to reduce substance-related harm.

**Reinout W. Wiers**, Ph.D., is professor of Developmental Psychopathology in the Department of Psychology at the University of Amsterdam in The Netherlands. His research interests include implicit cognition, cognitive and biological aspects of addiction, and prevention and treatment of substance use and misuse. He received his doctorate in 1998 from the University of Amsterdam.

Glossary

*Binge drinking:* In the Netherlands, a standard drink contains approximately 10 g of pure alcohol (vs. 14 g in the United States). For women, we consider five or more standard drinks on one occasion to be a binge, and for men a binge is defined as six or more
standard drinks on one occasion. Binge drinking often occurs among young people during the weekend and on holiday without their parents.

Community intervention: An intervention geared toward decreasing alcohol use through influencing community context factors that facilitate binge drinking.

Covenant: A signed written agreement between two or more parties to perform specific actions.

Nuisance questionnaire: Questionnaire designed to measure the degree of nuisance that city center residents experience from rowdy people, physical violence, use of alcohol, cannabis, or other drugs on the streets, drug dealing, noise pollution, littering, accidents involving drunk people, auto crime, bike thefts and vandalism, robberies, graffiti, and people urinating on the streets.

Self-regulation: The regulation (by a person or an organization) of one’s own behavior without external control or monitoring.

Tit-for-tat policy: Policy in which sentencing and punishment follow law violations as soon as possible.

Walls of beer cases: A practice in Dutch youth camping culture in which empty beer cases are saved and stacked up into a wall to demonstrate the quantities of beer consumed by a group of youngsters.

References


Ministry of the Interior and Kingdom Relations. (2007, November 6). *Toespraak minister Ter Horst bij ondertekening convenant Noord-Holland Noord* [Speech given by minister Ter Horst at the...
Adolescents Binge Drinking When on Holiday


