Nightlife, social exclusion and intervention: lessons worth sharing

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Club Health meets community drug policy
Why might this be important?

• Intervention and responses to substance use and other related issues connected to nightlife have not surprisingly focused on commercial nightlife settings and environments.

• There has been little consideration of nightlife and harm reduction within socially disadvantaged or excluded communities yet trends and similarities emerging in both contexts.

• Key features of nightlife in socially excluded communities is the lack of regulation within the environment.

• What solutions and health related interventions are emerging?

• Harm reduction in the context of choice and self-regulation.

• Solution focussed and allowing for why people use.

• Managing risk collaboratively or creatively
‘Social exclusion’

• “Social exclusion, then, has come to refer to populations who, by virtue of a range of structural conditions and other attributes, are cut off from the mainstream economic, social and cultural resources of a nation.” (Saris et al., 2002)

• Term that has been ameliorated into state policy, with some added policy developments added to a the traditional welfare-state structure.

• Saris (2002) argues that the attractive idea that there are strengths in any community and that these strengths can be built upon for socially desirable ends is essentially flawed. Although promotes an inclusive solution – in practice they require community organisations to amplify and highlight deficiencies and dominant ‘us and them’ narratives that further stigmatise.
Social exclusion as urban geography and technocratic social policy

• Issues of class, urban planning, economic stratification.

• Dominant narratives of drug use, low employment, criminal activity and social exclusion. (see Norris, 2014 for wider discussion)

• Poor infrastructure often leaves these areas socially and physically disconnected from wider urban areas.

‘Socially disadvantaged’ areas and nightlife environment

- Poorly resourced and stressful environment, isolated from wider social norms, limited opportunities for respite likely impact on negative health behaviours (Stead et al., 2001). “It is as if you’re locked in.” (Stead et al., 2001: 338).

- Norms and risky behaviour (Davey-Rothwell et al., 2015; Stead et al., 2001)

- Young people exposed to unprecedented level of community violence (Gorman-Smith & Tolan, 1998).

- Nightlife can be limited and destructive, or “a zone of transgression where the state is powerless to intervene” (Talbot, 2004).
Considering the nightlife environment

- Nightlife environment in disadvantaged areas are by their nature high risk underpinned by systemically ingrained substance use and crime – ‘lock down areas’.

- Community norms in disadvantaged urban areas can have a significant impact on risky behaviour, including drug taking, violence and high risk sexual behaviour (Davey-Rothwell, Siconolfi, Tobin & Latkin, 2015).

- In Ireland, social norms of street drinking, use of new psychoactive substances (NPS) and poly-drug use (O’Gorman et al., 2013; O’Gorman, 2014, van Hout 2016) and on street drinking characterise some urban communities.

- Alternative ‘currency’ within drugs economy – holding, running and dealing
Nightlife environment in some communities in Ireland

- Lack nightlife focused infrastructure and facilities, activities tend to be informal and based in private or locations or public spaces that remain relatively free of policing or surveillance.

- Settings also tend to operate beyond any regulatory controls that apply to more formal nighttime settings.

- Congregations of young people in public park areas & house parties, seasonal element.

- Night life centres on substance use rather than entertainment (where substances may be used).

- Due to the settings there is little commercial or statutory motivation to engage and respond to the harms.

Glorification v’s villification
Nighttime emerging themes

• Heavy weekend drinking and the related health and other consequences result from pre-drinking (Kuntsche & Labhart, 2013). Male, younger and lower levels of education predict higher alcohol consumption and pre-drinking (Wahl, 2010).

• Pre-drinking as a ‘common and celebrated practice among young adults around the world’. Avoid paying high priced drinks, achieve drunkenness, socialize/enhance bonding prior to going out - displaced alcohol use into pre-drinking environments – potential to increase harms – unregulated context. (Wells et al., 2009)

• Impact of NPS, including Spice (van Hout, 2016), gaff parties, dail-a-drink, text ordering, app ordering.

• Legal and illicit drugs are located within this symbolic mental space of the ‘wild zone’ - pursuit of the “controlled loss of control” is an increasingly desired aspect of the leisure experience. (Measham, 2004)
Recreational drug use in the nighttime economy within ‘socially excluded’ communities

- Ongoing debate in relation to ‘normalisation’ of drug use amongst young people - normative, cultural barriers between ‘recreational’ and ‘problematic’ drug use may be being eroded. Penney & Measham, 2016)

- Increasing proportions of ‘socially excluded’ youth are ‘crossing the Rubicon’ in drug careers that extent to heroin use (MacDonald & Marsh, 2002)

- Young people pro-active recreational consumers of drugs (O’Gorman, 2016)

- Cultural spaces of consumption are situated outside of the licensed leisure night-time economy. Active in the drugs economy (O’Brien & Foley, 2017; O’Gorman, 2016)

- Funding via community agencies, resulted in ‘remarkable presence of the state in the lives of populations who were told at the same time to expect less and less of the state in the form of various benefits and entitlements.’ (Saris 2008)
Social and community capital

- Public health interventions often seek to change norms at the social level – but neighbourhood disorder can preclude or inhibit this process -(Davey-Rothwell et al., 2015).

- Requirement to foster positive shared identity to address the ‘social curse’ of stigmatisation (Steveson et al., 2014).

- Call for interventions that integrate both social and structural elements, seek to increase cohesion, social control and empowerment – plus seek to reduce disorder, promote healthy norms and increase health behaviours. (Davey-Rothwell et al., 2015)
Practice implications

• Does addressing risk and harm night life environment in disadvantaged areas requires a different approach?

• Economy that is largely out of the control of the state.

• Health focused harm reduction approaches limited impact due to social norms and stigma.

• Involvement in drugs economy (O’Brien & Foley, 2017; O’Gorman, 2016; Connolly, 2016).

• Given structure and funding are community based organisations the key?
Exemplars

- Equal Youth “Its Only Weed” research project
- Ballymun Local Drug and Alcohol Task Force Community Alcohol Strategy
Key features

- Challenging absence of public health response to harms in the NTE.
- Recognition and response to absence of containment or regulation.
- Leverage off community and social capital.
- Engagement with issues of nighttime and alternative NTE’s.
- Understanding the differing dynamic – daytime is nighttime, nighttime is daytime.
Considerations

• What lessons can community based agencies learn from those reducing harm within ‘mainstream’ nighttime economy?

• Where can we situate further collaboration & innovation within community based responses?

• Purpose of this them within Club Health has been to stimulate these discussions, practice development and policy responses.
References


