

Bop 'til you drop

This article draws on one of the largest recent dance drug surveys undertaken in the UK using a sample of 2,139 clubbers in the north west. Robert Ralphs reflects on changes that have occurred on the dance scene since his initial involvement in drugs and clubbing research at the end of the 1990s.

Another young person sadly lost their life after apparently taking a 'bad batch of ecstasy' and a further 15 were hospitalised on the opening weekend of one of the UK's largest dance club venues – The Warehouse Project in Manchester. Once again, the media, politicians, practitioners and promoters are asking, 'What can be done to prevent such tragic consequences?' Such deaths have been occurring ever since ecstasy and the rave scene first joined hands. So what, if anything, has changed since then?

In the 1990s, the emergence of ecstasy use was cemented into mainstream dance club scenes. As a postgraduate student at Manchester University, I was fortunate to be involved in a number of research projects involving Howard Parker, Fiona Measham and Judith Aldridge, which focused on young people's substance use. One in particular resulted in the seminal book *Dancing on Drugs* (2001). This research, conducted in three venues in the north west of England in 1999 with a sample of 2,057 clubbers, makes an appropriate point of reference in relation to documenting change.

What was memorable from this research undertaken at the end of the 1990s, when rates of drug use in the UK had reached an historical high, was the clear distinction made between

'drinkers' and 'drug takers'. Almost half of clubbers in the study were categorised as 'mainly drinking' on the night they were interviewed, whilst a quarter were 'mainly or only taking drugs'. One might expect the late 1990s club scene to have been dominated by drug users, however, only just over half (n=1,057) of the sample were 'current drug users'. The three most prevalent club drugs were ecstasy (35%), amphetamines (31%) and cocaine powder (7%). The clubbers of the 1990s fitted the dominant ACCE (alcohol, cannabis, cocaine and ecstasy) profile. They were polydrug users willing to combine different illegal drugs and a minority added alcohol to the mix.

In the early years of the 21st century, we have witnessed an overall downturn in drug use. Nevertheless, there has been an increase in the range of drugs used. In the past decade, ketamine has emerged as a popular club drug. More recently, we have witnessed the rapid growth of mephedrone. The Crime Survey for England and Wales, which began collecting prevalence data on mephedrone and other cathinones in 2010, has shown how levels of mephedrone use are now on a par with other popular stimulants such as ecstasy and cocaine. We have also seen the proliferation of a range of new psychoactive substances (NPS). The

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has documented a year-on-year increase in the recording of NPS since 2009, identifying 73 new substances in 2012 alone, although it should be pointed out that these are not discrete substances: many will be synthetic cannabinoid or stimulant variants. Recent EMCDDA updates state that they are now monitoring over 280 NPS, albeit with the same caveat (EMCDDA, June 2013). So how have NPS impacted on the clubbing landscape?

The survey conducted by the Manchester Centre for the Study of Legal Highs (MCSLH) focused specifically on clubbers in the north west. Data collection took place in November and December 2012 at six club nights. Prevalence data and key findings from the study highlight significant changes in substance use patterns since the 1990s research.

The *Dancing on Drugs* study found that the top two drugs of choice in north west nightclubs (ecstasy and amphetamines) were taken by around a third of clubbers. In 2012, four substances were approaching usage rates of 50% – MDMA (48%), cannabis (47%), ecstasy (44%) and cocaine (44%) – far exceeding the levels of use found in the 1990s. Druglink's recent street drug surveys indicate

ketamine use has steadily increased, a trend reflected in clubbers' drug use repertoires, with over a quarter (27%) using ketamine. A third of the clubbers in this study had tried a legal high. In terms of NPS use, almost one in six (16%) clubbers had used mephedrone on the research night. Other NPS consumed which contributed to expanding polydrug use repertoires were GBL/GHB (5%), 2CB (4%), the synthetic ketamine methoxetamine (3%), 2C-I (2%) and PMA (paramethoxyamphetamine) (0.7%). Alcohol use was much more prevalent than it was at the end of the 1990s with 91% of clubbers drinking alcohol on the night and only 4% stating they 'only used drugs' (compared to 24% in the *Dancing on Drugs* survey). Today's clubbers further blur the boundaries between licit and illicit substances combining alcohol with a multitude of other substances. Polydrug use was dominant, with almost half of the sample (47%) stating that they had consumed two or more substances on the research nights.

'Legal high' use was popular for a variety of reasons. A quarter (24%) of clubbers discussed how legal highs were cheaper than illegal drugs and a fifth (19%) noted that they were easily accessible and available to purchase online or in shops. The poor quality of illegal drugs also influenced a fifth (19%) to use legal highs believing that they were purer. Safety was a factor for some, 8% used legal highs because they believed that they were safer than illegal drugs. Fifteen per cent reported that they used legal highs because they were not illegal to possess.

Over a quarter (27%) of legal high users reported negative experiences. These ranged from physiological effects, such as headaches, vomiting, passing out, becoming immobilised and heart palpitations, to psychological effects, including memory loss, confusion, loss of control, paranoia, depression, suicidal thoughts and a variety of unpleasant hallucinatory experiences. Some described how they were unable to sleep for several days after taking them. Some of the negative experiences recounted point to an increased risk of high body temperature, dehydration, hyperthermia, cardiovascular complaints and neurotoxicity. Ten clubbers had attended A & E or been admitted to hospital. Despite these negative personal experiences, only a small proportion (10%) expressed a desire to obtain more information or guidance around the safe use of legal highs.

But while it might seem from this

research that clubbers are not bothered about accessing more information, it is clear from internet drug forums that interest in drugs and drug interactions is high. Particular attention should be paid to the heightened risks arising from polydrug use and the potential adverse consequences associated with combining alcohol. Advice is also needed on the effects of the multiple use of stimulants and hallucinogens. Yet there is a knowledge gap especially with regards to NPS and how they combine with other substances. Increases in the number of substances with an intranasal method of ingestion e.g. MDMA powder, mephedrone and ketamine alongside cocaine and other NPS, has implications for harm reduction advice around the transmission of blood borne viruses such as hepatitis. The range of negative experiences uncovered would suggest that there is a need to move beyond a focus on physical health issues to incorporate psychological and social risks. While paying attention to health risks like these is a pressing endeavour, the upward trend in NPS use points to other policy concerns.

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The rapid growth and integration into drug use repertoires of NPS presents a new set of policy predicaments, particularly in relation to public health and regulatory responses. Yet they also present venue owners and promoters with new challenges. Our research found that 79% of clubbers took drugs on the night – a figure quite unremarkable to most observers. Indeed, for many readers, the only shock might be that this figure is so low. Drug use and clubbing go hand in hand and to imagine that licensing conditions aimed at detecting drugs for personal use will result in drug free clubbing is unrealistic. Returning to the Warehouse Project, one could argue that this venue

is a model of good practice, in respect of its working partnerships and policies. Indeed, it would appear that it is doing more than most to be a responsible and compliant venue. It has a high police presence, employs a large, private police team on the door, supplemented with drug sniffer dogs and is known for its policy of routinely searching everyone thoroughly on entry. They also have a team of doctors and paramedics on site, provide free water, use sophisticated air-conditioning systems and ensure the smooth flow of people around the venue via a one-way system.

Nevertheless, despite such prudent attempts at making their venue as safe and drug free as possible, instances of clubbers needing medical attention because of substance use are common. Hence, one might surmise that there is little evidence to indicate that such stringent door policies and safety measures that are being imposed on venues, make a difference. Indeed, they have the potential to result in unintended consequences. Faced with such rigorous door policies and security measures, some clubbers may be encouraged to frontload their drug use and consume higher quantities of drugs before entrance. The heightened risk of having drugs confiscated on entry may also increase the temptation to purchase drugs inside the venue from an unknown dealer. In line with other UK studies that have obtained data on sources of drugs, our research indicated that the majority of clubbers purchase their drugs from a variety of known sources, while only 6% stated their main source to be an unknown dealer. Using a trusted dealer is, it would seem, a prudent harm reduction strategy. However, conditions of license agreements that increasingly stipulate the deployment of sniffer dogs and the routine searching of clubbers will tend to encourage those who are going to use drugs to buy them from indiscriminate sources.

It is unlikely that in the current climate of regulation, venue owners are going to turn a blind eye to people bringing in their own drugs as a harm reduction measure, even if they know that they can't keep drugs out of the clubs. But in the light of recent tragedies, it is worth asking the question as to how criminal justice, licensing and public health agendas can converge to reduce harm.

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