Responding to recreational drug use

Why clubgoers need information, not outreach

THE EMERGENCE of MDMA or ecstasy has revitalised the music and club scene and spawned a new youth subculture. Participant observation and informal interviews over the last two years have offered some insight into the needs of this group and the kinds of problem that can arise.

Most of those interviewed did not feel that their drug use had caused them any serious problems – but often felt that the lack of accurate information about the drugs, and their illegality caused problems in themselves. Though many were aware of times they or other people had binged on ecstasy, the cost of the drug and the physical toll that stimulants take meant this was usually self-limiting.

"When I first started taking ecstasy, it was like, a couple of times a week, but you can't do that. The more you take it, the more you learn to respect it. Now I only take it every few weeks." – Colin, aged 27

"I've only ever done three in one night and it's no better than doing one to be honest. You're wasting money if you take more than one." – Neil, aged 22

Though MDMA has a reputation as the love drug, it is much more likely to promote a desire for cuddling and friendship than for sex. One of the main reasons young ravers are so proud of their club culture is because house clubs are not sexual cattle markets like so many nightclubs where alcohol dominates. In the words of one young woman:

"If I didn't go to the type of clubs I do go to, I'd be in the kind of club that some of my friends go, and take a fella home every weekend. I mean, I don't do that, I don't go out to cop off." – Chris, aged 17.

Enquiries from young recreational drug users pointed to a hunger for information on the effects and the hazards of the drugs they use. Information transmitted in a primary prevention context would be of little value here. Most of those interviewed were aware of the government's anti-drugs media campaign with it's *Saturday Night Fever* scenario: that campaign may have had an impact elsewhere, but for current users it was contradicted by their own experiences.

The new club/drug scene has a number of characteristics that make it a risk-laden situation. Many of those involved are young and new to drugtaking, with little knowledge of the drugs they use. The dominant drug, ecstasy, is a relatively new substance that many workers have little knowledge of or experience of dealing with. The best way of exerting a positive influence on this group is to facilitate the emergence of a set of subcultural rituals and norms which minimise the potential for drug-related harm.

Problems deriving from the pharmacological properties of the drug include overdose, allergic or idiosyncratic reactions, anxiety or panic attacks and the possibility of long-term neurotoxicity. Situational problems, those related to set and setting, might include dehydration, hyperthermia, exhaustion, panic and problems arising from counterfeit drugs. Use of the drug may also give rise to social problems that encompass relations with family, school or work, the law, and possible personality changes, but the extent to which these are 'drug problems' rather than normal adolescent rites of passage is arguable.

by

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Outreach interventions developed to reach injectors are inappropriate in noisy nightclubs whose customers are there for fun, not counselling. Drug information workers in Mersey instead devised a campaign drawing on the images, materials and distribution mechanisms associated with club culture itself, acknowledging that in this context most drug users are recreational users who may develop drug problems rather than problem users. 'Information-bite' collectable calling cards were used to stimulate interest in a risk-reduction leaflet.

Information campaign

As an information service, the problem that we faced was how to make a positive intervention with this group that would enable us to maximise contact in an appropriate manner, and to allocate scarce resources as efficiently as possible. It was decided to aim an information campaign specifically at those already committed to using these drugs. We set ourselves a number of goals:

- to provide basic information on the effects of the drugs;
- to enable clubgoers to identify potential problems and help them deal with them effectively;
- to alert them to the hazards of the set and setting in which the drug may be used;
- to establish standards for 'safer' drug use within the subculture;
- to give those experiencing problems a contact point for further information from a source they can trust.

To achieve these aims the form of the information and the routes through which it is transmitted are as important as the content. These should be non-judgmental and pertinent to the lives and interests of the intended audience, reflecting the positive aspects of drug use as well as the risks and harms, in order to establish a relationship of trust between information providers and recipients. To maximise this contact, it was decided to exploit the methods and networks of the subculture itself.

Flyers advertising new clubs or one-off events usually feature an identifiable graphic design style reminiscent of the hippy/underground subculture of the 1960s. Such materials are collected by ravers as mementos for display on bedroom walls and

in scrapbooks. A local designer, noted for his creative work in this area, was employed to produce materials that would be both stylish and attractive.

From the outset it was recognised that this campaign would seek to lead its targets through a number of stages, each aimed at arousing interest in acquiring the information. To 'glue' the series together, each stage would employ common design features, much as the enigmatic cigarette ads promote brand recognition.

Collectors' items

The first stage – itself a mini-series – consisted of 12 small 'calling-cards' featuring 'drug facts'. These information bites are aimed at countering some of the myths prevalent among the target group. Each card is numbered (eg, the first was numbered 1 of 12), providing an incentive to collect the series. Each also gives a phone number for more information. The idea of the cards is to raise awareness of an information leaflet (and thereby the information) as a desirable item, imbuing the information with value and status.

The leaflet gives basic information about the three main drugs used on the club scene – MDMA, LSD and amphetamine. It considers the risks involved in using those drugs, methods to minimise the risks, and how to deal with an emergency. It also looks at the other factors involved – the need for sleep, good diet, avoiding dehydration, heat exhaustion, etc. Again, a phone number is available on the leaflet.

Rather than leaving these behind the desk at drug services, places rarely attended by this group, they will be distributed through specialist record and clothes shops, and through advertisements in fanzines, on radio and in clubs. However, the nature of club culture militates against passing out detailed information where people have gone to dance and to enjoy themselves. Leaflets handed out willy-nilly during an event are likely to end up littering the floor, unread. In this arena, the calling cards – rapidly read and intended simply to raise awareness of the campaign – are more appropriate and effective.

There are plans to advertise the information more widely, but still within an acceptable arena such as national style magazines. T-shirts replicating the design and information on the calling cards is another avenue to be explored. Monitoring will involve questionnaires to assess the degree of awareness of the campaign.

Mersey's dance drugs leaflet drew flak from the local press for being 'glossy'. The aim was to replicate the design of rave flyers and ads

The initial response to this campaign has far exceeded our expectations. The enthusiasm for the leaflet by people who use the drug is unprecedented in our experience. One anecdote may serve to illustrate this. One of the leaflet's outlets is a barber's shop on Liverpool 8's front line. The day the leaflets arrived, an influential dealer described by the barber as a "major heroin and cocaine seller" drew up in his Benz. Awaiting his haircut, he studied the leaflet closely. After his haircut he picked up a handful and placed one in the hands of each of the customers, telling them to "Read this, think about it, and act upon it".

Due to the pressing need for information on ecstasy following a number of deaths in this region and elsewhere, one of the authors approached *The Face*, the most prestigious of the new style magazines. Aimed at trendy 18 to 35 year olds, it published the first article on the drug in this country. Continued references to the drug both in features on 'stars' and in journalistic asides led us to believe that this was an ideal conduit for a carefully targeted media information campaign.

After protracted negotiation, the piece published in the November issue was perhaps the first example of using the mass media in a harm reduction information campaign. The article wasn't 'about' harm reduction, it *was* harm reduction. That our choice of this magazine was correct was confirmed by the readers' response. The following month's issue gave over the whole letters page to the issue and noted that the article had attracted the most mail received for some time. Many readers' letters noted the phenomenal rise in the incidence of ecstasy use in their areas, others identified MDMA-related problems that they or their friends were experiencing, problems that were hitherto unaddressed by existing drug service provision. ■

The inappropriateness of outreach

In most regions, outreach work was introduced as a means of reaching injecting users not in contact with services. HIV infection made any form of contact a high priority. But the new recreational clubgoing drug users are neither hard to reach nor such a public health priority. They may experience outreach as unreasonably intrusive, another form of social policing. If the rationale for such work is reducing harm or HIV prevention, then workers' efforts may more profitably be directed at the local pub, where both the problems are likely to far outweigh those at a house music club. Few would argue that such a response to alcohol was either appropriate or desirable – why should we think it so for other drugs?

The concept of placing outreach workers in nightclubs is fraught with inconsistencies and logistical problems. Counselling or information-giving in a club where you can't hear yourself think is inappropriate and virtually impossible. Dealing with collapse or overdose should be the responsibility of the club management, who should have first-aid experience and are just as able as the outreach worker to call an ambulance.

Dealing with anxiety or panic attacks (the bad trip syndrome) is probably best done by friends rather than strangers, and most of the clubs already sell condoms. Besides which our primary aim is to help prevent problems, not to have workers waiting on the sidelines in the hope that one might develop.

There are other very good reasons why outreach work should not be attempted in clubs. Anybody who knows anything about the club scene will recognise that some club owners have somewhat unsavoury backgrounds. We know of clubowners offering to pay outreach workers the equivalent of one week's wages for one evening's work in an attempt to hoodwink the local licensing committee. Workers could be placed in a situation where somebody 'makes them an offer they can't refuse'.

One of the tasks of those seeking to establish user-friendly services is to demystify drugs and drug problems, to take power out of the hands of professionals and seek to empower the drug user. Outreach work, we believe, is one more way of perpetuating professional mystique and dependency on drug workers rather than transferring the decision-making skills to those who best understand their own needs.