

Safer dancing campaigns take off

In December, Lifeline produced a new version of its *Too Damn Hot* leaflet giving safety advice to clubbers and ravers.¹ The following month, the Scottish Drugs Forum published a set of *Guidelines for Good Practice at Dance Events*, at the request of the Scottish Office.² The London Drug Policy Forum is currently working with the Association of London Government to draw up licensing guidelines for London's councils, and in February, Release hosted the launch of the Dance Information Network.

It seems that there are two main catalysts for this sudden upsurge in activity. First is the recent negative publicity given to raves via the deaths of non-ravers such as Leah Betts, which has galvanised the drug field to tackle the issue of the environment in which dance drugs may be taken. Secondly, *Tackling Drugs Together* has given the drug field a new, powerful forum in which real changes can be made – the Drug Action Teams. Working alongside the police, teachers and local authorities, drug agencies can now directly influence licensing arrangements for dance clubs.

The Scottish Drugs Forum (SDF) guidelines steer away from the Criminal Justice Act's infamous definition of a rave ("sounds wholly or predominantly characterised by the emission of a succession of repetitive beats"), preferring to describe dance events as places "where dance music is played continuously and mixed by DJs into an apparently seamless sequence".

Guidelines for clubs

They advise that:

- to prevent overcrowding a venue's capacity must not be exceeded;
- controlling a venue's temperature through ventilation and air conditioning is of utmost importance;
- there must be free and unrestricted access to cold drinking water;
- space should be set aside for 'chill-out' rooms for clubbers to rest and cool down;
- when a club is very hot, the DJs should introduce periodic five or 10 minute breaks in the music to encourage clubbers to rest and drink;
- safe and efficient cloakroom facilities should be provided, as clubbers may dress down for dancing but also bring extra layers for going home;
- staff must be fully trained in first aid, health and safety legislation, customer care, drugs awareness and crowd control;

1. Lifeline. *Too damn hot*. Manchester: Lifeline, 1995.

2. Scottish Drugs Forum. *Guidelines for good practice at dance events*. Glasgow: SDF, 1996.

- staff training is not, however, an alternative to the provision of drug-aware medical cover;
- everyone entering the club should have their outer clothing, pockets and bags searched by a security officer of the same sex;
- stewards must not perform strip searches under any circumstances;
- accurate and appropriate drug information should be made available to clubbers, through flyers and peer educators, in an accessible but low key manner;
- it is vital that the precise role of drug advisers is agreed before an event – they are not substitutes for medics or stewards.

Dance Information Network

On Valentine's Day, over 100 people attended the launch of the Dance Information Network (DIN) at the Leisure Lounge, one of London's leading nightclubs. The network is made up of drug agencies, dance promoters, clubbers, local authorities and the police. In the words of Jim Phipps, the manager of the club, DIN was "not here to condone or condemn drug use in our society, but to be realistic about it". As with the SDF and Lifeline's earlier guidelines for good practice, DIN aims to educate the dance

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industry – not only the managers of clubs but also the licensing authorities. The Association of London Government, which represents London's 33 local authorities with responsibilities for licensing venues, "warmly welcomed the DIN initiative".

DIN's overwhelming priority is to ensure the welfare and safety of young people attending dance events in and around the capital. As such, its objectives are similar to those of the SDF: medical cover, free water, rest areas and adequate ventilation. The provision of drug information and advice is also crucial, but many drug agencies have had real problems adapting themselves to clubbers with drug problems who nevertheless do not see themselves as "traditional drug agency types". Lifeline's Kieran O'Hagan suggested that agencies should adapt models that are tried and tested with heroin users to the club environment – services should be user-friendly, make use of harm reduction techniques and rely on outreach. The theory is the same,

whether someone takes heroin or ecstasy: "We need to tell clubbers, drug services are geared to you".

Where DIN's approach may differ from SDF is in the fact that it is run from the offices of Release, which is openly sympathetic to the cause of drug law reform. It is clear that Release is keen that DIN does not become a forum for the legalisation debate, and has taken great care in drafting DIN's statement of values so that no-one should feel excluded from participating in the network. In particular, DIN accepts that "there is no single model for protecting the safety of people attending dance events". It also places great emphasis on partnership and cooperation, and recognises that some organisations which support the broad aims of DIN still need to "have regard to their legal and statutory responsibilities" – in other words, they may not be able to openly support



DIN: 'not here to condone or condemn'

policies such as the optional testing of drugs at clubs. The Met's Inspector Dick Groves told the meeting, "the police role is quite explicit – we carry out the law. If you want to change it, change it". Only time can tell whether DIN is able to resolve the tension between the statutory and voluntary sectors which is implied by this declaration.

Oswin Baker

Testing the limits

At the end of January, a new drug testing kit came onto the market. Called *Drug Alert*, it is being packaged as a natural progression from home pregnancy kits and home diabetes tests. Designed to be used secretly, it is specifically aimed at parents who are worried that their children may be using drugs. It is currently available only from the parent company (also called *Drug Alert*) through mail order, but the kit will soon be available in pharmacies.

It was originally developed in America, where the company received over half a million enquiries. UK marketing manager Simon Carr, says that the test is effectively "the same as the one used by FBI and DEA investigators." Using a mass spectroscopy device, it detects all the main drugs and is sophisticated enough to distinguish between MDA and MDMA.

Anxious parents wipe a pre-moistened swab against anything which their child has touched – door handles, mugs and telephones have been suggested. They then send the swab to *Drug Alert's* laboratory. Ten days later the parent phones the lab and after giving a confidential PIN number they are told the results. If the test is positive they are given a list of counselling agencies and are advised on how to deal with their child. Mr Carr was keen to stress that all information is confidential and that there are no links to the police. He accepted, however, the possibility that *Drug Alert* could easily be used by employers.

Anne Marshall, the director of ADFAM, told *Druglink* that she was very concerned about the marketing which seemed "to deliberately prey on the fears of parents". Although ADFAM in no way endorses *Drug Alert*, she has asked for their name to be included on the advice lists sent out following a positive test result. In this way, ADFAM may be able to limit the damage done by the drug testing. "Distrust and suspicion are not the best way to communicate with children. It is presenting an immediate solution in a situation that requires time and sensitivity." This view was echoed by the Childline charity.

Drug Alert has countered criticisms with the argument that a positive test proves nothing. Traces of drugs are not evidence of drug use – recent research carried out by Customs and Excise has found that more than 40 per cent of used banknotes returned to the Bank of England for incineration showed traces of cocaine. Contact with one of these estimated two million banknotes, or just shaking hands with someone who has recently touched drugs, could create a positive result. Negative results are also inconclusive. Drugs consumed in capsule form would not necessarily leave a trace.

One is forced to ask 'why test then?' and although *Drug Alert* may qualify their product with such arguments, they must also be aware that parents in an emotional panic are likely to disregard such reservations.

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