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Calculating the risk: recreational drug use among clubbers in the South East of England

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Home Office Online Report 43/03

The views expressed in this report are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy).

Acknowledgements

Thanks are due to all club managers and licensees who allowed the research team access to their venues and to all of the clubbers who participated in this study. In addition thanks are due to Jon Collins (British Entertainment and Dance Association), Commander Andy Hayman (Metropolitan Police), Sergeant Beyer (Metropolitan Police, Clubs and Vice Unit), and Matt Southwell (Drug Users Alliance) who were so generous with their time and expertise, particularly in the early design phase of the study. In addition we would like to thank Tiggey May, Alex Harocopos (South Bank University), Nerys Thomas, Emma Marshall and Jo Sallybanks (Policing and Reducing Crime Unit, RDS) who undertook interviews for the study. A special word of thanks is due to Matt Carter (PRCU) who worked in the early design of the study, undertook some of the early fieldwork and was foremost in the design of the study protocol. Thanks are also due to Ziggy MacDonald (University of Leicester) who acted as statistical adviser during the analysis of the dataset.

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The authors would like to thank Professor Russell Newcombe (Liverpool John Moores University), and Dr Fiona Measham (Lancaster University) for acting as independent assessors for this report.

Contents

Acknowledgements	i	
Contents	ii	
Executive summary	iv	
1	Introduction: Drug use among young people	1
	Young people's drug use in England and Wales	1
	Drug use in the clubbing population	3
	Dance drugs	4
	Clubs and drugs	4
	Clubs and alcohol	6
	Structure of the report	6
2	Research design and methodology	7
	Survey interviews	7
	Club sample selection	7
	Sampling in clubs	9
	Survey design	9
	Development and piloting	11
9	In-depth interviews	11
	Key themes	
3	Clubbing and drug use	12
	Frequency of clubbing	12
	Reasons for clubbing	12
	Searching policy	12
	Drug use	13
	Sourcing drugs	16
	Attitudes to drug use	17
	Summary	17
4	Alcohol and tobacco use	18
	Alcohol	18
	Tobacco smoking	20
	Summary	21
5	Calculating the risk	22
	History of drug use	22
	Clubbing rituals and strategies	23
	Sourcing drugs	23
	Calculating the risks	24
	Summary	26
6	Managing the risk	27
	Key findings	27
	Policy implications	28
Appendix A		
	Clubbing surveys	30

Appendix B		
Supplementary methodological detail		31
Appendix C		
Demographics		33
Appendix D		
Research protocol		35
Appendix E		
Club questionnaire		37
Appendix F		
In-depth interview themes		41
Appendix G		
Demographics of in-depth interviews		42
References		44

Executive summary

This report presents the key findings from a research study exploring recreational drug and alcohol use among young people who attend mainstream commercial nightclubs. Illicit drugs have been associated with the dance and 'rave' culture since its emergence in the late 1980s, but with the expansion of the nightclub industry and the resulting commercialisation of the dance 'scene' it has been suggested that more young people are now experimenting with illicit drugs. While researchers have studied patterns of illicit drug use amongst young clubbers (Measham et al, 2000; O'Hagan, 1999; Crew 2000; Brannigan, 1997 and Release 1996) very little information is available about alcohol use.

This study specifically focuses on those who attend mainstream nightclubs to assess to what extent these club-goers use illicit drugs, the role of drugs in the 'dance' culture and the strategies drug-using club-goers use to minimise the risks associated with drugs. Although, the focus is on the use of illicit drugs the report also examines alcohol and, to a lesser extent, tobacco use among this sub-group.

Key findings

The study combined a quantitative interview survey of 760 club-goers in six venues (eight events) across the South East of England with in-depth interviews with 26 drug-using club-goers.

Patterns of illicit drug use

- This study confirms that the prevalence of drug use is far higher among those who go clubbing than among other young people. While the British Crime Survey (a survey of the general household population in England and Wales) indicates that 50 per cent of young people aged 16 to 29 have used drugs at some time in their life, among the club-goers in this study the figure was 79 per cent.
- However, the study also found that levels and patterns of drug use among club-goers varied considerably across the eight events sampled. For example, on-the-night use of any illicit drug ranged from nine per cent at an event at a leisure park venue to 70 per cent at an event at an established dance/gay club. At events where drug use was relatively common, ecstasy was by far the most commonly used substance, followed by cannabis and cocaine. For all other substances a tenth or less of club-goers admitted use.
- A comparison of current drug users with lapsed drug users (excluding those who had only used cannabis) indicated that current users were using a wider range of illicit substances, and increasingly using synthetic drugs such as ketamine and GHB. Over a third (35%) of current drug users said they had used ketamine at some time in their life, with just over a tenth (13%) admitting to having used GHB. The figures for lapsed drug users being seven per cent and three per cent respectively.
- Although drug use was high among the sample of club-goers, it is important to note that this was not necessarily an integral element to the clubbing event for most of those interviewed. At only two of the events did the majority of respondents admit using drugs on the night. Under a half (44%) of current drug users agreed with the statement that 'taking drugs is an integral part of my social life'.
- The in-depth interviews with drug-using club-goers, indicated that this group was aware, to some degree, of the health and legal risks associated with their behaviour, and adopted various strategies to minimise these risks. Interviewees avoided buying from dealers in clubs, instead choosing to purchase drugs from known suppliers in their informal social networks

and then taking their personal supply into the venue. This approach was considered to minimise the health risks (trusted supplier) and the potential legal consequences (judged inadequacy of door search policies).

- Interviewees also sought out information to minimise the immediate physical health risks arising from the use of drugs and the excessive physical demands of clubbing, though awareness of longer-term health risks was less evident.

Patterns of alcohol use and tobacco use

- While there is much concern over the use of illicit drugs among club-goers, less attention has been paid to the use of alcohol. This study addressed this issue by assessing alcohol use both in terms of levels of consumption while clubbing and problematic drinking patterns.
- The majority (90%) of club-goers consumed alcohol on the night of interview, with around a quarter consuming their entire recommended weekly allowance on the night. Moreover, 60 per cent of respondents who drank alcohol, were classified as hazardous drinkers. These findings are a cause for concern.
- Profiling the sample, only six per cent of those interviewed had not taken any 'mind altering' substance on the night, five per cent had only taken illicit drugs, 60 per cent had only consumed alcohol, and 29 per cent had combined alcohol with illicit drugs.
- Limited data was collected on tobacco use but the findings do indicate relatively high levels of smoking among this group, with just over a half smoking on a regular basis.

Policy implications

Drug use is far more prevalent among club-going young people than young people in general. While on-the-night drug use is not necessarily high at every event, it is the case that at all events sampled the majority had tried illicit drugs at some time in their life. Club-goers therefore provide a distinct, and to a large degree captive audience, for targeted harm reduction initiatives. Such initiatives need to be designed both to address issues arising from drug use on the night and more generally to educate club-goers about drug use. Such strategies also offer an opportunity to address the excessive and hazardous levels of alcohol consumption and smoking among club-goers.

While any initiative needs to be sensitive to the local problems, there are some general approaches that are worthy of consideration in any context. These are detailed below. It is important to note that many parties have an interest in the effective development and implementation of such initiatives, including club managers/licensees, the local authority licensing units, the police, Drug Action Teams and local drug and alcohol services. These groups need to form effective working partnerships for the successful development and implementation of initiatives.

Provision of information

This study has indicated that young people actively seek out information about the potential consequences of drug use and make attempts to minimise these. They are therefore likely to be receptive towards the provision of practical, evidence-based information. While such information may not discourage drug and alcohol use, it may minimise the associated health and social risks. A holistic approach covering health, social and legal consequences and the short, medium and long-term potential effects of drug and alcohol use may be fruitful. Alcohol and tobacco use could be addressed in a similar way, and particular attention should be paid to the heightened risks

arising from poly-drug use. In addition to providing information, details about local drug and alcohol services should also be advertised.

Information could be disseminated in various ways: on tickets for events, on posters or leaflets at venues, or even the advertised presence of a substance misuse worker on site.

Tackling drug dealing

This study has indicated that most clubbers do not obtain their drugs from dealers while in the club, but purchase their personal supplies from known suppliers within their social network before entering the venue.

These findings indicate that the adoption and enforcement of rigorous search policies at the door would provide the most effective means of preventing drug use inside venues. This research found that search policies at venues differed considerably; in several venues the majority of clubbers were searched while at other venues only around one in ten were searched. Club managers should consult with the local police in devising an appropriate search policy.

Designing out risk

Given that a high proportion of club-goers will have consumed illicit drugs and/or excessive amounts of alcohol it is important that venues are designed to minimise potential adverse reactions. For example, ensuring that the venue is not over-crowded and is adequately ventilated, the provision of seated areas for 'cooling off' and the provision of free, easily accessible water. In addition, staff need to be trained to recognise and deal with drug induced health problems.

Further information about the types of measures that can be taken to protect the health and safety of drug-using clubbers can be found in 'Safer Clubbing', published by the Home Office Drugs Strategy Directorate in conjunction with the London Drug Policy Forum. The report recommends that venues develop a coherent and comprehensive drugs policy and provides a suggested outline for such a policy.

1 Introduction: Drug use among young people

The 1990s have seen the emergence of drug use amongst young people. The 2000 British Crime Survey reports that 27 per cent of 16 to 19 year-olds and 30 per cent of 20 to 24 year-olds admitted having used illicit drugs in the last year. Sixteen per cent and 20 per cent, respectively, said that they had used illicit drugs in the last month (Ramsay *et al.*, 2001). Cross-national research indicates that the UK has one of the most drug-involved populations of all European states, mostly generated by a high rate of recreational drug consumption (Measham *et al.*, 1998a, ESPAD, 1999).

The increase in the recreational use of drugs has been linked with the emergence of a strong dance club culture in the UK in the 1990s (Colin and Godfrey, 1997). Various studies of those who attend dance clubs, suggest that drug use is far higher in the clubbing population than the general young adult population (Release, 1997; Measham *et al.*, 2001; O'Hagan, 1999a).

The current study expands on our knowledge of clubbers' drug use, providing an insight into recreational drug use amongst clubbers attending different promotional events in mainstream, commercial nightclubs. A large-scale survey of 760 clubbers in six venues across the South East of England was carried out alongside 26 in-depth interviews with drug-using clubbers. This report presents key findings from the research, in particular it:

- describes the extent of drug and alcohol use among clubbers attending a range of mainstream commercial clubs;
- compares the results with those of previous surveys, to explore whether drug use is in fact 'normalised' within this clubbing population;
- describes the social context in which those who use drugs do so; and,
- describes the strategies drug-using club-goers use to minimise the risks associated with drug use.

First, the remainder of this chapter discusses the prevalence of drug use among young people in the UK, describes the emergence of the UK club scene and explores the links between clubbing as a recreational activity and drug use.

Young people's drug use in England and Wales

Drug use in the general population

The British Crime Survey (BCS), a large-scale, representative survey of households in England and Wales, provides the best available guide to changing patterns of drug use in the adult (aged 16 to 59) population.¹ However, it should be noted that the BCS is subject to the methodological limitations of any large-scale household survey and there are particular problems in using the survey to measure drug use. For example, certain groups, which are likely to have higher rates of drug use (e.g. the homeless, those in prisons or student halls of residence), are omitted. In addition, the purpose of the survey is to measure criminal victimisation not drug use. It is, therefore, generally accepted that the BCS underestimates drug misuse to some degree (for a fuller discussion see Ramsay *et al.*, 2001).

¹ The British Crime Survey has included a drug use self-completion module in the 1992, 1994, 1996, 1998, 2000, and 2001 sweeps. The 1994-2000 sweeps were conducted using Computer Assisted Self-Interviewing, the 1992 module was a paper and pencil questionnaire and the results cannot be compared with later sweeps.

The BCS measures consumption of a range of drugs across three time periods - ever/lifetime, the last year and the last month. Table 1.1 below presents the trend in use of any drug over the three recall periods. Rates of 'any drug' use in the last year are far higher among young people (16-29) than older people. The results suggest that drug use among young people aged 20 to 29 has increased throughout the 1990s. Among 20-24 year olds last year use increased from 25 per cent to 30 per cent, while among 25-29 year olds last year use increased from 15 per cent to 20 per cent. Among 16 to 19 year olds there has been some fluctuation, though use was lower in 2000 than in any previous sweep. The 2000 BCS found that 20 to 24 year olds are most likely to have used drugs recently, while other research suggests this age group is also most likely to be represented in the clubbing population (Release, 1997; Measham *et al*, 2001; O'Hagan, 1999a). The remainder of this section focuses on this age group only.

Table 1.1: Percentage of respondents using any drug, by age group (1994-2000 BCS)

% Age group	Used ever/lifetime				Used last year				Used last month			
	1994	1996	1998	2000	1994	1996	1998	2000	1994	1996	1998	2000
16-19	46	45	49	42	34	31	31	27	20	19	22	16
20-24	44	49	55	58	25	27	28	30	15	18	17	20
25-29	39	41	45	50	15	17	19	20	9	10	11	12
30-34	33	34	38	43	8	9	10	12	4	5	5	6
35-39	28	30	31	34	5	7	7	7	3	4	4	3
40-44	26	28	25	29	4	5	4	5	2	3	2	3
45-59	13	13	18	19	2	2	3	3	1	1	1	2
All	28	29	32	34	10	10	11	11	6	6	6	6

Notes:

1. Source: 1994, 1996, 1998 and 2000 British Crime Survey.

Among 20-24 year olds, as among other age groups, cannabis is the most commonly consumed drug, with over a half of young people reporting ever having taken it (Table 1.2). This is followed by amphetamine and amyl nitrate (28% and 19% respectively). A far smaller proportion of 20 to 24 year olds report recent use of drugs. Although almost a fifth admitted using cannabis in the last month, for each of the other drugs 4% or less said they had used it in the last month.

While the British Crime Survey provides invaluable information about trends in drug use among the general population, as a quantitative study, it does not explore the social context of drug taking, motivations behind drug use or how drugs fit in with more general lifestyle choices. Other studies do explore these issues and indicate that the increase in drug use indicated by the BCS is partly associated with the expansion of the clubbing culture. The next section explores this further.

Table 1.2: Lifetime, last year and last month use of different drugs among 20 - 24 year olds (1994-2000 BCS)

Percentages	Used ever/lifetime		Used last year		Used last month	
	1998	2000	1998	2000	1998	2000
Cannabis	47	52	26	27	16	18
Amphetamine	24	28	10	6	4	3
Amyl nitrate	17	19	5	4	3	2
LSD	13	15	3	2	0	1
Ecstasy	12	15	6	6	2	3
Magic mushrooms	12	14	3	2	*	1
Cocaine	9	14	5	6	1	1
Solvents	6	7	*	*	0	*
Tranquillisers	3	6	1	2	*	1
Crack	2	2	*	1	*	*
Heroin	1	2	*	1	*	*
Methadone	1	1	*	*	*	*
Any drug	55	58	28	30	17	20

Notes:

1. Source: 1998 and 2000 British Crime Survey.
2. * indicates less than 0.5%.

Drug use in the clubbing population

A number of studies examining drug use in the clubbing population indicate that drug use is far more widespread in this sub-group than among young people in general. Before discussing these findings it is useful to first give some background to the UK club scene.

The emergence of the current club scene

The club scene in the UK has undergone considerable change since the late 1980s, when the 'rave' dance scene emerged. Dance music and club culture have become billion pound industries² and have been absorbed by mainstream youth culture (Measham *et al*, 1998). Dance music and dance club culture have infiltrated clubs across the UK, moving from underground dance parties and free festivals in fields into mainstream licensed (and unlicensed) nightclubs, pubs and bars, leisure centres and pay parties. These clubs are dominated by dance music which includes "house", "happy hardcore", "garage", "techno", "trance" and "jungle" (Measham *et al*, 2001). The commercialisation of the dance scene has resulted in licensed, purpose built city centre nightclubs and multi-functional entertainment venues organised in conjunction with the police, professional security and legitimate promoters (Measham *et al*, 1998). Furthermore, a number of leisure parks have been developed, hosting numerous contrasting venues in out of town locations.³ Night club admissions have risen from 142 million *per annum* in 1993 to 199 million in 1998; it is predicted that this will rise to 238 million in 2002 (Hobbs *et al*, 2000; Mintel, 1998).

² It is estimated that the club industry contributes over £2 billion to the UK economy annually and is predicted to rise by 25% to £2.5 billion over the next two years (Hobbs, 2000). Despite the difficulty in producing reliable statistics (see Hobbs, 2000 for a discussion), estimates suggest that the industry employs more than 130,000 people (UK Hansard, 2000).

³ There are around 4,000 nightclubs in the UK. However, dance events tend to be concentrated at certain venues. In London, for example, there are 760 clubs but the 200 or so licensed dance events held each week are concentrated in a core of about 80 clubs (Ward, Fitch and Sherlock *et al*, 1998; Ward & Fitch, 1998). Nationally, licensed events are only part of the picture, an unknown number of unadvertised, unlicensed one-off events and parties also take place (Ward & Fitch, 1998).

Dance drugs

Alongside the development of the club industry there has been an increase in the availability and consumption of recreational 'dance drugs' such as ecstasy, amphetamines and LSD⁴ (Measham *et al.*, 1998; Parker *et al.*, 1998). Official statistics of the number of drug seizures indicate a rapid increase in seizures of ecstasy, amphetamines and LSD (Corkery, 1998 and 2000a). The use of synthetic drugs, such as ketamine, also appears to be on the increase, perhaps suggesting more experimentation among young people (Release, 1997; O'Hagan, 1999b).

Parker, Aldridge and Measham (1998) suggest that a process of 'normalisation' of recreational drug use has occurred with contemporary youth culture widely embracing the club-dance-rave scene, but this has been contested by other commentators (Shiner and Newburn, 1997). Consequently, dance music and the associated culture that has been assimilated into mainstream leisure, may also include illegal drug use (Ward, Fitch and Sherlock, 1998). The Calvet study (1998) an examination of recreational drug use and nightclubbing in Europe firmly links young persons' drug use with 'going out' to clubs.

Clubs and drugs

The clubbing population is a difficult group for researchers to access. Consequently, studies examining the drug use of clubbers are relatively limited. However, a small number of studies have been undertaken in various locations throughout the UK. These range from small-scale in-depth qualitative studies of clubbing populations (Forsyth, 1998; Akram, 1997) to surveys in specialised clubbing magazines (Petridis, 1996; Winstock, 2000) to on-site surveys (Measham *et al.*, 2001).

None of the sample surveys undertaken to date can claim that their sample is representative of clubbers, or dance clubs, in general. Results from site based surveys are dependent upon the geographical location and type of venue selected, while magazine-based surveys only collect information from a sub-set of dedicated clubbers who subscribe to such magazines. Table A.1 in Appendix A summarises the methodology used in recent studies of the clubbing population.

Although none of the studies are representative, they do provide some information about the demographic profile of clubbers. Table A.2 (Appendix A) summarises the sample demographics in the various studies. Although there is some variation, all the studies suggest most clubbers are in their early twenties, are employed or students and are slightly more likely to be male than female. In all but one of the studies (O'Hagan, 1999b) the vast majority of clubbers was white. The profile of the population within any given club will be affected by a variety of factors, for example, the location, the music on the night, the DJ, door policy, and promotional activities (see O'Hagan, 1999a). Work by Forsyth (1997 and 1998) indicates that musical preference may be one of the best indicators of lifetime drug use.

Despite the different methods and sampling strategies employed, all the surveys undertaken to date are consistent in indicating that the clubbing population has far more drugs experience than the general young adult population. Comparing the results from the clubbing surveys with the 2000 British Crime Survey indicates that lifetime use is far higher in the clubbing samples for all types of drug (Table 1.3). For example, between 60 per cent and 96 per cent of respondents in the clubbing surveys reported using ecstasy, compared with 12 per cent of the BCS sample. Overall, the two clubbing surveys that present findings on any drug use found in excess of 90 per cent of respondents had ever tried a drug (Measham *et al.*, 2001 and Release, 1997) compared with half of those surveyed in the BCS.

⁴ Lysergic acid diethylamide.

Table 1.3: Reported lifetime drug use in clubbing research

<i>Percentages</i>	Measham et al.	O'Hagan		Crew 2000	Brannigan	Release	British Crime Survey (16-29 years)
Drug type	2000	1999 Techno	1999 Garage	1997	1997	1996	2000
Cannabis	87	96	90	77	80	91	44
Amphetamine	77	90	58	87	58	81	22
Amyl nitrate	72	71	39	-	38	61	16
LSD	52	77	40	51	41	74	11
Ecstasy	67	96	60	80	63	81	12
Magic mushrooms	-	59	31	-	45	60	11
Cocaine	45	83	56	11*	57	57	10
Tranquillisers	15	32	15	-	-	29	5
Heroin	6	17	7	3	13	15	2
Crack	7	33	18	-	-	17	2
Ketamine	-	40	11	10	-	28	-
Methadone	-	8	5	-	-	9	1
Any drug	94	-	-	-	-	97	50

Notes:

1. Source: 2000 British Crime Survey and various clubbing surveys (for details see Appendix A)
2. Note that not all results are based on 16-29 year olds (see Appendix A for age profile of respondents in clubbing surveys).
3. * indicates cocaine includes crack; - indicates drug not covered in study.

There are less data available on recent drug use. However, a comparison of the results from clubbing surveys that did collect some measures of recent use with the 2000 BCS last year and last month data indicates that considerably higher proportions of clubbers have used drugs recently than the general young population (Table 1.4). The BCS does not collect data on use of some synthetic drugs that may feature in some clubbing cultures, such as ketamine and GHB⁵. Among respondents to the 2000 Mixmag survey three per cent had used GHB and four per cent ketamine in the last month, while Measham *et al* (2001) reported six per cent of interviewees had used GHB in the last 3 months.

⁵ Both derived from anaesthetic based drugs.

Table 1.4: Reported recent drug use in clubbing research

<i>Percentages</i>	Measham et al. - last 3 months	Crew 2000 - last 6 months	Miximag – Winstock - last month	2000 British Crime Survey (16-29 years) last year	2000 British Crime Survey (16-29 years) last month
Drug type					
Cannabis	70	74	73	22	14
Amphetamine	54	82	39	5	2
Ecstasy	51	76	86	5	3
Amyl nitrite	30	-	22	3	2
Cocaine	27	-	46	5	2
LSD	15	-		2	*
GHB	6	-	3	-	-
Ketamine	-	-	4	-	-

Notes:

1. Source: 2000 British Crime Survey and various clubbing surveys (for details see Appendix A)
2. Note that not all results are based on 16-29 year olds (see Appendix A for age profile of respondents in clubbing surveys).
3. * indicates less than 0.5%; - indicates drug not covered in study.

These surveys thus support the claim that clubbers have higher rates of lifetime and recent drug use. Furthermore, the levels of drug use across a diverse range of illegal substances suggests high levels of experimentation.

Clubs and alcohol

Large general population surveys of alcohol consumption show that young people are most likely to drink heavily. Although those aged 16 to 24 drink on fewer occasions during an average week, they consume much larger amounts when they do drink (ONS, 1999). Traditionally dance culture is not associated with heavy drinking (Ward & Fitch, 1998), but a recent review of the literature (Ward & Fitch, 1998) identified an extension of the dance scene through the emergence of pre-club bars and late opening bars which serve alcohol and provide a club type ambience. Measham *et al.* (2001) is the only study to date to collect detailed information about alcohol use in these clubbing venues. The results suggest people in clubs drink more often and consume more alcohol when they do drink than young adults in general. One third (33%) of clubbers surveyed reported that they drank on most or all days of the week, and had drunk or intended to drink on average 10 units of alcohol on the night of the study. In contrast, around one in ten 16-24 year-olds in the ONS survey drank alcohol on five or more days in the week, with an average weekly⁶ consumption of 16.6 units (ONS, 1999). This present survey notes that certain venues cater almost entirely for those wishing to drink large amounts of alcohol, demonstrating that as the clubbing scene has become more mainstream, there has been an increased perception of clubs as late night bars.

The consumption of alcohol at excessive levels, particularly in combination with the use of illicit drugs, is important because of the potential health and social harms that can arise.

Structure of the report

The remainder of this report describes the methodology employed in this study and presents the key findings and policy implications. *Chapter 2* describes the methods used to undertake this research study. *Chapter 3* describes the clubbing routine of those surveyed, provides a history of

⁶ In 1992 the Department of Health policy document 'Health of the Nation' set a weekly recommended limit for women of less than 14 units, and for men of less than 21 units. In 1995 an inter-departmental working group reviewed the evidence regarding the effects of alcohol advising men of all ages that 'regular consumption of between 3 and 4 units (of alcohol) a day...will not accrue significant health risk'. Likewise women were advised that 'regular consumption of between 2 and 3 units (of alcohol) a day...will not accrue any significant health risk'. The weekly guidelines have been used for the purposes of this analysis as they provide a benchmark to compare official Office of National Statistics data which continue to provide statistics in weekly rates for historical comparability.

their drug use and gives an account of the drug use on the fieldwork nights. *Chapter 4* examines the use of alcohol and tobacco and the links with illicit drug use. *Chapter 5* reports on the findings from the in-depth interviews, exploring the context within which respondents use drugs and the strategies they utilise to reduce the risks to which they expose themselves. *Chapter 6* presents the main research and policy conclusions.

2

Research design and methodology

This study aimed to provide insight into recreational drug use and alcohol use amongst clubbers attending different promotional events in mainstream nightclubs. It combines quantitative and qualitative research methods to provide a measure of levels of drug and alcohol use among clubbers and to describe the social context within which drug use takes place. This chapter describes the methods used and the ethical and practical issues that arose in the course of the research. Further details of the fieldwork appear in Appendix B.

Survey interviews

In phase one of the research a survey of clubbers was undertaken between February and June 2000 in six nightclubs in the South East of England. The research team visited each club on nights when specific dance events were taking place, undertaking short face-to-face interviews with a sample of those at the event. Two of the clubs were visited twice. In total 760 clubbers were interviewed across eight events. The sample selection and interview process is described further below. It is important to remember in interpreting the findings presented in subsequent chapters that the sample is not random and the results do not necessarily reflect the clubbing population as a whole.

Club sample selection

The main criterion for club selection was that the club could be classified as a mainstream commercial venue⁷, thus allowing the results to be contrasted with previous research targeted at the less commercial, harder end of the club scene (Release, 1997; Winstock, 2000⁸). However, there are a myriad of different types of such clubs varying according to the music played, the promoter, the DJ and the customer base it attracts as a result.

There exists no database of clubs from which to draw a sample and therefore the selection process in this study relied on information from key informants.⁹ A cross-section of clubs was selected, including those which were part of national leisure chains as well as independently owned and run venues. All of the clubs selected had a large capacity (500 plus)¹⁰. In addition to the selection of a range of clubs, selecting the promotional night at the venue was also an issue. The aim of the research was to explore both drug and alcohol use among clubbers and, as such, different events were selected that attracted either those more likely to use drugs or those more likely to consume alcohol, again based on information from key informants.

In total seven clubs were selected, one of which refused to participate in the research. Of the six that participated, three were located in a large city centre with a vibrant and dense entertainment area that attracted a transient crowd including tourists and clubbers living outside the area. The remaining three clubs were located in a county with a geographically spread 'clubland' attracting a local residential customer base. Table 2.1 describes the venues. Further details of the clubs which took part appear in Appendix C.

⁷ The term mainstream nightclub refers to high street commercial venues playing commercial dance music and targeting the wide population of clubbers as their customer base.

⁸ This was a survey of the readers of a dance magazine.

⁹ Local police, Drug Action Team representatives, a dance music journalist, Home Office policy colleagues, known clubbers, representatives of the British Dance Entertainment Association and Drug Users Alliance helped to inform venue selection.

¹⁰ The decision to select only larger clubs was a pragmatic one based on the need to utilise available resources fully by maximising the potential to achieve interviews on a given field work night.

Table 2.1: Field work venues

Type of club	Fieldwork night	Music played	Clientele	Location	Management
Well-established dance/gay club	Monday [*]	Mainstream commercial	Students Mixed	Area 1	Independent
	Thursday ^d	House/Indie			
Commercial city centre club	Friday ^a	House/ Hard	Mixed	Area 1	National chain
	Saturday ^d	House	Mixed		
Gay club/music venue	Friday ^a	80s	Mainly homosexual/ bisexual	Area 1	National chain
Town centre venue	Friday ^a	Mainstream commercial/ House/Garage	Mainly heterosexual	Area 2	Chain
Leisure park	Saturday ^a	Mainstream Commercial/ House/80s Disco	Mainly heterosexual	Area 2	National chain
Hotel ballroom	Saturday ^d	House – '89 – 00'	Mixed	Area 2	Promoter

Notes:

1. *pilot.
2. a – indicates event selected as alcohol event; d – event selected as a drugs event. Decision about event type based on information from local informants.
3. Area 1 = large city centre; Area 2 = county.

Sampling in clubs

There are few published studies of clubbers in the academic literature, which made using quota sampling as a method difficult. Efforts were made to gain a cross section of clubbers on each fieldwork night. In particular, attempts were made to recruit even numbers of male and female clubbers and similar numbers were interviewed in each club recruited in several locations around the venues, as practical.

Overall, the sample in this study has a similar demographic profile to those in previous clubbing samples: being mainly male (62%), in their early twenties (mean age = 22.8 years), employed (69%) and white (95%). The study specifically attempted to recruit lesbian and gay clubbers by selecting a gay venue and as a result nearly a fifth (19%) of the sample described themselves as gay, lesbian or bisexual. The demographic profile of the sample varied across different venues and different events at the same venue (see Table C.1 in Appendix C).

Survey design

Conducting interviews in the club environment poses specific problems and difficulties, including noise levels, the possibility that respondents will be under the influence of alcohol or drugs, lack of privacy for conducting interviews, and interviewer safety.

Development and piloting

The study included an extensive development phase where problems were identified and a protocol (see Appendix D) was designed outlining all fieldwork procedures. A full pilot study was undertaken in one venue to establish the feasibility of data collection in the club environment and to test the questionnaire. This established that any attempt at random sampling would be unachievable. It also confirmed that using a team of five researchers, comprising two pairs of

interviewers, who recruited subjects and undertook the interviews, and a designated team leader, who moved between the teams and resolved any problems as they arose, was an efficient and safe method of collecting the data. While a great deal was learned from the pilot, interviewers had to adapt to each venue visited, as the clubs differed in terms of size, layout, noise levels and customers.

Club survey questionnaire design

While the pilot study confirmed that it was necessary to have a very brief questionnaire that was simple for interviewers and interviewees to complete, it was also found that some respondents were willing to answer more questions than included in the original questionnaire. Following the pilot the questionnaire was revised to incorporate a brief set of core questions for all respondents and an additional set of questions to be asked of respondents who were willing to continue.¹¹

The core questionnaire covered demographics, information on clubbing and club experiences, the searching policy at the venue and patterns of alcohol¹² and drug consumption¹³. A dummy drug (*SDC-light*) was included in the list of drugs. No clubber answered that they had taken or intended to take it on the night. Two clubbers suggested that they had tried it previously – both had used a wide variety of drugs previously. The additional questions covered how drugs were obtained, attitudes towards recreational drug use and the club culture and more information about alcohol use, including the short Alcohol Use Disorders Identification Test (AUDIT).¹⁴ The full questionnaire is at Appendix E.

Interviewing potentially intoxicated clubbers

A key issue that required consideration was the likelihood that many of those interviewed would be under the influence of drugs or alcohol. Ethically one must question whether an interviewee is capable of giving informed consent in such circumstances and whether the information they provide is valid. In addition, a natural process of interviewer selection and interviewee selection takes place in these circumstances. An obviously intoxicated person can be more difficult to persuade to take part and also more difficult to interview.

There is little literature about subject intoxication in previous clubbing studies (Measham *et al.* 2001 and de Winjngarrt, Bramm, deBruin, Fris *et al.*, 1999 discuss the issue) or in the custody-based drug surveys (Bennett, 2000; Makkai. and Feather, 1999). As such this study, like the previous club based research, was by necessity explorative. Measham *et al.* (2001) found that those who consumed alcohol in clubs were more agreeable to participation in interviews than non-drinkers. The interviewers in this study, in contrast, found it easier in general to recruit interviewees in clubs where drugs were being consumed rather than alcohol.

Whether an interviewee is intoxicated at time of interview will be influenced by various factors. The effects of different drugs last varying amounts of time. For example, ecstasy can take up to an hour to take effect and the effect can last for hours, while LSD usually takes effect after half an hour, although again it can last for hours. Cocaine, in contrast, can have an almost immediate effect, but last a relatively short period of time. Intoxication will also be affected by the amount of drug taken (and whether it is taken in conjunction with anything else) and the individual's physical

¹¹ About half the clubbers were willing to give the additional information. Efforts were made to ensure that those who completed the extra information were similar in terms of gender and age to the overall group.

¹² Alcohol consumption was calculated by the interviewer on the night by taking the interviewee step by step through what they had already consumed and what they anticipated consuming. Given the conditions of data collection this was the best estimate of alcohol consumption. Problems with collecting alcohol consumption data have been acknowledged as a limitation of many studies (Miller *et al.*, 1991). For example, Marmot (1995) commented that comparability of much of the alcohol literature is difficult because of the way units are calculated and the differences between units and standard measures. Units are defined as containing 8g of alcohol but standard drinks can contain 9-12g. This problem is compounded when international comparisons are attempted (Miller *et al.*, 1991).

¹³ Drug use on the night and life-time drug use were chosen as indicators of prevalence to allow comparison with previous clubbing studies. In addition, clubbers were asked when they had last used a drug on a clubbing night.

¹⁴ AUDIT is an instrument developed for use by generic medical staff to identify individuals at risk of problems as a result of harmful drinking. The original AUDIT is a ten item self-report screening instrument covering amount/frequency of drinking, alcohol dependence and personal/social problems caused by drinking. A shorter five-item AUDIT has been validated (Piccenelli *et al.*, 1997) and was used in this study because of time limitations.

and emotional state. Some individuals who have consumed more alcohol or drugs over their lifetime will have built up a tolerance and may well appear less intoxicated as a result.

To gauge the scale of intoxication among respondents, interviewers were required to record visible signs of intoxication displayed during the interview and rate each interviewee on an intoxication scale (0 - displaying no signs of intoxication to 5 - extremely intoxicated). Although, a subjective assessment¹⁵, this gave an indication of levels of intoxication. Nearly one third (30%) demonstrated no signs of intoxication and a further 40% were recorded as displaying mild intoxication (level one on the scale). Overall, 90% were classified as at, or below, level two and were able to take part in the interview comfortably. Fourteen interviewees were recorded as level four; none were classified at level five.

In depth interviews

In phase two, 26 clubbers were interviewed in detail about the social context within which they went clubbing and the role of recreational drug use in their clubbing. The interviews were all tape recorded and lasted approximately 60 minutes each. The interviews were semi-structured around key themes but included a flexibility within them to cover areas that were important to individual interviewees but which had not been covered in the original schedule. Two broad themes were covered; clubbing activity and drug use within that activity (see below). The in-depth interview schedule appears in Appendix F.

Key themes

- *the clubbing experience*: current involvement in the club scene; history of involvement; description of the current club scene; description of types of music, types of venue, a typical night out; reasons for clubbing; changing involvement.
- *history of recreational drug use/alcohol consumption*: first use; drug-taking career; experience of drug use in the club environment.
- *experience of a drug market*: description of how drugs are purchased; relationship to dealer; costs; access and availability.
- *lifestyles and attitudes*: employment, relationships, knowledge of and attitudes to health and legal impact; clubbing and drug-taking in the future.
- *roles and responsibilities of the relevant agencies*: education, prevention, legalisation, policy, enforcement.

The in-depth interviews were conducted by two interviewers together – at first for safety reasons, though it emerged that this was an effective (though not conventionally used) method of putting respondents at ease. Interviews lasted approximately 60 minutes. All interviews were tape recorded and transcribed in full.

This small sample could not claim to be representative of the general clubbing population and was not intended to be. Rather these interviews aimed to gain qualitative information from a cross-section of different types of clubber, including relative newcomers to the club scene, some who were heavily involved in the scene at the time of interview and those who had previously been involved. Interviewees were selected in a variety of ways, including via dance record shops, city centre street areas heavily populated by young people, from the club survey respondents and by asking interviewees for an introduction to a clubbing friend who might also be interested in taking part. For a fuller description of the demographics of this sample see Table G.1 Appendix G.

¹⁵ This was an individual researcher's impression at the time of interview. None of the researchers were medically trained. Indeed the Measham *et al.* (2001) study had a trained nurse assessing clubbers who concluded that it was impossible to link pupil dilation with drug use.

3

Clubbing and drug use

This chapter presents results from the survey phase of the study. It describes the clubbing routine and reasons for participating in the club culture. It also explores the drug use history of those surveyed and provides an account of their drug use on the night of interview. The chapter highlights differences in drug taking across the events sampled.

Frequency of clubbing

Most of the interviewees said they went clubbing regularly. Over 90 per cent went clubbing at least once a month and more than half went weekly or more often (57%). Clubbing was thus a regular social event for most of those interviewed.

Overall, most of the clubbers (70%) had previously attended the club where they were interviewed and a substantial minority had attended the particular event at the club regularly (40% doing so more than 10 times). Most of those attending a venue for the first time were interviewed in the commercial city centre club, a relatively new club that had attracted a great deal of publicity.

Reasons for clubbing

Interviewees were not asked why they went clubbing in general, but they were asked why they had chosen the particular venue that night. As would be expected, respondents most often said they went to clubs to see friends, experience the music or to dance (Table 3.1). In view of the types of venue and events selected for this study other reasons for attending, such as a 'promotional event' or to take drugs were surprisingly low. The two monthly events, one held in an established dance club and the other at a hotel ballroom, stand out from the rest because attendees were far more likely to mention drug use. Cheap alcohol was an important factor only in the town centre high street club.

Searching policy

A third of the clubbers reported being searched by club security on entering the club, though again there were differences between venues and events (Table 3.2). Clubbers were most likely to report being searched at the leisure park club, followed by the independent monthly hotel ballroom event. During fieldwork both these events had highly visible security on the door, but the leisure club was noteworthy in that the security was evident throughout the venue during the evening. The hotel ballroom event in comparison had little evident security inside the club. The commercial city centre club also had visible uniformed security, but the searching of clubbers was minimal at both events held at the venue. Interviewees were asked if their experience of being searched or not on that particular evening was normal for that club. Over 80% reported that their experience was normal at that venue.

Table 3.1: Reasons for attending a particular type of venue (percentages)

	Established gay/dance club		Commercial city centre club		Gay club	Town centre venue	Leisure park	Hotel ballroom	Total sample
	Night 1 (n=62)	Night 2 (n=106)	Night 1 (n=117)	Night 2 (n=97)	Night 1 (n=77)	Night 1 (n=100)	Night 1 (n=85)	Night 1 (n=116)	All nights (n=760)
Dance	7	49	14	22	25	23	12	48	28
Music	18	74	21	39	32	20	24	64	39
Atmosphere	14	40	3	19	25	12	13	58	25
Let off steam	3	17	0	2	1	4	4	12	6
Fun	24	37	21	16	18	26	19	34	26
Friends	40	59	34	34	43	47	31	56	45
Socialise	16	27	0	5	27	16	12	29	17
Drugs	3	23	0	4	1	0	1	10	6
Promotional event	5	8	4	3	1	0	0	2	3
Convenient	5	3	0	2	3	6	15	4	5
To pull	2	5	3	1	14	16	9	6	7
Cheap alcohol	7	0	0	0	0	17	4	2	4
Habit	5	4	0	0	4	6	1	3	3
Special occasion	3	10	4	21	1	1	9	3	7
Reputation	0	3	40	21	3	1	1	5	11
Something to do	2	1	5	4	10	13	5	1	5

Notes:

1. More than one answer could be given. The full question and response options are given in Appendix E.

Table 3.2: Searching policy at venue (percentages)

	Established gay/dance club		Commercial city centre club		Gay club	Town centre venue	Leisure park	Hotel ballroom	Total sample
	Night 1	Night 2	Night 1	Night 2	Night 1	Night 1	Night 1	Night 1	
Searched on night	34	27	10	15	16	9	94	85	35
Whether normal for venue	75	86	72	93	88	82	96	89	86

Drug use

Prevalence of lifetime drug use

The majority (79%) of those interviewed had tried at least one illicit drug at some point in their life. Three-quarters had tried cannabis, just over half had tried ecstasy, nearly half had tried amphetamines and cocaine and a third had tried LSD and amyl nitrate. Table 3.3 compares the lifetime prevalence results from this survey with those from other club based surveys and the British Crime Survey. Like previous clubbing surveys this study found far higher lifetime prevalence rates than the BCS. Interviewees were around twice as likely to report having tried cannabis, amphetamine, magic mushrooms and amyl nitrate. Ecstasy use was five times as prevalent while cocaine use was about eight times more likely.

Overall this study found lower levels of reported drug use than previous clubbing surveys, reflecting to some degree the differences in methodology with the current study focusing on mainstream clubs and events, including some where it was expected that there would be little or no drug use (Table 3.3). However, there is a great deal of variation across the venues and events selected in this study, and at some events the rates are similar to those found in previous studies (Table 3.4). Around 90 per cent of interviewees admitted ever using drugs at the:

- commercial city centre club – event with a high profile DJ and hard House music;

- established dance/gay club – monthly event, prominent DJs and hard House music;
- hotel ballroom – a monthly independent event playing mainly House music.

At the two venues where two events were sampled, the levels of drug use among clubbers differed considerably across the events, suggesting that it is particular types of dance event rather than venues themselves that attract clubbers who use/have used illicit drugs.

Table 3.3: Lifetime drug use prevalence across different studies

% ever used	Measham et al (2001)	O'Hagan – techno (1999a)	O'Hagan – garage (1999a)	Crew 2000 (1997)	Brannigan (1997)	Release (1996)	Current study (2000)	BCS 2000 (16-29 year olds)
Cannabis	87	96	90	77	80	91	73	44
Amphetamine	77	90	58	87	58	81	46	22
Amyl nitrate	72	71	39	-	38	61	32	16
LSD	52	77	40	51	41	74	31	11
Ecstasy	67	96	60	80	63	81	52	12
Magic mushrooms	-	59	31	-	45	60	24	11
Cocaine	45	83	56	11*	57	57	46	10
Tranquillisers	15	32	15	-	-	29	9	5
Heroin	6	17	7	3	13	15	4	2
Crack	7	33	18	-	-	17	7	2
Methadone	-	8	5	-	-	9	2	1
GHB	-	-	-	-	-	-	6	-
Viagra	-	-	-	-	-	-	3	-
PCP	-	-	-	-	-	-	3	-
Ketamine	-	40	11	10	-	28	17	-
Any drug	94	-	-	-	-	97	79	50

Notes:

1. * indicates includes crack; – indicates drug not asked about.

Table 3.4 Lifetime drug use prevalence by venue/event (percentages)

% ever used	Established dance/gay club		Commercial city centre club		Gay club	Town centre	Leisure park	Hotel Ballroom	Total sample
	Night 1 (n=62)	Night 2 (n=106)	Night 1 (n=117)	Night 2 (n=97)	(n=77)	(n=100)	(n=85)	(n=116)	(n=760)
Cannabis	68	91	65	84	66	55	71	81	73
Ecstasy	31	91	34	65	51	18	42	70	52
Amphetamine	32	72	37	57	34	25	43	57	46
Cocaine	39	77	34	53	36	15	36	67	46
Amyl nitrate	40	55	23	27	44	5	19	45	32
LSD	31	54	24	38	23	7	28	40	31
Magic mushrooms	24	58	18	31	16	5	14	24	24
Ketamine	21	38	14	17	9	4	5	25	17
Temazepam	18	21	6	7	8	-	6	11	9
Crack	18	13	6	9	4	1	3	6	7
Solvents	11	10	9	3	10	4	2	6	7
GHB	3	15	4	8	9	1	-	6	6
Heroin	9	4	9	2	3	-	-	4	4
Viagra	7	4	2	4	1	-	1	8	3
PCP	7	9	3	3	-	1	1	3	3
Flatliners	-	4	5	2	-	-	3	4	3
Methadone	3	3	3	3	-	-	1	4	2
Any drug	71	94	69	90	74	59	77	91	79

Drug use among current and lapsed drug users

This study sought to distinguish between current¹⁶ and lapsed¹⁷ drug users (excluding those who only used cannabis) to establish whether current users had different drug use patterns than previous drug users. The results indicated that there were considerable differences. Current drug users were more likely to have tried a range of illicit substances, including newer synthetic drugs (Table 3.5). Over a third of current drug users claimed to have tried ketamine and more than a tenth reported trying GHB. Among lapsed users the figure are seven per cent and three per cent respectively. Current users were also more than twice as likely to have tried crack, magic mushrooms, heroin, temazepam and viagra.

Table 3.5: Lifetime drug use prevalence, current and lapsed users (percentages)

% ever used	Current drug users (N=300)	Lapsed drug users (N=98)
Cannabis	91	90
Ecstasy	89	77
Cocaine	81	53
Amphetamine	76	68
Poppers	56	31
LSD	53	43
Mushrooms	44	22
Ketamine	35	7
Temazepam	16	6
GHB	13	3
Crack	12	5
Solvents	10	9
Heroin	7	2
Viagra	6	2
PCP	5	5
Methadone	3	4

Drug use on clubbing nights

As well as a high prevalence of lifetime drug use in the sample, there was also a high level of drug use on the nights interviews were undertaken. Overall, just over a third said that they had either already taken at least one drug on the night before being interviewed (28%) or intended to use drugs later in the evening (7%). This is far lower than in previous clubbing studies, and this pattern held for most types of drug, with the notable exception of cocaine (Table 3.6).

However, there was much variation across venues and events. The highest reported overall use of any drug being at the monthly event in the established dance/gay club (70% had used or intended to use drugs that night) and the monthly hotel ballroom event (58%). At these events overall levels of use were similar to that found in the Measham *et al* study. In contrast the lowest levels of reported use were at the leisure park venue, where less than a tenth of clubbers had used drugs on the night.

Again it is important to note that different events at the same venue had very different levels of drug use associated with them. For example, on night one at the established dance/gay club, 20

¹⁶ Current drug users were defined as those who had used drugs (not only, but can include, cannabis) in the last three months and intended to use drugs in the future. 44% of the sample.

¹⁷ Lapsed drug users were defined as those who have tried a variety of drugs (not only, but can include, cannabis) but have not used drugs for at least three months. 14% of the sample

per cent of interviewees were using drugs, compared to 70 per cent at the second event at the venue.

In addition the choice of drug varied across events. Overall, the most popular drug was ecstasy, followed by cannabis. This pattern applied to all venues with the exception of the town centre and leisure park venues where cannabis was most popular. The popularity of ecstasy was particularly apparent at the events where drug use overall was high. For example, at the monthly event at the established dance/gay club, 64 per cent of those interviewed had used or intended to use ecstasy that evening, compared to 25 per cent admitting cannabis use. There was also notable use of cocaine at some events (the monthly events in the established dance/gay club and hotel ballroom). Although there was some evidence of the use of synthetic drugs, such as ketamine, this remained very rare (Table 3.6).

Table 3.6 Drug use prevalence on night by venue/event (percentages)

	Established dance/gay club		Commercial city centre club		Gay club	Town centre venue	Leisure park	Hotel Ballroom	Total sample	Release (1997)	Measham et al (2001)
	Night 1 n=62	Night 2 n=106	Night 1 n=117	Night 2 n=97	n=77	n=100	n=85	n=116	n=760	n=520	n=2,057
Cannabis	2	25	14	12	3	8	6	20	12	59	42
Ecstasy	13	64	21	41	5	3	4	49	27	53	36
Amphetamine	5	5	3	2	1	-	-	10	3	39	32
Cocaine	5	11	8	8	5	2	2	16	8	8	7
Amyl nitrate	5	1	1	-	4	-	-	5	2	8	9
LSD	2	1	1	-	-	-	-	1	1	16	2
Magic mushrooms	-	1	1	-	-	-	-	1	1	4	-
Ketamine	2	1	1	-	1	-	-	2	1	4	-
Temazepam	2	1	1	-	-	-	-	1	1	2	1 ⁺
GHB	-	-	1	-	-	1	-	-	*	-	1
PCP	-	1	1	-	-	-	-	-	*	-	-
Any drug	20	70	28	46	14	12	9	58	35	90	65

Notes:

1. None of the other drugs asked about were consumed on the night.
2. + Measham *et al* asked about tranquillisers generally.
3. - indicates no one reported use; * indicated less than 0.5%.

Sourcing drugs

Drug-using respondents were asked how they sourced drugs both on the night of interview and usually. On the night of interview, friends had supplied the vast majority of the respondents (62%) and acquaintances a further 13 per cent. Dealers (professional drug suppliers) accounted for a fifth (20%) of suppliers, most of whom had supplied in the club where the interview had taken place.

Likewise, usual sources of drugs were most likely to be friends (74%) or acquaintances (13%). Very few (6%) claimed to buy from a regular dealer in a club or a regular dealer in another location (5%). These findings lend support to the previously published evidence that young people deal informally amongst themselves – with one individual buying for a group (Dorn and South, 1990; Measham *et al.*, 2001). However, caution should be used in interpreting the findings. The qualitative interviews undertaken found that the term ‘friend’ was often used to refer to a reliable supplier who provided a quality product, rather than someone with whom the respondent would socialise (see Chapter 5).

Attitudes to drug use

The additional set of questions included some items to assess attitudes towards drug use. The results are given in Table 3.8.

Given the drug-using experience of many of the clubbers interviewed for this study, their attitudes towards drug use generally are perhaps not surprising. The majority (80%) agreed that recreational drug use is a normal part of young people's lives. However, only a little over a quarter (26%) agreed that drug use was an integral part of their own social life. Around two-thirds (68%) of the clubbers agreed that it was easy to buy drugs in clubs, while just over a half (54%) said that door searches made them wary about bringing drugs into clubs.

Table 3.8 Attitudes towards drug use

<i>Percentages</i>	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	Total	Base N*
It is easy to buy drugs in clubs	23	45	21	9	2	100	330
Door searches make me wary about bringing drugs into clubs	17	37	8	26	12	100	310
Recreational drug use is a normal part of young people's social lives	35	45	13	6	1	100	329
I would happily go to a club and not take drugs	52	35	2	8	3	100	329
Taking drugs is an integral part of my social life	6	20	6	32	36	100	329

Not surprisingly, views varied across clubbers. Current drug users (i.e., those who had taken drugs in the last 3 months – not only cannabis) were more likely (88%) to agree that 'recreational drug use is a normal part of young people's social lives' than those who had never used drugs (66%), lapsed users (79%) or those who only used cannabis (80%). Responses to the statement 'taking drugs is an integral part of my social life' were diverse. While 44% of the current users agreed, only a tenth of cannabis only users agreed. Nearly a tenth of the lapsed users agreed (suggesting perhaps that this group may return to drug use). Only a quarter of the current users (25%) strongly agreed that 'I would happily go to a club and not take drugs'.

Summary

These findings confirm the results of other studies suggesting that drug use is far more prevalent among those attending mainstream clubs than among the general population of young people. Moreover, among the clubbers sampled the vast majority considered recreational drug use to be a normal activity. These findings suggest that there may be some benefit in targeting harm reduction initiatives at this particular sub-population, perhaps through information leaflets, posters at venues or even drug workers visiting venues to offer advice.

Importantly, this study indicates that the prevalence and pattern of drug use varies considerably across different events and venues, and this should be taken into account in targeting initiatives. Also, while drug use is high among the clubbing population compared with other groups, it is important to note that only a minority considered drug use to be an integral part of their social life and the majority would enjoy the clubbing experience without the associated drug use.

A particularly striking finding is that current drug users in the study had more wide-ranging drug use careers than those classified as lapsed drug users. If this is true of clubbers in general then this needs to be taken into account in devising initiatives.

* 330 interviewees completed the longer questionnaire. Certain attitudinal questions will not have been applicable to non-drug using interviewees. One interviewee did not complete all questions.

4

Alcohol and tobacco use

Traditionally alcohol has had a limited place in clubbing culture. However, some commentators suggest that the dance club culture has extended into pre-club bars and other late opening bars serving alcohol (Ward and Fitch, 1998). Excessive alcohol consumption is related to a variety of health and social problems (Marshall *et al*, 1998), which are heightened further if alcohol and illicit drugs are mixed. In addition, the use of tobacco is a major public health issue associated with several types of cancer including lung cancer, strokes and heart disease (English *et al*, 1995). This chapter explores the consumption of alcohol and tobacco in the mainstream clubbing culture including the links with illicit drugs.

Alcohol

In this study, 90 per cent of respondents had either consumed alcohol at the time of interview or intended to drink alcohol on the night. On average those who had already had a drink had consumed eight units of alcohol and intended to consume a further five units – a total expected consumption for the night of 13 units, just below the *weekly* recommended limit for women and almost two-thirds of that for men (Table 4.1).¹⁸ Men, as would be expected, drank significantly more than women (having or intending to consume on average 14.8 units on the night versus an average of 9.9 units for women). However, approximately a quarter of both men and women had consumed or expected to consume in excess of the weekly-recommended alcohol consumption in one night clubbing.

Table 4.1: Alcohol consumption by sex

	Men	Women	All
Total consumption (consumed and expected)	%	%	%
0 units	10	11	10
1-13 units	46	66	53
14-20 units	23	18	22
21 or more units	21	5	15
Consumed or expected to consume above recommended weekly limit	23	23	23
Mean number of units	14.8	9.9	12.9
Base N	472	288	760

Alcohol consumption across events

Alcohol consumption patterns varied across venues and types of event – indicated to some degree by different drug consumption patterns in the same venue (Table 4.2). The highest mean consumption of units of alcohol was at the alcohol discount promotion event at the established dance/gay club. However, the monthly event at the same venue, which attracted high drug use, had the lowest mean alcohol consumption level per drinker. Higher levels of mean units of alcohol consumption were recorded at the town centre and leisure park clubs, both of which had low prevalence of drug use. Similarly, the town centre, leisure park clubs and the discounted drinks promotional night at the established dance venue reported the highest proportions of those drinking or intending to drink 10 or more units of alcohol (Table 4.2).

¹⁸ Weekly recommended limit for women is less than 14 units, for men less than 21 units.

The extended questionnaire included the short version of the Alcohol Use Disorders Identification Test (see Chapter 2). Individuals scoring five or above on this test are classified as drinking at a level considered to be hazardous. A total of 321 of the 330 clubbers who completed the extended questionnaire were drinkers. The overall mean score was six with 60 per cent scoring five or above (69% of men and 47% of women).¹⁹ When AUDIT scores are examined by venue the highest mean scores were reported at the town centre venue and the first night of the commercial city centre club (both selected as alcohol nights). The lowest mean scores were found at the gay club and the hotel ballroom event.

Table 4.2: On the night drug and alcohol use by venue/event

	Established dance/gay club		Commercial city centre club		Gay club	Town centre venue	Leisure park	Hotel ballroom	Total Sample
	Night 1 N=62	Night 2 N=106	Night 1 n=117	Night 2 n=97	n=77	N=100	n=85	n=116	n=760
On the night									
% drinking alcohol	88	88	93	84	87	93	92	78	90
% drinking/intending to drink 10 units or more	66	34	50	46	49	77	66	45	53
Mean number of units (base: those drinking)	17.4	8.8	12.8	11.7	12.6	16.7	14.3	11.1	12.9
Mean AUDIT Score (base: those drinking completing additional questions)	-	6.1	6.3	6.0	4.8	7.5	5.9	4.3	6.0
% taking drugs	20	70	28	46	14	12	9	58	35

Notes:

1. - the extended questionnaire was not used at the pilot event.

Alcohol and drugs

While on an event basis, high levels of alcohol consumption/hazardous drinking patterns seem to occur where drug use is less prevalent, it is important to examine how drug and alcohol use relate at the individual level, especially given the heightened health risks of combining alcohol and illicit drugs. Table 4.3 details the drug and alcohol consumption of the interviewees on the fieldwork night. Few (only 6%) were clubbing under the influence of no substance. Equally, very few (5%) were taking drugs without alcohol. Over a third (35%) had drunk less than 10 units of alcohol but had not consumed illicit drugs. A further quarter (25%) had consumed more than 10 units of alcohol without consuming other drugs. The remaining clubbers were consuming alcohol and drugs – with 11 per cent claiming to have consumed more than 10 units of alcohol in conjunction with their drug consumption.

¹⁹ Those who completed the AUDIT questions were similar demographically to the overall group, though they were more likely to be gay or bi-sexual than the overall sample (17% verses 9%).

Table 4.3: Drug and alcohol profile of the sample

	%
<i>On night consumed/ intend to consume:</i>	
No drugs or alcohol	6
Drugs only	5
Alcohol only (10 units or less)	35
Alcohol only (more than 10 units)	25
Alcohol (10 units or less) and drugs	18
Alcohol (more than 10 units) and drugs	11
Total	100

Those who were current drug users had consumed or expected to consume higher amounts of alcohol than the non-drug users (Table 4.4). The highest alcohol consumption on the night was by lapsed drug users – having drunk significantly more than non-drug users – those who used cannabis only and current drug users. Current drug users²⁰ had higher mean scores on the AUDIT. The non-users²¹ were the only group to have a mean score on the test less than the cut-off score for problematic use and their scores were significantly less than the current users, the cannabis only²² group and the lapsed users²³ group. The differences between the three drug groups were not significant.

Table 4.4: AUDIT score by drug using status of clubber

	Non-users (n=159)	Cannabis only (n=108)	Current users (n=300)	Lapsed users (n=99)
% drinking alcohol	83	91	65	94
% drinking/intending to drink 10 units or more	50	59	59	63
Mean number of units (base: those drinking)	10.4	12.8	12.6	13.2
Mean AUDIT Score (base: those drinking completing additional questions)	4.4	6.1	6.3	5.8

Attitudes to alcohol

The previous chapter discussed attitudes towards drugs. Only one statement was included on alcohol: 'I would happily go to a club and not drink alcohol'. Overall, 47% agreed or strongly agreed with this statement. In comparison more of the clubbers (87%, strongly agreed or agreed) felt they could club without taking other drugs.

Examining the data by the drug use status of the clubbers – similar proportions of current users (51%), lapsed users (53%) and those who had never used drugs (53%) strongly agreed or agreed that 'I would happily go to a club and not drink alcohol'.

Tobacco smoking

Respondents were asked limited questions about smoking – if they smoked and how many cigarettes a day. Overall, 51 per cent of respondents smoked tobacco regularly with a further six per cent smoking only when they went out socially and one per cent smoking very occasionally. While females were more likely to smoke regularly than males (53% verses 49%), on average

²⁰ *Current drug users* – were defined as those who had taken drugs (not only, but can include, cannabis) in the last three months and intended to use again.

²¹ *Non-drug users* – no drug use experience.

²² *Cannabis only users* – whose drug experience is confined to cannabis only.

²³ *Lapsed drug users* – were defined as having tried a variety of drugs (not only, but can include, cannabis) but have not used drugs for at least three months

males smoked more than females (13 versus 12 cigarettes). Neither finding was statistically significant. Levels of smoking were high compared to the general population of young people.

In Chapter 3, it was found that regular smoking was one of the factors predictive of ever having tried a drug. Those who used drugs were much more likely to smoke than non-drug users. Nearly, two-thirds (63%) of the current drug users smoked in comparison with 45 per cent of cannabis only users, 54 per cent of lapsed users and only 23 per cent of the non-drug users. In addition, of those who smoked, the current users smoked more on average per day than the other groups – though this difference was not statistically significant.

Summary

Both research studies and policy initiatives have tended to focus on the illicit drug use of the clubbing sub-population. This study indicates that the alcohol consumption and tobacco use of this group are also issues to be concerned about.

Many of those interviewed smoked tobacco regularly and/or drank excessively on the night interviewed. The high levels of alcohol consumption suggest young people consume alcohol in a risky manner, but of even more concern is the relatively high proportion of respondents who were classified as hazardous drinkers. These results suggest that initiatives should address the health and social problems associated with alcohol use as well as drug use. The results do indicate that the heaviest current drug users are less likely to be hazardous drinkers, though former drug users are particularly likely to be drinking at problematic levels.

5

Calculating the risk

This chapter presents the findings from the 26 in-depth interviews undertaken with regular drug-experienced clubbers. It explores the context within which clubbers use drugs – their clubbing activity, drug taking experience and the strategies that they utilise to protect themselves from the potential negative consequences of drug use, both physical and legal.

Interviewees were recruited to obtain a cross-section of the clubbing community and thereby generate a range of different experiences and attitudes in relation to clubbing and drug use. The demographic profile of the sample closely matches that of the club survey sample (See Table 5.1 below) and the sample profiles of previous clubbing studies (Appendix A, Table A.2).

Table 5.1: Demographic profile of the club survey and in-depth interview samples (percentages)

	Club interviews (n=766)	In-depth interviews (n=26)
% Male	62	65
Mean Age	22.8	22.2
% Gay/ lesbian/ bi-sexual	19	27
% White	95	96
% Employed	69	76

Most interviewees in the in-depth sample were male (n=17), in their early twenties (mean age = 22.1 years), and white (n=25). The majority described their sexual orientation as heterosexual (n=19), three were gay and four were lesbian. Most in-depth interviewees were in full-time paid employment (n=20), in a range of occupations, though there were four full-time students and two unemployed individuals.

History of drug use

All respondents had tried a selection of illegal drugs and most described a similar path of drug experimentation. Drug use began for the majority at around 14 years of age, although some were as young as 11 or as old as 17 years of age. For every clubber, alcohol was their first experience of a mood changing substance and for the majority the next was cannabis. Typically LSD and/or speed were tried next. Initial experiences of alcohol, cannabis, LSD and speed tended to take place outside of the nightclub environment and friends or social acquaintances were the main sources of supply. Ecstasy was by and large the next drug to be tried. Unlike the other drugs the experience usually occurred in a club location. Cocaine use featured after ecstasy, as did the use of other less common substances such as ketamine or GHB. Introductions to these substances took place outside of the club environment – usually at parties.

Cannabis, for the majority of the sample, featured throughout their drug taking history. Those who had used LSD had done so on an experimental basis rather than as a regular drug of choice. Amphetamine was more likely to have been used regularly, particularly in clubs. Regular ecstasy use was confined to the clubbing environment, but other drugs were taken in a variety of locations.

The interview extract below describes the drug use career of one male interviewee highlighting his progression from experimenting with a range of substances to settling with regular ecstasy use:

I guess a bit of peer pressure and then just got into the habit of smoking before school, so after high school, when I went onto the clubbing scene, I guess that's where you progress. I

found it was a bit of a stepping ladder having already used drugs on a minor level, and then I started using a bit of speed and LSD as well, but especially LSD, it was extremely cheap and then speed and then progressed to ecstasy. (male, 21, temporary employment/travelling).

The most often cited reasons for using drugs were boredom, curiosity and others' drug use. Most respondents took responsibility for their introduction to drug use and very few felt that they had been forced into it or had been a victim of peer pressure. No respondents felt that they had fallen prey to a dealer 'pushing' drugs – and many were dismissive of this version of drug initiation.

Clubbing rituals and strategies

The most striking theme that arose during interviews with clubbers was the planning that went into the clubbing event. Preparation for a night out could begin weeks in advance: deciding where to go, inviting others along, and organising meeting places, clothes and drugs. Most interviewees were aware of the risks they were taking in engaging in their clubbing/drug taking lifestyle, both in terms of their physical health and legal consequences, and adopted various strategies to lessen the risks they exposed themselves to. Behaviour around what appears to be a decadent, spontaneous event was in fact often ritualised and calculated.

The choice of club for many interviewees was the key to a successful night, with type of music and substances consumed being important factors. Those who clubbed 'seriously' and regularly had developed a checklist of factors to consider, including DJ and type of music, whether the event is 'gay' or 'straight', club door policy, type of venue, location of venue, and dress code. Interviewees tended to go clubbing in relatively large groups and as such communicating with their clubbing social network was an exceptionally important part of the preparation. However, for many most planning went into deciding what substances the night would require, sourcing and acquiring them.

Sourcing drugs

If there was one golden rule when buying drugs it was 'never buy drugs from a dealer in a club'. Interviewees were extremely wary of dealers not known to them, mostly because they felt at best the quality of the product would not be of a high standard and at worst might well be dangerous.

You never buy in clubs, because they sell you rubbish. They will sell you aspirin pills, pretending it is ecstasy. They sell you rat poison - I've had that done to a friend, he was throwing up all night and his face went blue. So you try and avoid the drug scene entirely in the club. You buy your drugs in advance - maybe a week or two weeks in advance. (male, 20, student).

Most of the interviewees had a regular supplier of drugs and a set pattern for obtaining them, usually at least a few days in advance of the night out. Responsibility for organising and collecting the drugs usually fell to one member of the group who then distributed the drugs nearer the time of the clubbing event. When asked to describe their relationship with their source of drugs most used the term 'friend' and for many this was true as one member of their friendship group would collect and distribute the drugs to the group. This method of distribution was rarely seen as 'dealing' in the formal sense.

People may say 'Oh but you're a dealer', because you buy an ounce of weed and you sell it on to other people. I don't make any money out of it, I just buy it. Then I think it's cheaper for all of us, we'll get an ounce between us and split it. But that's classed as dealing. Which it is not because there is no profit and because I am putting myself at risk. I am doing you a favour. (female, 23, employed, assistant editor).

As such, interviewees distanced themselves from 'dealers' *per se* through informal dealing networks. Few had any real concept of the drug market above this level as a result. When asked to describe the structure of the market few could give any information, for example:

I know that the person whom I get drugs from, gets them from somebody that they work for and they're a little bit more of a dealer I suppose. (female, 23, employed web designer).

The term 'friend' was also used routinely to refer to a regular dealer. Rarely was this person a friend in the sense that they socialised with the recipient of the drugs. Yet the term 'friend' did have meaning in that the dealer was trusted to supply drugs of a certain quality and price. There was an awareness of street markets but few regularly used such markets for their drugs, again because of a risk of bad quality drugs. There would seem to be some credence in this as several clubbers mentioned having obtained non-drug substances instead of the cannabis they thought they had purchased.

Interviewees usually described a regular pattern of their social group meeting before going to the club, usually at a friend's house, where they typically began the night with alcohol, occasionally followed by cocaine. The pattern through the rest of the night was also relatively regular for most of the interviewees, ecstasy (usually more than one tablet with the first one taken in the club queue) followed by cannabis or alcohol to come down at the end of the night. A few of the interviewees preferred amphetamine and a smaller number said they usually used LSD. Most of the interviewees mentioned the importance of eating food prior to taking drugs, some because they felt unwell if they took drugs on an empty stomach, while for others it was to counteract the after effects of the drugs the following day.

Calculating the risks

Interviewees recognised that there were potential risks, both in terms of health and legal sanctions, attached to their use of illicit substances. They were also aware that clubbing itself placed certain physical demands on them. Interviewees usually sought out information to verify that their drug use was not physically or psychologically harmful, often through the media, the Internet and in some cases academic journals. Few worried about the long-term effects of their drug use and several felt that media stories usually over-reacted to drugs.

I do believe that people have had bad reactions and they've died and stuff and you know that's really bad, but I think it's really blown out of proportion, really blown out of proportion, but how many thousands of people do it every Friday, Saturday night, whatever, one person - it gets reported [in the press]. (female, 20, employed bar maid).

There was for most a sense of 'it won't happen to me'. Most believed that through experience they had developed risk reduction techniques to minimise the impact of their drug taking. Each interviewee described a typical set of precautions or 'rituals' primarily developed through either direct experience or the experiences of others. Many of these 'rituals' were based on sensible harm reduction techniques²⁴, but others were nothing more than 'urban myths'²⁵. For many the 'rituals' were as much to improve the clubbing experience in the short-term as they were about protecting their long-term well-being.

Health risks

In terms of health risks, interviewees mentioned 'bad' drug-related experiences and the physical exertion of clubbing. The former problem was cited most often, with all interviewees either having had a bad experience themselves or witnessing a close friend's reaction. This usually occurred if

²⁴ For example, keeping hydrated throughout the event and not mixing drugs and alcohol.

²⁵ For example, exercising prior to a night out or taking vitamins.

the person had taken too many drugs or something other than their usual drug. However, none of the respondents said that it would deter them from taking drugs in the future.

Few interviewees expressed concern about the potential long-term impact of their drug use on their physical health. Most had read about long term health consequences, but felt that there was no need to worry about it.

I don't think about it now. People say ' long-term effects' and I think come on, when I'm ten years on tell me what the difference is between when I was 18. If someone can tell me that there's been a health defect in me then show me it 'cause you know, all I get is colds. I've not been to a doctor in ten years, so I look at that argument and think well, maybe some people but not me. (male, 30, employed social event manager).

More thought seemed to have been given to the long-term mental health effects of drug use, but interviewees were vague about this. Three specifically mentioned depression, but most spoke unspecifically of destroyed brain cells. Cannabis in particular was mentioned in terms of decreasing motivation and performance at work.

Techniques to lessen the potential negative health effects included eating properly, taking vitamins, exercising, not mixing drugs and alcohol, and drinking water. It is worth noting that while a third of the sample did not mix drugs and alcohol, two-thirds did – perhaps pointing to differences between professed harm minimisation strategies and the realities of a night out. Some interviewees believed the safety of a drug could be judged by its appearance, though this was disputed by others.

Absolute rubbish. People say if you look at a pill and it is [flecked with, it's] brown or yellow flecked, then it's got ketamine or heroin in it. Maybe. That's what they say. I don't know. All I know is if you look at speed the more yellow it is, the better it is, which is a bit bizarre (female, 23, employed, assistant editor).

Legal risks

Interviewees were relatively unconcerned by the potential legal risks they undertook in sourcing and using illicit drugs. They felt that the strategies they used when carrying and sourcing drugs protected them from the legal consequences. For example, only buying from trusted sources, never purchasing in a club, and carrying only their own drugs into a club. The overriding view was that the likelihood of being searched effectively or arrested was very remote, and in any case if they were to be caught and arrested the amount they carried made it likely that they would receive a police caution at most.

In particular, interviewees felt that door staff were ineffective. Clubbers on a guest list were usually not searched, female clubbers were rarely searched unless there was a female member of the door staff, and even when searches were undertaken they were often cursory making it easy for people to hide drugs about their person.

Getting searched is a problem, because sometimes they will find something. The other day they searched all the blokes and they didn't search any of the girls, and I saw they didn't have a woman doorman on, and so I gave my stuff to my girl friend. They didn't even search the women. She could have had it in her hand, they wouldn't even have searched. (male, 20, employed bar manager)

Interviewees widely believed that where door staff were effective in their searching policy the drugs were re-sold by the door staff. None of the respondents had been reported to the police as a result of a door search and most had been allowed to enter the club once the drug had been

confiscated. For most the biggest issue with door staff was not their potential to find drugs on them but their potential to ruin their evening by being rude or aggressive.

People on the door should be very polite and courteous and know how to handle the punters. (male, 25, employed, chef).

Summary

Interviewees had tried a selection of illegal drugs and most described a similar path of drug experimentation, beginning in their early teens. Drug use was seen as an integral part of a good clubbing experience and some drugs, such as ecstasy, were specific to the clubbing environment. However, drugs were also used outside of the clubbing environment suggesting drug use was a broader lifestyle choice.

Most of those interviewed took responsibility for their introduction to drug use, were aware, to some degree, of the possible adverse physical and mental health consequences of their drug use and the legal consequences, and adopted various strategies to reduce the risks. However, in some areas, most notably the long-term impact on mental health, knowledge was relatively patchy.

The findings suggest that for this particular group, providing factual information about the potential consequences of drug use and harm minimisation measures is a useful approach. While it may not necessarily reduce drug use *per se* it is likely to reduce associated harms. Those interviewed had actively sought out information about the risks their drug use may present and took measures to reduce those risks. Although they appeared to be relatively well informed, it is important that attempts are made to ensure they receive accurate information.

6.

Managing the risk

This report has presented the findings from a study that explored drug, tobacco and alcohol use among young people who attended mainstream nightclubs. This final chapter draws out the key findings and discusses policy implications.

Key findings

Drug use

- This study, like previous studies of the clubbing population, has indicated that those involved in clubbing are far more likely to be drug users than other young people; 79 per cent of those surveyed had used drugs at some time in their life, with 35 per cent using on the night of interview. Moreover, clubbers were more likely to experiment with a range of illicit substances. Among interviewees in this study this appeared to be increasingly the case, with growth in the use of synthetic drugs such as ketamine and GHB.
- Most of those interviewed were aware of the risks their lifestyle choices entailed. Many had actively sought information about the potential health consequences arising from drug use and took measures to minimise these risks. However, knowledge, particularly in relation to longer-term health impacts, was relatively patchy.
- The majority of respondents obtained their drugs outside the club, with most viewing door staff searches as ineffective, either not being undertaken at all or only in a limited and superficial way. Even when searches did occur, female clubbers were usually not searched by the predominantly male door staff. It must be acknowledged however that even if a club has a one hundred percent effective search policy, this may not necessarily preclude those who have already taken drugs from entering the venue. Please consult the 'Safer Clubbing' (H.O.,LDPF, 2002) guidance in relation to door policies.

Alcohol

- This study also indicates that many young clubbers drink excessive amounts of alcohol on a night out, with 53 per cent consuming more than 10 units on the night of interview. Perhaps even more worryingly, 60 per cent of clubbers were classified as hazardous drinkers.
- A particular concern is the use of alcohol alongside illicit substances: 29 per cent of the overall sample were using both alcohol and drugs on the night – only five per cent of those who had taken or planned to take drugs had not consumed alcohol as well. More importantly a tenth (11%) expected to drink more than 10 units in conjunction with their illicit drug use.

Tobacco

- Fifty-one per cent of respondents smoked tobacco regularly with a further six per cent reporting smoking when they went out socially and one per cent smoking very occasionally. Levels of smoking were higher among clubbers than the general population of young people.
- Those who were current drug users were more likely to smoke than those who had never or were not currently taking illicit drugs.

Policy implications

These findings suggest that some young people involved in the clubbing sub-culture have a high level of illicit and licit drug use. As such they present an easily identifiable group for targeted initiatives designed to reduce their levels of use and/or to reduce the associated harms and risks. However, it should be noted that a substantial minority of the clubbing population has never taken illicit substances.

Although illicit drug use among club-goers is often the focus of concern, it is important that in developing and implementing initiatives, consideration is given to the potential for tackling alcohol and tobacco consumption as well as illicit drug misuse. In particular, the finding that former drug users may become heavy drinkers is an important one – suggesting the need to broaden any public health intervention to include support after illicit drug use ceases.

Several approaches that could be considered in addressing the illicit and licit drug misuse of this particular sub-population are discussed below. The discussion draws on the recent government publication *Safer Clubbing: Guidance for licensing authorities, club managers and promoters*. It should be noted, however, that this research study was not designed to assess the likely effectiveness of these approaches.

Provision of information and education

In considering appropriate initiatives it is important to bear in mind that many drug-using clubbers consume drugs as part of their lifestyle choice, often consuming a range of substances. Primary prevention – that is encouraging people not to take drugs – is likely to be ineffective among this group. However, this study indicates that clubbers do actively seek out information about the consequences of their drug use and as such they are likely to be receptive towards the provision of practical, evidence-based information focusing on safe use and reducing harm. There would be gains in also providing information relating to tobacco and alcohol use, particularly as this study suggests that clubbers are less well informed about the potential adverse consequences associated with alcohol.

There is some evidence that harm minimisation approaches that focus on long-term health issues may be ineffective. Rather, young people are more interested in how to prevent more immediate negative experiences. A holistic approach covering short, medium and longer-term consequences could be considered and could incorporate not only physical health issues but also psychological and social risks. For example, the increased vulnerability to physical or sexual assault is an important message. Given that a substantial proportion of clubbers mixed different drugs and alcohol on a night out, emphasis should be given to the heightened risks associated with poly-drug use.

In addition to providing factual information to assist clubbers in reducing the risks they may be exposed to, contact details could be provided of local substance misuse agencies so that those who wish to reduce or stop their consumption of illicit or licit drugs can seek professional advice and assistance.

It would seem a sensible approach to disseminate information and educational material to this particular sub-group through the clubs that they visit, either through leaflets available at venues, information posters, information on tickets or even the advertised presence of a trained substance misuse worker on site. Newcombe (1992) suggests that there is reason to be positive about the value of on-site outreach work which has been tried in some clubs across the UK. Dissemination through clubbing magazines or music shops that attract club-goers might also prove fruitful. An evaluation of the London Dance Safety Campaign (Brannigan and Wellings, 1998) which used posters on London Underground trains to raise awareness of drug issues found the campaign to be realistically and positively received by its target audience.

Tackling drug dealing

This research indicates that many clubbers take their personal supplies of drugs into venues themselves having obtained them prior to the event. There seemed to be relatively little drug dealing within the clubs. Moreover, the market where clubbers obtained their supplies was not a street market and did not have a physical location. Rather clubbers often obtained supplies through friends and were several times removed from sellers.

These findings suggest that focusing on dealing within clubs will not be particularly effective. Rather it is likely to be more effective to tackle drug use within clubs through the adoption and enforcement of rigorous search policies at the door. Clubs should be encouraged to adopt, in consultation with the local police, a clear policy on search procedures and ensure customers are fully informed of the policy. Amnesty boxes could be provided so that those who do have drugs on them can dispose of them before being searched. It is also important that door staff are fully trained in the procedures for searches and dealing with any substances found during a search. However, the limitations of customer searches should be recognised. Clubbers will often consume their drugs prior to entry if they expect to be searched. Few door supervisors can uncover all discreetly hidden drugs and rigorous searching can lead to tensions between clubbers and door staff.

In addition to having well trained door staff, all staff could be trained to be vigilant of drug dealing at the venue and be briefed about the appropriate action to take.

Minimising risk through design of physical environment

Given that evidence indicates that a relatively high proportion of the clubbers will have consumed illegal drugs or excessive amounts of alcohol it is important that all possible measures are taken in the club to minimise the risk of harm to club goers. Some important measures are:

- the prevention of overcrowding both in the overall capacity and in particular areas of a venue;
- ensuring adequate air conditioning and ventilation systems;
- ensuring water is freely available and easily accessed;
- providing 'chill-out' areas – cooler areas where seating is provided;
- training staff, including door staff, in first aid, particularly in recognising and dealing with drug induced health problems, and providing a first aid room where treatment can be provided.

The three measures outlined above are not the sole responsibility of club managers or licensees. Rather local authority licensing units, the police, Drug Action Teams, local drug and alcohol services, club owners and managers and events promoters all have a role to play. It is important that these parties form constructive working relationships to ensure that effective measures are developed and monitored to minimise the harm that clubbers expose themselves to through their use of both illicit and licit drugs.

Further information – The 'Safer Clubbing' Guidance

The Drugs Strategy Directorate in conjunction with the London Drug Policy Forum have published a guidance document aimed at club owners, promoters, licensing authorities, the police and drug education services which sets out measures that these groups could take to protect the health and safety of drug-using clubbers. The report recommends that venues develop a coherent and comprehensive drugs policy and provides a suggested outline for such a policy. It can be found at; www.drugs.gov.uk/ReportsandPublications/Communities.

Table A.1 Existing research on the drug use of clubbers

Authors	Location	Sample size	Method
Akram, 1997	Nottingham	125	Interviews with dance drug users
Branigan et al, 1997	London	268	Club survey, focus groups, in-depth interviews.
Crew 2000, 1997	Edinburgh	720	Questionnaire at 2 raves
Forsyth, 1998	Glasgow	135	Interviews with ravers
Harris Research Centre, 1997	London/ South East	136	Interviewed in queues for 3 clubs
Measham et al, 2000	North West	2,057	21 nights of interviews in 3 clubs. Questionnaire, in-depth interviews & medicals.
Mixmag – Petridis, 1996	National	4,062 (UK) 462 (London)	Survey in magazine
Mixmag - Winstock, 2000	National	1,151	Magazine survey
O'Hagan, 1999	London	200	Interviews conducted at 8 clubs.
Release, 1997	London/ South East	496	Questionnaire in 18 clubs

Table A.2 Demographics of respondent sample in previous studies

Study	Age %	Male %	Ethnicity %	Sexuality %	Employed %	Unemployed %	Student %
O'Hagan ²⁶ , 1999 (Techno)	54% = 20-29	64	90 = white 2 = Asian 4 = mixed	-	65	7	23
O'Hagan, 1999 (Garage)	69% = 20-29	57	57 = white 20 = black 8 = Asian 8 = mixed	-	76	4	20
Measham et al, 2000 ²⁷ .	48% = 21-30	56	94 = white 4 = black 3 = Asian	77 = heterosexual 18 = homosexual 18 = bisexual	58	5	29
Branigan et al 1997	81% = 20-29	57	-	-	-	-	-
Release 1997	55% = 20-29	59	90 = white 3 = black 3 = Asian	-	58	19	19
Crew 2000, 1997	56% = 19-30	65	-	-	6	12	20
Mixmag-Winstock (1999/2000)	Mean = 23	60	-	-	-	-	-

Notes:

1. - indicates information not available.

²⁶ O'Hagan conducted interviews with clubbers at both techno and garage clubs. The two sets of results are presented separately in this table to demonstrate the differences between the two samples.

²⁷ Measham et al instructed the research team to interview equal numbers of male and female clubbers.

Appendix B Supplementary methodological detail

Practicalities of undertaking research in the clubbing environment

Nightclubs were potentially unpredictable and difficult settings in which to work. In addition, the clubbers recruited for the face-to-face interviews were from a variety of sources including record shops, the street, clubs and snowballing techniques. Consequently, we were aware early in the project that there were problems which could affect the safety of the researchers, the quality of the data and the general workability of the project. The study design, therefore, included a development phase where problems were anticipated and a protocol (see Appendix D) was drawn up which outlined all procedures for fieldwork.

The research team

The researchers were young (under 30) white female researchers (with one male interviewing in three venues). The team consisted of a mixture of experienced and inexperienced interviewers with obvious different needs in terms of training. Every interviewer was taken through the club questionnaire in detail to make sure he or she understood what each question meant and how to record answers. Particular attention was paid to the recording of drug and alcohol information. In addition, the likely conditions in which they would be working and how to deal with various situations were discussed.

Piloting and fieldwork of the club questionnaire

A team of five worked each night: four interviewers and a team leader. Each interviewer explained to a potential interviewee that this was a study of recreational drug use being undertaken by researchers for the Home Office. In addition, detail was given about why the research was being conducted and confidentiality was assured. If clubbers required more detail the team leader would answer any questions. This happened only on a few occasions.

The pilot was undertaken in a well-established gay club in Area 1, which was also used in the main study. The club had been visited during the day and the general layout was known. Crowds and noise meant that locations that seemed suitable during the day were totally unsuitable when the club was operational. The pilot club was already very busy when we arrived at 11pm and congested due to internal queues (for bars and cloakroom) and remained busy until about 2.30am when we decided to leave the club. Interviews were conducted in a corridor/staircase allowing us to approach people as they passed through or waited for friends. The area was also well lit, not too noisy and although smoky, not as much as other areas of the club. There was also a security presence that was able to observe any problems we may have had. Clubbers were very receptive to the research and this remained true throughout the fieldwork. The layout and design of the questionnaire proved to be very useful in that environment - all questions were closed, boxes were large enough to tick easily and it was readable for the clubber making it simple to take them through the list of drugs. However, it was clear that many clubbers would have liked to talk more about the issue and the questionnaire was lengthened as a result, (see Chapter 2). The protocol was also refined. The research team's initial instinct that interviewers should work in pairs was confirmed. The environment was unpredictable and it gave interviewers an extra level of back-up should they need it. The need for a designated team leader became apparent to move between teams of interviewers and deal with issues as they arose and in particular to discuss the survey and its use with clubbers.

The project evolved during fieldwork with interviewers using the instrument more efficiently and adapting to the environment more quickly at each venue – mainly because the team became

more adept at locating the best area within a club to work. Interviews were undertaken in various parts of the clubs, with teams working in different areas. Few clubs had 'ideal' quiet, non-smoky and bright areas to interview in. All but one venue had been visited prior to fieldwork, which though useful did not really prepare interviewers for the reality of the environment during fieldwork. On entering the club the team walked the venue to find the most appropriate place to conduct interviews. This varied from club to club. In some venues a bar area worked well because of the flow of people in and out. In other venues the bar areas were too crowded to work effectively in. In some venues chill-out areas worked well while in others the edge of the dance area (earlier in the evening) proved fruitful. One club had a large lobby where clubbers mingled in groups throughout the evening providing a quiet and convenient place to interview. In most clubs suitable areas in which to interview changed as the night went on and noise and crowds increased. Thus at most venues more than one part of the club was utilised for interviewing. Few clubbers refused to take part in the interview – the maximum number of refusals on any night was three or four with no obvious pattern emerging as to why someone would refuse. In fact researchers were often approached by clubbers wanting to take part. Only one club proved more difficult to recruit interviewees in – the leisure park venue. While people were polite the researchers felt that respondents were more suspicious of the questions than in other venues.

Likewise the in-depth face-to-face interviews required certain procedures to be adhered to in order to maximise safety and ensure confidentiality to the interviewee. Two researchers recruited subjects and undertook the interviews in tandem – for safety reasons initially but it became apparent as the study evolved that this method worked exceptionally well in helping subjects to relax during interviews. Interviews took place away from the Home Office – usually in a pre-booked room in a central London education establishment or a leisure centre. Interviews lasted approximately one hour and all were tape-recorded. Those who took part were given a great deal of detail about what they would be asked prior to the interview and assured about the confidentiality of their information. No one refused to answer any question and no one had a problem with the tape recording of the interview.

Study limitations

This study like previous work in this field has limitations which make it difficult to generalise its findings. Nightclubs are unpredictable environments within which to undertake research and place restrictions on the selection of interviewees. Consequently, there is what Measham *et al.* (2001) describe as a 'trade-off' between applying scientific research procedures and working in such an environment. To a certain degree the sample will be self-selecting – many of those interviewed requested to take part. The sample size because of the resources at our disposal is small and characteristics of the general population of clubbers is not well documented as yet, again making it difficult to design or implement a stratified random sample.

The sample selected for the in-depth interviews likewise could not claim to be representative of the general clubbing population and was not intended to be. Rather these interviews aimed to gain qualitative information from a variety of clubbers. Consequently, interviewees were sourced in a variety of ways, including via dance record shops, city centre street areas heavily populated by young people, from the club survey respondents and by asking interviewees for an introduction to a clubbing friend who might also be interested in taking part. Those interviewed are a cross-section of different types of clubber, including relative newcomers to the club scene.

Appendix C

Demographics

Fieldwork venues

Well established dance/gay club - The club had the reputation of being a gay venue but it also ran dance events attended by a primarily heterosexual crowd. Capacity of 1,200. Arranged over two floors with two dance floors and several bar areas. One dance area played mainly popular, mainstream house music and old classics mixed with a house beat, while the second played alternative 'indie' music. All persons queuing to enter were required to pass through a metal detector and an area where bag and body searches could be conducted. There was uniformed security visible at key areas in the club, in the bar area and near toilets.

Commercial city centre club - Capacity of several thousand on a Friday and Saturday night. Arranged over several levels with dance floors on each level. Different promotional events held on different nights attracting a different customer base. Security was very much in evidence with a team of approximately 15 uniformed door staff working the entrance area, at least two uniformed staff in the foyer area at all times and uniformed staff on each level of the stairwell which led to each floor of the club.

Gay club/music venue - A converted cinema, the venue was organised over two floors with several bars but only one main large dance area. Played loud, middle-of-the-road 'dancey', mainly '80s style music. Event was a promotional night aimed at a gay audience. Security was in evidence throughout the night – especially around stairwells and other areas with a potential for congestion.

Town centre venue - Purpose built club organised over two floors with one large and one smaller dance area; music played was predominantly house. The evening attracted a young, local crowd. This venue was chosen because it was expected it to be a drinking rather than drug taking club. Security seemed fairly tight around the entrance to the club and staff were in evidence in various parts of the club throughout the night.

Leisure park - Recently constructed purpose built club with a capacity of over 2,000. Part of a leisure complex that includes restaurants, cinemas and bars. The club is split into two, with one side of the club open to over 18's and the second open to over 25's only. There is a link corridor between the clubs allowing clientele from the over 25's section to pass through into the under 18's section. Organised security network and counting system operating both on the entrance doors and within the club. All staff were in uniform and linked by head-sets. Again we had selected this club as evidence suggested that this would be a mainly drinking rather than drug taking night.

Hotel ballroom - This monthly event was expected to be more of an event for drug users. There were doormen searching people as they entered. The music was mainly house. Security presence was less evident than in other clubs. The door was overseen by two people (additional to those undertaking searches) whose main concern appeared to be admitting those on the guest list.

Table C.1 Demographics of survey respondents by venue and fieldwork night (percentages)

	Established dance/gay club		Commercial city centre club		Gay club	High Street Club	Leisure park club	Hotel monthly event	Total sample
	Night 1 (n=62)	Night 2 (n=106)	Night 1 (n=117)	Night 2 (n=97)	(n=77)	(n=100)	(n=85)	(n=116)	(n=760)
Male	76	60	56	56	79	58	67	56	62
Female	24	40	44	44	21	42	33	44	38
White	95	91	88	96	90	97	95	100	94
Black	0	1	2	2	4	0	1	0	1
Asian	5	5	9	1	3	2	1	0	3
Other	0	4	1	1	3	1	3	0	2
Heterosexual	29	84	97	97	9	99	97	91	80
Gay/lesbian	57	7	2	1	71	1	1	5	14
Bi-sexual	10	9	0	2	18	0	0	4	5
Not known	4	0	1	0	2	0	2	0	1
Student	26	47	47	30	29	44	4	10	30
Unemployed	8	2	2	0	1	3	2	9	3
Employed	66	51	51	70	70	52	94	81	67
Mean age (years)	23.4	22.8	21.2	21.9	24.3	19.3	24.7	25.4	22.8

The research protocol developed for this study is set out below.

Safety and well-being protocol

This protocol sets out safety and well-being guidelines for a research project examining recreational drug markets and drug use at nightclubs. The project requires researchers to interview clubbers, many under the influence of drugs and alcohol, on their drug-related activities, in and outside active club venues.

Whilst recognising the need for flexibility and initiative, this protocol sets prerequisites for research and outlines expectations and requirements of both researchers and supervisors. It is each individual's responsibility to mind both his/her own and his/her colleagues' well-being and security. Through implementing this protocol we intend, as much as possible, to secure the collective, prepare for situations, and have a strategy to deal with the unexpected. All engaged staff must adhere to the terms set below, and raise queries or proposed amendments at the earliest opportunity.

Training

Researchers will be trained on the following issues prior to fieldwork:

- Project background, necessary technical information and appropriate terminology
- Research objectives, methodology and outputs
- Safety procedures and this protocol
- Prepared responses and procedures for 'difficult' questions and situations
- Club etiquette and conduct
- Opportunity to address any other concerns.

Health and safety

Security and well-being are of paramount importance. At least one team member will carry a mobile phone. Neither alcohol nor drugs will be consumed whilst on duty. Noise pollution is harmful and researchers should not remain in a noisy environment for more than 240 consecutive minutes. Research volunteers must discuss, prior to fieldwork, any relevant physical or psychological condition (such as asthma, poor hearing, pregnancy or claustrophobia) with the project manager.

Club selection and authority liaison

Clubs selected for questionnaires and interviewing will be pre-surveyed by the supervisory team, who will assess appropriateness, methodological and safety issues. Researchers will not undertake fieldwork at any venue or time without prior **police***, club management* and PRCU notification. (* Exception may be made for certain covert observational analysis, but this exception precludes questionnaires and interviews.)

Travel to, from and outside venues

The research team must arrive at and leave from the club together. This may necessitate a separate quiet and secure meeting place. Taxis (or other arranged transport) are to be booked where possible in advance. Under no circumstance must a researcher be alone at a venue, even for a short time.

Supervision

No person is to undertake research in a club alone. A designated team-leader will accompany all visits. S/he will ensure co-ordination and supervise activities. If for any reason an individual wishes to change his/her set interview location or leave, s/he must inform the team-leader (and preferably all other researchers).

Interviews and questionnaires are to be undertaken within sight of at least one other researcher. They are not to be undertaken in toilet areas or 'dark' rooms. Do not interview individuals who are very strongly or significantly under the influence of alcohol or drugs (responses may be inaccurate and you may be in danger). You have the personal right to refuse to interview any individual. You should decline 'favours' or 'conditions' (e.g. accepting drugs or inappropriate physical contact such as kissing). Questionnaire and interview formats will have been piloted in advance of fieldwork.

Dealing with problems / incidents

Training sessions will deal with anticipated situations; however, not every eventuality can be foreseen. Should an incident arise seek assistance from the team leader if possible; predetermined signs are to be used to convey essential information in noisy environments. Try to remain non-judgmental, non-confrontational and professional whilst also friendly and respectful. Follow guidelines but also do use initiative. Report even minor incidents - you may be able to shrug something off which would distress another researcher.

Monitoring and evaluation

Review sessions will be held throughout the months of the research to discuss methodological issues and experiences, with a view to fine-tuning procedures, improving preparedness, and optimising safety and well-being. Field notes will be completed after each field work event.

Core questions

1. **Age** Specified in years
2. **Gender**
(0) Male (1) Female
3. **Work**
(0) Secondary education (1) Higher education (2) Unemployed (3) Part-time (4) Full-time
4. **Residence** Specified as first part of postcode
5. **Orientation**
(0) Gay (1) Straight (2) Bisexual (3) Unsure (4) No answer
6. **How often do you go clubbing?**
Less than once a year (1) Rarely (2) Every month (3) Every week (4) 2 to 4 times a week (5) 5 to 7 times a week (6) Don't know (7) Other
7. **Where were you before you came here tonight?**
(0) Home (1) Friends' House (2) Another club (3) Pub (nearby) (4) Pub (far) (5) Café/ rest (6) Work (7) Other
8. **How often have you been here?**
(0) First time (1) 2 to 4 times (2) 5 to 10 times (3) More than 10 times (4) More than 50 times
9. **Were you searched when you came in tonight?**
(0) Yes (1) No (2) Don't know

Routing

If (0) or (1) go to question 10; If (2) go to question 11.

10. **Is that normal here?**
(0) Yes (1) No (2) Don't know
11. **Why did you come here tonight?**
Multiple response
(0) To dance (1) For the music (2) For the atmosphere (3) To let off steam (4) For fun/enjoyment (5) To be with friends (6) To socialise (7) To get/use drugs (8) For the promotions (9) It is near home (10) To pull (11) For cheap drinks (12) By habit (13) Spec.occ. (14) Other
12. **Have you had any alcohol at all tonight?**
Specified in number of units
13. **Are you likely to have any (more) alcohol tonight?**
Specified in number of units

Routing

If respondent has already or will consume alcohol, go to question 14.

If respondent has not and does not intend to consume alcohol, go to question 16.

14. **Is this amount normal?**
(0) Yes (1) Normally more (2) Normally less
15. **What have (will) you drink?**
(0) Beer (1) Wine (2) Spirits (3) Alco-pops (4) Energy drinks (5) Cider (6) Designer drinks

16. Do you smoke (tobacco)?

(0) Yes (1) no (2) very little (3) Only at a pub/club

17. Average per day

Specify number of cigarettes

18. Have you taken any drugs tonight? If so, what?

Multiple response (except (0) and (1))

(0) No/None

(1) Yes but don't know what

(0) Ecstasy (MDMA)

(3) Coke (powder, snow)

(4) Crack (rock)

(5) Heroin (smack)

(6) Marijuana (cannabis, grass, skunk, hashish)

(7) Poppers (amyl nitrates)

(8) Amphetamine (speed, billy, crystal, whiz)

(9) Ketamine (K)

(10) Methadone

(11) SDC (Light)

(12) Mushrooms

(13) GHB

(14) PCP (angel dust)

(15) Flatliner

(16) Viagra

(17) LSD (acid tab)

(18) Solvents (glue)

(19) Tamazepam

(20) Other (e.g. steroids; please specify)

19. Do you intend to take any (more) drugs tonight? If so, what?

Multiple response (except (0) and (1))

Response code as in question 18.

20. Is this normal (for a clubbing night out)?

(0) Yes (1) Less than normal (2) More than normal

21. What other drugs have you ever taken anywhere?

Multiple response (except (0) and (1))

Response code as in question 18

Routing

If respondent has ever taken drugs, go to question 22

If respondent has never taken drugs, go to question 28

22. Do (did) you normally mix drugs with alcohol?

(0) Always (1) Usually (2) 50:50 (3) Usually not (4) Never (5) Yes (some drugs)

(6) Don't know

Routing

If respondent has taken drugs tonight, go to question 23

If respondent has not taken drugs tonight, go to question 24

23. Who did you buy your drugs from tonight?

(0) A friend (1) Colleague (2) Acquaintance (3) Dealer in a club (4) Dealer outside club (5) Dealer at a pub (6) Dealer (home delivery or collected) (7) Given (not bought) (8) Other (please specify)

24. Who do you usually (or did) buy drugs from?

Response code as in question 23.

25. In total, how much will you spend on drugs tonight?

Specify in Pounds Sterling

26. When was the last time you used a drug on a club night?

- (0) 1 week ago (1) 1 month ago (2) 3 months ago (3) More than 3 months ago
(4) N/A

27. When did you last take a drug (besides tonight)?

- (0) Not applicable (2) 1 week ago (3) 2-4 weeks ago (4) 5 to 12 weeks ago (5) More than 3 months ago

28. Do you intend to take drugs in the future (not alcohol/tobacco)?

- (0) Yes (1) No (2) Don't know

29. Do you think it would be easy to buy drugs in here tonight?

- (0) Very easy (1) Fairly easy (2) Don't know (3) Quite difficult (4) Impossible

The remaining items require the assessment of the interviewee by the interviewer:

30. Does the interviewer consider the interviewee to exhibit any of the following?:

Multiple response

- (0) Staggering (1) Sleepy (2) Slurred speech (3) Smelling of alcohol (4) Gurning
(5) Fidgety/hyperactive (6) Rapid speech (7) Sniffing (8) Shallow breathing
(9) Dopey/spaced out (10) Lack of concentration (11) Dilated pupils
(12) Memory loss (13) Paranoid/anxious (14) Trance (15) Other (please specify)

31. Drugs and Alcohol Intoxication Scale

Respond on a scale 0 – 4, with 0 indicating that the interviewee shows no sign of intoxication

32. Ethnicity

- (0) White (1) Black (2) Asian (3) Mixed (4) Unsure/other

33. Nationality

- (0) UK (1) non UK (2) Unsure

Additional Questions

1. It is easy to buy drugs in clubs

- (0) Strongly agree (1) Agree (2) Uncertain (3) Disagree (4) Strongly Disagree

2. Door searches make me wary about bringing drugs into clubs

- (0) Strongly agree (1) Agree (2) Uncertain (3) Disagree (4) Strongly Disagree

3. Recreational drug use is a normal part of young peoples' social lives

- (0) Strongly agree (1) Agree (2) Uncertain (3) Disagree (4) Strongly Disagree

4. I would happily go to a club and not take drugs

- (0) Strongly agree (1) Agree (2) Uncertain (3) Disagree (4) Strongly Disagree

5. Taking drugs is an integral part of my social life

- (0) Strongly agree (1) Agree (2) Uncertain (3) Disagree (4) Strongly Disagree

6. I would happily go to a club and not drink alcohol

- (0) Strongly agree (1) Agree (2) Uncertain (3) Disagree (4) Strongly Disagree

7. How many units of alcohol do you think you can safely drink in a week?

Specify in units or 'Don't know'

Shortened Alcohol Use Disorders Identification Test (AUDIT) questionnaire

8. How often do you have a drink containing alcohol?

(0) Never (1) Monthly or less (2) 2 to 4 times a month (3) 2 or 3 times a week (4) four or more times a week

9. How many drinks containing alcohol do you have on a typical day when you are drinking?

(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7 to 9 (4) 10 or more

10. How often during the past year have you found that you were unable to stop drinking once you had started?

(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily

11. How often during the past year have you failed to do what is normally expected of you because of drinking?

(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily

12. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

(0) No (2) Yes, but not in the past year (4) Yes, during the past year

RAISED THEMES	EMERGING THEMES
<ul style="list-style-type: none"> • Club Culture 	<ul style="list-style-type: none"> • Diverse – a continuum ranging from popular music through to a more ‘underground scene’. • A bar/club scene has emerged, attracting an older crowd – associated with increasing cocaine use. Reasons for this shift include income and lifestyle; ex-clubbers who no longer want to go to a club for the entire night but still enjoy a buzz – cocaine being a solution.
<ul style="list-style-type: none"> • Typical night 	<ul style="list-style-type: none"> • Late start – finish around 6am. • Club selected in advance – main criteria music, finance. • 5 – 6 hours of dancing • Come down experienced for few days afterwards.
<ul style="list-style-type: none"> • Drug use 	<ul style="list-style-type: none"> • Mainly ecstasy and cannabis. • Taken before or soon after entrance to club; individual stocks up for later use. • Cannabis smoked regularly out of club.
<ul style="list-style-type: none"> • Alcohol use 	<ul style="list-style-type: none"> • No/little alcohol whilst clubbing when drugs have been consumed. • Alcohol use mainly occurs in pubs – most respondents identified high rate of consumption.
<ul style="list-style-type: none"> • Supply 	<ul style="list-style-type: none"> • Through friendship networks – a regular source. • Drugs purchased for specific event. • Concern about value and quality. • Respondents felt that drugs (ecstasy & coke) have become increasingly cheap and available.
<ul style="list-style-type: none"> • Market structure 	<ul style="list-style-type: none"> • Easy access within club scene – but a very closed market otherwise. • Occupies private space. • Dealers present inside clubs if required.
<ul style="list-style-type: none"> • Lifestyle 	<ul style="list-style-type: none"> • Drug use and clubbing appear to have little obvious impact. • Only negative impact mentioned is the ‘come down’. • Lack of fear amongst respondents. • Awareness of health implications. • Respondents appeared to control their drug use due to an awareness of the potential impact. • The student group had separate non-clubbing friends.
<ul style="list-style-type: none"> • Why? 	<ul style="list-style-type: none"> • Music, dancing, enjoyment, drugs.

Appendix G Demographics of in-depth interviewees

Table G.1 Characteristics of in-depth interview sample

Clubber	Employment	Gender	Age	Sexuality	Recruitment	Description
1	Events Manager	Male	30	Heterosexual	University	Ex-clubber, drug user.
2	Student	Male	20	Heterosexual	University	Current clubber, drug user.
3	Student	Female	20	Heterosexual	University	Current clubber, occasional drug user.
4	Student	Male	20	Heterosexual	University	Current clubber, drug user.
5	Student	Male	19	Heterosexual	University	Occasional/weekly clubber, drug user.
6	Journalist	Male	26	Heterosexual	Magazine	Attends clubs throughout UK sometimes – for work purposes and pleasure.
7	Sales Assistant	Male	20	Heterosexual	Record shop	Twice monthly clubber, occasional drug user.
8	Housing Officer	Female	21	Heterosexual	Advert placed in Drug Users Alliance magazine	Regular clubber and drug user.
9	Sales and Client Liaison	Male	27	Homosexual	Record shop	Regular clubber and heavy user.
10	Unemployed	Female	21	Heterosexual	Record shop	Regular clubber and drug user
11	Unemployed	Male	23	Heterosexual	Record shop	Regular clubber and drug user, ex-dealer
12	Bar work	Female	20	Lesbian	Record shop	Ex-clubber, ex-drug user.
13	Bar work	Female	20	Lesbian	Record shops	White S.African, lesbian, ex-clubber, drug user.
14	Employed advertising agency	Female	21	Lesbian	Other interviewee	Current clubber and user.
15	Bar manager	Male	20	Heterosexual	Club contact	Current clubber and user, works in Ibiza in the summer.
16	Bar manager	Male	20	Heterosexual	Other interviewee	Current clubber and user.
17	Training and development	Male	28	Homosexual	Advert placed in Drug Users Alliance magazine	Current clubber and user.
18	Admin/temp – travelling	Male	21	Heterosexual	Approached on street	Current clubber and user
19	Assistant editor	Female	23	Heterosexual	Other interviewee	Current clubber and drug user, used to have a coke habit
20	Chef	Male	25	Heterosexual	Recruited through club interviews.	Current clubber, regular user.

21	Barrister	Male	36	Heterosexual	Recruited through club interviews.	Current clubber, occasional drug user.
22	Medical researcher	Male	23	Homosexual	Approached in street.	Current clubber, occasionally uses drugs
23	Web designer	Female	23	Lesbian	Approached in street	Current clubber, mainly user of cocaine.
24	Art Journalist	Male	24	Heterosexual	Approached in street	Occasional clubber, previously a regular clubber, occasional drug use.
25	Researcher	Male	21	Heterosexual	Recruited via other interviewee	On and off regular clubber and occasional drug use (except cannabis which is regular) varies depending on who his social group is at the time.
26	Researcher	Female	22	Heterosexual	Recruited via other interviewee	Current clubber, occasionally uses drugs

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Produced by the Research Development and Statistics Directorate, Home Office

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ISBN 1 84473 144 8

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