

Drugs in focus

Recreational drug use — a key EU challenge

Policies must aim to reduce risk

In nightlife settings, most people who consume psychoactive substances do so with the intention of 'having fun'. Reducing the risks run by the growing numbers of mainstream young people in the EU who consume such substances in such settings is a key concern of policy-makers at local, national and international levels.

Widespread availability of drugs for use in nightlife settings is a critical factor, and, in view of the failure to reduce the supply, innovative responses are required.

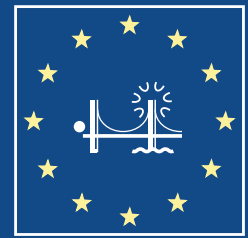
Such responses must focus in general on the risks associated with drugs in nightlife settings, and specifically on those young drug users who are most at risk of developing acute or long-term health problems.

The link between recreational psychoactive drug use and music and nightlife is well established. In the 1930s, underground jazz musicians used marijuana and cocaine recreationally. Amphetamines, hallucinogenics and a range of psychotropic medicaments

were added by the rock and roll phenomenon in the 1960s and the punk scene in the 1970s. In the 1980s, MDMA, widely known as 'ecstasy', appeared in parts of Europe and began to be used in the dance-scene culture known as 'rave', 'acid house' or 'techno'. A decade later, dance music

and ecstasy had spread throughout the EU with the speed and intensity you would expect in the digital age (1).

The diffusion of recreational drug use, and of synthetic drugs in particular, has raised international concerns about appropriate policy responses.



E.M.C.D.D.A.
European Monitoring Centre
for Drugs and Drug Addiction

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Definition

Recreational drug use in this context is taken to mean the use of psychoactive substances to 'have fun' in nightlife settings.

Key policy issues at a glance

1. Drug use among people in nightlife settings is much higher than in the general population and most prevalent among the relatively affluent outgoing urban youth, with a key link between drugs and alcohol.
2. Drug use in nightlife settings is linked closely to young people's consumer lifestyles and this has been exploited by the music, entertainment, alcohol and other industries catering for young people.
3. Despite the media's focus on ecstasy deaths, the greatest public health issue is the possibility of long-term impairment caused by regular or 'binge' use of amphetamine-type stimulants such as MDMA.
4. Responses aimed at those at risk in nightlife settings should be based on how best to manage the risk of recreational drugs by supplying information, particularly on the uncertain long-term risks.
5. The key role of simple, basic rules in the organisation of dance events is increasingly recognised as the best way of preventing immediate harm.
6. Action at EU level to prevent the use of recreational drugs is gathering momentum and the EMCDDA is working with Member States to gather information on the extent of and responses to the problem.

'Recreational drug use, especially of synthetic drugs, is increasingly common. Notably, those using them are not found predominantly among the marginalised or socially deprived but among the young, studious, employed and relatively affluent. Such trends appear to have been established rapidly across the EU.'

MIKE TRACE, CHAIRMAN
EMCDDA MANAGEMENT BOARD

Recreational drug use — overview

1. Linked to affluence and nightlife

Although recreational drug use among the general population is low, use among people in nightlife settings is much higher. However, trends vary greatly across the EU. For example, lifetime use of 'ecstasy' in the general young adult population (15–34) range from less than 1 % in Greece to 12 % in the UK. Use is highest among men aged 20 to 30 years.

Surveys carried out in nightlife settings have shown lifetime prevalence for ecstasy as high as 22 % in Athens and 85 % in London (see Graph 1).

Rough calculations suggest that between 3 and 3.5 million adults in the EU have tried ecstasy at least once (2, 3). Of these, 4–500 000 have used it once a week or more over a period of time (see Graph 2).

The main reasons people give for taking 'ecstasy' is to enjoy dancing and have fun. Other recreational drugs are also taken to boost confidence and energy or offer new experiences (4, 5, 7).

The key link between drugs and alcohol is highlighted by the higher rates of drug use among relatively affluent young people who go to dance clubs, pubs and bars and drink a lot of alcohol. Alcohol remains the psychoactive substance most frequently and widely used for recreational purposes.

In dance settings, stimulant drugs such as ecstasy (usually containing MDMA), cocaine and amphetamines are common. Hallucinogenic drugs and plants and 'poppers' (Amyl Nitrate) are also taken for 'fun'. Cannabis, sedatives, hypnotic drugs and tranquillisers are sometimes used in conjunction with recreational drugs.

The resolutions adopted by the EU Council under the Spanish Presidency, as well as those taken in 2002, at the prompting of some EU Member States, by the Commission on Narcotic Drugs of the United Nations, have given the political impetus for developing action aimed at preventing recreational use of drugs both at regional and international levels.

Nevertheless, country-by-country experiments in this domain are still limited and fragmented. The recent joint analysis of the situation and the general orientation resulting from it at European level are a first step. If the political will remains, it should be possible to develop relevant legal and operational processes allowing cooperation and sustainable coordination of exchanges, evaluation and systematic networking of good practices, which is a decisive step towards establishing shared instruments.

GEORGES ESTIEVENART
EMCDDA EXECUTIVE DIRECTOR

2. It's a lifestyle thing

Surveys in a number of EU Member States consistently reveal that most recreational drug use is part of a balanced consumer lifestyle — and limited to a particular phase in a young person's life before work and family responsibilities take over.

However, at any one time, there appears to be a hard core of heavy recreational users. These are often portrayed as people who push boundaries and display a form of tough, physical, 'better to be mad than sad' hedonism. A survey of young people in nightlife settings in nine EU cities (5) suggests that around 14 % of those who have ever used ecstasy may, for a time, take it once a week or more (see Graph 2). During more intense,

fun-seeking holiday periods, there might be a tendency for otherwise moderate users of recreational drugs to 'binge' (5, 6).

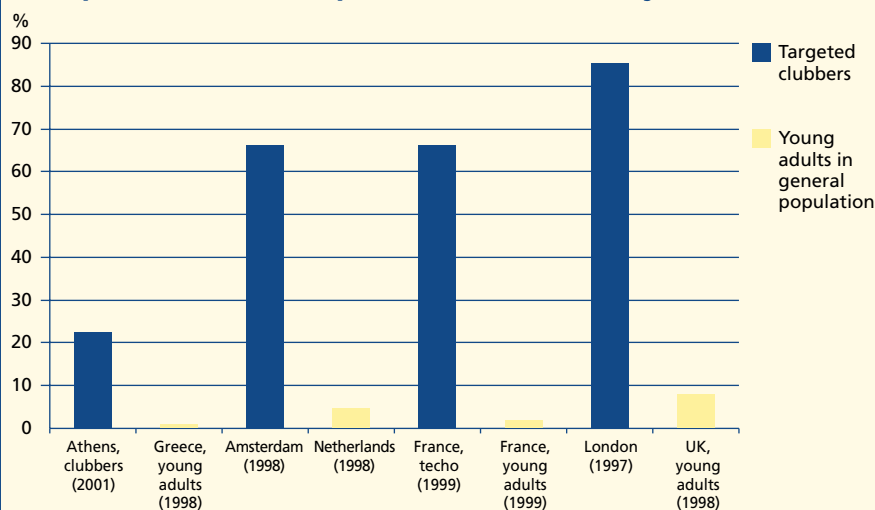
Recreation and alcohol consumption in nightlife settings have been extended considerably by the use of stimulant drugs that keep people wide awake. This has had a considerable spin-off for the music, entertainment and alcohol industries. The latter has developed techniques specifically aimed at the dance market. Other industries have adopted the same techniques to sell a range of goods such as mobile phones, trainers, clothes and hair gel. Recreational drug use is closely linked to fashion and image.

Associated with reports of disenchantment with the effects of ecstasy is a growing concern about the spread of cocaine in some EU Member States. Availability, combined with its 'champagne' image, suggests that, in trend-setting nightspots, cocaine might be replacing ecstasy.

3. When it stops being 'fun'...

Public perceptions about the health risks of recreational drug use are shaped mainly by the mass media, and ecstasy deaths have attracted considerable attention. However, from a public health perspective, probably the main concern is the possibility of long-term impairment linked to regular or 'binge' use of amphetamine-type stimulants.

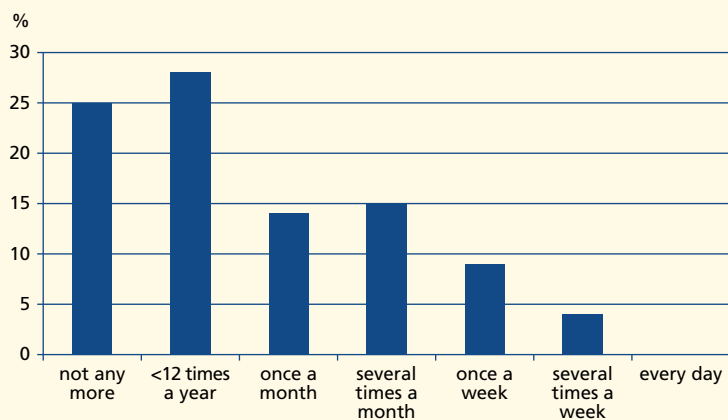
Graph 1 — Lifetime prevalence of ecstasy use



NB: in the targeted survey n = range 100-986.

See the Annual report: 'Drug situation of young people' for source details.

Graph 2 — Frequency of ecstasy use among those who had ever used ecstasy in nine EU cities



NB: n = 897 individuals who had ever used ecstasy in nine EU cities.

Source: adapted from Calafat, A., 2001, SONAR/irefree project risk and control.

Scientific evidence on the long-term risks of MDMA is inconclusive. However, policy-makers are mindful of the example of smoking and the failure to challenge the powerful interests of the tobacco industry on the long-term risks of cigarettes.

More immediate risks of recreational drug use include dehydration due to prolonged dancing in poorly-ventilated rooms, traffic and other accidents, the health risks of tablets taken and sold as ecstasy (but containing other psychoactive substances), and excessive drinking of alcohol.

A very small and generally unpredictable proportion of people are specifically vulnerable to sudden, acute health problems from a standard dose of a psychoactive drug. Socio-psychological problems are linked particularly to uninformed use of hallucinogenic drugs, regular or heavy use of psychoactive drugs and individual vulnerability.

4. Credibility is a condition for reducing the risk

Responses to recreational drug use in nightlife settings are generally information-based and aim at understanding how best to manage the risks. Realistically, messages that simply say 'Don't use drugs' would not be accepted by those most at risk.

Among intervention strategies adopted in the EU, the distribution of information material on drugs and related health, legal and emotional issues is the most preferred. However, untargeted distribution of information may give the

impression that drug use is more common than it is, and little is known about the impact of such often unfocused and impersonal methods. Information is sometimes provided with personalised interventions at discotheques or raves, including peer approaches. Such interventions are usually well received, because the target group considers the providers to be well informed and socially acceptable.

Chemical analysis of pills at events appeals to potential or actual consumers who wish to know more about the contents of drugs they intend to use. It also offers clients and professionals the opportunity for intensive discussion. See the following web site (http://www.emcdda.org/multimedia/project_reports/responses/pill_testing_report.pdf) (2).

5. Creating a safer nightlife environment

Recently, the provision of simple, basic rules for safety in nightlife has been increasingly recognised as the most direct way of preventing drug harm. In the UK, these are available as official 'safer dancing' guidelines available on the Internet. The aim is to minimise the most frequent health hazards by offering fresh drinking water and 'chill-out' areas. The guidelines recommend training for staff in first aid, drug monitoring and early problem detection — and making it easier for outreach teams to operate.

Similar guidelines exist in several EU countries, but their implementation by club owners and local authorities is still very irregular. However, there are now initiatives to have a harmonised, EU-wide

set of safe-clubbing guidelines. Protocols between prevention teams and club managers in some EU countries have already been developed. Policy-makers have the means to enforce the implementation of such guidelines within the leisure industry, as positive experiences in Italy show.

Drugs and road traffic accidents is another major concern. In areas with major concentrations of dance venues, this has led to measures such as offering public transport to and from events.

6. Action at EU level

In 2002, a resolution of the Council and of the representatives of the Member States on the prevention of the recreational use of drugs (8) summarised the points above and invited Member States to:

- consider the importance of interactive and well-targeted information and awareness strategies aimed at the public in general and young people in particular;
- provide easy access to information, for example via the Internet;
- promote alternative leisure activities;
- reduce the risks of recreational drug use;
- involve families and society in general in preventing such drug use, especially through youth organisations;
- promote prevention programmes and communications strategies based on the particular needs of different target groups; and
- continue efforts to curtail the supply and promotion of addictive substances to young people, and thus lower the demand.

The EMCDDA will continue to exchange information with Member States on how recreational drugs are being used, patterns of consumption and responses. There is also a joint action on new synthetic drugs, in which the EMCDDA has a central role. The EU action plan on drugs (2000–04) aims 'to reduce significantly over five years the prevalence of drug use, as well as new recruitment to it, particularly among young users under 18 years of age'.

Conclusions

Recreational drug use — policy considerations

This policy briefing summarises the state of recreational drug use in the EU and current policy issues, and indicates further sources for those who wish to know more. The following considerations are of particular interest to policy-makers.

1. The relatively high level of drug use in recreational nightlife settings requires targeted and specific responses. In turn, these demand targeted research into patterns and contexts of use, risk perception and responses.
2. The entertainment and alcohol industries should be monitored and involved in measures to curtail the supply and promotion of, and demand for, harmful psychoactive substances, including alcohol, to young people.
3. The consequences and risks of recreational drug use should be scientifically assessed. Appropriate responses should be made by the social and health sectors. We need to know more about the long-term risks of drug use.
4. To reduce individual and public health risks, realistic responses in nightlife settings need to focus on providing personalised, evidence-based and balanced information, especially about the possibility of long-term health damage. Attempts to control drug availability are not adequate responses for reducing risk.
5. Safety in recreational settings is a matter for legislation and for the organisation of recreational settings. Safe-clubbing guidelines provide the most promising and politically-feasible measures to reduce acute risks.
6. The EU and individual Member States need to continue to have a high degree of cooperation and information exchange, with the close involvement of the EMCDDA, to maintain a clear focus on this important issue — and arrive at realistic and effective solutions.

Key sources

[1] Shapiro, Harry (1999), *Waiting for the man: the story of drugs and popular music*, Helter Skelter Publishing, London.

[2] EMCDDA Annual Reports, 2001 and 2002.

[3] Ramsay, M. et al. (2001), 'Drug misuse declared in 2000: results from the British crime survey research study', *Home Office Research Study*, Vol. 224, Development and Statistics Directorate.

[4] Calafat, A. et al. (1999), *Night life in Europe and recreative drug use*, Sonar 98 Irefrea, Spain.

[5] Calafat, A. et al. (2001), *Risk and control in the recreational drug culture*, Sonar Project Irefrea, Spain.

[6] Bellis, M. et al. (2000), 'Ibiza uncovered: changes in substance use and sexual behaviour amongst young people visiting an international nightlife resort', *International Journal of Drug Policy*, Vol. 11, pp. 235–244.

[7] Solowij, N., Hall, W. and Lee, N. (1992), 'Recreational MDMA use in Sydney: a profile of 'ecstasy' users and their experiences with the drug', *British Journal of Addiction*, Vol. 87, pp. 116–117.

[8] Council of the European Union, Codrogue 36, 7971/02, BXL, 15 April 2002.

Web information

www.clubhealth.org.uk
(safe clubbing guidelines)

www.drug-prevention.de

www.drugcom.de

www.eve-rave.de

www.sindrogas.es

www.clubscene.ie

www.checkyourdrugs.at

[www.emcdda.org/multimedia/
project_report/responses/
pilltesting_report.pdf](http://www.emcdda.org/multimedia/project_report/responses/pilltesting_report.pdf)

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