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Recreational drug use among clubbers in the South East of England

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Illicit drugs have been associated with the dance and 'rave culture' since its emergence in the late 1980s but with the expansion and commercialisation of the dance scene it has been suggested that more young people are now experimenting with illicit drugs. This study focused on clubbers attending mainstream nightclubs to assess their use of illicit drugs, alcohol and tobacco, the role of drugs in the 'dance' culture and strategies used by drug-taking clubbers to minimise risks.

Key points

- 79% of the clubbers had taken drugs at some time in their life, compared with 50% of 16- to 29-year-olds surveyed for the British Crime Survey 2000. Levels and patterns of drug use varied greatly from 9% at a leisure park event to 70% at an established dance/gay club.
- Ecstasy was by far the most commonly used drug whilst clubbing, followed by cannabis and cocaine. Compared with lapsed drug users, current drug users were experimenting with a wider range of substances, including synthetic drugs such as ketamine and GHB.
- Despite such high levels of drug use, less than half of the current drug users felt that taking drugs was an integral part of their social life.
- Most of the club-goers had drunk alcohol on the night of the interview and two-thirds of these were classified as hazardous drinkers. A third of the overall sample was using both drugs and alcohol on the night of the survey.
- Most of those interviewed were aware of the risks of drug taking; had actively sought information about the physical and mental health consequences and had taken measures to minimise those risks.
- Interviewees bought their drugs from trusted known suppliers – usually friends – and brought them to the venue. They felt this minimised both the health risks and legal consequences of their drug taking.
- A rigorous search policy would appear to be the most effective means of reducing drug taking inside clubbing venues. In addition, venues should be designed to minimise potential adverse reactions, with space, ventilation, cooling off areas, free water and properly trained staff.

The 1990s saw the emergence of widespread recreational drug use amongst young people (ESPAD, 1999). The 2000 British Crime Survey (BCS) reports that around a third of both 16- to 19-year-olds and 20- to 24-year-olds admitted using drugs in the previous year. Recreational drug use has been linked with the emergence of a strong dance club culture in the UK in the 1990s (Collins and Godfrey, 1997). A number of

studies have suggested that drug use is far more widespread amongst clubbers than young people in general (Measham et al., 2001).

As dance music and club culture have been absorbed by mainstream youth culture there has been an increasing concern about the use of recreational 'dance drugs' such as ecstasy, amphetamines and LSD (Measham et al., 2001).

In addition, clubs are now often perceived as late night bars and, therefore, alcohol use amongst clubbers has become more of an issue. This raises not only the public health aspect of excessive alcohol consumption, but additional concerns about the potential harm when alcohol and drugs are consumed together.

This study aimed to measure the extent of recreational drug and alcohol use amongst clubbers and to compare this with the results of other similar surveys and the findings from the BCS 2000 drug component. It also aimed to describe the social context within which drug use takes place and to examine the strategies drug-taking clubbers use to minimise the risks associated with their drug use.

Methods

A survey of club-goers was undertaken across eight events in six nightclubs in South East England. 760 clubbers were interviewed at the events. Each club was selected as a mainstream commercial venue. Given the limitations of working in the club environment a random sample was not possible. However, attempts were made to recruit even numbers of male and female clubbers. In addition, a gay venue was included in order to recruit gay, lesbian or bisexual interviewees. Follow-up, in-depth interviews were then conducted with 26 club-goers to explore in more detail the role of recreational drug use in their clubbing.

A key issue for the authors was the likelihood that many of their respondents would be under the influence of drugs and alcohol when interviewed. They had to establish whether an interviewee was capable of giving informed consent and whether the information which respondents provided during their interviews was valid. Visible signs of intoxication were assessed (see Methodological note).

Findings from the survey

Illegal drug use

The young people interviewed as part of this study are far more likely to be drug users than other young people of the same age (Table 1). 79% of those surveyed had used drugs at some stage in their life, compared with 50% of those of a similar age surveyed by the BCS 2000 (Ramsey et al., 2001). Rates of use were consistently higher for all drugs.

Cannabis was the most commonly used drug on a lifetime measurement. However, on the survey night, ecstasy was the most frequently used drug, followed by cannabis. Over a third of respondents were using drugs on the night they were interviewed.

Clubbers seem more likely to experiment with a wider range of illicit substances, particularly synthetic drugs such as ketamine and GHB. This was most apparent amongst current drug users – 35% had taken ketamine and 13% GHB (Table 2). Amongst lapsed drug users, the figures were 7% and 3% respectively. Current users were also more than twice as likely to have tried crack, magic mushrooms, heroin, temazepam and viagra.

Patterns of drug use varied widely between venues. The highest reported use was at a monthly event in the dance/gay club. 70% had used or intended to use drugs

Table 1 Lifetime drug use comparing the current study and British Crime Survey (2000)

	Current study (2000)	BCS 2000 16- to 19-year-olds
Ever used	%	%
Cannabis	73	44
Amphetamines	46	22
Amyl Nitrate	32	16
LSD	31	11
Ecstasy	52	12
Magic mushrooms	24	11
Cocaine	46	10
Tranquillisers	9	5
Heroin	4	2
Crack	7	2
Methadone	2	1
GHB	6	–
Viagra	3	–
PCP	3	–
Ketamine	17	–
All drugs	79	50

that night. The lowest was at a leisure park venue where less than a tenth had used drugs that night. The popularity of ecstasy was particularly apparent at the events where drug use overall was high. For example, at the dance/gay club event, two-thirds of clubbers used or intended to use ecstasy compared with a quarter admitting cannabis use.

Table 2 Prevalence of lifetime drug use – current and lapsed users

	Current drug users	Lapsed drug users
Ever used	%	%
Cannabis	91	90
Ecstasy	89	77
Cocaine	81	53
Amphetamines	76	68
Poppers	56	31
LSD	53	43
Magic 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

Note: Current drug users were defined as those who had used drugs (not only, but could include cannabis) in the last three months and intended to use drugs in the future (44% of the sample). Lapsed drug users were defined as those who have tried a variety of drugs (not only, but could include cannabis) but have not used drugs for at least three months (14% of the sample).

Attitudes to drug use

Most of those surveyed (80%) agreed that recreational drug use is a normal part of young people's lives. However, perhaps more surprisingly, only a quarter felt that drug use was an integral part of their own social life and most felt that they would enjoy the clubbing experience without the associated drug use. However, only a quarter of current drug users strongly agreed that they would happily go to a club and not take drugs. Furthermore, a tenth of lapsed users did feel that drugs were an integral part of their social life, suggesting that they might return to drug use.

Source of drugs

On the night of the interview, friends or acquaintances had supplied most respondents (75%) with their drugs and these were cited as their usual source. Very few (16%) claimed to buy from a regular dealer either in a club or other location. However, 'friend' in this context was often used to refer to a reliable supplier who provides a quality product, rather than someone with whom the respondent socialised. This lends support to other studies that have found that young people tend to deal informally amongst themselves (Dorn and South, 1990 and Measham et al., 2001).

Clubs' search policies

Most of those interviewed brought their own supply of drugs with them to the club. The club's search policy will therefore have a direct impact on the amount of drugs consumed inside. Only a third of clubbers reported being searched on entering the club, though there were wide differences between venues and events. Most considered door staff searches as ineffective, either not being undertaken at all or only in a limited or superficial way. Even when searches did occur, female clubbers were usually not searched by the predominantly male door staff.

Alcohol and tobacco use

90% of clubbers had either consumed or intended to consume alcohol on the night of the survey. A quarter of these had consumed or expected to consume more than the weekly-recommended limit in just one night. Findings from a shortened version of the Alcohol Use Disorders Identification Test (AUDIT) indicated that 60% of drinkers could be classified as hazardous.

AUDIT

The AUDIT is a tool used by generic medical staff to identify problematic alcohol use. It only identifies problematic alcohol use and not dangerous drinking patterns.

Clubbers drunk more frequently and consumed more than 16- to 24-year-olds sampled in the general household survey (ONS, 1999). These findings on alcohol use suggest that many clubbers are developing problematic and potentially dangerous drinking habits. At some of the clubs, excessive alcohol use was a more pressing issue than illicit drug use.

Furthermore, a third of the clubbers were combining alcohol with illicit drugs, potentially exacerbating the risks they are taking. Results also indicated that the heaviest current drug users are less likely to be hazardous drinkers, but that former drug users are particularly likely to be drinking at very high levels.

Levels of smoking were higher among clubbers than the general population of young people, with half smoking regularly. Those who were current drug users were more likely to smoke.

Findings from the follow-up interviews

26 in-depth interviews were held with regular drug-experienced clubbers. They explored the context within which clubbers use drugs, their clubbing activity and the strategies they used to protect themselves from potential legal and physical risks. As far as possible the demographic profile of the interviewees mirrored that of the larger survey.

History of drug use and patterns of current use

Most interviewees described a similar path of experimentation with drugs, beginning at around the age of 13 or 14. Alcohol, followed by cannabis, was the first substance tried. Typically, LSD and speed were tried next. Ecstasy was, by and large, the next drug to be tried – usually in a club location. Introduction to other substances, such as cocaine, ketamine or GHB was more likely to occur at a party rather than a club.

These respondents saw drug use as an integral part of a good clubbing experience and some drugs, particularly ecstasy, were specific to the clubbing experience. Indeed, much of the rather ritualistic planning that went into organising a night out at a club went into deciding what substances the night would require and sourcing and acquiring them. However, drugs were also used outside of the clubbing environment, suggesting that drug use was a broader lifestyle choice for these club-goers.

Calculating the risks

Interviewees did recognise the potential health risks attached to drug taking. Most had sought out information to verify that their drug use was not physically or psychologically harmful and many felt they had developed risk reduction techniques to minimise the impact of their drug taking. However, whilst some of these were sensible and based on actual harm reduction strategies (e.g., keeping hydrated), others were based on urban myths and not proven to be of any benefit (e.g., taking vitamins).

Knowledge, particularly in relation to the longer-term health impact of drug use, was patchy. Few interviewees expressed concerns about the potential long-term impact of their drug use on their physical or mental health – even if they or a friend had had a bad experience with drugs.

The clubbers were also relatively unconcerned about the potential legal risks of their drug taking. Most believed that the strategies they employed protected them from the most serious legal consequences. These included buying from

trusted sources, never purchasing drugs in a club and taking their own drugs into a club. Most felt that the likelihood of being searched effectively or arrested was remote. In addition, they felt that if they were arrested, it was most likely that they would receive a police caution.

Policy implications

These findings suggest high levels of drug use among young people attending mainstream clubs. Moreover, those interviewed consider recreational drug use to be an integral part of their clubbing experience. These young people also consumed very high levels of alcohol and tobacco, suggesting that policy initiatives should address the health and social problems associated with wider substance use.

Clubbers are therefore an easily identifiable group for targeted initiatives. It is likely that stopping people taking drugs in the first place would be ineffective with this group. Rather, they are more likely to be receptive to practical information focusing on safe use/harm reduction and on the immediate negative effects of drug taking. The in-depth interviews suggested that clubbers actively seek information.

A holistic approach tackling short, medium and long-term health consequences covering the physical, mental and social risks of drug taking could be considered. Dissemination of public health information at clubs could be effective – either through leaflets and posters or even through an outreach worker on site. However, the key point from the study is the need for targeted responses to meet the specific needs of the audiences who use these different venues. This research suggests that examination of the venue, music policy and customer base could allow such public health initiatives to be designed and targeted effectively.

Practical measures can also be taken within the club environment to minimise risk. These include provision of:

- operating policies to prevent overcrowding
- adequate air conditioning and ventilation systems
- freely available water
- 'chill-out', cooler areas
- a first aid room with staff trained to deal with drug/alcohol-induced problems
- bar staff trained to serve alcohol appropriately and to recognise the signs of intoxication.

The findings that most clubbers bring their own supplies of drugs suggest that strategies focusing on drug dealing in clubs would not be particularly useful. Instead, more rigorous searching policies should be adopted and enforced. The police could assist club managers in devising an appropriate search policy. Door staff would need to be fully trained in the procedures for searches and for dealing with any substances found. All club staff should be aware of the potential for drug dealing and be briefed about appropriate action to take.

All these measures require constructive working relationships between local authority licensing units, the police, Drug Action Teams (DATs), local drug and alcohol services, club owners and managers and event promoters. Only by co-operating with one another can effective measures be developed and monitored. The *Safer Clubbing Guidance* (Home Office, 2002) sets out how this can be achieved. DATs, which have clubs in their areas, are responsible for implementing this guidance at the local level.

Methodological note

The fieldwork for this study took part in January and February 2000. Interviewers recorded the visible signs of intoxication displayed by interviewees during the interview and rated each interviewee on an intoxication scale (where 0 = no signs and 5 = extremely intoxicated). Using this subjective assessment they classified 90% as at or below level 2 and considered that these interviewees were all able to take part in coherent interviews. The study design also included a development phase where problems were anticipated and a protocol was drawn up which outlined all fieldwork procedures (see full report for details).

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For the full report, see *Calculating the risk: recreational drug use among clubbers in the South East of England* by Ann Deehan and Esther Saville (2003). This is an on-line report and is available on the Home Office RDS website <http://www.homeoffice.gov.uk/rds/>

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