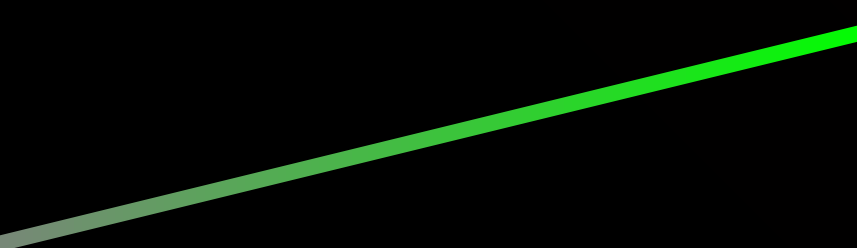# Night Lives

Reducing Drug-Related Harm
in the Night Time Economy

# Night Lives

**Reducing Drug-Related Harm
in the Night Time Economy**

By Henry Fisher and
Fiona Measham

Executive Summary

**The UK's night time economy is failing to protect its most valuable asset: the people who go out and enjoy it. Night Lives: Reducing Drug-Related Harm in the Night Time Economy, a joint report by the All-Party Parliamentary Group for Drug Policy Reform, Durham University, The Loop and Volteface, advocates for the adoption of a set of bold yet practical initiatives across our towns and cities to address this failure. Aimed at stakeholders including the night time industry, local authorities, police forces and public health, Night Lives offers new ideas for reducing drug-related harm in the UK's night time economy (NTE).**

The history of drug-related harm in the NTE reveals that drug-related deaths have acted as a catalyst for most policy and licensing developments relating to drugs, whether progressive, such as Manchester City Council's early adoption of Newcombe's Safer Dancing Guidelines, or regressive, such as the repeated attempts to close Fabric in London. This report bucks that trend.

Drug-related deaths due to ecstasy and cocaine continue to rise and are at their highest since records began, while hospital admissions due to these drugs have risen dramatically in recent years. Admissions for cocaine alone have increased by 90 percent since 2011. This rise is seen despite drug usage rates remaining broadly consistent over the same time period.

Our clubs and bars, once at the forefront of creating safer dancing environments, now find themselves relying on guidance that is over two decades out of date. A refocusing of national drug policy and resources away from harm reduction has left our night life environments more vulnerable to drug-related harm than ever. Licensing fears and landmark closures have left venues obliged to harden their 'zero tolerance' rhetoric towards drugs, leaving them ill-equipped to deal with the unavoidable realities of drug use. Alongside the post-austerity squeeze on public services, many local authorities and police forces fail to acknowledge their role in protecting the public from drug-related harm, directing responsibility towards licence holders.

The UK's drug market is rapidly evolving, with common street drugs continuing to increase in strength and purity, an ever-widening array of substances in circulation, and misselling and adulteration a major and growing public health concern. Combined with this, we have a new generation of recreational drug users, many of whom are less familiar with the basic harm reduction practices of previous generations.

Night Lives documents the substantial costs resulting from this failure to address drug-related harm. The burden on hospital Accident and Emergency departments from incidents associated with club drugs has more than doubled in the last four years, while disorder in the NTE relating to poor drug use practices, often exacerbated by co-consumption of alcohol, is also estimated to have increased dramatically. Every drug-related death that occurs in the NTE, as well as being a tragedy in its own right, requires significant police resources, including a week of police time, and costs in excess of £10,000 of taxpayers' money. Such incidents are often the trigger that leads to the closure of venues, the city centre hubs for young and not-so-young adult community engagement, such as London's Fabric, Birmingham's Rainbow and Glasgow's Arches, and to other venues remaining precarious to closure, such as the UK's dramatically decreasing number of LGBTQ venues. The social, economic and cultural costs are substantial, but could be vastly reduced by the implementation of effective harm reduction initiatives such as those recommended in this report.

Based on in-depth interviews with over 50 key stakeholders, this report concludes that the major perceived barriers to implementation of initiatives to reduce drug-related harm can be overcome through partnership working and a greater understanding of their wider positive impact among all stakeholders. The report also recommends the introduction of four key initiatives for the night time economies of our towns and cities:

– Drug safety testing services available to the general public in night life districts;

– An independent information campaign on reducing drug-related harm;

– Training for night life staff in how to respond effectively to drug use in the NTE;

– The adoption of the UK festival drug policy of '3Ps: Prevent, Pursue, Protect' in licensed venues.

The report identifies the perceived barriers to implementation of these initiatives for stakeholders in the NTE and presents solutions to these barriers. Night Lives demonstrates that these initiatives:

– Strengthen the ability of venues to uphold the objectives of the Licensing Act 2003, promoting both public safety and the prevention of crime;

– Provide a distinctive and effective means of reducing drug and alcohol-related harm;

– Promote orderly and vibrant night life environments;

– Reduce the workload of security staff, police and health services that work in the NTE;

– Promote partnership working between industry and other stakeholders;

– Add value to local public health strategies by addressing wider public health concerns beyond club drug use to 'make every contact count', and by providing a valuable point of contact for a demographic that rarely engages with public services.

# Chapter 1

Introduction

The UK night time economy (NTE) is priceless. In direct economic terms alone, it has been estimated to contribute in excess of £66 billion to the UK economy, accounting for nearly 6 percent of GDP, and employing 1.3 million people.[1] It keeps people flocking to our towns and cities and is a huge source of social and cultural capital, providing iconic venues, homes for new music, and space where people can socialise, relax and unwind. For example, British music alone contributes £1.4 billion in exports.[2] However, it is not simply the venues, the music and the infrastructure that keep our night time environments vibrant, varied and exciting places to be, it is the people that go out and enjoy them. Their health and wellbeing must remain top priorities if the UK's night life is to continue to flourish.

Initiatives exist to address many of the anticipated risks encountered in the NTE, and open conversations frequently occur on issues ranging from alcohol harms to reducing violence, safeguarding against vulnerability, and raising awareness of mental health. However, harms relating to club drug use, and how to address them, are all too often overlooked. Legal, political and cultural barriers prevent dialogue on drug-related issues in the NTE, and much needed conversations about the practical solutions are glossed over. Venues express concern for their licences; councillors, mindful of the need for re-election, shy away from controversial issues; and police negotiate potentially ambiguous drug laws, squeezed budgets and competing enforcement priorities.

**Drug Use in the NTE**

Drug use within UK night life environments is unavoidable, with clubbers more likely to take cocaine, ecstasy and cannabis than non clubbers. It is estimated that frequent clubbers are 10 times more likely to take Class A drugs than non clubbers, with over 20% of frequent clubbers (going to clubs 4 or more times a month) taking Class A drugs in 2017 compared with 2% of adults who had not attended a club in the last month.[3] Not a single dance club venue in the UK can confidently claim be drug free, and yet divergence between the reality of what occurs in our clubs and bars and the rhetoric of 'zero tolerance', often necessitated by the licensing conditions mandated by councils, leads to a failure to adequately address the drug-

related harm in these environments. Individual venues can become scapegoats for this failure, while other stakeholders responsible for ensuring the safety of our NTE can 'pass the buck', creating animosity between night life industries and regulatory authorities.

Misunderstandings from police and councils about the value and purpose of the NTE add fuel to this tension. The persistent pressure of media and public scrutiny can lead to the adoption of punitive, 'tough on drugs' approaches which, rather than tackling the problem of drug-related harm, simply damage individual venues, their relationship with regulators and the health of the broader NTE.

**Addressing Drug-Related Harm**
It is an often-repeated plea from the events and hospitality industries: if we cannot even keep drugs out of our prisons, what hope do we have of keeping them out of our pubs, clubs and bars?

Rather than focussing solely on whether and how we can keep drugs out of our night life environments, if we acknowledge that some level of drug use is inevitable in these settings, a more prescient question to ask, for all stakeholders within the NTE, is: what more can we do to help keep people safe from drug-related harm, and to enable them to keep themselves safer?

This report provides answers to this question. Innovative solutions exist and are in operation to improve night life environments and leisure events across the globe. Specifically, this report proposes four key initiatives, all of which are already in operation at leisure events, both in the UK and abroad, and recommends their implementation across our towns and cities:

– Drug safety testing services available to the general public in night time districts;

– An independent information campaign on reducing drug-related harm;

– Training for night time staff in how to respond effectively to drug use in the NTE;

– The adoption of the UK festival drug policy of '3Ps: Prevent, Pursue, Protect' in licensed venues.

The report provides a detailed description of each initiative, explains its underlying purpose, stakeholder involvement, and outlines key considerations for its implementation. If implemented on a wider scale, with support from all stakeholders and following a partnership approach, these solutions could significantly reduce drug-related harm in the NTE, and by extension contribute significant social, economic and cultural benefits.

**Providing Solutions**
The major perceived barriers to implementation of these four initiatives are addressed in this report along with practical solutions, including concerns regarding stakeholder relations and media perceptions. Licensing concerns regarding venues' implementation of these initiatives are examined and addressed, factoring in the wider impact on security staff, police and health services.

The findings and recommendations in Night Lives are intended to provide a clear guide and strategy for stakeholders currently unsure about how to address drug-related harm in their local NTE. For stakeholders unsure about whether this is an issue that is relevant to them, this report aims to inform and ignite a conversation about reducing drug-related harm that is long overdue. Moreover, these initiatives for responding to

drug-related harm place all stakeholders in the NTE on the same side, building bridges across sometimes fraught stakeholder relations, working collectively for a safer, more orderly, more enjoyable, more inclusive and more successful NTE.

## Research

50 unstructured, anonymous interviews were conducted with representative stakeholders from the police, public health, licensing, local policymaking and night life industries, including venue owners and managers, promoters and industry body representatives, as well as lawyers, policy experts and academics. Through these interviews, new initiatives to reduce drug-related harm were proposed, the real and perceived barriers to their introduction were identified, feasible solutions to these barriers were advanced, and the wider value and opportunities for integrating initiatives into wider public health and NTE strategies were discussed. From these interviews, a series of practical recommendations to help relevant stakeholders implement the four initiatives have been proposed. Details of the report's methodology can be found in the Appendix.

## Scope of this Report

This report is concerned with addressing the harms relating to drug use in the NTE and providing new, pragmatic and immediately actionable solutions within the current legal framework. Of principle concern are harms relating to what are typically considered 'club drugs' in the UK: predominantly, MDMA, cocaine and ketamine, but also to a lesser extent psychedelics, GHB/GBL, amphetamines and New Psychoactive Substances (NPS).[4]

Alcohol-related harm in the British NTE, and initiatives to counter them, have been addressed extensively elsewhere and are not this report's primary concern.[56] The differences between the legal status and licensing requirements relating to alcohol in comparison to other drugs means that there are many concerns that relate to other drugs that simply do not apply to alcohol, and vice versa. However, the initiatives proposed in this report could also serve as effective and novel methods for tackling alcohol-related harm as well. This merits significant attention, as the negative impact of alcohol-related harm and excessive alcohol consumption are some of the biggest drivers of wider harm in the NTE. As many harms may be exacerbated by co-consumption of alcohol and other drugs, a regular occurrence in the NTE, initiatives that address both alcohol and other drugs have a greater capacity to counter the negative impacts of both than initiatives tackling each in isolation.

Similarly, this report is not directly considering initiatives that specifically tackle vulnerability or violence in the NTE. However, as both of these issues can be associated with consumption of alcohol and other drugs, the initiatives proposed in this report will also have a direct impact on reducing both violence and vulnerability, and this is central to considering their wider positive contribution to the NTE.

The types of drug use typically associated with the NTE are by no means limited to night time environments. Similarly, many of the issues that concern night life venues and events are priorities for organisers of daytime and other leisure events, such as festivals, gigs, carnivals and marches. Other stakeholders, including police and councils, will see many similarities in both environments, with the lines between day, evening and night time events increasingly blurred with the development of '24 hour' cities. Many of the arguments and recommendations relating to drug and alcohol harms, licensing, policing, security and welfare issues that are raised in this report, are just as relevant for daytime and other leisure events, albeit with some different priorities, and so should also be considered in the context of these events.

Recent research comparing different drug policy regimes suggests that state regulation of legal and illegal drugs removes the uncertainty around their contents and provides new opportunities and resources for education, prevention and treatment, which could greatly reduce drug-related harm.[7] However, as this is not currently within the law and there is currently little political or public appetite to legally regulate club drugs, discussions on drug policy reform and the potential impact of state regulation of the illegal drug trade are beyond the scope of this report.

# Chapter 2

A Brief History of Reducing Club Drug-Related Harm in the UK
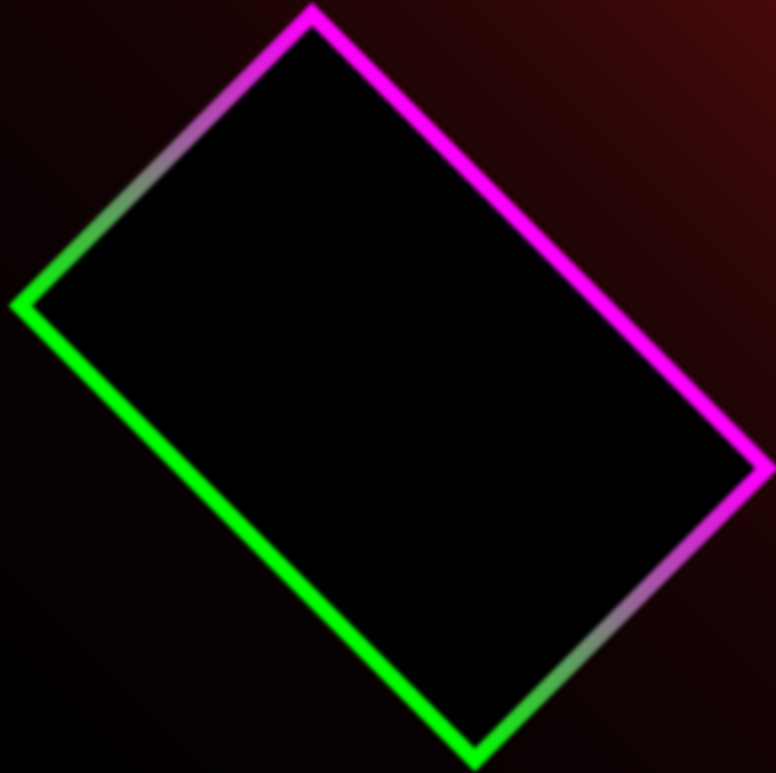
The recent history of club drugs in the UK – their introduction and attempts to reduce their harm – illustrates how attitudes have changed both for better and for worse over a relatively short time period. In particular, it highlights a time when not only was reducing the harm from club drugs a greater priority for all stakeholders than it is now, but a time when the UK was pioneering good practice in night life policy. The question then is why is it so often overlooked currently, when now, more than ever, new initiatives are needed to tackle these harms?

### The Emergence of Club Culture
A cultural earthquake happened in the UK in the late 1980s. House music, imported from the gay and black clubbing scenes of US cities like Chicago and Detroit, combined with the Balearic beats of Ibiza to reshape and revitalise UK nightlife, resulting in the emergence of the acid house and rave scene, fuelled by ecstasy and other stimulant drugs. Ravers returning from Ibiza brought with them the concept of dance clubs and sought to recreate their experiences in the UK in clubs like Shoom and the Haçienda. Gradually raves moved from illegal parties in fields and warehouses to events held by promoters in indoor licensed nightclub venues, a development accelerated by police pressure, a number of existing laws, and also Section 63 of the Criminal Justice and Public Order Act 1994, which specifically criminalised outdoor parties of over 100 people, along with criminalising rave music itself with subsection (1) (b), which notoriously forbade 'sounds wholly or predominantly characterised by the emission of a succession of repetitive beats'.[8][9]

The founding of iconic 'superclubs' across the 1990s such as the Ministry of Sound, Cream, Gatecrasher and at the end of the 'decade of dance' Fabric, broadened the appeal of clubbing, established electronic dance music as a multimillion pound business within the UK NTE, and differentiated clubbing culture from other music and night life entertainment.[10] Venues often found themselves unfamiliar with the health and safety needs of this new audience, unprepared to deal with the harms associated with club drug use, and unaware of the role simple practices such as providing free tap water and reducing ambient temperatures could play in reducing club drug-related harm.[11] While peer-led education and information on reducing club drug-related harm spread amongst the clubbing community, venues were in desperate need of practical advice, with the threat of closure hanging over many, and the fear of on-site deaths looming large.

### Club Drug Research Pioneers
The first research on UK raves, dance clubs and club drug use was conducted by the Rave Research Bureau, led by Russell Newcombe and staffed by Fiona Measham and others. The research, consisting predominantly of covert observation at early 1990s raves, assisted some of the earliest dance clubs within licensed premises to keep their licences when threatened with closure due to illegal drug use on their premises, an issue not faced by earlier outdoor and unlicensed raves. The ad hoc research team spent their weekends monitoring drug use, drug dealing, violence and disorder at raves, identifying environmental risk factors and writing reports outlining recommendations to improve safety and reduce harm at venues, transferring the principles of harm reduction from the 1980s Merseyside heroin scene to the context of club drug use.[12] Drawing on this research, Newcombe devised his Safer Dancing recommendations,[13] which established many of the standard practices that are now seen as basic requirements for licensed venues around the world: chill-out areas, free water, sufficient

ventilation, functioning fire exits, and trained and competent security and bar staff.[14]

## Manchester Leads

Alongside the Rave Research Bureau, a Manchester-based drug treatment service, Lifeline Project, began developing literature directed aimed at the club drug-using population. Working closely with Newcombe, Mike Linnell, Lifeline's artist in residence, developed Peanut Pete, a series of cartoons communicating drug-related harm and how to reduce it, designed with a humorous, irreverent and engaging style.[15] The cartoons proved popular with clubbers, other drug using groups, and with wider public health and drugs services, playing a significant role in communicating basic harm reduction practices to a wider clubbing audience.[16]

Following the death of 16-year-old Claire Leighton in the Haçienda in 1989,[17] the UK's first reported ecstasy-related death, and subsequent concerns over overheating, dehydration and rave-related deaths,[18] Manchester Council and key councillors such as Pat Karney increasingly acknowledged both the economic contribution of dance music and dance clubs to the city and the need to protect young people attending them. Drawing on Newcombe's Safer Dancing recommendations, at the height of the 'Madchester' rave scene in 1992, Manchester City Council, Lifeline Project and Newcombe developed the world's first local authority policy on harm reduction within dance clubs. The significance was not just that the recommendations stood the test of time and remain at the core of nightclub good practice more than 25 years later, but that they were mandatory conditions, not guidelines, that utilised licensing legislation for harm reduction in relation to illegal club drug use in dance club settings.[19]

## Local Progress and National Resistance

Despite progress in Manchester and in pockets elsewhere, the years between 1994 and 1996 marked a low point in the relationship between the night life industry and central government. Michael Howard, then Home Secretary, proclaimed during his speech at the 1996 Conservative Party Conference that nightclubs were havens for drug use, and drug-specific measures were needed to expedite the removal of licences from venues deemed problematic - an approach that could not have been further from the partnership-led initiatives achieving success in Manchester. This resulted in a number of legislative changes, including provision to make licence holders legally responsible for on-site dealing and drug deaths, resulting in a number of high profile convictions. Another legislative change, the Public Entertainments Licences (Drug Misuse) Act 1997, gave police and licensing authorities the power to revoke the licence of any venue where drug use was deemed a 'serious problem'. However, as this phrase was never clearly defined, the new Act was operationally problematic, leaving it to individual police forces to determine what constituted a 'serious problem', and subsequently was contested by defence lawyers at licence reviews. One of the notable club closures at this time was the iconic original Manchester rave club, the Haçienda, which lost its licence in 1997 due to prolonged drug and gang-related problems on site.[20]

The Act was soon repealed by the New Labour government, following a recommendation from the Bar Entertainment and Dance Association (BEDA), and marking the beginning of a brief and partial rehabilitation process between government and the night life industry, particularly in relation to drugs. Besides Lifeline in Manchester, a number of organisations began

delivering outreach support to club drug using communities during the 1990s, most notably HIT in Liverpool, Release in London, which had historically delivered both welfare and drug-related advice at free parties and festivals alongside its legal work, and Crew2000 in Scotland. By the time club harm reduction was introduced in London, support from Manchester City Council and elsewhere had legitimised the practice.

**National Guidelines**
In 1996, the London Drug Policy Forum (LDPF) published Dance Till Dawn Safely,[21] a guide that echoed Manchester's Safer Dancing guidelines, and led to the formation of a partnership with Release to create the Safer Clubbing campaign, which included a poster campaign and distribution of literature on reducing drug-related harm across London. A newly engaged Home Office, with Bob Ainsworth MP as the minister responsible for drugs, worked with Release and the LDPF to jointly produce the Safer Clubbing Guide in 2002.[22]

This Home Office-endorsed report set a new peak in the understanding of club drug-related harm between government and the night life industry, represented a recognition at national level of the findings and recommendations of Newcombe's original research, and created the benchmark for future guidance on reducing drug-related harm in the NTE. By this point, however, club drug use practices were beginning to change, with dancing and ecstasy giving way to cocaine and alcohol-fuelled café bar culture.[23] Many venues had adopted the policies advocated in Safer Clubbing years earlier, and as they were only guidelines with no legislative enforcement behind them, venues that did not follow them felt no legal compulsion to change their ways. So, while the symbolic significance of Safer Clubbing

was substantial, in practical terms the guide was largely obsolete.

As the 2000s progressed, attention shifted firmly onto alcohol, as concerns about binge drinking increased. In response, the Licensing Act 2003 was implemented in 2005 and schemes such as Best Bar None, first piloted in Manchester in 2003, were established to address the concerns caused by alcohol use. An update of the Safer Clubbing guidelines was released in 2008 as Safer Nightlife, with an additional focus on alcohol harms and sexual health, as well as updates reflecting changing trends in drug consumption.[24] However, it was not until 2010 when mandatory conditions including responsible alcohol promotions and free tap water at licensed premises were enacted that the most irresponsible alcohol retail practices that had fuelled the binge drinking epidemic of the early 2000s were curtailed. This was in response to a 2008 review published by the Home Office and KPMG, based on covert observations in over 600 licensed premises. Thus, ironically, it was concerns over binge drinking rather than rising club drug deaths, that resulted in the requirement to provide free tap water at licensed premises in the UK.[25]

The Advisory Council on the Misuse of Drugs (ACMD) published its review of the harms and classification of ecstasy in 2009.[26] Among the recommendations was the acknowledgement that a harm minimisation approach to addressing non-problematic ecstasy use should be recommended, citing the Safer Nightlife guidelines as an example of best practice that should be encouraged, and providing harm reduction advice for people who use MDMA. Additionally, the ACMD recommended: "Consideration should be given to developing a national scheme for the purpose of testing

MDMA with a view to providing harm reduction advice and developing monitoring data." This recommendation, along with the recommendation on declassifying MDMA from Class A to Class B, was rejected by the government.

**Policy Change and Stagnation**
The focus of the UK's drug policy changed in 2010. Harm reduction, which had, alongside prevention, remained one of the main guiding principles of UK drug policy since the mid 1980s and the HIV/AIDS pandemic, was deprioritised in favour of abstinence-based recovery.[27] This change reflected a concern from the new Coalition Government that more effort should be made to help people with problem drug use to create change in their lives. However, one unintended outcome of this new policy was a decreased focus on harm reduction in the context of recreational drug use which constitutes the majority of drug use, undermining the ACMD's recommendations in its 2009 ecstasy review. Subsequent cuts to public health and drug treatment budgets, along with the decision by Government in 2012 to move the responsibility of drugs services to local authorities, have all further decreased publicly funded harm reduction services, almost to the point of elimination. Harm reduction pioneers have also been casualty to these cuts, with Lifeline closing in 2017.

In the ten years since the release of Safer Nightlife, and 25 years since the original Safer Dancing Manchester council policy, the only addition to the guidelines on countering drug-related harm in the NTE has been a 2011 release, Drugs at the Door, advising the adoption of amnesty boxes.[28] The policy focus has shifted towards a greater emphasis on preventing drugs entering venues, with increased use of drug detection dogs, increasingly robust

searches of customers upon entry, staff training and staff vigilance. A recent briefing by the Beer and Pub Association, in partnership with National Pubwatch does not feature any guidance on reducing drug-related harm.[29] Meanwhile, security in the NTE has refocussed on counterterrorism policy, in light of licensed venues and leisure events increasingly being seen as a priority target for terrorism.

**Reducing Drug-Related Harm Today**
Many festivals have maintained a strong focus on reducing drug-related harm, and it is these leisure events that have continued to drive innovation. Harm reduction initiatives introduced at festivals include specialist on site medical, welfare and psychedelic support services and the replacement of 'zero tolerance' policies with the '3Ps: Prevent, Pursue, Protect' drug policy. Most notably, since 2016, a number of festivals have introduced Multi Agency Safety Testing, provided by the non-profit NGO The Loop.[30] Despite attempts to introduce drug safety testing to the general public in various city centre locations, these various festival initiatives have yet to be implemented in night life environments.[31]

A number of high quality sources of information now exist for people who use club drugs.[32] The Global Drug Survey monitors drug use practices and provides information and web tools reducing drug-related harm,[33] while the Government's own source of drugs advice, Talk to Frank, previously criticised for bias and lacking credibility, now provides more balanced information, including some basic advice on reducing drug-related harm. However, while this information exists in the public domain, reduction in funding and support for effective outreach and communication campaigns means that those who would most benefit from advice and information

are often not engaged. In the absence of highly visible public information, peer-led harm reduction initiatives on social media, such as Facebook groups and YouTube channels have risen in prominence as sources of information on reducing drug-related harm,[34] a repetition of the early years of club drug use, when harm reduction information was primarily shared by peer-run websites.[35] Significant public desire for information on reducing drug-related harm exists, yet insufficient information is being provided in one of the settings where recreational drug use is most prevalent: the NTE.

As time has progressed, technology has improved, society's understanding of the harms of drug use has developed, the drug market has evolved and recreational drug use practices have changed, along with the people who use them. Despite this, in recent years the support and protection provided to drug using and non-using customers in the NTE has stagnated, and action to reduce drug-related harm has been overtaken by other priorities. Drug-related harm has not gone away, but while our ability to tackle it has increased, the will to do so has subsided, leaving people who take drugs in night life environments at greater risk, and adversely affecting the wider NTE.

# Chapter 3

The Current Landscape
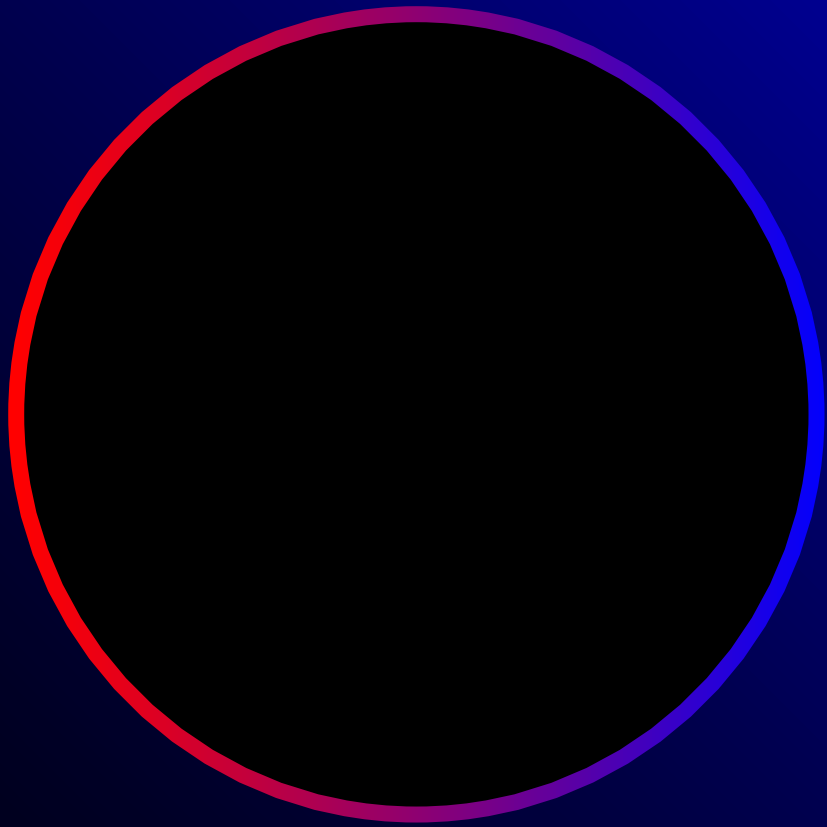
This chapter considers the current UK club drug market, the social and economic impact of club drug deaths, the disparity between the rhetoric of current policy and reality of club drug use in the NTE, and the emergence of formal NTE strategies among local authorities. From this, a clear picture of the current landscape of club drug use, its harms and wider impact on the NTE can be seen, and the magnitude of the current costs of drug-related harm and benefit of reducing them can be appreciated.

**The Current UK Club Drug Market**

Ecstasy-related deaths in the UK are the highest they have ever been, with 63 occurring in England and Wales in 2016. This number has risen steadily from 10 deaths in 2010: a six-fold increase.[36] Scotland and Northern Ireland have also seen a marked increase, from one death between both countries in 2010, to 28 and 7 respectively in 2016.[37] This has occurred alongside a five-fold increase in the average MDMA content of ecstasy pills according to analyses of police seizures, with the emergence of continually higher strength pills year on year, up to an average of 165mg MDMA per pill in the first quarter of 2017.[38][39] This is despite no significant increase in adult prevalence rates within the same timeframe: past year prevalence for ecstasy use has fluctuated at around 450,000-500,000 adults per year in England and Wales for over a decade, according to national statistics.[40]

Cocaine-related deaths have seen a similar trend, more than tripling from 112 in 2011 to 371 in 2016 in England and Wales, and quadrupling in Scotland during the same period, from 36 to 123.[41] Again, this has occurred alongside an unprecedented increase in average cocaine purity in recent years.[42] Recent increases in production, more successful new trafficking

routes, restrictions in the availability of common cutting agents and the impact of dark web imports have led to this increased incidence of high purity cocaine.[43] Prevalence rates have also remained largely consistent with past year prevalence of powder cocaine fluctuating between 720,000 and 770,000 people per year since 2013 and prior to 2010, with a dip in usage to a minimum of 610,00 between 2010 and 2012.[44]

Another factor exacerbating harms from both drugs is that the unprecedented peaks now seen in the purity of cocaine and strength of ecstasy follows a period, from 2008 to 2010, when purity of both was unprecedentedly low.[45] Part of the risk therefore, is that users, especially inexperienced and younger users, have little idea what is in their drugs and little idea of this rapid change in purity. Currently there is a time lag of many months or even years for this information to trickle through to the market and for users to adjust their dosage appropriately, often as a consequence of individual trial and error.

Polydrug use is widespread among many club drug users, although different subgenres may favour different drug combinations, with ketamine, nitrous oxide, psychedelic drugs such as LSD, magic mushrooms and 2C-B, and GHB all featuring in the drugs repertoires of different groups within the NTE.[46]

The recreational drug market has changed dramatically over the last ten years with the emergence of a host of New Psychoactive Substances (NPS), leading to some club drug users adopting new stimulants, psychedelics and dissociatives alongside more established street drugs. The arrival of new drugs has led to some club drug users supplementing and extending their palette with NPS, rather

than simply replacing existing club drugs like cocaine, ecstasy and ketamine.[47] Beginning with the rapid rise of mephedrone use from 2008 onwards,[48] a number of psychoactive substances, including ethylphenidate, methoxetamine and alpha-methyltryptamine have seen increased use in club subcultures, with uptake typically increasing rapidly to a peak during periods when purity or availability of ecstasy, cocaine and ketamine was low, before subsiding to usage by core user groups. Drug related deaths attributable to each of these substances have seen increases since their initial adoption,[49] although it should be noted that many of these deaths have been amongst low income, multiple deprivation and vulnerable drug using groups, not clubbers, who picked up cheap and easily available NPS. While basic advice on reducing drug-related harm remains broadly similar across all of these new drugs, advice on the specific harms of different drugs varies, increasing the need for provision of more detailed information and the likelihood that drug users will have incomplete knowledge of the variable risks they may encounter, especially when using new substances in combination with others. The greater range of drugs with similar appearance or effects has also contributed to the misselling of new drugs as older staples, such as substituted cathinones as MDMA and methoxetamine as ketamine.

Online darknet drug markets have had a profound effect on the availability of new and less common drugs. Recreational drug users are now no longer reliant on the inventory of their regular drug dealer, contributing to a widening of many club drug users' repertoires. The UK has been one of the most prominent adopters of darknet drug markets, with the second highest quantity of online sales (in both value and weight) of any EU country.[50] Online markets have also increased

access to higher purity drugs, as user feedback discourages misselling and creates a competitive marketplace, leading some vendors to distinguish their products through selling higher strength and purity products.

## Young People and Club Drug Use

While club drugs are used across a full range of demographics, with fastest growing rates of use currently among people aged 30 to 40, they are used most frequently by young people under 30.[51] This demographic is more likely to suffer drug-related harm as a result of inexperience, lower tolerance, increased tendency to engage in risky behaviour, and lower body mass index, all potentially making them more vulnerable to negative impact. Challengingly, this group is also least likely to be in regular contact with health services, offering fewer opportunities to engage them with information on drug-related harm through other routes typically utilised by public health.

*"It feels that there is a bit of a paradox when it comes to drug knowledge these days. The online world brings a huge amount of information that is accessible to young people whenever they want it. They can research pretty much any substance you've heard of and the opportunities to purchase through this route are greater than ever before. At the same time, something is missing. Despite some great projects and dedicated practitioners, drugs education is suffering; pastoral teams and youth services have seen real cutbacks in recent times and there are fewer opportunities for young people to discuss substance use in an informed way where they feel they are not being judged. Added to this, with changing trends in recent years and different cohorts experimenting with substances, it also seems that many groups don't have that 'guru' who can guide others around dosage and help their experiences to be managed more*

*safely. Because of this and in spite of being better connected than ever before, in some respects it feels like some people are increasingly making decisions without the guidance and support of others."*

– Youth Operations Manager,
  Drug Treatment Service

Interviewees echoed recent reports in noting that, compared to previous generations of club drug users, there has been a marked reduction in intergenerational use, and the current generation are less likely to acquire knowledge from older, more experienced drug mentors or "gurus". This reflects a broader reduction in intergenerational socialising in the NTE with the growth in increasingly niche and age-targeted licensed leisure venues with the growth of café bar culture in the late 1990s and early 2000s, and a shift away from the intergenerational traditional working men's pubs of previous decades.[52] Interviewees working in young people's drugs services noted that this, combined with greater levels of misinformation from the media, a dearth of reliable drugs education in schools, and a decline in funding for harm reduction outreach services, has left many young people more ignorant of information regarding the content and strength of street drugs, the severity of risk that excessive consumption and co-consumption may pose, or basic harm reduction practices, compared to previous generations of club drug users.[53]

Young people who engage in club drug use have very few spaces readily available to them to talk about drugs with a trusted and informed point of contact. Young people who are engaged with drugs services through all-too-rare early intervention schemes are typically highly receptive to information on reducing drug-related

harm, with interviewees noting that these young people are often "hungry for knowledge", as the popularity of social media-based harm reduction groups and videos also attest to.

**The Impact of a Club Drug-Related Death**
The most extreme and well recognised manifestation of harm from club drug use is a drug-related death (DRD). A DRD in or connected to a night time venue, while being a deeply tragic event, also has a hugely damaging impact on a venue and the wider community. When compared to levels of consumption, DRDs relating to club drugs are still a relatively rare occurrence. Newcombe estimates that in 2015, mortality rates equated to 7 deaths per 100,000 episodes of ecstasy use, based on the average ecstasy user consuming the drug twice a year.[54] Nutt and colleagues have assessed ecstasy to have a low level of physical and social harm compared to most other legal and illegal drugs using their multicriteria decision analysis model.[55] However, despite their rarity, DRDs have a profound impact, both socially and economically, and this must be fully considered if measures to reduce DRDs in night time environments are to be fully appraised.

*"The impact that a drugs fatality can have on an event in terms of the operation is significant, an event team can be stretched to breaking point. It can also of course have a massive impact on reputation, but the one area that shouldn't be underestimated is the emotional impact on the event team, medics, welfare and emergency services. We're all working towards creating a safe environment and to have the complete opposite occur can be very upsetting."*

– Managing Director, Event Production Company

The profound effect that DRDs have in the NTE means that these events have disproportionately shaped the policy landscape and licensing responses. The emotional impact of a DRD upon the victim's family and friends is immense and well recognised, but also extends to the staff and management of venues affected, and to local police.[56] A sense of responsibility is recognised by both venue management and police, provoking an increased drive to act to prevent future deaths. A pattern has emerged of the response from authorities following a DRD at a licensed venue or event, they typically fall into one of three courses of action:

– A venue's licence is reviewed and revoked. Closure of Rainbow Venues in Birmingham following the deaths of Michael Truman and Dylan Booth, and the initial closure of Fabric in London following the deaths of Ryan Browne and Jack Crosley exemplify this response.

– Stricter licensing conditions are placed on the venue to limit its business or appeal with groups with whom high levels of club drug use are more likely. This in turn may lead to the closure of the venue due to unviability of the business under the new terms. Closure of The Arches following the death of Regane MacColl, and the attempted closure of Fabric in 2014 following the deaths of four people and hospitalisations of four others between 2011 and 2014 exemplify this response.

– A venue offers or agrees with local authorities to introduce measures to better protect customers. Initiatives introduced to the Warehouse Project in Manchester following the death of Nick Bonnie and the eventual reopening of Fabric in 2017 following appeal exemplify this response. Such initiatives may include both welfare-oriented measures

(such as introducing or enhancing on-site paramedical and/or harm reduction support, increased access to free tap water, increased fans/ventilation to address ambient temperatures) and security-oriented measures (such as enhanced searches upon entry). For example, the Loop has provided a welfare and harm reduction service at every Warehouse Project event in the five seasons (4½ years) since Nick Bonnie's death.

This third option is also the most common response to DRDs at festivals. For example, following the death of Christian Pay at Kendal Calling in 2015, and a number of deaths at Boomtown Fair between 2011 and 2016, both festivals reviewed all their drug-related services, shifted their stated drug policy from 'zero tolerance' to the '3Ps' and introduced the Loop's Multi Agency Safety Testing on site at both festivals, from 2016 onwards at Kendal Calling and from 2017 onwards at Boomtown Fair.

Of these three responses, only the third is likely to have a positive impact on reducing DRDs, as the end result of the first two options is simply displacement of club drug users to other events which may or may not have increased provision for protecting against drug-related harm. Increased closure of licensed venues is likely to lead to greater attendance at, and prevalence of, unlicensed events, which are far less likely to have sufficient public health and safety provision. A doubling in the number of unlicensed events in London in 2017 has been largely attributed to the closure of licensed venues.[57]

Media coverage of a DRD can be damaging to both the venue affected and to the wider image of the night time industry. While a venue may operate for years without incident and have in place adequate measures to counter

drug-related harm, a single DRD is likely to attract more negative media attention than all their combined years of maintaining good practice, and strengthen the public association between a venue, the wider industry and drug use. Disproportionate media interest in ecstasy DRDs,[58] particularly in ecstasy DRDs in the NTE, further pressurises police and authorities to "be seen to be doing something". Consequently, incidents that might otherwise be judged as being accidental deaths or not in the public interest to investigate, warranting no significant action from police or authorities, are far more likely to be investigated in detail. A common consequence of such investigations is the arrest and conviction of the person who supplied the victim, typically either a low level professional dealer, or someone from the victim's social circle. Such arrests do little to mitigate against future drug-related harm or to reduce supply, but have significant consequences for the arrestees and sometimes also the victim's friendship network.

The economic impact of a DRD in the NTE can be considered on two fronts, policing and community. The policing costs of a death in the immediate aftermath are substantial and can be a major draw on resources for a police force, not least as they often occur on Friday and Saturday nights in busy areas, when demands on policing are already stretched. Attempted Freedom of Information requests by the authors found the exact figures on the cost of police responses to DRDs in night time venues are not kept, although the typical police procedure can provide an indication: staffing the scene of death with multiple officers for 8 hours, interviewing witnesses, oversight of the case by a Detective Inspector, forensics investigations, commissioning a toxicology report, investigating supply, coroner's court and file building, arrests, maintaining public order, and any subsequent legal costs. From interviews with police, it is estimated

that such a case, exempting further complications, requires a week of police time, and typically costs in excess of £10,000.

The economic costs to the community can be considered in terms of the loss of venues, which has a direct impact through the loss of local jobs, tax revenue, contributions to Business Improvement Districts or Late Night Levies. The direct contribution of Rainbow Venues to the local economy in the year prior to its closure was estimated at £2 million and included the employment of 64 staff.[59] Fabric employed 200 staff prior to its closure in 2016. Many licensed venues are multi functional, operating as night clubs, gallery spaces, theatres, cinemas, live music venues, sponsors of local charities, conference spaces, artists' studios and more, and so the negative social and economic impact of closure may extend beyond the NTE. The wider appeal of an area may also be reduced following the loss of a venue, and so the closure of one venue may also negatively affect surrounding businesses that rely on the passing trade. The size of a venue directly relates to the cost of its closure, with even small venues likely to cost the community in excess of tens of thousands of pounds, while closure of larger venues, as evidenced by Rainbow Venues, can cause losses that stretch into millions of pounds.

If the value of preventing an unnecessary loss of life is not sufficient enough reason, the simple economic damage that can result from a single DRD is a compelling reason to ensure reasonable measures are in place to prevent them. Rather than repeating history and only taking action in response to DRDs once they have already occurred, it behoves local authorities, police and venues to invest in measures pre-emptively, to reduce the likelihood of such deaths occurring in night time environments in the first place.

**The Impact of Increasing Drug-Related Harm and Poor Drug Use Practices**

While deaths from club drug use are the most common drug-related harm to be recognised by the press and the public, the impact on the NTE from drug use and related behaviours goes far beyond DRDs. In terms of costs to policing, healthcare, venue security and creating orderly and inclusive night time environments, other harms associated with club drug use play a far more significant role. All of these harms are exacerbated by risky drug use practices such as consuming excessive amounts or unknown substances, polydrug use, co-consumption of alcohol, and engaging in other risky behaviours whilst intoxicated.

The consequences of such practices can be anything from minor forms of public disorder, such as acting aggressively or intimidatingly, or showing signs of being visibly intoxicated, through to more major incidents, such as admissions to hospital or being arrested. Such practices increase the likelihood of requiring the attention of health services, becoming the concern of police or security services, can discourage other members of the public from entering night time entertainment districts, and increase the burden on night time staff. Policing the NTE is made significantly more difficult, and hence more costly, by greater numbers of people experiencing drug-related harm and putting ever-decreasing policing budgets under increasing strain.

Club drug-related hospital admissions figures available from NHS digital give a clear indication that there has been a significant increase in harms in recent years. Between 2011-2012 and 2016-2017, admissions where cocaine was listed in the primary diagnosis rose by 91 percent, while primary diagnosis admissions for other stimulants, including ecstasy, rose by 16 percent,

and admissions for hallucinogens, including both psychedelics and ketamine, rose by 62 percent. Of those, acute intoxication and psychosis are shown as a leading cause for all substances, both of which can be indicative of consumption of high dosages.[60]

Additionally, freedom of information (FOI) requests to all 116 NHS Trusts in the UK have revealed that, from the 54 NHS Trusts that returned figures, Accident and Emergency (A&E) admissions between 2013 and 2017 where cocaine was cited in the attendance record have more than doubled, rising dramatically from 1,767 to 3,750 mentions. A&E admissions in which ecstasy and ketamine were cited also saw moderate increases over the same period, from 188 to 271 mentions and 427 to 548 mentions respectively, although these increases were not of the same magnitude as those seen for cocaine. Full details of figures from FOI requests are given in the Appendix.

It should be noted that the number of A&E admissions in which these drugs are implicated is likely to be significantly higher than those where they are mentioned in attendance records, but these figures at least give a strong indication of trends in admissions, which show increases for all three drugs, although it is cocaine for which the trend is by far the most significant. These figures corroborate the findings of Winstock et al., who found that the number of people seeking emergency medical treatment relating to cocaine and MDMA use had both increased by 50 percent from 2015 to 2017.[61]

Admissions figures reveal the increased burden being placed on healthcare services, particularly emergency healthcare services, due to club drug-related harm in recent years. While these figures only relate to the impact on health

services, they indicate that other services dealing with drug-related harm will also have seen an increased burden placed on them in recent years.

'Safe spaces', of which there are currently 45 in operation,[62] and responsible drinking campaigns have been introduced in recent years primarily to reduce alcohol-related harm. Hospital admissions with alcohol-related primary diagnoses have seen a 15 percent drop in numbers from 2011-2012 to 2016-2017.[63] By contrast, measures to address the stark rise in drug-related harm in the NTE, and its impact on emergency services, have not been forthcoming. While there are various reasons for the significant rise in drug-related harm in recent years, including increased purity and availability of commonly used drugs, relatively low price compared with many other countries, and a rise in selling and misselling of NPS, measures to change risky drug using practices and to educate club drug users on the associated harms of the current market could greatly reduce the costs currently incurred by emergency services.

## Alcohol

Despite the rise in DRDs and hospital admissions relating to club drugs, alcohol is still far more problematic for many stakeholders in the NTE.[64] The cost of public disorder associated with alcohol use in the NTE is substantial, and despite the number of hospital admissions with alcohol-related primary diagnoses decreasing in recent years, in 2016-2017, this figure was still an order of magnitude greater than hospital admissions for all other drug-related primary diagnoses combined.[65]

The burden placed on criminal justice and health services by excessive alcohol consumption associated with the NTE is substantial, with alcohol-related arrests and hospital admissions surging on Friday and Saturday evenings, while a recent survey conducted for the All-Party Parliamentary Group on Alcohol Harm found that '90 percent of police officers expect to be assaulted on a Friday and Saturday night when they police during the night time economy', with alcohol being the primary associated risk factor. [66]

Addressing alcohol-related harm is one of the priorities of Public Health England (PHE),[67] with the UK Government estimating the overall cost to society of alcohol related harm as £21 billion, and PHE estimating the economic burden of alcohol at 1.3 - 2.7 percent of annual GDP.[68] Unique and effective approaches to reducing alcohol-related harm consequently have a clear economic driver, as well as presenting a benefit to public health and policing of the NTE.

## Reality and Rhetoric

*"I am constantly reminded of a time when I was promoting a night in Brighton. A worried-looking young man approached me and said that he had dropped an entire gram of 2C-B on the floor, in a baggie. He had looked everywhere and could not find it. For those unaware, a single gram of 2C-B constitutes over 50 doses. If whoever found it took even a cautious tester bump, they could end up being hospitalised. I approached the venue owner with the problem, suggesting we turn off the music and make an announcement through the sound system. He said we absolutely could not do that, and that the policy had to be that drugs did not exist on the premises. Anyone standing on the dance floor would have laughed if you suggested the idea. There was a similar problem last year at a UK festival with a batch of NBOMe blotters being sold as LSD, with single tabs causing hospitalisations. We did eventually manage to get the word out using social media, but our requests to put up warning notices were strictly denied. Neither of those licence holders wanted it that way*

*but they felt they had to, in order to protect their livelihoods."*

– Electronic music event promoter

Successive venue closures due to drug-related incidents have had a hardening effect on the language used by venues in relation to drugs. Examples of police and authorities using venues' own drug confiscations or harm reduction provision as evidence that they have a problem with drug use on site has created a feeling among venue owners that any action they take to reduce drug-related harm could be used against them,[69] and so a greater priority for many is communicating the message of 'zero tolerance'. This has resulted in an increased reluctance among some venues to circulate alerts or to make genuine attempts to reduce drug-related harm, especially those located in areas with authorities known to be unsympathetic to the night time industry.

While the rhetoric of 'zero tolerance' is maintained by venues to indicate that they are in no way complicit with any drug use that may occur on site, it often sits in contrast to reality. The well recognised practical difficulties of preventing drugs from entering venues whilst operating in a legal, responsible and non-discriminatory way, combined with the market forces of the NTE, mean that in many circumstances the prioritisation of maintaining an orderly venue and addressing more pressing safety and security concerns results in a level of discretion or ambivalence towards potential drug use within premises in order to operate.

Large venues would struggle to admit customers at sufficient speeds if overly thorough searches were required, particularly at peak times, while small venues would simply struggle to find the space or security capacity to undertake comprehensive door searches and indoor surveillance while addressing other safety and security concerns. LGBT venues in particular have noted that, if a central purpose of some leisure venues is to provide a space for their clientele to feel safe, door policies that create a sense of vulnerability, exclusion or excessive scrutiny among customers may undermine the purpose of the venue.

The market forces of the NTE place venues in a position where strict adherence to zero tolerance drug policies is often infeasible, as certain genres of music and events attract high proportions of customers who use drugs. Attempts to harden door policies or policing of drug use within the venue would make a venue rapidly unpopular with both the public and promoters of these genres, who would simply seek alternative licensed or unlicensed events within the same genre with more lenient policies, potentially placing them at greater risk of harm. A doubling of unlicensed events in London in 2017 has been attributed to the closure of licensed venues in the capital, a sign that some clubbers will simply look elsewhere if a venue does not meet with their approval.[70]

Such discretion is not limited to venues. Police in event and night time environments are also faced with limited resources, and as such prioritise crimes relating to violence, sexual assault, theft and drug supply over possession offences. However, where police discretion is typically understood and accepted both in terms of prioritising limited resources and in terms of not wanting to unnecessarily criminalise people for simple possession, the same understanding is often not afforded to venues and their management.

The result of this necessity for venues to maintain explicit zero tolerance policies, yet operate with an implicit degree of discretion, is that situations are created whereby venues cannot actively put in place the procedures, protocols and initiatives that would reduce drug-related harm, because they are required to maintain a fiction of a supposedly drug-free environment. This disparity between rhetoric and reality is only exposed publicly after a major incident, such as a hospitalisation or a DRD, at which point venues are held solely responsible, despite the fundamental role played by police and authorities in placing venues in such an untenable situation.

## NTE Strategies

As appreciation for the social, economic and cultural value of the NTE increases in many cities and towns across the UK, the importance of developing NTE strategies or broader leisure strategies is increasingly being recognised, with the former chair of London's Night Time Commission citing them as fundamental requirements for a successful NTE.[71] NTE strategies are designed to maximise public enjoyment and appreciation of the NTE, increase footfall and trade for night time businesses, reduce their negative impact, and better coordinate management of the NTE, including optimising policing, security and public health and safety.

A key concern of night time strategies is to ensure that the NTE serves not just regular and core consumers, but all those who are affected, including night workers, residents and those who primarily engage with night life districts at other times of day. To this end, one of the key priorities of night time strategies is to create orderly and efficient NTEs that minimise disorder, disruption and overspill into the day time economy.[72] Examples of policies addressing this include the agent of change principle, 24 hour transport plans and cumulative impact policies.

Night time strategies require close partnership working between all stakeholders if they are to be implemented effectively, as the priorities and preferences of all who are affected by the NTE need to be balanced, along with political, legal and commercial sensitivities, and all within a limited budget. This has created an increasing need from all stakeholders to find policy solutions that reduce demand on services without limiting the appeal of the NTE.

With the decreased focus on reducing drug-related harm in the NTE in recent years, measures to tackle drug-related harm have been conspicuously absent from night time strategies. While such initiatives may previously have been seen specifically as a niche concern, addressing only one subset of people affected by the NTE, the wider impact of initiatives to reduce drug-related harm is now in much need of re-evaluation, particularly in the context of creating a more orderly NTE and reducing demand on policing and other public services.

# Chapter 4

Initiatives
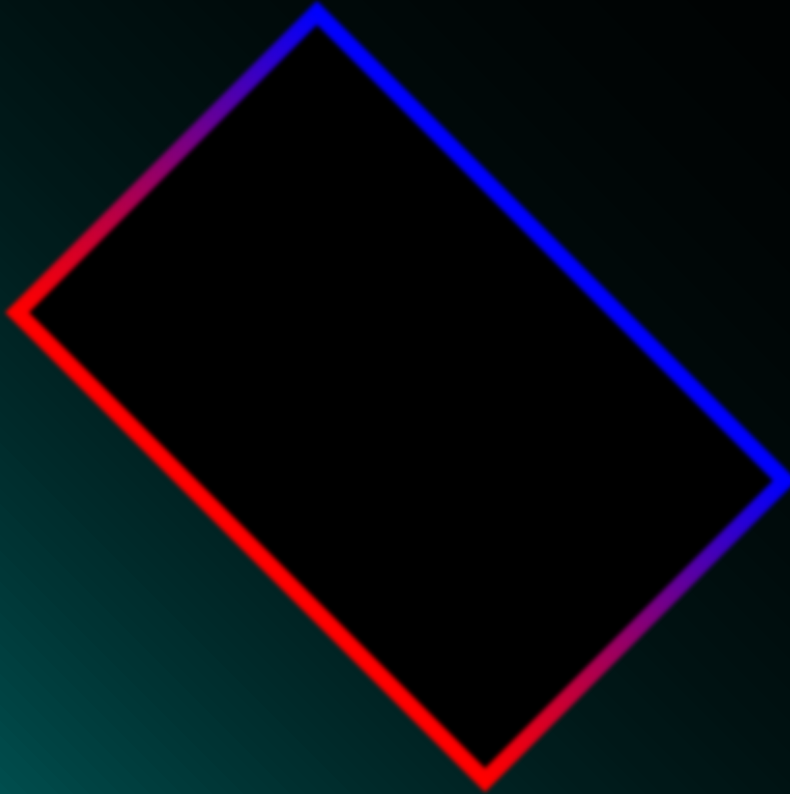
Faced with a rapidly changing drug market and unprecedented numbers of DRDs and hospital admissions (including for club drugs), there is a clear need for new and effective approaches to tackle these harms, particularly in the wider context of creating integrated night time strategies that address all the risks associated with the NTE. This chapter presents four new initiatives, some drawn from other areas of leisure and events management, that, if implemented, could greatly mitigate drug-related harm in the NTE. All four initiatives require some degree of acceptance from all stakeholders in the NTE in order for them to be successfully implemented: whilst some are predominantly industry focused, others require a partnership approach.

There are existing NTE welfare initiatives in place to reduce alcohol and drug-related harm, such as on-site welfare provision, safe spaces, street pastors and night angels.[73] Such initiatives aim to provide support and welfare assistance, and to mitigate harms to vulnerable members of the public, particularly as a result of alcohol and drug consumption. The initiatives detailed in this chapter aim primarily to prevent or reduce drug consumption and positively impact on drug-taking decision-making prior to consumption, thus targeting drug prevention – in line with the current Government Drug Strategy[74] – as well as to reduce drug-related harm. They are designed to complement and augment the existing initiatives in place, to provide comprehensive support across the NTE, and should not be seen as an alternative. Existing initiatives already have a well-established evidence base and serve a valuable role addressing vulnerability in the NTE and alleviating the workload of emergency services.[75] The implementation of initiatives such as welfare provision and safe spaces in the UK has been detailed in other reports and so is not covered here.[76] The proposed initiatives in

this report aim to address a gap in the existing provision.

## Drug Safety Testing Services

### Initiative

"*I have sent far too many young people to hospital simply because they misjudged their dose, mix, or their drugs were not the substance advertised. Testing facilities would obviously be a game changer for young drug users.*"

– Electronic music event promoter

Drug safety testing (sometimes referred to internationally as 'drug checking' or 'pill testing') is a forensic testing service whereby a member of the public can hand over a small sample of a substance of concern in their possession for chemical analysis. Service users then typically receive the results of the analysis in a counselling session alongside practical harm reduction advice.

In the UK there are currently two organisations delivering drug safety testing to the general public. The Welsh public health-funded WEDINOS postal service, established in 2009, is focused on New Psychoactive Substances and publishes its results online but does not offer a face-to-face service. The Loop has offered Multi Agency Safety Testing (MAST), an on-site face-to-face testing service, to the general public at UK festivals since 2016.[77]

From 2010 onwards Measham shadowed Home Office and academic scientists who conducted forensic analysis 'back of house' or behind the scenes at festivals and nightclubs primarily for intelligence and evidential purposes and to collect drug market trend data. In 2013

The Loop was founded and started forensic testing behind the scenes for police and paramedics at a number of UK festivals and nightclubs, using similar equipment and analytical methods including FTIR spectroscopy, to share intelligence with partner organisations and to reduce drug-related harm both on and off site. This 'halfway house' model of testing expanded the sample gathering and intelligence sharing from primarily police to paramedics and other stakeholders.[78] It is this 'halfway house' model of onsite testing as a collaboration between stakeholders but without public access that has been recommended by the Victoria Parliament's recent inquiry.[79]

In 2016 the general public were added to this reciprocal information-sharing process and with police support, were able to bring samples for testing too, in a new 'front of house' testing service coined Multi Agency Safety Testing (MAST). The Loop's MAST service (see Appendix) places strong emphases on both the brief interventions delivered by experienced healthcare professionals ahead of disseminating test results, and also on the collaborative, multi agency partnership approach to the testing service. Test results and trend data are shared with partner organisations both on and off-site, as well as alerts issued on and off-site, with an overall aim of reducing drug-related harm at leisure events and more widely through greater monitoring of illegal drug markets. The Loop's protocol is designed to operate within UK law and MAST only operates after obtaining the full support of police, public health, local authorities, event organisers and other stakeholders.

To date, face-to-face drug safety testing has only operated in the UK at music festivals, although the Royal Society for Public Health, the West Midlands Police and Crime Commissioner,

DrugWise and Transform Drug Policy Foundation have recommended that it be rolled out across the UK.[80] By contrast, city centre drug safety testing is currently in operation in many countries across Europe including the Drug Independent Monitoring System (DIMS), founded in 1992, which operates at 31 fixed sites across the Netherlands; Energy Control, founded in 1997, which operates in 4 sites across Spain; ChEckiT!, which is a mobile city testing service in operation in Vienna, Austria since 1997; Saferparty, which has been operating in Zurich, Switzerland since 2001; the Copenhagen drug consumption room started drug safety testing in 2017; and most recently the BCCSU fixed site drug testing service in Vancouver, Canada, which commenced operations in December 2017. Drug safety testing operates in these different countries under varying legislative restrictions and following varying protocols including both permanent fixed site drug testing services and temporary/mobile/pop-up labs. There are also variations dependent on the legal requirements of each country, available resources, requirements of the local drug market and service users, and whether the primary specified purpose of the organisation is public health, research or other. [81]

## Case Study

The Loop's MAST service operates as follows: a member of the public anonymously places a substance of concern in an amnesty box or similar, where it is designated a unique identifying number. A team of trained chemists then analyse the substance using approximately four different analytical methods to discern its identity, strength, and in the case of ecstasy pills, dosage. Almost all substances are destroyed by the testing process and any remnants that are not destroyed are collected by the police who attend the service throughout the day, for safe police destruction. The service only operates

with the consent and understanding of the local police and testing is secondary to destruction of all substances. The Loop's lab is located within or as near to the police compound as logistically possible, sometimes within a police portacabin, to facilitate a close daily working relationship on site, including the exchange of intelligence and prompt and regular police collection for destruction of any remnants from the testing process.

Results are typically available about an hour after the substance is dropped off. The results are delivered by a trained healthcare professional as part of an individually tailored brief intervention that typically lasts between 15 and 30 minutes. The brief intervention is anonymous and non-judgemental, with drug and alcohol use neither condemned nor condoned. During the brief intervention, along with a discussion about the service user's medical history and drugs career, the limitations of the testing process and results are clearly stated, the risks associated with drug use and information on how to reduce drug-related harm are communicated, and an opportunity to ask questions is offered. Additional information on the risks of polydrug use, alcohol consumption, addiction and sexual health is also provided, where appropriate. Service users are provided with an opportunity for onward referral to drugs services and may be signposted to other services of relevance. No samples are returned to services users, and the opportunity for the service user to dispose of further substances of concern in their possession, for onward police destruction, is always offered.

**Purpose**
Drug safety testing fulfils a number of purposes. It can provide up to date information about local drug markets which can then be used to alert

other services and the public about substances of concern and mount an appropriate response, as well as inform a wider understanding of changing trends in drug use and drug cultures. It provides valuable information to service users about substances in their possession which they can then use to modify their behaviour. For example, about half of MAST service users choose not to consume a substance, or consume less than they had previously intended, once they discover the contents and strength. Alongside delivery of the results themselves, the key purpose of the brief intervention is to communicate information on drug-related harm and risk reduction practices to service users. The Loop's staff attend daily Security Advisory Group meetings on site at events and therefore disseminate test results and trends directly to all on site partner agencies including police, paramedics, welfare, security and event organisers.

Face-to-face drug safety testing is particularly well placed to reduce drug-related harm, because more detailed and specific information can be supplied to the service user, as well as to on site emergency services, and because brief interventions have been shown that they can be an effective method of promoting behaviour change, even in emergency settings.[82] When located in city centres, the opportunity for forensic analysis can be promoted directly to people who use drugs in the NTE as an additional incentive to engage with drugs services. Face-to-face services also act as a point of contact between members of the public and public health services and attract demographics who may not be in regular contact with any other services, particularly young people. For example, about 9 in 10 MAST service users have never discussed their drug use with a healthcare professional before. This provides

a unique opportunity to engage these 'hard to reach' and 'hidden populations' with other public health concerns, such as alcohol harms, sexual and mental health, and addiction.

By contrast, whilst there is some merit in forensic testing for intelligence and evidential purposes and more broadly to monitor drug market trends, 'back of house' and 'halfway house' models of drug testing are limited by not including direct engagement with the general public. They therefore miss the opportunity to reach 'hidden populations', facilitate dialogue with healthcare professionals and provide individually tailored advice and information. Futhermore, such testing behind the scenes, if only occurring after a drug-related incident or death, is necessarily reactive rather than preventative. Moreover testing without direct engagement with the general public cannot accurately target alerts to specific drug using groups because it does not attempt to assess the gap between what a dealer purportedly sold and what a user thought they bought, the unique contribution of drug safety testing to public health.

**Stakeholder Involvement**
Introduction of a drug safety testing service such as MAST encourages a partnership approach, whether in city centres or festival fields. In city centres, the primary stakeholder in its implementation is the local authority. Consent for the initiative, understanding of its function, and awareness of how its presence may affect police procedure is required from the local police. As drug safety testing is primarily a public health initiative, support from those responsible for local public health policy is also required. Local drug and alcohol services may also be involved in the delivery of the service, for example by providing staff to deliver brief interventions and/ or city centre venues if appropriate. Alternatively,

the local night time industry may provide venues and funds to operate the initiative, as well as providing publicity and cultural capital to increase public support and uptake, through their public endorsement of the service in cool and credible ways to target groups who are most likely not otherwise engaged with drugs services.

**Considerations**
Drug safety testing requires a number of specialist skills to be delivered effectively. Poor service delivery could even prove counterproductive, as incorrect information or advice could put service users at greater risk, either through conveying a false sense of security or undermining trust in the analysis, results and accompanying advice. Chemical analysis should only be carried out by sufficiently skilled and trained scientists with a thorough understanding of the analytical techniques used, using a range of appropriate analytical techniques, while brief interventions should only be delivered by sufficiently qualified, trained and experienced healthcare professionals. Furthermore, well equipped labs staffed by sizeable teams of professionals are recommended in order to provide the speed and accuracy of analysis necessary for a public-facing forensic testing service.

A wider understanding of drug markets and the conditions for delivery of a legally compliant drug safety testing service is needed by all staff delivering drug testing services. For example, it is essential that any service is not misunderstood as encouraging, assisting or condoning drug use, and that this is clear in all messaging and information. Both incitement to commit an offence[83] and/or assisting or encouraging the commission of an offence[84] (the Serious Crimes Act has a significantly lower threshold of liability) are important considerations in relation to how any drugs service operates, in particular in

relation to how the dissemination of test results is framed. It also runs counter to the public health aims of such a service, as any drug use carries associated risks and The Loop's MAST service makes clear to all service users that the safest way to take drugs is not to take them at all. The evidence on existing services indicates that they do not promote or encourage drug use, and that drug use decreases rather than increases following their introduction, due to the identification of problematic substances in circulation in the illegal drug market.[85]

Close consideration should be given to appropriate operating times and location of a drug safety testing service.[86] Regarding operating times, delivery of a service during the daytime and early evening, typically towards the end of a working week and before major holidays, creates optimum conditions for productive engagement and impact amongst a wider population of service users. A licensed nightclub or gig venue, outside of usual operating hours such as in the afternoon, may make a suitable location due to its centrality, large capacity and the public association with the NTE. Operation of a drug safety testing service within a night life venue during usual operating hours may be less than ideal given that services users are more likely to be already intoxicated and also time pressured, diminishing their ability to productively engage with, absorb and act on the advice and information given by the drug safety testing service. Regarding location, a central and neutral location is preferable, ideally in or near night time districts to increase the association of the service with the local NTE. Caution should be taken to avoid locating a service alongside companies or organisations with vested or conflicting political, legal, commercial or other interests, or presenting the service as overly linked to health or criminal justice services.

Churches and church halls may also offer large, centrally located and neutral spaces that may be trusted by service users to be independent of stakeholder vested interests. Other options for co-location will be discussed in more detail in Chapter 6.

How a drug safety testing service is communicated to the public is crucial to its success. Communication of the health value of drug safety testing is important in order to appeal to a broad range of people who use drugs, as well as to their families and wider communities. Interviewees noted that services should avoid developing a reputation as a "geeky" service only for "psychonauts", as this may discourage some groups, particularly younger people, from using the service. Models of best practice may be sought from other health services. For example, sexual health clinic Dean Street Express in Soho employs technology to improve the service user experience and uses stylish fittings such as glass doors and leather chairs to reduce the clinical atmosphere at the service, to attract and reassure its local LGBTQ clientele.

## Creation of Independent Information Campaign on Reducing Drug-Related Harm

### Initiative
Independent information campaigns aimed at reducing drug-related harm in the NTE are not a new or complex initiative. The basic concept is the dissemination of information to members of the public who are likely to engage in club drug use or other forms of recreational drug use, with the aid and consent of stakeholders in the night time industry. While this concept is not new, the rapidly changing drug market and wealth of online information available can be confusing and discouraging for venues looking to provide clear,

accurate and evidence-based information. Many venues, promoters and artists feel that they are not best placed to offer advice to their customers and supporters on the specific issue of drug-related harm, due to either reputational damage, or because they are not an authoritative source for this information. Concerns about liability for supplying incorrect or inappropriate information also discourage some stakeholders from doing so.

Independent campaigns to address various harms, designed specifically for dissemination by the night time industry, allow the industry to adopt a united approach to an issue. Examples include the Ask for Angela campaign, developed by the Metropolitan Police to help venues reduce sexual violence and vulnerability,[87] and Drinkaware campaigns to reduce alcohol harms.[88] In the UK, there is no campaign specifically directed at the night time industry to reduce drug-related harm. However, examples can be found in other countries, such as the Celebrate Safe campaign in the Netherlands, and in other sectors, such as the Festival Safe campaign, launching at UK festivals in spring 2018.

### Case Study

Celebrate Safe, created by SFX entertainment and launched by the Dutch Health Minister Martin van Rijn in 2015, is a national campaign in the Netherlands aimed at the events and night time industry.[89] The campaign consists of ten 'pillars': simple principles that reflect general self-care relating to reducing drug and alcohol harms, as well as other health harms encountered at events. Each pillar is encapsulated with a memorable phrase, which is then explained in more detail along with links to further information including on how to reduce drug-related harm.

The campaign has clear branding and is supported by 'partners' that include public health and safety organisations, including event medical services, and the Dutch Ministry of Health, Welfare and Sport. The campaign publicly endorses 'ambassadors' – venues and events that champion it – which in turn use the campaign as the basis for educating their attendees on health harms, by advertising the campaign and its pillars at events and listing them on their websites. The website currently lists 130 different ambassadors including many of the biggest clubs, festivals and events in the Netherlands. The campaign encourages members of the public to take personal responsibility for their health and wellbeing and support others, while also encouraging venues and events to provide a safe and supportive environment.

### Purpose

The core purpose of an independent information campaign is to educate core demographics of recreational drug users in the NTE in order to reduce drug-related harm. Created by drugs education specialists with the explicit aim of being shared and endorsed by stakeholders in the night time industry, a campaign can attract a broad base of support, enabling more venues to endorse the initiative as it is seen to be an industry-wide initiative.

A single campaign allows clear, consistent and evidence-based messages to be endorsed and recirculated by community figures and brands directly to their audience, many of whom may consume club drugs. Public health and safety campaigns are more impactful when they are championed by respected, credible and influential community figures, rather than led by government or public health services directly.[90] Wider concerns regarding health and wellbeing may

also be addressed alongside drug-related harm if these fall within the remit of the campaign.

**Stakeholder Involvement**
Promotion of an independent information campaign focused on drug-related harm is an initiative that can be led by individual venues, promoters or events, but is most effective if it is supported as an industry-wide initiative. Additional support may be sought from public health organisations.

**Considerations**
Branding and messaging are crucial for a campaign's adoption and success. Given that the night time industry is heavily focused on branding and image, any public campaign hoping to be endorsed by this industry must ensure that it presents an image in keeping with the industry, and for maximum impact with target audiences, also mindful of the diversity, complexity and transience of some niche drug (sub)cultural groupings.

If drug-related harm is addressed separately to other harms encountered in the NTE, an exceptionalism towards thinking about drug-related harm may be created. However, if advice on reducing drug-related harm is delivered alongside other advice on health and wellbeing, a more comprehensive approach to wellbeing in the NTE may be fostered among members of the public.

As with drug safety testing services, it is essential that the information communicated by any campaign does not condone drug use, for the same legal and public health reasons.

# Training on Responding to Drug Use in the Night Time Economy

### Initiative
It is recommended that staff at licensed premises receive training that includes being introduced to the extent and diversity of "recreational drug use" within UK NTE venues; the reasons why people take drugs recreationally; the effects and risks of such drug use to individual users, other customers, staff and the wider environment; the scope and effect of current drugs legislation; the drug-related problems faced by staff organising and working in NTE venues; and the appropriate harm reduction responses that can be taken by management and staff. Training courses are recommended for all staff who work in venues that operate in the NTE, with a particular value for management and public facing staff including bar staff, security staff, on-site paramedics and welfare services.

Whilst extensive training resources already exist for staff at licensed venues in relation to a number of issues, including national training schemes such as the Security Industry Association licensing scheme for private security staff, and event and hospitality industry training programmes such as British Institute of Innkeeping Awarding Body accredited programmes,[91] there is an absence of up to date, specialist training which links drugs information, drugs awareness and how NTE staff should respond to these risks, thus producing a staff knowledge deficit. The need for more comprehensive staff training on drug and alcohol issues in the NTE staff has also been noted in previous research on the UK NTE.[92] Such training can also usefully link with vulnerability training, mental health awareness training and training on dealing with excessive alcohol consumption.

### Case Study

In 2016 The Loop delivered an intensive two-day drugs awareness, in-house welfare and train-the-trainer programme of training at London nightclub Fabric. This followed a period when the club had closed due to its licence being revoked following a number of customer drug-related deaths. The training programme was one of the conditions of the reinstated licence. The Loop's professionally qualified trainers delivered the courses to the senior management team at Fabric consisting of the general manager, operational management, and senior bar and security staff. Fabric staff were also trained to deliver the training to their own staff, and as a result were able to establish a reliable and professional in-house welfare service that operated at every event in tandem with paramedics, security and other staff concerned with customer welfare. This also enabled a greater awareness amongst all staff regarding indications of drug-related problems in and around the venue, and how to maintain the safety of customers who may be vulnerable, ill or in distress as a result of contact with drugs. Ongoing shadowing of in-house welfare teams, debriefs, drug trend updates and refresher training occurs as part of the Loop's training programme.

### Purpose

Training in responding to drugs in the NTE enables trained members of a venue's staff to deal with a wide range of potential drug-related problems on-site, including prompt and accurate identification of customers who may be suffering from the adverse effects of drugs and need further assistance, resulting in much earlier presentation to medical services if appropriate. The burden on security and general staff is consequently reduced, as they are called upon less frequently to address drug-related incidents. Also, when they are called upon, they are able to more quickly and effectively address such incidents, identifying the best course of action such as a vulnerable person who has taken drugs receiving the appropriate care within the premises rather than being ejected from a club. There have been a number of club-related deaths each year which relate to intoxicated customers leaving venues in the early hours of the morning and not returning home, who are subsequently found to have died through misadventure such as drowning in nearby rivers. Whilst some festivals and nightclubs already have existing policies for vulnerable customers and intoxication, staff training in drugs awareness and responding to drug use helps to facilitate such policies becoming standard practice and better integrated with other operations within venues.

### Stakeholder Involvement

Training for venue staff does not necessarily require a partnership approach. Besides the legal requirements of health and safety legislation, it is primarily the decision of venue and event management regarding what training is deemed necessary for staff, unless mandated in a venue's licensing conditions.[93] Local authorities may choose to include training on drugs awareness and responding to drugs in the NTE as desirable or essential training requirements for venues of a certain size or genre to retain their license, and could aid them, especially smaller venues, by organising centralised training courses so that multiple venues in an area can benefit. Licensing officers should be aware of this initiative and may wish to recommend that venues and events that attract a high proportion of customers who use drugs consider its implementation.

**Considerations**

Interviewees from the night time industry found this initiative the most easily actionable of the four recommendations, as relevant staff training is seen as helpful to the running of a successful venue and necessary for fulfilling licensing conditions by licensing officers, and given that drugs awareness training programmes are already available, an additional focus on appropriately responding to drugs in the NTE is welcome. While an ideal situation might see all venue staff offered training on responding to drug use, in many cases it may be feasible to train only one designated member of staff or the management team of a venue. Having at least one member of staff on site who is equipped to respond appropriately to drug-related harm still presents a huge advantage in enabling venues to act promptly to any drug-related incident that may occur.

As well as training, staff need appropriate resources in order to be able to respond to potential drug-related incidents on-site including the provision of space such as a chill room and paramedical room, and related consumables such as first aid and other provisions (bottled water, drug and alcohol leaflets, condoms, vomit bowls, adequate soft seating and so forth).

Limitations of training: staff training could potentially result in increased ambulance admissions if venue staff become more aware of the dangers, such as the relationship between MDMA consumption, increased body temperature and adverse outcomes. However, even though staff training might not reduce the number of ambulance call outs, it may reduce the likelihood of late call outs, which leads to more serious consequences. Conversely, the experience of MAST service delivery at festivals is that there is a reduced hospital callout

because paramedics report feeling an increased confidence to deal with drug-related medical incidents on site when they are better informed of the drugs consumed by the patient with whom they are dealing.

## The Three Ps: Moving Beyond 'Zero Tolerance'

**Initiative**

A fundamental challenge for venues that hope to adopt or endorse any initiative to reduce drug-related harm can be their own internal drug policy, if they have one, which in some cases will be explicitly 'zero tolerance'.[94] Many venues see zero tolerance drug policies as being a necessary requirement of their licensing conditions, with most having it written in to their risk assessments, according to interviewees from the night time industry. A pragmatic alternative to zero tolerance is the '3Ps' drug policy which was first developed by Kendal Calling festival in Cumbria in 2016 following the death of Christian Pay the previous year, and has since been adopted by a number of UK festivals. (See Appendix for a copy of the Kendal Calling 2016 '3 Ps' policy.)

The '3Ps: Prevent, Pursue, Protect' drug policy draws on UK government counterterrorism policy[95] and provides a structure for on-site agencies to work together to reduce drug-related crime and drug-related harm. The policy directs stakeholder priorities towards preventing drugs from getting on to the festival site; pursuing those suspected of supplying drugs on site, and also protecting the public from drug-related harm.

Through this prioritisation of resources, the festival '3Ps' policy aims to more effectively fulfil the licensing objectives, by targeting and preventing the most serious drug-related crime as well as recognising the equal importance in licensing legislation of protecting the public. In particular, this policy facilitates a prioritisation of public safety by deprioritising the policing of drug possession and redirecting resources towards prevention and policing of supply, alongside facilitating harm reduction services that acknowledge the unavoidable reality of drug use, such as drug safety testing.

Zero tolerance drug policies are deceptively simplistic, leading to a range of interpretations, from venues that strictly observe the policy, to those that employ a necessary level of discretion. The value of the 3Ps drug policy is that it makes clear the three priorities for all on-site services. For example, a zero tolerance drug policy may come into conflict with a venue's policy on vulnerability: if a member of the public is found in possession of drugs on site, but is also in a vulnerable state due to intoxication, it may be unclear whether the action to be taken is their immediate removal from the premises, following a zero tolerance drugs policy, or care and assistance on-site and leaving the venue, following a vulnerability policy.

*"You can't put up information in the toilets, but you can by the front door."*

– Welfare worker, on how zero tolerance policies affect their ability to deliver information.

Interviewees noted that venue management held zero tolerance policies responsible for preventing them from providing information about drug-related harm. They also noted such policies led to inconsistencies in their message, for example where a formal or informal door policy might allow confiscation of drugs only under a specified amount and might require more significant action, like notifying police, for larger amounts.

*"The situation is frustrating for everyone - punters, promoters and venue owners. If promoters and venue owners felt like they had the support of the local police and councils, I'm sure they would embrace change with open arms. If given permission to be more honest and practical about drug use, many of these actors would be keen and proactive in implementing harm reduction measures."*

– Electronic music event promoter

Adoption of an explicit 3Ps drug policy would allow night life venues to signpost customers to online information through their social media networks and to display information more prominently on site, such as in toilets and cloakrooms where customers are a relatively captive audience, particularly if queueing. It would also enable venues to champion initiatives such as drug safety testing and other evidence-based harm reduction services within individual premises and/or other at purpose-specific centralised premises such as tailor-made club drug clinics. Since 2016 at a growing number of UK festivals the 3Ps policy has facilitated the successful negotiation of the delicate balance between demand, supply and harm reduction, by allowing innovative harm reduction services to operate on-site whilst enabling organisers to work actively with police to prevent supply within the event and without compromising strict door policies.

**Case Study**
In 2017, Boomtown Fair, a 60,000 capacity festival in Hampshire, adopted a 3Ps drug policy, following a series of DRDs at the event in previous years. Festival organisers felt that they

needed to be in a position where they could say "we have done everything we could" to prevent another DRD and a 3Ps policy was seen as enabling this, whereas they felt that their previous zero tolerance policy did not. Adoption of this new policy involved clearance with the local police and with the local council that issues the event licence.

The 3Ps policy enabled the festival to adopt a number of new initiatives. To better fulfil the Prevent limb of the policy, search procedures on the door were tightened and a clear message was communicated to attendees prior to the event that they would not be permitted on site if they were found in possession of any drugs on entry. This policy also aligned with a new vigour in ingress search procedures at festivals across the UK following the terrorist attack at a Manchester Arena music concert in late May, at the start of the summer 2017 festival season.

To better fulfil the Pursue limb of the policy, a drugs expert witness was present on site for the duration of Boomtown, who worked with festival security and police to quickly determine instances of drug dealing and aid them in their operations to identify dealing, while police efforts were explicitly focussed on drug supply rather than possession.

To fulfil the Protect policy, event organisers published information on their website to help reduce drug-related harm, written by an independent expert, and disseminated through social media prior to the event. They also increased welfare provision across the site and introduced The Loop's drug safety testing service for the first time at the festival. An independent medical report concluded that drug-related incidents to medical services reduced by 25 percent in 2017 compared with the previous

year and that this was predominantly due to the introduction of the Loop's Multi Agency Safety Testing.

### Purpose
The purpose of a 3Ps drug policy is to provide a leisure event or venue with the ability to respond to the reality that it cannot prevent all drug use from occurring on site and protect staff from liability should they be placed in a position where adhering to a zero tolerance policy is not possible. This addresses the 'rhetoric versus reality' challenge highlighted in Chapter 3. A 3Ps drug policy enables venues to be more proactive in protecting their customers, whilst still maintaining strict security policies, and upholding the law and the licensing objectives.

### Stakeholder Involvement
Implementations of a 3Ps drug policy requires a partnership approach. The decision to implement such a policy rests with a licence holder and will require the approval of their licensing officer, the local police and local authority. Ensuring that the licensing committee of the local authority understands the purpose of a 3Ps drug policy is advisable, so that if a venue's licence is called to review, it is understood to help uphold rather than compromise the licensing objectives.

### Considerations
Zero tolerance policies are not mandated by UK legislation on licensing or controlled drugs and 3Ps policies adequately fulfil national legal obligations. However, local guidelines may be more prescriptive on zero tolerance. If a local authority or local police force mandates a zero tolerance drug policy for licensed venues, a venue looking to adopt a 3Ps policy will have to convince the local authority of why it should be exempt from the local policy, which interviewees noted would be a difficult task. More broadly, local authorities

and police forces that currently embrace zero tolerance policies may choose to consider adopting 3Ps policies in their areas instead, which may encourage venues to do likewise.

The 3Ps policy is not without concerns however, as noted by interviewees. Any enhanced security measures to prevent drugs entering a site could result in various unintended consequences including increased pre-loading (consumption of drugs before arrival) and/or displacement from purchasing drugs off-site to purchasing them on-site in order to avoid discovery, confiscation, exclusion or arrest at the gate. Both displaced consumption (off site pre-loading) and displaced purchasing (to on-site dealers) could increase drug-related harm, as there is an increased likelihood of overdose from binge consumption prior to entry (as accepted by the judge in the 2015 Fabric licensing appeal), and on-site purchase can lead to greater misselling (in the absence of any trust that might be acquired through a relationship with a regular dealer[96]). However, as the Prevent limb of the policy is a legal necessity and therefore occurs anyway, and as these unintended consequences can be addressed more effectively by measures introduced under the Pursue and Protect limbs than without those measures, provided that all three limbs are enacted, these potential increased harms can be mitigated. In addition, following the 2017 Manchester Arena terrorist attack, many other UK leisure events including NTE venues renewed and revitalised their counterterrorism policies along with festivals, including strengthening their operational procedures for searches on entry. Consequently, the Prevent limb of the policy may simply be reinforcing other venue policies.

Moving internal drug policies away from zero tolerance has precedent in other sectors, most notably within hostels and housing shelters, where adoption of an 'eyes wide open' policy is often more practical and safer than a zero tolerance drug policy. 'Eyes wide open' policies, first introduced in the 1990s, allow hostel staff and management to respond practically to on-site possession of drugs by hostel clients whilst also remaining within the boundaries of the law and of their hostel's drug policy.[97] This protects them from personal liability and allows them to deliver their service more effectively and safely to clients who use drugs, for example allowing the provision of sharps disposal bins in rooms. The wider point is that policing and enforcement priorities regularly incorporate considerations of public interest as well as prioritising public safety over criminalisation.

# Chapter 5

Barriers & Solutions
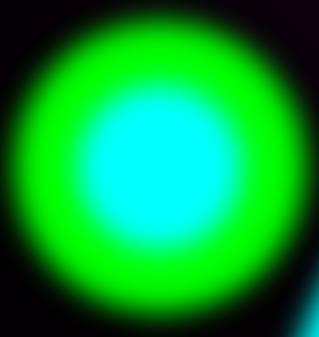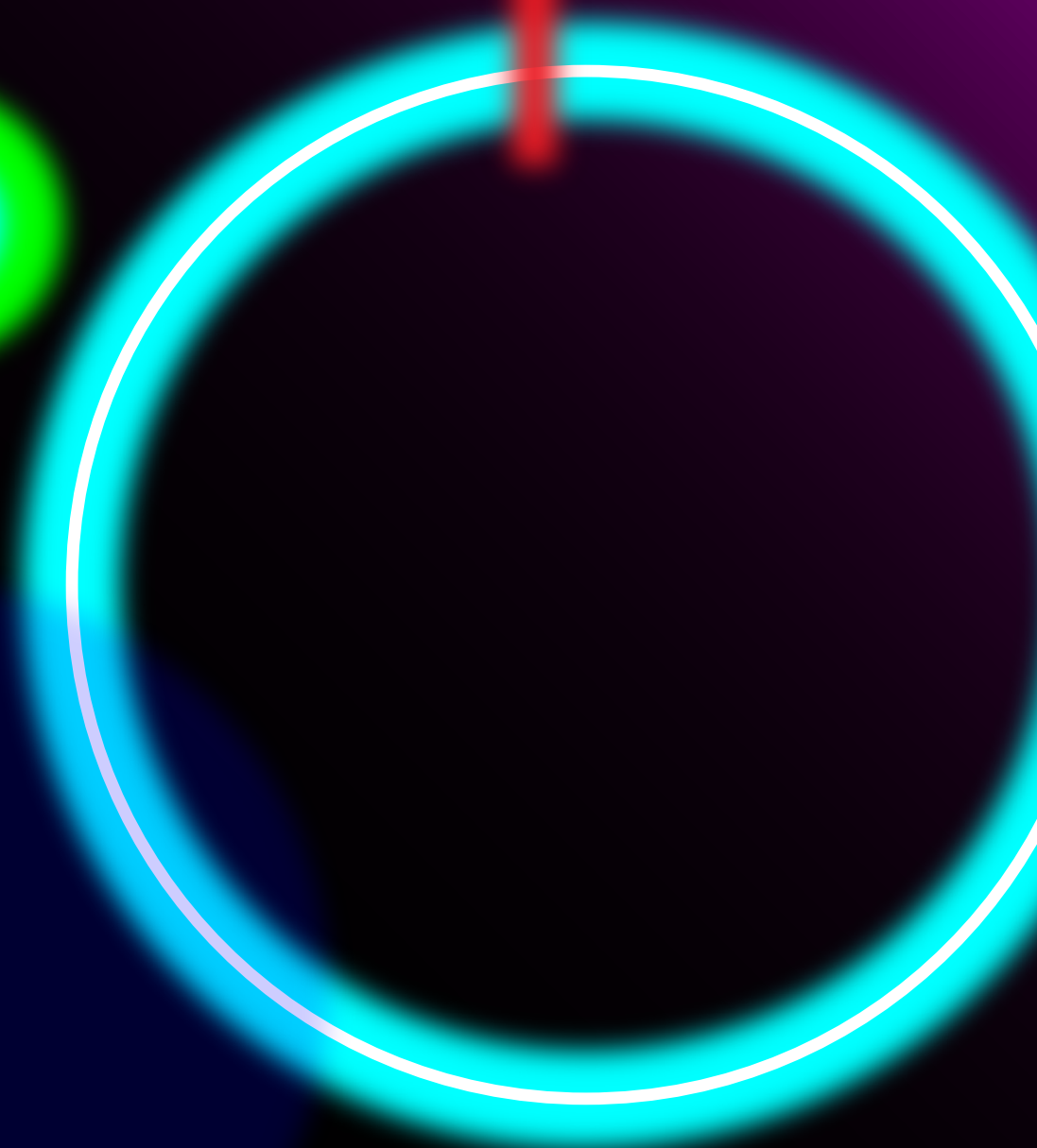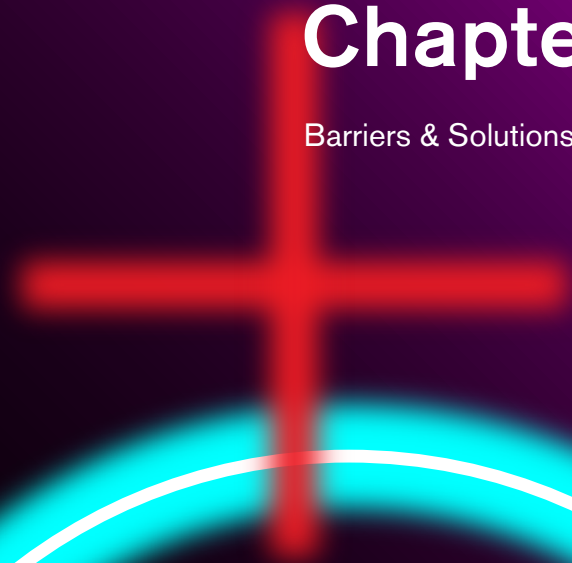
This chapter details the major perceived barriers to implementation that stakeholders raised in interviews for the initiatives detailed in Chapter 4, along with solutions. These solutions were formulated following discussions with stakeholders and experts in the NTE, as well as with the core interviewees. It is suggested that successful and effective implementation of the initiatives requires a clear understanding of the initiatives themselves and their purpose, an understanding of their wider impact in the NTE, an appreciation for the NTE, and a commitment to partnership working across all stakeholder groups.

**Barrier:** Licensing Concerns

All licensed premises in the UK are required to fulfil the Licensing Objectives stated in the Licensing Act 2003.[98] These are to promote:

– The prevention of crime and disorder

– Public safety

– The prevention of public nuisance

– The protection of children from harm

Additionally, in Scotland there is a fifth licensing objective: [99]

– Protecting and improving public health

Any initiative introduced to reduce drug-related harm would have to ensure that it supports these objectives. A concern raised by interviewees related to the objective to prevent crime and disorder, as there was a fear that any initiative that could be interpreted as condoning drug possession – such as failing to stop someone from entering a licensed premise while in possession of drugs, or failing to stop them from

using drugs in a licensed premise – could be seen to be failing to uphold this objective.

In particular, interviewees noted the disparity between the purpose of the Licensing Act and the manner in which it may be used by police and local authorities. While the purpose of the Act is permissive - to encourage safety and best practice in licensed venues - in practice, the Licensing Act may be used censoriously by councils or police to penalise or close venues that are deemed undesirable. Consequently, it is important that the introduction of, or support for, any new initiatives by a licensed venue does not weaken its ability to uphold all of the licensing objectives.

**Solution:** Better Fulfilling Licensing Objectives

Typically, it has been reasoned that most measures to reduce drug-related harm in licensed venues fulfil licensing objectives through creating a trade-off between the objective to promote public safety (and health in Scotland) and the objective to prevent crime and disorder. For example, it might be reasoned that a welfare area in a venue better supports public health and safety by providing a supervised area for customers experiencing acute harm from alcohol or drug use, at the expense of failing to prevent crime and disorder, as customers accessing welfare areas may be in possession of drugs, or may have carried drugs onto the premises. A licensing officer may either deem that supporting public health and safety is more important than preventing crime in this instance, or that improvements to public health and safety far outweigh any failing in the prevention of crime.

However, this 'trade-off' reasoning fails to take in to account the wider impact on other services from a harm reduction initiative, such as the impact on security staff and police in the NTE. This is particularly important when considering the initiatives proposed in this report, given that one of the primary benefits of all four initiatives is to reduce the workload of police and security staff. The initiatives achieve this through reducing risky drug using practices and the associated harm, meaning that less police and security resources are spent dealing with drug users, thereby freeing up police and security staff to focus their efforts on the most serious crimes that might be committed in the NTE, such as violence, sexual assault, supply and theft.

By taking into account the role of these initiatives in reducing and refocussing the workload of police and security staff, their ability to uphold the licensing objective of prevention of crime and disorder can be viewed in a different light. Rather than failing to prevent crime, by enabling police and security staff in the NTE to work more effectively, these initiatives can actively prevent crime and disorder in the NTE.

The immediate effects of these initiatives on public health and safety are more self-evident: positively changing the behaviour of people who would otherwise engage in risky drug-related practices inevitably has a positive impact on the health, safety and security of individuals. Looking at their wider impact on the workload of emergency services, paramedics and welfare staff in the NTE, this also reflects favourably. By ensuring that fewer people require on-site or off-site welfare support or emergency medical attention due to the effects of drug consumption, these initiatives can reduce the burden of the NTE on the health service and allow support services to conduct their jobs more effectively

and efficiently, so promoting better health outcomes across society.

When evaluating the ability of the initiatives detailed in this report to uphold the objectives of the Licensing Act, factoring in only their immediate consequences regarding promoting public health and safety, and preventing crime and disorder, creates an incomplete picture. Their wider positive impacts on staff and emergency services in the NTE clearly shows that any licensed venue that implements or supports them is strengthening its ability to uphold the licensing objectives. Any venue wanting to implement or support them should communicate this to its licensing officer and to other stakeholders that may have an interest in licensing concerns.

**Barrier:** Legal Concerns

In addition to concerns regarding licensing, an obvious concern for both venues and councils looking to introduce measures to reduce drug-related harm is that any measure they introduce does not in itself break the law or contravene guidance from central government.

**Solution:** Ensuring Best Practice

All the initiatives proposed in this report are legally compliant when implemented correctly. Any initiative that is introduced must ensure that it does not encourage or assist drug use, and in the case of drug safety testing, that other conditions are met, such as not returning substances to service users, and that the local police are in support of the initiative. This can be made explicit in the form of a memorandum of understanding with the local police and other stakeholders.

Consequently, it is important that any initiative is delivered adhering to best practice, to ensure that no laws are inadvertently being broken. With the exception of staff training in responding to drug use, for which there currently exists accredited courses,[100] best practice guidelines do not currently exist for the initiatives in this report, and so implementation of any initiatives should be conducted with the assistance of trained and experienced professionals with expert knowledge in how to reduce drug-related harm and the legal requirements for doing so. Best practice guidelines can then be developed alongside the implementation of initiatives.

**Barrier:** Lack of Understanding and Awareness of Drug-Related Harm in the NTE

While all the stakeholders interviewed for this report were aware of the challenges posed by drug use in the NTE and the need to reduce drug-related harm, a key concern raised was the variable levels of knowledge of many stakeholders in local government and policing. While many licensing committees and officers are more familiar with the impact of alcohol-related harm in the NTE, some councillors will be unfamiliar with these environments, the realities of drug consumption patterns within them, and how best to counter the resulting harm. Additionally, stakeholders' moral concerns about drug use may impact on their willingness to consider the realities of reducing drug-related harm, and so the practicality and efficacy of 'zero tolerance' approaches may need to be challenged.

Related to this, some councillors and police may undervalue the NTE in terms of its social, economic and cultural value, either because they are primarily exposed to its most burdensome and unpleasant aspects, or because they have

little interaction with it in their daily lives. For example, one interviewee reported the example of a police force in a mid-sized town that allegedly had an informal policy of attempting to close down major clubs and bars in the town centre, perceiving then as nothing other than a nuisance and a drain on resources. Finally, associated with a lack of understanding of drug-related harm, some stakeholders may be unfamiliar with the initiatives recommended in this report to reduce drug-related harm in the NTE, or may be unclear on the details of their operation.

**Solution:** Bridging Gaps in Understanding and Awareness

Leading figures in an area's local night time industry can play a vital role in communicating the value of the NTE and the challenges it faces. The increasing adoption of NTE strategies by local authorities is evidence of their growing understanding of the need to support and manage their local NTE, rather than merely contain and tolerate it.

When a new chain pub or bar enters an area, a typical policy of the management is to liaise with the local licensing officer and council representatives at the earliest possible opportunity to create an active dialogue, through which a rapport between the license holders and the authorities may be maintained, and good will can be demonstrated. Once this has been established, challenging conversations about the realities of alcohol consumption in the NTE are made possible and venues can manage expectations, particularly regarding alcohol-related problems. Formal programmes, such as the Best Bar None scheme, are invaluable in ensuring that a positive dialogue is maintained between industry and other stakeholders and that licensing standards are adhered to.

Whereas many stakeholders can relate to their own personal experiences of alcohol consumption when considering the challenges faced by licensed venues, the experiences of management and customers at venues that are likely to see higher levels of drug use may be harder for councillors to understand. Managers and owners of such venues should make increased efforts to engage with local authorities and police representatives, for example by arranging occasions where representatives can visit the venue and be given an explanation of the measures being taken to reduce drug and alcohol-related harm. Several large venues already arrange stakeholder visits to help maintain positive relationships, with the Warehouse Project in Manchester being a notable example. Furthermore, good will can be demonstrated by night time venues where higher rates of drug use are likely to occur by their active support for independent harm reduction organisations and by their willingness to implement other initiatives to reduce drug-related harm.

A central aim of this report is to draw attention to the reasons why initiatives to reduce drug-related harm are needed and to provide a guide to the four initiatives it recommends. Any stakeholder wishing to implement one or more of the initiatives in their area should ensure that they have a good understanding of the aims, operation, and direct and indirect effects of these initiatives, and use this report to help educate other stakeholders. Additionally, The Loop is experienced in engaging with a wide range of NTE stakeholders and its help and advice can be sought by anyone interested in the feasibility of introducing these initiatives in their area.

**Barrier:** Being Seen to be Doing Something

A concern raised by many interviewees was the perceived need by some police and local authorities to 'be seen to be doing something' to combat drug use. Typically, this manifests itself in enforcement-led approaches such as police and security operations where members of the public entering venues are swabbed to test for the presence of drugs; drug detection dogs are deployed outside premises or public transport hubs; or venues are subject to 'crackdowns' where there is a brief but concerted effort to target low-level dealing and possession. Such thinking can make a change in policy more difficult, carrying fears that halting an enforcement-led approach may be seen as 'going soft on drugs', and attract negative media attention.

Local and national media outlets can use leverage to promote the image of a police force or council as 'tough on drugs'. Such public relations exercises or 'symbolic policing',[101] while serving the purpose of promoting this image, do little to reduce drug-related harm, as they are largely ineffective at tackling drug supply or use. Additionally, they may reinforce negative associations of drug use in the NTE amongst the wider public and may even exacerbate harm, for example through binge pre-loading with alcohol and drugs before entry to licensed premises to save money, evade detection and ensure entry.

Similarly, approaches that are sympathetic to the concerns of people who use drugs could be seen as unpopular with the wider public unless presented as potentially beneficial to the wider community as well. Councils and police may fear media accusations that resources spent on reducing drug-related harm are being spent on an 'undeserving' demographic, as club drug users may be represented as hedonistic and irresponsible. Any venue attempting to implement

the initiatives proposed in this report could face greater difficulty if the local authority or police force has adopted a 'tough on drugs' approach or has these media concerns.

One final concern, expressed by police, local authorities and public health interviewees, was that support for initiatives detailed in this report could be misinterpreted as condoning drug use.

**Solution**: Communicating Positive Action

The drive for councils and police to 'be seen to be doing something' cannot be avoided. However, rather than seeing this as an impediment to the implementation of new initiatives, it can be utilised and channelled to enable their implementation. By creating a new narrative that implementing these initiatives is more effective at countering drug use and the harms of drug use, and ensuring that this new narrative is communicated effectively to the public, councils and police can still maintain the public image that they are "doing something" to tackle the issue. Adopting this approach also aligns with the growing move towards evidence-based policing across the UK in recent years.[102]

It is important for proponents to emphasise that measures to reduce drug-related harm in the NTE benefit the whole community, as they make the NTE safer for everyone and ease the burden on health and criminal justice services across the board, rather than simply being an extra drain on resources for the sole benefit of people who use club drugs.

The support of local and national media is vital in ensuring that this narrative is communicated effectively. Gaining media support early on in the process of proposing and implementing an initiative, impressing upon them its benefit for the whole community, and the role of all stakeholders involved, is vital for creating necessary momentum and public support for an initiative. Media support also helps to ease concerns among stakeholders about reputational damage and how new initiatives will be perceived.

Media support is also important in mitigating public concerns that support for these initiatives in some way condones drug use. Alongside ensuring initiatives are implemented with a commitment to best practice, stakeholders should work closely with the media to communicate the message that these initiatives not only aim to reduce drug-related harm but also drug use. All stakeholders should be prepared to counter the criticism that initiatives to reduce drug-related harm condone drug use, as despite being incorrect, it is a common criticism, particularly from socially conservative groups.

**Barrier:** Being Singled Out

A key concern for licensed venues hoping to implement any initiative to reduce drug-related harm is that, in doing so, they could be unintentionally singling themselves out to be targeted by police and authorities, or could be putting themselves at economic or political disadvantage while other venues benefit. These fears have prevented venues, even large and iconic ones, from wanting to be the first to adopt new initiatives, despite seeing their value in principle.

**Solution:** Night Time Industry Collaborations

"The only way to do this [implement initiatives] is for every venue worth its salt to club together."

Director, Licensed Music Venue

Initiatives are more likely to be successfully implemented if they are supported by a number

of licensed venues, or even a local or national representative body of the night time industry or licensed retailers. Regulators are far more likely to implement new initiatives with industry support and so it falls upon the industry itself to play a leading role in their implementation.

Venues wanting to implement the initiatives in this report, and that depend heavily on partnership working with local authorities and police, may find it easier to first seek support from other local venues and industry stakeholders, to create a broader base of support for subsequent partnership working. When entering into discussions about implementation, police and local authorities should be made aware of the reasons for implementing initiatives and benefits for them, to gain their full support.

**Barrier:** Sufficient Resources

A concern for all publicly funded stakeholders was that they do not have sufficient resources to implement new initiatives that may require management, regulatory oversight or increased security provision.

**Solution:** Reallocation of Resources Following Efficiencies

Chapter 6 explores models for funding initiatives in more detail, although many options exist where funding is sourced primarily or wholly from the private sector, such as through Business Improvement Districts (BIDs) or the night time industry. Besides this, the initiatives in this report aim to reduce the demand on health and criminal justice services operating within the NTE, as well as lessening the burden on broader health services, through reducing the incidence and impact of risky drug using practices and excessive alcohol consumption. Despite this, a challenge for publicly funded stakeholders

is that savings and efficiencies made by these initiatives may not match up with departments that are expending resources on them, and so where savings become apparent, budgets and resources should be adjusted to reflect areas of increased or reduced need. It is envisaged that the introduction of innovative harm reduction measures such as those contained in this report will ultimately reduce the burden on health and criminal justice services in the long-term.

**Barrier:** Sufficient Evidence

As the initiatives proposed in this report are new in the context of UK towns and cities, a key concern for some stakeholders may be a perceived lack of evidence for their efficacy. While the international evidence base for these initiatives is strong, (one of the reasons why this report does not dwell on the evidence base for these initiatives is because it has been well established in other countries and contexts,) the lack of UK precedent for some of these measures means that evidence specifically in a UK context is just starting to emerge. Of course, this is a chicken-and-egg scenario: UK evidence cannot exist for a new measure until that measure is piloted in the UK. However, two of the four recommendations in this report have had two summers of successful piloting at UK festivals (with peer reviewed academic publications forthcoming), which is an intense and challenging environment in which to pilot any new initiatives, given the prolonged and excessive consumption by many festival-goers. Hence the authors suggest here that the initiatives pioneered in UK festivals can and should be extended to the night time environment.

**Solution:** Implementation of Pilot Programmes

Implementing initiatives such as drug safety testing and the 3Ps drug policy as pilot programmes in the festival environment, with a strong focus on research and evaluation, has eased concerns about a perceived lack of evidence, given that a central purpose of pilot programmes is to help build an evidence base where it is lacking. Implementation of new initiatives on a time-limited basis or subject to review after an initial period can also be more likely to get approval from stakeholders, as the potential for reputational damage is limited, while also having the added appeal of an explicit research focus as a reason for implementing the initiative.

**Barrier:** Bucking Regulatory Norms

A concern specifically regarding the introduction of the 3Ps drug policy relates to regulatory norms. Interviewees noted the increased difficulty of introducing a 3Ps policy at venues with permanent licences as compared to festivals with temporary event licenses, as 'zero tolerance' is seen by many police and local authorities as the accepted norm for venues that operate in the NTE. Interviewees noted that an understanding of how the 3Ps better fulfilled the licensing objectives would be essential for these stakeholders, but noted that even with this, there is an innate reluctance from some stakeholders to challenge an accepted norm across the NTE.

**Solution:** Support from Influential Bodies and Stakeholders

If influential bodies and stakeholders in the realms of public health, licensing and the night time industry can support and champion the initiatives recommended in this report it will greatly assist in shaping the decisions of local

authorities to support their implementation, especially the 3Ps drug policy. For example, support from the Royal Society for Public Health (2017) for The Loop's Multi Agency Safety Testing at festivals and support from the West Midlands Police and Crime Commissioner's (2018) for the expansion of The Loop's Multi Agency Safety Testing to city centres have both assisted in their growth and wider support.

**Barrier:** Communication and Stakeholder Conflicts

*"As a promoter, proposing that I bring a harm reductionist programme like drug testing to my event would currently be intensely difficult. Not only do I need to convince the venue owner that they should risk their (increasingly precious) music licence and admit that drug use happens on their premises, I need to gain permission from a wide range of public authorities for each event. Support from the public authorities should already be a given, and all superclubs should offer it as an option to promoters."*

– Electronic music event promoter

A fundamental barrier to the implementation of any new initiative is the need to obtain support from all stakeholders. Not only will different stakeholders have different perspectives regarding the priorities, uses and challenges of implementing a new initiative, but these may at times conflict and require compromise.

**Solution:** Partnership Working

Successful partnership working is one of the fundamental requisites to successful implementation of the initiatives detailed in this report. Partnership working also lies at the heart of many towns and cities' NTE strategies, and so integrating an additional element into NTE

strategies to address drug-related harm should facilitate this partnership approach. The issue of drug-related harm may be seen as challenging to deal with from a partnership approach, as different stakeholders' legal, economic or moral concerns may be perceived as barriers by others. However, agreeing on a partnership approach to reduce drug-related harm provides a route around this, as it allows these concerns to be aired and addressed, and for evidence-led initiatives to be agreed upon.

# Chapter 6

Adding Value
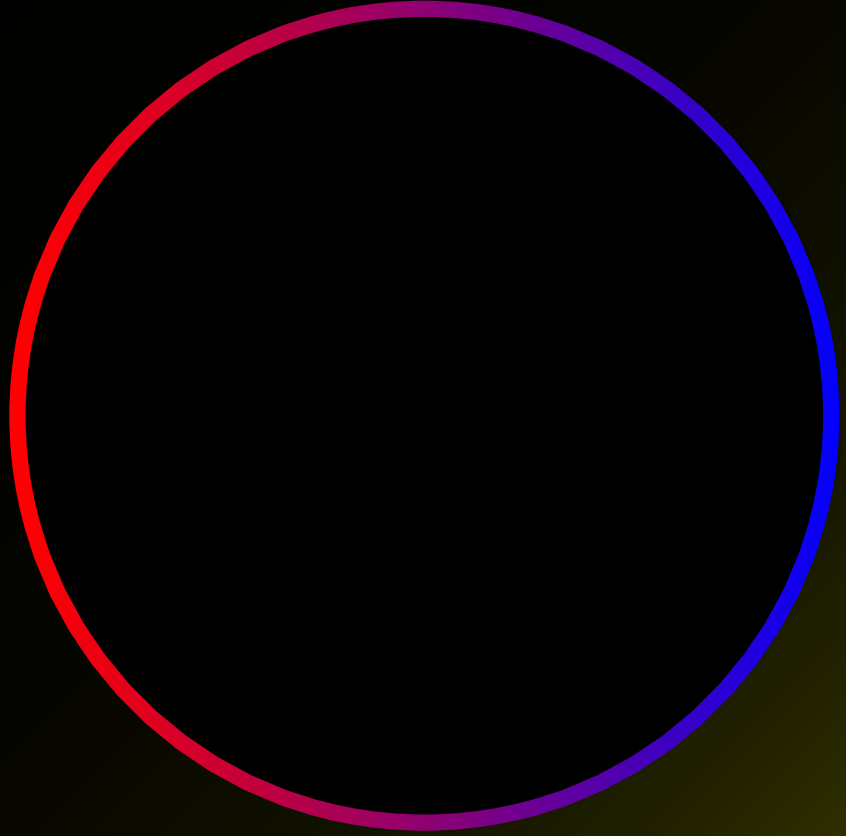
The initiatives detailed in Chapter 4 present opportunities to add value to public health services and for partnership working between a range of sectors to create more integrated systems. This chapter explores some of the major options to add value to these initiatives, as well as some of the possible options for funding.

**Addressing Alcohol Harms**
While the focus of this report is primarily on drug-related harm, city centre drug safety testing also serves as an effective method to address alcohol harms, as well as harms encountered from co-consumption of drugs and alcohol.

Many initiatives aimed at reducing alcohol-related harm are primarily passive public information campaigns, communicating public health messaging on posters, coasters and in advertising campaigns. The impact of passive public information campaigns has been difficult to measure, and questions have been raised over their effectiveness at creating behaviour change and value for money. Conversely, the positive impact of brief interventions in creating behaviour change has been clearly demonstrated, including alcohol brief interventions in emergency room settings.[103]

Creating opportunities to engage the public with brief interventions on alcohol-related harm, especially young people who are unlikely to be in contact with public services of any kind, is a significant challenge faced by public health authorities. For example, safe spaces have been posited as providing an opportunity where brief interventions could be conducted, but their utility for this purpose would be severely limited by the fact that people using this service are typically severely intoxicated and may be experiencing other stressful or traumatic incidents, and so not in a suitable state to receive and understand

guidance on reducing alcohol-related harm. Additionally, staff at safe spaces may not be best placed or have sufficient time, training or professional experience to deliver brief interventions to service users in crisis.[104]

Drug safety testing services provide an excellent opportunity to engage service users in dialogue regarding their alcohol use in addition to other drug use, particularly when delivered by qualified and experienced healthcare professionals as occurs with The Loop's Multi Agency Safety Testing. The forensic testing of substances of concern acts as a unique and compelling 'hook' for service users to engage with a trained healthcare professional in a confidential, non-judgemental, relaxed and (relatively) sober setting. Analogies can be seen in the role many sexual health clinics play in providing an opportunity to engage in conversations around drug and alcohol use, despite this not being their primary function. Discussing alcohol-related harm in the context of a drug safety testing service opens up the possibility of discussing harms and practices relating to the much-neglected issue of polydrug use including the co-consumption of alcohol and other drugs, which may be more difficult to speak about in other settings due to some individuals' reluctance to discuss their drug use compared to alcohol use, which is seen as more socially acceptable.

**Bringing Reduction of Drug-Related Harm into the Wider Self-Care Dialogue**
In many ways drugs can be perceived both by users and non users as uniquely or unavoidably harmful due to their illegality and the uncertainty of many factors involved in their acquisition, preparation and consumption. This may lead to a form of exceptionalism regarding drug use, whereby users either make extra efforts to obtain information to reduce drug-related harm by

comparison with other potentially risky practices, or conversely, that they consider drug use unavoidably risky and so not worth the effort of attempting to reduce drug-related harm.

Drug safety testing and independent information campaigns on drug-related harm are both initiatives that provide an opportunity for this exceptionalism to be broken down by providing information on drugs alongside information on alcohol, mental health, sexual health, hearing protection, diet and general self-care, fitting in with the wider public health aim of 'making every contact count'.[105] Members of the public exposed to these initiatives are reminded of the many different opportunities they have at their disposal relating to health, regardless of whether drug use is involved, and consequently they may be more likely to act in multiple areas of their lives to improve their health and wellbeing.

### Media Partnerships
Drug safety testing services present an opportunity to engage in local, national and international media partnerships to increase public awareness of substances and trends of concern, misselling, batch contamination, and so forth, through the use of responsible and timely alerts containing accurate information rather than vague and ineffective warnings. Such partnerships allow the expert knowledge of a drug safety testing service to be communicated to relevant groups, whilst also utilising the cultural capital of the partnering media organisation to communicate the message in an engaging form. As an example, the Loop partnered with the RSPH and VICE UK during the 2017 summer festival season for a joint media campaign called Safe Sesh.

Alongside articles on reducing drug-related harm and points of interest, online articles – featuring an interview with The Loop's Director and a summary of headline findings – were published in the week following each of the three summer music festivals where the Loop provided Multi Agency Safety Testing in 2017.[106] Pageview figures for the three articles are given in Table 1, below.

**Article on Vice.com**

Pageviews 6 months after publishing:

| | |
|---|---|
| The Weird Stuff Discovered in the Drugs at Secret Garden Party, 27/07/17 | 96,425 |
| Watch Out for Pentylone, the Horrible New MDMA Additive, 04/08/17 | 34,267 |
| All the Dodgy Stuff Found in the Drugs at Boomtown This Year, 14/08/2017 | 65,688 |

The reach achieved by these three Vice articles as part of the Safe Sesh joint campaign was far greater than that available to the Loop or the RSPH solely through their own individual communication channels. Consequently, it was possible to rapidly communicate concerning drug trends (such as the misselling of pentylone analogues as MDMA[107]), to a much wider audience, with control over the messaging and supporting advice delivered alongside the article.

As an indicator of the increased impact achieved by the Vice/ RSPH/ the Loop media partnership, in the two weeks following publication of the second two articles, both of which highlighted

concerns regarding pentylone analogues, the number of UK-based Google searches for the word 'pentylone' increased by a factor of 25, compared to the previous six months. Notably, searches for the term 'buy pentylone' did not increase in parallel with the increase in searches for 'pentylone' suggesting that the increase in search frequency of 'pentylone' was not due to increased interest in people buying and using the new drug mentioned. This supports research advocating for a more nuanced understanding of the relationship between drug news and drug use, suggesting that more critical online news content can potentially counter poorly communicated and more conservative news reports about new drug trends, and does not necessarily instigate interest in buying NPS.[108]

### Improving National and International Understanding

Another specific benefit of drug safety testing services is the opportunity to obtain more knowledge on the changing drug market nationally and to contribute to international monitoring efforts. This increased information can allow more complex and intelligent responses to emerging drug trends to be enacted locally and allow a more coordinated response nationally, such as through Forensic Early Warning Systems.

The Trans European Drug Information Project (TEDI) is an EMCDDA-funded network of European drug safety testing organisations that share knowledge, best practice and data. The Loop has been contributing its data from UK operations since 2017. The adoption of city centre drug safety testing services would present an opportunity to provide more data to the project from more varied sources, from which a greater understanding of European drug trends could be gained, and a broader evidence base

for the efficacy of drug safety testing could be built.

Despite drug safety testing services having been in operation in some European countries since 1992,[109] differences in protocols and analytical techniques mean that there are still many more possibilities for more widespread sharing of intelligence and best practice internationally in the years to come. Consequently, developments within a local UK setting could have international impact.

### Co-Location with Other Public Health Services

Considerations for location of drug safety testing services were raised in Chapter 4, including pop-up labs in licensed venues outside of usual operating hours; within a national network of dedicated club drug clinics; and co-location in places of worship and other public health services. Regarding the latter, sexual health clinics, drug treatment services, needle and syringe programmes and safe spaces are all possible options, all with different advantages and drawbacks.

### Drug Treatment Services or Needle Exchanges

Co-location with drug treatment services or needle and syringe programmes raise a valuable possibility: engaging with other drug using populations, most notably opiate and injecting drug users. This drug using population, although much smaller than club drug users, is at far greater risk from overdose and death due to consumption of stronger than expected dosages, or unintentional consumption of other drugs, most notably, most recently fentanyl analogues. Given the current global opioid overdose epidemic that has claimed many thousands of lives and recent increased in opioid-related

deaths in the UK, it could be argued that this group is in dire need of immediate access to drug safety testing services.[110][111]

Delivery of drug safety testing services would need to be adapted to meet the requirements of this group. In particular, there is likely to be a far greater reluctance from service users to hand over substances without return, as has been the experience of continental European testers offering this service. Protocols would need to be adapted for the drugs most likely to be tested for (heroin and fentanyl analogues) and optimum times for service delivery are likely to be different, with services likely to be popular mid-morning, after service users have purchased their first drugs that day. Dates when testing may be more impactful will also be different. Providing drug safety testing services around the date of benefits payments and monthly paydays may be more useful, as this is when overdoses and DRDs are more likely to occur within this group.

The key drawback of co-location with drug treatment services or needle and syringe programmes is that these locations may discourage club drug users from attending, either because they may not be in areas deemed as desirable, because club drug users do not see such services as relevant to their needs, or because of club drug users' perceived association of stigma with opiate and injecting drug users. For example, in Vancouver where BCCSU provides drug safety testing services co-located in supervised injecting centres, the service is predominantly used by injecting drug users, not club drug users.[112] Conversely, in the Netherlands, where their drug safety testing service is predominantly populated by club drug users, they see relatively few opiate users wanting to test their drugs.[113]

Solutions to avoid this difficulty should be sought by any local authority wishing to deliver drug testing services, as both populations seek to benefit. For example, the fact that the optimum service delivery time is different for each group suggests a mobile service could move between different locations at different times of the day, week or month, to better serve each group.

**Sexual Health Clinics**
Sexual health clinics pose another valuable possibility for co-location, as club drug users may find both services to be complementary. This increases the appeal of both co-located services and the likelihood that they will be used, as service users may travel to use one service, but stay to use both, possibly attracting a much broader clientele. Co-location of both services also supports the premise that drug safety testing services have a place in addressing wider health and wellbeing needs beyond drug-related harm.

The overly clinical atmosphere, design and décor of some sexual health clinics presents a challenge for drug safety testing services that may seek to present a more reassuring and credible non-medical environment to users, and the location of some clinics may not be suitable for co-location. Additionally, sexual health clinics are typically confidential but not anonymous. Co-located services would have to be carefully designed with a clear separation between the two services so that the non-anonymity of a sexual health service would not compromise the anonymity of a drug safety testing service, as perceptions that a drug testing service is not anonymous may discourage service users. Another minor drawback is that while drug safety testing services are typically used in the days prior to a night out, sexual health clinics are typically used in the days afterwards, so despite co-location, the functions of the services may

not match up conveniently for many potential users of both. Alternatively, the differing temporal demands of the two services could allow prime city centre co-location to mutual benefit.

### Safe Spaces

Another possibility for co-location is utilising building-based safe spaces, areas in the NTE where off-site welfare is provided to vulnerable members of the public. There are 19 currently operating in the UK that are located in permanent venues rather than vehicles, and at least 12 of these are already used for other functions during the day and evening. Safe spaces are generally located centrally in night time districts and in operation during the night only, although may be used for other functions during the day.[114] If they are not being used for another function, these venues may provide a space for drug safety testing services. Members of the public may already associate the venue with NTE welfare provision, and co-location serves to increase awareness of both services among customers of the local NTE, although their size and the necessary consent of multiple stakeholders may make some safe spaces unsuitable.

### Designated Club Drug Clinics

An alternative to co-location with other services or housing drug safety testing services in temporary locations, licensed venues and churches, is to create a designated centre for drug safety testing. A designated service would have more freedom to address the needs of service users and be fit for purpose, as it would not be restricted by its temporary nature or its multiple uses. It could also provide additional club drug services, such as additional appointments, consultations and services that are not related to drug safety testing. Whilst in many ways a national network of club drug clinics is the ideal model and similar to the testing and

associated drugs services operating in towns and cities throughout the Netherlands, it would require the largest financial commitment of any of the location options, as the cost of such a service would most likely need national public funding.

### Who Picks Up the Bill?

All four initiatives proposed in this report are intended ultimately to reduce the workload, and consequently the costs, of health and criminal justice servicing of the NTE. However, the principle stakeholders who stand to benefit economically from more orderly and inclusive NTEs, reduced workload of security staff and a reduced threat of licence removal, are the businesses themselves.

Funding for training for venue and event staff clearly can come from industry budgets. Necessary staff training is an uncontroversial expenditure for a business and, for venues likely to experience high levels of drug use, this training should be considered essential. Smaller venues may not have sufficient budgets to spend on training all staff and, in these cases, larger venues may elect to shoulder more of the costs of training courses, or alternatively Business Improvement Districts (BIDs) or local authorities may elect to subsidise training for staff of smaller venues when larger venues choose to undertake it. However, it is likely that most venues can and should invest in the training of at least one designated member of staff, which could be a licensing condition along with access to a drug safety testing service.

Funding for an independent information campaign or permanent service to reduce drug-related harm should be sought from the events and night time industries themselves, although public health and NTE funding schemes and

trusts may also be viable sources. As the initiative involves the creation of a prominent brand that helps to convey a positive public image for events and venues that adopt it, a contribution from these businesses is reasonable. For example, the Celebrate Safe scheme in the Netherlands was initially funded by a large events company, but is now financially supported by the Dutch Government, and venues and events pay to receive campaign assets such as banners, posters and social media sharing tools, although membership of the campaign itself is free.

Adoption of the 3Ps drug policy could also be funded by individual venues adopting the policy. The costs include creating a new policy that has been approved by a licensing expert, liaising with licensing authorities to seek approval, and any relevant staff training that follows the adoption of the new policy, and so overall costs of this initiative are not large, as its primary aim is the enablement of venues to adopt a more pragmatic approach to reducing drug-related harm and adoption of other initiatives as well as redirecting policing and enforcement priorities. However, a more sustainable policy change could be achieved by recommendation of 3Ps policies by local authorities, or even by central government. This would require funding from public sources.

City centre drug safety testing services initially may seek industry funding but for sustainability, funding beyond the local night time industry is required. Given its positive impact on public health, NTE policing and central intelligence of drug markets, public health, police, local and and central government budgets are all obvious financial supporters and it may be that a multi agency public/private partnership is most agreeable. In the Netherlands whilst drug safety testing was initially a grassroots initiative, it was then developing into a public funded national

network. In 1992, it was the Dutch Ministry of Health that funded the first European 'drug checking' service, the Drug Information and Monitoring System (DIMS), as a scientific project at the Trimbos Institute to monitor new drugs.[115] Police proceeds of crime funds such as the West Yorkshire PCC Safer Communities Fund or the Derbyshire Neighbourhoods Investing in Criminal Earnings contribute to pilot schemes and offer one avenue of funding, although as this source may not be sustainable, it should not make up a source of core funding. Local community groups such as churches may also look to support drug safety testing by providing a low/no charge centrally located, neutral and spacious venue.

Local NTE interest groups may look to fund some of these initiatives. For example, the Dalston NTE Voluntary Fund was created in 2014 to counter antisocial behaviour and reduce the impact of the local NTE on the community. Created by local NTE venues, it funded a series of initiatives such as street wardens for the local area. It was superseded by a local Late Night Levy in 2016.

BIDs may be an appropriate source of local funding.[116] While there are two Leisure BIDs (Westside BID, Birmingham and Heart of London Business Alliance), the majority of BIDs are mixed purpose. The needs and interests of licensed venues and night time businesses are often underrepresented in BID plans, which are commonly led by retail businesses. Consequently, many BIDs may be interested in options to fund initiatives that primarily support the NTE in their area, and that also have a wider positive impact on the orderliness of the area. For example, Clapham BID provides funds for its local safe space, NightHub.[117]

# Chapter 7

Conclusions and
Recommendations
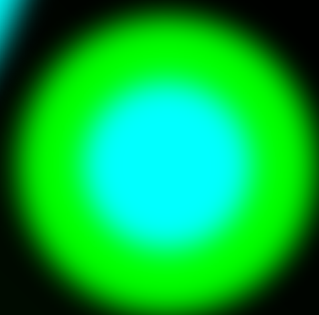
# Conclusions

There is a clear and present need for stakeholders to act now to reduce drug-related harm in the NTE. As this report has detailed, this harm has increased dramatically in recent years, affecting greater numbers of people, increasing costs for our health and criminal justice services, threatening the operation of licensed venues, and damaging the reputation of the NTE among local communities. Despite this, policy solutions have not kept pace with a rapidly changing drug market, leaving a new generation of young clubbers at risk.

### Implementation of Effective Initiatives Should Not be Delayed

*"Currently it feels like relationships with the local authority are regressing back to the dark ages and at a time when we should be putting the welfare of the public at the front of our operations, we are sadly failing them. I believe that in 5-10 years we will have drug testing in UK clubs but unfortunately the local authority and police need a few more people to die before they consider more harm reduction and that is a sad, sad fact, and counter to what we have an obligation to do."*

– Electronic music venue manager

The history of drug-related harm in the NTE reveals that individual drug-related deaths have acted as a catalyst for many policy and licensing developments relating to drugs, whether progressive, such as Manchester City Council's early adoption of Newcombe's Safer Dancing guidelines over 25 years ago, or regressive, such as the repeated attempts to close Fabric in London, the successful closure of the Arches in Glasgow and the Rainbow in Birmingham, and the precarious existence of many other venues linked to club drug deaths. Authorities should not wait for another death to review their strategies for reducing drug-related harm.

There in an increasing need for new initiatives that prevent drug use and reduce drug-related harm in the NTE, that can change the behaviour of club drug users away from risky consumption practices, and that enable venues to better protect their customers. The four initiatives proposed in this report meet these needs, and careful consideration should be given to their prompt implementation in appropriate areas.

The moral case for failing to act until another death occurs in the NTE is inexcusable, but the practical and economic cases are also compelling. By failing to address increased drug-related harm, police and emergency health services are put under increasing strain at peak times, and the local economies that rely on the NTE are put at risk.

### Creating Orderly, Enjoyable and Inclusive Night Time Economies

The four initiatives proposed in this report not only mitigate against the worst harms of club drug use, but also seek to reduce the disorder and antisocial behaviour associated with alcohol and drug consumption in the NTE. They present opportunities to address excessive alcohol use and other public health concerns, and enable members of the public to take responsibility for their own health, wellbeing and actions. In doing so, these initiatives promote more orderly, enjoyable and inclusive NTEs.

### The Perceived Barriers to Implementation of Initiatives are Soluble

There is a common understanding among all stakeholders that greater efforts should be made to reduce drug-related harm in the NTE. As this report has demonstrated, the perceived barriers to the implementation of the proposed initiatives can be overcome by appreciating their wider

impact on venues, police, emergency and public health services, and by ensuring that initiatives are introduced that adhere to best practice, and through partnership approaches that align with town and city NTE strategies.

Specifically, this report has demonstrated that these initiatives:

– Strengthen venues' ability to uphold the objectives of the Licensing Act 2003, supporting both the prevention of crime and the promotion of public safety;

– Provide a distinctive and effective means of reducing drug and alcohol-related harm;

– Promote vibrant and orderly night time environments;

– Reduce the workload of security staff, police and health services that work in the NTE;

– Promote partnership working between industry and other stakeholders;

– Add value to local public health strategies by addressing wider public health harms beyond club drug use to 'make every contact count', and by providing a valuable point of contact for a demographic that rarely engages with health services.

# Recommendations

The introduction of four key initiatives for the night time economies of our towns and cities:

**1.** Drug safety testing services available to the general public in night life districts;

**2.** An independent information campaign to reduce drug-related harm;

**3.** Training for night life staff in how to respond effectively to drug use in the NTE;

**4.** The adoption of the UK festival drug policy of '3Ps: Prevent, Pursue, Protect' in licensed venues.

All stakeholders in the NTE ensure they are informed of the value of the NTE, the harms relating to drug use in the NTE, and how these initiatives reduce drug and alcohol harms.

Licensing officers and committees to consider the inclusion of these initiatives in licensing conditions of appropriate venues.

Where initiatives are introduced, that they are done so adhering to best practice, and through partnership approaches with the support of all stakeholders.

Where initiatives are introduced, consideration is given to how partnerships between public health, the media, and the event production and night time industries can add value to these initiatives.

Initiatives are introduced to complement and support existing measures to reduce drug and alcohol-related harm in the NTE, not to replace existing measures.

NTE strategies should be reviewed and updated to include a plan for reducing drug-related harm.

Funding for initiatives is sourced primarily from multi agency partnerships that include businesses in the night time industry, but also from the budgets of other stakeholders that benefit from their implementation. Business Improvement Districts, Late Night Levies and local NTE business groups present good options for sourcing industry funding. Drug safety testing services and an independent information campaign would benefit from sourcing multi agency funding, while training to respond to drug use in the NTE and adoption of a 3Ps drug policy may be more easily funded primarily from businesses and night time industry sources. A national network of club drug clinics with drug safety testing services embedded within them would benefit from national public funding.

# Appendix 1: Terminology

**'Night Time Economy', 'Evening and Night Time Economy', and 'Twilight, Evening and Night Time Economy'**

The term Night Time Economy (NTE) is used in this report for brevity whilst recognising that in some studies the terms Evening and Night Time Economy[118], Twilight and Night Time Economy[119] and other variations are used in the academic and policy literature. In recent years and with the advent of '24 hour cities', nightclubs have also operated as daytime dance venues, with a growth in 'after clubs' and 'breakfast clubs', as well as most recently, nightclubs operating predominantly during daytime hours. Notably the newly opened Printworks, currently the largest dance club in London, has usual operating hours between 11am and 11pm. The benefits of such daytime operations are that drug and alcohol use appears to be lower than at night time dance events, public transport is more easily available to customers, and there may be less tension with local residents regarding noise, traffic and footfall concerns.

**'Club Drugs', 'Dance Drugs' and 'Party Drugs'**

The history of the terminology used to describe the drugs consumed in the night time economy itself reflects the history of nightclubs and also the history of the academic study of the subject, from acid house parties and raves to dance clubs and club cultures. Initially the term 'dance drugs' was used to describe the drugs taken by people when dancing at acid house and rave events.[120] During the late 1990s, there was a switch in terminology from 'dance drugs' to 'club drugs' in recognition that people were taking drugs within nightclub settings and not just at outdoor and unlicensed raves and warehouse parties.[121] In the UK this shift in terminology from 'dance drugs' to 'club drugs' in part was

a reflection of the shift in location (with raves moving from the fields to indoor nightclubs, sports arenas and 'super clubs' in the early 1990s and accelerating after the 1994 Criminal Justice and Public Order Act). It also reflected the expansion in the palette of drugs consumed across clubbing weekends from the 'primary dance drugs' (ecstasy, amphetamines and LSD) of the early acid house and rave scene, to also include 'secondary dance drugs' (such as ketamine, cannabis, GHB/GBL and Viagra) from the late 1990s onwards, for which the primary motive might not be to enhance dancing but to enhance or mitigate against the 'primary dance drugs'. Increasingly 'dance drugs' did not seem an appropriate term for this growing range of drugs taken across the course of a clubbing weekend and not necessarily primarily to facilitate prolonged dancing.[122] As dance club culture itself expanded and commercialised from the mid 1990s onwards, so it also established itself as a legitimate area of academic study – after a due time lag in academic and policy recognition – coming to be known as 'Club Studies' in the 2000s.[123] More recent, and particularly outside the UK, the term 'party drugs' has come to be favoured in recognition of the wider locations for club drug use beyond dance clubs, such as festivals, beach parties, house parties, after parties and chill out parties.[124] The verb "to party" has also evolved to become a euphemistic term for the consumption of party drugs.

**Multi Agency Safety Testing**

Multi Agency Testing Service (MAST) is a term coined by Measham with reference to the Loop's drug safety testing introduced to UK festivals in 2016. Drug safety testing allows members of the public to anonymously submit samples of concern and receive their test results in real time, often as part of a counselling session. With MAST there are additional emphases on a) multi agency collaboration and b) professional partnerships, with all stakeholder groups directly involved in the service delivery from design and implementation through to evaluation. Samples are analysed by chemists in pop-up labs at leisure events and receive their test results embedded within individualised harm reduction brief interventions delivered by qualified and experienced healthcare professionals. Furthermore, and distinct from some European, North American and Australasian drug safety testing services, integral to MAST is that firstly, it is not framed as a peer to peer service, and secondly, test data is shared on a daily basis with on- and off-site agencies including police and public health, and to the wider public via social media, for maximum traction.

# Appendix 2: Methodology

A number of innovative initiatives to reduce drug-related harm in the NTE were identified from the literature and emerging practice, primarily taking examples from European countries and from the UK festivals that both authors have conducted research and voluntary work at, including volunteering with the Loop. 36 unstructured, anonymous interviews were conducted with a snowball sample of UK stakeholders from the police, public health, licensing, local policymaking and the night time industry, including venue owners and managers, promoters and industry body representatives. From these interviews, the concerns of stakeholders, and the real and perceived barriers to implementation of these initiatives were identified, and their utility and feasibility in a UK NTE context discussed.

Expert opinion was also sought in the form of 14 unstructured, anonymous interviews with harm reduction specialists, lawyers, NTE policy experts and academics, on how the identified barriers to implementation of initiatives could be overcome. Interviews were recorded, transcribed and analysed using thematic analysis. Through these 50 interviews and subsequent analysis and discussion, four initiatives emerged to reduce drug-related harm in the NTE. Options for integrating these initiatives into wider public health and NTE strategies were then identified. From these interviews, a series of practical recommendations to help relevant stakeholders implement the four initiatives have been proposed.

Interviewees were contacted directly or sourced through The Loop, Volteface and the authors' pre-existing networks of contacts, with snowball sampling used to recruit further participants. Interviewees that have given their consent have been named in the acknowledgements but were asked to contribute their concerns and opinions anonymously.

# Appendix 3: FOI Request Data

Freedom of Information requests were sent to all 116 NHS Trusts in the UK, asking for the number of Accident and Emergency department attendance records that featured each of the words 'cocaine', 'ecstasy' and 'ketamine', for the years 2013 – 2017. 43 NHS Trusts denied or did not respond to the requests. Of the 73 NHS Trusts that replied, 19 did not keep the requested data and 54 replied with figures, shown below. As these responses represent 47 percent of NHS Trusts, the authors present this data as a sufficiently representative sample of the national picture.

| NHS trust | Cocaine | | | | |
|---|---|---|---|---|---|
| | 2013 | 2014 | 2015 | 2016 | 2017 |
| Aintree University Hospital NHS Foundation Trust | 110 | 106 | 113 | 115 | 147 |
| Barnsley Hospital NHS Foundation Trust | 17 | 16 | 17 | 12 | 4 |
| Barts Health NHS Trust | 28 | 57 | 89 | 98 | 122 |
| Birmingham Women's NHS Foundation Trust | 1 | 2 | 1 | 0 | 2 |
| Calderdale and Huddersfield NHS Foundation Trust | 17 | 14 | 21 | 34 | 35 |
| Central Manchester University Hospitals NHS Foundation Trust | 412 | 529 | 630 | 625 | 779 |
| Colchester Hospital University NHS Foundation Trust | 12 | 18 | 22 | 32 | 28 |
| Dartford and Gravesham NHS Trust | 10 | 6 | 2 | 7 | 5 |
| Dorset County Hospital NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| East Sussex County Healthcare NHS Trust | 13 | 28 | 36 | 34 | 54 |
| Epsom and St Helier University Hospitals NHS Trust | 0 | 0 | 0 | 13 | 15 |
| Gateshead Health NHS Foundation Trust | 5 | 9 | 11 | 15 | 23 |
| Gloucestershire Hospitals NHS Foundation Trust | 18 | 22 | 27 | 19 | 36 |
| Hampshire Hospitals NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Heart Of England NHS Foundation Trust | 13 | 8 | 28 | 29 | 41 |
| Hinchingbrooke Health Care NHS Trust | 40 | 50 | 88 | 41 | 76 |
| Homerton University Hospital NHS Foundation Trust | 20 | 34 | 50 | 50 | 70 |
| Liverpool Women's NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Luton and Dunstable University Hospital NHS Foundation Trust | 45 | 55 | 60 | 79 | 109 |
| Maidstone and Tunbridge Wells NHS Trust | 16 | 15 | 17 | 25 | 26 |
| Medway NHS Foundation Trust | 64 | 77 | 112 | 34 | 30 |
| Mid Cheshire Hospitals NHS Foundation Trust | 0 | 7 | 7 | 0 | 9 |
| Mid Essex Hospital Services NHS Trust | 0 | 0 | 0 | 0 | 0 |
| North Bristol NHS Trust | 6 | 14 | 15 | 22 | 10 |
| North Cumbria University Hospitals NHS Trust | 28 | 18 | 33 | 44 | 47 |
| Northern Devon Healthcare NHS Trust | 0 | 0 | 0 | 0 | 0 |
| Plymouth Hospitals NHS Trust | 23 | 30 | 31 | 69 | 83 |
| Poole Hospital NHS Foundation Trust | 8 | 19 | 18 | 30 | 29 |
| Royal Free London NHS Foundation Trust | 49 | 38 | 38 | 53 | 62 |
| Royal Liverpool and Broadgreen University Hospitals NHS Trust | 27 | 15 | 10 | 17 | 31 |

| | | | | | |
|---|---|---|---|---|---|
| Royal United Hospitals Bath NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Salford Royal NHS Foundation Trust | 138 | 150 | 255 | 276 | 321 |
| Salisbury NHS Foundation Trust | 16 | 18 | 36 | 37 | 55 |
| Sheffield Teaching Hospitals NHS Foundation Trust | 8 | 12 | 19 | 25 | 20 |
| South Tees Hospitals NHS Foundation Trust | 8 | 5 | 18 | 32 | 25 |
| South Tyneside NHS Foundation Trust | 50 | 55 | 116 | 115 | 162 |
| Southend University Hospital NHS Foundation Trust | 8 | 16 | 15 | 27 | 29 |
| Southport and Ormskirk Hospital NHS Trust | 23 | 39 | 52 | 24 | 40 |
| Stockport NHS Foundation Trust | 113 | 194 | 262 | 227 | 259 |
| Tameside Hospital NHS Foundation Trust | 9 | 10 | 12 | 21 | 15 |
| Taunton and Somerset NHS Foundation Trust | 6 | 8 | 7 | 0 | 0 |
| The Hillingdon Hospitals NHS Foundation Trust | 0 | 1 | 2 | 0 | 0 |
| The Newcastle Upon Tyne Hospitals NHS Foundation Trust | 15 | 18 | 27 | 28 | 42 |
| The Whittington Hospital NHS Trust | 4 | 8 | 10 | 22 | 39 |
| Torbay and Southern Devon Health and Care NHS Trust | 2 | 0 | 7 | 28 | 32 |
| University Hospital of North Midlands NHS Trust | 0 | 0 | 0 | 0 | 0 |
| University Hospital Southampton NHS Foundation Trust | 119 | 131 | 168 | 174 | 173 |
| University Hospitals Coventry and Warwickshire NHS Trust | 122 | 142 | 181 | 189 | 207 |
| University Hospitals Of Morecambe Bay NHS Foundation Trust | 67 | 88 | 79 | 81 | 162 |
| West Suffolk NHS Foundation Trust | 7 | 0 | 0 | 55 | 86 |
| Western Sussex Hospitals NHS Trust | 20 | 28 | 33 | 23 | 31 |
| Worcestershire Acute Hospitals NHS Trust | 0 | 0 | 0 | 0 | 0 |
| Wrightington, Wigan and Leigh NHS Foundation Trust | 3 | 5 | 3 | 9 | 11 |
| Wye Valley NHS Trust | 47 | 54 | 94 | 98 | 148 |
| **Total** | **1767** | **2169** | **2872** | **2988** | **3750** |

| NHS trust | Ecstasy | | | | |
|---|---|---|---|---|---|
| | 2013 | 2014 | 2015 | 2016 | 2017 |
| Aintree University Hospital NHS Foundation Trust | 8 | 5 | 5 | 9 | 9 |
| Barnsley Hospital NHS Foundation Trust | 0 | 1 | 0 | 3 | 0 |
| Barts Health NHS Trust | 0 | 0 | 0 | 6 | 11 |
| Birmingham Women's NHS Foundation Trust | 0 | 1 | 0 | 0 | 0 |
| Calderdale and Huddersfield NHS Foundation Trust | 0 | 2 | 0 | 2 | 1 |
| Central Manchester University Hospitals NHS Foundation Trust | 71 | 44 | 77 | 83 | 85 |
| Colchester Hospital University NHS Foundation Trust | 7 | 6 | 0 | 0 | 0 |
| Dartford and Gravesham NHS Trust | 2 | 2 | 0 | 1 | 0 |
| Dorset County Hospital NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| East Sussex County Healthcare NHS Trust | 1 | 0 | 2 | 0 | 3 |
| Epsom and St Helier University Hospitals NHS Trust | 0 | 0 | 0 | 0 | 0 |
| Gateshead Health NHS Foundation Trust | 0 | 1 | 3 | 4 | 5 |
| Gloucestershire Hospitals NHS Foundation Trust | 2 | 2 | 1 | 0 | 1 |
| Hampshire Hospitals NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Heart Of England NHS Foundation Trust | 0 | 2 | 1 | 3 | 3 |
| Hinchingbrooke Health Care NHS Trust | 1 | 1 | 4 | 3 | 4 |
| Homerton University Hospital NHS Foundation Trust | 0 | 3 | 1 | 2 | 1 |
| Liverpool Women's NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Luton and Dunstable University Hospital NHS Foundation Trust | 3 | 4 | 4 | 7 | 8 |
| Maidstone and Tunbridge Wells NHS Trust | 0 | 0 | 0 | 0 | 0 |
| Medway NHS Foundation Trust | 3 | 4 | 4 | 7 | 8 |
| Mid Cheshire Hospitals NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Mid Essex Hospital Services NHS Trust | 0 | 0 | 0 | 0 | 0 |
| North Bristol NHS Trust | 2 | 2 | 4 | 5 | 3 |
| North Cumbria University Hospitals NHS Trust | 2 | 3 | 7 | 3 | 2 |
| Northern Devon Healthcare NHS Trust | 0 | 0 | 0 | 0 | 0 |
| Plymouth Hospitals NHS Trust | 0 | 0 | 0 | 0 | 8 |
| Poole Hospital NHS Foundation Trust | 0 | 0 | 0 | 0 | 7 |
| Royal Free London NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Royal Liverpool and Broadgreen University Hospitals NHS Trust | 13 | 7 | 4 | 8 | 6 |

| | | | | | |
|---|---|---|---|---|---|
| Royal United Hospitals Bath NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Salford Royal NHS Foundation Trust | 0 | 0 | 15 | 14 | 15 |
| Salisbury NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Sheffield Teaching Hospitals NHS Foundation Trust | 0 | 2 | 3 | 1 | 3 |
| South Tees Hospitals NHS Foundation Trust | 1 | 0 | 1 | 5 | 2 |
| South Tyneside NHS Foundation Trust | 7 | 4 | 7 | 4 | 11 |
| Southend University Hospital NHS Foundation Trust | 5 | 2 | 0 | 1 | 6 |
| Southport and Ormskirk Hospital NHS Trust | 6 | 1 | 2 | 6 | 2 |
| Stockport NHS Foundation Trust | 6 | 12 | 22 | 18 | 13 |
| Tameside Hospital NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Taunton and Somerset NHS Foundation Trust | 1 | 0 | 0 | 0 | 0 |
| The Hillingdon Hospitals NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| The Newcastle Upon Tyne Hospitals NHS Foundation Trust | 12 | 1 | 4 | 5 | 4 |
| The Whittington Hospital NHS Trust | 0 | 0 | 1 | 3 | 1 |
| Torbay and Southern Devon Health and Care NHS Trust | 0 | 0 | 1 | 1 | 3 |
| University Hospital of North Midlands NHS Trust | 7 | 18 | 20 | 16 | 10 |
| University Hospital Southampton NHS Foundation Trust | 13 | 10 | 22 | 10 | 6 |
| University Hospitals Coventry and Warwickshire NHS Trust | 5 | 8 | 23 | 26 | 20 |
| University Hospitals Of Morecambe Bay NHS Foundation Trust | 0 | 7 | 9 | 6 | 8 |
| West Suffolk NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Worcestershire Acute Hospitals NHS Trust | 0 | 0 | 0 | 0 | 0 |
| Wrightington, Wigan and Leigh NHS Foundation Trust | 0 | 2 | 0 | 0 | 3 |
| Wye Valley NHS Trust | 7 | 0 | 3 | 5 | 7 |
| **Total** | **188** | **162** | **258** | **261** | **271** |

| NHS trust | Ketamine | | | | |
|---|---|---|---|---|---|
| | 2013 | 2014 | 2015 | 2016 | 2017 |
| Aintree University Hospital NHS Foundation Trust | 4 | 10 | 4 | 8 | 10 |
| Barnsley Hospital NHS Foundation Trust | 38 | 17 | 6 | 5 | 3 |
| Barts Health NHS Trust | 6 | 12 | 20 | 33 | 77 |
| Birmingham Women's NHS Foundation Trust | 0 | 1 | 1 | 0 | 0 |
| Calderdale and Huddersfield NHS Foundation Trust | 2 | 2 | 1 | 2 | 1 |
| Central Manchester University Hospitals NHS Foundation Trust | 126 | 114 | 80 | 133 | 139 |
| Colchester Hospital University NHS Foundation Trust | 5 | 0 | 0 | 0 | 0 |
| Dartford and Gravesham NHS Trust | 2 | 0 | 0 | 0 | 0 |
| Dorset County Hospital NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| East Sussex County Healthcare NHS Trust | 4 | 0 | 0 | 9 | 5 |
| Epsom and St Helier University Hospitals NHS Trust | 0 | 0 | 0 | 0 | 0 |
| Gateshead Health NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Gloucestershire Hospitals NHS Foundation Trust | 4 | 5 | 2 | 4 | 3 |
| Hampshire Hospitals NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Heart Of England NHS Foundation Trust | 1 | 2 | 0 | 0 | 1 |
| Hinchingbrooke Health Care NHS Trust | 9 | 15 | 15 | 5 | 18 |
| Homerton University Hospital NHS Foundation Trust | 6 | 6 | 1 | 3 | 6 |
| Liverpool Women's NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Luton and Dunstable University Hospital NHS Foundation Trust | 12 | 6 | 3 | 3 | 4 |
| Maidstone and Tunbridge Wells NHS Trust | 0 | 0 | 0 | 0 | 0 |
| Medway NHS Foundation Trust | 17 | 0 | 7 | 0 | 0 |
| Mid Cheshire Hospitals NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Mid Essex Hospital Services NHS Trust | 0 | 0 | 0 | 0 | 0 |
| North Bristol NHS Trust | 2 | 2 | 0 | 0 | 0 |
| North Cumbria University Hospitals NHS Trust | 8 | 2 | 4 | 6 | 7 |
| Northern Devon Healthcare NHS Trust | 0 | 0 | 0 | 0 | 0 |
| Plymouth Hospitals NHS Trust | 6 | 0 | 0 | 7 | 15 |
| Poole Hospital NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Royal Free London NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Royal United Hospitals Bath NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |

| | | | | | |
|---|---|---|---|---|---|
| Salford Royal NHS Foundation Trust | 19 | 27 | 18 | 20 | 18 |
| Salisbury NHS Foundation Trust | 7 | 0 | 7 | 0 | 11 |
| Sheffield Teaching Hospitals NHS Foundation Trust | 0 | 2 | 1 | 3 | 1 |
| South Tees Hospitals NHS Foundation Trust | 3 | 1 | 0 | 1 | 2 |
| South Tyneside NHS Foundation Trust | 9 | 6 | 5 | 5 | 4 |
| Southend University Hospital NHS Foundation Trust | 5 | 2 | 3 | 0 | 5 |
| Southport and Ormskirk Hospital NHS Trust | 0 | 1 | 2 | 2 | 1 |
| Stockport NHS Foundation Trust | 22 | 13 | 17 | 28 | 22 |
| Tameside Hospital NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Taunton and Somerset NHS Foundation Trust | 8 | 9 | 7 | 0 | 0 |
| The Hillingdon Hospitals NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| The Newcastle Upon Tyne Hospitals NHS Foundation Trust | 0 | 5 | 4 | 0 | 3 |
| The Whittington Hospital NHS Trust | 1 | 2 | 3 | 0 | 7 |
| Torbay and Southern Devon Health and Care NHS Trust | 0 | 0 | 1 | 3 | 5 |
| University Hospital of North Midlands NHS Trust | 0 | 0 | 0 | 0 | 0 |
| University Hospital Southampton NHS Foundation Trust | 30 | 36 | 39 | 48 | 48 |
| University Hospitals Of Morecambe Bay NHS Foundation Trust | 46 | 102 | 109 | 120 | 96 |
| West Suffolk NHS Foundation Trust | 0 | 0 | 0 | 0 | 0 |
| Worcestershire Acute Hospitals NHS Trust | 0 | 0 | 0 | 0 | 0 |
| Wrightington, Wigan and Leigh NHS Foundation Trust | 0 | 1 | 0 | 0 | 1 |
| Wye Valley NHS Trust | 22 | 17 | 34 | 30 | 33 |
| **Total** | **427** | **420** | **395** | **478** | **548** |

# Appendix 4: Kendal Calling Drug Strategy 2016, Ground Control

The organisers of Kendal Calling 2016 will continue to maintain a robust approach to any person or persons attempting to bring illegal drugs into the event.

**Prevention**
All persons entering the event, (including both staff and customers), will be subject to search as part of the condition of entry to the site.

Drugs 'amnesty bins' will be available at each point of access, prior to the search points, to allow for the disposal of any drugs prior to entering the site.

Each access point (including staff and production access) will have dedicated search teams, together with professionally trained drug search dogs, to identify and detect any person attempting to bring illegal drugs into the event.

Any person found at a search point who is in possession of a quantity of illegal drugs sufficient to believe that they are intent on being involved in the illegal supply of controlled drugs, will be immediately handed to Cumbria Police officers for further investigation.

Any person who is found at search point to have very small amounts of illegal drugs that are clearly only for personal use, may, at the discretion of security staff, be offered a second opportunity to place all illegal substances in their possession into amnesty bin.

Any person who refuse any aspect of the condition of entry security search, will be handed to Police for further investigation.

Any person found to be in possession of any illegal drugs at this search point, whether they

take the opportunity to dispose of it in the amnesty bin or not, will (subject to any legitimate vulnerability or welfare concerns) forfeit their ticket without any refund and be refused access to the event.

**Pursue**
Kendal Calling will not tolerate any persons selling/supplying or purporting to sell or supply illegal drugs at this event.

Kendal Calling will work closely with Cumbria Police to ensure that we react positively to any drug related intelligence available in relation to this event.

Throughout the event we will operate both overt and covert resources tasked with identifying and apprehending: -

Any persons on site involved in the sale or supply of illegal drugs or legal highs.

Any person who has entered the event, (whether as customers or staff,) who are found on site with an amount of illegal drugs that suggests that they may be intent on being, or may have been, involved in the sale or supply of illegal drugs to others, will be handed to Police for further investigation.

Where any such persons are apprehended we will fully support Cumbria Police in pursuing prosecution of all those involved.

Any person subsequently convicted of such an offence will be banned for life from Kendal Calling.

Any person found on site in possession of small amounts of illegal drugs which suggest that they

are for personal use only may, at the discretion of security staff, be offered an opportunity to place all illegal substances in their possession into an amnesty bin. Any, who refuse to do so, or refuse any aspect of the security search, will be handed to Cumbria Police for further investigation.

Any person found to be in possession of any illegal drugs within the event arena or camping areas or car parking areas, whether they take the opportunity to dispose of it in the amnesty bin or not, will (subject to any legitimate vulnerability or welfare concerns) forfeit their ticket without any refund and be ejected the event.

### Protection
Whilst Kendal Calling will make every effort together with partners to prevent illegal drugs from entering this event we must recognise that we cannot guarantee a 'drug free' event. To minimise the threat from illegal drugs on site, particularly in relation to vulnerable persons Kendal Calling will: -

Provide further protection to potentially vulnerable people by offering 'front of house testing' for any substance purchased on site or brought onto site that may be illegal drugs (or legal high) to minimise further the risk of unknown substances/concentrations.

Constantly monitor through our health partners for any adverse reactions to illegal drugs on site during the event. Should any such issues be identified Kendal Calling will work closely with all partners to ensure that all avenues are pursued to make festival goers aware of any potential dangers at the earliest opportunity through proactive use of social media and any other appropriate communication methods.

Provide health and police partners at this event with qualified and recognised drug testing resources on site to help identify any increased threat from unknown dangerous substances or unexpectedly high concentrations within any drugs found on site during this event.

Provide a 'drugs and alcohol advice point' within the event that is easily accessible to all customers to provide confidential advice and guidance to festival goers who have any concerns whilst at the event whilst promoting an anti-drug message.

This policy applies equally to all customers, staff, contractors and concessions the Kendal Calling festival 2016.

### Funding
Funding for this report was crowdsourced from private donors.

### Conflict of Interest
Fiona Measham is co-founder and co-director of the Loop. Henry Fisher has been a senior chemist with the Loop since 2016.

### Disclaimer
Any initiative must operate within the law. Nothing in this report is to be taken as giving legal advice which should be obtained, as appropriate, from an independent legal practitioner.

# Acknowledgements

# References

1       Furedi, F. (2015), Forward Into The Night, NTIA.
2       UK Music, (2013), The Economic Contribution of the Core UK Music Industry in 2012, UK Music.
3       Broadfield, D. (ed) (2017), Drug Misuse: Findings from the 2016/17 Crime Survey for England and Wales, Statistical Bulletin 11/17, London: Home Office.
4       See Appendix for a discussion of the terminology used in this report.
5       For academic research on alcohol, licensing, violence and the NTE see: Brand, D., Saisana, M., Rynn, L., Pennoni, F., Lowenfels, A. (2007), Comparative analysis of alcohol control policies in 30 countries, PLoSMed, 4, e151. Hadfield, P. (2006), Bar Wars: Contesting the Night in Contemporary British Cities, Oxford: Oxford University Press. Hadfield, P. and Measham, F. (2009), Shaping the Night: How licensing, social divisions and informal social controls mould the form and content of nightlife, Crime Prevention and Community Safety: An International Journal, 11 (3): 219-234. Hobbs, D., Hadfield, P., Lister, S. and Winlow, S. (2003), Bouncers: Violence and Governance in the Night-time Economy, Oxford: Oxford University Press. Winlow, S. and S. Hall (2006), Violent Night: Urban Leisure and Contemporary Culture, Oxford: Berg
6       https://www.drinkaware.co.uk/about-us/our-campaigns/drinkaware-crew/
        https://www.drinkaware.co.uk/about-us/our-campaigns/cut-back-and-feel-better/
        Wickham, M. (2012), Alcohol Consumption in the Night Time Economy, GLA Economics.
7       Rogeberg, R., Bergsvik, D., Phillips, L., van Amsterdam, J., Eastwood, N., Henderson, G., Lynskey, M., Measham, F., Ponton, R., Rolles, S., Schlag, A., Taylor, P. and Nutt, D. (2018, in press), A new approach to formulating and appraising drug policy: A multi-criterion decision analysis applied to alcohol and cannabis regulation, International Journal of Drug Policy.
8       Criminal Justice and Public Order Act 1994, S63.
9       Measham, F., Aldridge J. and Parker, H. (2001), Dancing On Drugs: Risk, health and hedonism in the British club scene, London: Free Association Books. Measham, F. (2004), Play Space: Historical and socio-cultural reflections on drugs, licensed leisure locations, commercialisation and control, International Journal of Drug Policy, 15 (5-6): 337-345. Measham, F. (2004), The decline of ecstasy, the rise of 'binge' drinking and the persistence of pleasure, Probation Journal, 51 (4): 309-326.
10      Shapiro, Harry (1999), "Dances with Drugs: Pop Music, Drugs and Youth Culture", in Nigel South (ed.), Cultures, Controls & Everyday Life. London: Sage. Thornton, S., (1996), Club Cultures: Music, Media and Subcultural Capital, Cambridge: Polity Press.
11      Henry JA, Jeffreys KJ, Dawling S. Toxicity and deaths from 3,4-methylenedioxymethamphetamine ("ecstasy"), Lancet. 1992 Aug 15; 340(8816): 384–387.
12      Newcombe, R. (1992): The reduction of drug-related harm: A conceptual framework for theory, practice and research. In: The reduction of drug related harm, edited by E. C. Buning, E. Drucker, A. Matthews, R. Newcombe and P. A. O'Hare. London: Routledge.
13      Newcombe, R. (1992), Safer Dancing, Lifeline, Manchester City Council.
14      Newcombe, R. (1992), A researcher reports from the rave, Druglink, Jan/Feb.
15      http://michaellinnell.org.uk/michael_linnell_archive/peanut_pete/peanut_pete.html
16      Linnell, M. (2005), Flushing out the truth about drugs, Druglink, Sept/Oct.
        Linnell, M. (2016), A Smack in the Eye – Michael Linnell's Graphic Harm Reduction Campaigns, Drink and Drugs News.
17      Zobel, G. (2009), Chemical Reaction, Druglink,July/Aug
18      McDermott, P. (1993), MDMA use in the north west of England, International Journal of Drug Policy, 4, 4, pp.210-221.
19      For overview of this era see Measham, F. and Moore, K. (2006), Reluctant Reflexivity, Implicit Insider Knowledge and the Development of Club Studies, in Sanders, B. (ed), Drugs, Clubs and Young People: Sociological and Public Health Perspectives, Ashgate. Also: Smith, Z., Moore, K. and Measham, F. (2009), MDMA Powder, Pills and Crystal: The persistence of ecstasy and the poverty of policy, Drugs and Alcohol Today, 9 (1): 13-19.
20      Measham, F. (2004), Play Space: Historical and socio-cultural reflections on drugs, licensed leisure locations, commercialisation and control, International Journal of Drug Policy, 15 (5-6): 337-345.
21      London Drug Policy Forum, (1996), Dance Till Dawn Safely, London Drug Policy Forum.
22      Webster, R. (2003), Safer Clubbing, Home Office/London Drug Police Forum
23      Measham, F. (2004), The decline of ecstasy, the rise of 'binge' drinking and the persistence of pleasure, Probation Journal, 51 (4): 309-326. Measham, F. and Brain, K. (2005), 'Binge' drinking, British alcohol policy and the new culture of intoxication, Crime, Media, Culture: An international journal, 1 (3): 263-284.
24      Webster, R. (2008), Safer Nightlife, Home Office/London Drug Police Forum.
25      Home Office/KPMG LLP with Lancaster University (2008), Review of the Social Responsibility Standards for the production and sale of alcoholic drinks, Birmingham: KPMG LLP. Volumes 1-3.
26      ACMD, (2009), MDMA ('ecstasy'): A Review of its Harms and Classification Under the Misuse of Drugs Act 1971, London: Home Office
27      Duke, K. (2012), From Crime to Recovery: The Reframing of British Drugs Policy? Journal of Drug Issues, 43 (1): 39-55.
28      Webster, R., Jackson, P. (2011), Drugs at the Door, London Drug and Alcohol Policy Forum.
29      Beer and Pub Association, (2018), Drugs and Pubs: A guide to keeping a drug free pub, Beer and Pub Association.

30      Fisher, H. and Measham, F. (2016), How one patch of grass became the UK's first ever decriminalised drugs space, politics. co.uk, 28th July.

31      Tharoor, A. (2016), An Open Letter to Sadiq Khan: How to Make London's Nightlife Safer Without Spending a Pound, Talking Drugs, 23rd August.
        Wilding, M. (2017), The Met Police Are Blocking Clubs From Keeping Drug Users Safe, VICE, 16th November

32      https://tripsit.me/
        https://www.drugsand.me/en/
        http://www.drugscience.org.uk/
        https://psychonautwiki.org

33      Global Drug Survey, (2014), The High-Way Code: A guide to safer, more enjoyable drug use, Global Drug Survey.
        https://www.drugsmeter.com/

34      Codrea-Rado, A. (2017), Drug safety YouTubers face a quiet crisis at the mercy of algorithms, Wired, 19th December.
        Smith, M. (2017), Drugslab: High Times on YouTube, The Times, 2nd December.
        Hillier, D. (2017), The Facebook Group Helping You Take Drugs As Safely As Possible, VICE, 14th July.

35      http://www.ecstasy.org/

36      Manders, B. (Ed.) (2017), Deaths related to drug poisonings in England and Wales: 2016 Registrations, Office for National Statistics.

37      National Records of Scotland, (2017), Drug-related deaths in Scotland in 2016, National Records of Scotland.
        Northern Ireland Statistics and Research Agency, (2017), Drug Related and Drug Misuse Deaths 2006-2016, Northern Ireland Statistics and Research Agency.

38      LGC Forensics, (2017), Class A: National drugs intelligence bulletin - Q1 2017, LGC.

39      Mounteney, J., Bo, A., Cunningham, A., Giraudon, I., Matias, J., Pirona, A., van Gelder, N., Rybarska, A., Vandam, L., Griffiths, P. (2016), Recent changes in Europe's MDMA/ecstasy market, EMCDDA, April.
        Shapiro, H., Daly, M. (2017), Highways and Buyways: A snapshot of UK drug scenes in 2016, DrugWise

40      Broadfield, D. (ed) (2017), Drug Misuse: Findings from the 2016/17 Crime Survey for England and Wales, Statistical Bulletin 11/17, London: Home Office.

41      Manders, B. (Ed.) 2017, Deaths related to drug poisonings in England and Wales: 2016 Registrations, Office for National Statistics.
        National Records of Scotland, (2017), Drug-related deaths in Scotland in 2016, National Records of Scotland.
        Northern Ireland Statistics and Research Agency, (2017), Drug Related and Drug Misuse Deaths 2006-2016, Northern Ireland Statistics and Research Agency.

42      Shapiro, H., Daly, M. (2017), Highways and Buyways: A snapshot of UK drug scenes in 2016, DrugWise

43      Shapiro, H., Daly, M. (2017), Highways and Buyways: A snapshot of UK drug scenes in 2016, DrugWise
        Power, M., (2017), Why is cocaine so strong at the moment… and where's it all coming from?, Mixmag 31st May.
        The Ecomonist, (2017), Britain's Cocaine Glut, The Economist, 7th December.

44      Broadfield, D. (ed) (2017), Drug Misuse: Findings from the 2016/17 Crime Survey for England and Wales, Statistical Bulletin 11/17, London: Home Office.

45      UK Focal Point on Drugs (2014), United Kingdom Drug Situation: Focal Point Annual Report, UK Focal Point on Drugs.

46      Measham, F. and Moore, K. (2009), Repertoires of Distinction: Exploring patterns of weekend polydrug use within local leisure scenes across the English night time economy, Criminology and Criminal Justice, 9 (4): 437-464.

47      Moore, K., Dargan, P., Wood, D. and Measham, F. (2013), Do novel psychoactive substances (NPS) displace established street drugs, supplement them or act as drugs of initiation? The relationship between mephedrone, ecstasy and cocaine, European Addiction Research, 19: 276-282.

48      Measham, F., Moore, K., Newcombe, R. and Welch, Z. (2010), Tweaking, Bombing, Dabbing and Stockpiling: The emergence of mephedrone and the perversity of prohibition, Drugs and Alcohol Today, 10 (1): 14-21. Measham, F. and Newcombe, R. (2016), What's So 'New' About New Psychoactive Substances? Definitions, prevalence, motivations, user groups and a proposed new taxonomy, in Kolind, T., Thom, B. and Hunt, G., The SAGE Handbook of Drug & Alcohol Studies: Social Science Approaches, Sage, pp.576-596.

49      Manders, B. (Ed.) (2017), Deaths related to drug poisonings in England and Wales: 2016 Registrations, Office for National Statistics

50      EMCDDA/Europol, (2017), Drugs and the Darknet, EMCDDA/Europol.

51      Broadfield, D. (ed) (2017), Drug Misuse: Findings from the 2016/17 Crime Survey for England and Wales, Statistical Bulletin 11/17, London: Home Office.

52      Gofton, L. (1990), On the Town: Drink and the "New Lawlessness", Youth and Society, 29, April, pp. 33–39. Measham, F. and Brain, K. (2005), 'Binge' drinking, British alcohol policy and the new culture of intoxication, Crime, Media, Culture: An international journal, 1 (3): 263-284.

53      Flemen, K. (2017), Height of Ecstasy, Drink and Drugs News, 12th July.

54      Newcombe, R. Fired Up: Why Are Ecstasy-Related Deaths Rising in the UK? Volteface 2017

55      David J Nutt, Leslie A King, Lawrence D Phillips, Drug harms in the UK: a multicriteria decision analysis, The Lancet, Volume 376, Issue 9752, 6–12 November 2010, Pages 1558-1565. See also Nutt, D. 2009, Equasy – An overlooked addiction with implications for the current debate on drug harms, Journal of Psychopharmacology 23(1) (2009) 3–5

56      Ashton, 01/06/2015, Sacha Lord-Marchionne: Warehouse Project and Parklife co-founder on his 20 year career on the Manchester club scene, Manchester Evening News

57      Slawson, N. (2018), Number of illegal raves in London doubles in a year, Guardian, 4th March.

58      Forsyth, A. (2001), 'Distorted? A Quantitative Exploration of Drug Fatality Reports in the Popular Press', International Journal of Drug Policy, 12, pp. 435–453.

59      https://www.educatenotrevocate.com/statement/

60      Office of National Statistics/NHS Digital, (2012), Hospital Episode Statistics, Admitted Patient Care – England, 2011-12, Office of National Statistics/NHS Digital,
1st October. Office of National Statistics/NHS Digital, (2017), Hospital Admitted Patient Care Activity, 2016-17, Office of National Statistics/NHS Digital, 3rd October.

61      Winstock, A., Barratt, M., Ferris, J., Maier, L. (2017) Key Findings Report, Global Drug Survey.

62      MAKE Associates, (2017), A Study of 'Safe Spaces' in the UK Night-Time Economy, MAKE Associates.

63      Office of National Statistics/NHS Digital, (2012), Hospital Episode Statistics, Admitted Patient Care – England, 2011-12, Office of National Statistics/NHS Digital, 1st October.Office of National Statistics/NHS Digital, (2017), Hospital Admitted Patient Care Activity, 2016-17, Office of National Statistics/NHS Digital, 3rd October.

64      Wickham, M. (2012), Alcohol Consumption in the Night Time Economy, GLA Economics.

65      Office of National Statistics/NHS Digital, (2017), Hospital Admitted Patient Care Activity, 2016-17, Office of National Statistics/NHS Digital, 3rd October.

66      The All-Party Parliamentary Group on Alcohol Harm/Alcohol Concern, (2016), The Frontline Battle, The All-Party Parliamentary Group on Alcohol Harm/Alcohol Concern.

67      Public Health England, (2014), From evidence into action: opportunities to protect and improve the nation's health, Public Health England, October.

68      Public Health England, (2016), The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies, Public Health England, December.

69      One of the most notable of such nightclub closures was Manchester's Hacienda.

70      Slawson, N. (2018), Number of illegal raves in London doubles in a year, Guardian, 4th March.

71      Kolvin, P. (2016), Manifesto for the Night Time Economy.

72      Hadfield, P., Sharples, S., Bevan, T. and Measham, F. (2015), Westminster Evening and Night-time Economy Behaviour Audit, 2015 Full Technical Report, Final Report to the City of Westminster, pp.1-125.

73      Wickham, M. (2012), Alcohol Consumption in the Night Time Economy, GLAEconomics.

74      Home Office, (2017), 2017 Drug Strategy, Home Office, 14th July.

75      The City and County of Cardiff, (2016), How to reduce Crime and Disorder in the Night Time Economy in a time of austerity, The City and County of Cardiff.

76      Wickham, M. (2012), Alcohol Consumption in the Night Time Economy, GLAEconomics. MAKE Associates (2017), A Study of 'Safe Spaces' in the UK Night-Time Economy, MAKE Associates.

77      The Loop is a non-profit social enterprise founded in 2013 by co-Directors Fiona Measham and Wilf Gregory. For more information see: www.wearetheloop.org

78      Measham, F. (2016), Time to Test: The Festival Drug Report – Part II, Volteface, July.

79      Recommendation 48 in Parliament of Victoria Law Reform, Road and Community Safety Committee, (2018), Inquiry into Drug Law Reform, Melbourne: Parliament of Victoria. https://www.parliament.vic.gov.au/images/stories/committees/lrrcsc/Drugs_/Report/LRRCSC_58-03_Full_Report_Text.pdf

80      Royal Society for Public Health (2017), Drug safety testing at festivals and nightclubs, RSPH.
Jamieson, D. (2018), Reducing Crime and Preventing Harm: West Midlands Drug Policy Recommendations, West Midlands Police and Crime Commissioner.
Shapiro, H., Daly, M. (2017), Highways and Buyways: A snapshot of UK drug scenes in 2016, DrugWise.
Powell, M. (2017), Drug Safety Testing: Saving lives, increasing awareness, Transform Drug Policy Foundation.

81      For summary of drug safety testing services around the world see Barratt, M., Kowalski, M., Maier, L., & Ritter, A. (2018), Global review of drug checking services operating in 2017. Drug Policy Modelling Program Bulletin No. 24. Sydney: NDARC, UNSW. Also Brunt, T. (2017), Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges, Lisbon: European Monitoring Centre for Drugs and Drug Addiction. Kerr, T., Tupper, K. (2017), Drug checking as a harm reduction intervention, BCCSU.

82      Schmidt, C., Schulte, B., Seo, H., Kuhn, S., O'Donnell, A., Kriston, L., and Reimer, J. (2016), Meta-analysis on the effectiveness of alcohol screening with brief interventions for patients in emergency care settings. Addiction, 111, 783–794.

83      Misuse of Drugs Act 1971, S19

84      Serious Crimes Act 2007, S44-46

85    Bücheli, A., Quinteros-Hungerbühler, I., Schaub, M. (2010), Evaluation of Party Drug Prevention in the City of Zurich, SuchtMagazin 5/2010:41-49, Switzerland.

86    Measham, F. (2016), Are nightclubs the right place for harm reduction initiatives? The Huffington Post, 14th September. Fisher, H. (2016), Fabric closure: Sadiq Khan must back drug safety tests for clubbers, politics.co.uk, 25th August.

87    https://www.met.police.uk/AskforAngela

88    https://www.drinkaware.co.uk/

89    http://celebratesafe.nl/

90    HM Government, (2017), An evaluation of the Government's Drug Strategy 2010, HM Government.

91    https://www.biiab.org/qualifications/licensed-hospitality/biiab-level-2-award-in-drugs-awareness-for-licensed-hospitality-staff-qcf/

92    Eg. Measham, F., Moore, K. & Welch, Z. (2012), Emerging Drug Trends in Lancashire: Nightclub Surveys. Phase Three Report, Lancaster: Lancaster University & Lancashire Drug and Alcohol Action Team.

93    Health and Safety at Work etc. Act 1974 S2 (2) (c)

94    http://club.ministryofsound.com/terms-of-entry/

95    https://www.gov.uk/government/publications/2010-to-2015-government-policy-counter-terrorism/2010-to-2015-government-policy-counter-terrorism

96    Coomber, R. (2003), There's No Such Thing as a Free Lunch: How "Freebies" and "Credit" Operate as Part of Rational Drug Market Activity, Journal of Drug Issues, 33, 4: 939-962.

97    Flemen, K. (1999), Room for Drugs, Release.

98    Licensing Act 2003, S4 (1-2)

99    Licensing (Scotland) Act 2005 S4 (1)

100    For example, the NHS-accredited training courses delivered by the Loop: https://wearetheloop.org/training

101    Coomber et al discuss the concept of the 'symbolic policing' of UK drug laws in Coomber, R., Moyle, L., & Mahoney, M. (2017), Symbolic policing: situating targeted police operations/'crackdowns' on street-level drug markets, Policing and Society: An International Journal of Research and Policy, drawing on Edelman's notion of symbolic policy in Edelman, M. (1985), The symbolic uses of politics, Urbana, IL: University of Illinois Press.

102    Fleming, J. 2010, Learning to work together: police and academics, Policing, 4(2), pp.139-145. Sherman, L. (2013) The rise of evidence-based policing: targeting, testing, and tracking, Crime and Justice 42(1): pp.377–451.

103    Schmidt, C. S., Schulte, B., Seo, H.-N., Kuhn, S., O'Donnell, A., Kriston, L., Verthein, U., and Reimer, J. (2016) Meta-analysis on the effectiveness of alcohol screening with brief interventions for patients in emergency care settings. Addiction, 111: 783–794.

104    MAKE Associates, 2017, A Study of 'Safe Spaces' in the UK Night-Time Economy

105    Public Health England, NHS England, Health Education England, (2016), Making Every Contact Count: Consensus Statement, Public Health England, NHS England, Health Education England.

106    Clifton, J. (2017), The Weird Stuff Discovered in the Drugs at Secret Garden Party, VICE, 27th July. Bish, J. (2017), Watch Out for Pentylone, the Horrible New MDMA Additive, VICE, 4th August. VICE staff, (2017), All the Dodgy Stuff Found in the Drugs at Boomtown This Year, VICE, 14th August.

107    Measham, F. and Jones, G. (2017), Pentylone: What is it, why should we care and how can Multi Agency Safety Testing help? Volteface, http://volteface.me/features/pentylone-care-can-multi-agency-safety-testing-help/

108    Forsyth, A. (2012), Virtually a drug scare: Mephedrone and the impact of the Internet on drug news transmission, International Journal of Drug Policy, 23, 3: 198-209. Daly, M. (2016), Tabloid Scare Stories About Drug Actually Make People Buy More Drugs, VICE, 18th July.

109    Brunt, T. (2017), Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges, Lisbon: European Monitoring Centre for Drugs and Drug Addiction.

110    Office for National Statistics (2017) Deaths related to drug poisoning in England and Wales: 2016 registrations. Statistical Bulletin. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2016registrations

111    Global Commission on Drug Policy (2017), Position Paper: The Opioid Crisis in North America

112    Gerber, unpublished, BCCSU drug checking data for 2017-2018

113    Trimbos Instituut, Netherlands Institute of Mental Health and Addiction, DIMS Annual Report 2016

114    MAKE Associates, 2017, A Study of 'Safe Spaces' in the UK Night-Time Economy

115    Brunt, T. (2017), Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges, Lisbon: European Monitoring Centre for Drugs and Drug Addiction.

116    https://www.gov.uk/guidance/business-improvement-districts

117    MAKE Associates, (2017), A Study of 'Safe Spaces' in the UK Night-Time Economy, MAKE Associates.

118    Thomas, C. and Bromley, R. (2000), City-centre Revitalisation: Problems of Fragmentation and Fear in the Evening and Night-time City, Urban Studies, 37, 8, pp. 1403-1429. Hadfield, P., Sharples, S., Bevan, T. & Measham, F. (2015), Westminster Evening and Night-time Economy Behaviour Audit, 2015 Full Technical Report, Final Report to the City of Westminster, pp.1-125.

119    Roberts, M. (2006), From 'creative city' to 'no-go areas' – The expansion of the night-time economy in British town and city centres, Cities, 23, 5, pp.331-338.

120    Measham, F., Aldridge J. and Parker, H. (2001), Dancing On Drugs: Risk, health and hedonism in the British club scene, London: Free Association Books. Measham, F., Parker, H. and Aldridge, J. (1998), The Teenage Transition: From adolescent recreational drug use to the young adult dance culture in Britain in the mid-1990s, Journal of Drug Issues, 28 (1): 9-33.

121    Shapiro, H. (1999), Dances with Drugs: Pop Music, Drugs and Youth Culture, in Nigel South (ed.), Cultures, Controls & Everyday Life, London: Sage.

122    Measham, F. and Moore, K. (2009), Repertoires of Distinction: Exploring patterns of weekend polydrug use within local leisure scenes across the English night time economy, Criminology and Criminal Justice, 9 (4): 437-464.

123    Measham, F. and Moore, K. (2006), Reluctant Reflexivity, Implicit Insider Knowledge and the Development of Club Studies, in Sanders, B. (ed), Drugs, Clubs and Young People: Sociological and Public Health Perspectives, Ashgate, pp. 13-25.

124    Duff, C. (2005), Party drugs and party people: examining the 'normalization' of recreational drug use in Melbourne, Australia, International Journal of Drug Policy , 16 , 3, pp.161-170.