

**PLENARY SESSION I**  
**Emerging trends in recreational drug use**

**Trends in drug use and prevention in the European Union**

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Drug research conducted in recreational music and dance settings has shown much higher prevalence estimates for a range of drug use than those found in general population surveys. In the context of efforts to give greater priority to vulnerable or high risk groups in this high risk setting, an increasing number and range of drug prevention and risk reduction initiatives have been introduced within recreational dance music settings over the past decade, at big festivals, through the Internet, by direct counselling and most recently and importantly, environmental prevention strategies in bars and nightclubs. A review of drug use in recreational settings and responses to it in the EU is presented.



European Monitoring Centre  
for Drugs and Drug Addiction

## Drug prevalence and prevention in dance music settings in the EU

Piran, Slovenia: Club Health Conference, 03 November 2006  
Gregor Burkhart & Deborah Olszewski

### Outline

- **Epidemiological data**
  - Recreational settings vs. general population
  - Substance related aspects – polyconsumption
  - Tribal aspects
- **Response data**
  - Traditional approaches
  - The underlying logic of recreational settings
  - Environmental strategies



## Recreational settings as risk environment

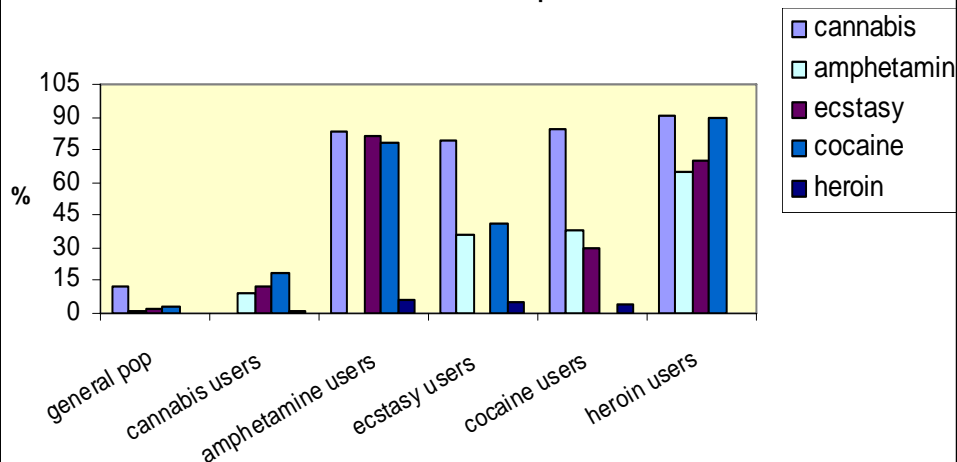
- Consistently higher prevalence among people that attend dance music events than in general population surveys
- Especially for drugs beyond the “basic three”
- FR: Cannabis users 10 times more likely to be found in dance music than in the general population. Ecstasy / Cocaine users over 100 times

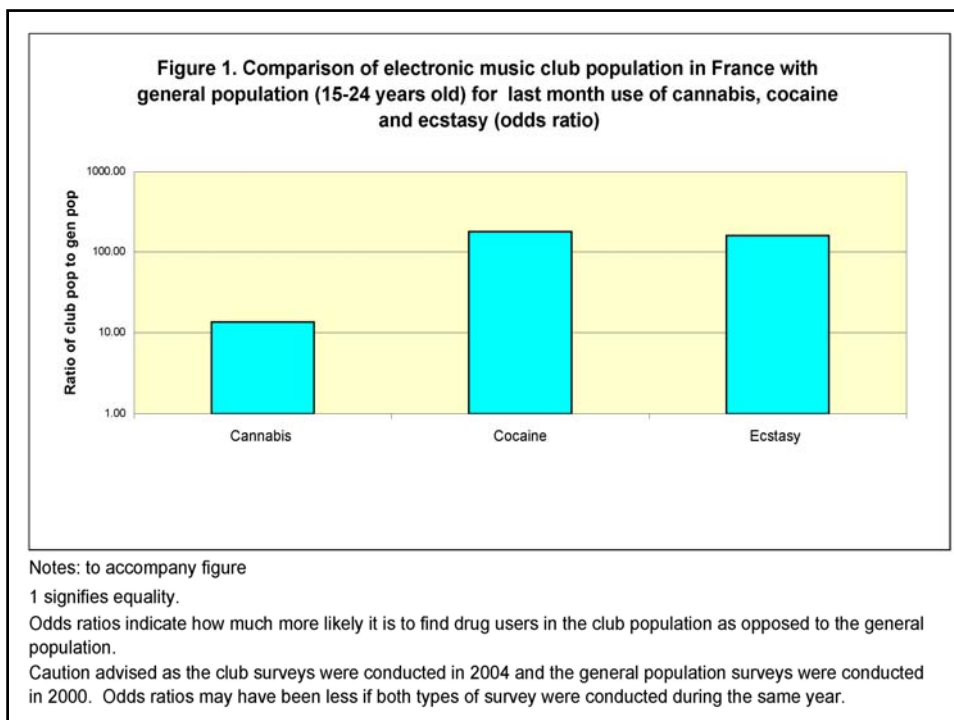
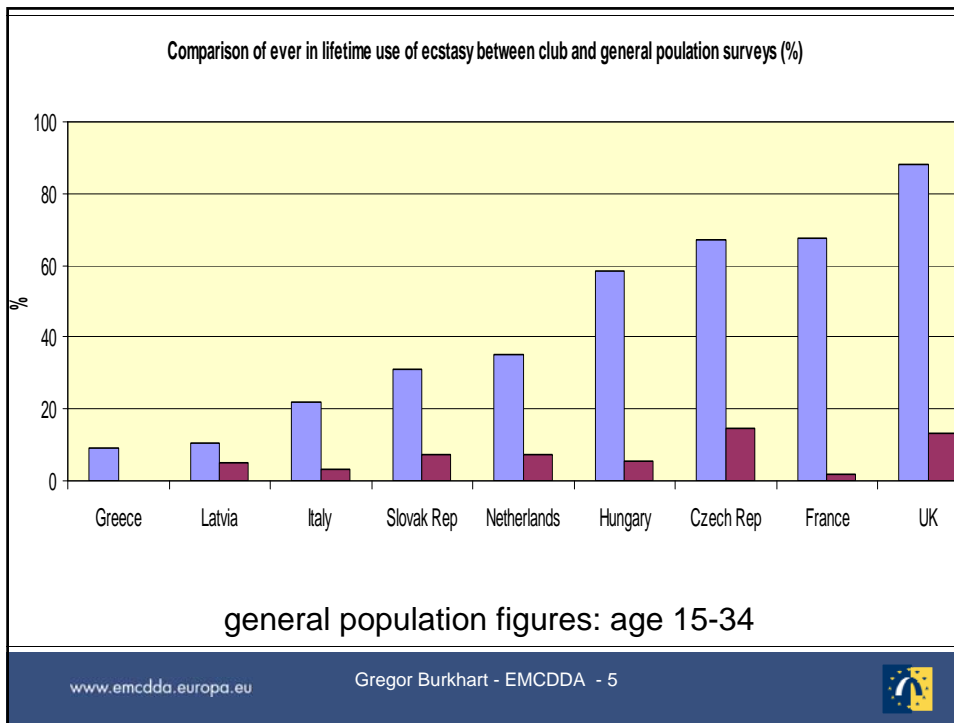


## For general population

Comparison of substance use during last year by different user groups in the general population aged 15-34 years(%)

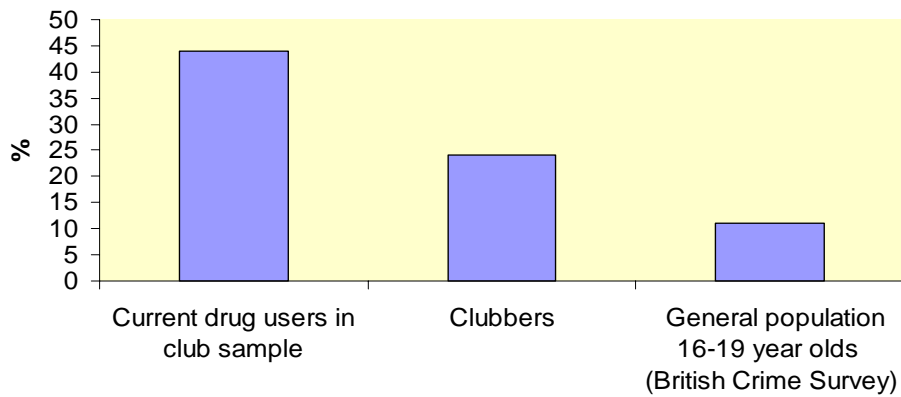
Source: Sunnall Spain 1999





## Risk groups I

Comparison of lifetime use of hallucinogenic mushrooms by current drug users, clubbers and 16-19 year olds, in 2000  
(Source: UK Home Office)



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## Common drug simultaneous combinations

- Alcohol and cannabis (mutual loss of control)
- Alcohol and cocaine (additive toxicity)
- Alcohol and ecstasy (worsens thermoregulation and dehydration)
- Heroin and cocaine
- Heroin and benzodiazepines (with alcohol)

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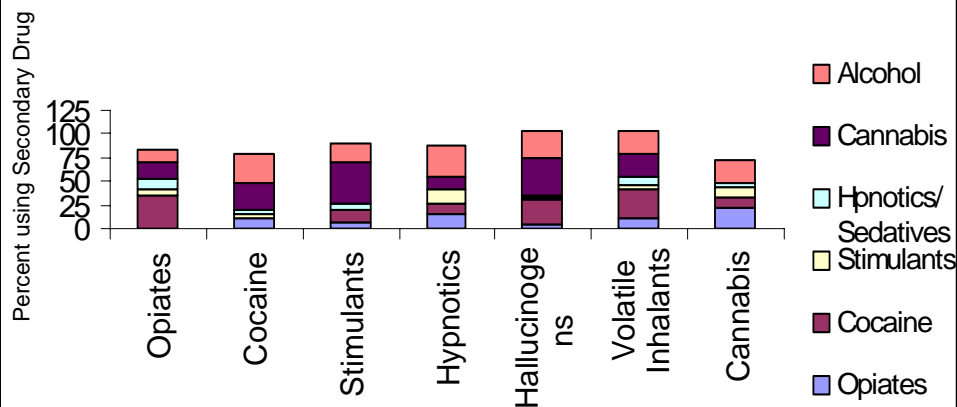
Drug combinations used by recreational drug users in the same night %

Source: Calafat et al. (1999).

Alcohol and cannabis	50.6
Alcohol and ecstasy	11.9
Alcohol and cannabis and ecstasy	10.4
Cannabis and ecstasy	8.4
Alcohol and cocaine	7.8
Cannabis and ecstasy, alcohol and cocaine	7.8
Cannabis, alcohol and cocaine	2



**Figure 4. Common combinations of drugs in EU drug treatment agencies: most problematic drug used together with secondary drug(s)**

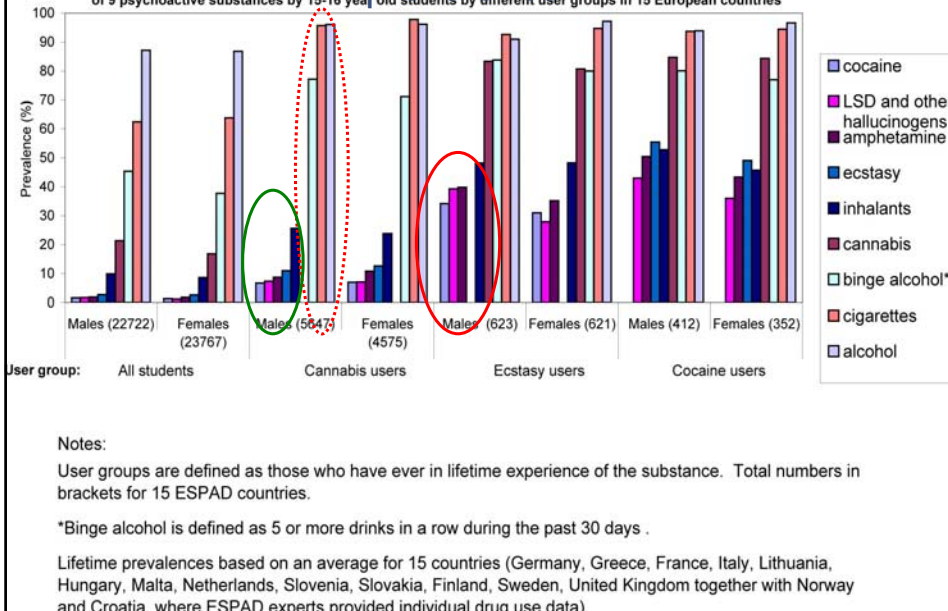


Note: Percentages may add to more than 100 through use of more than one secondary drug

Source: EMCDDA 2002

## Comparison of male and female lifetime prevalence

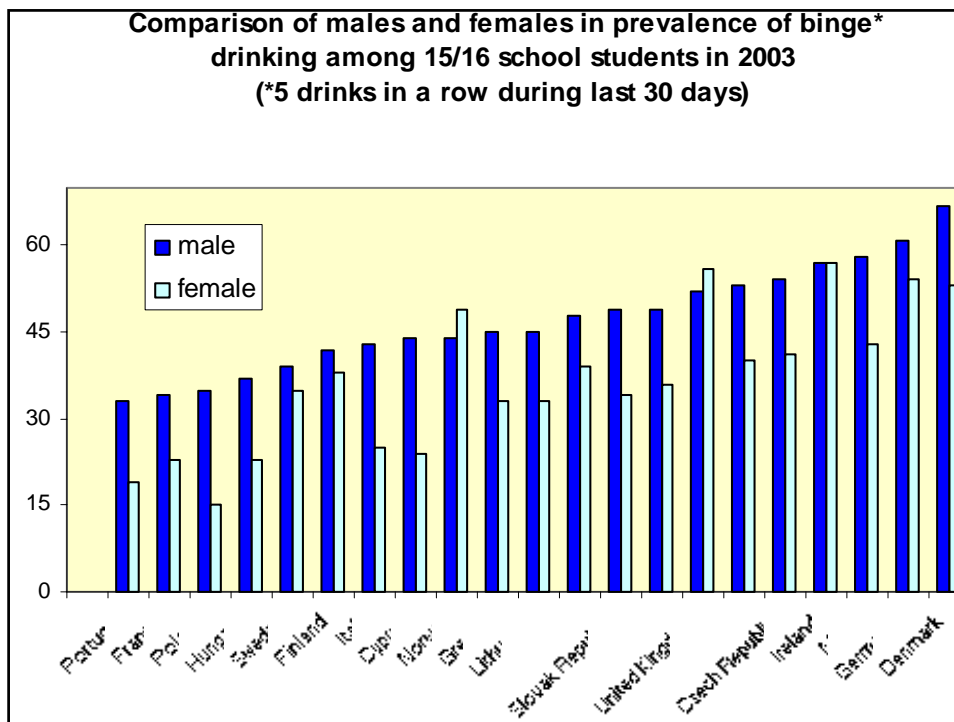
Figure 9. Gender in the use of psychoactive substances by different user groups: ever in lifetime prevalence of use of 9 psychoactive substances by 15-16 year old students by different user groups in 15 European countries



## Gender aspects, Ecstasy

- Progressive increase of male-to-female ratios (LTP) with age: 0,5-2 (15-16 yrs) → 1-6 (adults)
- Some countries report higher female prevalence in 15-16 yrs old
- Are they socialising in recreational settings with older males? (for tobacco confirmed)

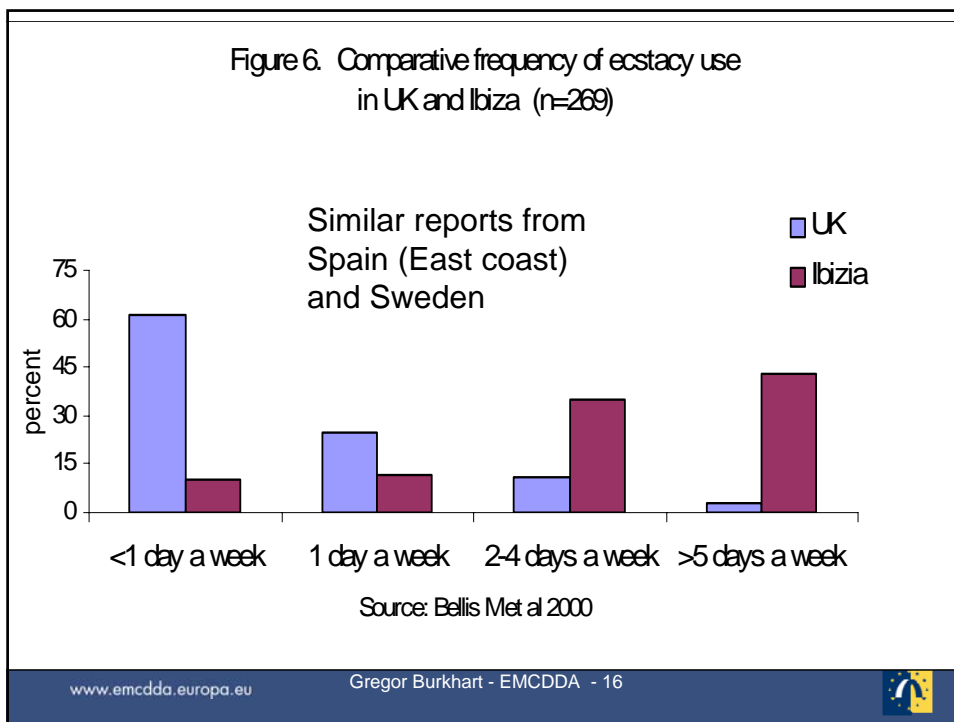
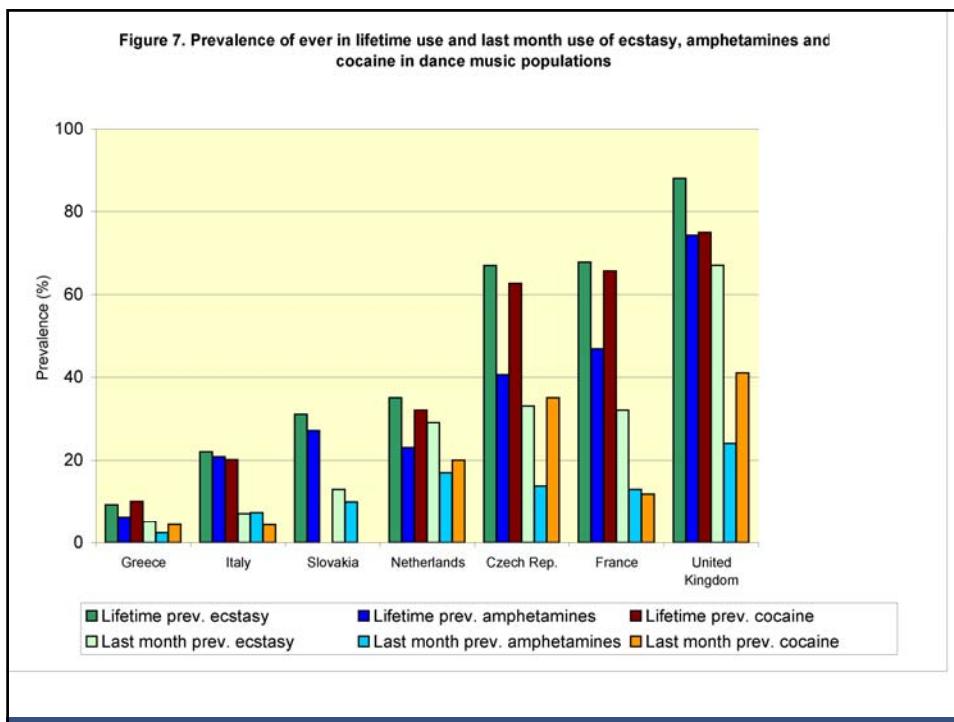




## Tribes, subcultures and drugs

- Large Festivals ⇔ Rave and Dance parties, smaller clubs, lounges etc.
- A wide range of small esoteric festivals has developed: different tribes with different lifestyles, values, music and drug preferences
- CZ, GE, GR, HU, SK, PT: Techno Music → Ecstasy
- GE, NL: Reggae/Hip Hop → Cannabis
- PT: Goa/Trance → Cannabis / LSD
- PT: House → Cocaine, Techno → Ecstasy
- Note: Local studies, difficulties with lack of standard definitions and with cultural differences





## Risk factors and profiles

- The social – cultural environment of recreational settings is a risk setting
  - Availability of substances
  - Social acceptance, models and expectance
  - Related value systems
- Party tourism increases risk
- It gathers risk-populations: young, single, with income and attracts „risk-takers“
- Still, a majority does not consume (illegal) drugs and enjoys only music and social aspects

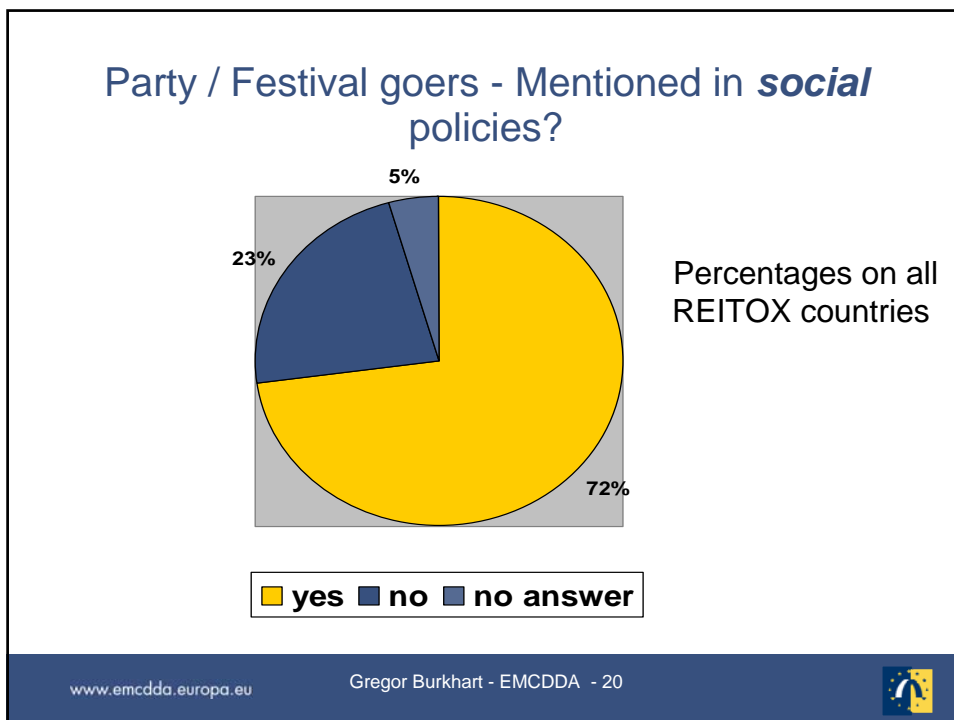
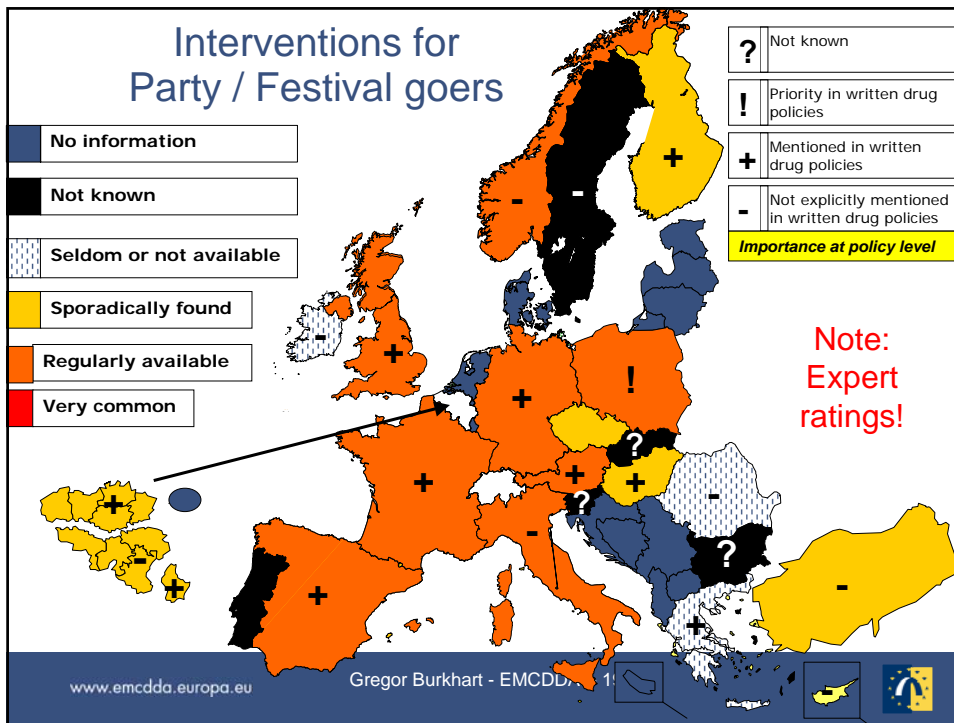


## The response side

- Importance in prevention policies
- Intervention areas and contents
- Culture, economics and beliefs
- Environmental prevention strategies

➡ Paradigm shifts?





## Contents

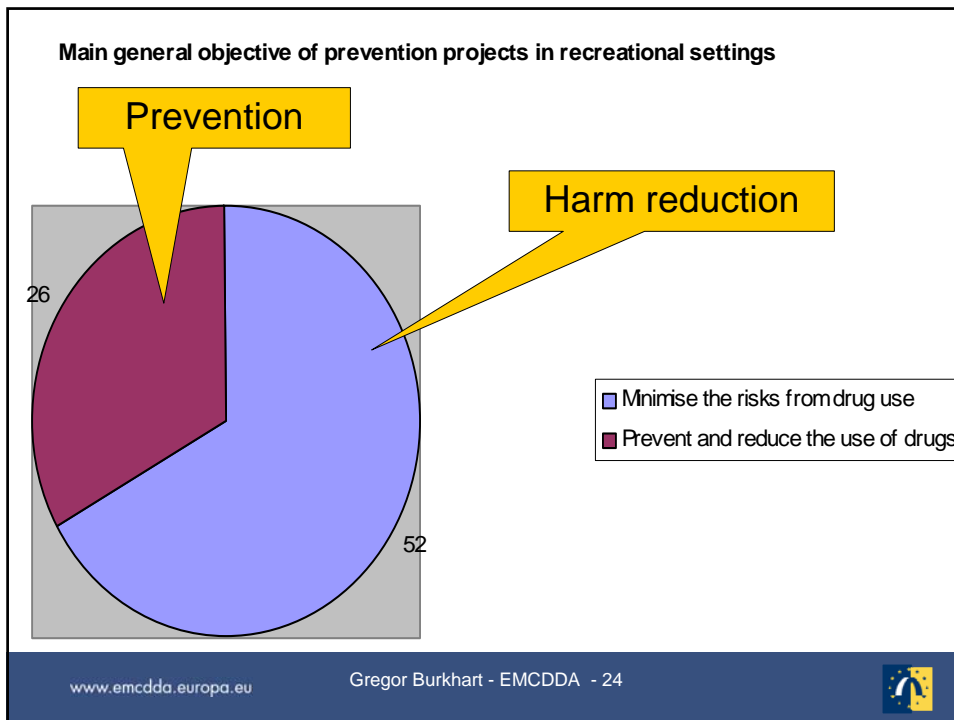
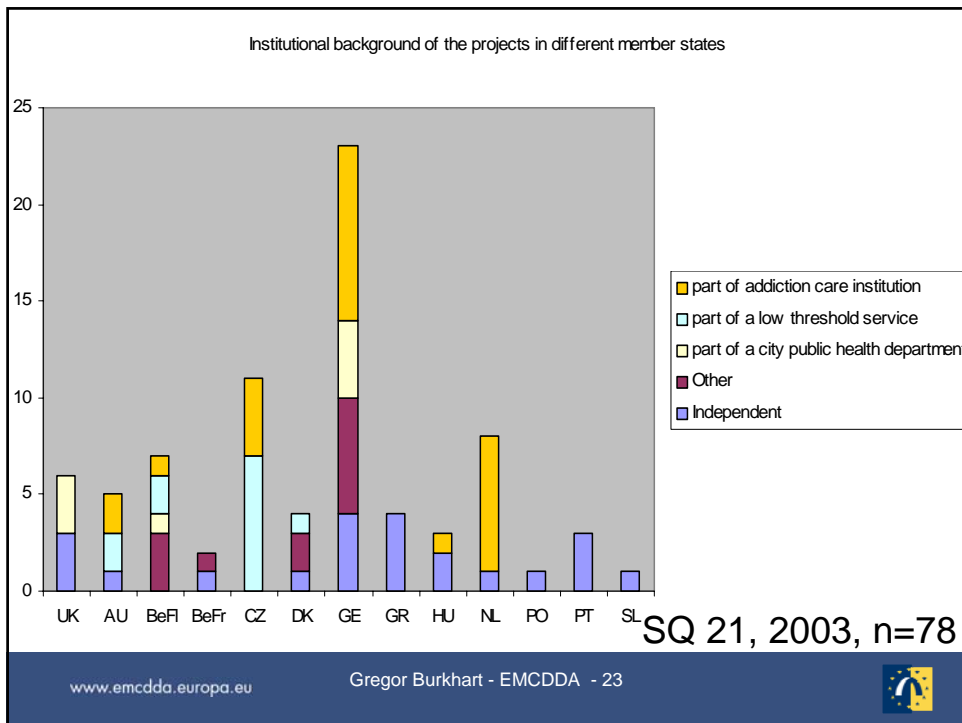
- Information-based
- Counselling
- Professional bias?
- Less pill-testing
- Little Gender-specific focus



## Mass media campaigns, targeted

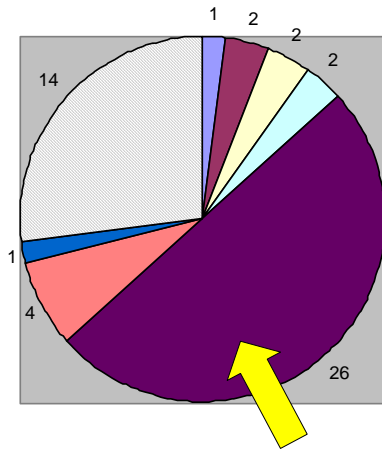
- Sometimes selectively dedicated to the big festivals.
- overheating, importance of the peer group (not dancing alone), first aid, combining drugs, importance of drinking water
- Belgium, Denmark, Germany, Hungary, Czech Republic, Austria and Poland.





Minimise the risks from drug use: specific main objectives

## Harm reduction

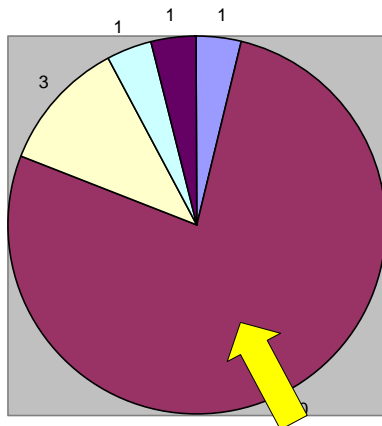


- Build collaboration with the entertainment industry
- Know the situation
- Offer medical consultation, referral to treatment
- Other
- Provide information, raise awareness
- Provide psycho-social care/support
- Training of peers
- (blank)



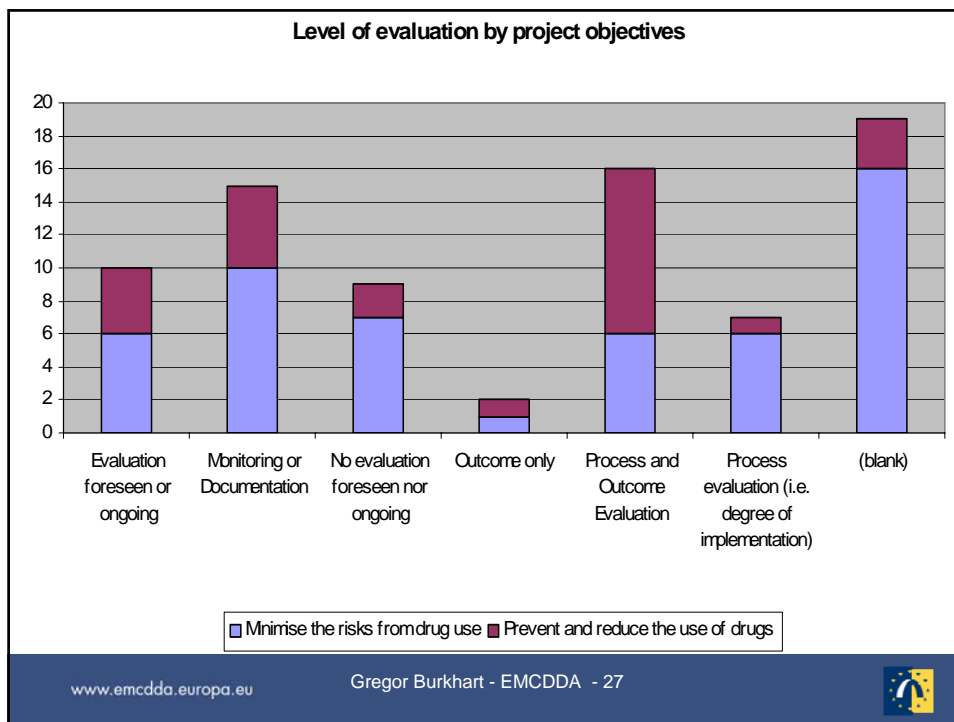
Prevent and reduce drug use: specific main objectives

## Prevention



- Develop and/or implement guidelines
- Provide information, raise awareness
- Provide psycho-social care/support
- Support networking
- Support other organisations





## Overall impression on contents

- Quite “conservative”:
- information-based approaches haven’t proved effectiveness (health belief model)
- concept of “informed choices“ doesn’t account for vulnerability patterns (selective prevention)
- harm reduction assumes too easily that the level of recreational drug use would ex-ante be so difficult to reduce as heroin taking
- strict abstinence-oriented messages are neither feasible nor realistic in party settings



## Risflection

- Global economy expects this risk-readiness as a main virtue of the current and future workday
  - Several scene-projects and “conscious”, experienced users, promote values as
    - preparedness (before),
    - being in control (during) and
    - reflection (after drug use)
- in search of a culturally regulated ecstasy (see e.g. [www.risflecting.at](http://www.risflecting.at)).
- Interactive Modules in Websites in DE, NL and UK help reflect on own consumption



## Gender Aspects

- Research by IREFREA ([www.irefrea.org](http://www.irefrea.org)) on people that consume less (or not at all) in recreational settings postulates the promotion of moderation and female amusement pattern as a prevention goal (Calafat et al. 2003).
- Both non-users and women are a preventive potential by themselves
- Their attitude towards moderation and their diversified interests while partying represent a cultural and preventive option that should be considered
- Reinforce those as models instead of seeing female patterns as an exception, in extinction.
- Explore the preventive effectiveness that may come from the involvement of girls in prevention and in harm minimisation activities, amongst their user friends



## Addiction

### **Childhood and adolescent antecedents of substance use in adulthood.**

Ensminger et al., 2002

shy and aggressive in first grade (males) **risk**

shy in first grade (females) **protection**

'high/superior' readiness to learn **protection** against cocaine  
**risk** for experimenting

adolescent social bonds did not moderate the relationships  
of earlier childhood behavior to adult drug use



## Pill testing

- Stopped in CZ, DE, BE\*, FR
- Limited to few countries (ES, HU, NL\*, AT\*)
- Less adulteration of pills + legal concerns
- Proven mean to contact hard-to-reach target group (contacts decreased after stop in CZ)
- Provides long and intense ways of counselling interactions
- Without „seducing“ non-users



## Economic aspects

- Initially an alternative to mainstream licensed pubs and clubs
- Alcohol industry has tapped into this market
- Have expanded it to different social groups, especially young women
- Often in cities / societies with a lot of young people with disposable income



## Myths and normative beliefs

- → is it really still a counter-culture then?
- ecological, alternative, rebellious values sell well
- Value discrepancy
  - Trance/Goa: Health, Meditation, Vegetarian, Anti-imperialistic, Anti-capitalist, No-Global
  - ⇔ use of Tobacco (Multinationals!)
  - perfect Cannabis marketing to be associated e.g. to organic food
- „Drugs have always existed“ ... but how often we see real culturally controlled introspective drug taking rituals (only for connaisseurs)??



## A new (?) paradigm: environmental prevention strategies (beyond harm reduction)

- Question the underlying logic of the Hegemonial Recreational Nightlife Model
- Acknowledge alcohol's main role (UK, Scandinavia, Spain) and the role of social norms and behaviours!
- Often community-based, consensual
- Local policies and municipal working parties:
- Leisure and restaurant industries, prevention agencies, NGO's (NL, HU, UK, DE)
- Safe Clubbing guidelines: only UK, Belgium



## Approaches to the Reduction of Alcohol Problems

	<u>Traditional Approaches</u>	<u>Environmental Approaches</u>
<b>Goal</b>	Individual Behavioral Change	Community System Change
<b>Use of Media</b>	Individual Influence	Policy Maker Influence
<b>Target</b>	Individuals At-Risk	Alcohol Environment
<b>Community Role</b>	Information Receivers and Disseminators	Provides Energy for Policy Change
<b>General Approach</b>	Demand-Oriented	Supply-Oriented



## Effective solutions are available

- Regulating physical availability of alcohol
- Taxation and pricing
- Altering the drinking environment
- Drinking-driving countermeasures
- Treatment and early intervention
- Regulating alcohol promotion



## COMMUNITY TRIALS SIGNIFICANTLY REDUCED ALCOHOL-RELATED PROBLEMS

**49% -- self-reported over-consumption**

**51% -- self-reported driving over limit**

**10% -- nighttime injury crashes**

**6% -- self-reported drinking per occasion**

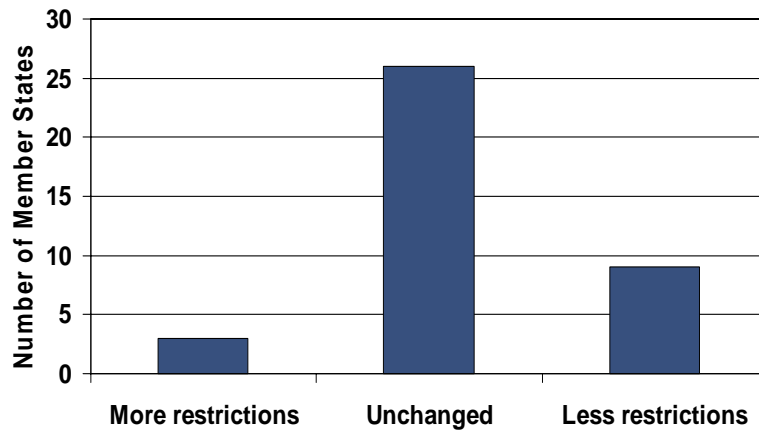
**6% -- crashes involving drinking drivers**

**43% -- assault injures in emergency rooms**

Source: Holder, H.D., Gruenewald, P.J., Ponicki, W.R., Treno, A.J., Grube, J.G., Saltz, R.F., Voas, R.B., Reynolds, R., Davis, J., Sanchez, J., Gaumont, G., and Roeper, P. Effect of Community-Based Interventions on High-Risk Drinking and Alcohol-Related Injuries, *Journal of the American Medical Association*. 2000; 18:2341-2347.



### Restrictions on places of sale of alcohol products from 2000 to 2005

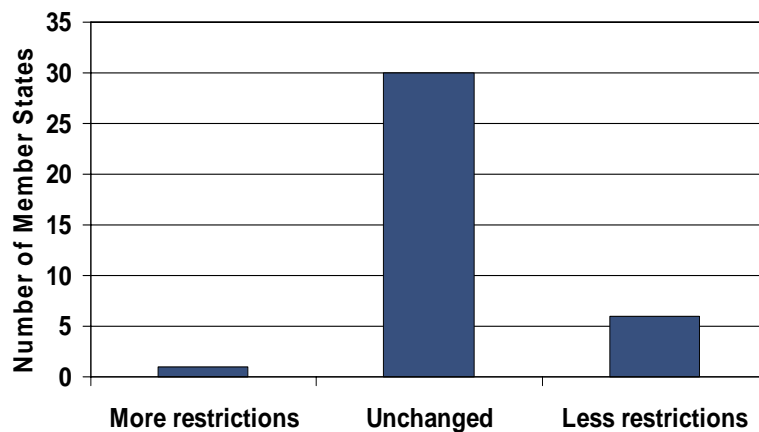


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Source: WHO – Copenhagen (Lars Möller)



### Restrictions on density of sale points of alcohol products from 2000 to 2005

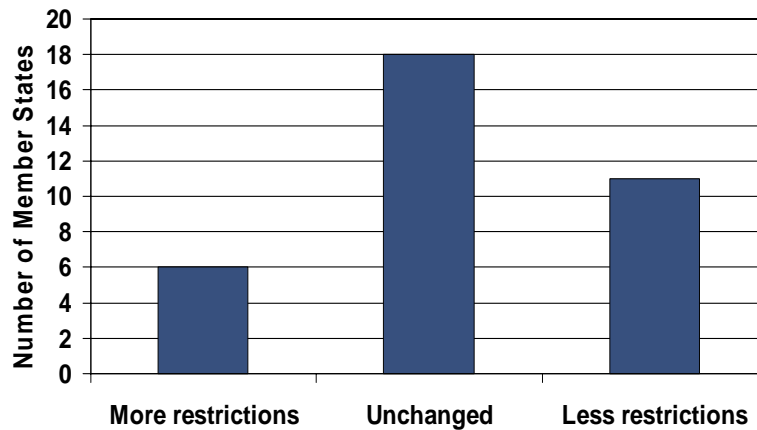


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Source: WHO – Copenhagen (Lars Möller)



## Sum of restrictions from 2000 to 2005



[www.emcdda.europa.eu](http://www.emcdda.europa.eu)

Source: WHO – Copenhagen (Lars Möller)



## Maybe

- The underlying logic of party cultures and settings could be a stronger focus of prevention efforts
- Go further than only providing safer conditions for amusement
- Unravel the economic interests that involve even the “rebel” sub-cultures
- Contents and delivery of interventions could go more theory-base (normative beliefs instead of information only)

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# THANK YOU!

Note:  
any information gathered in  
Slovenia  
on GHB would be gratefully received  
for our next case study of emerging  
trends

