



safer_ nightlife

Best practice for those concerned about drug use and the night-time economy **The London Drug Policy Forum** was established in 1991 to help co-ordinate London local authority policy and practice and to encourage joint working. It is funded by the City of London Corporation.

The City of London Corporation is the local authority for the Square Mile, also known as the City. In addition to the usual services provided by a local authority, such as housing, social services, education and town planning, the City is involved in a wide range of activities extending beyond the boundaries of the Square Mile for the benefit of the nation. The funding and support of the London Drug Policy Forum underlines the City's commitment to the fight against illicit drug abuse in the capital.

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This best practice guidance builds on the important achievements of *Safer Clubbing* (2002) which itself built on the 1996 *Dance Till Dawn Safely* document. These two publications proved popular with licensing officers, club managers, promoters, police officers, Drug Action Teams, drug outreach workers and others.

The clubbing and night-time environments have changed considerably during the last six years. There have been significant changes around the opening hours and licensing of venues, especially non-club venues, particularly with regards to alcohol licensing and smoking legislation. In addition there have been changes to the patterns of the use of recreational drugs. This has highlighted fresh challenges to those involved and working in the nightlife environment, and there is therefore a need for new approaches to tackle these challenges.

The London Drug Policy Forum is very grateful for the support of all those involved in the steering group who contributed to revision of the previous documents to produce *Safer Nightlife* in response to these new challenges. We feel that this document provides clear advice and information on best practice to reduce the risks associated with drug use and the nightlife scene.

This document is not only for local partnerships, managers, owners and authorities to determine exactly what works best for their area and venue, but will also be of interest for anyone working within the *nightlife* environment. This publication can only provide suggestions and pointers. Those on the Steering Group firmly believe that all those with an interest in clubs and night time venues can most effectively reduce the harm associated with drug use when working together with clubbers themselves.

We hope this guidance will prove as beneficial as its predecessors and that it helps provide a safer nightlife environment for all.

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Introduction

This guide is the new and updated version of *Safer Clubbing*, published by the Home Office and the London Drug Policy Forum in 2002. There are three main reasons why the guide has been updated:

- There have been substantial changes in licensing legislation
- These changes have been accompanied by a growth in the nighttime economy with more pubs opening until the early hours
- Patterns and trends of recreational drug use have changed significantly alongside a significant increase in alcohol use among sections of the population

The purpose of the guide is to help ensure the health and safety of everyone who goes out to pubs and clubs, with a particular emphasis on those who also take controlled drugs. The guide is based on the belief that the safety of pub and club goers is the responsibility of everyone involved in sanctioning, organising and running licensed premises which are open late.

The guide is particularly aimed at

- Owners and managers of pubs and clubs
- The promoters of music and dance events
- Those responsible for licensing and policing music and dance events
- Drug (and Alcohol) Action Teams, many of which are now part of Crime and Disorder Reduction Partnerships
- Those providing substance misuse, sexual health, medical or general welfare services at music and dance events

Of course, it should also be stated that clubbers who take drugs need to recognise that most drug use is illegal. Furthermore, it is important that they take responsibility for their own health and safety. Just as there is a duty of care on licence holders, there is also a responsibility on clubbers to care for themselves and each other.

Introduction

Safer nightlife brings together in one place up-to-date legislation, information and best practice from a wide range of sources. It recognises that individuals from many different organisations and backgrounds need to work together to make going out to pubs and clubs a safe and enjoyable activity. Whilst the guide constantly encourages high standards, it also aims to be realistic and takes full recognition of the legitimate business interests of owners and promoters, and the workload of licensing authorities, police and fire services. The varied forms of music and dance events by their very nature require that the guidance should be interpreted to fit local needs. There are a completely different set of needs to address at a 'Super Club' hosting thousands of clubbers on a nightly basis from those at a small bar which holds dance events once a month.

There is no guaranteed, comprehensive approach which can ensure that every music or dance event passes off safely with no drug or alcohol related casualties. There are, however, numerous steps that can and should be taken to reduce the likelihood of such incidents occurring.

This guide recommends that every local partnership with responsibility – whether Drug Action Team¹ (DAT) or Crime and Disorder Reduction Partnership (CDRP) -should take the lead in getting the police and fire services, the licence holders of late night premises, licensing authorities and local drug agencies to sit down together and plan a strategy which ensures that music and dance events take place in as safe an environment as possible. Where they exist, town centre management and other groups concerned with the running of the local late-night economy are crucial participants in developing such a strategy, as are those involved in local alcohol strategies.

¹ Many are now Drug and Alcohol Action Teams

Organisation of the guidance

Organisation of this guide

The guide is organised in a straightforward manner. Chapter one gives a brief overview of dance culture and examines the links between drug use and dancing in the UK at the start of the 21st Century. Chapter two looks at making the physical environment as safe as possible. Chapter three deals with preventing drug dealing and reducing the amount of drugs used at dance events. Chapter four covers reducing the harms associated with drug and alcohol use and keeping clubbers safe during and after the event. Chapter five looks at the issue of sexual health in the night time economy. Chapter six introduces the concept of a drug policy for venues and provides a recommended outline for this – drug policies can operate as effective checklists for managers and owners who wish to ensure the safety of their customers. It concludes with details about professional training courses available for a range of professional groups including music promoters, event organisers, designated premises supervisors etc. Chapter seven contains a series of fact files which set out the main roles and responsibilities for each professional interest group. The final chapter provides further information and contact details of useful organisations. All organisations or publications cited in the guidance are listed alphabetically in this chapter.

It is expected that this document will be used as a reference guide. Some parts of the document are technical and are only likely to be of interest to those directly involved in, for example, ensuring that ventilation meets Health and Safety regulations, or that CCTV is operated in a way that complies with national requirements. In order to make the guidance easy to navigate, key points are summarised at the end of each chapter in a form which marks their relevance to the main professional groups at whom this guide is targeted.

Definition of terms

Definition of terms

This guide is concerned with the health and safety of people who attend music and dance events and use drugs and/or alcohol. These people are referred to throughout this publication by a variety of terms – 'clubbers', 'club-goers', 'dancers', 'pub and club-goers' and 'customers' are all used. These terms are intended to be interchangeable and are used to make the text easier to read, not to convey different meanings.

The guide is designed to cover events taking place at a variety of venues including small and large night clubs, bars which stay open late, student union bars, arenas and in tents and marquees outdoors. Again, we use the terms 'club', 'pubs and clubs', 'night club', 'dance venue' and 'late-night premises' interchangeably to make for a smoother read. It will normally be obvious if a certain element of advice does not apply to some venues. By the same token, there is some overlap in our use of the terms 'club owner/manager', 'licence holder' and 'promoter', here we are always using these terms to indicate the people with responsibility for maintaining safety at late-night premises.



Drink, drugs and dance





Nobody knows for certain just how many² people in the UK go out to music and dance events on either a regular or occasional basis. Nor do we know how much cocaine, ecstasy and other drugs are consumed before, during and after these events. What we do know, however, is that the dance music scene that emerged in the late 1980s has continued to grow and evolve over the past twenty years. There has also been concern about a considerable increase in the amount of alcohol consumed by young people³ and it is acknowledged that many people routinely consume alcohol and drugs as part of a typical night out.

The media has a high level of interest in the late night economy and stories about such issues as *binge* drinking, alcohol-related violence, and ecstasy deaths are common.

Many of these stories are unsurprisingly sensationalist in tone, and sometimes give a misleading picture of the ways in which drugs and alcohol are taken at pubs and clubs. It may be helpful to provide a brief, more factual, overview of the current dance and drugs scene.

Counter cultures or youth cultures have been associated with drug use for many years. However, the culture associated with ecstasy use differed from many of its predecessors because of the way it became a mainstream phenomenon.

'What has happened ... is a significant broadening of the drug-using constituency encompassing a much wider range of substances taken by ever-larger groups of young people. For a significant minority who would consider themselves otherwise 'ordinary' members of the community, drug taking has become an unremarkable part of the lifestyle kit."

Noctis (formerly BEDA, the national body representing the UK's operators in the evening and night-time economy) estimates that approximately 3 million people go out to pubs and clubs every weekend.

³ Safe. Sensible. Social (2007) The next steps in the national alcohol strategy reports that 44% 18-24 year olds – the peak age for going out pubbing and clubbing – indulged in binge drinking, defined as feeling very drunk at least once a month over the previous year.

⁴ Shapiro, Harry (1999) Dances with drugs: pop music, drugs and youth culture in Drugs: cultures, controls and everyday life Ed. South London, Sage.







Since the arrival of dance music in the late 1980s, dance culture has grown, diversified and sustained itself beyond many commentators' expectations. It has become more commercialised and there has been a fragmentation into sub-genres, with different forms of music attracting different groups of people with associated preferences in their choice of drug. Patterns in drug use change as frequently as styles in music and of course both vary according to individual taste. At the time of writing, the use of ecstasy, amphetamines and ketamine is associated with 'techno' music, whilst those attending events playing mainstream music are more likely to consume alcohol, cocaine and ecstasy. Drugs such as poppers and GHB/GBL (see more details in chapter four) are currently more common at gay clubs.

Perhaps the biggest change in the pattern of substances used in the six years since the publication of the original guide is the growing popularity of cocaine powder across most music and dance scenes and higher levels of alcohol use. It also appears that ketamine is increasingly popular⁵. Of course, this is likely to change again but it is important to note that many individuals take a range of substances over the course of a night out.

The other major change is the fact that many pubs now open later and provide music and entertainment themselves. Some people who used to go to clubs may now spend the whole evening in a pub setting. Others will continue to go to pubs first and then on to clubs, but may not make this move until the early hours of the morning.

Whilst trends in music and drug taking are forever changing, it is a fact that every weekend, millions of people go out pubbing and clubbing to a diverse range of different forms of dance music, often under the influence of a cocktail of drugs, alcohol and so-called 'herbal highs'.

A wide range of surveys have shown that people who go clubbing regularly tend to use controlled drugs much more frequently than their peers. Table 1 provides details.

Moore, K. & Measham, F. (2008) 'It's the most fun you can have for twenty quid' – Motivations, consequences and meanings of British ketamine use. Addiction Research and Theory 2008 Volume 16 Issue 3

⁶ The terms is misleading, since many of these products are actually synthetically manufactured. However, we retain this term throughout this guide for ease of reading.



Table 1 - Drug use amongst British clubbers

Author	McCambridge	Deehan	Mixmag survey
Year#	2003	2000	2005
Sample	805	760	835
Method	Self-complete survey	Researcher Interview	Self-complete survey
Area	National	South-East	National
Period	Last month	Day of interview	Last month
Cannabis		12%	79%
Ecstasy	67%	27%	84%
Cocaine	41%	8%	83%
Ketamine	16%	1%	36%
Amphetamine	24%	3%	41% 7
Poppers	28%	2%	61%
GHB	3%		11%
Methamphetamine	2%		6%
LSD	6%	1%	19%
Mushrooms	14%		40%
Viagra			24%

[#] Year indicated is year when interviews took place, not year of publication.

Period refers to the time period in which respondents stated they took a particular drug (i.e. previous week, month etc.)

It should be noted that the surveys were looking at drug use over different timescales and are not directly comparable.

⁷ Survey recorded 46% using the powder 'speed' form of amphetamine and 37% using the paste 'base' form of amphetamine.





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The relatively high levels of drug use by clubbers can be seen by comparing the figures from the above surveys from our most comprehensive national survey. The British Crime Survey (BCS) involves interviews and self-completion questionnaires with approximately 10,000 people. Murphy and Roe (2007) report findings from the 2006/7 BCS. In their survey, only 8.3% of 16-24 year olds (the peak age for clubbers) had used controlled drugs more than once a month in the previous year. This compares with well over half of the clubbers surveyed taking ecstasy alone in the month prior to interview. For many, but certainly not all, people attending clubs, drug use has become an integral part of their night out.

Over recent years, many clubbers have started to take a range of drugs. Some clubbers will start an evening by drinking alcohol, go on to snort a few lines of cocaine, then take a couple of pills (often ecstasy) in the club, smoke some cannabis to 'take the edge off', perhaps consume more alcohol and on returning home use a range of depressant drugs to ease into their 'come down'. These can be prescription drugs such as valium, or may be more alcohol and cannabis. There are considerable risks in taking controlled drugs, prescription drugs, alcohol and herbal highs in indiscriminate combinations. The amount and combination of drugs used, the purity or exact chemical composition of the drug, the environment where substances are taken, and the individual's physiology and general health and well-being all contribute to the effects of drug use. The effects will vary, not only between individuals, but will differ for the same individual on different occasions. It should also be noted that whilst many individuals use drugs in combination often in combination with alcohol, up to a third of individuals may take a single drug and do not use other drugs or alcohol⁸. Use of controlled drugs plainly also places individuals in contravention of the law and at risk of criminal prosecution.

⁸ Wood DM, Warren-Gash C, Ashraf T, Greene SL, Shather Z, Trivedy C, Clarke S, Ramsey J, Holt DW, Dargan Pl. Medical and legal confusion surrounding gamma-hydroxybutyrate (GHB) and its precursors gamma-butyrolactone (GBL) and 1,4-butanediol (1,4BD). Q J Med 2008; 101: 23-29



The full extent of the long term health risks that regular clubbers are taking is not yet known. However, there is some information about the long-term effects of using ecstasy with research suggesting that long term users can anticipate problems with mood, depression and anxiety.

There has also been considerable concern about the number of people attending hospital accident and emergency departments owing to their drug use. A study conducted in the South-West of England⁹ found that 6.9% of all patient attendances were directly or indirectly related to illegal drug use – half of these cases resulted in hospital admission. In similar vein, a London study found a significant increase in the number of people attending a local hospital accident and emergency department following the use of cocaine¹⁰.

Although the long-term effects of recreational drug taking are still emerging, we do know that certain key factors exacerbate the health risks of drug taking. These include: taking combinations of controlled drugs and/or mixing these with alcohol, becoming overheated and exercising to exhaustion. All these factors are commonly found at dance events. Official death statistics do not give the full circumstances of drug-related deaths. However, in 2006¹¹ MDMA/Ecstasy was mentioned on 48 death certificates and GHB on seven

In conclusion, it is estimated that millions of people go clubbing in the UK every week, many of them consuming a range of drugs. Dance drug fatalities are comparatively rare, but all involve the tragic death of mainly young people and the majority are avoidable. The guidance contained in the next four chapters sets out tried and tested approaches with the aim of reducing the likelihood of further such tragedies.

⁹ Binks, S., Hoskins, R., Salmon, D. & Benger, J. (2005) Prevalence and healthcare burden of illegal drug use among emergency department patients. Emergency Medicine Journal 2005; 22, 872-873.

A three-year investigation into cocaine use carried out at St Mary's hospital, Paddington, London, found that half the young people who presented to the accident and emergency unit complaining of chest pains on Friday or Saturday nights had cocaine in their system. Unpublished study reported at: http://www.cocaine-addiction.co.uk/index.php

¹¹ Office for National Statistics (2007) Health statistics quarterly Winter 2007 No. 36 p. 66. HMSO



Creating a safe physical environment



This chapter concentrates on ensuring there is a safe physical environment in which the event can take place.

The key people responsible for ensuring the environment is safe are club owners and managers, and/or event promoters. The local police, fire and environmental health services will give advice and sometimes require particular works to take place in order to ensure that these key people are creating a safe environment.

The Licensing Act 2003 (which came into force at the end of 2005) established a single licensing system for premises which supply alcohol, provide entertainment or provide late night refreshments. Any individual or company wishing to put on events will need to comply with the requirements of the Act. The police, fire authorities, and others, are notified of every application for a new licence, or variation of existing licences. There are also mechanisms for the consultation of local residents.

The Act requires every local licensing authority (typically the local authority) to carry out its duties with a view to promoting four licensing objectives:

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance
- The protection of children from harm

These objectives provide the framework on which decisions to grant licences are based - a licensing authority may only refuse applications or revoke licences if it feels they compromise the ability to promote these four objectives.

New licensing applications have to fit with the local licensing policy which sometimes identifies *areas of cumulative impact*¹² where it is felt there is already a very high number of licensed premises.







Most local authorities post information about how to apply for licences and provide links to the guidance issued by the Department of Culture, Media and Sport on their website. A key element of the application is completing the *club operating schedule* which sets out what steps the applicant intends to take to promote the licensing objectives (for example, the arrangements for door security¹³ to promote the prevention of crime and disorder). The importance of the operating schedule is that if the application for the club premises certificate is granted, it will be incorporated into the certificate itself and will set out the permitted activities and the limitations on them.

Venue owners/managers or event organisers are required to complete a risk assessment¹⁴ under the Regulatory Reform (Fire Safety) Order 2005. Many may wish to consult their local fire and rescue service once they have completed the risk assessment to clarify exactly what measures should be put in place. Clearly, the requirements placed on a three day festival attracting 20,000 people will be very different from those placed on a disco in the back room of a pub holding 150 people.

Communication between club owner/manager, promoter and the fire, police and environmental health services is vital. The safety lessons and requirements which are the responsibility of the venue owner must also be known and understood by the promoter who may, to a large extent, be running the evening's entertainment. In London the Metropolitan Police hold a voluntary database of responsible promoters.

In many areas of the country, *Best Bar None Award* schemes¹⁵ are run with the aim of identifying and rewarding responsible pub/club operators. Premises which comply with high standards of operation in respect of public safety – beyond the legal requirements – are

¹³ This subject is covered in some detail in Chapter 3.

¹⁴ Guides on how to undertake this risk assessment are available from: www.communities.gov.uk/fire/firesafety/firesafety/law/aboutguides/ . The appropriate guide is for small and medium places of assembly.

¹⁵ www.bestbarnone.com There are other schemes such as the Safer Socialising Award run by Action Against Business Crime - www.brc.org.uk/aabc/default.asp?content id=6







recognised by a kite-mark at an annual awards ceremony. These premises then feature in publicity material run by the local authority or town centre management groups and can advertise to the public that they are well-run premises.¹⁶

There are five key areas to address in ensuring the environment for a dance event is safe:

- Prevention of overcrowding
- Air conditioning and ventilation
- Availability of drinking water
- Further measures to combat overheating
- Overall safety

Prevention of overcrowding

Overcrowding has been implicated as a key factor in injuries and deaths at dance events

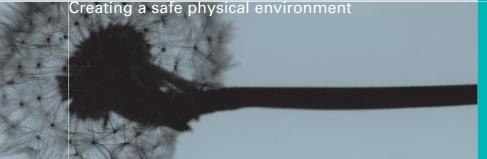
As a result of the fire risk assessment and consultation with the local fire service, it is usual for an overall capacity limit to be set for a pub or club. Sometimes, capacity conditions are transferred over from the old licensing system.

It is important that late night premises use a reliable method of counting the number of customers entering. Methods include electronic clocking systems, 'clickers' and tills. Electronic scanning database systems are now common at some venues. Customers are asked, as a condition of entry, to present ID which are scanned and verified, confirming their identity. These systems have a number of advantages: they ensure that under-age patrons are not admitted and served, they accurately count the numbers of people entering the premises, they may reduce incidences of disorder since any miscreants know they can be identified and, finally, anyone who is asked to leave the premises for unacceptable behaviour can be noted on the system and banned from the premises in future.

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Another method of controlling the numbers of people at any event is the selling of a finite number of tickets. Whatever system is used, it is recommended that a designated staff member informs the person in charge when 75% capacity is reached. It is also important to record the number of people leaving the venue during the evening.

It is vital that all people on the premises are counted. Where guest lists or VIP passes are in operation, the number of paying customers allowed in must be adjusted accordingly. It is important to clarify with the fire service whether staff are included in the capacity figure and to make a full list of all staff on duty including those involved with a sound system or lighting as well as permanent staff.

Since the ban on smoking in public places was introduced in July 2007, many licensed premises allow customers to go outside to smoke¹⁷. It is important that all such people are counted in and out so that there can be an accurate picture of the number of people on the premises at any one time. It will also be important to ensure that outside smoking areas are carefully designed so as not to cause any nuisance behaviour – including noise – to local residents

In addition to ensuring that the overall capacity of the venue is not exceeded, it is important to ensure that localised overcrowding is avoided. It is pointless observing the capacity limit, if half the customers are squeezed into small popular areas. Care should be taken to design the venue in ways which avoid this 'bottle-necking'. Police and fire licensing officers often have the experience to provide helpful (and free) advice on this subject. Particular attention should be paid to bar areas, toilet and cloakroom areas, and thoroughfares, stairways and landings. This level of attention to detail is important as late night venues, where many customers may be intoxicated and unfamiliar with their surroundings, can present unique problems for an emergency evacuation.

Air conditioning and ventilation

Controlling temperatures and humidity in venues is of paramount importance for the comfort and safety of clubbers.

¹⁷ For further information on best practice on maintaining a smoke-free environment, see: www.smokefreeengland.co.uk/



Technical guidance is available¹⁸ on appropriate temperatures and humidity and how to ensure that they are adhered to.

A common complaint about air conditioning is that some owners or managers are reluctant to switch it on, owing to the costs involved¹⁹. Air conditioning is sometimes switched on when the temperature is already very hot and is then of very limited use in controlling temperature. In order to ensure that the temperature remains at a proper level, air conditioning should be switched on before the event so that it can cope with a gradual increase of temperature as the number of customers increases. This also enables the air conditioning to be operated at less than full power and is more cost efficient.

Licence holders should ensure that venues which do not have air conditioning make provision for temperature cooling by hiring or purchasing industrial fans to be placed around dance floors. If necessary, fire exits could be opened to allow cool air in, providing the venue has prior assent and agreement for such actions from local fire authorities. In such cases, it will important to ensure that noise from the club does not disturb local residents²⁰. The venue must take responsibility for keeping customers as cool as possible. Venues should also have a policy where readmission is possible if a customer wishes to go outside to cool off. Although in extreme cases, going from a very hot temperature to a very cold temperature can cause shock, in the majority of cases being allowed to go outside and cool down can be of great benefit.

Availability of drinking water

It is important that everyone attending events keeps themselves hydrated with water or other non-alcoholic drinks. This is particularly

¹⁸ District Surveyors Association and Association of British Theatre Technicians (2001) Technical standards for places of entertainment Entertainment Technology Press (ISBN 1-904031-05-6)

¹⁹ In fairness, it should also be noted that many clubbers who have taken recreational drugs prefer a hotter environment to maximise the effects of the drugs that they have taken.

²⁰ The Clean Neighbourhoods and Environment Act 2005 gave local authorities the power to issue a fixed penalty notice to any licensed premises emitting noise that exceeds the permitted level between the hours of 11pm and 7am. There are also new requirements under the Noise at Work Regulations 2005 which will place a duty on the proprietors of pubs and clubs to protect the hearing of their staff.







important for those who have consumed alcohol and drugs, especially ecstasy.

There have been many health education campaigns²¹ on this issue and surveys²² show that many clubbers are aware of the need to keep themselves hydrated. However, it should also be noted that in some cases the over consumption of water can cause serious problems.

It is therefore imperative that there is free and unrestricted, but monitored, access to cold drinking water at all times. Licensing authorities should be aware that, in order to maximise bar profits, several owners and promoters have turned off water supplies, supplied only warm water or discouraged bar staff from supplying free cold water. Recommended best practice is:

- Provision of cold water in easy to access areas; such as taps installed by the bar
- Large signs to advertise and locate where water can be accessed
- Availability of a large range of appropriately priced bottled water and soft drinks for purchase at the bar

Further measures to combat overheating

One of the main causes of overheating is dancers becoming 'locked in' to the music and dancing for hours on end to a fast beat. Fuelled by ecstasy or other stimulant drugs, the risks to health are clear. A number of measures can be taken by club and sound system staff to encourage dancers to take breaks. These are set out below.

Typically, as the event goes on, the harder and faster the music gets. This is what the majority of customers want and expect. Although clubbers should take responsibility for controlling their own heat levels, DJs can help by being attentive to what is happening on the dance floor and should be aware if the temperature is rising to dangerous levels. Within mixes of records it is possible to introduce a few moments of calm time.

²¹ For instance, the VIP booklet produced by the London Drug Policy Forum in 1998 and updated in 2004 and 2007

²² For example, Winstock, A & Griffiths, P. High risk behaviours and harm reduction implementation amongst drug users associated with the dance music scene in the UK. Unpublished.





The vital measure in pinpointing potential candidates for overheating is for all staff to be extra vigilant and watch the dance floors. By keeping a watchful eye on the customers, it will become apparent who is too immersed in dancing to think about taking a break or a drink. These people should be kept under close observation, offered water and gently encouraged to take a break. However it is not advisable to be persistent as this may upset or agitate the customer who may become confused as to why they are receiving such attention.

Spaces should be set aside for dancers to rest and cool down – 'chill out areas'. These areas should be cooler and quieter than the main dance floors. Seating should be provided and door supervisors or other club staff should have a low-key presence to prevent overcrowding. This is also an ideal location for outreach services to set up, or information to be provided.

If chill out rooms are provided, it is important to ensure that the music played there is quieter and slower. Although DJs may be briefed to fulfil this requirement, they may disregard this and end up 'competing' with DJs playing music in the main areas. If this happens, the promoter or venue manager needs to step in and remind them of their brief.

Some dancers may get so hot that they wish to undress in a way that contravenes the venue's dress code. This is an indication that the temperature is too hot and action needs to be taken. In the meantime, dancers should be allowed to take off some clothes to aid them in controlling their body temperature.

Clubbers will need to put on extra layers of clothing to safeguard their health on the way home, especially in winter time. It is important therefore for clubs to provide an adequate cloakroom which is efficiently and securely operated. The cost should either be free, (incorporated into the price of entry) or reasonable to encourage clubbers to use it. If customers are required to leave the premises to smoke, they should be able to retrieve their coats at no extra charge – particularly in the winter months. Again, some companies sell biometric cloakroom systems which register a biometric fingerprint, while recording a video still of the transaction as customers leave their







personal belongings. This system is both quicker and prevents many of the difficulties associated with lost tickets, stolen items and queues and bottle necks of people waiting to get their belongings.

Overall safety

Local fire and Health and Safety officers will direct the venue to comply with all requirements of Health and Safety legislation.

Common important issues for consideration at event venues include:

- Ensuring that access to potentially dangerous sites such as the top
 of speakers or balcony rails is effectively prevented
- Employing glass collectors to ensure that drinking vessels do not accumulate and cause obstructions
- Providing drinks in glasses that are made of poly-carbonate to prevent them being used as weapons. Bottled drinks should be poured into these glasses or consideration should be given to selling beers in polycarbonate bottles.
- Ensuring that fixtures and fittings are safe and secure and unlikely to cause harm or injury
- Ensuring that all fixtures and fittings and electrical systems in particular are safeguarded from the effects of excessive condensation which are common at dance events
- Making sure that a maximum volume on sound systems is set to
 prevent causing hearing damage to clubbers and staff or
 disturbance to neighbours. In many cases it may be appropriate to
 install a tamper-proof sound limiter on the amplification system
- Informing customers of the intended use of any strobe or laser lighting, smoke or other special effects and ensuring that these are installed and used safely
- Preventing floors from becoming slippery from condensation or spilt drinks
- Ensuring that emergency evacuation procedures take into account the fact that many customers may be intoxicated from drink or drugs²³

²³ Many pubs and clubs, particularly those in tourist areas, will also need to draw up their emergency plans within the context of a possible terrorist threat. Full guidance on counter-terrorism planning for pubs and clubs can be found in: National Counter Terrorism Security Office (2007) Counter terrorism security advice for bars, pubs and night clubs: www.nactso.gov.uk/documents/Pubs%20and%20Clubs%2054pp.pdf





Where a dance event takes place outside, or is of a particularly large scale (e.g. arena-based) there are a number of additional safety issues to cover. All such issues are dealt with comprehensively by the Health and Safety Executive's publication, 'The event safety guide', which is highly recommended and likely to be updated and revised in the near future²⁴.

Monitoring and Enforcement

The most effective means of ensuring a safe environment for clubbers is for club owners, event promoters and licensing officers from the local authority and the police, fire and environmental health services, to work together in a constructive partnership. However, it must be recognised that not only licensing authorities, but licence holders, managers and event promoters all have a duty to preserve public safety and meet the four licensing objectives²⁵. It is clear from clubbers and the organisations which represent them, that on occasions their safety is put in jeopardy: ventilation is poor, air conditioning is not used, water taps are turned off, and capacity limits are ignored. In these situations, licensing authorities must take action.

It is important for licensing teams and their colleagues from the police, fire and health services to co-ordinate their inspection and enforcement efforts and to ensure that late night premises playing music that is attractive to people who take drugs as part of their night out, receive regular inspection visits. The risks of harm, and ultimately of fatalities, are highest at such premises.

It should of course be emphasised that although enforcement is the responsibility of police and fire officers, the legal responsibility for ensuring the health and safety of clubbers remains with licence holders, Designated Premises Supervisors, venue managers and promoters in particular.

²⁴ Health and Safety Executive (1999) HSG 195: The event safety guide: a guide to health, safety and welfare at music and similar events. Sudbury, Health and Safety Executive Books

²⁵ As stated earlier in this chapter, these are: the prevention of crime and disorder; public safety; the prevention of public nuisance and the protection of children from harm.







It is important that monitoring takes place at the time when risks are highest – a venue may have the right number of people, a comfortable chill out room and be operating at an appropriate temperature at midnight. By 4 o'clock in the morning, it may be packed from wall to wall, have the temperature of a blast furnace and have run out of cold water.

Given licensing teams' finite resources, it will be important for them to gain information from a range of agencies in order for them to target venues that are not ensuring a safe environment. The police, fire service, drug agencies and others should all be encouraged to provide information on a confidential basis

The most appropriate source from which to gather information is from the customers who attend dance events. Licensing authorities should encourage venues to have a clear complaints procedure conspicuously displayed. Clubbers should be encouraged to complain directly to the management of the club at the time of the event if they feel they have not been provided with a safe environment. Complaints procedure notices should also include contact numbers for licensing authorities so that clubbers can take up issues that are not resolved to their satisfaction.

Those concerned with safety issues at late night venues are encouraged to consult actively and regularly with clubbers about safety issues. Surveys can be conducted at pubs and clubs, or may be distributed with flyers and tickets. Customers can be encouraged to fill in web-based questionnaires, perhaps with the incentive of free music downloads. Licensing authorities can also browse social networking sites such as Facebook and Myspace, and popular clubbers' sites such as www.harderfaster.net and www.getanightlife.co.uk to see the customers views of clubs and events and advertise any surveys they intend to do.



Chapter 2



The table below summarises the key action points for ensuring a safe physical environment and indicates who the key players are for each point.

	License holders, managers and promoters	Licensing authority	Police	Fire Service	Drug outreach/medical services	Drug and Alcohol Action Team
Promoting the four licensing objectives						
Developing a constructive working relationship		Ŏ				
Providing information on the licensing process		Ŏ				
Advising late night premises on how to maintain a safe environment						
Complete a risk assessment						
Prevent over-crowding						
Ensure air conditioning systems are appropriate and working						
Ensure the easy availability of cold water at no cost						
Ensure polycarbonate glasses and bottles are used						
Ensure customers are informed of their rights						
Ensure regular monitoring and enforcement						



Tackling drug dealing



There is an essential challenge in tackling drug use in a club setting. It has already been discussed that controlled drug use has become a large part of youth culture and is, for many people, an integral part of a night out. Certain forms of music are associated with particular types of drug use and when owners or promoters put events on featuring this music, it is inevitable that the customers will include people that use drugs. The Government's advisory body on drugs, the ACMD²⁶, has counselled against attempts to ban dance events and recommended flexibility in granting licences to prevent driving events underground where safety is much more difficult to quarantee.²⁷

Legislation

Club owners and promoters are therefore placed in a difficult situation, they are required to prevent drug dealing and drug use in an environment which is associated with both these activities. Nonetheless the full responsibility is with licence holders to ensure they work within the law, and make every effort to control the use and supply of drugs on their premises.

If they fail to be rigorous in their efforts to tackle drug use, club owners are liable to have their licence withdrawn under section 53a of the Licensing Act 2003 which allows the local chief police officer to get a licence reviewed if the premises are 'associated with serious crime or serious disorder'. Drug dealing has been considered a serious crime and clubs have been closed under these powers.

Club owners may also be affected by another important piece of legislation. Section 38 of the Criminal Justice and Police Act 2001 made it an offence for anyone who is 'concerned in the management of any premises' 'to knowingly permit ... supplying or attempting to supply a controlled drug'.

It is essential for local police services and club owners to establish close working relationships. Whilst it may be desirable, achieving the

²⁶ The Advisory Council on the Misuse of Drugs

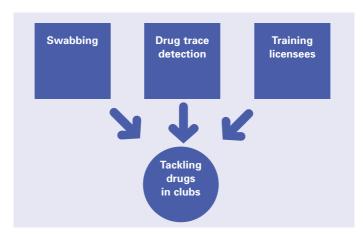
²⁷ Drug Misusers and the Criminal Justice System Part II Police, Drug Misusers and the Community. Advisory Council on the Misuse of Drugs, HMSO 1994







complete eradication of all drug use and supply is unrealistic. However, Kent Police have recently undertaken a pro-active approach to tackling the use of drugs in clubs. Using a co-ordinated approach in partnership with local pubs and clubs they have developed a three-pronged approach:



Firstly, the police swab areas²⁸ in local pubs and clubs and produce a confidential mapping report for each licence holder, showing them which drugs are used on their premises. Licence holders are shown how to do the swabbing themselves and monitor patterns of use which emerge over time.

Secondly, a portable drugs trace detection machine is deployed at the front door of premises and individuals are required to have their hands swabbed for traces of drugs as a condition of entry. A trained operator can tell whether individuals have recently handled drugs²⁹. Individuals

²⁸ Typically, toilet areas, secluded areas, rest rooms, pool tables, fruit machines and pay phones.

²⁹ It should be noted positive readings for different drugs can be caused by legal prescription or over the counter medicines. Portable machines can only provide initial indicators not definitive results.



who are found to have recently handled drugs are searched and also have access to a drug worker for advice, information and support. Finally, licence holders are trained in drug awareness (which they are expected to pass on to their staff) and develop a plan of action jointly with police to tackle patterns and location of use found within their premises. Further details are available from Kent Police.

Whatever approach local police take, licence holders are expected to be pro-active in ensuring that drugs are not dealt on the premises and to take all reasonable steps to prevent drug use on site. The practical issues which need consideration are set out below. If a club adheres to these guidelines, and co-operates with the Police, it should be possible for them to operate within the law.

Entry to the venue

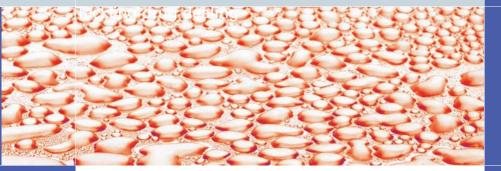
As part of a licence holder's policy on drugs – a topic covered fully in chapter six – there should be a section setting out policies and procedures for searching customers for drugs and weapons including firearms. These policies should be formulated in consultation with local police. It is important that the policy contains a complaints procedure.

The policy of searching customers for drugs and weapons should be advertised widely, on tickets and flyers and prominently in entrance and queuing areas. Amnesty boxes should also be provided so that customers who have drugs on them and still wish to enter the club can dispose of their drugs before being searched. These boxes must be secure and a protocol should be established for opening them. The opening of the box and any findings should be recorded and witnessed by at least two people. Any drugs should be stored securely before being handed over to the police. Some Police Services issue clubs with self-sealing exhibit bags. Any drugs found are placed in these and retained by the management for collection by the police. The bags are all individually numbered and tamper-proof.

The single most important factor in tackling drug dealing in clubs is the quality of door supervisors. A well trained team of professional door







staff can be extremely effective in preventing drug dealing and any related problems. Conversely, it has also been found that criminal organisations can use door supervisors as a way of running drug dealing operations on a large scale²⁰.

Door supervisors

In 2003 the Security Industry Authority³¹ (SIA) was established to implement the Private Security Act of 2001 and ensure that everyone working in the security industry, including door supervisors, is licensed. To gain a licence, individuals are required to undergo a criminal records check and complete and pass a training course³². In addition to licensing individuals, the SIA also runs an approved contractor scheme for companies who comply with a set of operational and performance standards

All door supervisors must wear their SIA licence badges where they can be seen at all times whilst working at licensed premises. The key duties of door supervisors with regards to preventing drug dealing and the use of firearms or weapons are set out below³³.

Searches

Door supervisors need to be aware of search/seizure/arrest procedures at the venue, particularly in relation to controlled drugs and offensive weapons. The use of search arches or metal detectors is strongly recommended by police services³⁴. Needle-proof gloves should also be considered as a health protection issue for the door supervisors

- 30 Morris, Sheridan (1998) Clubs, drugs and doormen London Police Research Group, Crime detection and prevention series paper 86, Home Office
- 31 http://www.the-sia.org.uk/home/
- 32 See www.the-sia.org.uk for further details
- 33 The SIA produces a regularly updated guide to ensuring safety at events: Security Industry Authority (2008) Security at events: guidance on the Private Security Industry Act 2001. www.the-sia.org.uk/NR/rdonlyres/6C74222D-A364-4481-A8FD-536ECE6A2258/0/sia_security_at_events.pdf
- 34 Metropolitan Police Service (2006) Safe and sound helping you to manage the threat posed by drugs, weapons and other crime. Version 2. Metropolitan Police. www.stoptheguns.org/download/safe_and_sound_booklet_v2.pdf



Tackling drug dealing

concerned and they should also be encouraged to have vaccinations against hepatitis B as a preventative measure³⁵.

Door supervisors have no statutory legal rights to search customers. Searches can only be conducted with the customer's consent, as a condition of entry. The fact that searches will be conducted should be clearly advertised. Customers should normally be searched by door supervisors of the same sex. Under no circumstances should door supervisors perform strip searches. Any customer refusing to consent to a search should be politely but firmly refused entry to the venue. It is important that those conducting searches should do so in a respectful and polite manner, remembering that those being searched are customers. Searching should not cause undue problems to customers, such as requiring them to wait outside in cold weather. The methods and approach to searching influence the mood of clubbers, and set the tone for compliance with the club's practices. If a clubber feels that their search was too intimate or inappropriate in other ways, there should be a clearly advertised complaints procedure.

Where suspected controlled drugs are found on customers during a search, door supervisors have two options. They can either seize the items and refuse entry to the customer, booking in the property in the incident book before handing it to the manager for safe keeping, or they can seize the items, make a citizen's arrest, and hand the customer and confiscated items over to the police when they arrive. The local police service should make it clear which approach they favour and the license holder's drug policy should make it clear what is expected of staff. All parties should be aware that there have been occasions when door staff have retained drugs for personal use or sale.

Searching should be especially vigilant in those clubs which have had recent problems with drug dealing or firearms. It is particularly important that customers are subjected to the same search procedures

³⁵ In reality, risk of transmission is very low with exposure to contaminated blood the main risk for security staff.





when they re-enter the club after going outside to smoke or for any other reason. Otherwise, it is too easy to collect drugs or a firearm from an associate after under-going the initial search.

General vigilance

Although a consistently enforced search policy sends a strong message that the license holder does not tolerate drug dealing or drug use, regular customers will be aware of this and those seeking to bring drugs in to the club will not find it difficult to secrete them in places which cannot reasonably be searched. Another consequence may be that customers 'double dose' – take all their drugs before entry to the club, an unsafe practice that is discussed in the next chapter. The use of overt methods of searching may result in this.

It is therefore imperative that door supervisors working within an event are vigilant in looking for signs of drug dealing. They should regularly patrol all areas of the venue, especially any corridors or secluded areas. Good club managers and professional door supervisors will cultivate good working relationships with their regular club-goers. Where these relationships exist, experience suggests that club-goers will inform staff about drug dealers, particularly if they are acting in an irresponsible or aggressive way.

Other security measures

It is important that the police, licensing authorities and the leader of the team of door supervisors discuss other security measures in detail. The following methods have proved effective.

The use of closed circuit television

CCTV can be used to deter and detect drug use, drug dealing or other problems. There is need for a balance in using CCTV. It can be effective in deterring drug dealing, but should not be used to intrude on the legitimate privacy of club goers. It is particularly useful to cover entrance areas and secluded areas of the venue which could be used





for drug dealing. Those operating CCTV are required to have the appropriate license from the SIA³⁶ and to comply with the code of practice laid down by the Information Commissioner³⁷. There should be a clear policy which ensures that digital media are securely stored and access to them only granted to appropriate personnel. Perhaps the most effective use of CCTV is the ability to send out a clear deterrent message to drug dealers and those carrying weapons including firearms, that the identity of everyone entering a venue is recorded. It is recommended that footage should be kept for 31 days and licence holders should ensure that there is sufficient digital storage for this purpose.

Supervising toilet areas

It is good practice to have attendants in toilet areas to discourage a large build up of people and the selling and use of drugs. Naturally, it is particularly important to respect individuals' privacy in this area and staff should be given clear guidelines which cover when it is appropriate for staff to try to enter a cubicle and when assistance should be sought, and from whom. Training to recognise individuals who are in distress through drug and/or alcohol use is also invaluable for toilet/cloakroom attendants. A number of establishments re-designed their toilet areas to get rid of flat surfaces which could be used for the preparation of drugs, particularly cocaine powder. However, this has proved problematic as many customers prefer to take their drinks with them to the toilets to make sure that no-one tampers with them. The most effective means of preventing drugs being taken and sold in toilet areas is the presence of trained attendants. It is recommended that late night premises employ regular staff in toilet areas. The practise of using self-employed toilet attendants whose income comes from tips from customers is not recommended as it makes staff vulnerable to financial incentives to ignore the sale and use of drugs. Security staff should include toilet areas on their regular tours of inspection. Finally, all toilet areas should have a sharps bin installed so that any needles can be safely disposed of.

³⁶ www.the-sia.org.uk/home/licensing/cctv/

³⁷ www.ico.gov.uk/upload/documents/library/data_protection/detailed_specialist_guides/cctv_code_of_practice.pdf







Other initiatives

A number of other initiatives are currently being piloted in different parts of the country including security staff using small head cameras and schemes to fingerprint club goers, first trialled in Yeovil by South Somerset District Council.

Liaison

The importance of liaison between police and dance venues cannot be over-stated. Many of the difficulties involved in running a dance venue that is profitable, safe and legal can be overcome by good working relationships between local officers and club owners. There should be an agreement about the way in which incidents relating to drug use or dealing should be handled. The police should clarify in which circumstances they wish to be called and what they expect of door supervisors. Police officers may not always be able to respond promptly, especially on weekend evenings and any agreement should cover what should happen when police cannot attend.

The procedures for seizing and keeping secure suspected controlled drugs should also be formally agreed. In some areas, it is regarded as good practice for police officers to come to the club to collect seized substances on a regular basis. This visit also allows the opportunity to exchange information and concerns.

Many license holders worry about handing over drugs to the police, fearing that if they are regularly seizing drugs, they may be considered to have a serious drug problem and their licence could be at risk. Conversely, police officers often target venues who never seize drugs, feeling that they may be condoning drug use or dealing. These, normally unspoken, fears can evaporate within a good working relationship which involves frequent personal contact. Police services appreciate the difficulties in preventing drug dealing in a club setting and would rather work with licensees to tackle an identified problem than seek to close a venue down, which, in any case, may only displace any drug dealing taking place.





Networking

Liaison between clubs – especially those who provide similar events and are competitors – and police is particularly valuable. Banning a suspected drug dealer from one club may result in him or her trying to sell drugs in another. If a group of clubs in a city centre are successful in reducing the amount of dealing inside their premises, it may be that drugs are being sold more frequently in local 'feeder' pubs or bars where customers meet before going clubbing. The police, in collaboration with the local Drug Action Team or Crime and Disorder Reduction Partnership, should seek to institute regular fora for exchanging information, on a formal or informal basis. Local Pubwatch³⁸ schemes are often good networks for exchanging this sort of information.

³⁸ For further information about how to set up or join a Pubwatch scheme, go to: www.nationalpubwatch.org.uk/





The table below summarises the key action points for tackling drug dealing in late night premises and indicates who the key players are for each point.

	License holders, managers and promoters	Licensing authority	Police	Fire Service	Drug outreach/medical services	Drug and Alcohol Action Team
Develop a search policy and inform customers about this						
Ensure door staff hold SIA licences			Ŏ			
Be pro-active in tackling drug dealing			Ŏ			
Provide training for door supervisors and other staff on search protocols						
Ensure door staff have needle-proof gloves and are vaccinated against hepatitis B						
Install CCTV and ensure it is monitored by trained operatives						
Ensure toilets are staffed and security staff inspect them routinely			Ó			
Agreement between premises and police on what to do with confiscated drugs	Ŏ		Ŏ			
Sharing information between late night premises on drug dealing						

••••







Reducing the harm from drug use



However efficient the measures aimed at preventing drugs being brought into and sold at a venue are, many clubbers see drug taking as integral to a good night out and it must be accepted that significant numbers of club goers will take drugs before, during and/or after their clubbing.

This chapter covers the ways in which all agencies, but particularly venue owners and promoters, can protect the health and safety of their customers. The following key issues are covered.

- Drug information and outreach services
- Dealing with drug induced problems
- Getting home safely

Drug information and outreach services

The club environment is a difficult setting to provide meaningful drug services. There is a lack of research evidence demonstrating effective approaches. The exception to this is within the gay club scene, where there is a cultural expectation that drugs and health information services are readily available. Nevertheless, it is clear that many drug using clubbers are in need of support to encourage them either to reduce the amount of drugs they use or at least to use drugs in the safest way possible. There is potential to provide accurate information on safer drug use in the club setting. We provide examples of successful approaches later in this chapter.

Drug information and education

Any drug education and information service provided normally focuses on ensuring that clubbers understand the potential harm that they are doing to themselves by taking drugs and/or alcohol and that they are also aware of the legal consequences of their drug taking. The aim of drug information in this setting is to enable club-goers to be more informed about what drugs they are using, to make them aware of the risks they are taking, and to communicate a range of strategies to reduce their drug use or make it safer. It is also important to inform clubbers of what to do if a friend becomes unwell or collapses. Research suggests that primary prevention – encouraging people not to







use drugs – is inappropriate in a club setting as a high proportion of clubbers are confirmed drug users who are resistant to this approach³⁹.

A national survey of 1151 UK clubbers⁴⁰ found high levels of awareness of many key harm reduction messages, but much more variable implementation of them. Although clubbers were eager for up-to-date information, their attempts at harm reduction were found to be patchy at best. The research found that many clubbers do take efforts at cooling and hydration, but that most negate these effects by their level of ecstasy consumption, the frequency of their poly-stimulant use and their harmful levels of alcohol consumption. A more recent study⁴¹ found that regular clubbers are also careful to keep their hydration levels high before going to bed after a night out.

Other UK research conducted in the North-West illustrates the difficulty in getting harm reduction messages over to some clubbers who see drug use as integral to their enjoyment of a night out:

'The night out agenda is the most difficult to specify because the most cautious and thus safest advice – don't drink too much alcohol, don't mix alcohol with drugs, don't keep redosing or topping up – conflicts with the essential elements of the night out.' 42

These research studies suggest that, since club goers are very likely to be existing users of drugs, a harm reduction approach is likely to be the most effective. A first strategy may be to engage clubbers' attention by providing suggestions on how to avoid unpleasant experiences and hangovers, before going on to recommend a range of strategies to help them control and reduce their intake of harmful drugs. Such strategies should include information about the effects of mixing alcohol, legal drugs, herbal highs and prescribed medication.

³⁹ For instance Kunzel, J., Kroger, C & Buhringer, G. (1998) Evaluation of the Mind Zone Prevention Project in: Ecstasy: use and prevention Cologne, Federal Centre for Health Education.

⁴⁰ Winstock, A & Griffiths, P. (Unpublished) High risk behaviours and harm reduction implementation amongst drug users associated with the dance music scene in the UK.

⁴¹ Moore, K. & Miles, S. (2004) Young people, dance and the sub-cultural consumption of drugs.

Addiction Research and Theory December 2004 Vol 12,No 6 pp.507-523 Brunner Routledge

⁴² Measham, F, Aldridge, J, Parker, H. (2001) Dancing on drugs: risk, health and hedonism in the British club scene. London, Free Association Books, page 188.



Other research suggests that using peer educators may be fruitful. It is very important to ensure that information covers alcohol use, especially in combination with recreational drugs. Most admissions to accident and emergency departments from late night premises are related to alcohol use and violence, although, as we have seen, the number of admissions related to the use of cocaine has risen significantly over the past decade⁴³.

In addition to providing drug information and education at the venue, some responsible promoters and ticket agents provide information on flyers or tickets. Some ticket agents keep a stock of drug education materials which they distribute to personal callers at point of sale. Drug and Alcohol Action Teams should encourage venues that do not wish to have outreach services delivering a face to face service to buy in a range of literature from drug services for display at prominent places around the venue. Such literature should be available in a range of languages appropriate to the venue's clientele.

Drug outreach services

There are several examples of drug outreach work undertaken at pubs and clubs throughout the UK. Typically this work has involved drug workers – or trained volunteers - being present to offer harm reduction information and advice to clubbers including advice on safer sex, and to help recognise and deal with drug-related intoxication. Although there is a lack of research evidence to demonstrate the effectiveness of this approach, monitoring of such projects suggests they provide a valuable and much-needed service. It is important that where drug outreach workers attend clubs, that they are integrated into the team of staff working at a club and that they attend briefings on health and safety, evacuation procedures etc.

Chill Out Sound Support⁴⁴ (COSS) is one such specialist team which works in Nottingham's pubs and clubs. COSS trains peer educators to

⁴³ A three-year investigation into cocaine use carried out at St Mary's hospital, Paddington, London, found that half the young people who presented to the accident and emergency unit complaining of chest pains on Friday or Saturday nights had cocaine in their system. Unpublished study reported at: http://www.cocaine-addiction.co.uk/index.php

⁴⁴ www.thru-care.org.uk/recreational.php





go into pubs and clubs and provide information about drugs and alcohol. These volunteers are from the same peer group as the people they are seeking to provide information to. COSS has found that a large number of customers have been concerned about their cocaine and alcohol use in particular and many have made use of the treatment services provided by COSS in a day time setting to discuss the health and debt issues related to their substance use.

Many club owners and promoters are traditionally wary of such services, feeling that having a drug outreach team on site may indicate to licensing authorities and police that the club has a drug problem. In Nottingham, local licensing officers and the police have been fully supportive of COSS' work, and see the use of outreach services as a responsible and positive approach. COSS are careful to provide the venues they work in with the same level of confidentiality as individual clients and do not reveal which premises they work in or what levels of drug use they find there.

Some owners and promoters are concerned that customers resent being approached by drug workers at events and need reassuring that outreach workers are skilled professionals who, while making themselves accessible, will not force themselves on club goers who are not interested. The Dance Drug Safety Project run by Drugline Lancashire⁴⁵ also works closely with the police and licensing authorities and attends Pubwatch meetings and other licensees' fora. In addition to providing an outreach service, the project has developed an information pack on drug use which is made available to all new licensees who are also offered help in developing a drug policy (see chapter 6). Further, the project provides training to management and door and bar staff on drug issues. The project assembles packs of information on safe drug and alcohol use, safe sex and how to get home safely. It also includes condoms, lubricant and brightly coloured sweets in order to make the packs attractive to customers and a starting point for conversation to those who are concerned about their own or others' drug and alcohol use.





Both COSS and Drugline Lancashire agree with Safeinsound⁴⁶, a Southampton-based organisation, that the nature of club-based outreach work has changed markedly over the last five years with a broader focus and more initiatives focused on alcohol and cocaine than on Ecstasy. Safeinsound is working with a local marketing company to develop new ways of making health information messages accessible to customers as they are purchasing alcohol.

Whether drug outreach services attend clubs locally or not, there is clearly an important role for drug and alcohol treatment agencies to engage with club promoters and staff to address the following key issues:

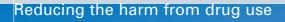
- To provide owners and promoters with information on trends in local drug use and associated harms
- To ensure that owners and promoters have access to relevant, upto-date and user-friendly drug education literature which can be made available to clubbers
- To provide advice and training to staff on how to recognise and respond to drug-related intoxication
- To advertise services provided by their agency

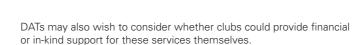
Drug Action Teams (DATs) and/or Crime and Disorder Reduction Partnerships should consider commissioning local drug and alcohol agencies to provide education or outreach services to clubs in their area. In making this assessment they should consider to what degree these services achieve the following objectives:

- Better management of incidents
- Greater confidence of pubs and clubs in managing drug use
- Behavioural changes by clubbers in relation to drug and alcohol use
- Take up of services by clubbers
- A reduction of incidents of drug related harm in pubs and clubs and in relation to road safety after clubbing
- Enable clubbers to better assess the risks to themselves from drug and alcohol use









It is important for drug outreach teams to have a close working relationship with club owners and event promoters. This enables them to share information and make sense of any changes in the patterns of drug use. For example, if a club tightens up its searching policy and less drugs are brought in, some clubbers will 'double dose' – take all their drugs together before coming in. This practice has serious health consequences and the outreach team would wish to be raising this issue with clubbers and with the venue manager.

Drugs commonly used at late night venues

The common recreational drugs can be divided broadly into three groups:

1. Stimulants

These include ecstasy, amphetamines, cocaine and many of the *herbal highs* which often include synthetic amphetamine-like drugs. They may be sold and used in tablet or power form; ecstasy tablets and some of the *herbal highs* often have pictures or logos on them. Cocaine is also available as crack cocaine in rocks which look similar to sugar cubes. Common effects seen include hyper-activity, chattiness, anxiety, agitation, teeth grinding, sweating and dilated (big) pupils. Complications that can occur include severe agitation and aggression, psychosis, a fast heart rate, high blood pressure, seizures (fits), strokes, heart attacks and hyperpyrexia (a dangerously high body temperature). Many of these effects can result in death if not promptly and appropriately treated.

2. Depressants

These include GHB/GBL ('G') and opioids such as heroin and codeine. GHB/GBL are usually sold as a liquid in small bottles or capsules. Opioids are usually sold as tablets, but may also be in powder form for injection or smoking (particularly heroin) or as a liquid. Common effects seen include an initial high that may be associated with agitation



followed by sleepiness. Vomiting can also occur. People who use opioids usually have constricted (small) pupils. Complications that can occur include seizures (fits), vomiting and aspiration of vomit into the lungs, severe drowsiness and coma that can be associated with breathing problems (decreased breathing rate and shallow respiration and stopping breathing). Many of these effects, particularly the breathing problems, can result in death if not promptly and appropriately treated.

3. Hallucinogens/Others

This group includes LSD, magic mushrooms and ketamine. LSD is usually sold as squares of paper with pictures on them, ketamine may be sold as a powder, liquid or in a tablet and magic mushrooms may be sold as mushrooms or in other food such as chocolate. LSD and magic mushrooms can cause both visual and auditory hallucinations, an altered sense of reality, feelings of persecution and paranoia. Ketamine can cause aggression in addition to an altered sensation of reality and the feeling of out of body experiences; more rarely it can cause drowsiness, breathing problems and high blood pressure. Whilst the effects of these drugs are generally not life threatening, they can be very unpleasant and as a result people may act inappropriately and dangerously.

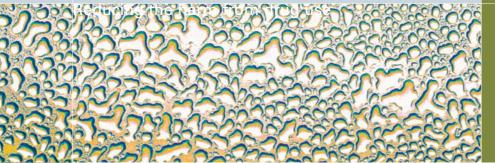
Mixing

It is of course vital to remember that very many clubbers will also drink alcohol in combination with the drugs they take. Alcohol and drugs interact and can cause unexpected effects. Alcohol and cocaine are a very common pairing at the time of writing this guide.

Dealing with drug induced problems

License holders should be clear about how they will respond to drug and alcohol induced problems. These problems may be of a medical or psychological nature and the assistance provided should be swiftly and easily accessible. The scale and type of medical interventions available will vary according to the type and scale of event being run. The following section explores some of the key issues but does not attempt to prescribe definitive levels of medical cover.





Sufficient club employees should be trained as First Aiders to ensure that a minimum of two such staff are present at all times during the event. These staff members should be clearly identifiable. The training provided to such staff should include information about common drug induced problems, such as anxiety, paranoia and heat-stroke. These will vary depending on the pattern of drug use locally. Staff, who for the first time encounter clubbers who have used ketamine for example, may not recognise the symptoms of use. It is important that local drug agencies, preferably dance outreach workers, are used to keep staff up-to-date. Another good source of information is the organisation NARCAID⁴⁷ which circulates helpful bulletins. It is advisable that all newly qualified First Aiders work with more experienced staff.

The pub or club should ensure that medical staff have regular training and ensure that staff are clear about lines of accountability for their work.

First Aiders should regularly brief door supervisors and other club staff about common symptoms of drug induced distress to look out for. Bar staff should also have comprehensive server training to help them to deal appropriately with people who are intoxicated through alcohol, drugs or a combination of the two.

In some cases, particularly large or all-night events, it may be necessary to buy in additional emergency medical cover. There are a number of companies who provide specialised services to dance events. Again, it is important that these companies have a track record of working with drug induced problems. It should not be assumed that such reputable organisations as the Red Cross or St. John Ambulance Service necessarily possess the requisite experience. Even highly experienced and skilled NHS trained nurses and paramedics should not be expected to work in this setting without the supervision of a colleague with experience of working with drug-induced problems.

The provision of a separate treatment room is the single most useful

⁴⁷ www.narcaid.com provides distance learning and virtual clinic training for paramedics on responding to drug-related incidents.





facility to those providing the medical service. A great deal of work with clubbers suffering the negative effects of drug use involves providing reassurance and support in a calm, cool environment. It is impossible to do this work on a crowded dance floor. It is better for the sufferer, First Aider and other customers for care to be administered privately and discreetly. The room must be of sufficient size for the patient to be laid down.

Minimum essential medical equipment for such a room is:

- · One or more beds
- Glucose monitoring equipment
- Blood pressure monitors
- Water
- Thermometer
- A clock or watch with a second hand (to take heart rates accurately)

On no account should anyone suffering from the ill effects of drug and/or alcohol use be thrown out of the premises or left alone unmonitored. This can cause very serious health consequences. For instance, some ecstasy-related deaths involve hypothermia, hence ejecting someone from a hot club into the cold night air could result in a fatality. Even if a customer is assessed as not being in need of a medical intervention, it is important that their friends are recruited to help them get home safely or, as a minimum, that a cab is called for them.

Outreach services can also assist greatly in the monitoring of customers whilst at an event. This can be just keeping a watchful eye or looking after clubbers who may be experiencing difficulties due to their drug and alcohol use. Outreach services train their staff or volunteers to very high standards in relation to recognising drug effects and can reduce the burden on security or other staff at an event.

Calling an ambulance

Guy's and St Thomas' Poisons Unit, in partnership with a number of other agencies⁴⁸, have developed a set of guidelines advising club

⁴⁸ These other agencies include the London Ambulance Service, the Emergency Department at St Thomas' Hospital and other key stakeholders from the local community.







medics when to call an ambulance to take recreational drug users to the Accident and Emergency department. These guidelines are reproduced in full below⁴⁹. A training package was developed for club medics using these guidelines.

Implementation of these guidelines requires that club medics are not only aware of the guidelines but are appropriately trained in the assessment of individuals with recreational drug toxicity. This training should be done on a regular basis with refresher courses for those who have previously attended. It is also important that the guidelines form a part of the standard induction for all new club medic staff; this is particularly important for clubs that use agency based rather than permanent staff. The local ambulance service should be involved in the implementation of these guidelines to ensure that things go smoothly when an ambulance is called.

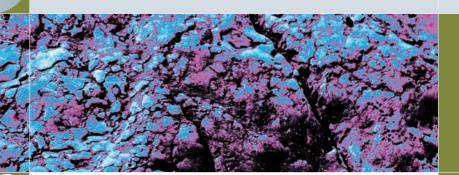
In venues which do not have club medic staff present, the responsible first aider and club owner/promoter should review the provision of appropriate training of other staff members in this area.

The work carried out by Guys and St Thomas' hospital has resulted in the following guidelines on when to call an ambulance to take recreational drug users to A&E:

Call an ambulance if ANY of the following are present

AVPU assessment graded as either P or U
 A=Alert
 V=Responds to voice i.e. talking to
 P= Responds to painful stimuli only (e.g. pressure across a finger nail)
 U=Unconscious

⁴⁹ Wood DM, Greene S, Alldus G, Huggett D, Nicolaou M, Chapman K, Moore F, Heather K, Drake N, Dargan PI. Improvement in the pre-hospital care of recreational drug users through the development of club specific ambulance referral guidelines. Substance Abuse Treatment Prevention Policy. 2008; 3:14



- Chest pain similar to a 'heart attack' (i.e. like a pressure on the chest, like a band around the chest).
- Any history of seizures (i.e. a convulsion similar to anepileptic fit) during this episode
- More than 2 'poisoned clubbers' per 'club medic'
- Temperature >38°C not settling after 15 minutes of rest OR a temperature >40°C at any time
- Heart rate >140 beats per minute not settling within 15 minutes
- Blood pressure Systolic <90 or >180, Diastolic >110 on 2 readings
 5 minutes apart
- Confusion, significant agitation (e.g. pacing around the room) or significant aggression not settling within 15 minutes
- Any concerns on behalf of the medical personnel involved

IF IN DOUBT CALL AN AMBULANCE

This information is also available at the end of this document on Factsheet 9 in an easy to copy format.

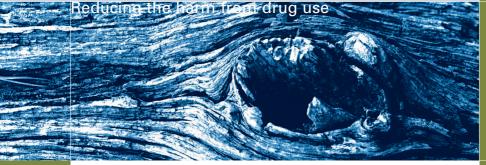
Getting home safely

It is natural for all parties to focus on safety at the dance event. However, clubbers are particularly vulnerable on the way home where there is no-one designated to look out for them. The main risks are:

- Clubbers driving home intoxicated through drink or drugs
- Clubbers leaving the event in need of medical help because of their level of intoxication
- Clubbers leaving the event in an intoxicated state and vulnerable to accident or assault







The dangers and illegality of driving with excess alcohol in the body are well known. However, driving when intoxicated by controlled drugs is at least as dangerous, as is driving when exhausted. A Scottish study⁵⁰ which interviewed over 1,000 individuals estimated that as many as 11% may have driven whilst impaired by the effects of drugs.

It is important that those providing drug information or other services at any dance event provide information about the risks of driving while intoxicated and are knowledgeable about public transport routes and reputable taxi firms.

Some promoters include transport home by coach or minibus as part of the ticket price or arrange for buses to and from events taking place in remote locations. Venues should carry information on reputable and licensed taxi firms, and, if possible, arrange for taxis to be outside the venue at closing time. Some venues provide a freephone link to local cab firms and one London venue has a taxi office based outside the venue specifically to deal with the needs of customers. Many local areas have initiatives⁵¹ aimed at getting people home safely and free from the risk of sexual assault. These schemes concentrate on ensuring that customers use only licensed taxis and minicabs and inform them on how to ensure that their cab is legal. It will be important to link in with these local initiatives.

Door supervisors, medical staff and all other staff should be vigilant about the welfare of customers leaving who seem seriously intoxicated, particularly if they are on their own. Such customers should be approached and offered the chance to see a First Aider or contact a family member or friend to pick them up and ensure they get home safely. Mention has already been made of the risks to health of overheated clubbers going home on cold evenings without adequate clothing.

Drug Action Teams through their links with Crime and Disorder Reduction Partnerships or Town Centre Management Groups, are well-placed to examine the provision of public transport to and from large venues, especially at closing times.

⁵⁰ Scottish Executive (2006) Illicit drugs and driving. Transport Research planning group.

⁵¹ For instance Cabwise in London (http://www.london.gov.uk/cabwise)

Chapter 4



The table below summarises the key action points for reducing drug-related harm in late night premises and indicates who the key players are for each point.

	License holders, managers and promoters	Licensing authority	Police	Fire Service	Drug outreach/medical services	Drug and Alcohol Action Team	
Provide relevant drug and sensible drinking information literature							
Provide drug and alcohol outreach services on late night premises							
Analysing confiscated drugs and contents of amnesty boxes							
Ensuring club medics/first aiders are trained in dealing with drug-induced problems							
Ensuring that this training is regularly refreshed as patterns of drug use change							
Ensure that club medics/first aiders are aware of guidelines on calling ambulances							
Providing information on safe transport home							



Promoting sexual health in a late night setting



One of the reasons people go out to pubs and clubs is to meet a potential sexual partner. The mixing of alcohol and drugs with sexual activity leads to a number of concerns that club owners and managers, Drug Action Teams and Sexual Health Services can all help to address. The issues covered in this chapter include:

- Preventing unwanted pregnancy and the spread of sexually transmitted infections
- Providing sexual health information
- · Preventing drug-facilitated sexual assault

Preventing unwanted pregnancy and STIs

The links between alcohol and drugs and sexual behaviour are well-known. A detailed study⁵² of sexual risk and alcohol consumption on 520 subjects in one genitourinary (GU) medicine clinic in the south of England found that 76% of respondents said that they had had unprotected sex as a result of drinking. Only 14% of men and 18% of women said that they always used a condom with a new sexual partner and 29% had a bacteriologically diagnosed sexually transmitted infection (STI). Fifty women had had an unwanted pregnancy and 41 a termination

The increase in the rates of STIs has been well-documented over recent years:

- The rate of HIV infection amongst heterosexuals tripled between 1998 and 2003 reaching 3,800 new diagnoses per year⁵³
- The number of new diagnoses of syphilis grew over ten-fold from 301 in 1997 to 3702 in 2006⁵⁴
- The number of people being diagnosed with genital warts also increased from just over 100,000 in 1996 to 140,000 in 2006⁵⁵

⁵² Binge drinking, sexual behaviour and sexually transmitted infection in the UK' by *K Standerwick, C Davies, L Tucker and Nick Sheron. International Journal of STD & AIDS. Vol 18, December 2007.

⁵³ www.statistics.gov.uk/cci/nugget.asp?id=1330

⁵⁴ Figures from the Health Protection Agency

⁵⁵ Figures from the Health Protection Agency





Other than not participating in any sexual intercourse, the most effective way of reducing the risk of contracting an STI is the use of condoms. Pubs and clubs can help by ensuring that condoms are available, either as part of a condom distribution scheme or through condom machines which should be available in both male and female toilets. It is important to check condom machines regularly to ensure they are still working.

Where club managers and promoters do not want sexual intercourse to take place on their premises they should ensure that CCTV covers all secluded areas and that toilet attendants are present at all times. Premises where sex acts are likely to take place on-site, particularly venues where men may meet for sex, should ensure that condoms and lubricants are readily available. Camden and Islington Primary Care Trust (on behalf of all London PCTs) supplies *Free-doms* – packs of condoms and lubricant – in dispensers which are kept behind the bar in a large number of gay clubs and bars across Greater London. The Terrence Higgins Trust has recently produced a very helpful code of good practice for sex on premises venues⁵⁶.

Providing sexual health information

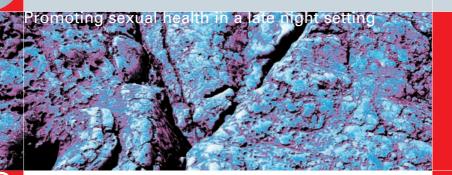
The provision of information on sexual health (including location, timings and contact telephone numbers of contraceptive, GUM and abortion services) is a valuable service to pub and club goers. This can be provided via leaflet racks and a permanently displayed poster/sign, and are often best placed next to condom machines, in well-lit areas. Club owners should contact their local health promotion department⁵⁷ of their local primary care trust to try to ensure constant supplies.

Historically, sexual health information and outreach work has been much more common and culturally acceptable within the gay scene. Indeed there are still many organisations⁵⁰ involved in this work. However, the increase in rates of STIs in recent years has meant that sexual health outreach work is now increasingly common within

⁵⁶ Terence Higgins Trust (2008) Play zone: a code of good practice for sex on premises venues in London and Brighton.

⁵⁷ Contact details are easily found either by using internet search engines or via your local Drug (and Alcohol) Action Team.

⁵⁸ Contact the Terence Higgins Trust for further information: www.tht.org.uk/



mainstream pubs and clubs. Campaigns which have offered pub and club goers free on-site testing for a range of sexually transmitted infections have become common. Simple urine tests can be done for Chlamydia and the results communicated by text. Similarly, blood tests can be done for syphilis. A syphilis screening programme took place at a range of gay venues in Brighton in 2002. The campaign was widely promoted in the gay press - syphilis is of particular concern to gay men because the chancres which can develop with syphilis facilitate the transmission of HIV – and testing took place at 22 gay venues. As part of an evaluation⁵⁹, venue managers were asked about their views of the initiative. All said that their staff were very positive and most had been tested themselves. They also all said that customers had been very supportive; two managers commented that they were concerned in the beginning that the project workers would come across too forceful by pressuring customers to take part but this had not turned out to be the case.

Preventing drug-facilitated sexual assault

The scale of drug-facilitated sexual assaults is very unclear – some studies suggest that the problem is over-exaggerated, others that it is under-reported. The Government's Advisory Council on the Misuse of Drugs⁶⁰ concludes that *drug-facilitated sexual assault, including with alcohol, is a significant problem in Britain.* Pubs and clubs are asked to display information about the risks of drug-facilitated sexual assault and allow customers to keep their drinks with them, including in toilet areas if so desired.

- 59 Lambert, N. (2003) The 'just a little prick' community-based syphilis serology screening programme, Brighton 2002 - Evaluation report. Unpublished, but available from Terence Higgins Trust or Brighton Genito-Urinary Service.
- 60 ACMD (2007) The ACMD Drug-facilitated sexual assault report. http://drugs.homeoffice.gov.uk/publication-search/acmd/drug-facilitated-sexual-assault/ACMDDFSA.pdf?view=Binarv

The table below summarises the key action points for promoting sexual health in late night premises and indicates who the key players are for each point.

	License holders, managers and promoters	Licensing authority	Police	Fire Service	Sexual Health outreach services	Drug and Alcohol Action Team
Provide condom machines in both men and women's toilets						
Provide information literature on sexual health						
Provide sexual health outreach services on late night premises						
Display warnings about drug-facilitated sexual assault						





Chapter 5





The purpose of a drug policy

It was stated in the introduction that it is not a legal requirement for venues to have a drug policy, although many licensing authorities and local police services consider them invaluable. Irrespective of whether a policy is required, the benefits of doing so are very clear:

- To demonstrate that the venue is committed to safeguarding the welfare of its customers
- To ensure that the venue operates within the law
- To help employers comply with the Health and Safety at Work Act (1974) by safeguarding the health, safety and welfare of employees
- To serve as a checklist to ensure all areas of concern are addressed
- To communicate the venue's views to all staff, and ensure that everyone understands proceedures and works to them

This chapter also serves as a summary of all the advice and guidance contained in the previous chapters. A model drug policy is not provided for two reasons. First, each venue or organisation needs to develop a policy which is appropriate and relevant to itself, rather than adopting a generalised version. Secondly, the process of developing a policy is as important as the policy itself – the process enables managers and key staff members to consider carefully particular issues of concern and the best ways of their venue responding to them. However, the chapter does set out a structure for a drug policy to enable venues to organise their thinking.

Before setting out this structure, it should be emphasised that a drug policy is only one part of the response to managing drug-related incidents in clubs. Staff need good information, training, supervision and support to implement any policy. A good policy also ensures a safe working environment for staff.

A drug policy should be seen as a working document, continuously being amended and improved in response to new developments in drug use or health and safety legislation. It should be formally reviewed on an annual basis.



The involvement of police and licensing officers in the development of a drug policy can greatly enhance its worth and also contributes to the strengthening of working relationships. The Drug Action Team may also be able to act in an advisory capacity.

The structure of a drug policy

Purpose and scope

An introductory statement should set out the purpose and scope of the drug policy. Normally, there will be three main aims of the policy: to prevent drug dealing at dance events run by the organisation whose policy it is; to minimise drug use at those events; and to safeguard customers attending who have used drugs.

Staff and the drugs policy

Clearly a policy only has worth if it is implemented. The policy should clearly state how staff will be informed about the policy, provided with drug training and supervised and supported in the implementation of the policy. The policy should pay attention to the health and safety of staff as well as customers

Customers and the drugs policy

It is also vital to communicate the drugs policy to club-goers. The policy should set out how different practices and procedures in the policy will be made known to customers, e.g. clearly advertising the search policy. There may be particular issues in the policy which benefit from consultation with customers – for example, if you are thinking of installing water fountains, where regulars would like them to be. Although the drug policy should ensure that customers' health and well-being is safeguarded to the best of the license holder's ability, it is also fair to say that clubbers should take responsibility for their own welfare.

Preventing drugs and weapons including firearms entering the venue

The policy should set out very clear procedures to minimise the amount of drugs and weapons that come into the venue. A search



policy should be formulated and should cover the form and regularity of searches, the provision of amnesty boxes, a complaints procedure and the procedure when drugs or weapons are found.

Preventing drug dealing at the venue

Procedures should be laid down to ensure that all staff are vigilant to prevent drug dealing at the venue. Several key issues should be covered including: expectations of door supervisors, the regular supervision and monitoring of the building, particularly any key areas where drug use or dealing may take place, the use of CCTV and ensuring that toilets are attended at all times. There should be a system for logging and pursuing information from staff members, customers or outside agencies about any suspected drug dealing at the venue.

Finding drugs

The policy needs to be very clear on what staff should do if they find drugs in order to minimise any legal risk to staff. The policy should include the following:

- The recording of suspected drug finds in an incident book
- Procedures for the safe and secure storage of drugs
- The process for handing over drugs to local police
- Procedures for emptying amnesty boxes
- A clear procedure agreed with the local police service about the circumstances in which they expect to be called
- Actions to be taken against any customer found with drugs

Keeping drug using customers safe

The policy should set out the expectations of all staff in being vigilant in identifying customers who are suffering from the effects of drug use. The roles of those providing any drug outreach service, bar staff and door supervisors in particular should all be clearly stated. It should be clearly identified who has the responsibility for helping drug users in distress. The policy should state that door supervisors must not eject drug users in distress without ensuring they have the means to get home safely and a companion to help them do so. The policy should also clarify procedures in relation to weapons, including firearms.



Dealing with emergencies

The policy should contain clear instructions to staff on how to deal with emergencies. It should cover arrangements for the training of club medics and/or First Aiders and for ensuring that sufficient numbers of trained staff are always present. It should specify where any medical treatment should take place and in what circumstances an ambulance should be called – based on the guidelines in chapter 4. Procedures for dealing with heat stroke and customers who are disoriented and hallucinating should be clear for all staff. A system for keeping staff upto-date with new trends and patterns of drug use and any common medical consequences should be instituted.

Record keeping

The policy should stress the importance of keeping accurate records as a legal safeguard to staff and the organisation, and as a professional manner of operating. An incident book should be kept where details of all drug-related events should be recorded including suspicions, third party information etc. Information should be recorded concisely.

Training

A policy will only be effective if all staff have adequate and regular training. The drug policy should link in to a co-ordinated approach to training which also covers such key issues and procedures as security, dealing with drunkenness etc.

Training for license holders and managers

BIIAB⁶¹ offers a wide range of qualifications specific to the licensed retail sector. It offers a Level 2 National Certificate for Licensees in Drugs Awareness which is designed to give premises licence holders and managers a basic knowledge and understanding of the law pertaining to the misuse and supply of controlled drugs on licensed premises. The course supplies operational guidelines to help candidates deal effectively with and prevent any drug related problems in their premises. It covers a wide range of drug-related issues including how to develop, implement and monitor a drug policy.

⁶¹ British Institute of Innkeeping Awarding Body - www.biiab.org



Training for door supervisors

As we have seen in Chapter three, all door supervisors are required to be licensed. To attain their licence, candidates complete a compulsory training course which covers searching and drugs awareness⁶².

Training for paramedics

NARCAID⁶³ is a specialised distance training facility whose aim is to promote the competent management of drug related emergencies. It provides accredited training/support for UK ambulance service personnel and others involved in pre-hospital care. It also runs a virtual presentation clinic where practitioners can test their skills at substance recognition in genuine emergency case studies.

Training for cleaners

Cleaning staff should receive training in safe methods for the disposal of any drugs or drug paraphernalia found.

Training for all staff

At venues which regularly play music attractive to clubbers who use drugs, it is important that all staff have a basic training around the effects of the main substances used and how to respond to drug users in distress. Training should also cover the health and safety of staff in implementing the different requirements of the drug policy. The local Drug Action Team should be the first point of call to signpost pubs and clubs towards appropriate training.

⁶² www.the-sia.org.uk/home/licensing/door_supervision/training/training_ds.htm



Professional fact sheets



Professional fact sheets

This chapter contains nine fact sheets concerning specific interest groups in order that different readers can quickly access information on their key roles and responsibilities in ensuring the welfare of drug using club goers. The nine factsheets focus on responsibilities around:

- Licensing officers
- Police officers with licensing responsibility
- Police officers with drug enforcement responsibility
- Venue owners, managers and event promoters
- Drug Action Teams/Crime and Disorder Reduction Partnerships
- Drug and alcohol agencies
- Fire officers
- Pub and club medics
- Guidelines for Referral of Recreational Drug Users to A&E



The role of local authority licensing officers is to take the lead in ensuring that pubs and clubs are designed and run in a way that maximises the safety of customers and staff. They are responsible for monitoring the way that venues are run and enforcing compliance with the law.

Key activities of licensing officers include:

- Providing clear information on how to apply for licences under the provisions of the 2003 Licensing Act
- Advising venue owners on how to establish and maintain a safe environment
- Ensuring that sufficient medical staff are always present and are trained to a high standard
- Liaising with police licensing and other officers to ensure good communication about potentially dangerous venues
- Encouraging venues to develop a drug policy
- Monitoring the operation of pubs and clubs at times of peak occupancy
- Ensuring that door supervisors are licensed, wearing their identification at all times and are operating responsibly



The role of police officers with licensing responsibilities is, by working in partnership with licensing officers, to ensure that venues are operated safely and legally, in particular ensuring that the level of drug dealing and drug use is minimised.

act Sheet 2

Key activities of police officers with licensing responsibilities include:

- Developing a constructive working relationship with local licensing officers
- Developing a constructive working relationship with venue owners/managers
- Ensuring that late night premises comply with the provision of the Licensing Act 2003
- Ensuring that door supervisors are licensed, wearing their licence at all times and operating responsibly
- Providing advice on safety issues at venues in consultation with colleagues from the fire service
- 6 Advising on the development of a venue drug policy
- Agreeing the protocols for actions taken by door supervisors in relation to illegal drugs, in particular when police officers should be called immediately
- Advising on and approving search procedures and the storage procedures for confiscated drugs
- Gathering and sharing intelligence on drug dealing and use with partner organisations and local pubs and clubs by PubWatch schemes or other methods
- Advising on the installation and monitoring of CCTV
- Advising on the provision of safe transport home in consultation with community safety colleagues
 - Working with venue owners and managers to resolve drug-related problems

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The role of police officers enforcing drug legislation in clubs is to ensure that drug dealing is minimised. They should ensure that their actions are taken with the best possible intelligence and co-ordinated with the long-term crime prevention and harm reduction policies adopted by the police licensing officer in partnership with the local authority, Drug Action Team and venue owners and managers.

Key activities of police officers with drug enforcement responsibilities:

- Liaising with the relevant police licensing officer to obtain details of licences and working practices within the club. They may also be able to assist with floor plans of the club and the position of any CCTV cameras
- Ensuring that a risk assessment is carried out prior to any pre-planned enforcement activity. This will usually include the views of the relevant Safer Neighbourhood Team covering town centres
- Where enforcement operations involve testing pub and club goers for drugs, ensuring that local drug and alcohol workers are at hand to provide advice, information and access to treatment
- Devising a communication strategy which explains clearly to clubbers, club staff and the general public the purpose of any enforcement operation
- Overseeing an intelligence-gathering approach which monitors any criminal activity within a venue and links into the police intelligence gathering systems
- Preparing evidence that may be required to support an application to review a licence under section 53a of the 2003 Licensing Act.



The role of pub and club owners and managers, and event promoters is to ensure that all aspects of their venue are designed and run in ways which maximise the safety of customers.

act Sheet

Key activities of venue owners and managers include:

- Communicating all safety requirements clearly to promoters
- Developing a constructive working relationship with local licensing officers and police officers with licensing responsibilities
- Developing a venue drug policy in consultation with licensing and police officers
- Ensuring that all staff are aware of their responsibilities within the drug policy and that they receive training and support to discharge these fully
- Employing experienced and fully trained medical staff and providing adequate facilities for a treatment room
- 6 Ensuring that all door supervisors hold SIA licences
- Providing free and easily accessible supplies of cold water and ensuring the provision of water is supervised to prevent the contamination of water by others
- Liaising with appropriate drug service personnel to provide training to staff, and information, advice and support to clubbers
- 9 Considering inviting and supporting drug and sexual health outreach work, including integrating outreach workers into the staff team
 - Sharing intelligence on drug use and drug dealing with police officers and other local venues
- Informing clubbers of their rights and responsibilities, and encouraging their feedback on safety issues
- 12 Considering the provision of safe transport home
 - Ensuring that all staff are aware of the law and the responsibilities of the pub or club to work within it

10

13

The role of DATs/CDRPs is to ensure that all agencies are working in partnership to ensure the safety of drug using clubbers and to make available the expertise of their staff and member organisations to further this goal.

Key activities of DATs/CDRPs include:

- Raising the issue of drug-related harm at nightclubs with all member agencies of the DAT/CDRP
- Developing a forum on drug and alcohol-related harm at clubs, engaging with key agencies
- Ensuring that the work of this forum is integrated with other key fora including young people's joint commissioning groups, town centre management groups etc.
- 4 Encouraging the provision of drug education information at pubs and clubs and ticket outlets
- Considering the provision of outreach services at pubs and clubs and commissioning local drug agencies to be able to provide such services, if required
- Developing mechanisms for the sharing of intelligence relating to drug dealing and drug use at pubs and clubs
- Working with other multi-agency fora to develop a strategy for ensuring safe transport home from town centres
- Developing mechanisms for analysing trends in the use of drugs at pubs and clubs, assessing levels of drug-related harm, and ensuring that this information is shared widely and appropriately
- 9 Encouraging the surveying of clubbers on issues of drug-related harm
- Promoting the drug training of club staff

2

3



The role of drug agencies is to ensure that advice, information and support services are offered to drug using clubbers.

Key activities of drug agencies include:

- Targeting advice and information on harm related to recreational drugs and their interaction with alcohol
 - Providing information on sexual heath and liaising with local sexual health promotion agencies
- Training staff to provide outreach services in a club setting
- 4 Engaging with venues to invite outreach services into their clubs
- Providing training on drug information, identifying drug users in trouble and trends in local drug use to club staff and door supervisors
- Providing information to licensing officers and venue managers of unsafe practices at clubs
- Sharing information about trends in drug and alcohol use and associated risks and harms with DAT members, licensing officers and venue managers
- 8 Encouraging clubbers to take responsibility for their own drug and alcohol use
- 9 Encouraging clubbers to assert their rights to a safe environment



In respect of Licensed venues, the Fire Authority Fire Safety Officer works in partnership with the relevant licensing authorities, ensuring they are managed and operated with due regard to fire safety. They are responsible for monitoring and enforcing compliance with fire safety law.

Key activities of fire officers include:

- Ensuring compliance with fire regulations as laid down in the Regulatory Reform (Fire Safety) Order 2005.
- Contributing to the Local Authority Licensing Policy Statement, Safety Advisory Groups and Licensing Partnerships.
- Assessing fire safety provisions in relation to public safety including; Fire Risk Assessment, operating schedules, safe capacity limit and numbers, and advising responsible persons on fire safety issues to assist them in maintaining a safe premises and compliance with the Order.
- Carrying out programmed and reactive inspections of venues on a regular basis. This will include ensuring that a suitable and sufficient Fire Risk Assessment has been carried out.
- Visiting premises at times of peak activity to ensure that the required safety standards are being applied and complied with at the time the premises are in their highest risk mode.
- Ensuring that appropriate training is provided to management and staff in fire safety and that they are aware of the premises fire safety emergency plan and fire procedure.
- Liaising with licensing officers and police licensing officers regularly on a local authority basis, to ensure a good overall view of fire safety within licensed premises.
- Sharing information and good practice with partners, highlighting premises with potential problems.



The role of Club Medics and responsible First Aiders is to ensure that they are adequately trained to be able to undertake assessment and management of individuals who become unwell within the venue, in particular those with recreational drug toxicity.

Key Activities of Club Medics include:

- Awareness of the current trends in recreational drug use and any particular patterns in drug use within their venue
- Understand the toxicity associated with the various categories of recreational drugs and the common presenting features associated with them
- Assessing and managing patients with recreational drug toxicity using the ambulance referral guidelines
- Training of other club staff in the toxicity of recreational drugs and common features seen in individuals becoming unwell through recreational drugs
- Liaising with other club staff to ensure that venues are appropriately patrolled to identify individuals who have or may be developing recreational drug toxicity
- Maintaining club medic room facilities so that they are appropriately equipped and staffed at all times
- Awareness of medical issues relating to Chapter 5 and in particular, where appropriate, local availability and guidance concerning post-exposure prophylaxis
- Ensuring that their personal training in first aid is sufficient to be able to deliver a safe and appropriate service, not just for assessing individuals with recreational drug toxicity but also those who may require medical assistance for other reasons

A&E

Guy's and St Thomas' Poisons Unit

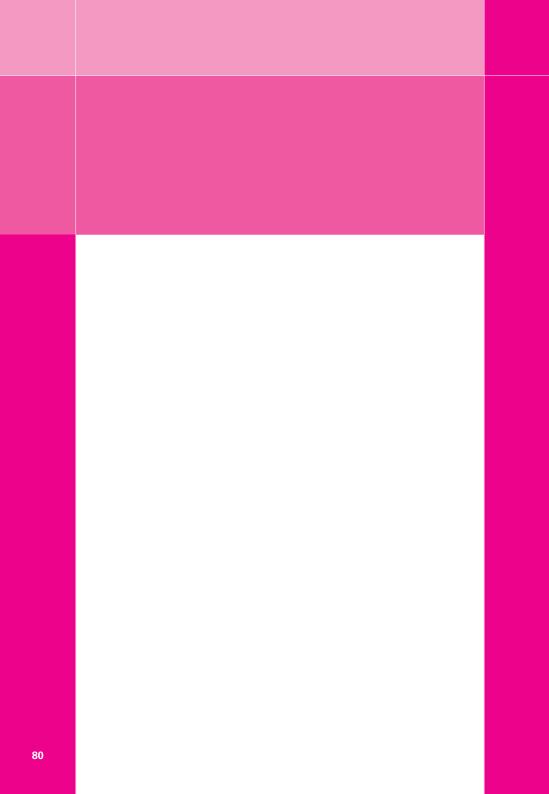


Guidelines on when to call an ambulance to take recreational drug users to A&E

Call an ambulance if ANY of the following are present:

- AVPU assessment graded as either P or U A=Alert
 - V=Responds to voice i.e. talking to
 - P= Responds to painful stimuli only (e.g. pressure across a finger nail) U=Unconscious
- 2 Chest pain similar to a 'heart attack' (i.e. like a pressure on the chest, like a band around the chest).
- 3 Any history of seizures (i.e. a convulsion similar to anepileptic fit) during this episode
- 4 More than 2 'poisoned clubbers' per 'club medic'
- 5 Temperature >38°C not settling after 15 minutes of rest OR a temperature >40°C at any time
- 6 Heart rate >140 beats per minute not settling within 15 minutes
- 7 Blood pressure Systolic <90 or >180, Diastolic >110 on 2 readings 5 minutes apart
- 8 Confusion, significant agitation (e.g. pacing around the room) or significant aggression not settling within 15 minutes
- 9 Any concerns on behalf of the medical personnel involved

IF IN DOUBT CALL AN AMBULANCE





Information and contacts



Further information

The final chapter of this guidance provides a compendium of further information. It is organised into two sections. The first provides brief details and contact information for useful organisations, and the second gives a reading list of useful publications.



Useful organisations

Alcohol Concern is the national agency on alcohol misuse. It provides a comprehensive information service and advises on all aspects of alcohol related policy. Alcohol Concern works to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol-related problems.

www.alcoholconcern.org.uk

Best Bar None is a recognised award scheme supported by the Home Office and aimed at promoting responsible management and operation of alcohol-licensed premises.

www.bestbarnone.com

The British Institute of

Innkeeping is the professional body for the licensed trade. Its mission is to promote high standards of professionalism throughout the licensed retail sector and to provide information, skills and qualifications to help members run successful businesses.

www.bii.org

Chill Out Sound Support provides relevant information and advice about mild to problematic recreational drug use to people in pub and club settings in Nottingham.

Tel: 0115 845 2362

Dance Drug Safety Project is run by Drugline Lancashire and works in close partnership with clubbers, appropriate agencies, licensees and venues, to promote Safer Clubbing guidelines within the area and offers focused outreach work and capacity building opportunities.

www.druglinelancs.co.uk/ projects/dancesafety.htm

The Department of Culture
Media and Sport is the government
department responsible for alcohol
and entertainment. Its website
contains comprehensive guidance on
the licensing act.

www.culture.gov.uk/what_we_do/A lcohol_entertainment

Drugscope is the UK's leading independent centre of expertise on drugs. Their aim is to inform policy development and reduce drug-related risk. They provide drug information, promote effective responses to drug taking, undertake research at local, national and international levels, and advise on policy-making.

www.drugscope.org.uk

FRANK is the government's drug helpline and website providing information about different substances and where to get help. www.talktofrank.com

Health, Safety and Welfare at

Events is a specialist service around health, safety and welfare provision at a range of entertainment events.

Penny Mellor

Tel: 020 7837 2230

e-mail: pennymellor@netscape.net



Useful organisations

The London Drug Policy Forum

was established in 1991 to co-ordinate London local authority policy and practice and to encourage joint working. It is funded by the Corporation of London.

www.cityoflondon.gov.uk/ldpf

NARCAID provides distance learning and virtual clinic training for paramedics on responding to drugrelated incidents.

www.narcaid.com

National Pubwatch is a voluntary organisation set up to support existing pubwatches and encourage the creation of new pubwatch schemes with the aim of achieving a safer social drinking environment in all licensed premises throughout the UK.

www.nationalpubwatch.org.uk

Noctis represents the interests of businesses operating in the nighttime economy with local and national government, the police and many other key stakeholders and promotes good practice.

www.noctisuk.org

Safeinsound is a project committed to raising awareness about issues relating to drug use and reducing harm. The project operates at clubs, music events and festivals www.safeinsound.org

Security Industry Authority

exists to manage the licensing of the private security industry as set out in the Private Security Industry Act 2001. It aims to raise standards of professionalism and skills within the private security industry and to promote and spread best practice. www.the-sia.org.uk

Smoke-free England is a website providing comprehensive advice and information on current smoking legislation.

www.smokefreeengland.co.uk/

The Terrence Higgins Trust is the leading HIV and AIDS charity in the UK, and the largest in Europe. It has a range of materials and advice about sexual health in a club setting. www.tht.org.uk



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The ACMD Drug-facilitated sexual assault report.

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Chapter 8 Further reading

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